



*nakîstowinan ~ pimîcisok ~ kapêsik*

stop in

stock up

stay over



NATIONAL COLLABORATING CENTRE  
FOR ABORIGINAL HEALTH  CENTRE DE COLLABORATION NATIONALE  
DE LA SANTÉ AUTOCHTONE

November 28 - 29, 2017, Ottawa, Ontario

*proceedings report*

Fourth National Forum on Indigenous Determinants of Health





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Hosted by the National Collaborating  
Centre for Aboriginal Health (NCCAHA)

Ottawa Marriott Hotel,  
100 Kent Street, Ottawa, ON

Victoria Ballroom,  
November 28-29, 2017

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# INTRODUCTION

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 four 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 final in this series of gatherings was held on November 28-29, 2017 in Ottawa. Facilitated by Mr. Harold Tarbell, the purpose of the *Fourth National Forum on Indigenous Determinants of Health: "Nakistowinan (Stop In) – Pimicisok (Stock Up) – Kapesik (Stay Over)"* was to continue a dialogue on the determinants of Indigenous peoples' health that was held over the course of these gatherings alongside national and international strides to move forward Indigenous rights and reconciliation.

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







# GOALS

The specific goals of the event were to:

- ✓ *Discuss and share practical examples of the structural, systemic and community level applications of a determinants of health approach to the health and well-being of Indigenous peoples;*
- ✓ *Share successes and identify lessons learned from efforts to implement practical actions and collaborative approaches at the international, national, regional and community levels;*
- ✓ *Explore perspectives and implications arising from the Calls of Actions of the Truth and Reconciliation Commission of Canada and the United Nations Sustainable Development Goals; and*
- ✓ *Vision ongoing relationships of mutual respect and commitment to the optimal health and well-being of Indigenous peoples.*



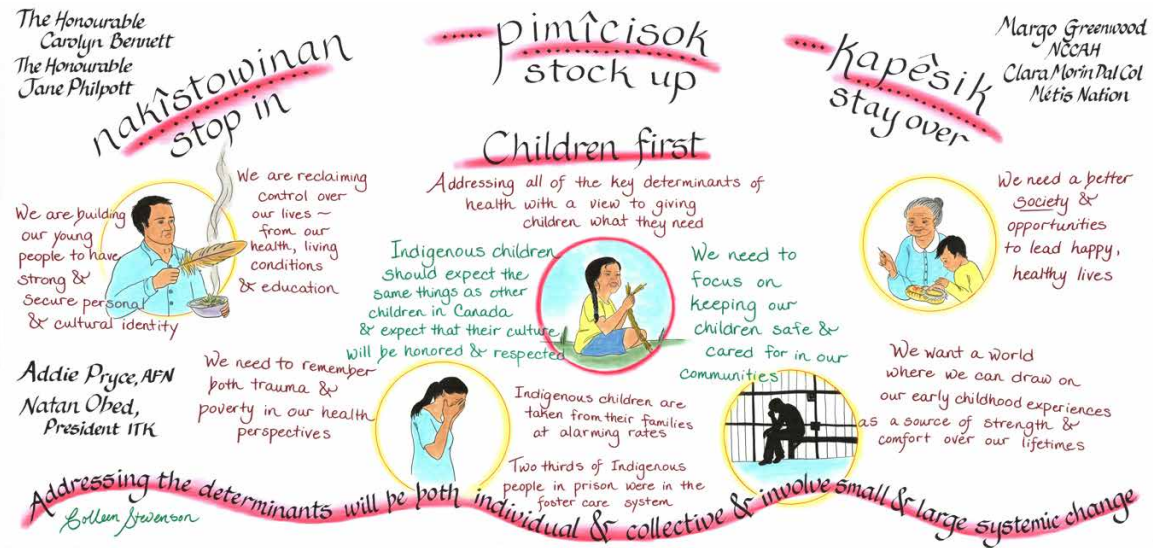


The first day of the gathering included a number of opening remarks followed by networking and facilitated activities and two panel presentations, *Celebrating Where We Have Been* and *Looking to Truth and Reconciliation*. The aim of the day was to ground participants in what had been achieved since the 2015 national gathering at the community, organizational, national and international levels regarding the Indigenous determinants of health, the *Calls for Action of the Truth and Reconciliation Commission*, the *United Nations Declaration on the Rights of Indigenous Peoples*, and the *United Nations Sustainable Development Goals*.

Participants were warmly welcomed to the traditional unceded territory of the Algonquins of Pikwakanagan First Nation by Jim Meness, after which generous words of well-wishing for a good gathering were provided by Elders Ms. Minnie Matoush and Ms. Sally Webster.

Opening remarks were offered by national political leadership, beginning with the Honourable Carolyn Bennett, Minister of Crown-Indigenous Relations and Northern Affairs and the Honourable Jane Philpott, Minister of Indigenous Services. Both of the Ministers spoke of the need to change systems and approaches in the delivery of programs and services for First Nations, Inuit and

DAY ONE - NOVEMBER 28, 2017



Métis children, families and communities. In particular, Minister Bennett urged all Canadians to support improving health outcomes for Indigenous peoples and for Indigenous peoples to gain greater control in determining their own health and well-being. Further to self-determination, Minister Philpott provided several stories related to maternal child health and child and family services to illustrate how Indigenous health outcomes can be improved through better housing and infrastructure, clean water, returning birthing practices to communities, and keeping children with their families and their cultures. She finished by stating, “Indigenous children should expect the basic necessities that every Canadian child expects: clean water to drink, nutritious food, a well-equipped school, a sturdy home, surrounded by their family and their culture

who will nurture them until they are ready to launch into the world, take on meaningful employment and contribute to making our country even better. They should expect that their culture will be honoured and respected and that Indigenous peoples, families and communities will enjoy what we all want: control over our lives and our destinies.”

Representatives from First Nations, Inuit and Métis organizations, including Ms. Addie Pryce from the Assembly of First Nations (AFN), Mr. Natan Oben of the Inuit Tapiriit Kanatami (ITK), and Ms. Clara Morin Dal Col of the Métis National Council (MNC) welcomed participants and provided an overview about the work of their organizations and how they have addressed Indigenous determinants of health. Ms. Pryce stressed the importance of engaging in partnerships



as a means to move away from working in siloes when addressing the multiple determinants of health of First Nations peoples. She indicated that one of the ways that the AFN has worked on the social determinants of health has been through the 2017 development of the First Nations Health Transformation Agenda. Grounded in his childhood experiences, Mr. Obed spoke of the devastating effects that federal policies have had on his family and other Inuit families, including the residential school system, family relocation and separation of families during birth, and poor housing conditions. He emphasized that Inuit should expect the same quality and conditions of life and opportunities that are experienced and enjoyed by other Canadians, including access to healthy food, education and early childhood programs (including culture and language), and healthcare. Ms. Morin Dal Col affirmed that the determinants of health, as experienced by Métis peoples, are complex and intertwined. She indicated that the health and living conditions of Métis often fall below that of non-Indigenous Canadians. In April of 2017, a Canada-Métis accord was signed with the objective of addressing “health and wellness, childcare, and education, as well as improving socio-economic conditions” of Métis.

Rounding out the opening remarks, Dr. Margo Greenwood, the Academic Lead of the NCCAH, welcomed the participants to the gathering, acknowledging her 2015 commitment to reconvene participants to continue to learn from one another, to broaden the dialogue on the determinants of health, and to generate relationships, ideas, and visions for change. For Dr. Greenwood, these national dialogues, based on respect, information sharing, and friend-raising, serve to strengthen relationships with one another. Dr. Greenwood invited participants to “celebrate accomplishments...[and] to create opportunities to realize our commitments to the Truth and Reconciliation Commission (TRC), the Royal Commission on Aboriginal Peoples (RCAP), and the United Declaration on the Rights of Indigenous Peoples (UNDRIP)”. She recalled the role of the previous three gatherings in moving the dialogue forward on Indigenous determinants of health. She indicated that the fourth gathering was a time to pause and take stock of what has been done and still needs to happen to address Indigenous determinants of health, and would include conversations about reciprocal accountability and reporting at the national level and the global stage. In closing, Dr. Greenwood stated, “For those who are new, I go back to where I began to tie my words together. I hope you take the time while we are together to listen and to have conversations about new collaborations and partnerships. I hope we learn from one another, to teach each other. When we leave, I hope your baskets are full and we truly begin to understand one another.”





# DRUMS & THE GIFT OF VOICE

As with other NCCAH events, participants were invited to paint the small handmade drums at their tables while listening to speakers and panels. Dr. Patricia Makokis, a Cree woman from Saddle Lake and Indigenous Engagement Research Scholar at the University of Alberta, and Dr. Sarah de Leeuw, Associate Professor at the University of Northern British Columbia and Research Associate for the NCCAH, spoke about the small handmade drums that were offered to each of the participants as part of their conference package. Dr. Makokis explained that the drums, and the making of drums, are important elements of ceremony, connection to land and relatives, and to voice. Dr. de Leeuw invited participants to decorate their drums over the course of the gathering with art supplies provided.

DAY ONE - NOVEMBER 28, 2017



© Credit: 2017, Roberta Stout, "Participant Drums"



## Accomplishments - Putting Indigenous Determinants of Health into Practice

The morning concluded with small table discussions in which participants were able to meet and connect with one another. They were specifically asked to discuss the successes they had experienced over the past two years on Indigenous peoples' determinants of health and report back to the plenary. A number of overlapping and inter-related themes emerged that can be broken down into the following:

### Education and awareness

- Work to create more spaces for Indigenous students within health professional degree programs to counter their underrepresentation within these professions and education programs.
- Support Indigenous students who may come up against racism within post-secondary programs.
- Ensure that both western and Indigenous knowledge systems and philosophies are given equal weight within academia.
- Ensure that health professionals are educated on how to be respectful and have an understanding of traditional medicine.
- Promote wise practices of cultural safety and adapt these across all regions within Canada.

