KARIHWÁHSTHA

2025 NATIONAL PUBLIC POLICY CIRCLE GATHERING

DIALOGUE AND ACTION SUMMARY

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Dr. Barry Lavallee, MD, CCFP, FCFP, FRCPSC (Hons), MCISC, Chief Executive Officer, Keewatinohk Inniniw Minoayawin Inc.

OPENING IN A GOOD WAY

INTRODUCTION WITH DEDICATION TO DR. BARRY LAVALLEE

On behalf of the Indigenous Diabetes Health Circle (IDHC) and our partners, we dedicate this report to Dr. Barry Lavallee. Dr. Barry Lavallee was a proud member of the Métis community of St. Laurent, Manitoba and a descendant of Duck Bay and Lake Manitoba First Nations. After this gathering, we learned Dr. Lavallee died suddenly. We continue to extend our condolences to his colleagues and loved ones. Dr. Lavallee will be remembered for his many contributions to medicine in Manitoba, particularly for his passion and dedication to improving Indigenous healthcare.

Throughout his life, Dr Lavallee was a powerful and unwavering advocate for the rights, health and well-being of Indigenous Peoples. He shared his infinite wisdom and knowledge with government committees, mentored and guided Indigenous medical students and consistently worked to improve the lives of those around him. He led with humility, always placing others first and devoted his life to advancing health equity and justice. Dr. Lavallee supported IDHC countless times, most recently through the Lower Limb Preservation initiative and the Karihwáhstha initiative.

Those who had the opportunity to hear Dr. Lavallee speak were left deeply moved. His words carried strength, conviction and hope for the future. His legacy continues through his family and through the ongoing work of his organization Keewatinohk Inniniw Minoayawin Inc. (KIM). His vision and hope for the future will live on for generations to come.

Huron-Wendat Nation

HONOURING THE TERRITORY OF THE HURON-WENDAT NATION

We are grateful to the Huron-Wendat Nation for the opportunity to work on their traditional, unceded territory in Wendake. The entire Karihwáhstha team honours this land and commits to moving forward in a spirit of respect. We recognize their deep connection to this land, which has nourished, healed and provided for them for countless generations.

As we gathered for Karihwáhstha, we were reminded of the resilience, knowledge and contributions of Indigenous Peoples. We commit to fostering an environment of respect, inclusiveness, collaboration and working towards health equity and healing for all communities across Turtle Island.

We express our gratitude to the Huron-Wendat Nations for their stewardship of these lands and we pledge to uphold their values of respect and sustainability in all that we do.

IDHC MISSION AND VISION

At IDHC, our long-held vision has been to strengthen Indigenous community capacity to reduce the impact of diabetes. We work toward this vision by supporting Indigenous communities, families and individuals through the promotion of wholistic wellness models. Our approach is grounded in traditional teachings and evidence-informed best practices, guiding the development and delivery of programs, education, resources and training that honour Indigenous knowledge and promote long-term wellness. This work is carried out with the understanding that IDHC recognizes and respects personal choices, autonomy and diversity—ensuring that all supports are responsive, culturally grounded and community driven.

As part of our strategic planning process, the Board of Directors is currently reviewing and updating our organizational Vision and Mission statements to ensure they reflect our long-term objectives—and are relevant and inspiring. Below are the draft statements currently under consideration.

IDHC'S PLANNED VISION COMMENCING 2026 FISCAL YEAR

Indigenous Peoples are well and living free of the impact of diabetes for the next seven generations.

IDHC'S PLANNED MISSION COMMENCING FISCAL YEAR

With the love and guidance of our ancestors and rooted in strong partnerships, IDHC delivers wholistic community-based programs that are culturally safe and build capacity to reclaim wellness.

WITH DEEP THANKS TO OUR FUNDERS

THE KARIHWÁHSTHA INITIATIVE CONTINUES—GUIDED BY TRADITIONAL KNOWLEDGE

IDHC is proud to announce the successful conclusion of the second year of the Karihwáhstha initiative. We extend our sincere appreciation to our funder, who recognizes that IDHC is uniquely positioned to advance policy development in Indigenous diabetes wellness. Their continued support reflects and understanding that IDHC and its partners:

- **are Indigenous-governed and grounded in Traditional Knowledge,** ensuring all work is rooted in cultural teachings, community authority and Indigenous worldviews
- **have a proven, evidence-based model of culturally safe diabetes care,** built over years of practice, evaluation and community partnership
- **demonstrate significant and measurable impact,** improving wellness outcomes and strengthening community capacity across regions
- **hold strong, transformational partnerships across the Indigenous health sectors,** enabling coordinated, distinctions-based approaches to policy development
- **have mandates aligned with system-wide policy priorities,** particularly those focused on equity, cultural safety and Indigenous-led transformation
- **address systemic inequities through approaches supported by research,** including wholistic, culturally grounded models that are essential to improving health outcomes for First Nations, Inuit and Métis peoples

With this support, the Karihwáhstha initiative will continue to grow, strengthen Indigenous-led policy work and contribute to long-term, meaningful change within health systems.

TRACING OUR ROOTS

HONOURING THE EVOLVING INDIGENOUS LEADERSHIP AND VISION BEHIND KARIHWÁHSTHA

The Karihwáhstha initiative is a national effort focused on advocating for public health policy changes, to improve outcomes for Indigenous Peoples across Canada. The inaugural gathering was held in July 2023, hosted by the Lawson Foundation, in Calgary, Alberta.

THE 2023 GATHERING BROUGHT TOGETHER LEADERS IN INDIGENOUS HEALTH FROM ORGANIZATIONS ACROSS THE COUNTRY. DURING THIS TIME, THE FOLLOWING IMPORTANT THEMES EMERGED:

1. Indigenous engagement in policy making is essential—Indigenous voices, leadership and lived experience must guide all stages of policy development.
2. Policies must address systemic barriers and inequities, including racism, jurisdictional gaps and structural determinants of health.
3. Policy approaches need to be flexible to meet the distinct needs of First Nations, Inuit and Métis Peoples, communities and Nations.
4. There is a critical need to understand and navigate different governance and responsibility structures, as health spans federal, provincial/territorial and community-level jurisdictions.
5. Building and maintaining strong relationships with Indigenous communities is foundational, ensuring that policy solutions are community-driven, culturally grounded and accountable to those they affect.

These themes continue to shape the initiative's national policy advocacy and its commitment to Indigenous-led system change.

Elder, Allan Jamieson Sr., Six Nations of the Grand River Territory

KARIHWÁHSTHA: THE VOICE OF OUR ELDERS IN NATIONAL GOVERNANCE

These five themes that first emerged in 2023 continued to guide the work as the circle gathered again—this time in July 2024, on the lands and waters of Victoria, British Columbia. Hosted by IDHC, this gathering brought together leaders, Knowledge Holders and practitioners in Indigenous health from across Turtle Island to continue the important work that began the year prior. People came not only to discuss policy but also to learn from one another, to reconnect in a good way and to ground the initiative in relationships, ceremony and shared purpose.

It was during this gathering that the national public policy initiative was formally brought into ceremony, acknowledging that meaningful change begins first in the spirit world before it can take shape in the physical. Elders, Allan Jamieson Sr. and Grandmother Renée Thomas-Hill offered prayers, song and teachings, and through this sacred process, a name was manifested and gifted to the initiative: Karihwáhstha (meaning “Still Useful”).

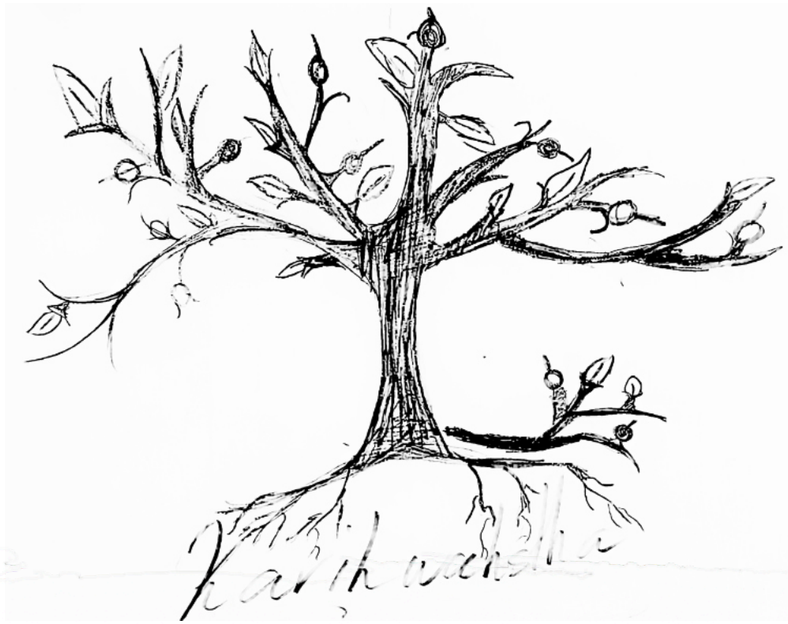
This name carries a deep and resounding meaning. It speaks to the enduring relevance of Indigenous knowledge, the responsibilities we carry from our ancestors and for future generations, and the understanding that our work must be both practical and spiritually grounded. Karihwáhstha reminds us that this initiative is not simply a project—it is a continuation of teachings, relationships and commitments that remain useful, needed and alive. And it also means that we, as Peoples, are still useful.

In receiving this name, the work took on new meaning and directions, guided by ceremony, strengthened by the collective and held with the humility required for long-term, Indigenous-led health transformation.

THE EVOLUTION OF THE KARIHWÁHSTHA BRAND AND IMAGERY

In 2024, this initiative was named Karihwáhstha by Elders in ceremony in Victoria, British Columbia. Karihwáhstha means “Still Useful.”

A virtual circle is shaping this work. The Elders say that life is a circle—embodying a cycle that has been with Indigenous Peoples forever and will continue forever. And to be able to start this work in sacred territory, amongst sacred people and with a blessing from the Elder in this area—



is truly a blessing. It was said we would almost lose everything. But there would come a time when at least one person would reach out to the Elders and return to our Ways, our Original Ways. This is that time.

Elder, Grandmother Renée Thomas-Hill walked amongst the trees to experience and hear the voices. The trees told her this is going to be a great time, a rebirth—and a resurgence of our ways. And policies are a priority. We are still useful, so we say, “Karihwáhstha.”

To represent the Karihwáhstha initiative in writing, Elder, Grandmother Renée Thomas-Hill was inspired by artist Ryan Woodruff’s description of the tree. Ryan wrote: “The tree came to me as a recurring vision—a bold tree standing strong through all seasons. Its leaves carry the colours of spring, summer, autumn, and winter, reminding us that life moves in cycles, yet the spirit remains rooted. The trunk flows downward in weaving lines, exposing the roots that anchor and sustain the tree. These roots are not hidden—they are strong, visible, and alive. They represent our teachings, our ancestors and the medicines that grow from the land. What holds us up is just as important as what is seen above.” This expression moved our Elder and reminded her of her experience with the trees in British Columbia the year prior.

Elder, Grandmother Renée Thomas-Hill then asked eleven-year-old Haudenosaunee, Anishinaabe and Métis artist Kathlynn Pansino to contribute to the creativity and Kathlynn sketched out the roots of the tree and the broken branch to fully represent the earlier vision of the Elder.

Ryan Woodruff integrated the sketch into his graphic rendition of the tree and Elder, Grandmother Renée Thomas-Hill verified that the final image was in line with her messages from the trees supporting the initiative naming ceremony in British Columbia. And so—the brand of the Karihwáhstha iniative was born.

