



CANADIAN
PUBLIC HEALTH
ASSOCIATION

The Voice of Public Health

CANADIAN PUBLIC HEALTH ASSOCIATION
POLICY STATEMENT

INDIGENOUS RELATIONS AND RECONCILIATION

OCTOBER 2019

THE VOICE OF PUBLIC HEALTH

The Canadian Public Health Association is the independent national voice and trusted advocate for public health, speaking up for people and populations to all levels of government.

We champion health equity, social justice and evidence-informed decision-making. We leverage knowledge, identify and address emerging public health issues, and connect diverse communities of practice. We promote the public health perspective and evidence to government leaders and policy-makers. We are a catalyst for change that improves health and well-being for all.

We support the passion, knowledge and perspectives of our diverse membership through collaboration, wide-ranging discussions and information sharing.

We inspire organizations and governments to implement a range of public health policies and programs that improve health outcomes for populations in need.

OUR VISION

A healthy and just world

OUR MISSION

To enhance the health of people in Canada and to contribute to a healthier and more equitable world.

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INDIGENOUS RELATIONS AND RECONCILIATION

PURPOSE

- Establish the Association's goal for reconciliation to be meaningfully embedded in all its activities.
- Establish the clear principles by which this goal will be achieved.
- Define and describe the Association's roles and responsibilities with respect to meaningful reconciliation.

ACKNOWLEDGEMENT

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POLICY CONTEXT

A national discussion is taking place concerning historic and current relationships between Canadians and the distinct societies of First Nations, Inuit, and Métis peoples in Canada. Reconciliation – the building of relationships with Indigenous Peoples that respect their values, ways, and cultures – has been at the forefront of this discussion.

The Canadian Public Health Association (CPHA) uses the term reconciliation to refer to its commitment to establish and maintain a mutually respectful relationship between Indigenous and non-Indigenous peoples. It is a long-term relationship-building, learning, and healing process, as opposed to a specific outcome to be achieved. Reconciliation will look different in every context, as it is shaped by the unique needs, experiences, and priorities of the Indigenous partners involved.

CPHA acknowledges that health is a basic human right and the Association takes a public health approach to achieve health for all. A public health approach aligns with the need to adopt culturally appropriate practices for meaningful relationship-building with Indigenous Peoples. A public health approach to maintaining and improving the health of populations is based on the principles of social justice,

attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants of health. Such an approach places health promotion, health protection, population health surveillance, and the prevention of death, disease, injury and disability as the central tenets of all related initiatives. It also means basing those initiatives on evidence of what works or shows promise of working. It is an organized, comprehensive, and multi-sectoral effort.

Fundamental to a public health approach are the principles of trust, respect, engagement, transparency, and fairness; thus, discussions of how the health of populations are assessed, protected and improved are a foundation upon which healthier relationships can grow. Furthermore, a public health approach brings various perspectives in a community together to formulate a coherent vision and set of objectives. When building relationships with Indigenous partners, CPHA recognizes and respects the diverse knowledge systems of Indigenous Peoples. Indigenous ways will be equally valued and interwoven with public health approaches. In doing so, public health practitioners can play a key role in educating the public and communicating innovative, mutually advantageous solutions, to decision-makers.

The 2015 final report of the Truth and Reconciliation Commission (TRC) put forward 94 Calls to Action that frame the national processes of reconciliation.¹ These Calls to Action directly impact many pathways for improved health of Indigenous Peoples in Canada, including land, economy, culture, health, education, law, and governance. This is an opportunity for CPHA to assert how the TRC ties into, and needs to be addressed by, public health policies, programs and practices. Many of the TRC Calls to Action address the various bodies that public health professionals work for in Canada (e.g., governments, institutions, and businesses), and as such, public health professionals

have an opportunity to champion the TRC principles through their work in these organizations.

A specific TRC Call to Action is for all levels of government to fully adopt and implement the United Nations Declaration on the Rights of Indigenous People (UNDRIP), which the Government of Canada endorsed in 2016. This document describes both the individual and collective rights of Indigenous Peoples around the world, including the right to self-determination. It offers guidance on cooperative relationships with Indigenous Peoples based on the principles of equality, partnership, good faith, and mutual respect.²

The TRC's final report also identified the need for truth telling as an essential element of justice and healing in reconciliation. Thus, it is critical that public health professionals acknowledge the detrimental impact that discriminatory practices have had, in order to build future respectful relationships with Indigenous Peoples that are honest and constructive. Similarly, it is important for all who work in public health to understand the history of First Nations, Inuit, and Métis peoples and their important contributions to Canada, in order to build a better future.