## Challenging leadership and government

- Use political will as a social determinant of health.
- Continue to push for full implementation of the Canadian Human Rights Tribunal ruling on First Nations Child Welfare.
- Encourage leadership to include youth participation as per TRC Call to Action #66

## Organizational governance and best practices

- Develop matching First Nations identifiers with public health data; a successful example is the First Nations Health Authority.
- Establish Indigenous control of data as a way to support policy development and self-determination in health, health indicators, and positive health outcomes.

## Research on determinants of health

- Identify gaps in research specific to Indigenous peoples' determinants of health including HIV/AIDS, housing, incarceration, self-determination etc.
- Build partnerships between public health and Indigenous groups or individuals so as to include Indigenous voices and perspectives related to health policy changes.
- Understand continued inequities experienced by Indigenous communities, families and children (i.e. Jordan's Principle, Human Rights Tribunal, child and family services etc.).

## Community and individual commitment

- Empower one another as individuals to commit to the TRC's Calls to Action and reconciliation
- Restore, relearn and share cultural practices and language revitalization.
- Strengthen community collaborations and partnerships for land-based healing programs.





## Celebrating Where We Have Been

The afternoon panel, *Celebrating where we have been*, included presentations by Mr. Joe Gallagher representing the First Nations Health Authority (FNHA), Ms. Gerry Gallagher of the Public Health Agency of Canada (PHAC), Dr. Beth Jackson of PHAC, Ms. Maria Santos from the First Nations Information Governance Centre (FNIGC), and Ms. Shelley Callaghan of the Canadian Institute of Child Health (CICH). As introduced by Dr. Greenwood, panelists were invited to report back on the progress they had made over the previous 24 month period. Mr. Gallagher highlighted the importance of the provincial and federal commitments to UNDRIP and the TRC Calls to Action and how these, along with good governance and partnerships with First Nations communities, continue to drive the work of the FNHA. In particular, he explained that the work of the FNHA is framed within an evolving ecosystem approach to health and wellness within a post-colonial era that First Nations peoples can see themselves in.



Ms. Gallagher provided an overview of PHAC's progress made since the 2015 gathering, with the caveat that work continues to be needed moving forward. She indicated that there are three areas of ongoing work of the organization:

1. using and building on evidence;
2. strengthening the capacity to work with First Nations, Inuit and Métis communities and partners; and
3. participating in different discussions to advance health equity.

She noted that over the past few years, PHAC has developed the *Pan-Canadian Health Inequalities Reporting Initiative* and the *Childhood Obesity Initiative*. She also referenced the ongoing work of PHAC and the Canadian Council on the Determinants of Health, which continues to prioritize Indigenous early childhood development. Ms. Gallagher summarized by stating that "some of the new initiatives are only part of the knowledge story and certain ways of knowing," and that she is pleased that PHAC has started to address two of the TRC's Calls to Action #19 and #57 on inequalities in reporting and cultural competencies.



Dr. Jackson and Ms. Santos provided more detail on the *Pan-Canadian Health Inequalities Reporting Initiative*, including the *Health Inequalities Data Tool* and the *Key Health Inequalities in Canada: A National Portrait* report. The online, interactive Data Tool has over 70+ indicators of health outcomes, risk factors, and health determinants that are stratified by social and demographic variables, including Indigenous identity. They also discussed the *Key Health Inequalities in Canada: A National Portrait* report, which provides some data for First Nations peoples living on-reserve which was done in partnership with FNIGC's Regional Health Survey data. According to Ms. Santos, the "indicators selected for this report are useful for highlighting health inequalities that exist between Indigenous and non-Indigenous people. They are also valuable for gauging progress towards the elimination of such inequalities." However for the TRC Call to Action #19 to take hold, she stated that, "Indigenous indicators must be community-driven, taking into consideration Indigenous peoples' own worldviews, histories and resources," and be strengths-based and balanced.

Finally, Ms. Callaghan explained the development and structure of the CICH's profile on *Indigenous Children and Youth* (Online Module #7), a population-based data portal that is searchable and evidence-based. She explained that the profile is unique in that it is framed by a determinants of health approach and brings together all the "disparate pieces of data and information out there" on the early years (0-5).



## Looking to Truth and Reconciliation

The *Looking to Truth and Reconciliation* panel included Grand Chief Wilton Littlechild of Treaty Six First Nations, Mr. Kevin Lamoureux of the National Centre for Truth and Reconciliation (NCTR), and Dr. Mariam Wallet Aboubakrine, representing the United Nations Permanent Forum on Indigenous Issues. As moderator, Dr. Janet Smylie opened the discussion by reinforcing that this gathering and this panel were “places where we can express indigeneity in the way that we like to do that, a way that recognizes and respects where we come from, historically and contemporary times, and where we are going in the future,” as well as spaces where “Indigenous ways of knowing and being and imagining” can take place.



DAY ONE - NOVEMBER 28, 2017

*National Collaborating Centre for Aboriginal Health*  
 Stop in · Stock up · Stay over  
 November 28-29, 2017  
 Ottawa ON

*Children deserve to be happy!*

### Looking to Truth & Reconciliation

**Grand Chief Wilton Littlechild**

- So exhilarating to witness the resilience of survivors & children today
- How do we open the conversation about privilege & power without defensiveness?

**TRC**

- First court-ordered truth commission
- Funded by survivors themselves

**Justice Calls to Action as related to health:**  
 "You can tell the health of a Nation by the number of members in prison"

- UN DECLARATION: right to health without discrimination, right to traditional medicines & all social & health services
- right to enjoy physical & mental health
- right to traditional knowledge, medicines & related intellectual property

*The Good Life - to be the me that I was meant to be. That may involve struggle.*  
 How do we make Canada the Canada it was meant to be.

*Reconciliation benefits every single Canadian*

**Kevin Lamoureux**

- Put safety first
  - physical safety
  - safety to keep our kids
  - cultural safety
  - safe to HOPE
- Use whatever privilege you have to create SAFETY

**Mariam Wallet Aboubakrine**

- There are Indigenous specific determinants of health
- Canada is supporting the work of the UN permanent forum
- UN Declaration on the Rights of Indigenous People aligns with the Truth & Reconciliation Commission's Calls to Action

**We are committed to our slogan: Leave NO ONE Behind**

*We've had enough studies & we have an international legal framework. It's time for ACTION & monitoring!*

*Lillian Stevenson*

Chief Littlechild began by reminding participants of the uniqueness of the Truth and Reconciliation Commission of Canada. He noted it was the largest class action lawsuit in Canadian legal history and the first court ordered truth commission in the world to focus primarily on the experiences of children. Funded by the survivors of the Indian Residential Schools, the TRC was the “most extensive, most intensive, consultation of Indigenous peoples across the country on how [to] restore relationships.” Part of the work of the commissioners was to seek out how to make Canada a more inclusive and healthy country, based on truth-telling, forgiveness, healing, and ultimately reconciliation. He also highlighted national and international legal frameworks and conventions that speak to Indigenous peoples’ right not only to health,

but to culturally appropriate health, including the TRC’s *Calls to Action*, UNDRIP, the *United Nations Convention on the Rights of the Child*, and the International Labour Organization, among others. Chief Littlechild notes that what is missing from the conversation is “reconciliation” and the implementation of these frameworks. He concluded by stating that, “all Indigenous children, all Indigenous peoples, have the right to be happy”.

Mr. Lamoureux began by warmly applauding the lifelong commitment of Chief Littlechild to Indigenous rights and for the work that went into the TRC. For him, the Calls to Action offer up a “roadmap home” and a way forward for reconciliation. Mr. Lamoureux encouraged a discussion around the ongoing structures and systems of privilege and power that present



as barriers to Indigenous peoples' health and well-being, but also about what can be done to challenge these. For him, health and well-being can be measured when a person is living the good life, or *mino-pimatisiwin*. More specifically, *mino-pimatisiwin* is the "ability for *me* to be the *me* I was supposed to be, in full humility and in relationship with the living world." This Indigenous concept of well-being is embedded throughout the work of the NCTR. The centre also invites all Canadians, Indigenous and non-Indigenous alike, to take up the Calls to Action and move towards reconciliation and healing as a nation.

Providing an international perspective, Dr. Wallet Aboubakrine related her first experiences with Indigenous peoples' determinants of health. As an Indigenous woman and physician from Mali, she saw how both language and cultural barriers impeded Indigenous peoples in her region from seeking medical care or receiving culturally safe care. She then described her work as the Chair for the United Nations Permanent Forum on Indigenous Issues (UNPFII). Dr. Wallet Aboubakrine commended the participation of Indigenous peoples from Canada in this work, as well as that of the Canadian government, to fully support UNDRIP. She also provided an overview of the challenges Indigenous peoples face in being involved and included in the 2030 UN Sustainable Development Goals (SDGs).



## “On the Ground” TRC Initiatives

The second day of the gathering included two panels. The first, *Fireside Chat – “On the Ground” TRC initiatives*, aimed to look at specific work underway to address the TRC’s Calls to Action.

The panelists on the fireside chat, moderated by Harold Tarbell, included Drs. Lisa Richardson and Jason Pennington, who are the curricular co-leads for Indigenous Health Education (University of Toronto); Belinda Kakiyosew Daniels, the founder of the Neyiyawak Land and Language Camp (Saskatchewan); Dr. Donna May Kimmaliardjuk, a cardiac surgery resident (Ottawa Heart Institute); and Dr. Lynn Lavallée, the Vice-Provost for Indigenous Engagement (University of Manitoba). Each of these panelists touched upon their respective work in promoting the TRC Calls to Action, including those related to health, language and culture, cultural competency, education, child welfare, justice and reconciliation, as well as the work that still needs to be done to address these.