Elder Grandmother Renée Thomas-Hill, Six Nations of the Grand River Territory

FROM PRIORITIES TO STRATEGIC GOALS

BUILDING WELLNESS THROUGH CULTURE, COMMUNITY AND SELF-DETERMINATION

The five core priorities created in 2023 were presented to attendees who were asked to confirm their validity and deepen them through the development of supporting sub-themes.

During the 2024 gathering, participants also made key decisions regarding membership structure, meeting frequency, decision-making authority and the development of a virtual platform to support ongoing collaboration. These discussions were instrumental in shaping the future direction and organizational structure of Karihwáhstha. The outcomes of the first IDHC-led gathering directly informed and strengthened the planning of the second gathering, hosted by IDHC in Wendake, Quebec, in 2025—the focus of this report.

This continuity ensured that the work remained community-driven, culturally aligned and guided by the priorities identified by Indigenous partners nationally.

STRATEGIC GOALS

Building on these insights, the group articulated five strategic goals, each supported by clearly defined actions to guide implementation and drive organizational impact.

ADVANCE CULTURAL SAFETY ACROSS HEALTH SYSTEMS

Implement mandatory cultural safety training for all healthcare professionals and ensure consistent access to traditional foods and medicines in both healthcare facilities and community settings. These actions will strengthen cultural safety, uphold Indigenous knowledge and improve accessibility of care.

STRENGTHEN INDIGENOUS-LED POLICY DEVELOPMENT AND ACCOUNTABILITY

Facilitate Indigenous-led policy design and implementation processes that prioritize self-determination, accountability and transparency. Ensure that policies respect the diversity of Indigenous cultures and meaningfully address systemic barriers within health systems.

BUILD TRUST AND LONG-TERM PARTNERSHIPS WITH INDIGENOUS COMMUNITIES

Foster trust and build long-term relationships between governments and Indigenous communities. Promote shared understanding and support navigation of jurisdictional complexities through ongoing dialogue, capacity-building initiatives and collaborative decision-making.

EXPAND ACCESS TO HEALTH RESOURCES WHILE PROMOTING SUSTAINABLE LAND STEWARDSHIP

Increase access to healthcare resources and preventive tools while reviewing and mitigating extractive resource practices that negatively impact Indigenous communities. This goal aims to advance social equity, environmental protection and sustainable resource management.

INTEGRATE WHOLISTIC, TRAUMA-INFORMED WELLNESS APPROACHES

Embed trauma-informed healing practices, promote physical movement and wellness initiatives, and empower youth through mentorship and capacity-building programs. Together, these efforts support wholistic health, community resilience and long-term wellness across Indigenous communities.

THE MANDATE

GROUNDING POLICY IN TRUTH AND RELATIONSHIP

A NEW TRAIL TO BLAZE FOR A NATIONAL POLICY FRAMEWORK FOR INDIGENOUS HEALTH EQUITY

Before reporting on the 2025 Karihwáhstha initiative, it is important to acknowledge the broader context in which this work takes place. Indigenous Peoples in Canada have long faced—and continue to face—profound and preventable health inequities. These inequities are rooted in the ongoing impacts of colonialism, including forced displacement, cultural suppression and systemic barriers that continue to limit access to culturally safe care and equitable healthcare.

As a result, compared to non-Indigenous populations, Indigenous Peoples experience higher rates of chronic illness, mental health challenges and other adverse health outcomes, contributing to significantly lower life expectancy.

Despite repeated commitments by federal, provincial and territorial governments to prioritize Indigenous health through policies, strategies and public declarations, full and meaningful implementation has often been delayed, inconsistent or insufficient.

Consequently, Indigenous individuals continue to encounter significant systemic barriers within the healthcare system, including institutional racism and discrimination. These ongoing failures have had devastating consequences, leading to preventable harm and in some cases, the tragic and unnecessary loss of Indigenous lives, including Brian Sinclair (2008), Joyce Echaquan (2020) and Heather Winterstein (2021).

These public reports barely scratch the surface. For every documented tragedy, there are a thousand more lost to silence and indifference. Far too many Indigenous lives have been lost due to unsafe care, systemic failures and the absence of effective policies—as well as the failure to properly implement existing ones intended to support Indigenous health and well-being. Preventing further harm requires meaningful, sustained and urgently needed action.

Karihwáhstha is committed to advancing equitable healthcare for Indigenous Peoples by convening and empowering individuals, organizations and leaders who share a collective dedication to Indigenous-led policy development and transformative policy reform. Grounded in Indigenous knowledge, rights and lived experiences, Karihwáhstha champions policies that uphold cultural safety, dismantle systemic barriers and strengthen pathways to wellness for present and future generations.

It is within this context that the 2025 Karihwáhstha gathering focused on one of the priority goals identified in 2024: **to foster a culturally safe and equitable healthcare system by implementing mandatory cultural safety training for healthcare professionals and advancing meaningful integration of Western and Traditional models of care.**

This direction reflects a collective commitment to structural change, cultural humility and the restoration of Indigenous health sovereignty.

THE 2025 ANNUAL GATHERING

CREATING A CULTURALLY GROUNDED SAFE SPACE

The annual gathering occurred on Monday, December 8 and Tuesday, December 9, 2025, in Wendake, Quebec. In alignment with IDHC's strategic plan and mission to support local Indigenous organizations and businesses, we chose the Hôtel-Musée Premières Nations (https://hotelpremieresnations.ca/) as the venue for the gathering. This venue is Indigenous owned and operated, serving traditional foods while providing insight into various cultural traditions and histories. Immersed in a space that respects First Nations identity, guests at the Hôtel-Musée Premières Nations experience a deep sense of balance. Hôtel-Musée Premières Nations is a culturally safe space that respects cultural identity, contributing to the physical, mental, emotional and spiritual health of the members. The opportunity to smudge encourages good mind, fostering peace and grounding everyone.

INTEGRATION OF TRADITIONAL SMUDGING PRACTICES

Integrating smudging into healthcare settings—like hospitals and community centres—is vital for improving the experience of care for Indigenous Peoples. When health systems support this practice, it builds trust, fosters mutual respect and empowers patients to take ownership of their health and self-care.

Smudging must be recognized as a matter of cultural and human rights within healthcare settings, in alignment with the Truth and Reconciliation Commission's health-related Calls to Action. Health institutions—including hospitals, clinics, emergency departments, long-term care homes and community health centres—must establish clear policies that protect and facilitate the practice of smudging as an essential component of Indigenous cultural safety and wellness. Ensuring smudging is allowed in different settings is another example of collaborative work that can be supported through the virtual platform.

TWO PILLARS. TWO STRATEGIC GOALS.

PATHWAYS TO ACTION

BREATHING LIFE INTO INDIGENOUS HEALTHCARE POLICY GOALS

Building on the goals from the second annual Karihwáhstha gathering, the team and stakeholders have prioritized Goal 1: implementing mandatory cultural safety training for healthcare professionals and increasing access to traditional foods and medicines. This focus ensures healthcare is both culturally safe and physically accessible.

TO IMPROVE EXECUTION, WE REFINED THE ORIGINAL PRIORITIES INTO TWO DISTINCT STRATEGIC GOALS:

1. To foster a culturally safe and equitable healthcare system by implementing mandatory cultural safety training for all healthcare professionals; and
2. To support the meaningful integration of Traditional and Western models of care.

Focusing on this goal enables examination of the policies and evidence that support their implementation, such as the Truth and Reconciliation Commission of Canada's Calls to Action 18 through 24, alongside current research, cultural safety, cultural humility and Indigenous-led health system transformation. While some jurisdictions in Canada have already introduced mandatory cultural safety initiatives, these efforts remain fragmented due to differing provincial and territorial mandates and priorities—each of which govern healthcare independently. This fragmentation highlights the difficulty of a unified national strategy and the urgent need for collaboration.

When leaders from diverse organizations come together at a national level, there is a unique opportunity for knowledge exchange—sharing what has worked, identifying what has not worked and collectively developing solutions. With this in mind, the 2025 Gathering agenda was intentionally designed to align speakers and engagement sessions directly with each of the prioritized goals.

To support relationship-building in a relaxed and informal environment, a reception was held in the adjoining museum on Huron-Wendat Territory. The event featured canapés that blended Traditional and Western foods, encouraging participants to connect while exploring the exhibition. The exhibition, Wendat Endi (We, the Wendat), honoured influential leaders and cultural knowledge holders of the Wendat Nation. Participants were invited to immerse themselves in the Wendat worldview and gain insight into how Wendat identity has been preserved over generations. Items on display included children's toys, stories, photographs and other culturally significant objects, offering a meaningful introduction to Huron-Wendat history, knowledge and community resilience. By viewing the Wendat Endi exhibition, policy creators were grounded in the history and leadership of the people they serve. It reminded the team that health policy isn't just about data; it's about sovereignty and lineage.

THE PERFECT VENUE: THE HÔTEL-MUSÉE PREMIÈRES NATIONS

KNOWLEDGE HOLDERS SHARE DATA SOVEREIGNTY WISDOM

HONOURING INDIGENOUS KNOWLEDGE

Upholding Data Sovereignty Through Story, Song and Tradition

Elders, Grandmother Renée Thomas-Hill and Allan Jamieson Sr. and Knowledge Holder, Treffrey Deerfoot, spoke powerfully about the importance of Indigenous data sovereignty, reminding participants that traditional stories, songs and dances are not merely forms of expression; they are carriers of teachings, identity, protocols and worldviews passed through generations. Preserving and governing this knowledge is essential, particularly as Traditional and Western approaches to healthcare increasingly intersect.

The Elders emphasized the First Nations Principles of Ownership, Control, Access, Possession (OCAP®) as foundational to ensuring that Indigenous knowledge remains protected, self-determined and governed by community. Upholding these principles supports cultural continuity, reinforces identity and strengthens the conditions necessary for culturally safe care rooted in Indigenous values.

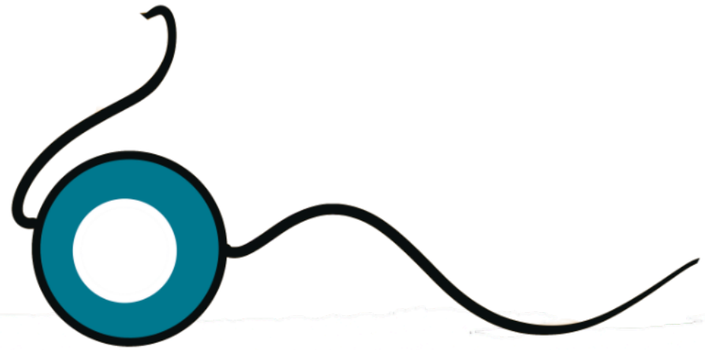
WHY THE HÔTEL-MUSÉE PREMIÈRES NATIONS AS GATHERING VENUE

- Honouring cultural knowledge holders and subject-matter experts in Indigenous safe spaces demonstrates our commitment to Indigenous-led solutions and validates the traditional knowledge that should inform public health strategies.
- The Hôtel-Musée Premières Nations moved the conversations out of colonial institutional settings and provided a safe space where Indigenous inspirations and perspectives were the norm rather than the exception.
- Rooted in trust, our policy-making process was enriched by the Hôtel-Musée Premières Nations as a venue. The culturally immersive environment and inspirational setting in the Hôtel-Musée Premières Nations facilitated authentic, focused connection and encouraged innovation beyond colonial frameworks.

