



PROCEEDINGS  
REPORT

# TRANSFORMING OUR REALITIES: *The Determinants of Health and Indigenous Peoples*

December 2-3, 2015  
Ottawa, Ontario

NATIONAL COLLABORATING CENTRE  
FOR ABORIGINAL HEALTH



CENTRE DE COLLABORATION NATIONALE  
DE LA SANTÉ AUTOCHTONE



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Since its inception in 2005, the National Collaborating Centre for Aboriginal Health (NCCAHA) has focused on the intersection of social determinants that are the underlying causes of disparities in First Nations, Inuit and Métis peoples' health. These 'causes of the causes'<sup>1</sup> have included poverty, substandard housing, gender, barriers to education and employment, racism, colonization, family violence, cultural revitalization, land rights and self-determination, among others. In order to expand national and international understandings about social determinants of health and Indigenous peoples, the NCCAHA has hosted a series of cross-sectoral national gatherings on the social determinants of Indigenous peoples' health involving representatives from diverse national and provincial Indigenous organizations, federal and provincial/territorial governments, Indigenous and non-Indigenous health organizations, practitioners and researchers.

The first national gathering, *Circles of health: Sharing our gifts* was held in Ottawa in 2008 and aimed to facilitate dialogue about diverse Indigenous social determinants of health; and identify key strategies, messages and activities for increasing the synthesis, translation and exchange of knowledge regarding Indigenous social determinants of health. This gathering was highly successful, leading to increasing momentum for individuals from diverse sectors to work collaboratively to address the social determinants of Indigenous peoples' health. As a result the *From visions to actions: Second forum on social determinants of*

*Aboriginal Peoples' health* held in Vancouver in 2009 focused on mechanisms for exploring Indigenous social determinants of health, including infrastructure needs, partnerships and/or collaborations to assist in moving on a health agenda, and tools to assist in facilitating intersectoral collaboration to address social determinants of health within communities.

The third gathering, *Transforming our realities: The determinants of health and Indigenous Peoples*, held in Ottawa from December 2-3, 2015 built on the work of the previous two forums by highlighting successful holistic and integrated interventions and tangible actions for moving forward in addressing the social determinants of First Nations, Inuit and Métis peoples' health. This work is especially pertinent within the context of recent findings derived from the final report of the Truth and Reconciliation Commission of Canada (TRC).

### The goals of this forum were to:

- ✓ review current evidence related to the determinants of Indigenous peoples' health;
- ✓ explore the application of a determinants of health approach at the system, structural and community levels; and
- ✓ identify and discuss strategies for promoting and enabling a determinants of health approach to health and wellness.

In addition, the gathering provided an opportunity for the NCCAHA to disseminate information from its recently published book, *Determinants of Indigenous Peoples' health in Canada: Beyond the social*.

Over 100 participants from diverse sectors including those from federal, provincial/territorial, and Indigenous governments; academic and research institutions; Indigenous and non-Indigenous health organizations; and national and provincial Indigenous organizations with a focus on health from a broad social determinants of health perspective (including education, labour, community and economic development, children's rights, Truth and Reconciliation Commission, family violence, housing, and governance, amongst others) attended the gathering. This national dialogue was an opportunity to share new and innovative information about cross-sectoral and holistic approaches to addressing social determinants of Indigenous peoples' health, as well as intersectoral networking and relationship building.



<sup>1</sup> Marmot, M. (2005). Social determinants of health inequalities. *Lancet*, 365, p. 1101.

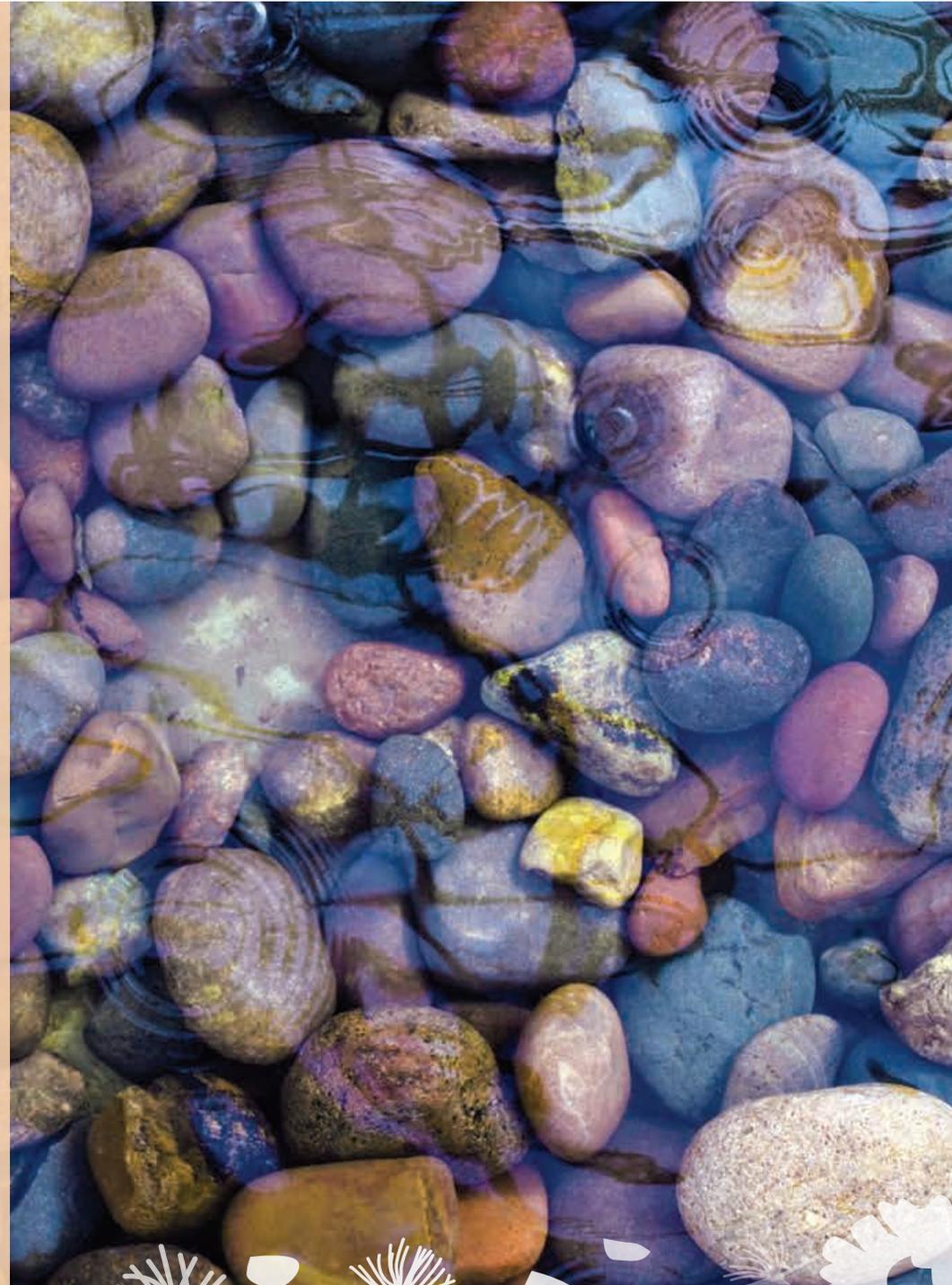
# OBJECTIVES

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*identify and discuss strategies for promoting and enabling a determinants of health approach to health and wellness.*



The gathering was officially opened the evening of December 2, 2015 by Elders Ms. Sarazin, Mr. Yearington, and Ms. Webster. Facilitator Harold Tarbell then called upon former National Chief of the Assembly of First Nations, Mr. Phil Fontaine and the Honourable Minister of Indigenous and Northern Affairs Canada Dr. Carolyn Bennett to deliver the keynote addresses.