Dr. Kimmaliardjuk is Nunavut’s first Inuk physician. She is also the first Indigenous woman cardiac surgery resident in the country. However, her journey to becoming a physician speaks to the importance of education and geography as determinants of health, as her parents moved their family to Ottawa in order to provide their children with better educational opportunities. She stated that education begins in the early years and involves supporting and engaging children and their families. She stated that while education provides the foundation for Indigenous children to thrive, Indigenous students entering post-secondary programs, herself included, often come up against micro-aggressions and racism. They are commonly viewed as having been admitted into medical education not because of merit, but because of designated spaces for Indigenous students within these programs. However, for Dr. Kimmaliardjuk, for TRC Call to Action #23 to be realized, and if the numbers of Indigenous medical and health professionals throughout Canada are to increase, Indigenous students need to feel safe and included within health degree programs. She hoped that by sharing her story, Inuit youth will become inspired to pursue a career in healthcare, which will lead to greater “self-determination and empowerment...delivering appropriate healthcare to meet the needs of our people.”

Dr. Pennington, a proctology and colorectal surgeon from the Huron-Wendat community of Wendake, recalled being the only Indigenous person throughout his medical training. His goal has been to increase the number of Indigenous students within medical programs and create culturally safe, meaningful, curriculum for them. Together with Dr. Richardson, an Anishinaabe and internal medicine specialist at the University of Toronto, they have been working to implement Calls to Action 23 and 24 within their medical school through the incorporation of residential school history, UNDRIP, and concepts of cultural competency into the curriculum and workshops on anti-oppression, equity and privilege. Both have indicated that current systems and structures in place within their institution continue to challenge progress.





These ongoing challenges include:

1. monitoring and evaluating how the curriculum is making a difference among the students;
2. sustaining the delivery of education curricula that is guided and created for Indigenous peoples by Indigenous peoples;
3. increasing Indigenous staff and faculty across governance and leadership positions throughout academic institutions;
4. confronting anti-Indigenous racism within the student body and faculty;
5. leveraging accreditation; and
6. ensuring that there is support for Indigenous faculty and staff who are doing this work.

Ultimately, as Dr. Richardson stated, “I hope that we don’t need to have these specialized pathways and support programs because I hope that our institutions [become] inclusive safe spaces” for Indigenous students.

Ms. Daniels, from the Sturgeon Lake First Nation, noted her great fortune to be raised by her grandparents and to witness their Cree expressions, values, teachings and beliefs. Grounded by these early years, she is now pursuing a doctorate degree at the University of Saskatchewan, examining the relationship between Indigenous languages and mental well-being. She founded and runs a yearly *nêhiyawak* (Cree) Summer Language Experience. For her, Indigenous languages still need to be included in the curricula across all levels of education in Canada, and instructors need to be supported

to do this work. As part of her presentation, Ms. Daniels, shared a podcast she did for the NCCAH’s *Voices from the Field* series as a way to showcase the links to nationhood, nation building and wellness. In conclusion, she referred to a poem from Grand Chief Mitchell in order to highlight the importance of identity and the speaking of one’s Indigenous language: “What would happen to Creator’s law if the robin wouldn’t sing its song anymore? We would feel very bad. We would understand that something snapped or broke in nature’s law. What would happen if you saw a robin and heard a different song? What if it was singing a song of an eagle? You would say, ‘Robin, that is not your language. That’s not your song.’”

Dr. Lavallée is Anishinaabe and a registered member of the Métis Nation of Ontario. She drew on her own family background to emphasize the health trends that have led to their higher morbidity and mortality, stating, “We are functioning within and with colonial systems. I don’t believe we are in a post-colonial state. The health system has quite literally killed my family.” She also noted that the health, education, child welfare, and justice systems are failing Indigenous peoples and making them sick. For her, decolonization and Indigenous health and well-being will be achieved through relationships amongst peoples, with the land and medicines, and through ceremonies. Related to her experience working in a leadership role within an academic institution, Dr. Lavallée expressed how change will come about through resetting policies and strategic plans that are grounded in the TRC’s Calls to Action.

Dr. David Jones, former Chief Public Health Officer of Canada and currently a Senior Medical Officer and Public Health Specialist with Health Canada, and Mr. Don Fiddler, an advisory committee member of the NCCAH, were asked to provide some closing remarks to this panel related to their dreams for the future. Dr. Jones acknowledged that the multiple and inter-related social determinants of health can be overwhelming; however, his practical and achievable hope is that Indigenous communities and individuals have the “same respect, level of control, and access to resources, programs, services, and opportunities as their neighbours.”

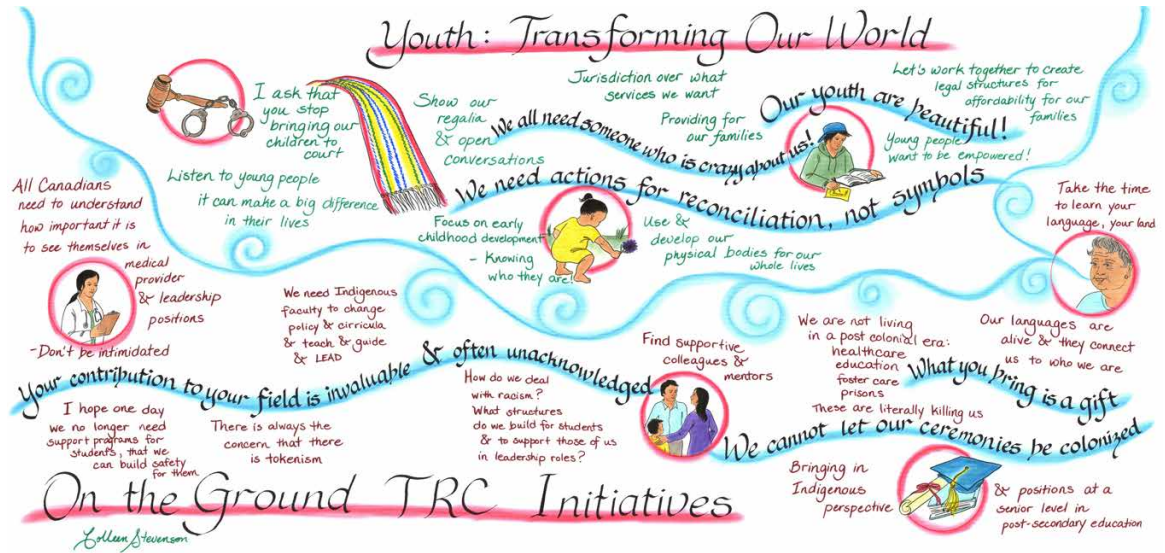
Mr. Fiddler cautioned that the issues raised at this meeting needed to stand and not be forgotten. He reminded the participants that it is often the case that once meetings or the work of commissions had been completed, like the Royal Commission on Aboriginal Peoples, the recommendations are never taken up or implemented. He said, “There is a tendency in Canadian culture to keep our people invisible and the battle is always to make sure that we are not forgotten.” Speaking within the realm of education, he commented that when Indigenous peoples are visible, they are better positioned to ask for government and institutional accountability and action. He urged that Indigenous peoples leverage both the TRC and UNDRIP moving forward.

Transforming Our World - Preparing for the Next Generation

In order to hear the thoughts and perspectives of future generations of Indigenous youth, the final panel, *Transforming our World - Preparing for the Next Generation*, moderated by Mr. Mike Auksi, included youth panelists Mr. Modeste McKenzie, a Youth Support Worker with the Lac La Ronge Indian Band Health Services; Ms. Oopik Aglukark, a Youth Board Member, Qaujigiartiit Health Research Centre; Ms. Jessica Quinn, a Policy Analyst with the Assembly of First Nations; and Mr. Shaughn Davoren of the Métis Nation of British Columbia.



DAY TWO - NOVEMBER 29, 2017



The panelists were asked to imagine what the world would look like for Indigenous peoples in the coming decade, including where resources should be best placed. Mr. McKenzie hoped that within the next ten years, Indigenous children and youth would no longer be brought into and through the justice and criminal system, and that Indigenous youth would “spearhead suicide prevention”. Mr. Davoren called for greater pride amongst Métis youth in their cultural identity in the years to come. Ms. Quinn hoped, with cautionary optimism, that the health and well-being of Indigenous peoples would improve over the next ten years. This would be accomplished through Indigenous control over how health is delivered and moving away from a “programs-focused to whole-systems approach that focusses on the well-being of the person and not just illness

and the absence of disease”. She referred back to the discussions over the course of the gathering, noting that action is required for reconciliation; this cannot be achieved unless Indigenous peoples have greater representation within healthcare settings and there is culturally safe care. Ms. Aglukark drew upon a strengths-based approach to call upon Indigenous peoples to celebrate cultural resistance and persistence. She hoped that in the next decade there would be greater food security, primary healthcare and housing, along with lower TB and respiratory illnesses in Nunavut.

According to the panelists, given the youthful demographics of the Indigenous population, resources should best be used for early childhood education; land-based, language-based, cultural-based programming;



poverty reduction; and implementing Jordan's Principle. They also called for greater support for parents, providing them with life skills so that their children can thrive and be safe, as well as reducing the number of Indigenous children in care. If health outcomes are to improve, the panel noted that community voices, visions, and needs (including those from children, youth, parents, Elders, and leaders) must be heard, respected, and supported through adequate and ongoing funding. Ms. Quinn stated, "It is nice to be invited to the table, but it would be better if people were listening to what we had to say when we got there."