Participants were invited to ask questions, while the Elders explored deeper dimensions of data sovereignty including:

- How can data be collected in ways that honour culture and protocols?
- What does respectful data collection look like in practice?
- How can Western data systems (health, education, government) support Indigenous identity rather than erase it?
- Are there any examples of traditional knowledge that require extra protection in data systems?
- How should communities decide what information, if any, may be shared and what information may not be shared?
- What role do Indigenous knowledge systems play in shaping culturally safe health policy, and how can Karihwáhstha elevate these voices in its design and delivery?

In posing these questions to the Elders, it became clear that Indigenous understandings of data differ profoundly from Western research frameworks. As the Elders and Knowledge Holder sat together—gathered in comfortable chairs, speaking with openness and humility—each offered a unique perspective informed by their teachings, Nations and lived experiences. Their voices grounded the conversation in relationality, responsibility and the sacredness of knowledge, reminding all present that data sovereignty is not merely a technical process but also a cultural, ethical and spiritual responsibility.



Elder, Allan Jamieson Sr., from the Six Nations of the Grand River Territory, Wolf Clan from the Cayuga Nation, spoke about the teachings of the Two Row Wampum. He described it as an agreement between Indigenous and non-Indigenous Peoples. The two parallel rows represent both Peoples, traveling their own path toward a shared future—neither dominating the other. Each remains equal, relevant and guided by their own laws, culture and ways of knowing. From this perspective, Elder Allan explained that data sovereignty is rooted in honour, respect, trust and commitment never to influence, distort or exploit another's knowledge for personal or organizational gain. Just as the Two Row Wampum calls for peaceful coexistence, data sovereignty requires relational accountability and ethical responsibility.

Treffrey Deerfoot, Knowledge Holder, Siksika Nation

"Who will tell our truth, our stories, our songs, if not us?"

Knowledge Holder Treffrey Deerfoot, from the Siksika Nation in Alberta, spoke about the truths that live within Indigenous Peoples—our stories, songs, language, and inner strength. He emphasized that story telling is what makes us human, reminding us that we must speak our truths.

Treffrey shared that we are the caretakers of our stories and teachings, and that by looking inward, we recognize that we hold the power to heal ourselves. Treffrey explained that data is sovereign, meaning that Indigenous Peoples hold the inherent right to determine:

- what knowledge can be shared
- what must remain protected
- and how information is interpreted, communicated and used—always for the betterment of Indigenous Peoples.

Elder, Grandmother Renée Thomas-Hill, from the Six Nations of the Grand River Territory, Bear Clan of the Cayuga Nation, offered her teaching as a matriarch. She rose from her seat and shared a traditional Haudenosaunee dance. She did not speak. When she returned to her chair, she simply said, ***"That is data sovereignty."*** Her teaching reminded everyone that as Indigenous Peoples, we carry knowledge through song, dance, ceremony and movement. These expressions hold Creation stories, life lessons, histories of struggle and resilience, and teachings of balance and responsibility. A single dance contains ***"an entire volume of life"***—the continuation of Creation, the teachings of the ancestors, and the honouring of women, especially Mother Earth.

Elder Grandmother Renée Thomas-Hill, Six Nations of the Grand River Territory

Elder, Grandmother Renée Thomas-Hill also reminded us that when we engage in research, we invite the Spirit and all of Creation into that work—and that is truth.

Data sovereignty is intergenerational; it belongs to the past, the present and the future. Only Indigenous Peoples from their respective Nations can carry, share and interpret the sacred knowledge that informs true data sovereignty.

NAVIGATING TWO KNOWLEDGE SYSTEMS

The Elders described the inherent challenges of working across two systems—Indigenous and Western—particularly when sharing knowledge through research or policy development. Historically, opportunities to share Indigenous knowledge were limited and research was often approached with justified caution. Too often, information was taken and used in ways that benefited others while excluding or harming Indigenous communities.

Over time, perspectives have shifted as more communities recognize that knowledge can be shared safely and meaningfully—but only when: the work is led by Indigenous Peoples, cultural principles are upheld, data is interpreted by Indigenous knowledge holders, findings are returned to the community, and the results are mobilized to support healing and meaningful action.

THE FUTURE OF INDIGENOUS DATA SOVEREIGNTY

While colonial research practices have historically dehumanized Indigenous Peoples—reducing individuals to data points—Indigenous-led frameworks are now reshaping how information is understood and protected.

Indigenous data sovereignty affirms the inherent right of Indigenous Peoples to control how data is collected, interpreted and shared, ensuring it: reflects cultural values, honours sacred practices, and strengthens identity and community well-being.

When communities lead this work, data becomes reclamation, not harm. By gathering information and sharing it in culturally grounded ways, Indigenous Peoples reinforce self-determination and create pathways for research that supports policy development, healing and wellness for generations to come.

LEADERS IN INDIGENOUS HEALTH GOVERNANCE, CULTURAL SAFETY, AND PUBLIC HEALTH POLICY

The gathering was honoured by the presence of five Indigenous leaders who are advancing cultural safety, equitable healthcare and culturally grounded approaches to health. Their presentations focused on the goal of fostering a culturally safe healthcare system by integrating cultural safety training and education for all healthcare professionals.

Dr. Evan Adams is Deputy Chief Medical Officer, Indigenous Services Canada (as of 2020) and has held roles including Chief Medical Officer of the First Nations Health Authority (FNHA)

THE WORDS OF DR. EVAN ADAMS

NATIONAL CIRCLE FOR INDIGENOUS MEDICAL EDUCATION (NCIME)

PRESENTER: DR. EVAN ADAMS

Dr. Evan Adams is a coast Salish, two-spirit physician, actor and Indigenous health leader from the Tla'amin First Nation near Powell River, British Columbia. He is a trailblazer in Indigenous public health, often speaking on culturally safe care and structured healthcare system reform. Dr. Evan Adams guides the NCIME work on assessment standards, ensuring medical education reflects Indigenous knowledge, values and community priorities.

BRITISH COLUMBIA'S *IN PLAIN SIGHT* REPORT CALLS FOR SYSTEM-WIDE TRANSFORMATION

Dr. Evan Adams highlighted the 2020 *In Plain Sight* report confirming widespread racism against Indigenous Peoples, within British Columbia's healthcare system. The report set forth 24 recommendations, with the focus on dismantling the racism embedded within the system and collectively called for legislative change, Indigenous governance, mandatory cultural safety training, better patient care and human rights protections, healthcare workforce reform, transparent data and accountability systems. A full copy of the report and recommendations can be found here: In Plant Sight Report

CENTRING CARE IN KINDNESS

MOVING BEYOND CULTURAL COMPETENCY TOWARD CULTURAL HUMILITY

Dr. Adams emphasized that all humans carry the capacity for kindness, a quality that underpins how we care for one another.

> "The circle of care is all around us—it is within us. Looking after each other is deeply human, taking care of one another is an act of kindness."
>
> Dr. Evan Adams

Put simply, our ability to offer and share kindness can go a long way in supporting the delivery of culturally safer care. When speaking about cultural safety, Dr. Adams also reflected on the limitations of the term cultural competency, which can imply that understanding another culture is something achieved through a single training or course. Instead, he encouraged a shift towards *cultural humility*—a lifelong process of learning about others, grounded in curiosity, openness and self-reflection. Cultural humility, he emphasized, is what enables cultural safety because it recognizes that learning about another person's culture is ongoing, relational and rooted in respect.

THE MANY IMPACTS OF NCIME: HEALING THE SYSTEM

The National Circle for Indigenous Medical Education (NCIME) is an Indigenous-led, national non-profit organization that works to eliminate anti-Indigenous racism in medical training and practice. They envision a future where with the leadership and support of the NCIME, national medical education organizations are fulfilling their responsibilities to respond to the Royal Commission on Aboriginal Peoples, the Truth and Reconciliation Commission's Calls to Action, and the Inquiry on Missing and Murdered Indigenous Women and Girls in Indigenous medical education by:

- Supporting Indigenous leadership
- Aligning and collaborating on strategic priorities
- Maximizing available resources.

NCIME's mandate is to advance Indigenous medical education and contribute to the delivery of culturally safe care for national medical education organizations and learners, and to collaborate with all medical schools and interested parties by:

- Developing and delivering educational curriculum
- Partnering with organizations in the development and implementation of their policies, processes and education
- Assessing and advising on Indigenous studies, cultural safety and anti-racism
- Collaborating with medical schools in supporting Indigenous student admissions and transitions
- Collaborating with medical schools in supporting Indigenous faculty recruitment and retention
- Supporting Indigenous physician wellness and joy in work
- Advocating in support of Indigenous medical education.

NCIME is an Indigenous-governed organization that is led through partnership with five national medical organizations:

- Indigenous Physicians Association of Canada (IPAC)
- Association of Faculties of Medicine of Canada (AFMC)
- College of Family Physicians of Canada (CFPC)
- Medical Council of Canada (MCC)
- Royal College of Physicians and Surgeons of Canada (RCPSC)

NCIME's working groups focus on priority areas such as Indigenous Student Admissions and Transitions, Anti-Racism, Assessment of Indigenous Studies, Cultural Safety and Anti-Racism, Improving Cultural Safety in Curriculum, Indigenous Faculty Recruitment and Retention, Indigenous Physician Wellness and Indigenous Data Sovereignty.

INTERNATIONAL INDIGENOUS HEALTH LEADERSHIP PATHWAYS

Dr. Adams also brought awareness to his international work, which centres on learning from and collaborating with Hawaiian health leaders, as part of his project, *Circle of Leaders Hawai'i—Indigenous Leadership*. This international collaboration helps illuminate opportunities to better prepare and train future Indigenous healthcare leaders. Most importantly, his work reinforces that strong health leadership must be rooted in Indigenous self-determination, with communities guiding their own planning, governance and health-system transformation based on Indigenous knowledge and community needs.

RECLAIMING HEALTH GOVERNANCE INDIGENOUS-LED POLICY AT THE NATIONAL LEVEL

The NCIME occupies a uniquely influential position in shaping the future of Canada's health system. Through its national mandate and partnership structure, NCIME directly informs policy, standards and accreditation requirements related to medical education. By embedding Indigenous ways of knowing, cultural safety and cultural humility-based anti-racism competencies throughout the medical education continuum—from admissions and undergraduate training to residency and continuing professional development—NCIME prepares physicians to deliver culturally safe care. NCIME also advocates and supports Indigenous medical students and residents, ensuring their experiences and perspectives are meaningfully represented in national policy discussions. Through its development of anti-racism frameworks, reports, policy guidance and practice tools, NCIME contributes to making the health system safer, more responsive and more respectful for Indigenous Peoples. Working in partnership with the organizations responsible for physician certification, licensing and accreditation, NCIME holds significant power to influence national health-system standards. This interconnected work strengthens accountability across medical education and contributes to long-term systemic changed rooted in Indigenous knowledge, leadership and self-determination.

THE WORDS OF DR. BARRY LAVALLEE

BARRIE LAVALLEE MD, CCFP, FCFP, FRCPSC (HONS), MCISC • CHIEF EXECUTIVE OFFICER, KEEWATINOHK INNINIW MINOAYAWIN INC. (KIM)

Dr. Barry Lavallee is a member of the Métis community of St. Laurent, Manitoba and a descendant from Duck Bay and Lake Manitoba First Nations. He is a physician specializing in Indigenous health and leading efforts to create a culturally safe health system for northern Manitoba First Nations. Dr. Lavallee is a former president of the Indigenous Physicians Association of Canada and an advocate for anti-racist medical education. His research focuses on chronic disease prevention, systemic racism and Indigenous health sovereignty. He has contributed nationally as an expert witness for the National Inquiry into Missing and Murdered Indigenous Women and Girls and continues to champion equity and reconciliation in healthcare.

