

A RECLAMATION OF WELL BEING:


Visioning a Thriving
and Healthy Urban
Indigenous Community

Toronto's First Indigenous Health Strategy
2016-2021



**Toronto Indigenous
Health Advisory Circle**





“Indigenous health issues require Indigenous solutions. Indigenous leadership along with TC LHIN and TPH represents this approach, through the TIHAC.”

Joe Hester, Executive Director, Anishnawbe Health Toronto

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Acknowledgements

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On the cover

Seven year old Jade Elliott is a first grader from Henvey Inlet First Nation. She is Ojibwe and her Anishnaabe name is Ozhaawashko-giizhig (Blue Sky).

For more information

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A close-up photograph of a person's hand holding a traditional Indigenous smoking pipe (achigan). The person is wearing a red garment with intricate beadwork and a green cord. The background is blurred, showing other people in similar traditional attire.

Introduction

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other social programs affecting them and as far as possible, to administer such programs through their own institutions.

Article 23, United Nations Declaration on the Rights of Indigenous Peoples (2007)



INDIGENOUS HEALTH IN INDIGENOUS HANDS

The principle of self-determination has informed every step in the creation of *A Reclamation of Well Being: Visioning a Thriving and Healthy Urban Indigenous Community – Toronto's first Indigenous Health Strategy, 2016 – 2021*.

This strategy was conceived by the Toronto Indigenous Health Advisory Circle (TIHAC). As a circle of dedicated community leaders, TIHAC provides recommendations to the Toronto Central LHIN (TC LHIN) and Toronto Public Health (TPH) on improving health outcomes for Indigenous people in Toronto. In addition, TIHAC provides broader policy and advocacy

direction on improving the social determinants of Indigenous health. In this first Indigenous Health Strategy for Toronto, TIHAC recommends a number of strategic activities that will impact what and how health programs and services are provided in addition to addressing health influencers such as the education, housing, food and justice systems.

Context

Toronto has the largest and most diverse urban Indigenous population in Ontario (Enviroics Institute, 2010). There is little local data on Indigenous health. However, national and First Nations databases indicate that Indigenous people fare worse than the non-Indigenous population on a myriad of health indicators (Gionet & Roshanasfshar, 2013; Olding et al., 2014).

Indigenous people living in Toronto face a disproportionate burden of challenges across the known social determinants of health, as well as barriers in accessing health services. Indigenous people experience higher rates of poverty, unemployment, homelessness, involvement with child welfare, food insecurity and challenges within the education system – all contributing to poor health outcomes (McCaskill et al., 2011; NCCAB, 2013; Olding et al., 2014; Steward et al., 2013). Despite these health inequities and hardships, Toronto's Indigenous community has tremendous strength and resilience.

Improving Indigenous health outcomes falls within the mandates of both TC LHIN and TPH. While both organizations fund Indigenous health, TPH also provides various programs and services accessed by community

members. There are also a number of health services provided by Indigenous and other non-Indigenous organizations in Toronto. However, much more is needed. Reducing health inequities experienced by Toronto's Indigenous community requires a coordinated and wholistic approach – one that harmonizes traditional and mainstream health programs and services.

On December 9th, 2013, Anishnawbe Health Toronto (AHT) presented the alarming results of their study, *Premature and Preventable Death Among Members of Toronto's Aboriginal Community: Walking in Their Shoes* to Toronto's Board of Health. This presentation reinforced the need for TPH, TC LHIN and AHT to continue partnering in the establishment of TIHAC, a permanent, community-led health advisory circle.

HEALTH STATUS AND SOCIO-DEMOGRAPHIC INFORMATION

SIZE OF TORONTO'S INDIGENOUS POPULATION

According to Statistic Canada's 2011 National Household Survey: **19,265**

Our Health Counts Toronto: **34,000 to 69,000**¹

Our Health Counts study documents high rates of non-participation in the NHS.

INCOME (BEFORE TAXES) – PERCENTAGE OF INDIGENOUS POPULATION LIVING UNDER LOW INCOME CUT OFF



Our Health Counts Toronto: **90%**³

According to Statistic Canada's 2011 National Household Survey: **26%**⁴

Our Health Counts notes that the majority of Indigenous People living in Toronto did not participate in the 2011 NHS and those who did participate had higher incomes. This participation bias is created because the main NHS recruitment method is to send mail to fixed addresses using the voting registrar. People with low incomes are more likely to move frequently or be homeless, and therefore may not receive this mail.

POPULATION

1.3%
to 2.7%
TOTAL POPULATION
OF TORONTO

HOMELESSNESS

16%
OF HOMELESS
POPULATION IDENTIFY
AS ABORIGINAL²

EDUCATION

Toronto respondents in Urban Aboriginal Peoples Study who reported negative experiences with elementary and secondary schools: **26%**¹⁰

AGE

39

MEDIAN AGE
IN TORONTO

32

MEDIAN AGE
OF ABORIGINAL
IDENTITY IN
TORONTO

15%

GENERAL
POPULATION
UNDER 15⁵

22%

ABORIGINAL
POPULATION
UNDER 15⁶



MIGRATION AND MOBILITY

PERCENTAGE
OF TORONTO'S
INDIGENOUS
COMMUNITY
BORN OUTSIDE
OF CITY:
73%¹³

PERCENTAGE OVER THE
AGE OF 15 WITHOUT A
CERTIFICATE, DIPLOMA OR
DEGREE IN TORONTO

25%

ABORIGINAL
COMMUNITY*¹¹

17.5%

GENERAL
POPULATION¹²

**Our Health Counts Toronto notes that this percentage may be significantly higher.*

IDENTITY

2011 NATIONAL
HOUSEHOLD
SURVEY:

First Nations 65%

Métis 27%

Inuit 1.7%

Multiple Aboriginal Identities 1.3%

**Aboriginal Identities not
included elsewhere⁸ 5.2%**

DIVERSITY

PARTICIPANTS
IN THE 2010
TORONTO
ABORIGINAL
RESEARCH
PROJECT
IDENTIFIED
AS:

Anishnawbe 48%

Haudenosaunee 15%

Cree 10%

Métis 11%

Mi'kmaq 5%

Other⁹ 10%

These estimates are from the National Household Survey and represent a socioeconomically privileged minority subpopulation of the total Indigenous population of Toronto.