Phil Fontaine

The former National Chief of the Assembly of First Nations, Mr. Fontaine, began by introducing the concepts of reconciliation and poverty. His opening remarks focused on the health determinants that make Indigenous communities healthier and safer, including the many reassuring stories about First Nations people's achievements and successes in education and economic development:

*When I do speak about poverty, of course I forget to talk about the flip side and I have to keep reminding myself that there are so many incredibly reassuring stories about our people, important achievements [and] successes that made a real and significant difference in our communities and these success stories are reflected in so many ways. And clearly one of the areas where we have done an outstanding job is in terms of education in producing outstanding graduates from high schools, universities and the success of our more recent experience and education has made a real difference. Despite all of the challenges that we have faced with the education system over the years, we have outstanding professionals in just about every profession and discipline in the country. Outstanding medical doctors, outstanding nurses, health practitioners of every sort, lawyers, judges...there are so many of our people that are making a tremendous difference, a very positive difference, not just in our communities or in the lives of indigenous people but to the country. We are making a very serious contribution to Canada's well-being and too often that isn't recognized.*



When Mr. Fontaine indicated that there are now 40,000 Indigenous run and owned businesses across Canada in every sector, from tourism, to airlines, to trucking. He said “we are everywhere and everywhere we have been given an opportunity to make our mark, we have succeeded tremendously well, and that speaks to the incredible talent, the incredible intelligence...in fact the genius.” While these economic successes are growing, there is the ongoing need for healing and reconciliation amongst Indigenous populations and communities. For him, reconciliation includes knowing, learning, understanding, and accepting the truth of the situation currently faced by Indigenous peoples and communities across the country. It is also about knowing the colonial history of Canada – most significantly the residential school experiences of survivors and intergenerational survivors. Mr. Fontaine emphasized that reconciliation cannot be achieved if it does not include Indigenous rights to self-determination, culture and languages, giving effect to important court decisions, and the eradication of poverty. He concluded by saying that reconciliation “will forever remain a dream, a faraway dream, unless there is a fundamental shift in the way Canadians think, look and understand Indigenous peoples.”

## Honourable Minister, Carolyn Bennett

The Honourable Minister also reflected upon reconciliation, relating how it is rooted in respectful friendships and partnerships in which individuals can correct one another or be corrected when mistakes are made. She then turned to what she has witnessed and learned through the NCCAH over the past decade:



*You have led the way on so many things but mainly in the understanding of what the word collaboration means. So what you have all taught me is the way we have to go forward. It is by listening to people about language and culture - that it isn't some fluffy extra thing that you do if you can afford it— we actually have to have that in the schools; we also have to have it in urban settings such that people can learn side by [side] in*



*terms of what actually is the history and culture of this country. We have to actually do much better in this work of reconciliation which really is that everybody understands the need for the recognition of rights, respect, cooperation and partnership.*

The Honourable Minister commented on her involvement in the World Health Organization's (WHO) work on the social determinants of health. As part of this process, she was profoundly impacted by the words of Sir Michael Marmot when he discussed the "causes of the causes of the causes." She recalled him saying "something that none of us as physicians in the room will ever forget, which ... he said [is] ... the worst thing that can happen to a physician, is to help somebody get better and to send them straight back into the condition that made them sick in the first place." This was the situation she witnessed during the 2009 H1N1 outbreak where First Nations

influenza patients in northern Manitoba would return home from their clinic visits to conditions of overcrowded housing and a lack of running water. In closing, she confirmed that Canadians are beginning to understand that in order to close the health gap between Indigenous and non-Indigenous peoples, Indigenous peoples can no longer be left behind, and missing and murdered Indigenous women and children in care need to be given critical attention.





## Dr. Margo Greenwood

Dr. Greenwood acknowledged the ancestors and territory of the Algonquin people. She welcomed the honoured Elders, leaders, guests, colleagues and friends who came from across the country to address the health and well-being of Indigenous peoples in Canada. Thinking about the vision of the gathering, Dr. Greenwood recalled a story shared with her by Cree Elder Willie Ermine:

*It's a story about a young man gathering medicine with his grandmother. It took place many, many years ago and it was really in a different lifetime in some ways. A young man and his grandmother would go deep into the woods and gather sacred medicines. Late in the evening after a long day, they returned to their cabin and set out the medicines on a clean white cloth. The white of the cloth represented purity – a value central to the preparation of medicine. Often the medicines were placed in a red willow basket. Both the red willow and the white cloth were fundamental to the collection, preparation and storage of those medicines. What Willie explained to me was that the medicines are like our thoughts; our minds are like the white cloth and the willow basket. They are meant to hold our thoughts. Willie cautioned me that in order to use our thoughts in a good way, our minds must be pure so there is no interference when we use those medicines in our daily lives. This story tells me [and is a reminder to all of us] about how important the work is that each of us do every day.*

This is a time of renewed optimism and hope, a time of new relationships and for organizations and individuals from across the country to partner together to realize the recommendations of the Truth and Reconciliation Commission (TRC) and its 94 Calls to Action. Dr. Greenwood recognized that the TRC is built on words set down almost 20 years ago in the Royal Commission on Aboriginal Peoples' (RCAP) 1996 Report and noted that, "there is a history to where we are today, a history we must not forget." In order to understand the depth of inequalities experienced by Indigenous peoples in Canada, the historical and contemporary forces influencing Indigenous peoples must be understood, as well as the unique systems of knowing and being of Indigenous peoples.

Dr. Greenwood remarked how this gathering was the first time that many around the room would have the opportunity to engage with one another and explore and form meaningful partnerships to take collective action to address the health and well-being of Indigenous peoples. This intersectoral engagement was significant given that the gathering set out to answer the following questions, "what can and should we be doing in terms of practices and applied work within a model of social determinants of health?" and "why is it that we continue to live with ill health when so many others do not?"

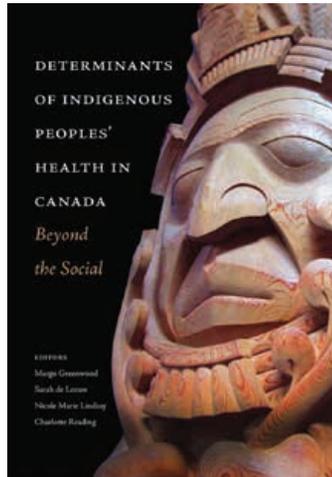
*“We have entered a new moment in the history of this country, a moment that if walked through with careful thought, if approached with purity of heart and mind, will be transformative for Indigenous and non-Indigenous peoples alike and for all time to come.”*

*Margo Greenwood*



## Determinants of Indigenous Peoples' health in Canada: Beyond the social

Dr. Sarah de Leeuw introduced panelists Dr. Charlotte Loppie, Ms. Shirley Tagalik and Dr. Brenda Macdougall, noting that each had contributed to the 2015 book, *Determinants of Indigenous Peoples' Health in Canada: Beyond the Social*. Dr. de Leeuw explained that the uniqueness of this book is that it incorporates Indigenous perspectives from all groups across Canada, as well as Indigenous artists and storytellers.