KEEWATINOHK INNINIW MINOAYAWIN INC. (KIM)

PRESENTER: DR. BARRY LAVALLEE

As noted in the dedication articulated at the beginning of this report, Dr. Lavallee held ancestral ties to the Métis community of St. Laurent, Manitoba and was a descendant from Duck Bay and Lake Manitoba First Nations. He was a physician specializing in Indigenous health and leading efforts to create a culturally safe health system for Manitoba First Nations. Dr. Lavalle was not in attendance; his colleagues, Moriah Davis and Christopher Barnes, presented on behalf of KIM.

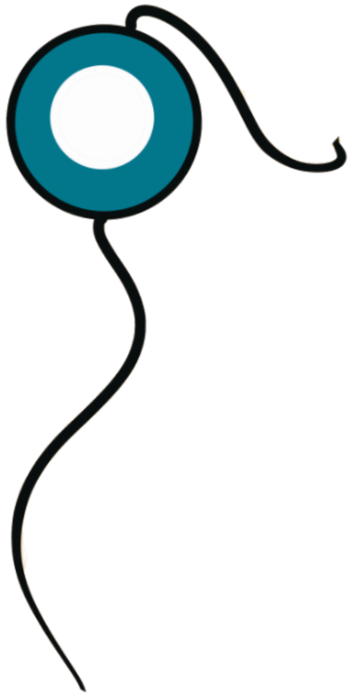
Moriah Davis, Chief Operating Officer, Keewatinohk Inniniw Minoayawin Inc.

THE WORDS OF MORIAH DAVIS

PRESENTER: MORIAH DAVIS

Moriah's background includes experience in health policy and communication; she has worked extensively with Indigenous organizations to advance health system transformation. Her work reflects a vision of empowering communities through culturally grounded programs that blend traditional knowledge and modern-day strategies for wellness.

Christopher Barnes, Clinical Director of Healthcare Transformation & Innovation, Keewatinohk Inniniw Minoayawin Inc.



THE WORDS OF CHRISTOPHER BARNES

PRESENTER: CHRISTOPHER BARNES

Christopher brings 25 years of experience in healthcare as a paramedic and registered nurse. He has worked in Alberta, Manitoba and Nunavut. At KIM, Christopher leads the development of the visiting professional services program—a flexible model of care that reflects the healthcare priorities of First Nations.

TOWARD ZERO TOLERANCE: A STANDARD TO ELIMINATE ANTI-INDIGENOUS RACISM

The team from KIM drew attention to the recent policy development that resulted in significant practice change through the College of Physicians and Surgeons of Manitoba's (CPSM) new Standard of Practice—*Practicing Medicine to Eliminate Anti-Indigenous Racism*. Released on June 21, 2025, in recognition of National Indigenous Peoples Day, this landmark standard outlines the actions all CPSM registrants must take to understand, identify and address anti-Indigenous racism in medical practice.

A complete copy of the report can be found here: SOP Practicing Medicine to Eliminate Anti-Indigenous Racism.

This new mandatory regulatory requirement outlines the concrete actions physicians, residents, clinical assistants, physician assistants and medical learners must take to prevent, identify and address anti-Indigenous racism in medical practice and healthcare systems.

While this standard represents meaningful progress, there is still ongoing fragmentation of similar standards across Canada and there is a call for national standards to address First Nations-specific racism that is known to cause harm and death. The importance of consistent monitoring, enforcement, and reporting mechanisms was emphasized, alongside critical reflection on how long harmful practices have been allowed to persist.

THE TRANSFORMATIONAL IMPACTS OF KIM

KIM is an organization that was established to work towards an improved health system, to better respond to the needs of northern First Nations people in Manitoba. KIM's mission is to create and operate a self-governing First Nations health organization that will achieve health-related services reflective of the needs and priorities of the First Nations People of northern Manitoba. Dr. Barry Lavallee was the CEO of KIM, until his recent passing.

KIM is a driving force behind health system transformation within Manitoba's provincial health system and regional health authorities. KIM is a self-governing First Nations-led health system that delivers equitable, culturally safe and community-driven health services reflecting the needs and priorities of 23 northern First Nations in Manitoba.

KIM aims to transform the health system by increasing access to physician care, expanding primary care, improving screening and early diagnosis, and ensuring culturally safe traditional healing approaches. A core part of the vision is to address racism in all forms within the healthcare system. KIM's work is rooted in health sovereignty to create a transformed, responsible, culturally grounded health system built in true partnership with First Nations leadership and communities.

The KIM team emphasizes that effective health policy must be grounded in First Nations perspectives, valuing the sovereignty and decision-making authority of each Nation. When sovereignty is upheld, communities are heard, gaps in health services and access are addressed, and the conditions that allow racism to persist can be dismantled.

THE STANDARD OF PRACTICE—*PRACTICING MEDICINE TO ELIMINATE ANTI-INDIGENOUS RACISM* EMPHASIZES THREE KEY STEPS (PRINCIPLES). THESE OUTLINE WHAT EVERY REGISTRANT MUST DO TO PRACTICING MEDICINE IN AN ANTI-RACIST, CULTURALLY SAFE WAY.

- **Understand** what anti-Indigenous racism is and how its harmful effects impact the health and well-being of Indigenous People.
- **Identify** acts and omissions of anti-Indigenous racism (such as delayed or denied care) that contribute to harm.
- **Take action** (intervene or respond) to address acts and omissions of anti-Indigenous racism, helping to create safer and more respectful care environments for Indigenous Peoples.

FROM COAST TO COAST: A PATCHWORK APPROACH TO PHYSICIAN STANDARDS IN CANADA

The KIM team discussed the fragmentation of relevant standards across Canada and what should be the minimum requirements with respect to any standard of care or practice where First Nations-specific racism is known to cause harm and death.

Like Dr. Adams, the KIM team referenced the 2020 In Plain Sight Report and highlighted how systemic racism continues to disproportionately harm Indigenous Peoples. The report documents widespread, well-evidenced experiences of racism in B.C.'s healthcare system yet notes that these harms were often denied or dismissed by leadership, despite clear and overwhelming evidence provided by patients and healthcare workers. The team emphasized that these findings underscore the urgent need for structural accountability—moving beyond acknowledgment toward concrete mechanisms that identify, prevent and respond to racist behaviours, policies and institutional practices.

The team discussed how the tragedy of Brian Sinclair—about whom more information may be found at the conclusion of this report—mirrors the findings of the *In Plain Sight* Report, and stressed that achieving meaningful and lasting change requires transformative change nationally in both medical education and professional standards, ensuring that future physicians understand anti-Indigenous racism, can identify it in practice and take action when it occurs.

FROM PROVINCE TO NATION: SCALING HEALTH-SYSTEM CHANGE

First Nations-led health transformation initiatives—such as the work of the KIM organization—are highlighted as powerful examples of sovereignty in action, grounded in principles of uniqueness, choice and self-determination. Provincial policy breakthroughs, including the College of Physicians and Surgeons of Manitoba's new Standard of Practice, *Practicing Medicine to Eliminate Anti-Indigenous Racism*, demonstrate how patient safety improves when care pathways are intentionally redesigned. These changes illustrate how the integration of cross-jurisdictional solutions with Indigenous-led, community-driven models—such as those pioneered by KIM—strengthens national health systems and advances self-determination.

Dr. Lynden Crowshoe, Associate Professor, Department of Family Medicine and Assistant Dean of Indigenous Health, Calgary's Cumming School of Medicine

THE WORDS OF DR. LYNDEN CROWSHOE

FROM TRANSACTION TO CONNECTION

WHY RELATIONSHIP-BASED CARE IS ESSENTIAL FOR INDIGENOUS HEALTH

Presenter: Dr. Lynden (Lindsay) Crowshoe is a member of the Piikani First Nation of the Blackfoot Confederacy and a leader in Indigenous health education, research and advocacy, working to create equitable, culturally grounded health systems. He provides care at the Elbow River Healing Lodge and is an Associate Professor and Assistant Dean of Indigenous Health at the University of Calgary's Cumming School of Medicine.

Dr. Crowshoe is a respected leader in Indigenous health education, research and advocacy, dedicated to advancing equitable and culturally grounded health systems. His presentation examined how social and cultural factors affect diabetes care and emphasized the importance of strong relationship-based interactions between patients and healthcare providers. He underscored the need for healthcare systems to challenge Western assumptions and address systemic racism, drawing on findings from a cultural safety training study in Northern Ontario.

Dr. Crowshoe highlighted how colonialism continues to affect Indigenous Peoples and noted that healthcare providers often bring their own worldviews into clinical encounters, limiting meaningful connection. Dr. Crowshoe noted that relationship-based approaches improve healthcare by building trust, strengthening communication and ensuring that care is culturally safe and person-centred. When providers take time to know patients and communities, people feel respected and understood, which leads to more accurate information-sharing, better adherence to care plans and earlier intervention. These approaches recognize individuals as whole beings—shaped by cultural, emotional, social and spiritual factors—and allow providers to better identify and respond to real community needs. Ultimately, strong relationships reduce barriers, improve health outcomes and create more equitable and responsive health systems.

A CLINICAL FRAMEWORK FOR EQUITY: NAVIGATING STRUCTURAL, SYSTEMIC AND CULTURAL CONTEXTS IN INDIGENOUS CARE

Dr. Crowshoe discussed patients' significant effort to navigate systems that offer limited support, conditions that heighten stress and worsen health outcomes. He explored social determinants linked to Type 2 diabetes, including resource inequities, healthcare power imbalances and provider discomfort in addressing structural issues.

In his policy-focused work, Dr Crowshoe serves as the Nominated Principal Investigator (NPI) of the Educating for Equity Care Framework (E4E) projects, which have transformed diabetes care for Indigenous Peoples in Canada by leading the development of a clinical framework to guide providers in addressing structural, systemic, social and cultural factors influencing clinical care.

The framework acknowledges the legacy of colonization as a root cause of many structural and systemic inequities affecting Indigenous health, such as limited access to appropriate healthcare, institutional racism and policies that shape inequitable distribution of care and resources. E4E redirects focus on critical social factors that a patient might be facing—such as intergenerational trauma, income and housing instability, food insecurity or transportation barriers—that may impede diabetes self-management and broader health outcomes. Culture is core to the clinical framework. By upholding cultural identity, Indigenous knowledge and healing practices, trusted relationships are built and both culturally safe care and patient wellness can be achieved.

Dr. Crowshoe's work on diabetes care influences Canadian clinical guidelines. His role as the leader of the Network Environments for Indigenous Health Research (NEIHR) program (Alberta) includes developing and validating Indigenous-specific tools (such as cognitive screening tools) that can help reform national screening, diagnosis and chronic disease management standards.

BRIDGING PROVINCIAL INSIGHTS TO NATIONAL POLICY

A PATHWAY TO HEALTH SYSTEM TRANSFORMATION

Dr. Crowshoe focuses on translating Indigenous ways of knowing into policy and practice. He is also the Nominated Principal Investigator (NPI) for the Alberta Network Environments for Indigenous Health Research-Indigenous Primary Healthcare and Policy Research Network (NEIHR-IPHCPR), which strengthens the pathway between evidence, community knowledge and health system practice.