LANGUAGE

TARP FOUND THAT
19%
OF ITS RESPONDENTS
COULD SPEAK
AN INDIGENOUS
LANGUAGE¹⁴

PARENTING AND CHILDREN

PERCENTAGE OF
LONE PARENTS WHO
WERE WOMEN:

84%¹⁵

SELF-RATED HEALTH

HAVING LOW
HOUSEHOLD INCOME
WAS **A SIGNIFICANT
PREDICTOR** OF 'POOR'
SELF RATED HEALTH¹⁶



TWO-THIRDS

of urban Aboriginal people in
Toronto say that they have been
affected by residential schools,
either personally or through a
family member¹⁷

CHRONIC DISEASE

Aboriginal people with low
income, less than high school
education or were unemployed
had higher percentages of
being diagnosed with chronic
conditions¹⁸



MENTAL HEALTH

14%
OF INDIGENOUS MENTAL
HEALTH PATIENTS IN
HOSPITALS REPORTED
BEING HOMELESS

IN CONTRAST TO

8%
OF PATIENTS FROM THE
GENERAL POPULATION¹⁹

REHABILITATION

*Average time in rehabilitation
slightly longer for Aboriginal
patients in Toronto than
general population*

*Larger proportion of
Aboriginal patients in
rehabilitation for medically
complex condition²⁰*

*These rates likely underestimate
Aboriginal patients since it
would only include Aboriginal
patients who were identified in
the hospital. Some Aboriginal
patients will not disclose identity
and/or health care providers
will not recognize Aboriginal
identity. This depends on who is
gathering the information.*

¹Rotondi M. Estimation of the Size of the Urban
Aboriginal Population in Toronto, ON Interim
Analysis – January 26, 2016

²Statistics Canada. (2013). National Household
Survey (NHS) Aboriginal Population Profile (pp.
1–95). Ottawa. doi:99-011-X2011007

³Smylie J. Our Health Counts Toronto Interim
Analysis May 3, 2016.

⁴City of Toronto (2013). 2011 National Household
Survey (NHS): Income and Shelter Costs. Toronto, ON.

⁵City of Toronto (2013). Backgrounder 2011
Census: Age and Sex Counts.

⁶Statistics Canada. (2013). National Household
Survey (NHS) Aboriginal Population Profile (pp.
1–95). Ottawa. doi:99-011-X2011007

⁷Environics Institute. (2010). Urban Aboriginal
Peoples Study: Toronto Report (pp. 1–82).
Toronto, ON.

⁸Statistics Canada. (2013). National Household
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⁹McCaskill, D., FitzMaurice, K., & Cidro, J. (2011).
Toronto Aboriginal Research Project: Final Report
(pp. I–XV, 17–398). Toronto, ON.

¹⁰Environics Institute. (2010). Urban Aboriginal
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Education, Place of Work, Commuting and
Mobility. Toronto, ON.

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¹⁶Mehdipanah, R. (2011). Urban Aboriginal Health:
Using individual and contextual approaches
to better understand the health of Aboriginal
populations living in Toronto. Waterloo, ON.

¹⁷Environics Institute. (2010). Urban Aboriginal
Peoples Study: Toronto Report (pp. 1–82). Toronto.

¹⁸Mehdipanah, R. (2011). Urban Aboriginal Health:
Using individual and contextual approaches
to better understand the health of Aboriginal
populations living in Toronto. Waterloo, ON.

¹⁹Toronto Central LHIN. (2011). Profile of
Aboriginal Patients from Hospitals in the Toronto
Central LHIN (Vol. 2011, pp. 1–12). Toronto, ON.

²⁰Toronto Central LHIN. (2011). Profile of
Aboriginal Patients from Hospitals in the Toronto
Central LHIN (Vol. 2011, pp. 1–12). Toronto, ON.



Gathering the Circle

“The best way for the circle to work together is through a harmonized approach. This means that all meetings and the ways we work together are guided by Elders and involve youth. It is intergenerational, involves healers and different ways of knowing.”

Leila Monib, Health Equity Specialist, Circle Secretariat, Toronto Public Health





CREATION OF THE TORONTO INDIGENOUS HEALTH ADVISORY CIRCLE (TIHAC)

The TIHAC was established with a recognition that the TIHS must be led by community members themselves.

This is in line with the principle of self-determination and echoes recommendations recently released in *Truth and Reconciliation Commission of Canada: Calls to Action* (2015) and in the City of Toronto's *Statement of Commitment to Aboriginal Communities* (2010).

A Steering Committee comprised of Anishnawbe Health Toronto, TPH and

TC LHIN oversaw the creation of the TIHAC through a communications and outreach strategy informed by the Vision Wheel, a strategic planning tool adapted from the traditional Medicine Wheel.

A number of sources were consulted to develop the TIHAC structure. Governance structures of similar Indigenous health initiatives across Canada were reviewed. Furthermore, community stakeholders within Toronto and Ontario were engaged.





In 2014, TPH and TC LHIN met with the leadership of over 15 Toronto-based Indigenous organizations to gather recommendations on TIHAC membership, governance, roles and responsibilities.

TIHAC is structured according to community stakeholder recommendations:

- Meetings are guided by an Indigenous facilitator with extensive knowledge of Indigenous community governance and facilitation both locally, provincially and nationally.
- A small, agile circle of Indigenous Advisors.
- Membership represents the diversity within Toronto's Indigenous community.
- Advisors represent themselves rather than the mandates of the organizations they work for.
- Recommendations are issued through a consensus decision-making model.
- Two Indigenous Elders are integral to the Circle and use cultural elements such as medicines, ceremony and traditional guidance at all meetings.
- Larger community meetings always incorporate a sacred fire for the duration.
- TIHAC is guided by an Elders Council.
- Youth participate through an active Youth Council.
- Indigenous worldviews are integrated throughout.
- TPH and TC LHIN leadership participate at meetings in a consultative and listening capacity, not as Advisors; they also ensure action on recommendations.
- Reference groups are established to address specific social determinants of Indigenous health, as necessary.
- PTOs (Provincial Territorial Organizations) are consulted, when required.

The Steering Committee also met with the Ministry of Health and Long-Term Care, Ministry of Aboriginal Affairs and Provincial Territorial Organizations to discuss Indigenous

health planning in Toronto and future opportunities for collaboration.

TIHAC's mandate is aligned with the strategic priorities of both the Ministry of Health and Long-Term Care and the Ministry of Aboriginal Affairs as outlined in the 2014 mandate letters sent to each ministry by Premier Kathleen Wynne.

Strategic Alignment

This chart details how the TIHS is in alignment with the priorities identified by international, national, provincial and local stakeholders.

Photo (left to right): Troy Obed, Kaitlyn Adams-Lewis, Sam Kloetstra, Myles Jacko, Connor Pion and Akeesha Footman