From the floor, Mr. Devon Napope, who works with ex-gang members in Saskatoon as part of the program STR8 UP, as well as with the First Peoples - First Person Indigenous Hub at the University of Saskatchewan, asked the panelists about how to reach youth who don't have healthy role models, mentors and supports to draw upon so that they can know what a better life looks like? Ms. Aglukark encouraged that they be shown positivity and to let those youth know that "one day they can be the role model that they never had... If you can just believe in that person... and get them to believe in themselves, it's all up from there." To conclude, former Senator Landon Pearson, of the Landon Pearson Resource Centre, commended the words and visions of the panelists and stated how hearing them gave her great hope for the coming generation. Within this space of positivity carved out by the youth, Mr. David Charette, a youth himself from the Wikewemikong First Nation, honoured the gathering with a hand drum song.



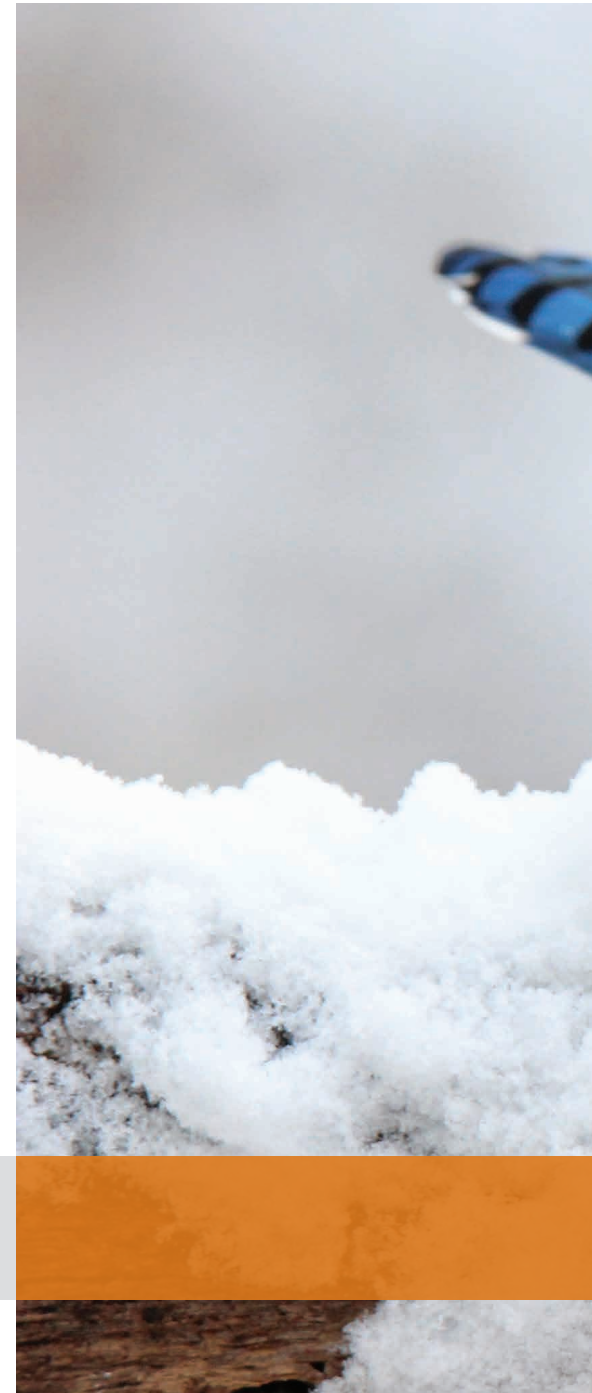
# CLOSING KEYNOTE

Rooted in her Mohawk language and teachings, Elder Jan Kahehti:io Longboat provided a closing keynote full of personal stories and Indigenous concepts and knowledge. She began in the “old way,” by introducing herself and her relationship to her mother’s waters, and to all the waters of the mothers before her. She then greeted the participants as the Old People would by stating, “I see you, I hear you... Put your ears up because you are going to hear some things that perhaps you are going to need someday.” She relayed some of her personal take aways from the gathering. For her, this gathering of people and this work is about “healing time and space.” She noted that many words had been spoken by presenters, like sovereignty, language, self-determination, truth and reconciliation, cultural safety, and indigeneity. Elder Longboat explained that an Indigenous determinant of health is Indigenous knowledge, which is rooted within the concept of sovereignty. She then referred to three Mohawk concepts of “now”. The first concept of “now” is to “stop in and see what has happened... I have a journey to share with you.” The second concept of “now” refers to a moment in time that will never be repeated again, and as such, the stories that were shared are akin to “braiding our words together.”

This time together has been about stocking up on knowledge, joy, and relationships. The third concept of “now” refers to looking forward to the seven generations to come. All of these concepts of “now” are, for her, the reason that such gatherings are significant to the Indigenous determinants of health: so that we can continue to visit and dialogue with one another again (stop in); so that we can fill ourselves with one another’s stories and lateral kindness (stock up); and so that we can braid our words together so that future generations always have that to draw upon (stay over). Elder Longboat concluded through song and best wishes for everyone’s safe journeys home. These best wishes were echoed by Dr. Greenwood.



DAY TWO - NOVEMBER 29, 2017







# THANK YOU

## Elder Jan Kahehti:io Longboat

Thank you for accepting our invitation to close our gathering in such a kind and generous way. Your teachings braided together the insights, wisdom and stories shared by participants at the meeting.

## Councillor Jim Meness

Thank you for welcoming us to your traditional territory of the Algonquin Peoples.

## Elders Minnie Matoush and Sally Webster

Many thanks for your generous and kind words which ensured that the gathering was opened and closed in a good way.

## Mr. Harold Tarbell

Thank you for your respectful facilitation of our gathering, keeping us on track and making sure we met the objectives set out in our agenda.

## Ms. Colleen Stevenson

We always appreciate your ability to bring imagery, colour and art to the words that are shared by participants at our gatherings.

## Big Soul Productions

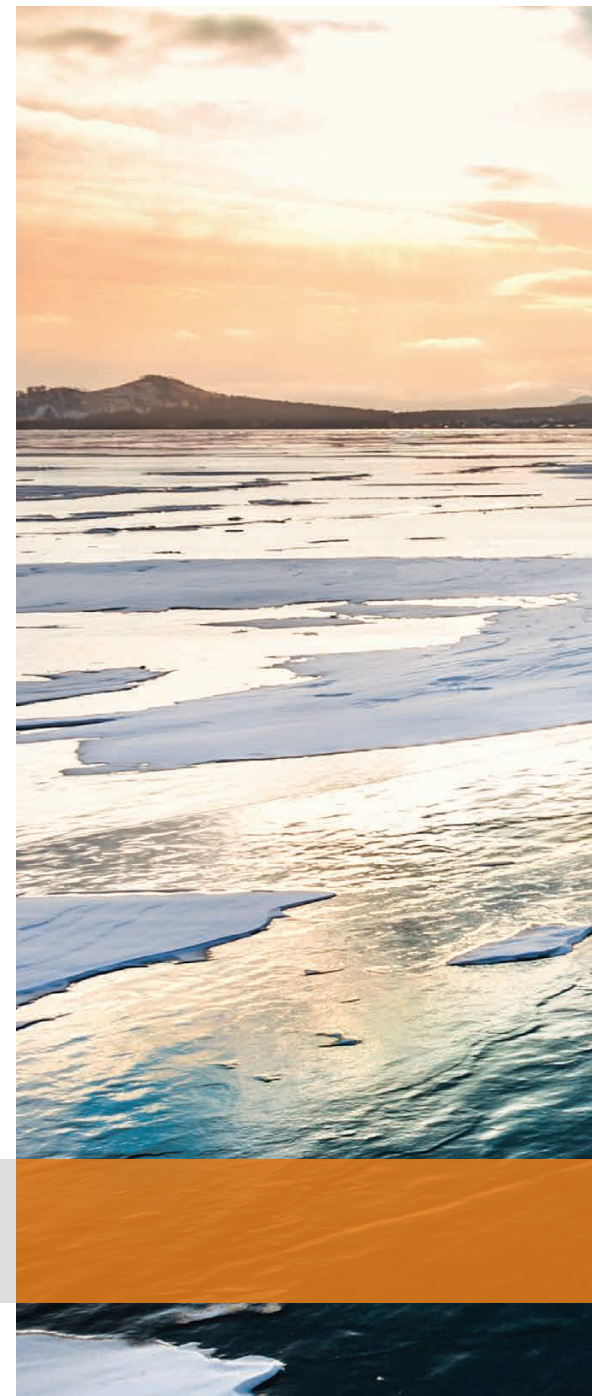
Thank you for documenting our gathering and working with us on the development of the accompanying video to this report.

## Fiddleground, All Nations Dance Troupe and Fara Palmer and Tiffany Moses

There was an energy created when we heard and experienced the songs and dances you shared with us, thank you.



## APPENDIX











### The Honourable Carolyn Bennett, Minister of Crown-Indigenous Relations and Northern Affairs

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.







## The Honourable Jane Philpott, Minister of Indigenous Services

Jane Philpott was first elected as Member of Parliament for Markham-Stouffville in October 2015. She served as Minister of Health between 2015 and 2017, and was appointed Minister of Indigenous Services in August 2017.

Jane became a doctor more than 30 years ago to improve people's lives. She entered politics to build a healthier society. For her, a seat in the House of Commons is not the target, but a tool – a tool she could use to improve her community and her country.

Jane spent the first decade of her career as a doctor in Niger, West Africa. In 1998, she and her family moved to Stouffville, Ontario, where she served for 17 years as a family physician. She was Chief of Family Medicine at Markham Stouffville Hospital and Associate Professor in the University of Toronto's Faculty of Medicine. Jane led the opening of the Health for All Family Health Team and the Markham Family Medicine Teaching Unit. In 2012, she completed a Master of Public Health degree at the University of Toronto.