### Dr. Charlotte Loppie - Structural determinants of Indigenous Peoples' health: Exploring the roots

Using the holistic model of a tree, the focus of Dr. Loppie's presentation was on the structural roots that underpin Indigenous peoples' health. The tree model is useful because it illustrates the complex and interconnected systems found in nature as well as human health. She explained these as proximal (stem) environments, intermediate (core) environments, and distal or structural

(root) environments; each influencing health and well-being. Yet as Dr. Loppie noted, *"when we see a tree, if the leaves are unhealthy, we know that the tree is unhealthy"* and that, *"ill health almost always originates in the roots of that tree."*

The basis of Dr. Loppie's chapter in the book is a critical review of the root, or structural determinants of Indigenous peoples' health and well-being. She stated, *"...these structural environments are deeply entrenched in ideological, historical, political and economic foundations. They influence all of the other environments. It is the integrity of these foundations that shape equity and thus the wellness of entire societies."* She argues that rather than focusing on individuals (who may or may not be healthy), the focus should be on the systems or environments that either create or hinder health. Furthermore, the structures of society need to be critically explored and questioned. For example, how can a society be considered to have structural integrity and be based on principles of equity and justice if it is still influenced by racist ideologies, historic trauma, unbalanced power relations, and inequitable distribution of resources? Is it possible to change deeply entrenched pathologic structures?

In conclusion, Dr. Loppie called upon all sectors to collectively work towards ending structural challenges that impede Indigenous peoples' health and well-being. This can be achieved if everyone:

*decide[s] that all people will have equal opportunities for quality education and employment; [celebrates] everyone's contributions... including Indigenous peoples; support[s] all people's capacities for self-determination; and ensure[s] the healthy development of all communities across the country.*

Without this collective action, she noted that *"we will continue to have structures that are insufficient for the health of our future generations."*



Shirley Tagalik - Inuit knowledge systems, Elders, and determinants of health: Harmony, balance and the role of holistic thinking

At the centre of Ms. Tagalik's book chapter presentation was the importance of Inuit knowledge systems for maintaining harmony, balance and good health. She acknowledged the privilege of working with a group of Inuit Elders from across the north who shared with her the core beliefs, perspectives, relationships, and worldviews embedded in Inuit Qaujimajatuqangit (Inuit knowledge). She noted that Inuit Qaujimajatuqangit is highly contextualized, very personal, and gained through lived experiences, observations, reflections and interactions with the environment.

Drawing upon the relationship between families and their dogs, she highlighted specific teachings on Inuit Qaujimajatuqangit, as even the animals have social systems and social networks that are grounded in relationships with one another and with humans:

*It is the children who have the responsibility to train the dogs, to get the dogs ready to become part of the family. The children are the ones who name the dogs. They carry the puppies on their backs so the puppies will get the smell of the family and become part of the family. They'll stretch the puppies' legs to make them fast runners and hold the puppies' heads and talk to them very specifically to say "you're going to be a good dog, you're going to be a smart dog, you're going to be the fastest dog, you're going to be an obedient dog."*

Dogs are viewed as family members and as the greatest resource to many Inuit families. Ms. Tagalik told a story (shared with her by an Elder)

about the importance of Inuit relationships with their dogs. As a child the Elder remembered how her family had been inside their igloo when a storm came upon them and buried them deep under the snow. They remained there for at least several weeks before they were dug out. They were rescued because their dogs had gone to get help. They never abandoned their human family members.

This training of puppies, like the training of children, or "making a capable human", happens at a very early age and is very intentional. From the time children are very young, they are engaged in all kinds of experiences that "help build their capacity on the land [and their] relationships with other people, [and help them understand] their culture, their language, the expectations of them."

Ms. Tagalik touched upon Inuit laws that govern how each person is responsible for working towards the common good, living in harmony

and balance, planning for the future, and having respect for all living things. She talked about Inuit ways of being, including being kindhearted and caring, living well together, communicating honestly, and making able human beings. Guiding principles in Inuit cultural systems ensure cultural continuity and include showing social responsibility, working with a common purpose, becoming highly skilled, demonstrating stewardship, seeking solutions and maintaining harmony and balance. Harmony involves a willingness on the part of individuals to engage with others and in that engagement, demonstrates tolerance. Harmony also promotes a balance in life that leads to spiritual, emotional and physical wellness, and living in balance results in harmony. Finally Ms. Tagalik spoke to the link between wisdom, personal health and wellness to personal actualization or the extent to which Inuit contribute to improving the common good. In other words, by positively impacting the world around them, Inuit become healthy.



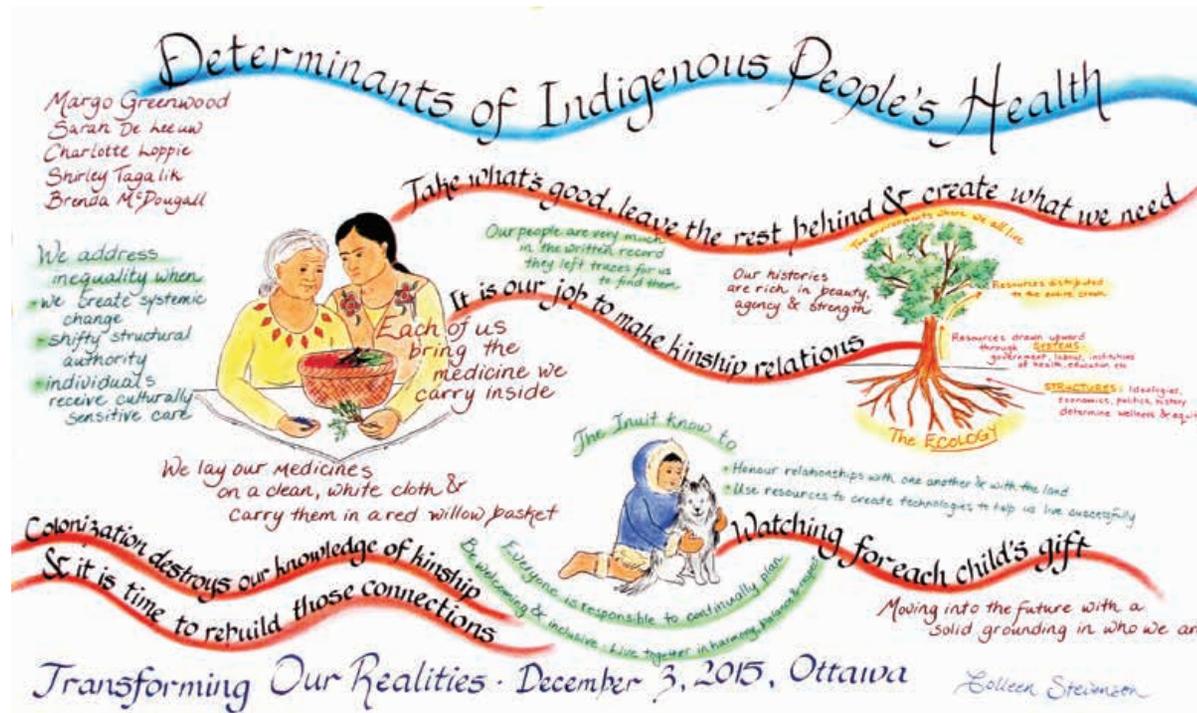
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Dr. Brenda Macdougall - Family history & Indigenous determinants of health

Dr. Macdougall spoke about the role of families and family history as determinants of Indigenous peoples' health and well-being. She became interested in Métis genealogy through a project with Métis students in the Saskatchewan Urban Native Teacher Education Program (SUNTEP). Through this project, she noticed the difficulty they were having, especially identifying kinship connections. This gave her the impetus to search for traditional stories about families in order to understand more about kinship relationships and the critical need to remember, retell, and rebuild these. One of these involved a woman who married a beaver:

*When a young woman went out to fast on the land, she met a young man who she fell in love with. He convinced her to go back to his home and live with him and his people. All he asked of her [was] that she not associate with other people outside of their community. In return for this, he would supply her with everything she wanted or needed in life. She was rich with children, rich with material goods, rich with food, and she grew into an old woman, happy and contented in her life with her husband and her children. One day she was left by herself in the lodge and she was all alone. She realized her family was never coming back. Then she heard voices outside. She heard people walking*