STRATEGIC ALIGNMENT

STAKEHOLDER	ALIGNMENT WITH TIHS
International	
United Nations Declaration on the Rights of Indigenous Peoples	Indigenous self-determination and governance in the planning and delivery of culturally safe programs and services
Federal	
Truth and Reconciliation Commission	To respect Indigenous health care rights, increase access to traditional healing, improve health outcomes, cultural competency training for health care providers and ensure community engagement in the planning, delivery and evaluation of health programs
First Nations and Inuit Health Branch	To ensure the availability of, or access to, health services for First Nations and Inuit communities
Provincial	
Ministry of Health and Long-Term Care	Efficient coordination between LHINs and public health, greater access to high quality, client-centred and culturally appropriate services in line with <i>Excellent Care for All Act</i> , focus on seniors, mental health and addictions
Ministry of Aboriginal Affairs	Cross-government coordination, increase in Indigenous decision-making, focus on socio-economic influencers – particularly education and through Walking Together: Ontario's Strategy to End Violence Against Aboriginal Women
Ministry of Education	Focus on equity: closing achievement gap between Aboriginal and non-Aboriginal students
Ministry of Children and Youth Services	Aboriginal Children and Youth Strategy will guide system transformation of services for Aboriginal children and youth including mental health, suicide prevention, child welfare and youth justice
Ministry of Municipal Affairs and Housing	Aboriginal component of Ontario's Long-Term Affordable Housing Strategy
Public Service of Ontario	Mandatory Indigenous cultural competency training for all public servants
Provincial Indigenous Health Leads Network of the LHINS	Advancing cultural competency training, palliative care, mental health & addictions and Indigenous engagement in diabetes
Chiefs of Ontario	Political Accord with the Premier of Ontario's office
Metis Nation of Ontario	Delivers programs and services in the area of health, signed an Ontario Metis nation framework agreement with the province in 2008
Local	
Toronto Aboriginal Support Services Council	Advancing Indigenous Health issues through policy, advocacy and research
TPH	Implementation of Indigenous Health Strategy part of TPH's Strategic Plan and in line with foundational principles of community engagement and health equity
TC LHIN	Aligns with TC LHIN goal and strategic priorities of a healthier Toronto with positive patient experiences, a population health approach, health and community care transformation, health equity, Citizens' Panel and Patients First Indigenous consultations
City of Toronto	Statement of Commitment to Aboriginal Communities in Toronto (2010)
Aboriginal Affairs Committee of Toronto City Council	Provides advice to Mayor and Council to promote interests of Toronto's diverse Indigenous community





VISIONING THE INDIGENOUS HEALTH STRATEGY

The Vision Wheel was key to the development of the Toronto Indigenous Health Strategy (TIHS) and will continue to act as roadmap for implementation, evaluation and renewal.

The Vision Wheel is adapted from the traditional Medicine Wheel and based on teachings Vanessa Ambtman-Smith (formerly of the TC LHIN) received from Cree and Oji-Cree Elders.

There is no one symbol or teaching that represents the diversity across Indigenous peoples. Visioning through the Medicine Wheel does not represent a universal “pan-Indigenous

approach.” This is a specific challenge in the urban Indigenous environment where a large number of Indigenous people come together from many different nations.

The Medicine Wheel is based on Indigenous cultural values, tradition and spirituality. Its four directions (East, South, West and North) symbolize completeness, wholeness, connectedness and strength. In

order to achieve optimal health and wellness the Medicine Wheel’s elements must be in balance – the Physical, Emotional, Mental and Spiritual.

The TIHS Vision Wheel begins at the eastern door with the vision to create a community-driven and wholistic strategy that will improve health services, quality of care and address the social determinants of Indigenous health with the goal of improving health outcomes.

Meaningful and respectful relationships are the focus of the southern direction. In this phase, TIHAC was developed, as were relationships with various stakeholders such as the Ministry of Health and Long-Term Care, Ministry of Aboriginal Affairs, Provincial

Territorial Organizations, as well as Indigenous and non-Indigenous service providers.

Knowledge is the focus of the western direction. Numerous sources of evidence informed the development of the TIHS: Indigenous health data (and gaps), literature, lived experience, traditional teachings, evaluations and community input.

Action is the central feature of the northern direction. It is through action that the strategic directions of the TIHS will be realized.

TORONTO INDIGENOUS HEALTH STRATEGY

VISION WHEEL

IDENTIFICATION OF:

Indigenous health services and locations
Research Opportunities
Indigenous health data and gaps
Indigenized monitoring and evaluation tools
Indigenous ways of knowing, well-being and knowledge transfer

DATA
LITERATURE
LIVED
EXPERIENCE

DEVELOPMENT OF:

Toronto Indigenous Health Strategy
Programs and services
Indigenous health research
Permanent Indigenous health planning governance

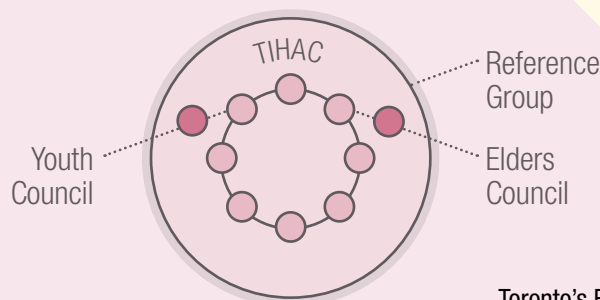
Monitoring and evaluation
Strategies to influence areas beyond TPH/ TC LHIN mandate



DEVELOP STRATEGY:

Community driven
Wholistic
Social determinants of health perspective
Improve Indigenous health service experiences and quality of care
Improve Indigenous health outcomes

TORONTO INDIGENOUS HEALTH ADVISORY CIRCLE (TIHAC)





HARMONIZED GOVERNANCE: TIHAC'S TERMS OF REFERENCE

TIHAC is guided by the concept of harmonized governance. This refers to the blending of traditional Indigenous ways of being with western systems. This commitment is engrained in TIHAC's Terms of Reference.

An Elder opens and closes each meeting in a traditional way. An Ethical Code guides all meetings and includes the role of Elders, how Advisors work together, as well as traditional modes to address conflict.

ADVISING AND INFLUENCING: TIHAC'S MANDATE

TIHAC has been meeting regularly since March, 2015. Their mandate is twofold:

1. Provide oversight, guidance and advice to the TC LHIN and TPH in the identification, planning, implementation, funding, research and evaluation of culturally based, culturally secure health programs and services for the diverse Indigenous community in Toronto.
2. To influence public policy that impacts Indigenous health outcomes.

ROLE OF SPONSORS AT TIHAC MEETINGS

TPH and TC LHIN leadership attends Circle meetings to:

1. Actively listen to TIHAC discussions.
2. Provide information and context to inform TIHAC recommendations.
3. Report back on organizational follow-through.
4. Build trust and strong relationships with TIHAC.
5. Share information from other community/organizational initiatives to ensure alignment with TIHAC recommendations.



