



# **PARTNERS IN RECONCILIATION: RECOGNIZING AND RESPECTING INDIGENOUS HEALTH**

CONFERENCE SUMMARY

SEPTEMBER 27, 2017





The Public Policy Forum works with all levels of government and the public service, the private sector, labour, post-secondary institutions, NGOs and Indigenous groups to improve policy outcomes for Canadians. As a non-partisan, member-based organization, we work from “inclusion to conclusion,” by convening discussions on fundamental policy issues and by identifying new options and paths forward. For more than 30 years, the PPF has broken down barriers among sectors, contributing to meaningful change that builds a better Canada.

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## INTRODUCTION

Indigenous health leaders and policy leaders gathered on Sept. 27, 2017 in Ottawa to discuss how to implement the Truth and Reconciliation Commission's [health-related calls to action](#). Through the various panels speakers summarized the state of Indigenous health in Canada, the importance of healing, the need for culturally competent care and why addressing the social determinants of health are central to improving outcomes. This brief document summarizes the day's discussion by practitioners, leaders, thinkers and system organizers.

The day's proceedings can be viewed on CPAC's video archive.

## THE NEED FOR HEALING

**Ry Moran**, director of the National Centre for Truth and Reconciliation, framed the day's conversation by noting that the health of Indigenous people will be improved not only by improving care and systems but

through the healing that needs to come from real reconciliation. The Truth and Reconciliation Commission set out 94 calls to action, seven of which deal specifically with the health of Indigenous people.

In her remarks - her first as minister of Indigenous Services - the **Hon. Jane Philpott** focused on Call to Action 18, which reads: “We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.” Through [her speech](#), she addressed this challenge by focusing on three elements:

1. Currently, there are vast differences between the health outcomes of Indigenous people and other Canadians;
2. Previous Canadian government policies are in large part to blame for that disparity. As she put it: “these troubling statistics have their roots in laws, policies and practices of our country – including residential schools, forced mass resettlement and intentional cultural oppression.”
3. The recognition of rights is a core piece of the current government’s Principles Respecting the Government of Canada’s Relationship with Indigenous Peoples developed by a Cabinet committee that is currently reviewing all laws related to Indigenous peoples.

## THE EFFECT OF TRAUMA

The trauma caused by the residential school system was a focal point for a number of speakers and many agreed that there is ongoing trauma associated with certain policies and racism within health systems.

Min. Philpott acknowledged that intergenerational trauma is one of the reasons why Indigenous people have worse health outcomes than other Canadians. Speakers **Dr. Lisa Richardson**, co-lead of Indigenous medical education at the University of Toronto and University Health Network, and **Dr. Alike Lafontaine**, anesthesiologist and board member of HealthCareCan, both mentioned how recognizing the truth behind the trauma and the challenges of Indigenous health outcomes was key to improving them. As Dr. Richardson pointed out, trauma has been well documented.

**Dr. Laurent Marcoux**, president of the Canadian Medical Association, admitted that “we have a lot to learn” about the causes of Indigenous trauma and how to integrate the inherent knowledge of Indigenous peoples about their own health and healing into their care.

## RACISM IN HEALTH SYSTEMS

When speakers, including Min. Philpott, mentioned that there was racism in health systems in this country, no one in the room batted an eye. Some spoke of their own personal experiences and others gave concrete



examples or signaled how their own organizations had not lived up to expectations. As Dr. Lafontaine said, other Canadians might need to be reminded of the realities facing Indigenous people when it comes to accessing care.

**‘You just need to trust that if people know the truth, they’ll be moved.’**

**Dr. Alike Lafontaine**

## TRADITIONAL MEDICINE

**Dr. Renee Linklater**, director of Aboriginal Engagement and Outreach for the Centre for Addiction and Mental Health, was one of many speakers who spoke of the importance of traditional medicine as a way to heal. In response to those who might question the efficacy of those treatments, she questioned who could decide what worked and what does not: “We’ve taken care of ourselves very well for thousands of years. If we saw something work, we used it. If it didn’t work, we tried something else. That’s evidence-based practice.” For her part, **Amy Nahwegahbow**, senior policy advisor at the Congress of Aboriginal Peoples, insisted that traditional healing is central to culturally competent care and that it looks different in each community.