*around and for the first time she called out to outsiders to speak to. The outsiders broke into the lodge that she was living in and they released her. She discovered at that point that this whole time she had been living amongst beavers and her home was a beaver lodge. She had learned the kinship structures of beavers and it became her responsibility to convey that information to her own people. She went back and told her people about the kinship they would have with the beavers; if they were respectful, if they hunted properly, and if they didn't waste, they would always have the support of those animals. If, however, they disrespected those animals, if they violated kinship protocols with these animals, they would no longer allow themselves to be hunted. Then the people would be poor because they would lose those relationships.*



What she found through her research into the genealogical records was that Métis peoples had a great deal of agency over themselves and in their lives. She also came to understand the importance of reclaiming stories because they help to “rebuild a sense of who we were historically so that we can have a sense of who we are today.” She is encouraged to see that young urban people are building kinship networks with one another, even though they are not related to each other in a biological sense. This is similar to the woman who married the beaver. She concluded by stating, “that it is the strength of our teachings, that’s what we hold. Our stories have survived; we just have to remember them.”

## Leveraging multi-sectoral collaborations to improve health outcomes

Harold Tarbell welcomed a diverse group of panelists, including Ms. Gerry Gallagher who spoke on behalf of the Canadian Council on Social Determinants of Health (CCSDH), Dr. Andre Corriveau, who represented the Pan Canadian Public Health Network (PHN), Dr. Valerie Gideon, of the First Nations Inuit Health Branch (FNIHB), and Dr. Margo Greenwood who presented on the collective work of the National Collaborating Centres for Public Health (NCCPH).

Presentations from these diverse sectors highlighted some of the work that is currently underway which is contributing to a greater understanding of the social determinants of health, as well as cross disciplinary and multisectoral efforts to advance Indigenous peoples' health and well-being.

*Ms. Gerry Gallagher - Canadian Council on Social Determinants of Health (CCSDH)*

Ms. Gallagher outlined how the CCSDH brings together multisectoral perspectives and partners from across Canada, including public, private, not-for-profit, labour, planning, philanthropy, and First Nations, Inuit and Métis organizations. She described how different sectors each bring different understanding and definitions related to the social determinants of health. She identified healthy child development, strengthening Indigenous cultural competencies for multisectoral engagement, and community well-being as the focus of CCSDH over the next few years. She also encouraged participants at the gathering to think about potential opportunities for the CCSDH to “influence, inform and connect” with them and their networks, their knowledge, assets, and

expertise. For more information on the CCSDH, please refer to [www.ccsdh.ca](http://www.ccsdh.ca).

*Dr. Andre Corriveau - Pan Canadian Public Health Network (PHN)*

Dr. Corriveau rekindled the discussion on the purpose of the PHN and how it could be used to address some of the current health challenges. The global vision of the PHN, which emerged in response to severe acute respiratory syndrome (SARS), was to develop a forum where diverse expert sectors could come together to discuss and work on important public health issues and then to channel their concerns up the bureaucratic government system, up to Ministers of Health and possibly Premiers as well. As part of the PHN, an Indigenous engagement strategy is underway; however, as Dr. Corriveau noted, there is a need for ongoing work with the NCCAH to better advance this strategy.

*Dr. Valerie Gideon - First Nations Inuit Health Branch (FNIHB)*

Dr. Gideon provided an overview of the Strategic Plan of the First Nations Inuit Health Branch (FNIHB). Developed in

2011/2012, the plan included extensive internal and external sectoral engagement with the Public Health Network, federal, provincial and territorial governments, and First Nations and Inuit partner organizations. An important part of this strategy focuses on appropriate linkages among FNIHB programs and services with those of other federal departments in order to support a population health approach. Dr. Gideon also provided a brief overview of some of the specific initiatives the FNIHB was collaborating on with other partners to address the social determinants of Indigenous peoples' health.

*Dr. Margo Greenwood - National Collaborating Centres for Public Health (NCCPH)*

The final panelist, Dr. Greenwood, provided an overview of the work of the National Collaborating Centres for Public Health (NCCs). Established in 2005 by PHAC, the mandate of the NCCs is to renew and strengthen public health by building on existing strengths, and to foster linkages across diverse sectors using knowledge synthesis, translation and exchange to analyze priority issues. The six NCCs include: Aboriginal Health, Environmental Health, Infectious Diseases, Methods and Tools for Knowledge Translation, Healthy Public Policy, and Determinants of Health. These centres were meant to “play a supportive role for practitioners and decision-makers and leaders in the world of public health and beyond through knowledge.” Dr. Greenwood highlighted how the NCCs had successfully built relationships, partnerships, networks and collaborations across disciplines and sectors; established and/or supported networks of public health professionals to address gaps in their respective areas; developed useful tools and products that could be applied in a real world setting and addressed identified gaps; stimulated conversations for action on public health; and responded to requests when called upon, utilizing established and recognized expertise.

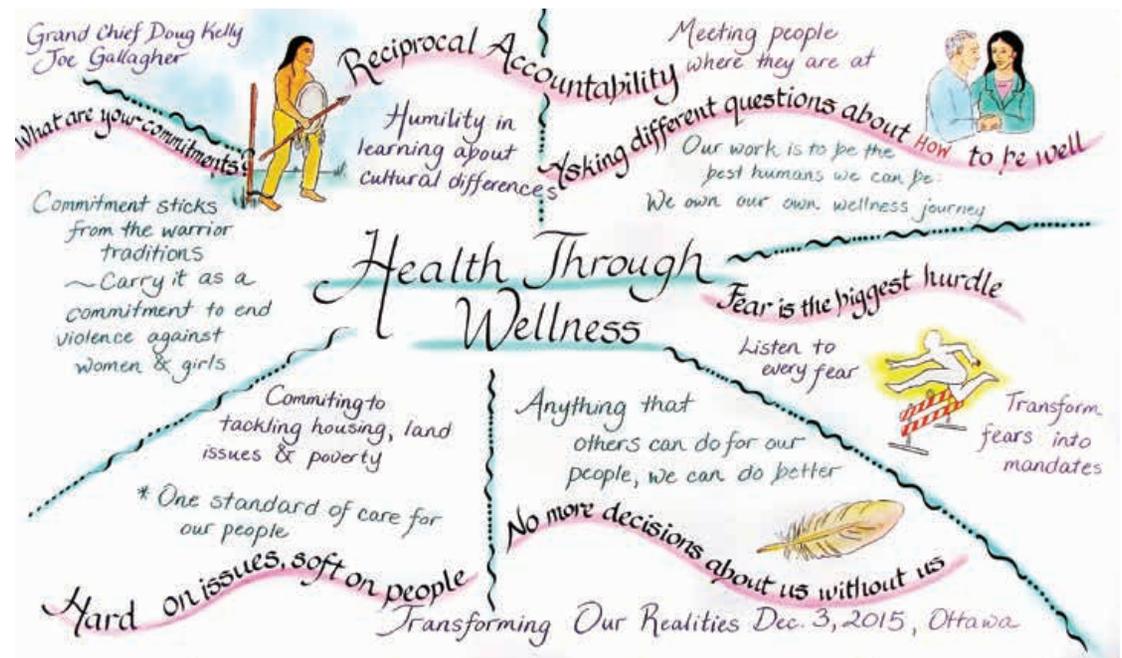
## Health through wellness: Achieving BC First Nations' holistic approach to better health and wellness outcomes through health governance

The final panel of the gathering included Grand Chief Doug Kelly, Chair of the First Nations Health Council (FNHC), and Mr. Joe Gallagher, Chief Executive Officer for the First Nations Health Authority (FNHA). These two panelists discussed the tripartite process, history, challenges and successes encountered in the development and progress of the FNHA to improving the health and well-being of First Nations in British Columbia.