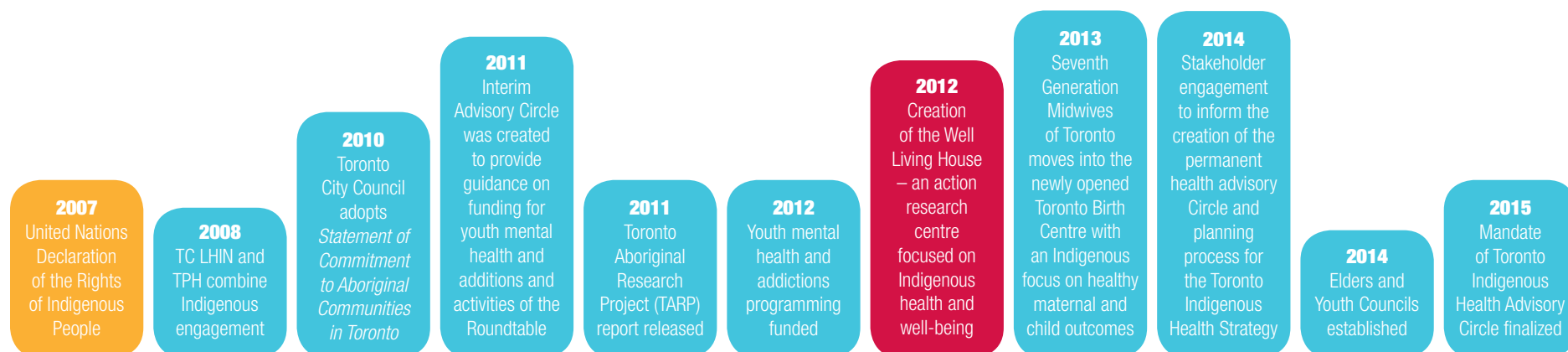


TIMELINE OF INDIGENOUS HEALTH PLANNING IN TORONTO

INTERNATIONAL

NATIONAL

LOCAL



2007

2016



CEREMONIAL LAUNCH OF TIHAC

On January 23rd, 2015 the TIHAC was officially launched at the Native Canadian Centre of Toronto. The day was facilitated by Michelle Sault and included a sacred fire, sunrise ceremony, pipe ceremony and community feast. Elder Kahontakwas (Diane) Longboat gave each Advisor a symbolic element and cardinal direction to represent their TIHAC role and responsibilities which carries throughout each meeting and all of the work that the TIHAC does on behalf of the community.

Photos (left to right by row starting at top): Sara Wolfe, Sarah Midanik, Kenn Richard, Akeesha Footman, Sam Kloetstra, Myles Jacko, Joe Hester, Larry Frost, Kahontakwas (Diane) Longboat, Kawennanoron (Cindy) White, Amy Desjarlais, Dr. Janet Smylie, Dr. David McKeown, Susan Fitzpatrick, Ellen Blais, Leila Monib, Michelle Sault and Dr. Bernice Downey.



TIHAC ADVISORS: SKILLS, DIRECTIONS AND ELEMENTS

NAME	DIRECTION	ELEMENT
Sara Wolfe, RM Represents families, mothers, children and the unborn	EAST	Seeds of a new generation in a new era
Sarah Midanik Represents the foundational elements of Indigenous languages, cultures and knowledge systems that are essential to health and well being	EAST	Basket holding those things most sacred to our future
Kenn Richard Represents advocacy, heart of the people, and the fulfillment of urban community needs	SOUTH	Eagle feather carrying the prayers of the people to the Creator for a balanced life
Youth Council: Akeesha Footman, Myles Jacko, Sam Kloetstra, Devin Trottier, Kaitlyn Adams-Lewis, Daniella Robinson, Connor Pion, Cedar Landon Carries the new generation's wishes and dreams for the fulfillment of the 8th Fire Prophecy: the rise of Indigenous Nations	SOUTH	Fire in the candle
Larry Frost Carries messages from the Toronto Aboriginal Social Services Committee to TIHAC and back again; aided by the guidance of the Ancestors' sacred direction	WEST	Black and white flags representing the ancestors
Joe Hester Uses tools left by the Ancestors on the pathway for us to pick up to become well and balanced in our relationships with each other and Creation	WEST	Pipe bundle holding sacred guidance from the spirit, traditional knowledge systems and sacred ceremonies
Elders Council: Kahontakwas (Diane) Longboat, Kawennanoron (Cindy) White, Amy Desjarlais Holds the sacred connection to the Spirit during meetings to ensure integrity and transparency in all relationships and issues, as well as sharing wisdom and teachings to guide the work	NORTH	Turtle shell rattle representing truth
Dr. Janet Smylie Uses the best of research and data to "see far ahead" in meeting the needs of Toronto's emerging Indigenous population	NORTH	Guswentha belt (two row wampum) to depict our roles as Indigenous nations and Canadians mutually supporting one another but not interfering or seeking to change one another

TIHAC SUPPORT

Dr David McKeown	Ex-Officio TIHAC member, Medical Officer of Health for the City of Toronto
Susan Fitzpatrick	Ex-Officio TIHAC Member, TC LHIN Chief Executive Officer
Ellen Blais	TIHAC Secretariat, TC LHIN Aboriginal Health Consultant and Communications Lead
Leila Monib	TIHAC Secretariat, TPH Health Equity Specialist
Michelle Sault	TIHAC Facilitator, Principal Consultant, Cornerstone Concepts
Dr. Bernice Downey	TIHAC Indigenous Health Governance Consultant Principal, Minoayawin Consulting



Conceiving the TIHS

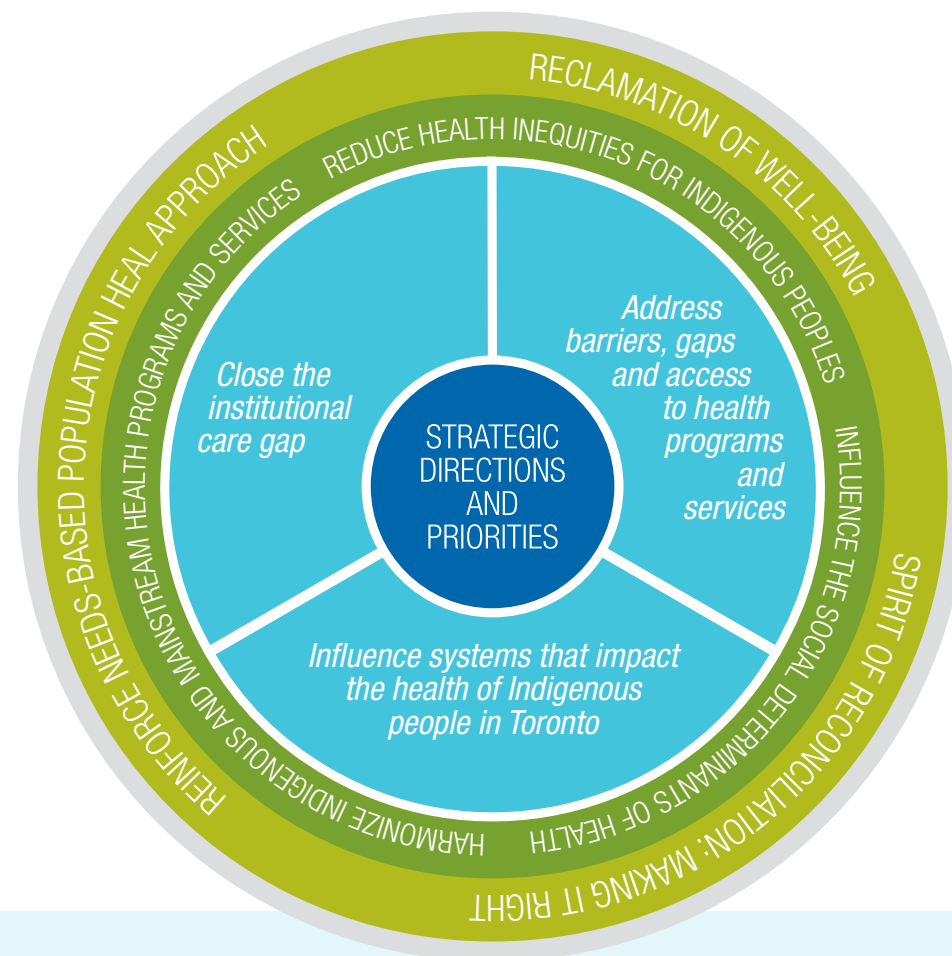
“There have always been systems of Indigenous governance. We need to understand that we can govern ourselves successfully and that we always have. We have strong systemic ways of figuring out answers that our community needs.”