The Alberta NEIHR-IPHCPR is designed not only to support provincial health transformation but also to inform and influence national health policy through its structure, research priorities and partnerships. The network is grounded in the Truth and Reconciliation Commission's Calls to Action, which guide health systems to address structural and systemic inequities affecting Indigenous Peoples. By generating evidence aligned with these national priorities, the network contributes directly to policy reform and discussions at the national level.

In addition, the network brings together community members, healthcare providers and policy makers to co-design Indigenous primary healthcare innovations. This collaborative model, which is aimed at health system renewal and transformation based in equity, can be used as a template by providing policy-ready evidence that can spread and scale across provinces and integrated into federal health strategies.

Céleste Thériault, Executive Director, National Indigenous Diabetes Association (NIDA)

THE WORDS OF CÉLESTE THÉRIAULT

NATIONAL INDIGENOUS DIABETES ASSOCIATION (NIDA)

PRESENTER: CÉLESTE THÉRIAULT, EXECUTIVE DIRECTOR

Céleste Thériault is a member of the Red River Métis, a Métis community leader and the Executive Director of the National Indigenous Diabetes Association (NIDA). In this role, she leads national initiatives and advocates for equitable diabetes care for First Nations, Inuit and Métis Peoples. She works on national committees related to public health, diabetes research and pharmacare. Céleste has also testified before the Canadian House of Commons Health Committee on Indigenous health and systemic inequities.

RECOGNIZING THE IMPACTS OF NIDA

The National Indigenous Diabetes Association is a long-standing national, Indigenous-led, non-profit organization dedicated to the promotion of healthy environments to prevent and manage diabetes by working with people, communities, and organizations.

NIDA works nationally to achieve the vision of:

- Raising awareness about diabetes and First Nations, Inuit and Métis Peoples in Canada.
- Advocating for programs and services for First Nations, Inuit and Métis Peoples affected by diabetes.
- Promoting healthy lifestyles to prevent the onset or complications of diabetes for First Nations, Inuit and Métis Peoples.

A DISTINCTIONS-BASED JOURNEY

SELF-DETERMINED HEALTH FOR FIRST NATIONS, INUIT AND MÉTIS PEOPLES

NIDA plays a central role in the national engagement process that informs the Act to Establish a National Framework for Diabetes, mandated by Bill C-237 and led by the Public Health Agency of Canada (PHAC).

National Framework for Diabetes: Establishing a Distinctions-Based Pathways, is funded by PHAC. NIDA is leading the national engagement to ensure that Indigenous voices shape the framework and guide each distinction-based pathway. NIDA ensured that the process was Indigenous-governed, which included guidance from a national Indigenous Advisory Circle representing diverse Nations across Canada, while also recognizing Indigenous protocols, storytelling and ceremony and recognizing the unique rights and experiences of First Nations, Inuit and Métis Peoples.

PHASE 1: DIABETES KINSHIP CIRCLE:

CHANGING THE STORY OF DIABETES FOR INDIGENOUS PEOPLES COAST TO COAST TO COAST

This phase of the initiative involved nationwide Indigenous-led engagement where Indigenous Peoples shared their stories, ideas and vision for diabetes prevention and care programming. The report highlights that the focus is to change the future: *"based on Indigenous ways of knowing and being, we are coming together to create a beautiful vision for diabetes in the future, that keeps blood flowing, now and for several generations from now."*

The report speaks to the story of the Diabetes Kinship Circle: "This is a story of the beginning of change in diabetes for Indigenous Peoples from coast to coast to coast in what is now known as Canada. It is about coming together to bring forward strength and Indigenous ways of knowing and being to collectively create space for a new path for diabetes. This is a story of honouring pace, moving at the speed of trust, and engaging the energy of Indigenous Peoples to come together in kinship, recognizing that it is our distinctiveness that unites us" **Diabetes Kindship Report 2023**

PATHWAY FORWARD

PHASE 2: PHAC FRAMEWORK PROJECT

The initiative is currently in final stages of Phase 2:

- Part 1: Strategy and Literature Review (completed September 2024)
- Part 2: Engagements (Fall 2024 to present)
- Part 3: Final deliverable action-oriented pathways with budget requirements and key outcomes (March 2026)

KINSHIP AT THE CENTRE

COMMUNITY EXPERIENCE SHAPING NATIONAL POLICY PATHWAYS

The NIDA team has been coast to coast to coast and plays a uniquely influential role in transforming how Canada understands and responds to diabetes in First Nations, Inuit and Métis communities. Their work on the Diabetes Kinship Circle Report and their leadership within the PHAC National Diabetes Framework engagement process has shaped and will continue to shape national policy in several crucial ways.

CENTRING INDIGENOUS KNOWLEDGE AND WORLDVIEWS IN NATIONAL POLICY

The Diabetes Kinship Circle is a culturally grounded resource that prioritizes Indigenous teachings, relational approaches and traditional food—elements often missing from mainstream diabetes strategies. This ready-to-implement, evidence-informed resource, speaks to how Indigenous foods, land-based wellness, relationships and community teachings are all elements that align with Indigenous determinants for health and can be integrated into federal programs, strategies and policy.

LIVED EXPERIENCE AS CENTRAL EVIDENCE FOR FEDERAL POLICY

Incorporating real-life experiences that spoke truths about inequities in a culturally safe setting brought visibility to systemic barriers such as lack of access and culturally safe care, and provides PHAC with qualitative evidence that cannot be captured through clinical data sets. Indigenous Peoples were not simply consulted but more importantly were active in shaping national policy.

Nicole Blackman, DNP, MN, RN, Chief Operating Officer, Indigenous Primary Health Care Council (IPHCC)

THE WORDS OF NICOLE BLACKMAN

INDIGENOUS PRIMARY HEALTHCARE COUNCIL (IPHCC)

PRESENTER: NICOLE BLACKMAN

Nicole Blackman is a proud member of the Algonquins of Pikwakanagan First Nation and is a highly respected Indigenous healthcare leader dedicated to advancing Indigenous health and equity. Nicole plays a key leadership role in strengthening Indigenous-led primary healthcare across Ontario, through her work as the Chief Operating Officer for the IPHCC.

RECOGNIZING THE IMPACTS OF IPHCC

The IPHCC is Indigenous-led and Indigenous-governed and is a recognized leader in advancing the health and well-being of Indigenous communities and driving meaningful policy change. IPHCC impacts policy by acting as a bridge between Indigenous communities and health systems, ensuring that health policy and practice are grounded in wholistic models of health and Indigenous ways of knowing.

The IPHCC envisions a world where:

- The health and well-being of all Indigenous Peoples in Ontario is restored and assured.
- Health systems provide Indigenous Peoples with high quality care, empathy, dignity and respect.

The IPHCC uses Indigenous solutions to transform Indigenous health outcomes and decolonize health systems by:

- Partnering with Indigenous communities, mainstream health organizations and government agencies.
- Equipping Council members with the tools, training and networks to provide quality healthcare.

IPHCC's work is multi-dimensional as they collaborate with 22 Indigenous primary healthcare organizations, Indigenous interprofessional primary care teams, Indigenous community health centres and Indigenous Family Health Teams to advocate for priorities identified by communities.

IPHCC also builds capacity within organizations to engage in policy development. In addition, IPHCC works in partnership with medical and nursing colleges within Ontario to embed mandatory cultural safety care in the training and education of incoming healthcare professionals.

THE HEART OF INTEGRATION

INDIGENOUS LEADERSHIP REDEFINING CARE BEYOND THE MAINSTREAM

At the heart of Nicole's presentation was a strong emphasis on the urgent need for Integrated Care as a foundation for achieving meaningful, sustainable and systemic change within the healthcare system. The message was clear: true transformation requires approaches that are coordinated, culturally grounded and designed around the whole person—not fragmented programs or siloed services.

The presentation highlighted seven key priority areas that define what Integrated Care must look like for First Nations, Métis and Inuit communities.

Wholistic Well-Being – Health is understood as the balanced integration of emotional, physical, mental and spiritual wellness. Care systems must recognize and honour all dimensions of a person's well-being.

Culture as Treatment – Cultural practices are not "add-ons." Language, ceremony, traditional medicines and cultural practitioners are essential parts of the care plan and the care team—when the individual chooses them.

Self-Determination – First Nations, Inuit and Métis Peoples must define what good care looks like through Indigenous governance and decision-making, not through consultation alone. Community control is foundational to care that is effective, relevant and safe.

Trauma-and-Violence-Informed-Care – Care systems must acknowledge the intergenerational impacts of colonization, racism and violence, actively working to avoid re-traumatization and to create environments of safety, trust and healing.

Anti-Racism & Safety – Care must be culturally safe, not merely culturally aware. This includes recognizing power imbalances, addressing system harms and ensuring that Indigenous Peoples' experiences are without discrimination, judgment or dismissal.

Wrap-Around Services Across Sectors – Integrated Care requires coordinated pathways that link primary care, mental health, addiction services, housing, income support, justice, education and child/family services. These are all health related—and people should not have to navigate them alone.

Strengths-Based Approaches – Integrated care focuses on resilience, kinship, cultural continuity and community strengths, rather than framing Indigenous Peoples through deficits or risk.

Together, these seven priority areas highlighted by Nicole ensure that each person has one coordinated circle of care built around their own priorities. "If Indigenous knowledge has to squeeze into our system unchanged, that's not integration. Integration means the system makes the room—by changing how decisions are made, how pathways work, and how resources and accountability are set up."

MORE THAN INCLUSION

RECONCILIATION CENTRES INDIGENOUS SOVEREIGNTY

Another powerful moment within the presentation was when Nicole made the distinction between Equity, Diversity and Inclusion (EDI) versus Reconciliation. She very clearly articulated that

"Indigenous Peoples are distinct Nations—not categories within EDI frameworks. Positioning First Nations, Inuit and Métis Peoples with EDI erases our unique legal, historical, and political relationship to the land and to what we now call Canada. It conflates fundamentally different struggles and misrepresents our inherent rights, responsibilities, and pathways to self-determination. Blending Indigenous concerns into EDI frameworks perpetuates marginalization and erases critical issues unique to Indigenous Peoples of this land."

LAUNCH OF THE KARIHWÁHSTHA VIRTUAL HUB

CONNECTING VOICES AND VISIONS IN A DIGITAL SPACE FOR SHARED WISDOM

THE LAUNCH OF THE KARIHWÁHSTHA VIRTUAL PLATFORM

In alignment with the recommendations from the 2024 gathering, a new virtual platform was developed to support continued collaboration, knowledge-sharing and policy engagement. The platform (www.karihwahstha.ca) offers two distinct versions:

- One designed for open public access
- One designed for verified members who create secure accounts

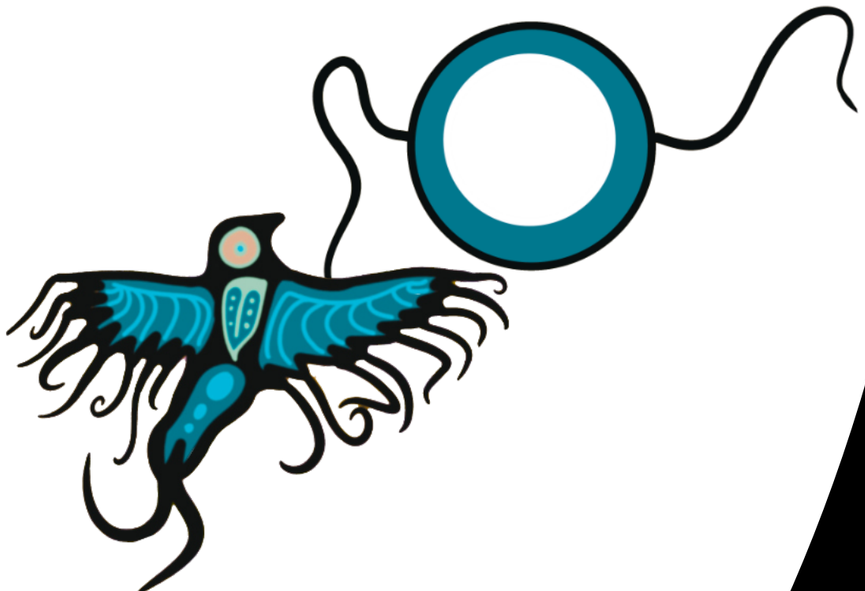
The public-facing site provides an overview of the Karihwáhstha initiative, including its mission, vision, core goals and recent articles that highlight ongoing work and emerging developments.