Chief Kelly spoke about the 2005 Transformative Change Accord and the commitments made by the federal and provincial governments to transform the health system and tackle the social determinants that underpin Indigenous peoples' health and well-being, such as housing, education, unresolved land issues and poverty. In the two years since the creation of the First Nations Health Authority (FNHA), the health services that had been delivered by FNIHB are now being delivered by the FNHA. This tripartite process required transformative processes of dialogue and relationships with the different sectors, including community leadership and the provincial and federal governments. Of note, Mr. Gallagher pointed out that after a 100 year relationship between First Nations and the provincial and federal governments, First Nations communities also "had to learn how to partner with [themselves]."

Transforming the relationships at these different levels is critical to changing health outcomes. As Chief Kelly stated, "If you continue to do things the way you have always done them, you are going to get the same outcomes. Why would you continue to do that?"



The vision of the FNHA is for “healthy, self-determining and vibrant BC First Nations children, families and communities” and its work is guided by seven directives:

1. community driven and nation-based;
2. increase First Nations decision-making;
3. improve health services;
4. foster meaningful collaboration and partnerships;
5. develop human and economic capacity;
6. be without prejudice to First Nations interests; and
7. function at a high operational standard.<sup>2</sup>

Chief Kelly emphasized the critical importance of partnerships and collaborations in the success of the FNHA, with shared decision-making happening at every level. To this end, all decisions related to the health of First Nations in British Columbia must include the FNHA.

In sum, Mr. Gallagher stated that the FNHA “was created by the authority of BC First Nations leaders taking a decision for themselves to assert their authority over their health and wellness.” He concluded by saying, “We have created an institution that belongs to BC First Nations people, created by BC First Nations people, for BC First Nations people. Our ultimate accountability is to every First Nations in the province of BC.... We built an organization that is community facing and accountable to First Nations communities.”



<sup>2</sup> <http://www.fnha.ca/about/fnha-overview/directives>.



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## NETWORKING

### Capitalizing on emerging opportunities for determinants of health initiatives

The panel presentations were followed by an afternoon networking session, *Capitalizing on emerging opportunities for determinants of health initiatives*, with multi-sectoral table discussions hosted by national Aboriginal organizations including: First Nations Information Governance Centre, Aboriginal Health Research Networks Secretariat, Aboriginal Nurses Association of Canada, Metis National Council, Canadian Aboriginal AIDS Network, National Aboriginal Diabetes Association, Native Women’s Association of Canada, Inuit Tapiriit Kanatami, First Nations Health Managers Association, National Aboriginal Circle Against Family Violence, National Aboriginal Friendship Centres, National Aboriginal Council of Midwives, Assembly of First Nations, and Centre for Indigenous Environmental Resources.

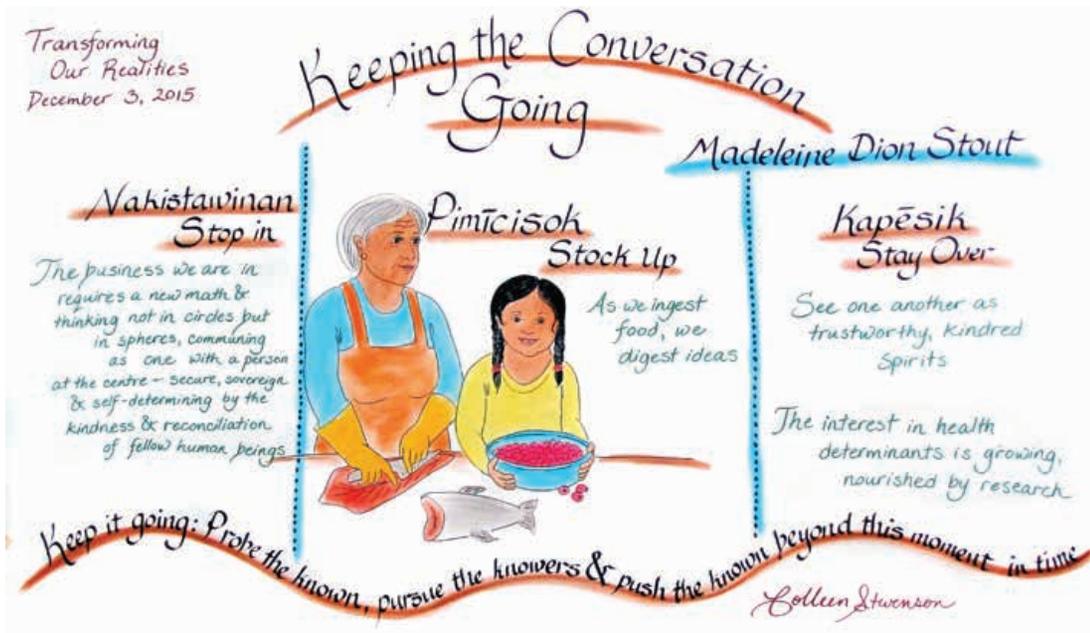
A number of themes emerged from these table discussions, namely that organizations cannot work in isolation. Accordingly, engagement and collaboration must involve expanding target audiences and partners, including, but not limited to, educators, researchers, families, communities, health professionals, as well as likeminded initiatives, networks and organizations. Partnerships are critical to furthering our understanding of the social determinants of Indigenous peoples’ health, including issues of food security, family violence, poverty, Métis health, HIV/AIDS, and community capacity. Importantly, Indigenous methodologies, knowledges and protocols must be factored into these partnerships.



Madeleine Dion Stout - Three easy ways to continue the dialogue: Natīstawinan, Pimīcisok, Kapēsik

In her closing comments, Madeleine Dion Stout elaborated on doable ways to keep talking and maintaining the mood and momentum from this gathering without squandering opportunities. By offering a Cree perspective on instrumentalising the concept of collaboration, she extended a standing invitation to all the participants to stay involved with the NCCAH. The stories she recounted lent a deeper understanding of uncovering, nurturing and preserving

relationships and partnerships while the code words she used probed the essence of this positioning: “*nakīstawinan, pimīcisok, kapēsik,*” meaning “*stop in, stock up, and stay over*” respectively. In this way, she urged the continued and critical dialogue of transforming “*the health determinants, determiners and detriments*” for Indigenous Peoples, especially when Canada has entered into a period of reconciliation with First Nations, Inuit and Métis in earnest. For Madeleine, this particular gathering is well placed within this historical juncture because it presents an opportunity to visit and bond with new, old and ancestral kinfolk in spirit or in person for the betterment of Indigenous Peoples’ health and well-being. She argued that such “*friend raising*” generates “*the explosion of ideas, interests, [and] perspectives...that will inform Indigenous public health issues and public health policies for the foreseeable future.*” To underline the utility of traditional medicine and the overarching factor of traditional Indigenous knowledge within public health, she supported the “*role [that] indigenous people play as practitioners and transmitters of such knowledge while paying attention to, and cooperating with, the mainstream health community and policy makers where it is desirable and feasible.*”





## CLOSING REMARKS

In her closing remarks, Dr. Margo Greenwood reflected back upon the words that had been thoughtfully shared throughout the gathering. She also made the commitment to reconvene another gathering to continue the dialogue within two years. In her words,

*I am hoping that when we have that conversation, when we meet again and you stop in, that I am going to hear from you all [about] the new partnerships and actions that you are taking together to address our health and well-being. I hope that when you stop in you will be able to stock up on the friendship and the love that Madeline spoke about. We nourish each other; we share our medicines that we lay down on that white cloth. We nourish our souls and each other. I would like you to stay over. I am not entering this relationship today or for tomorrow or for a year from now. I am entering this relationship with you for a very long time. I think we have lots of work to do together and I am so proud to be in a room with such brilliance, such commitment, and such hope and light.*





### Phil Fontaine

Phil Fontaine is a Special Advisor of the Royal Bank of Canada. Mr. Fontaine served as National Chief of the Assembly of First Nations for an unprecedented three terms. He is a Member of Order of Manitoba and has received a National Aboriginal Achievement Award, the Equitas Human Rights Education Award, the Distinguished Leadership Award from the University of Ottawa, the Queen's Diamond Jubilee, and most recently was appointed to the Order of Canada. Mr. Fontaine also holds sixteen Honorary Doctorates from Canada and the United States.