Addie Pryce, Director of Health,  
Assembly of First Nations

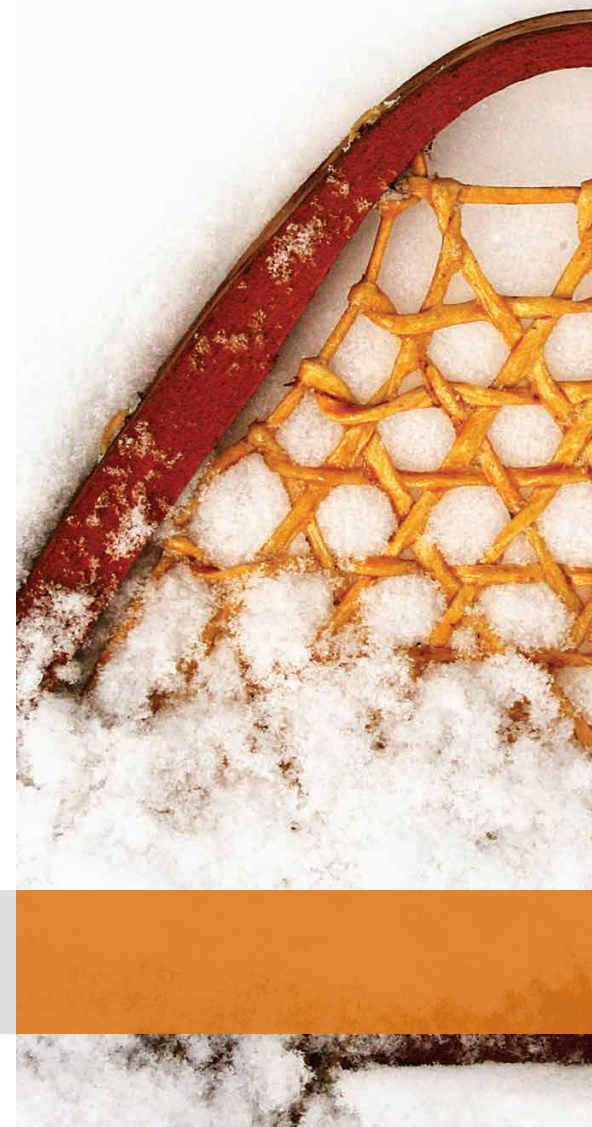
Addie joined the Assembly of First Nations (AFN) as the Director of Health in June 2017. Addie has worked exclusively in First Nations health programming throughout her career at the community level, and with regional and national organizations. Her work with the AFN is preceded by a 32-year career with the Federal Government, in various capacities with First Nations Inuit Health Branch, and four years with the First Nations Information Governance Centre (FNIGC).



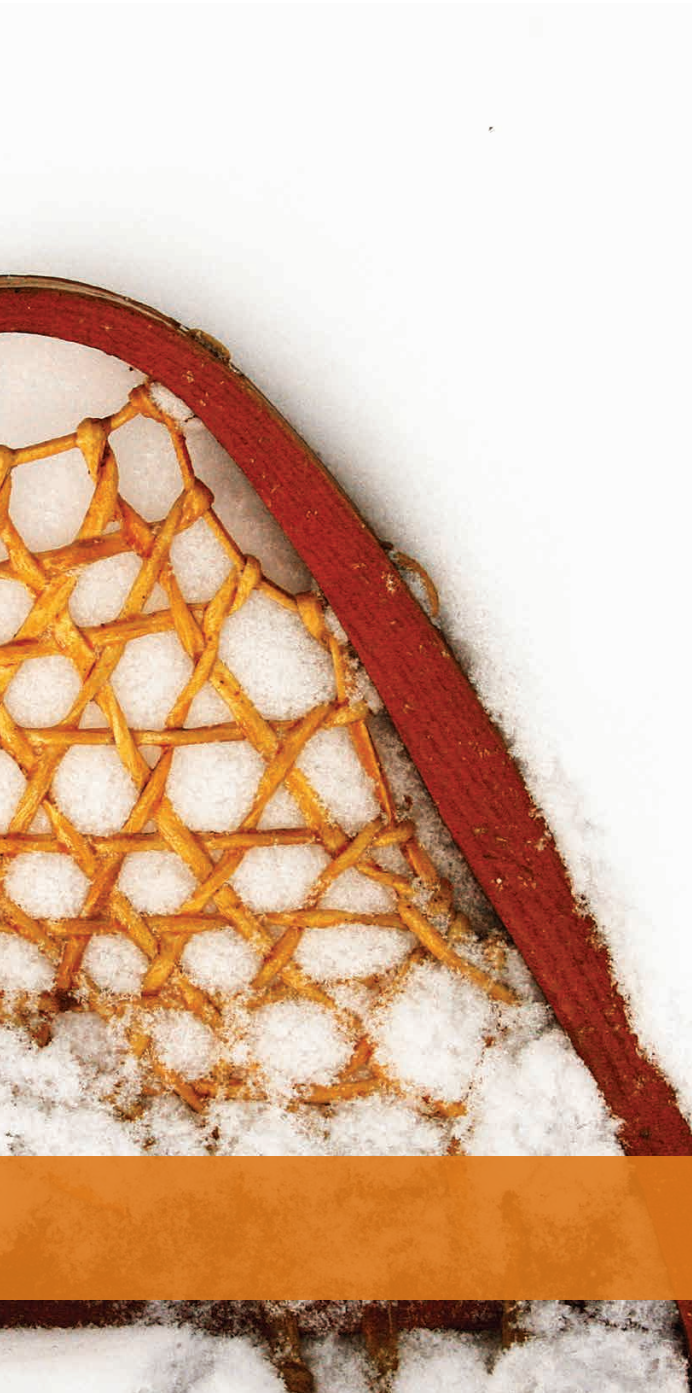
Natan Obed, President,  
Inuit Tapiriit Kanatami

Natan Obed is the President of Inuit Tapiriit Kanatami, the national organization representing Canada's 60,000 Inuit. He is originally from Nain, Nunatsiavut, and currently lives in Ottawa. For 10 years, he lived in Iqaluit, Nunavut, and worked as the director of social and cultural development for Nunavut Tunngavik Inc. (NTI), which represents the rights of Nunavut Inuit. He has devoted his entire professional career to working with Inuit representational organizations to improve the well-being of Inuit in Canada. He was elected to a three-year term as president in September 2015.

## APPENDIX







### Clara Morin Dal Col, Minister of Health, Métis National Council

Clara Morin Dal Col was born in Ile a La Crosse, Saskatchewan and is very proud of her Métis heritage. Michif was the first language spoken at home. Growing up, Clara spent a lot of time with her Great Kohkom who was a very special and influential person in her life. Clara enjoyed spending time with her, gathering roots and plants for her healing, and listening to her stories. Clara was appointed the Métis National Minister of Health by Métis National Council President Clement Chartier in September 2016, following her election as President of Métis Nation British Columbia. She also holds the national Métis portfolios for Culture, Heritage and Families. Clara has been the Vice President on the National Board of Les Femmes Michif Otipemisiwak and



was the Métis representative on the BC Provincial Minister's Planning Table for Families of Missing and Murdered Aboriginal Women and Girls. In British Columbia, in addition to being President of Métis Nation British Columbia and representing the interests of nearly 70,000 Métis people, she is also Provincial Métis Minister of Housing and of Education. Clara has always recognized the importance and value of working with other leaders in making a difference in the lives of Métis people each and every day. Clara resides with her husband of 43 years in Port Alberni, British Columbia and she is the proud Kohkom to two wonderful grandchildren, and is proudly teaching them all about their Métis culture.



Jan Kahehti:io Longboat

Jan Kahehti:io Longboat, Turtle Clan of the Mohawk Nation, is an Elder, educator, writer, herbalist, cultural advocate, and visionary, having dedicated her life to the dissemination and learning of Indigenous language and culture. Longboat ran a ten-year program called Idawadadi, which won the Aboriginal Healing Foundation’s best practices award, and an outgrowth project entitled Dotah’s House to assist Indigenous women survivors to heal from the abuse of Residential Schools while strengthening their communities through cultural knowledge.

Frequently called on as a counsellor, committee member, and board member, Kahehti:io has served on the Centre for Indian Scholars and Association of American Indian Physicians, Chiefswood National Historic Societies Board, Six Nations Elders Council, Kanatsiohare:ke Mohawk Community, the Children’s Aid Society of Brant, among others. Longboat continues to serve as a board member at the St. Michael’s Hospital Well Living House project in Toronto, as well as the on the Elders’ councils at the University of Toronto, Enaahitig Healing Lodge and Learning Centre, and the Native Canadian Centre of Toronto.

Jan Longboat is currently an Elder Advisor to the Ministry of Justice: Indigenous Peoples’ Court in Brantford. She taught at Mohawk College, McMaster University, and the University of Toronto, and has worked with several Indigenous health centres including Wabano, Desdwadadesnye, and SOHAK. Kahehti:io received her degree as a Natural Health Practitioner from the Canadian College of Natural Medicine and a degree in counseling from Laurentian University. She continues to live, teach, write, and garden on the Six Nations of the Grand River where she was born and raised.



Patricia Makokis

Dr. Patricia Makokis (Saddle Lake Cree Nation) sees herself as a servant leader, always remaining focussed on the community and the needs of community. Pat currently works as Director of Indigenous Programs, Faculty of Extension at the University of Alberta in Edmonton, Alberta. She believes in teamwork and she, along with others in the Faculty of Extension, have built the Indigenous Community Industry Relations program grounded in Indigenous knowledge and team taught with Indigenous scholars and community Elders. Lastly, Pat is proud mother to Janice and James, and kokum (grandmother) to Atayoh, her 3 year old grandson. She and her husband Eugene are kept “youthful as they run” to keep up with Atayoh, the joy of their lives!