Once individuals become verified members, they gain access to a suite of exclusive features. These include a member connection hub, which allows users to view profiles and connect with other members across the network. Members can also explore a searchable policy collection housing health-related policies from across Canada, enabling easier navigation to policy contexts and comparative analysis.

Additional features include an Events section, where organizations can share and promote upcoming policy-related events with a wider audience, and a Resources section that supports the exchange of recent articles, videos and other learning materials. Together these components create a comprehensive, distinctions-based digital space designed to strengthen collaboration and advance Indigenous-informed policy work nationally.

This hub is designed to strengthen national collaboration by providing a centralized platform where Indigenous leaders across Canada can share best practices, collaborate and coordinate efforts. The goals of platform are multifaceted and include:

- **Strengthening Collaboration Across Geography, Sectors and Nations** – Leaders are no longer separated by jurisdictional boundaries and can coordinate to de-silo health efforts. The hub encourages knowledge sharing among communities and organizations who might be geographically distant but experience similar health challenges.
- **Accessible Data and Knowledge Systems** – Indigenous health knowledge is often scattered across various institutions, government departments and community organizations. The hub has the potential to bring together policy, practice and research in one accessible space.
- **Building Capacity and Policy Literacy** – Communities and organizations do not have equal access to policy resources, thus the hub can serve as a capacity-building tool by supporting emerging Indigenous policy leaders and strengthening community capacity to engage effectively with the government
- **Spread and Scale of Best Practices** – Many effective, culturally grounded health policies and programs operate in silos and are not visible beyond their region. A centralized platform will support sharing successful models of care, governance, funding and partnerships and support communities to not duplicate work efforts. Sharing lessons and challenges can support spread and scale while honouring the diversity of Indigenous Nations and geographical contexts.
- **Health Equity and System Change & Transformation** – The hub can promote system change by tracking policy commitments, identifying gaps in policy and funding and making progress towards reconciliation more visible. By documenting what works and what doesn't, the platform can serve as a tool for ongoing advocacy, accountability, and meaningful reform.



JOURNEYING TOGETHER

A GATHERING OF RECIPROCAL LEARNING AND STRENGTHENING RELATIONS

During the gathering, IDHC was intentional about creating a shared learning environment grounded in the Five R's:

- **Respect** – Honouring the inherent dignity, rights, cultures and knowledge systems of Indigenous Peoples.
- **Relevance** – Ensuring that the work is meaningful and beneficial to the Indigenous community.
- **Reciprocity** – Knowledge exchange must flow both ways.
- **Responsibility** – Ethical action, accountability and commitments made in a good way to the community, the land, the knowledge shared and future generations.
- **Relationality** – Understanding that everything is connected—people, land, ancestors, community, spirit.

FOUR DIRECTIONS OF INQUIRY

RESHAPING CULTURAL SAFETY IN HEALTH SYSTEMS

While we wanted participants to leave with new knowledge, insights and practical resources, we also recognized the importance of learning from lived experience and professional expertise.

To support this, we posed a series of four guiding questions (Presence, Integration, Beyond Compliance, and Governance) designed to deepen our collective understanding of the most effective pathway toward mandating cultural safety training. Our aim was to move beyond a compliance-based model—one that simply checks the box—to instead foster meaningful, system-wide implementation.

QUESTION 1

Presence: *What encourages meaningful participation in cultural safety training?*

Participants identified several factors that meaningfully encourage participation in Cultural Safety Training (CST) and help ensure that the training leads to real, lasting change rather than surface-level compliance.

Mandatory Training Paired with Psychological Safety

Participants widely agreed that voluntary safety training often fails to reach those who need it most, making mandatory cultural safety training essential. However, mandating training alone is not enough; it must be paired with psychological safety, creating an environment where participants feel comfortable asking questions and engaging without fear of judgment.

Preference for In-Person Learning

In-person training was strongly preferred. Participants emphasized that meaningful connection, authentic dialogue and relationship-building are difficult to achieve through online modules or automated platforms. Face-to-face learning supports deeper understanding and trust.

Accountability Beyond the Individual

A key theme was the need to embed accountability at the system level. Participants recommend linking cultural safety training to:

- professional licensing requirements
- accreditation process and,
- institutional responsibilities

This shifts the burden from individuals and places it where it belongs—within the governance and regulatory structures of the healthcare system.

Values-Based Assessment and Community-Centred Learning

Training should assess and uplift values such as kindness, care, compassion and respect. Participants stressed the importance of 1. centring community voices—including lived experiences and storytelling —to humanize systemic harms and illuminate the real impacts of racism and inequity.

Recognizing the Limits of Technology

While tools such as AI may support learning, participants noted that these tools are limited in their ability to convey spirit, relations and knowledge that are central to cultural safety. Technology can complement—but not replace—human-led teaching grounded in Indigenous worldviews.

Indigenous Ownership and Leadership

Participants emphasized that cultural safety training must be Indigenous-led. This includes ensuring that resources, funding and data directly flow to communities, enabling them to design and lead training, determine priorities and develop local solutions.

Understanding that Change is Incremental—but Requires Strong Leadership

Change is described as incremental rather than sweeping, requiring sustained collaboration, commitment and leadership. Champions with the right intentions—grounded in humility, accountability and relationship—are essential.

Change Must Come From the Heart

Above all, participants stressed that lasting change must come from the heart. Cultural safety cannot be reduced to a checkbox or a compliance requirement, it must be:

- guided by Indigenous leadership
- grounded in community knowledge
- upheld by a long-term commitment to “never giving up the work”

QUESTION 2

Integration: *What policy levers are most effective for embedding cultural safety into mainstream health systems?*

Participants identified several policy levers that are critical for meaningfully embedding cultural safety into mainstream health systems. These levers operate at multiple levels—leadership, governance, legislation, education and community partnership—and together form a foundation for system-wide cultural safety transformation.

Embedding Cultural Safety and Humility as Core Leadership Competencies

One of the strongest levers is integrating cultural safety and cultural humility into leadership expectations and competency frameworks. When leaders are required—formally and explicitly—to demonstrate these competencies, cultural safety becomes part of organizational culture rather than optional or symbolic.

Strengthening Governance and Accountability Mechanisms

Participants emphasized the need to build cultural safety into governance structures, accountability frameworks, and performance requirements. This includes:

- embedding cultural safety criteria into accreditation standards
- aligning with provincial legislation
- linking expectations to regulatory bodies and licensing
- support from national organizations

Clear accountability structures ensure that cultural safety is not a one-time training, but rather a sustained system requirement.

Ensuring Indigenous Leadership and Decision-Making Authority

Cultural safety cannot be meaningfully embedded without Indigenous leadership at all levels. This includes:

- First Nation, Inuit and Métis leadership roles within health systems
- community driven decision-making
- structured involvement of Elders, knowledge Holders, Nations and Indigenous health organizations

Participants noted that meaningful partnerships—not token consultation—are essential to inform the design, delivery and evaluation of cultural safety initiatives.

Shifting from Reactive to Preventative Approaches

Another key lever is embedding cultural safety earlier in life, not just within professional education. Participants recommended integration into:

- K–12 education
- media and storytelling
- youth programming and sports
- public awareness initiatives

This preventative approach builds cultural understanding long before individuals enter health professions, helping to shift societal norms and reduce system harms.

National Support Aligned with Provincial Legislation

To embed cultural safety at scale, participants highlighted the need for support from national organizations, aligned with provincial/territorial legislation and reinforced with consistent, unified messaging across health jurisdictions. This clarity ensures that cultural safety expectations do not vary dramatically across the country, and that responsibility is held at multiple levels and systems.

QUESTION 3

Beyond Compliance: *How can we ensure that cultural safety training moves beyond compliance and becomes a transformative practice within health institutions?*

Cultural safety training becomes transformative when it shifts from a one-time-requirement to a system-embedded standard that actively influences behaviours, decision-making and institutional culture. Participants identified several conditions that enable CST to move beyond compliance and become meaningfully sustained practice within health systems.

Make CST a System-Level Standard, Not a Single event

To be transformative, CST must be woven into the fabric of the healthy system rather than delivered as an isolated training session. This requires:

- embedding CST into leadership expectations
- making it part of onboarding and orientation
- integrating it into performance evaluations
- aligning it with certification and accreditation standards

When CST becomes a shared and expected competence across all roles, it sets a consistent foundation for culturally safe practice.

Implementing Long-Term Evaluations and Impact Measurement

True transformation requires ongoing evaluation rather than one-off feedback surveys. Participants emphasized the need to:

- measure the long-term impact of CST
- compare outcomes of mandatory vs. optional models, and
- monitor how training influences day-to-day practice, patient experiences and organizational culture

Continuous evaluation allows institutions to refine training, identify gaps and ensure it achieves meaningful change.

Move Beyond Cultural Awareness—Confront System Racism

Transformative cultural safety training must address the systemic and structural roots of inequity. Participants agreed that cultural safety is not the same as cultural awareness, and must include explicit conversations about racism, discrimination, power imbalances and systemic harms.

This deeper approach allows staff and leaders to understand how racism is embedded in practices, policies and institutional norms—and how to change them.

Build Cultural Safety Into Everyday Practice

Transformation occurs when CST influences the actual behaviours, norms and interactions with a health institution. This means cultural safety must be:

- reflected in policies and procedures
- reinforced through supervision and team cultures
- integrated into patient care pathways
- visible in how staff communicate, respond and relate to Indigenous Peoples

When cultural safety training informs everyday practice, it becomes part of how care is delivered—not an annual activity.

QUESTION 4

Governance: *What are the key jurisdictional issues that need to be considered?*

Several jurisdictional issues must be addressed to ensure cultural safety is implemented effectively and consistently across health systems in Canada. These issues arise from the complex division of responsibilities between different levels of government, as well as the diversity of regional structures, mandates and cultural protocols.

Division of Responsibilities Across Federal, Provincial and Municipal Governments

In Canada, healthcare is primarily funded and administered at the provincial and territorial level, while the federal government maintains responsibility for specific populations and national standards. Municipalities often provide additional services and support. This division creates overlapping mandates, inconsistent expectations and gaps in responsibility—all of which affect cultural safety implementation.

Variations Across Provinces, Territories and Regional Health Structures

Each province and territory has its own legislation, health authorities, ministries and governance models. Because of these regional differences, approaches to cultural safety cannot be a "one-size-fits-all." Implementation strategies must be adapted to reflect local health system structures, Indigenous Nations in the region and community-specific needs.