POLICY GOAL

CPHA envisions a future when reconciliation is meaningfully embedded in all aspects of its work and the Association establishes and maintains relationships with Indigenous Peoples based on mutual respect, trust, and dialogue.

PRINCIPLES

In support of its policy goal, CPHA upholds the following principles:

- **Public health is based on respect for the well-being of all people and their intricate links to the natural environment.**
- **The realization of TRC Calls to Action and the implementation of the articles of UNDRIP are essential to the health and well-being of Indigenous Peoples.**
- **The jurisdictional and legal context of treaties and the rights of Indigenous Peoples are relevant to the implementation of effective public health services.**
- **Indigenous law and governance systems are recognized and upheld.**
- **The rights, knowledge, protocols, and traditions of Indigenous Peoples are respected.**
- **Indigenous Peoples are encouraged and supported to train for and work in public health, and celebrate the strengths, skills, and knowledge they bring to the profession.**
- **The diversity of Indigenous Peoples and their right to self-determination are inviolable.**

STATEMENTS OF COMMITMENT

In support of its policy goal, CPHA makes the following commitments:

Truth and Reconciliation

CPHA adopts the definition of truth and reconciliation from the Truth and Reconciliation Commission. CPHA recognizes that truth and reconciliation is an ongoing and evolving process and that every interaction with Indigenous Peoples and non-Indigenous people is an opportunity to advance truth and reconciliation. CPHA further recognizes that truth and reconciliation will be distinct to the First Nations, Inuit, and Métis peoples.

Calls to Action

CPHA values and will advocate for the 94 Calls to Action identified in the Truth and Reconciliation Commission, including the explicit health-related Calls to Action (18-24 and 55) and the Calls that support the social and ecological determinants of health.

Autonomy of First Nations, Inuit, and Métis peoples and a distinctions-based approach

CPHA recognizes the distinctions between and within First Nations, Inuit, and Métis communities. CPHA respects that cultural practices and traditions, traditional lands, medicines and resources are essential to the health and well-being of First Nations, Inuit, and Métis peoples.

Individual and collective needs of Indigenous Peoples

CPHA recognizes the individual and collective rights of Indigenous Peoples to self-determination and the

highest attainable standard of mental and physical well-being. CPHA advocates for the inclusion of holistic perspectives supporting the protection and promotion of health, safety and well-being of First Nations, Inuit, and Métis peoples and communities. CPHA is committed to responding to the needs of individuals across their lifespans, and to the needs of families and communities, taking into account distinct regional circumstances and cultural and gender differences. CPHA is further committed to using and promoting a violence- and trauma-informed approach in its work.

Meaningful collaboration and partnership with First Nations, Inuit, and Métis peoples

CPHA actively seeks and implements advice from First Nations, Inuit, and Métis peoples. CPHA is committed to working in a manner that is inclusive of all partners and stakeholders and to transparent communication. CPHA recognizes the importance of reciprocity and trust in all its relationships and is committed to working with partners in a circle of shared responsibility, accountability and stewardship. CPHA recognizes the importance of culturally-safe engagement and is committed to working in a way that respects partners' internal governance structures and timelines.

Inclusion

CPHA respects and values inclusion in all aspects of its work. CPHA is committed to being an inclusive organization that respects dignity and human rights. CPHA is dedicated to inclusiveness as core consideration in its governance, operations, and activities. The Association recognizes the significant health inequities that exist between Indigenous Peoples and non-Indigenous people in Canada. In accordance with its vision and mission, CPHA promotes and advocates for participation from

people with diverse perspectives to contribute to a more creative and flexible Association that will lead to improved decision-making processes and policy advocacy for equitable health outcomes.

First Nations, Inuit, and Métis governments, Elders and knowledge-holders

CPHA acknowledges and respects First Nations, Inuit, and Métis governments, Elders and knowledge-holders as authentic sources of Indigenous cultural information. CPHA is committed to working with Indigenous Peoples to incorporate Indigenous knowledge, wisdom and experiences into its work. CPHA respects that the duty to consult for Indigenous Peoples and governments is much greater than in broader society; the Association is committed to actively consulting with First Nations, Inuit, and Métis peoples, communities and governments and will adopt appropriate timelines to ensure meaningful consultation. The collective is always present in CPHA's engagements with Indigenous Peoples.