### Sarah de Leeuw

Author of six literary books, editor of two academic texts, and writer on more than 100 journal articles and book chapters, Sarah de Leeuw holds a Ph.D. in historical-cultural geography and is currently an Associate Professor with the Northern Medical Program at UNBC and the Faculty of Medicine at the University of British Columbia. She teaches and conducts research about medical humanities and the determinants of marginalized peoples' health, an area of work that has attracted more than 4 million dollars in grants that she either leads or co-investigates on. She is currently the only Michael Smith Foundation for Health Research Scholar ever appointed in Northern British Columbia. de Leeuw grew up on Vancouver Island and Haida Gwaii (The Queen Charlotte Islands), then lived in Terrace, BC. She

earned a BFA from the University of Victoria, after which she spent time teaching English in South Korea. In addition to being a former Fulbright Scholar, she has worked as a tug boat driver, women's centre coordinator, logging camp cook, prisoner reintegration counsellor, and a freelance journalist. Her first book of poetry, *Geographies of a Lover*, won the 2013 Dorothy Livesay Poetry Prize for the best book of poetry in British Columbia that year. For two consecutive years, Sarah de Leeuw was honored in the Creative Nonfiction category of the CBC Literary Awards, winning first place for *Columbus Burning* in 2009, and second place for *Quick-quick. Slow. Slow* in 2010. In 2013, her essay *Soft Shouldered* (published in *PRISM International*) earned a Western Magazine Gold Award. In 2017, de Leeuw was appointed to the College of New Scholars, Artists and Scientists of the Royal Society of Canada, the same year she was nominated for a Governor General's Literary Award in non-fiction. She divides her time between Prince George and Kelowna, British Columbia.



### Roberta Stout

Roberta Stout is Cree and a member of the Kehewin First Nation, located in Alberta. She holds an undergraduate degree in Interdisciplinary Studies from Carleton University, a graduate degree in Latin American Studies from Simon Fraser University, and a Cree Language Immersion Certificate from Blue Quills First Nations College. Since 1998, Roberta has led concurrent and multi-year research projects on socio-economic and health issues related to Indigenous women, peoples and communities with Pauktuutit Inuit Women's Association, the National Aboriginal Health Organization, Prairie Women's Health Centre of Excellence, and the Oral History Centre at the University of Winnipeg. Primarily community-based and qualitative, Roberta's research has spanned themes related to mental health, healthy living, maternal and infant health, the resource sector and economic development, health human resources, and the residential school impacts on children of survivors. She is currently a Research Associate with the National Collaborating Centre for Aboriginal Health and resides in Winnipeg, Manitoba.



## Grand Chief Wilton Littlechild

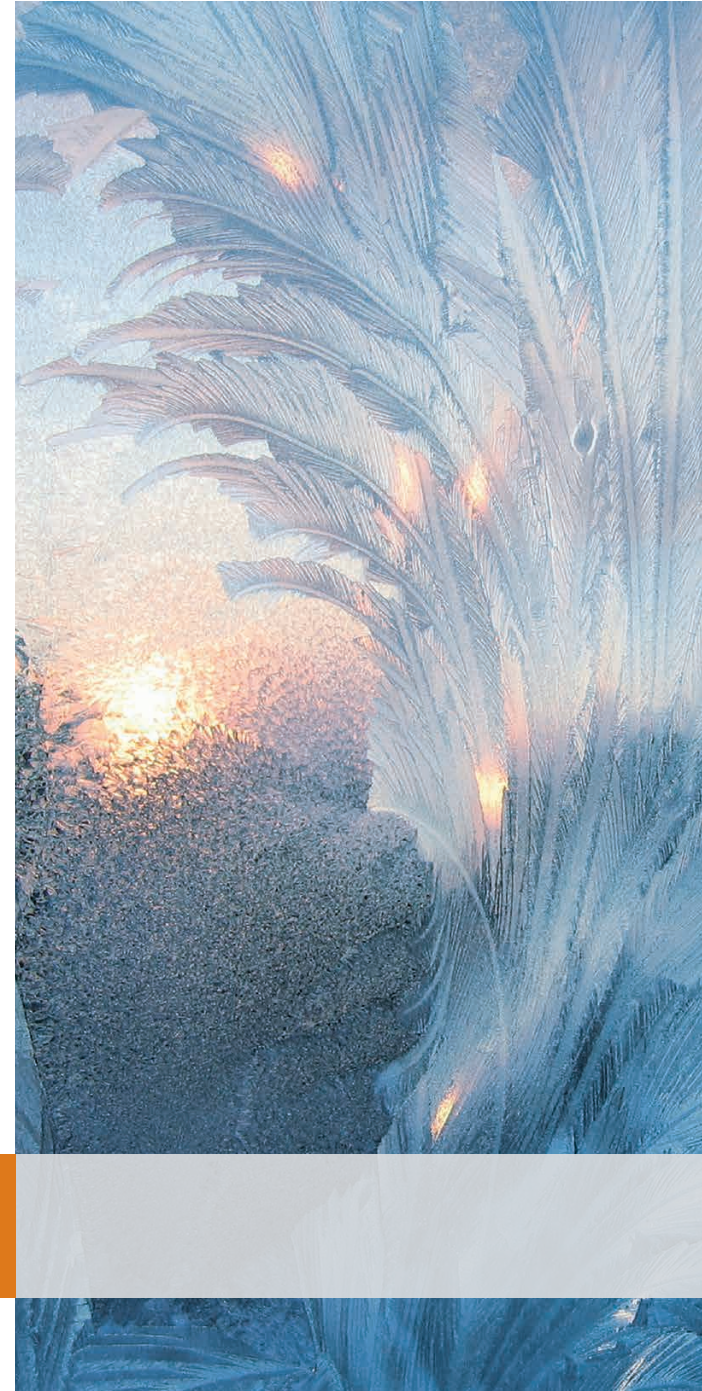
For more than 40 years, Dr. Littlechild has worked to build bridges between Indigenous and non-Indigenous people through athletics, politics, and law. An accomplished lawyer, he is the first Indigenous person appointed to Queen’s Council by the Alberta Law Society. He brought Native issues to public attention while serving as the first Treaty Indian Member of Parliament.

Dr. Littlechild has been active with a number of organizations both within Canada and abroad, including the Indigenous Parliament of the Americas, the United Nations, the National Indian Athletic Association, and the Canadian Council of International Law. He has given lectures on various occasions,

including at the Human Rights Institute of the University of Hawaii. Dr. Littlechild served as a Commissioner on the Truth and Reconciliation Commission of Canada, whose final report was release on December 15, 2015.

For his participation in Indigenous and athletic endeavours, Dr. Littlechild has been honoured with several awards, including the Lifetime Achievement Award as an Aboriginal Role Model and the Order of Canada; he has been inducted into seven sports Halls of Fame. He graduated from the University of Alberta with a Master’s Degree in Physical Education, a Bachelor of Law Degree, and an Honourary Doctorate at Law.

Dr. Littlechild was bestowed with the title of International Treaty Chief by the Chiefs and Elders of the Confederacy of Treaty No. 6 and the Assembly of Treaty Chiefs (Treaty No. 6, Treaty No. 7 and Treaty No. 8 Alberta). He recently accepted his nomination as Grand Chief of the Confederacy of Treaty Six First Nations where he is serving a three-year term.







Kevin Lamoureux

Kevin Lamoureux is currently serving as Education Lead for the National Centre for Truth and Reconciliation on secondment. He is the Associate Vice-President, Indigenous Affairs at the University of Winnipeg, as faculty member of the University of Winnipeg and the University of Manitoba, and a well-known public speaker. Lamoureux has served as co-Chair for the Provincial Task Force on Educational Outcomes for Children in Care, scholar-in-residence for several school divisions, and education consultant throughout Manitoba and across Canada. His writing has been featured frequently in newspapers and many academic journals. Lamoureux is working towards his PhD in the University of Manitoba's Wellness and Sustainability cohort. He works closely with schools throughout Manitoba in support of Indigenous education and the inclusion of Indigenous perspectives, enrichment and talent development, and works with troubled and disengaged students.



Mariam Wallet Aboubakrine

Mariam Wallet Aboubakrine is a general medical practitioner. Her residency took place in different medical areas in three health care systems: Mali, Algeria and Switzerland. The differences and inequalities that exist in health care within countries and between countries led her to humanitarian action, a subject in which she received an M.A.S. in the humanitarian capital of the world, Geneva. Mariam is also very committed to the Rights of Indigenous Peoples and, since 2014, has been an elected Expert Member of the United Nations Permanent Forum on Indigenous Issues and is its current President.



Janet Smylie

Dr. Janet Smylie is Director of the Well Living House Action Research Centre for Indigenous Infant, Child, and Family Health and Wellbeing, CIHR Applied Public Health Chair, and Staff Physician at St. Michael's Hospital. Her primary academic appointment is as Professor at the Dalla Lana School of Public Health, University of Toronto. Her research focuses on addressing Indigenous health inequities in partnership with Indigenous communities. A Métis woman, Dr. Smylie acknowledges her family, teachers, and lodge.

# PANELISTS



Gerry Gallagher

Gerry Gallagher is the Executive Director of the Centre for Chronic Disease Prevention and Health Equity at the Public Health Agency of Canada (PHAC). She was previously the Executive Director of the Social Determinants and Science Integration Directorate, and Director of the Intergovernmental and Stakeholder Policy Division. 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 practice, programmatic and strategic policy roles.



Margo Greenwood

Dr. Margo Greenwood, Academic Leader of the National Collaborating Centre for Aboriginal Health, is an Indigenous scholar of Cree ancestry with years of experience focused on the health and well-being of Indigenous children, families and communities. She is Vice-President of Aboriginal Health for the Northern Health Authority in British Columbia and Professor in both the First Nations Studies and Education programs at the University of Northern British Columbia. While her academic work crosses disciplines and sectors, she is particularly recognized regionally, provincially, nationally and internationally for her work in early childhood care and education of Indigenous children and public health. Margo has served on numerous national and provincial federations, committees and assemblies, and has undertaken work with UNICEF, the United Nations, and the Canadian Reference Group to the World Health Organization Commission on Social Determinants.