## CULTURALLY COMPETENT CARE

Speakers stressed the importance of health care that takes into account the culture of those who receive it. “You cannot transfer knowledge from the academic system or training in a blanket approach,” said **Lea Bill**, president of the Canadian Indigenous Nurses Association. “You need to consider the culture and specific considerations for different geographical areas and different patient populations.”

Others noted that transforming health systems at all levels needs to involve Indigenous voices from the beginning. **Dale Drown**, CEO of the Métis Nation of British Columbia, pointed to the fact that there is not any funding for Métis services across the country though they have recently been recognized as a fiduciary responsibility of the federal government, despite their inclusion in Article 35 of the [Canadian Charter of Rights and Freedoms](#) in 1982.

**‘Change doesn’t take a long time. It’s the desire to change that does.’**

**Dr. Alike Lafontaine**



Amanda Sauvé, national officer of Indigenous health, Canadian Federation of Medical Students

## CHANGES TO TRAINING

**Laura Salmon**, director of the First Nations Health Program at Yukon Hospitals, highlighted the need to change training on the ground level as much as in academic settings, including the need for health providers to truly listen to the needs of those in their care. Dr. Lisa Richardson also pointed to anti-racism training as both a short-term and long-term necessity.

Time and again, the next generation of providers was identified as a crucial group of people to properly train and to encourage as change leaders. But one of these young leaders, **Amanda Sauvé**, the national officer of Indigenous health at the Canadian Federation of Medical Students, cautioned against putting too much pressure on young Indigenous providers. They are not the be-all-end-all solution, she said, since there are few of them across the country and they face high expectations.

## INDIGENOUS PROVIDERS AND VOICES

There are no one-size-fits-all solutions to Indigenous health programming, said **Lori Lafontaine**, who works in Indigenous Affairs at the Mental Health Commission of Canada. “People bring us prepackaged policies,” she said of the type of policies and programs that are created for mass consumption without taking into account culture and access to resources. “And they say ‘will you put icing on this cake? Will you indigenize this cake?’ We may not even like cake. You need to take us to the grocery store. We need to decide what

we're going to make.” Engaging Indigenous stakeholders at the beginning of such processes, rather than trying to tailor programs after they have already been designed, is key.

## SOCIAL DETERMINANTS OF HEALTH

Physical and mental health are not only the result of biological and genetic realities, but also of social determinants of health. In many Indigenous communities, this link is only too obvious: lack of education and proper housing contribute to health problems as Min. Philpott and others pointed out. **Carol Hopkins**, executive director of the Thunderbird Partnership Foundation, provided the example of poor housing with mold leading to residents’ poor mental health and a variety of other ailments.

The social determinants of health cannot be separated from the other factors, indicated **Dr. Bernice Downey**, assistant professor and Indigenous health lead at McMaster University’s Faculty of Health Science. Racism and structural violence are still present and have an impact.

**‘You know how much it matters. ... It matters because in 2017 Indigenous children and teenagers die by suicide at disturbing rates. It matters because thousands of Indigenous children are separated from their families as a result of child welfare systems that discriminate against them. The status quo is not an option.’**

**The Hon. Jane Philpott, Minister of Indigenous Services**

## CONCLUSION

The conversations at the Public Policy Forum’s Sept. 27 conference were based on a recognition of the effects of past and current injustices. Speakers agreed that the whole discussion should be framed as an issue of rights and often linked it to the [United Nations Declarations on the Rights of Indigenous Peoples](#) and its emphasis of health as a right. A sense of cautious optimism came from discussing the concrete steps that can be taken on the front lines in the short term, and throughout health and social service systems in the long term, to improve health outcomes for Indigenous peoples in Canada.

Min. Philpott noted that some progress has been made since the first Indigenous health policy was announced - by fax - to the predecessor of the National Indian Brotherhood, predecessor of the Assembly of First Nations, in 1979. However, she noted, not enough has been done and that additional actions are being taken to improve the federal government’s role.





Dr. Lisa Richardson



Hon. Jane Philpott



Kenn Richard, Marion Crowe



Amy Nahwegahbow, Ry Moran



Carol Hopkins, Carol Fancott



Julie Cafley



Dr. Renee Linklater, Denise Anne Boissoneau

# Agenda

September 27, 2017 | 9 a.m. – 4:30 p.m.  
National Arts Centre, Ottawa, Ontario

A conference focused on reconciliation, how to implement the TRC Calls to Action and building cultural competence for Indigenous inclusion in Canada.