Ellen Blais, Aboriginal Health Consultant Lead, Toronto Central Local Health Integration Network, and Circle Secretariat

Between October 2015 and March 2016, TIHAC used an Indigenous Health Planning model (developed by facilitator Michelle Sault) to conceive foundational elements of the Toronto Indigenous Health Strategy (TIHS): Vision, Mission, Operating Principles and Strategic Directions.

TIHS was born from the careful review of:

- Findings from engagement sessions and stakeholder interviews.
- Health and socio-demographic data.
- Analysis of local Indigenous programs and services.
- Urban Indigenous health strategies in similar jurisdictions.
- Guidance from the TIHAC Elders Council.
- Inspirational vision of the TIHAC Youth Council.
- Advice from Dr. Bernice Downey which contextualized the strategic plan within national and international Indigenous knowledge.



COMMUNITY ENGAGEMENT SESSIONS

The TIHAC reviewed community-identified health priorities in order to inform the strategy. The Native Canadian Centre of Toronto (NCCT) conducted Indigenous community engagement sessions with various sub-populations of Toronto's

Indigenous community from July to December, 2014. Indigenous youth, seniors/Elders, men, women, trans and two spirit community members participated in sessions held at various Indigenous organizations.

All sessions examined the health and wellbeing of Indigenous people at the individual, family and community levels. Participants were also asked to:

- Discuss how to best inform Indigenous health planning.

- Describe culturally competent health services.
- Consider differences between traditional Indigenous and mainstream medical understandings of health.



Overarching Themes

“You need to look at all social determinants of health. You need to somehow affect those areas and sectors to recognize and contribute to a healthy community.”

Joe Hester, Executive Director, Anishnawbe Health Toronto

*Photo: Nicole Penak,
community member*



Informed by the work of Indigenous health specialist, Dr. Bernice Downey, TIHAC wove three overarching themes throughout the Toronto Indigenous Health Strategy:

RECLAMATION OF WELL BEING

Well-being will be reclaimed through Indigenous-centric governance (self determination) and improved access to Indigenous healing knowledge and practice, as articulated in the United Nations Declaration on the Rights of Indigenous Peoples (2007).

Based on Haudenosaunee and Anishnawbe teachings, the TIHAC Ethical Code of Behaviour for Circle Members was developed by the Elders Council and embeds the reclamation of these rights.

The Ethical Code and TIHAC Terms of Reference guide TIHAC Advisors in how to interact with one another and make decisions.

The Vision Wheel (an adaptation of the traditional Medicine Wheel) has served as a well-being roadmap to develop the TIHS.

SPIRIT OF RECONCILIATION: MAKING IT RIGHT

In 2015, the Truth and Reconciliation Commission of Canada released their final report and Calls to Action

to redress the legacy of residential schools and to advance the process of Canadian reconciliation.

The Calls to Action for the health system call upon all levels of government to:

- Recognize and implement the health-care rights of Aboriginal people.
- Recognize, respect and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
- Recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
- Consult with Aboriginal peoples to establish measurable goals to

identify and close health outcome gaps between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends.

Health outcome indicators include: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury indicators and the availability of appropriate health services. Our Health Counts: Urban Aboriginal Health Database Project will be an invaluable resource as TIHAC measures and evaluates TIHS progress.

The TIHAC Guswentha belt (also known as the two row wampum) represents the original treaties between settlers and Indigenous

people. It serves as a reminder that we are all treaty people – with rights, roles and responsibilities regarding reconciliation and the well-being of Indigenous people.

REINFORCE A POPULATION HEALTH APPROACH

A population health approach examines and responds to health

inequities among groups in order to improve the health of the whole population. TIHAC reviewed the findings of community engagement sessions led by the Native Canadian Centre of Toronto in addition to a variety of Well Living House knowledge products. (Please see table: Well Living House Knowledge Products.)

The Toronto Indigenous Health Strategy uses a population health approach to:

- Address the social determinants of urban Indigenous health through actions to influence the health, justice, education, housing and food systems.
- Reduce health inequities – differences in health that are avoidable, unfair and unjust – through programs and services that are culturally secure, accessible and address historic and current wrongs.



WELL LIVING HOUSE KNOWLEDGE PRODUCTS

TIHAC reviewed the following Well Living House documents as part of its priority setting process:

- The Aboriginal Population in Toronto: Existing Socio-Demographic and Health Information.
- A Comparison of Governance Structures within Aboriginal Health Strategies: Background and Governance Considerations in the Context of the Toronto Aboriginal Health Strategy.
- Aboriginal Health Programs and Services in the City of Toronto.
- A Map and a Comprehensive List of Service Organizations.
- Program Funding Streams: Toronto Aboriginal Health and Social Services.
- Briefing Synthesis of Program and Service Gaps for Aboriginal Populations in Toronto.
- Our Health Counts Toronto: Urban Aboriginal Health Database Project, preliminary findings.

Vision

We envision a thriving and healthy Indigenous community in Toronto through the respectful harmonizing of practices, policies and resource allocation.

Mission

To lead transformation in health programs and services toward well-being for Indigenous people in Toronto.

Operating Principles

1. Health plans are developed with Indigenous Peoples as full partners.
2. Wherever Indigenous Peoples go to access programs and services, they receive culturally appropriate, safe and proficient care, and all barriers to optimal care have been removed.
3. Care is planned to be responsive to community needs and is appropriate, efficient, effective and high quality at both systems and interpersonal levels.
4. Dedicated resources and funding for Indigenous Health programs and services will support a coordinated and collaborative system.
5. Leverage and build the capacity of Indigenous leadership and Indigenous communities to care for themselves.