### The Honourable Carolyn Bennett

The Honourable Carolyn Bennett was first elected to the House of Commons in 1997 and was re-elected in 2000, 2004, 2006, 2008, 2011 and 2015, representing Toronto– St. Paul's.

Dr. Bennett has previously served as the Critic for Public Health, Seniors, Persons with Disabilities, the Social Economy, and Aboriginal Affairs. In 2003, she was named Minister of State for Public Health.

Prior to her election, Dr. Bennett was a family physician and a founding partner of Bedford Medical Associates in downtown Toronto. She was also an Assistant Professor in the Department of Family and Community Medicine at the University of Toronto. Her fight to save the Women's College Hospital of Toronto inspired her to enter politics.

Carolyn is an active representative of Toronto–St. Paul's. She has organized over 75 town halls, quarterly meetings, information sessions on parliamentary affairs, and special activities for her constituents since 2000. She and her

office have assisted hundreds of constituents with their immigration, tax, pension or employment insurance concerns.

She speaks passionately about Canada and citizens' participation in the democratic process. She advocates for health, the environment, women's involvement in politics and persons with disabilities; She is also known for her strong support of Israel.

In 1986, Dr. Bennett received the Royal Life Saving Society Cross – a Commonwealth award recognizing her more than 20 years of distinguished service. In 2002, she was the recipient of the coveted EVE Award for contributing to the advancement of women in politics and in 2003 received the first ever CAMIMH Mental Health Champion Award. Carolyn was the first recipient of the National Award of Excellence for Outstanding Leadership and Dedication to Injury Prevention and Safety promotion in Canada.

Carolyn is the co-author of *Kill or Cure? How Canadians Can Remake Their Health Care System*. She and her husband, Peter O'Brian, a successful Canadian producer, have two sons, Jack and Ben.



### Madeleine Kétéskwew Dion Stout

Madeleine Kétéskwew Dion Stout, a Cree speaker, was born and raised on the Kehewin First Nation in Alberta. After graduating from the Edmonton General Hospital as a Registered Nurse, she earned a Bachelor's Degree in Nursing with Distinction, from the University of Lethbridge and a Master's Degree in International Affairs from the Norman Paterson School of International Affairs at Carleton University. She serves on several Indigenous and non-Indigenous boards and committees, including the National Collaborating Centre for Aboriginal Health and the First Nations Health Authority Board in B.C. Madeleine is a past President of the Aboriginal Nurses Association of Canada and appointee to the National Forum on Health. In August 2007 she was appointed to the Mental Health Commission of Canada as an inaugural Vice-chair of the Board of Directors. She was a Professor in Canadian Studies and founding Director of the Centre for Aboriginal Education, Research and Culture at Carleton University in Ottawa. Now self-employed as the President of Dion Stout Reflections Inc. she adopts a Cree lens in her research, writing and lecturing on First Nations health.

Madeleine's active involvement in several research projects funded by the Canadian Institutes of Health Research (CIHR) has her shaping the way social, health and health care equity is best encouraged, cultivated and disciplined for Indigenous peoples. She is the recipient of the Assiniwikamik Award from the Aboriginal Nurses Association of Canada; a Distinguished Alumnus Award from the University of Lethbridge; and Honorary Doctor of Laws from the University of British Columbia, the University of Ottawa and Carleton University. In November 2008, the Canadian Nurses Association of Canada selected Madeleine for the Centennial Award that was given to 100 outstanding Canadian nurses. In March 2010 she won the National Aboriginal Achievement Award in the health category. Madeleine was appointed as a Member of the Order of Canada on July 1, 2015 and has been featured in recent editions of the Canadian WHO'S WHO.





Sarah de Leeuw

Dr. Sarah de Leeuw is a human geographer and creative writer. Author of five literary texts, a two-time recipient of a CBC Literary Award in creative non-fiction, and a recipient of the 2013 Dorothy Livesay B.C. Book Prize award for the best book of poetry in the province that year, she has also published more than 45 research-based academic journal papers and book chapters. She is northern British Columbia's first recipient of a Michael Smith Foundation for Health research Partnered Scholars Award and held a Fulbright post-doctoral fellowship with the University of Arizona between 2007 and 2008. Teaching and undertaking research about medical humanities and health inequalities between Indigenous and non-Indigenous peoples, she is an associate professor in UNBC's Northern Medical Program (NMP), an arm of UBC's Faculty of Medicine in Prince George. Sarah grew up in northern British Columbia, on Haida Gwaii and in Terrace, which from an early age inspired in her an interest about relationships between place and people's well-being.



Charlotte Loppie

Dr. Charlotte Loppie is a Professor in the School of Public Health and Social Policy, Faculty of Human and Social Development, University of Victoria, Director of the *Centre for Indigenous Research and Community-Led Engagement (CIRCLE)* and Editor of the *International Journal of Indigenous Health*. Dr. Loppie has undertaken research and published in areas such as: Aboriginal health inequities, Aboriginal HIV/AIDS, social determinants of Aboriginal health, racism and cultural safety, cancer among Aboriginal peoples, Aboriginal ethics and research capacity building, as well as the sexual and reproductive health of Aboriginal women.



## PANELISTS



Shirley Tagalik

Shirley Tagalik is an educator who has lived in Arviat since 1976 and worked at all levels in the school system. In 1999 she joined the new Government of Nunavut as manager of early childhood and school services within the Curriculum Division. Her main task was to redesign the educational system within a framework of Inuit knowledge and to begin the rewriting of the curriculum to fit this framework. She worked extensively with Inuit Elders to document their cultural knowledge, Inuit Qaujimaqatuqangit. Shirley lives in Arviat with her husband, children and grandchildren. She helped establish the Arviat Wellness Centre, which delivers programs promoting wellness and healing. She continues to research with Inuit Elders, write curriculum ground in Inuit Qaujimaqatuqangit, and support program development promoting cultural and linguistic revitalization through her business, Inukpaujaq Consulting. She and a team of Elders are currently writing a book on Inuit cultural knowledge and belief systems.



Brenda Macdougall

Dr. Brenda Macdougall, appointed chair of Métis research at the University of Ottawa in 2010, has worked with a number of Métis communities documenting their cultural history through the stories of families. She is the author of several articles, and her first book, *One of the Family: Métis Culture in Nineteenth-Century Northwestern Saskatchewan* (2010) was awarded the Clio Prize for Prairie History by the Canadian Historical Association. Recognized as one of the foremost scholars on the Métis, she is invited to speak at community, government, industry and academic events, sits on a number of national and provincial committees and oversees a number of significant research grants.