Beth Jackson

Beth Jackson is currently Senior Science Advisor for the Social Determinants of Health Division at the Public Health Agency of Canada (PHAC). For the past 10 years she has been the Manager of the Equity Analysis and Policy Research team in PHAC, which leads the Pan-Canadian Health Inequalities Reporting Initiative. She holds a Doctorate in Sociology from York University (Toronto) and has expertise in health equity, women's health, LGBT health, science and technology studies, and health policy. Dr. Jackson's current work at PHAC addresses social determinants of health, health equity, and the development of associated conceptual and methodological tools.

## APPENDIX





### Maria Santos

As the First Nations Data Centre Program Manager, Maria Santos manages access to national First Nations on-reserve survey data housed at FNIGC. With a Master’s degree in Community Health and Epidemiology, she has more than 15 years of experience working with health data and with Indigenous populations. As the previous Territorial Epidemiologist for the Government of the Northwest Territories, Ms. Santos has a tremendous appreciation for how good data can be used to make informative policy decisions, build effective programs, and ultimately support the health of the population.



### Shelley Callaghan

Shelley works as the Profile Manager for the Canadian Institute of Child Health. A researcher and advocate for children and youth, Shelley has been working in the area of child/youth health, physical activity and health promotion/prevention for over 20 years. She is responsible for the day to day operations of the Health of Canada’s Children: A CICH Profile on-line data portal, including the overseeing of content, design and knowledge translation elements.



### Joe Gallagher

Joe Gallagher, Kwunuhmen, is Coast Salish of Tla’Amin First Nation ancestry and serves as the Chief Executive Officer for the First Nations Health Authority. Over the past decade, Mr. Gallagher was a lead in the formation of a new health governance partnership between BC First Nations, the province of BC, and the government of Canada, which included the negotiation of the successful transfer of federal health services to BC First Nations control. This work, a first for Canada, led to the formation of the First Nations Health Authority, a wellness organization driven by the First Nations holistic and traditional perspective of health and wellness. A senior leader in health for the past 10 years, Joe brings over 25 years’ experience in community development, intergovernmental affairs and negotiations. Throughout his career, Joe has worked with all levels of government, First Nations communities and organizations in both rural and urban settings.





Jason Pennington

Dr. Jason Pennington is the Regional Aboriginal Cancer Lead for the Central East Regional Cancer Program. He is a general surgeon with a special interest in proctology and colorectal surgery, and currently works at the Scarborough Hospital. Dr. Pennington obtained both his undergraduate, medical and surgical degrees from the University of Toronto where today, he is the Curricular Co-Lead for Indigenous Health Education in Undergraduate Medical Education at the Faculty of Medicine and an Assistant Professor in the Department of Surgery. A member of the Huron-Wendat community of Wendake, Dr. Pennington has been active in the Aboriginal community with a strong focus on implementing the Calls to Action of the Truth and Reconciliation into Indigenous Healthcare and Medical Education.



Lisa Richardson

Dr. Lisa Richardson is an Anishinaabe internist. She is a Wilson Centre Researcher and clinician educator in the University of Toronto's Division of General Internal Medicine, and practices at the University Health Network. Her academic interest lies in the integration of postcolonial, Indigenous and feminist perspectives into medical education. She is the Curricular Co-Lead for Indigenous Health Education in Undergraduate Medical Education at the University of Toronto's Faculty of Medicine. Dr. Richardson is a 2014 - 2016 Associate Medical Services Phoenix Fellow for her work related to the creation and integration of cultural safety teaching into the medical school curriculum. She is an active member of the Indigenous Physicians' Association of Canada and is on the planning committee for the National Indigenous Health Conference. She is also a member of the University of Toronto's Steering Committee which advises the University about how to implement the Calls to Action from Canada's Truth and Reconciliation Commission.







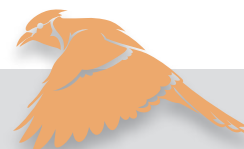
Belinda (kakiyosew) Daniels

Belinda (kakiyosew) Daniels is the founder of nēhiyawak Summer Language Experience (13 years). She teaches others how to teach Cree as a second language on various First Nations Reserves in Saskatchewan and Alberta, as well as teaches for the Canadian Indigenous Language and Literacy Development Institute (CILLDI). Belinda won the Outstanding Canadian Aboriginal Educator Award in 2015 for work in language development and was one of the 2016 Global Teacher Prize finalists. Belinda is currently a doctoral candidate at the University of Saskatchewan and volunteers on several boards such as the United Way and Dr. Sterling McDowell Foundation.



Donna May Kimmaliardjuk

Dr. Donna May Kimmaliardjuk is an Inuit fourth year cardiac surgery resident physician at the University of Ottawa Heart Institute. She originates from Chesterfield Inlet, Nunavut. She completed her BSCh at Queen's University of 2011, and received her MD from the University of Calgary in 2014. She is the first Inuit doctor from Nunavut, and the first Inuit cardiac surgery resident. She has been involved in promoting Indigenous youth to pursue post-secondary education, is the recipient for the Indspire 2018 Inuit youth award, and is interested in working to assess the needs of and improve Indigenous women's heart health.



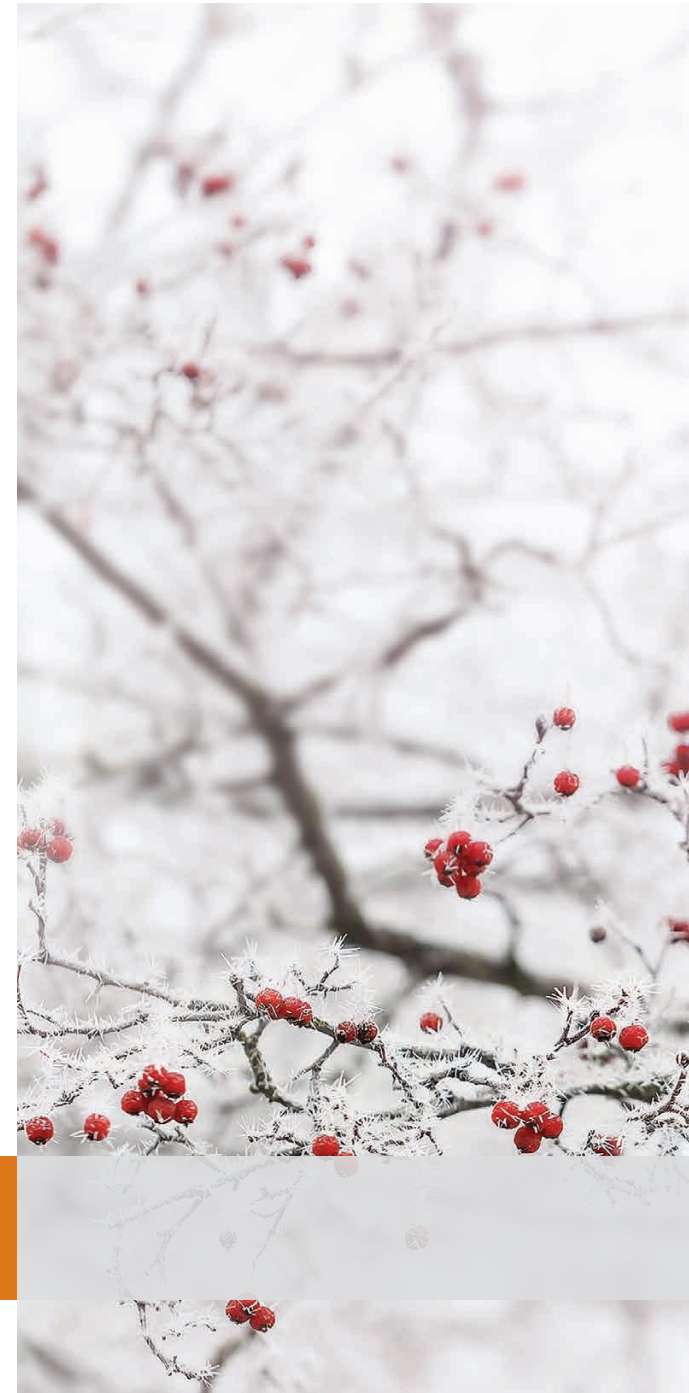


Lynn Lavallée

Lynn Lavallée, BA honors (York), MSc. (Toronto), PhD (Toronto), has been appointed Vice-Provost (Indigenous Engagement) effective September 1, 2017 to August 31, 2022. Dr. Lavallée is an Anishinaabe woman registered with the Métis Nation of Ontario. She comes to the University of Manitoba from Ryerson University, where she began her academic career as an Assistant Professor in the School of Social Work in 2005, becoming an Associate Professor in 2010. Dr. Lavallée served as Associate Director in Ryerson's School of Social Work from 2012 to 2016 and led the equity, diversity and inclusion initiative. She was instrumental in establishing Ryerson's Aboriginal Education Council

and was appointed Chair of the Provost's Aboriginal Advisory Council to advance Indigenous perspectives at Ryerson. Since 2013, Dr. Lavallée has also served as Chair of their Research Ethics Board and is an expert in Indigenous research methods.

In addition to her role as Vice-Provost (Indigenous Engagement), Dr. Lavallée also holds an appointment as Associate Professor in the Faculty of Kinesiology and Recreation Management. Her research and teaching interests include Indigenous health, cultural, sport and recreation programs, Indigenous epistemology, and Indigenous research methods.