Importance of Regional Protocols, Elders and Community Guidance

Cultural safety must always be grounded in local Indigenous protocols, including the involvement of Elders, community-based storytelling, Nation-specific teachings and histories, and regional cultural practices.

Elders play a vital role in teaching, storytelling, supporting awareness and ensuring that training reflects local cultures and lived realities. This requires institutional flexibility and recognition of community authority in shaping curriculum

All in all, this work requires cultural safety to be embedded at every level of the system, including:

- ***Governance structure*** – where decision-making reflects Indigenous rights, voices and leadership.
- ***Accountability mechanism*** – ensuring that cultural safety is consistently measured, monitored and upheld.
- ***Leadership expectations*** – with leaders modelling and championing culturally safe behaviours.
- ***Everyday practice*** – where cultural safety is woven into how care is delivered, relationships are built and services are experienced.

By grounding our process in relational learning and the 5 R's, we created space for honest reflection and co-developed solutions—centring the knowledge and perspectives needed to drive lasting change across the health system.

CONTINUING THE JOURNEY

ACTIONS FOR DEPTH AND SUSTAINABILITY

As we look forward to the upcoming fiscal year, our focus is on building momentum, strengthening partnerships and advancing the system-level changes needed to support culturally safe care. The Karihwáhstha priorities include the following next best steps:

ESTABLISHING STRONG GOVERNANCE Form a new advisory committee to guide the initiative and develop clear Terms of Reference outlining its purpose, roles, responsibilities and sub-committee structures.
ADVANCING SHARED PRIORITIES THROUGH ENGAGEMENT Work with advisory members to identify priority areas and issues for collective action.
STRENGTHENING ACCOUNTABILITY AND ALIGNMENT Recommend that future funding agreements be tied to the completion of mandatory cultural safety training to reinforce system-wide commitments.
PREPARING FOR THE NEXT GATHERING Begin planning and logistics for the next Karihwáhstha gathering, including agenda development, participant engagement and coordination with partners.
ENHANCING KNOWLEDGE EXCHANGE Continue to share relevant resources, reports, tools and updates to support ongoing learning and information flow across communities and organizations.
EXPANDING VISIBILITY AND ENGAGEMENT Promote Karihwáhstha website to increase awareness, grow membership and encourage meaningful use of the platform

CONCLUSION

WE INVITE YOU TO ACT WITH US. LEARN WITH US. TRANSFORM CARE WITH US.

The 2025 Karihwáhstha gathering demonstrated a strong and ongoing commitment to advancing collaboration, shared learning and collective action to address systemic inequities in healthcare. Through the establishment of the advisory committee, the national gathering and the development of the Karihwáhstha website, purposeful spaces have been created to support relationship building and continuous knowledge exchange. By bringing leaders together and fostering learning across provinces and territories, we can work collectively to reduce fragmentation within the health system. These efforts contribute to creating safer, more culturally grounded and equitable healthcare for Indigenous Peoples across Turtle Island.

RIPPLE EFFECTS OF THE KARIHWÁHSTHA INITIATIVE

HOW NETWORKING AMPLIFIED IMPACT BEYOND THE GATHERING

One of the most impactful outcomes of the gathering was the opportunity for leaders of national, provincial and territorial organizations—who are often separated by jurisdictional boundaries—to come together to learn from one another. Post-event survey results showed that every respondent formed at least one new partnership and gained a deeper understanding of the work being done across other organizations. These connections are already supporting participants' work through increased resource sharing, strengthened collaboration and even the expansion of health services.

IMPACTS OF THE KARIHWÁHSTHA INITIATIVE

- **Anti-Racism and Cultural Safety Resources** developed by the IPHCC now being integrated into the CanScreen T1D initiative
- **Eye Health Initiative Screening (EHSI)**, a community-based diabetic retinopathy screening initiative, developed in partnership between IDHC and Vision Loss Rehabilitation Canada is extending its screening efforts into British Columbia and Manitoba
- **Diabetes Action Canada** identifying opportunities to pursue new collaborative projects with partners they met during gathering

Collectively, these outcomes demonstrate the power of relationship-building and cross-jurisdictional networking in driving meaningful system change.

NATION-LEVEL SYSTEMIC CHANGE IN MOTION

IDHC'S POLICY LEADERSHIP ACROSS JURISDICTIONS

In addition to the Karihwáhstha gathering, significant national-level work is progressing across multiple organizations and partnerships. These efforts continue to advance cultural safety, Indigenous-led research, system change and strengthened relationships across jurisdictions

COLLABORATION WITH DIABETES CANADA

IDHC participated in the review of Diabetes Canada's new strategic plan, including direct dialogue with the CEO. Contributions focused on strengthening the organizations' commitments to Indigenous Peoples, including:

- Recommending mandatory cultural safety and anti-bias training for all staff
- Advocating for a report card tracking progress on implementing the TRC Calls to Action
- Emphasizing the need for Indigenous-centred relationship building within all strategic pillars.

INFLUENCE WITHIN DIABETES ACTION CANADA (DAC)

Through our continued seat on the DAC Steering Committee, IDHC is contributing to key decisions affecting Indigenous research and programming. This includes:

- **Advocacy** to ensure funding for Indigenous research flows to appropriate Indigenous-led researchers, organizations and communities.
- **Redirecting** funds away from non-Indigenous-led projects toward grassroots Indigenous-driven initiatives.
- **Initiating** discussions related to the Canadian Institutes of Health Research (CIHR)'s Indigenous identification and verification policies, ensuring that Indigenous dollars support Indigenous-governed work.

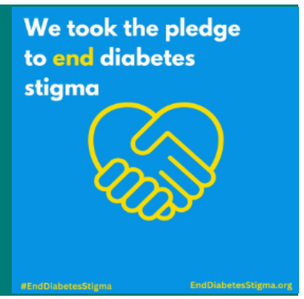
PARTNERSHIP WITH DIABETES ACTION CANADA (DAC)

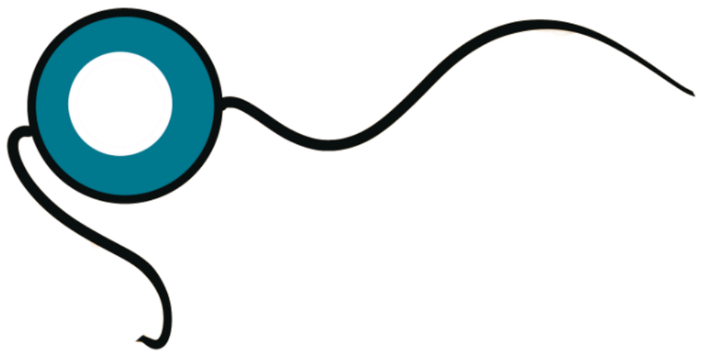
Building off our work reviewing Diabetes Canada's strategic pillars, IDHC and DAC have partnered up to work towards ending diabetes related stigma.

IDHC has been working with two fellows from DAC on a project focused on creating a resource for marginalized communities, especially Indigenous, Black and Brown communities. The project started with sharing circles with individuals who had lived experience of diabetes. These sharing circles explored racism, weight stigma and the quality of care. From this, community members described being misdiagnosed, having medical tests delayed and feeling dismissed in appointments. Our goal was to create a resource that was practical and culturally grounded to help people recognize symptoms, ask for essential tests and assert their rights in clinical settings. The team has created a series of four wallet-sized cards, each one with a different topic, focusing on common symptoms, key tests and plain language rights for medical appointments. These cards were branded with beautiful Indigenous art and were made to be inclusive and accessible.

IDHC and the fellows from DAC will be travelling to Jaipur, India to attend the End Diabetes Stigma Global Summit. At this summit, IDHC is slated to present the resources created (wallet cards) as well as to speak on a panel. During this conference, IDHC will continue to network and build relationships with the goal of building capacity. IDHC and DAC hope to meet with the Canadian embassy in India, to continue to advocate for care that follows our core principles and values. Care should be wholistic and grounded in traditional teachings and respecting Indigenous ways of knowing, being and healing.

IDHC has taken the pledge to end diabetes stigma and discrimination, recognizing the significant harm these experiences can have on individuals, families and communities. Addressing stigma aligns closely with IDHC's commitment to equity and culturally safe care. This work is already reflected through our knowledge and client services teams who support individuals and families with compassion, and IDHC will continue to strengthen these efforts by identifying new opportunities to reduce stigma in our new strategic plan.





DIABETES PREVENTION EFFORTS IN THE ARCTIC

BAKER LAKE COMMUNITY DIABETES AND NUTRITION PROGRAM

IDHC is a named partner on the Arctic Inspiration Award (AIP), one of Canada's largest annual prizes recognizing Northern-led innovation. As an Indigenous-led and Indigenous-governed organization for almost 30 years, IDHC brings deep expertise in culturally grounded diabetes prevention and care.

Through this partnership, IDHC is supporting the Baker Lake Community Diabetes and Nutrition Program by:

- co-designing culturally relevant diabetes education, tailored to the strengths, knowledge and practices of Inuit communities.
- training frontline workers in foot care, supporting early detection and prevention of diabetes-related complications.
- sharing educational resources and tools that can be used directly by community members to increase awareness and support diabetes prevention and management.

EYE HEALTH SCREENING INITIATIVE (EHSI): IMPROVING ACCESS TO CULTURALLY SAFE DIABETIC RETINOPATHY SCREENING IN BAKER LAKE

Developed in partnership with Vision Loss Rehabilitation Canada, the EHSI will bring diabetic retinopathy screening directly to Baker Lake, addressing long-standing gaps in timely eye care. Using AI-supported tools and portable imaging, the project will train local Inuit frontline workers to provide culturally safe, trauma-informed screening and support community-led research.

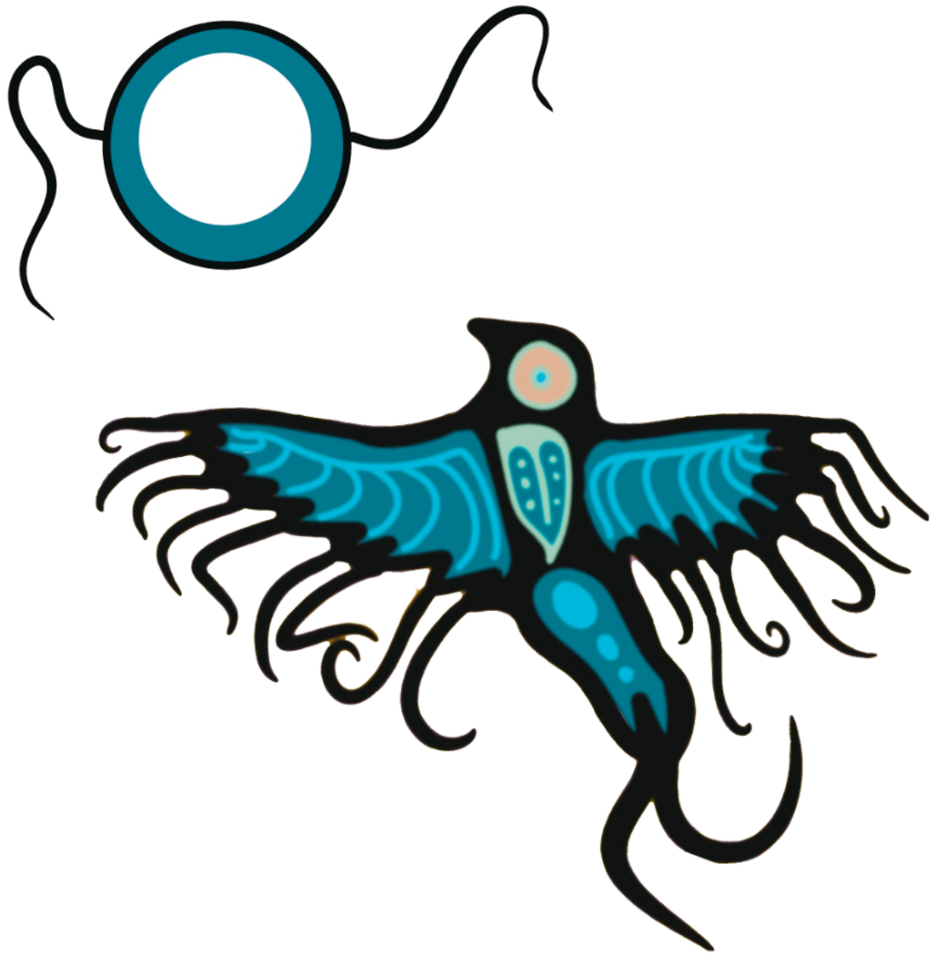
This 3-year initiative, supported by the Hamlet of Baker Lake, will strengthen relationships with community members and community organizations such as the health centre, Nunavut Tunngavik Incorporated and the Government of Nunavut. The initiative reflects Inuit priorities around health sovereignty and self-determination. Findings will guide sustainable screening models for Baker Lake and offer a pathway for other Arctic communities to improve access, build local capacity and advance health equity across Inuit Nunangat.