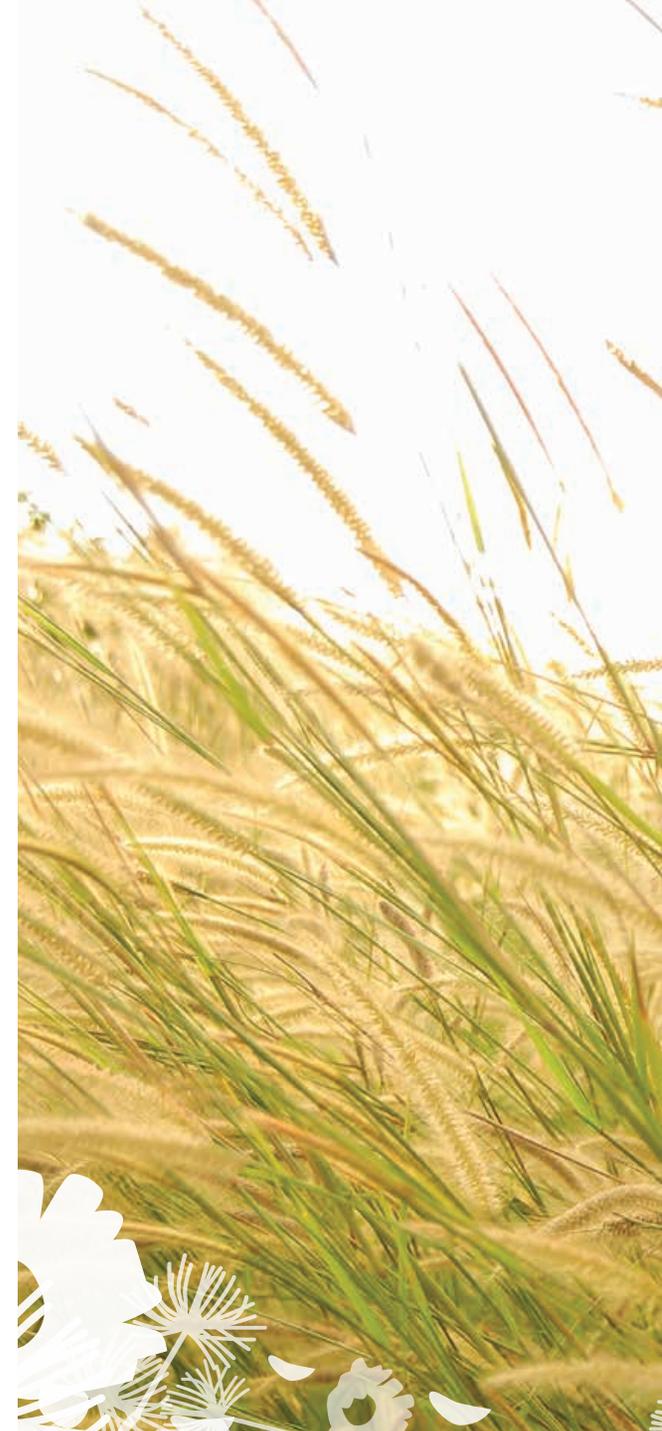
Gerry Gallagher

Gerry Gallagher is the Executive Director of the Social Determinants and Science Integration Directorate in the Health Promotion and Chronic Disease Prevention Branch of the Public Health Agency of Canada. Previously, Ms. Gallagher served as Director of Intergovernmental and Stakeholder Policy of the Agency. Ms. Gallagher holds a Bachelor of Science from the University of Western Ontario, Masters of Business Administration from the University of Ottawa, and a Masters of Public Administration from Queen's University. She has over thirty years of health sector experience in local, regional, and national levels in strategic policy and programmatic roles.



Margo Greenwood

Dr. Margo Greenwood is an Indigenous scholar of Cree ancestry with more than 25 years' experience focused on the health and well-being of Indigenous children and families. She is the academic leader of the National Collaborating Centre for Aboriginal health, a professor in both the First Nations Studies and Educations programs at the University of Northern British Columbia, and was appointed in June 2013 as vice-president of Aboriginal health for the Northern Health Authority in BC. She is recognized regionally, provincially, nationally and internationally for her work in early childhood care and education of Indigenous children and public health. She received the Queen's Jubilee Medal in 2002 in recognition of her years of work to promote awareness and policy action on the rights and well-being of Aboriginal and non-Aboriginal children, youth, and families. Margo was recognized in 2010 as the 'Academic of the Year' by the Confederation of University Faculty Associations of BC for her research contributions to the wider community. In 2011, she was also honored with the National Aboriginal Achievement Award for Education.



## PANELISTS



Valerie Gideon

Dr. Valerie Gideon is a member of the Mik'maq Nation of Gesgapegiag, Quebec, Canada. She currently holds the position of Assistant Deputy Minister, Regional Operations, First Nations and Inuit Health Branch (FNIHB), Health Canada. In 2011-2012, she was Director General, Strategic Policy, Planning and Analysis at FNIHB. From 2007-2010, she held the position of Regional Director for First Nations and Inuit Health, Ontario Region, Health Canada. Prior to working at Health Canada, her experience consisted mainly of working in First Nations health advocacy as Senior Director of Health and Social Development at the Assembly of First Nations and Director of the First Nations Centre at the National Aboriginal Health Organization. She was named Chair of the Aboriginal Peoples' Health Research Peer Review Committee of the Canadian Institutes of Health Research in 2004. She graduated from McGill University (Montreal) in 2000 with a Ph.D. (Dean's List) in Communications (dissertation pertaining to telehealth and citizen empowerment). She previously completed a Masters of Arts in 1996 at McGill. She is a founding member of the Canadian Society of Telehealth and Board member of the National Capital Region YMCA/YWCA.



André Corriveau

Dr. André Corriveau was appointed as the Chief Public Health Officer for the Northwest Territories in June 2012. His responsibilities include health promotion, disease surveillance, communicable disease control, chronic disease prevention, environmental health, and aboriginal health. From March 2009 to June 2012, Dr. Corriveau served as the Chief Medical Officer of Health (CMOH) for the province of Alberta.

Dr. Corriveau served as the Provincial/Territorial Co-Chair of the Pan-Canadian Public Health Network from 2010 to 2013. He is currently Chairperson of the Advisory Council of the Canadian Institute of Health Information's Population Health Initiative, as well as a member of the Council of Chief Medical Officers of Health and of the Advisory Board for the National Collaborating Centre for Determinants of Health. From 1998 to March 2009, Dr. Corriveau served as the Chief Medical Officer of Health for the Northwest Territories. Dr. Corriveau received his degree in medicine from McGill University in 1981 and completed a residency in community medicine as well as a Master in Business Administration at Laval University in 1986. Prior to moving to the Northwest Territories in 1994, Dr. Corriveau also worked in Nova Scotia and in Nunavik (Northern Quebec).