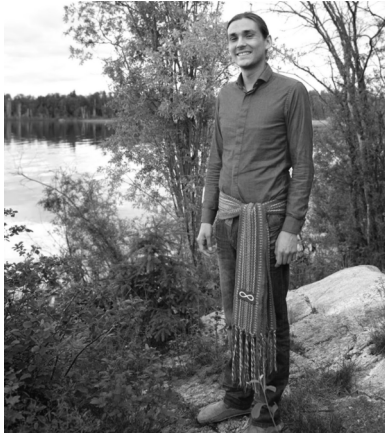


### Mike Auksi

Michael is a Toronto-born Ojibway (Lac Seul First Nation) and Estonian person. Currently, he is the acting Research Coordinator at the Waakebiness-Bryce Institute for Indigenous Health. He is the former Recreation Coordinator at Native Child and Family Services of Toronto, where he was privileged to promote physical and overall health and wellness for 2 years. He is forever thankful for having had the opportunity to work on a community needs assessment titled, *Developing a Physical Literacy Strategy for Urban Indigenous Families Through the Life Cycle*. Michael completed his Bachelor and Master of Social Work degrees in 2012 and 2013 at Ryerson University, and his major research paper focused on Indigenous youth development from the perspectives of Elders. Prior to social work, Mike accessed post-secondary

education through the University of Toronto's Transitional Year Programme in 2004, and spent the next two years taking Indigenous studies. Mike's all-time passion is the game of hockey. Having only played two games of Junior A for the Streetsville Derbys, he spent his winters in the early 2000s in Sioux Lookout, Ontario with his dad, playing in over a dozen tournaments for the Lac Seul Eagles. Eventually, he worked his way onto the University of Toronto Varsity Blues and eventually the Ryerson University Rams. Mike's all-time hockey dream was to play for the National Team of Estonia. Being a dual citizen, Mike was required to play two seasons for HC Tallinn in the Estonian League. Working as a tennis coach and personal trainer, he played the two seasons and was ruled eligible to represent Estonia at the 2015 IIHF World Hockey Championships Division 1B in Eindhoven, Netherlands. Mike capped off his playing days by representing Estonia twice more in both Group K and Group H of the 2018 IIHF Pyeong Chang Olympic Qualification Games.





Modeste McKenzie

Modeste McKenzie is a 23-year-old Dene Métis from La Ronge, Saskatchewan. He now lives in the northern village of Air Ronge, Saskatchewan. Following the suicide deaths of four young girls in his region in the fall of 2016, Modeste was hired by the Lac La Ronge Indian Band (LLRIB) as a youth support worker. He has worked tirelessly to set up after-school programs, chemical-free dances, traditional hand games nights, and a family carnival to help youth in that community begin to heal. Additionally, he has also served as the Saskatchewan NDP Indigenous Youth representative and is the current President of the Indigenous New Democrats of Saskatchewan.



Oopik Aglukark

Oopik Aglukark is a nursing student at the Nunavut Arctic College. She is a youth member on the Board of Directors for Qaujigiartiit Health Research Centre. Originally from Arviat, her goal is to complete her nursing degree and work as a nurse in her home community. For Oopik, Arviat has a very young population so it is ideal for health promotion and teaching. She enjoys meeting others and talking about these serious topics.



Jessica Quinn

Jessica is a 23-year-old non-Status First Nations woman from St. Marys, ON, with maternal ties to a small First Nation community on Georgian Bay. Jessica is currently finishing her undergraduate degree at the University of Ottawa in International Development and Globalization, and has focused much of her studies on Indigenous development in Canada. Through the co-operative education program, Jessica has had the opportunity to work for the Assembly of First Nations in social development, focusing on child and family services, early learning and child care, and income assistance. Jessica looks forward to learning from her fellow participants at the National Gathering on Indigenous Determinants of Health and to sharing her experiences as part of the Youth Panel.





## 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.



*The Honourable Carolyn Bennett  
The Honourable Jane Philpott*

**nak̓istowinan**  
stop in

We are building our young people to have strong & secure personal & cultural identity

We are reclaiming control over our lives ~ from our health, living conditions & education

*Addie Pryce, AFN  
Natan Obed, President ITH*

We need to remember both trauma & poverty in our health perspectives

**pim̓icisok**  
stock up

**Children first**

Addressing all of the key determinants of health with a view to giving children what they need

Indigenous children should expect the same things as other children in Canada & expect that their culture will be honored & respected

We need to focus on keeping our children safe & cared for in our communities

Indigenous children are taken from their families at alarming rates

Two thirds of Indigenous people in prison were in the foster care system

*Margo Greenwood  
NCOAH  
Clara Morin Pal Col  
Métis Nation*

**Kap̓esik**  
stay over

We need a better society & opportunities to lead happy, healthy lives

We want a world where we can draw on our early childhood experiences as a source of strength & comfort over our lifetimes

*Loluen Stevenson*

Addressing the determinants will be both individual & collective & involve small & large systemic change

Day One, November 28, 2017, Welcome & Opening Remarks. Please see page 6.

*"We're no longer invisible in our own lands"*

**Joe Gallagher**

First Nations Health Authority

Adopted into the wolf clan of the Tsleil-Waututh Nation

Our health authority is built by us, belongs to us & we can see ourselves in it

Bringing together the best of both worlds

*Loluen Stevenson*

**Beth Jackson**

Collaborating to ensure FN data sovereignty

Build in regional differences

We need to incorporate explanatory context that move from deficit to strengths-based view incorporating Indigenous worldviews, resources, relationships & collective perspective

**PAN-CANADIAN HEALTH INEQUALITIES REPORTING INITIATIVE**

Consolidated data for 70 health indicators

Ground-breaking research methods

Data publicly available on the Public Health Agency of Canada website

We hope the research helps program providers

We are seeking FN collaborators

**Gerry Gallagher**

Strengthen & use evidence base

New research on health inequities this spring

Build capacity

Leverage collaborations

Bringing new knowledge to the policy discussion

**Shelley Callahan**

INDIGENOUS CHILD & YOUTH ON-LINE MODULE

downloadable

links to original sources

provides summaries

create expert advisory committees

easy to access

consolidated & evidence-based

Day One, November 28, 2017, Panel: Celebrating Where We Have Been. Please see page 10.



National Collaborating Centre  
for Aboriginal Health  
Stop in · Stock up · Stay over  
November 28-29, 2017  
Ottawa ON

Children  
deserve to be  
happy!

# Looking to Truth & Reconciliation

Grand Chief  
Wilton Littlechild

TRC

- First court-ordered truth commission  
- Funded by survivors themselves

Justice Calls to Action as related to health:  
"You can tell the health of a Nation by the number of  
members in prison."

- UN DECLARATION: right to health without discrimination,  
right to traditional medicines & all social  
& health services  
right to enjoy physical & mental health  
right to traditional knowledge, medicines  
& related intellectual property

The Good Life  
- to be the me that  
I was meant to be.  
That may involve  
struggle.  
How do we  
make Canada  
the Canada  
it was meant  
to be.



Kevin Kamoureux

Use whatever privilege you have  
to create SAFETY

Reconciliation  
benefits  
every single  
Canadian.

Put safety first  
- physical safety  
- safety to keep our kids  
- cultural safety  
- safe to HOPE

Mariam Wallet Aboubakrine

- There are Indigenous specific determinants  
of health  
- Canada is supporting the work of the  
UN permanent forum  
- UN Declaration on the Rights of Indigenous  
People aligns with the Truth & Reconciliation  
Commission's Calls to Action.

We are committed to our  
Slogan: Leave NO ONE  
Behind

We've had enough studies & we have an international legal framework. It's time for ACTION & monitoring!

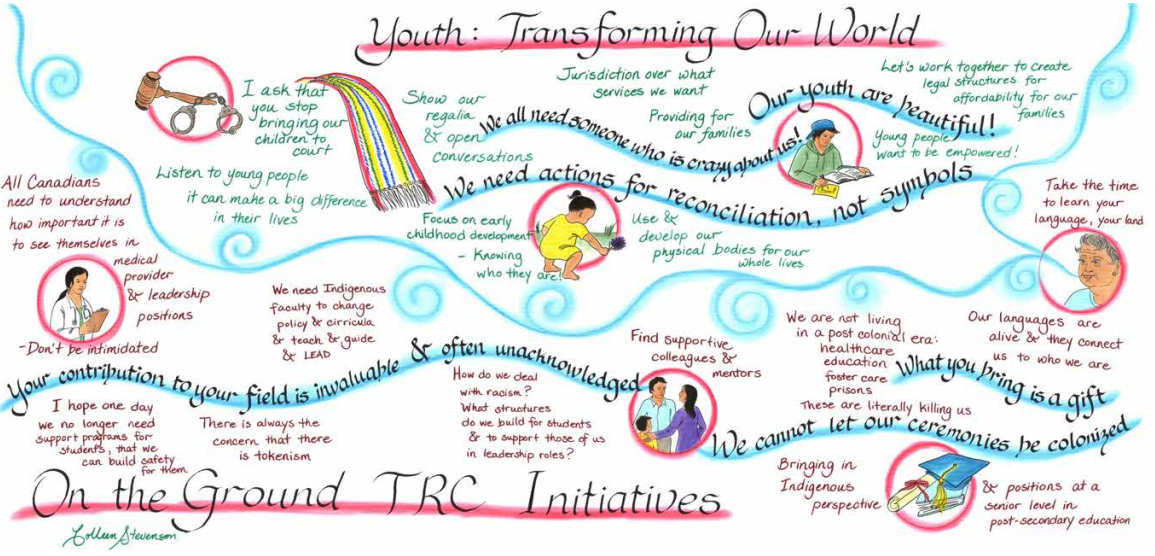


Colleen Stevenson

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.



Day One, November 28, 2017, Panel: Looking to Truth and Reconciliation. Please see page 12.



Day Two, November 29, 2017, Youth Panel: Transforming Our World - Preparing for the Next Generation. Please see page 16.

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