Indigenous voices

CPHA actively works with Indigenous Peoples and centres their voice to create safe spaces for Indigenous Peoples to speak their realities and share their expertise, hopes and aspirations. CPHA is committed to working in a way that eliminates racism and oppression.

Improving health equity

CPHA is committed to working with Indigenous governments, communities and Peoples to reduce health inequities and promote health equity.

THE ROLE OF CPHA

CPHA strongly believes that it is essential to integrate reconciliation into its own work. Accordingly, CPHA, its staff and volunteers will:

- Demonstrate awareness, respect, and support for Indigenous communities, cultural protocols and practices, local knowledge and decision-making systems, and self-determination.
- Identify challenges to and opportunities for relationship-building and reconciliation and adapt the Association's methods of engagement accordingly.
- Understand the historical lack of Indigenous participation in the public policy process and development, the legacy of residential schools, and the intergenerational impacts these have had on people and communities.
- Practice with cultural humility through active listening, learning, and understanding to prevent, confront and eliminate biases in CPHA's own policies, practices, and programs.
- Support Indigenous calls for changes in public health legislation, regulation and practice to be more respectful of the rights and knowledge of Indigenous Peoples.
- Integrate the expectations arising from TRC and the principles contained in UNDRIP into their work.
- Adopt a "nothing about us without us" or "don't start without" approach, which requires that Indigenous communities be engaged before any activity that affects them or their rights is undertaken.
- Work respectfully with existing governance systems in Indigenous communities, and understand differences between elected leadership and hereditary/traditional governance, where they exist.
- Take direction from Indigenous community leaders and partners on how and with whom engagement should be carried out.
- Work together with Indigenous partners to clearly identify the expected and intended outcomes of activities.
- Respect that Indigenous communities can be administratively overburdened and under-resourced, which can restrict a community's ability to respond to requests for engagement in predetermined timeframes.
- Remain flexible to ensure that sufficient space and time is created for respectful relationships to be built.
- Approach capacity building as mutually beneficial, i.e., treat interactions with Indigenous communities not only as occasions to exercise knowledge, training, skill, and expertise, but as an opportunity to learn how one's own knowledge of public health can be enhanced by traditional practices, which may represent millennia of community and ecological stewardship.

DEFINITIONS OF KEY TERMS

Cultural Safety: is an individual experience. It recognizes and strives to address power differentials that can be present in public health systems, e.g., between decision-makers or experts and marginalized people. An outcome of cultural safety is that people feel respected and safe and are willing to participate.

Cultural Sensitivity: recognizes the need to respect cultural differences. Cultural sensitivity involves exhibiting “behaviours that are considered polite and respectful by the [person of the other culture].” Similar to cultural awareness, cultural sensitivity focuses on the ‘other’ and the ‘other culture.’ Cultural sensitivity also does not require an individual to reflect on his/her own culture.³

Cultural Competency: the ability to self-reflect on one’s own cultural values and how these impact the way one provides care. It includes each health professional’s ability to assess and respect the values, attitudes and beliefs of persons from other cultures and respond appropriately in planning, implementing, and evaluating a plan of care that incorporates health-related beliefs and cultural values, knowledge of disease incidence and prevalence, and treatment efficacy.⁴

Cultural Humility: a practice of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.

Indigenous Peoples: The term Indigenous Peoples is used in this policy to refer to First Nations, Inuit, and Métis peoples in Canada collectively. Distinct societies of First Nations, Inuit, and Métis peoples are in the process of re-establishing and establishing their own traditional names to self-identify, which public health

practitioners should respect and use when referring to an individual Indigenous People.

Trauma- and Violence-informed Approach: is one that focuses on creating environments where individuals do not experience further traumatization or re-traumatization (events that reflect earlier experiences of powerlessness and loss of control) and where they can make decisions at a pace that feels safe to them.⁵ It expands on the concept to acknowledge the broader social and structural conditions that impact people’s health, including institutional policies and practices.⁶⁻⁹ A trauma- and violence-informed approach: promotes an organizational culture that recognizes the impacts of trauma and violence; creates safe spaces that foster trust among staff and clients; fosters opportunities for choice, collaboration and connection; and builds on strengths and skills.

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