STRATEGIC DIRECTION #1 REDUCE HEALTH INEQUITIES FOR INDIGENOUS PEOPLES

Goal: To address barriers, gaps and access to health programs and services for Indigenous people in Toronto

Strategy: How will we do this?	Deliverables: How will we know we have been successful?	Partners/Stakeholders
Better integration and collaboration between preventative, primary, specialty and acute care systems and Indigenous organizations through the creation of networks and pathways for persons needing care and service providers	<ol style="list-style-type: none"> 1. Developed/measured patient experiences through a people's survey. Timely access to services and client-patient satisfaction measured 2. Statistically clinical significant improvement in access to primary care 3. Statistically clinical significant improvement in access to mental health and addictions services 4. Established and implemented a standard referral mechanism. Developed standard document for referral and acceptance of patients 5. Community Health Centres accept referrals from emergency departments 6. Indigenous population identified as a priority in the strategic/program plans of funded organizations 	<ul style="list-style-type: none"> • Toronto Central Local Integration Network (TC LHIN) • Toronto Public Health (TPH) • Our Health Counts (OHC) • Health Service Providers (HSPs) • Health Quality Ontario (HQO) • Mental Health and Addictions Reference Table
Increase investment in Indigenous cultural proficiency continuum and learning opportunities	<ol style="list-style-type: none"> 1. A range of learning opportunities are available and are commensurate with who is being trained and with options for increased levels of learning beyond foundational learning 2. Measured trainee experience, trainee satisfaction response indicates acceptance of cultural proficiency 3. Captured number of individuals that go through the training 4. Demonstrated increase in cultural proficiency as measured through evaluations 5. Devised supports and programs to integrate cultural proficiency training for health professionals and students (nurses, midwives, physicians) 	<ul style="list-style-type: none"> • Non-Indigenous community • TPH • TC LHIN • Relevant universities and colleges in Toronto • HSPs • non HSPs who have health care staff • Southern Ontario Aboriginal Health Access Centre • Ontario Association of Community Health Access Centres • Relevant hospitals piloting cultural proficiency initiatives
Increase investment in culturally safe primary care for chronic diseases	<ol style="list-style-type: none"> 1. Documented needs and unmet needs 2. Tracked the current investment and reported on increases in investment for culturally safe primary care for chronic diseases 3. Access measures are in place 	<ul style="list-style-type: none"> • TC LHIN • HQO • HSPs • OHC

	<ol style="list-style-type: none"> 4. Same standard of care for Indigenous patients as mainstream is evidenced 5. Indigenous population identified as a priority in the strategic/program plans of funded organizations 	
Development of a 1-800 Indigenous healing and caring line in conjunction with a knowledge hub and clearing house for providers and patients	<ol style="list-style-type: none"> 1. Completed a needs assessment 2. Completed an environmental scan 3. Developed a list of resources 4. Developed a data base of maps of services and Aboriginal health practitioners and sensitive doctors 5. 1-800 call centre established 6. Devised an evaluation mechanism that includes feedback from clients/ service providers that services are improving and meeting needs 	<ul style="list-style-type: none"> • TC LHIN • TPH • Indigenous community organizations • Non-Indigenous community organizations providing health programs and services
Integrate more Indigenous system navigators into the existing system	<ol style="list-style-type: none"> 1. Increased number of Indigenous System Navigators 2. A minimum number of employees in each funded agency are identified and trained as a culturally competent navigator of the health system 3. A minimum number of staff at each hospital are trained and identified as culturally safe and secure navigators of the health care system 4. A minimum of staff at Toronto Public Health are identified as culturally competent system navigators for Indigenous clients 	<ul style="list-style-type: none"> • TPH • TC LHIN • HSPs • HQO
Ensure health care spaces are welcoming, accessible and inclusive of Indigenous people	<ol style="list-style-type: none"> 1. Completed a baseline study to determine number of welcoming, accessible and culturally inclusive spaces 2. Measured an increase in spaces that allow for cultural practices (e.g. smudging) 3. Indigenous population identified as a priority in the strategic/program plans of funded organizations 	<ul style="list-style-type: none"> • TC LHIN • TPH • HQO • HSPs
Devise or support existing programs for seniors and families impacted by residential schools	<ol style="list-style-type: none"> 1. Supported the Calls to Action found in the Truth and Reconciliation Report 2. Increased number of programs for families impacted by residential schools 	<ul style="list-style-type: none"> • TC LHIN • TPH • Indigenous community organizations • Organizations working with Indigenous community members

STRATEGIC DIRECTION #2 INFLUENCE THE SOCIAL DETERMINANTS OF INDIGENOUS HEALTH

Goal: To influence systems that impact the health of Indigenous people in Toronto

Strategy: How will we do this?	Deliverables: How will we know we have been successful?	Partners/Stakeholders
HOUSING SYSTEM		
Advocate for landlord racism toward Indigenous tenants be addressed	<ol style="list-style-type: none"> 1. Advocacy work is underway and demonstrable 2. Policy has been devised and implemented to address racism with landlords 	<ul style="list-style-type: none"> • TPH • Board of Health • Relevant City of Toronto departments • Landlord and tenant organizations
Influence supportive housing policy for the benefit of Indigenous youth, 2 Spirit and seniors that is secure, safe and addresses risks	<ol style="list-style-type: none"> 1. Policy has been developed and implemented to address housing issues related to two-spirited peoples, Indigenous youth and seniors 2. Supported the recommendations in the Truth and Reconciliation Report¹ 	<ul style="list-style-type: none"> • TC LHIN • Toronto Community Housing Corporation (TCHC) • Housing sector organizations • TPH • Board of Health • HQO • Relevant City departments • Relevant Provincial Ministries • Ministry of Community and Social Services
Influence supportive housing policy for the benefit of pregnant Indigenous women and Indigenous women involved with the child welfare system	<ol style="list-style-type: none"> 1. Policy has been developed and implemented to address issues of Indigenous pregnant women and access to supportive housing, especially while involved with child welfare 2. Supported the recommendations in the Truth and Reconciliation Report² 3. Advocacy work underway and demonstrable regarding the inclusionary zoning laws to dedicate housing units for the Indigenous community 4. Same standard of care for Indigenous patients as mainstream is evidenced 5. Indigenous population identified as a priority in the strategic/program plans of funded organizations 	<ul style="list-style-type: none"> • TC LHIN • TCHC • TPH • Housing sector organizations • Board of Health • HQO • Relevant City departments • Relevant Provincial Ministries • Ministry of Community and Social Services • National Aboriginal Council of Midwives (NACM)

FOOD SYSTEM		
Advocate for affordable, healthy food for Indigenous people in Toronto using an Indigenous lens (including through the Toronto Food Strategy)	<ol style="list-style-type: none"> 1. Creation of community garden initiatives are supported 2. Policies for green spaces for food sustainability are researched and reported 3. Strategies to increase access to affordable, healthy food developed and implemented 4. Advocacy work underway and demonstrable regarding free access to prenatal vitamins 	<ul style="list-style-type: none"> • TC LHIN • HSPs • Southern Ontario Aboriginal Diabetes Initiative • TPH - Toronto Food Strategy, Chronic Disease and Injury Prevention • HQO • Nekenaan House • City of Toronto Planning
EDUCATION SYSTEM		
Advocate for a greater number of Indigenous teachers, professors in the education system	<ol style="list-style-type: none"> 1. Advocacy work is underway and demonstrable 	<ul style="list-style-type: none"> • Ministry of Education • All GTA colleges and universities
Advocate for students in the education system to have experiential learning opportunities (in addition to cultural competency training) regarding Indigenous ceremonies and/or ceremonial teachings	<ol style="list-style-type: none"> 1. Advocacy work is underway and demonstrable 	<ul style="list-style-type: none"> • Toronto District School Board (TDSB) • Toronto Catholic District School Board (TCDSB) • Ministry of Education • All GTA colleges and universities • Conseil scolaire de district catholique Centre-Sud (CSDCCS)
Advocate for Indigenous-specific adult learning centres	<ol style="list-style-type: none"> 1. Advocacy work is underway and demonstrable 	<ul style="list-style-type: none"> • TDSB • TCDSB