9:00 – 9:10

## **Opening Prayer**

Elder Denise Anne Boissoneau

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9:10 – 9:20

## **Healing and the Importance of Reconciliation**

Ry Moran, Director, National Centre for Truth and Reconciliation

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9:20 – 9:30

## **Terri's Story: A Patient Perspective**

Terri Sabo, Patients for Patient Safety

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9:30 – 10:15

## **ARMCHAIR DISCUSSION – Setting the Context, The Relationship between History and Trauma**

A discussion about the key points in Canada's history and relationship with Indigenous people, the contributions to intergenerational trauma and the impacts this has had on the current relationships and perceptions Indigenous people have with the Canadian health care system.

**Speakers:** Dr. Renee Linklater, Director, Aboriginal Engagement and Outreach for the Centre for Addiction and Mental Health  
Dr. Lisa Richardson, Co-Lead Indigenous Medical Education, University of Toronto and University Health Network

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10:15 – 10:30

## **BREAK**

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10:30 – 11:45

## **PANEL – Indigenous Cultural Competence: A Frontline View**

A panel discussion that uses experiences and lessons learned from the panelists to consider best practices and practical steps that can be taken within the health care system, to scale and to work toward more culturally competent relationships for Indigenous people and the Canadian health care landscape.

**Speakers:** Laura Salmon, Director, First Nations Health Programs, Yukon Hospitals  
Kenn Richard, Executive Director, Native Child and Family Services of Toronto  
Marion Crowe, Executive Director, First Nations Health Managers Association  
Lea Bill, President, Canadian Indigenous Nurses Association

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**Moderator:** Maryanne D'Arpino, Senior Director, Safety Improvement & Capacity Building, Canadian Patient Safety Institute

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11:45 – 12:00

**REMARKS**

**Speaker:** Dr. Alika Lafontaine, Anesthesiologist and Board Director, HealthCareCAN

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12:00 – 13:00

**Lunch (12:00 – 12:30)**

**KEYNOTE**

**Speaker:** Hon. Jane Philpott, Minister, Indigenous Services (12:30 – 13:00)

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13:00 – 14:15

**PANEL - Allies in Indigenous Health**

A panel discussion focused on initiatives being taken by organizations and physicians and other health leaders to be allies in challenging racism, supporting and taking initiatives to bring inclusion into the health system and putting cultural competence into practice. The discussion will showcase initiatives that have been taken and will consider the conditions needed to ensure that progress and development continues.

**Speakers:** Dr. Laurent Marcoux President, Canadian Medical Association  
Lori Lafontaine, Indigenous Affairs, Mental Health Commission of Canada  
Carol Hopkins, Executive Director, Thunderbird Partnership Foundation

**Moderator:** Julie Cafley, Senior Vice President, Public Policy Forum

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14:15 – 14:30

**BREAK**

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14:30 – 15:00

**ARMCHAIR DISCUSSION - What Reconciliation and Indigenous Cultural Competence Can Mean**

**Speakers:** Dale Drown, CEO, Métis Nation British Columbia  
Addie Pryce, Director of Health, Assembly of First Nations

**Moderator:** Valerie Gideon, Assistant Deputy Minister, Health Canada

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15:00 – 16:15

**PANEL - Taking Action for Reconciliation and Indigenous Cultural Competence**

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A panel discussion responding to insights raised throughout the day, and laying out bold, concrete ideas for building cultural competence for Indigenous inclusion in health and mental health organizations in Canada, all while ensuring continued commitment and action on reconciliation.

**Speakers:** Dr. Bernice Downey, Assistant Professor, Indigenous Health Lead, Faculty of Health Science, McMaster University  
Ry Moran, Director, National Centre for Truth and Reconciliation  
Amy Nahwegahbow, Senior Policy Advisory, Congress of Aboriginal Peoples  
Amanda Sauvé, National Officer, Indigenous Health, Canadian Federation of Medical Students

**Moderator:** Dr. Alika Lafontaine, Anesthesiologist and Board Director, HealthCareCAN

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16:15 – 16:20

**CLOSING REMARKS**

Julie Cafley, Senior Vice President, Public Policy Forum

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16:20 – 16:30

**CLOSING PRAYER**

Elder Denise Anne Boissoneau

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