Joe Gallagher

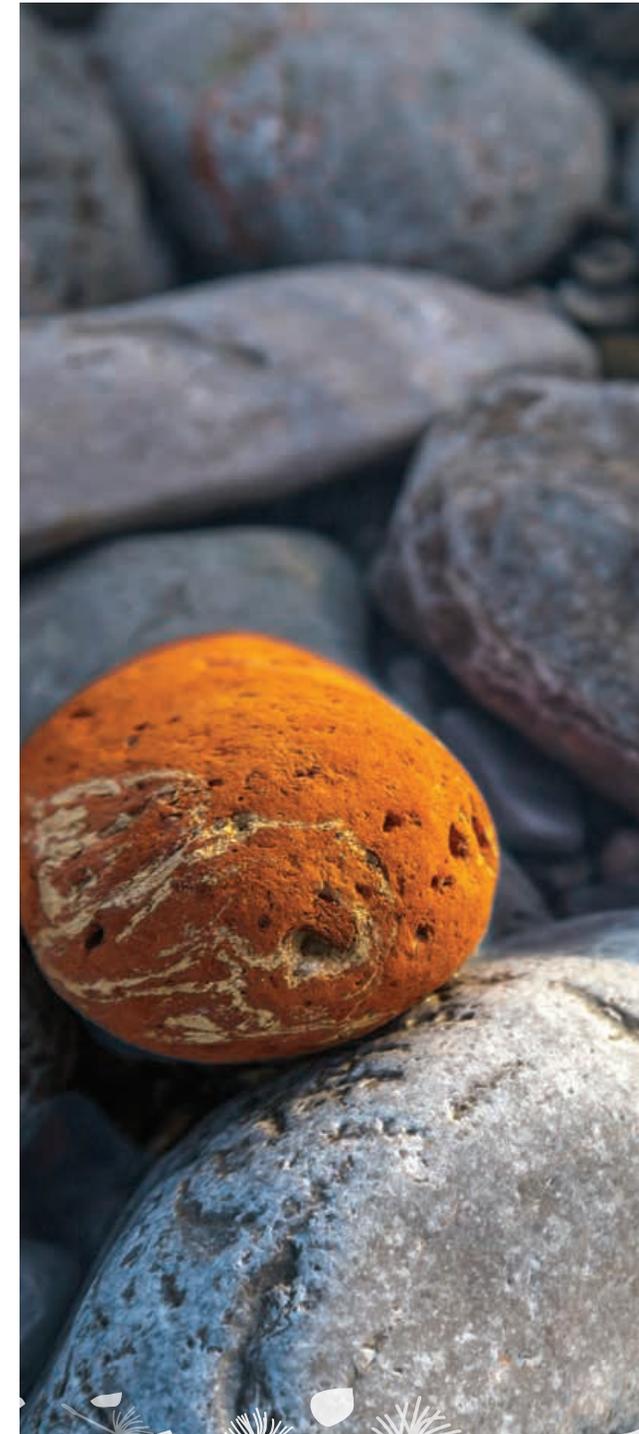
Joe Gallagher is of Sliammon First Nation ancestry and serves as the Chief Executive Officer for the First Nations Health Authority. Mr. Gallagher leads the overall development and management of Tripartite Health plans and initiatives in British Columbia. This includes the planning and organizational development of the First Nations Health Authority, the first of its kind in Canada. His role includes the negotiation and implementation of the transfer of regional operations of First Nations & Inuit Health Branch – BC Region to the First Nations Health Authority. As the CEO, Mr. Gallagher provides leadership in partnership development and works closely with federal and provincial governments, provincial health authorities, health professional associations and agencies to improve First Nations Health and well-being. Mr. Gallagher provides strategic leadership towards the creation and implementation of a new health and wellness system, drawn upon the teachings and traditions of BC First Nations. Throughout his career, Joe has worked with all levels of government, First Nations communities and organizations (in both rural and urban settings) and holds a degree from the University of Victoria.



Doug Kelly

A founding member, elected Tribal Chief, and President of the Stó:lō Tribal Council, Grand Chief Doug Kelly was appointed Chair of the First Nations Health Council in June 2010. The First Nations Health Council is responsible for overseeing the design of and transition to a new First Nations health governance structure, as well as overseeing the delivery of health action items identified in the Tripartite First Nations Health Plan. Grand Chief Doug Kelly has more than twenty-five years of leadership experience including four terms as Chief of Soowahlie, eight years as Tribal Chief and Officer for the Stó:lō Tribal Council, and key leadership positions with the First Nations Summit Political Executive, founding Chair of the BC First Nations Fisheries Council, and the BC Treaty Commission.

Mr. Kelly has 13 years of experience in senior management positions, including senior leadership roles with the First Nations Chiefs' Health Committee, Stó:lō Nation, and Stó:lō Tribal Council. Doug also led the development of Stó:lō Health Transfer, Stó:lō Child Welfare, and other programs including fisheries and economic development. Doug is married, with a blended family of six adult children. He resides on the Soowahlie Indian Reserve located near Cultus Lake, BC.





## FACILITATOR



Harold Tarbell

Harold Tarbell is a member of the Mohawk Nation at Akwesasne, a First Nation/American Indian community located in Ontario, Quebec and New York State. He served as the Tribal Chief on the U.S. portion of Akwesasne from 1987 to 1990. Prior to founding his own consulting company, Harold Tarbell Facilitation, he developed extensive experience working with Aboriginal and First Nations organizations in both the U.S. and Canada at the local, regional, and national levels. Harold has served as the multicultural coordinator for the North American Indian Traveling College, land claims researcher for the Union of Ontario Indians, parliamentary liaison with the Assembly of First Nations, director of the National Aboriginal Management Board, executive director of Buffy Sainte Marie's Cradleboard Teaching Project, and chief of staff to the Assembly of First Nations' National Chief Ovide Mercredi during the Charlottetown Canadian constitutional negotiations. This experience gives him comprehensive experience with cultural, technical, and political issues related to Indigenous nations.

## CLOSING CEREMONY



Albert Marshall

Albert Marshall is a Mi'kmaw Elder from Eskasoni First Nation in Unama'ki (Cape Breton), NS. He is a passionate advocate of cross-cultural understandings and healing and of our human responsibilities to care for all creatures and our Earth Mother. He is the "designated voice" for the Mi'kmaw Elders of Unama'ki with respect to environmental issues and he sits on various committees that guide collaborative initiatives in natural resource management or that serve First Nations' governance issues, or that otherwise work towards ethical environmental, social and economic practices. Albert has brought forward *Etuaptmunk / Two-Eyed Seeing* as a guiding principle for this work. In 2009, Albert and his wife Murdena were awarded Honorary Doctorates of Letters by Cape Breton University for their work, which seeks the preservation, understanding, and promotion of cultural beliefs and practices among all Mi'kmaw communities, and encourages a strong future for the Mi'kmaw Nation and its peoples.

## APPENDIX

Phil Fontaine & Dr. Carolyn Bennett

Thank you both for graciously accepting our invitation to provide the keynote addresses at our gathering.

Elders Sherrylyn Sarazin, Tim Yearington and Sally Webster

Thank you for warmly opening the gathering and welcoming the participants to the traditional territory of the Algonquin peoples.

Mr. Harold Tarbell

Thank you for facilitating and encouraging respectful participation, networking and dialogue over the course of the gathering, and for keeping us on track.

Ms. Colleen Stephenson

Thank you for animating the words and thoughts shared at the gathering through your artwork.

Ya Yo Productions

Thank you to the crew who filmed the gathering and put much care into producing the DVD *Transforming Our Realities: The Determinants of Health and Indigenous People*.

Prairie Fire

Thank you for the pride and joy you instilled in all of us through the beauty of Métis dance and song.

The NCCAH would also like to acknowledge and thank our keynote speakers and all panelists for sharing their time, experience, insights and wisdom.

This event has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.





## ARTWORK



Colleen Stevenson

Colleen Stevenson works as a graphic recorder and custom illustrator, taking complex ideas and presentations and presenting them in a visual and accessible way. Her work draws people into a process where their thoughts, concerns and emotions are reflected back in real time. Her formal education includes a Masters in Counselling Psychology, a BA in philosophy from Queen's University, Montessori elementary training and permaculture design. She feels extremely grateful to have had a rich and varied working life. She has been a gourmet cook, an organic micro-farmer in Metchosin, BC, a special needs tutor, a writer about west coast native plants, a homeschooling mama, and a Montessori teacher trainer in Ghana, West Africa.





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## APPENDIX

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- Davoren, Tanya**  
Métis Nation BC
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