¹ http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

² http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

EDUCATION SYSTEM (CONTINUED)		
Advocate for the development of a state of the art, well-equipped, centre of excellence that prepares Indigenous youth for entrance into post-secondary programs that includes housing, financial and transportation support and is infused with Indigenous world view	1. Advocacy work is underway and demonstrable	<ul style="list-style-type: none"> • TDSC • TCDSB • Ministry of Training, Colleges and Universities (MTCU) • Conseil scolaire de district catholique Centre-Sud (CSDCCS)
Advocate for targeted programming for Indigenous students to become part of school based sports teams	1. Advocacy work is underway and demonstrable	<ul style="list-style-type: none"> • TDSB • TCDSB • MTCU • Right to Play • Canadian Lacrosse Association • Conseil scolaire de district catholique Centre-Sud (CSDCCS)
JUSTICE SYSTEM		
Advocate within justice system for culturally appropriate court processes for Indigenous women attending family court	1. Advocacy work is underway and demonstrable	<ul style="list-style-type: none"> • Ministry of the Attorney General • Ministry of Child and Youth Services (MCYS) • Child Protection Agencies • Health and Social Service Agencies • Aboriginal Legal Services
HUMAN RIGHTS		
City-wide campaign to address the role of racism with an anti-oppression, social justice framework	1. Demonstrated support to others doing the work of addressing non-health related campaigns to address racism 2. Demonstrated support for a proposal for province wide mandatory cultural competency training	<ul style="list-style-type: none"> • TC LHIN • TPH • Board of Health • MOHLTC • Anti-Racism/Human Rights organizations and initiatives

	<ol style="list-style-type: none"> 3. Provided advice to the Minister of Health on impact of racism on the health of Indigenous people 4. Supported challenges to target senior leadership to take cultural competency learning opportunities 	
VIOLENCE		
Support programs that address violence in Toronto Indigenous community	<ol style="list-style-type: none"> 1. Advocacy work is underway and demonstrable 2. Support given to agencies that have a mandate on violence against Indigenous women & families 3. Supported the calls to actions in the Truth and Reconciliation Report³ 	<ul style="list-style-type: none"> • TC LHIN • TPH • Relevant Ministries • Community groups dedicated to supporting Missing and Murdered Indigenous Women (MMIW)
EARLY CHILDHOOD		
Expansion of culturally secure parenting support programs	<ol style="list-style-type: none"> 1. Increased number and size of culturally secure parenting programs for Indigenous community 	<ul style="list-style-type: none"> • TPH • Indigenous organizations • MCYS

³ http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf



STRATEGIC DIRECTION #3 HARMONIZE INDIGENOUS AND MAINSTREAM HEALTH PROGRAMS AND SERVICES

Goal: To close the institutional care gap through harmonized healing spaces and frontline services

Strategy: How will we do this?	Deliverables: How will we know we have been successful?	Partners/Stakeholders
Support new and existing public health promotion programs focusing on physical activity, healthy eating, mental health promotion, healthy parenting, youth resilience and chronic disease prevention to be culturally appropriate.	<ol style="list-style-type: none"> 1. Baseline study to determine what programs have been targeted to the Indigenous community 2. Research into data and quality measurements of existing programs revealed: <ul style="list-style-type: none"> • Improved access to health promotion programs • Increased physical activity for participants • Increased knowledge of culturally appropriate health promotion messaging • Improved quality of programs • Improved increase in self-reported health status • Investments in existing and new programs addressing chronic disease prevention, mental health promotion, health parenting and youth resilience for the Indigenous population are in place 	<ul style="list-style-type: none"> • TPH • Indigenous community organizations • MOHLTC • Public Health Ontario (PHO) • SOADI (Southern Ontario Aboriginal Diabetes Initiative) • Toronto Cancer Prevention Coalition • Mental health and addictions reference table
Support new and existing palliative care programs for Indigenous peoples that integrate Indigenous world view.	<ol style="list-style-type: none"> 1. Implemented the TC LHIN Palliative Care Strategy (PCS), which included a specific Aboriginal palliative care strategy 2. Identification of emerging opportunities to devise strategies 3. Evidence of co-design of strategy by Indigenous community 4. Determined the proportion of people who are dying with palliative care support 5. Increased proportion of Indigenous patients receiving culturally safe palliative care support 6. Palliative Care strategies are in alignment with Indigenous midwifery practices 7. Identification of traditional resources completed, implementation of family grief practices 	<ul style="list-style-type: none"> • TC LHIN • HSPs • National Aboriginal Council of Midwives (NACM)

Investigate the development of a live-in family healing and caring lodge	<ol style="list-style-type: none"> 1. Completed a needs assessment (including assessment for critical mental health, addictions and palliative care) 2. Development of an integrated planning team 3. Completed an environmental scan that includes funding opportunities 4. Development of a business plan that is sustainable, feasible and results based 	<ul style="list-style-type: none"> • TC LHIN • TPH • Mental health and addictions reference table • Nishnawbe Aski Nation (NAN) • Treaty 3 • First Nations Health Branch (Federal)
Investigate the development of a harmonized, community-based healing and counselling team of highly trained and skilled providers as well as apprentices and community supports	<ol style="list-style-type: none"> 1. Completed a needs assessment 2. Development of a planning team (steering committee) 3. Completed an environmental scan that includes funding opportunities 4. While planning, ensure continuity of care 	<ul style="list-style-type: none"> • TC LHIN • Indigenous health care providers
<p>Mental health and addictions services for the Indigenous community are aligned and supported by a seamless network of culturally secure care and trauma based care providers both Indigenous and non-Indigenous.</p> <p>These services would include both Indigenous and Western modalities of treatment and would ensure the confidentiality and privacy of Indigenous clients is protected</p>	<ol style="list-style-type: none"> 1. Baseline needs assessment documenting needs/unmet needs has been developed by OHC 2. Mapping of existing services and analysis of unmet needs as been completed 3. Provincial and local mental health strategies for Indigenous people are aligned, expanded and based on meeting unmet needs of the community 4. There is a seamless, visible referral network and knowledge base of support for Indigenous people when they are in crisis or requiring longer term support for mental health and addictions issues at all levels of the community including agency supports, institutional supports and organizational supports. 5. Indigenous population identified as a priority in the strategic/program plans of funded organizations 	<ul style="list-style-type: none"> • TC LHIN • TPH • Ministry of Child and Youth Services • MOHLTC • HSPs • OHC



Conclusion and Next Steps

The Indigenous people of Toronto will not only receive culturally competent services, but also demand it, shape it, and create it. We will have Indigenous folks as physicians. We have some researchers now, but we need more. We also need more Indigenous people in nursing, planning, and as CEOs not only of Indigenous agencies, but in mainstream agencies too. If we can achieve this our entire city will be different.

Camille Orridge, former Chief Executive Officer, Toronto Central Local Health Integration Network

REALIZING THE VISION

A Reclamation of Well Being: Visioning a Thriving Healthy Urban Indigenous Community: Toronto's First Indigenous Health Strategy affirms TIHAC's belief that self-determination is at the core of building a strong, healthy, and resilient Indigenous community.

Toronto's Indigenous population is incredibly diverse. There are Indigenous people who call Toronto their permanent home and others who travel between this city and Indigenous communities to have their health needs met. As such, this strategy recognizes that improving the health of Indigenous people in Toronto will require a coordinated effort between diverse Indigenous leadership and all levels of government.

TIHAC acknowledges that the legacy of colonial trauma has resulted in significant health inequities for Indigenous people in Toronto. Some of these inequities stem from the intergenerational effects of residential schools, as well as systemic discrimination and service gaps in the health care and public health systems. TIHAC commends TC LHIN and TPH for working with the community to improve Indigenous health through culturally competent services and strategies to stimulate systemic change.

Actualizing the vision for a healthy urban Indigenous community requires a cross-sectoral approach. Along with TC LHIN and TPH, TIHAC looks forward to working with provincial ministries, municipal divisions and Indigenous Provincial Territorial Organizations. TIHAC will also work with experts in the fields of education, housing, justice, child welfare, food security, human rights, family violence and early childhood development. Together we can make it happen.

There is a lot of exciting work ahead – including the development of a comprehensive implementation framework, a communications strategy and an Indigenized evaluation plan that will measure our success.

TIHAC expresses gratitude to all of the community members, agencies and stakeholders who were instrumental in creating Toronto's First Indigenous Health Strategy 2016-2021.

What is your vision of a healthy and thriving Indigenous community in Toronto in 2050?

"I am hoping that people will enjoy equity, make a living and enjoy their rights. I hope they have access to services and most importantly, to education. The Circle can look to the youth to guide our future."

Ruth Anne Cyr, Community Elder

"It's a living process, and so it moves with the time. There is a continual dialogue in the community about what a healthy Indigenous community can look like."

Joe Hester, Executive Director, Anishnawbe Health Toronto

"I see a thriving and healthy Indigenous community where Indigenous patients can move seamlessly through the health care system, where cultural elements of care are offered as a choice with every interaction, and where Indigenous people are determining their own pathways to health that are meaningful to them."

Susan Fitzpatrick, Chief Executive Officer, Toronto Central Local Health Integration Network

"This is a model of Indigenous health in Indigenous hands. We can only be successful with the community. I think that this is particularly true of the Indigenous community if we work in partnership and take our lead from members of the Indigenous community themselves."

Dr. David McKeown, Medical Officer of Health, City of Toronto

TIHAC COMMUNITY LAUNCH AND FEAST POSTER

This poster was developed by **Elder Diane Longboat** and two Indigenous artists: **Joseph Sagaj and Holly Fisher**.

Guided by the Elder's teachings, the colourful and complex imagery reflects the diversity of Toronto's Indigenous community. The Elder and artists visually depicted TIHAC's work in community healing: spiritually, emotionally, mentally and physically.

Moon and Stars

The moon and stars depict the vast universe. This is where TIHAC Advisors situate their minds to do creative and innovative work. Grandmother Moon represents the Sacred Feminine, the healing powers of water and the cycle of fertility. The solid yellow line invokes Grandfather Sun and represents a strong commitment to community wellbeing.

Moon

The TIHAC Community Launch and Feast fell on the January 23, 2015 new moon. This is when people's minds come together in a peaceful and

measured way. New projects grow in abundance and efficacy, like the face of Grandmother Moon as she becomes full. The bright, eclipse-like sliver of moon represents the brightness of the Advisors. Many Indigenous Nations begin midwinter ceremonies on the January new moon to give thanks for last year's abundance and pray that the upcoming cycle be just as good.

Stars

These stars take the shape of the 'Big Dipper'. This formation represents the Man and Woman's pipe, in balance with each other. These pipes are connected to the North Star. There are seven stars in line with the Seven Grandfather teachings and the Seven Generations teaching which asks that we consider how our actions will impact the next seven generations. Many Indigenous belief systems view stars as Ancestors who have gone to the spirit world.

TORONTO ABORIGINAL HEALTH STRATEGY

COMMUNITY LAUNCH & FEAST

You are invited to the Community Launch & Feast of the **Toronto Aboriginal Health Advisory Circle** on **January 23rd** at the Native Canadian Centre of Toronto. A Celebration of the Creation of the **Toronto Aboriginal Health Strategy**

FULL DAY SCHEDULE	7:30 - 8:30 am	2:00 - 4:00 pm	4:30 - 6:30 pm	6:30 pm
	Sunrise Ceremony and Sacred Fire - James Carpenter	Community Ceremony and Launch - Diane Longboat with Eagle Staff, Drumming, Singing, Pipe ceremony	Community Feast	Closing Ceremony

For more info please contact:
 Ellen Blais: ellen.blais@lhins.on.ca Leila Monib: Imonib@toronto.ca

Toronto Public Health **Ontario**

Star Blanket Logo

The star blanket represents the Seven Sacred Laws with the eighth point representing Ancestral wisdom and guidance. Each Advisor sits at a star point; their direction reflects the skills and gifts they bring. The swirling colours depict the dynamic nature of life and the interconnection of life's essential elements: earth, fire, air and water. The red ring around the star symbolizes the connection between the Advisors who work collaboratively together and sit within the larger community.

The Woman on the Cliff

This woman honours the importance of Mother Earth and women as the creators of life and carriers of water. As she gazes off into the sky, she drums (the heartbeat of Mother Earth) and sings to give thanks.

Background Colours

Red depicts protection for the Circle's work and the community. The red curve symbolizes Mother Earth – the sacred land we depend and walk upon.

Purple is the colour of peace. It represents Indigenous community

leaders. Historically, purple was reserved for royalty.

Two Purple Wavy Lines

The two purple lines at the bottom symbolize the Guswentha Belt of 1613. Also known as the Two Row Wampum Belt, this was the earliest treaty between the Dutch and the Haudenosaunee, and was the underlying basis for all future Haudenosaunee relationships with European powers. These lines represent respect for the ways in which Indigenous and non-Indigenous people travel on the river of life: Indigenous in a canoe and non-Indigenous in a ship. It honours the principles of non-interference, peace, friendship and respect.

The belt ends are unfinished to signify a treaty without end. The responsibilities of this belt are meant to be shared by Indigenous and non-Indigenous peoples. TIHAC recognizes the Two Row Wampum Belt as representing a harmonized governance process that includes Indigenous and non-Indigenous leadership.





For more information:
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