KWANLIN DUN YUKON

IDHC trainers have been invited to Kwanlin Dun to provide culturally safe, trauma-informed diabetes training for frontline health workers in the Yukon. This opportunity reflects the limited availability of diabetes education that is both culturally grounded and responsive to community realities. It is an exciting moment to build relationships across jurisdictions, learn from one another, and strengthen diabetes services through shared knowledge and collaboration.

ALIGNMENT WITH THE INDIGENOUS PRIMARY HEALTH CARE COUNCIL (IPHCC)

As signed partners, IDHC is working closely with IPHCC to advance Indigenous Cultural Safety (ICS) training and support the broader system work required to implement culturally safe practices across organizations.



PROUD SPONSOR OF NATIONAL CULTURAL SAFETY WORK

The First Nations Health and Social Secretariat of Manitoba (FNHSSM) hosted its first Anti-Indigenous Racism (AIR) gathering in Winnipeg in February 2026. In recognition of the importance of this work, IDHC proudly provided sponsorship. Our logo was featured alongside other sponsoring partners, including the University of Winnipeg Foundation, the Children's Hospital Research Institute of Manitoba, Diabetes Research Envisioned and Accomplished in Manitoba (DREAM), the Manitoba Centre for Health Policy, Diabetes Action Canada and Indigenous Services Canada.

IDHC was a Proud Sponsor of This Event

STRENGTHENING COLLABORATION AND SYSTEM CHANGE WITH ONTARIO HEALTH

IDHC and Ontario Health are currently exploring opportunities to co-develop collaborative diabetes-related resources that integrate clinical expertise, Indigenous knowledge and community-driven insights. This collaboration would ensure that educational tools, prevention materials and care guidelines reflect both system-level priorities and the lived experiences of Indigenous communities. Ontario Health has recognized that IDHC can continue to play a leadership role in educating Ontario Health and system leaders to drive system level change.

STRENGTHENING RELATIONSHIPS WITH NATIONAL PARTNERS

IDHC continues to build and deepen relationships with several national organizations, including: First Nations Health Managers Association (FNHMA), National Circle for Indigenous Medical Education (NCIME) and Indigenous Services Canada (ISC). Our process for building strong relationships is grounded in relationality, respect, transparency and shared learning. These partnerships expand opportunities for collaboration, resource sharing and strategic alignment.

BRITISH COLUMBIA'S MODEL OF LEGISLATION FOR IMPLEMENTING MANDATED INDIGENOUS CULTURAL SAFETY

In British Columbia, healthcare is funded through the Ministry of Health and delivered by five regional health authorities. Unique within BC is the First Nations Health Authority (FNHA), Canada's first Indigenous-led health authority. In 2013, responsibility for First Nations health programs and services transitioned from the Federal First Nations and Inuit Health Branch to the FNHA, marking an important shift toward Indigenous self-governance in healthcare. This led to a strengthened partnerships among Indigenous Peoples, the province of British Columbia and the Canadian government.

In 2015, Northern Health, BC Ministry of Health, FNHA and other regional health authorities came together to sign a Declaration of Commitment to Cultural Safety and Humility. In addition, it was also mandated to ensure all new leadership job descriptions include a commitment to the goals listed in the Northern First Nations Health and Wellness Plan.

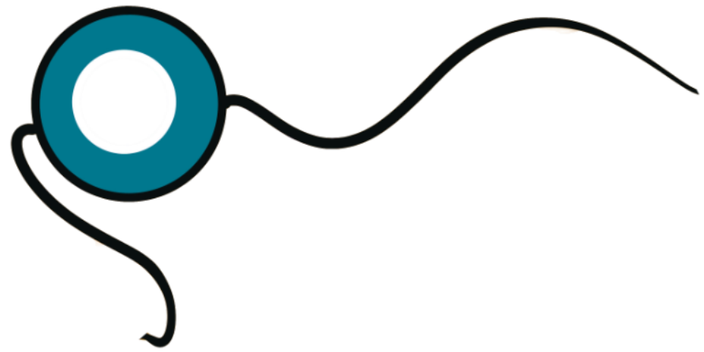
In 2016, FNHA ran the "It Starts with Me" campaign, focused on supporting healthcare workers administering culturally safe care for First Nations and Aboriginal people in BC.

In 2017, all 23 regulated health professions in BC signed the Declaration of Commitment to Cultural Safety and Humility. Regulators such as the College of Physicians and Surgeons of British Columbia (CPSBC) and the British Columbia College of Social Workers (BCCSW) have been great supporters.

Directly from the CPSBC website, CPSBC is committed to:

- embedding Indigenous collaboration as a core strategic theme in the 2024–2028 strategic plan to guide efforts towards being a supportive and dedicated partner to Indigenous communities and organizations
- implementing a standard for registrants that explicitly addresses the requirement to provide culturally safe, humble and responsive care
- updating our complaints process to make it more accessible to Indigenous people
- requiring all board members, the senior leadership team and employees who engage directly with the public to complete the San'yas Anti-Racism Indigenous Cultural Safety Training Program
- increasing Indigenous membership on the Board and committees-investing in supports and hiring staff to ensure a safe environment for Indigenous people engaging with CPSBC.

In 2019, other organizations such as BC College of Family Physicians, Indigenous Services Canada, Health Canada and Public Health Agency of Canada signed the declaration of commitment. The First Nations Health Authority (FNHA) has also partnered with Health Standards Organizations (HSO) to create a BC First Nations-led Cultural Safety and Humility Technical Committee to oversee the creation of the HSO 75000:2022 (E) British Columbia Cultural Safety and Humility standard.



ENDORSEMENT FROM SENATOR, DR. MARGO GREENWOOD

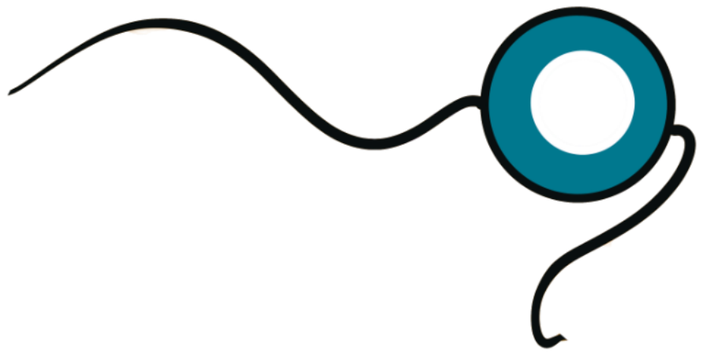
SENATOR DR. MARGO GREENWOOD, PRE-EMINENT AUTHORITY IN INDIGENOUS HEALTH POLICY, COMBINING TOP-LEVEL ACADEMIC EXPERTISE WITH HIGH-RANKING LEGISLATIVE AND CLINICAL LEADERSHIP

Senator Dr. Margo Greenwood is a highly respected Indigenous scholar and national leader who has dedicated her career to advancing the health and well-being of Indigenous children, families and communities. She previously served as the Academic Leader of the National Collaborating Centre for Indigenous Health and as the interim Scientific Director of CIHR's Institute of Indigenous Peoples' Health. In November 2022, Dr. Greenwood was appointed to the Senate of Canada as a Senator for British Columbia.

Dr. Greenwood is also the co-chair for the Cultural Safety and Humility Technical Committee responsible for developing the new Indigenous-led National Standard of Canada for Cultural Safety and Humility (CAN/HSO 75001:2026), known as the Winds of Change initiative. This national effort responds to widespread calls for action to advance cultural safety and humility, address Indigenous-specific racism, and harmonize the design and delivery of care with the rights of Indigenous Peoples.

The team had the privilege of meeting with Senator Dr. Greenwood, who described the Karihwáhstha initiative as "extraordinarily worthwhile" and emphasized the meaningfulness and powerful impact of the Elders' words.

Dr. Greenwood expressed strong interest staying informed as the initiative evolves and offered her support to help advance its objectives at the political level once the initiative is fully optimized.



HONOURING INDIGENOUS LIVES STOLEN BY SYSTEMIC HARM

IN MEMORY AND IN TRUTH

The Karihwáhstha team would like to take a moment to pause, reflect and give space. With tobacco down and prayers up, we honour the individuals named below—along with the countless others whose lives were taken too soon through systemic harm, racism, discrimination and injustice in healthcare.

We hold their families, their communities, and their stories in our hearts. Their lives, their teachings, and the truths of what they experienced guide our responsibility to continue this work with humility, courage and unwavering commitment to change.

BRIAN SINCLAIR

Brian, a 45-year-old man, went to a Winnipeg hospital for a routine catheter change, but his information was never entered into the triage system. As a result, he remained in the waiting room for hours without assessment. Despite clear signs of medical distress and repeated concerns raised by people nearby, he was repeatedly misjudged as intoxicated or homeless—and no medical staff intervened. He was later found deceased, having never been triaged or seen by a clinician.

An inquest determined his death was preventable and issued 63 recommendations. The resulting "Out of Sight" report called for the adoption of anti-racist policies, mandatory training and improved accountability across the health system to prevent such tragedies from occurring again.

JOYCE ECHAQUAN

Joyce, a 37-year-old Atikamekw woman, sought care at a hospital in Saint-Charles-Borromee, Quebec for stomach pain. Despite stating she was allergic to morphine, she was physically restrained and given the medication.

Joyce recorded a 7-minute livestream during which staff were heard making racist and degrading remarks toward her. She died later that day.

A public inquiry confirmed systemic discrimination contributed to her death. In response, "Joyce's Principle" was created, calling on governments to ensure that all Indigenous people have the right to equitable, discrimination-free access to health and social services, and the highest attainable standard of physical, mental and emotional and spiritual health.

HEATHER WINTERSTEIN

Heather, a 24-year-old Anishnaabe Kwe woman, went to a Niagara hospital with severe back pain. Her symptoms were dismissed, no blood work was taken and she was given Tylenol before being discharged at 2:00 a.m.

The following day, her worsening pain brought her back to the hospital, where she collapsed in the waiting room and never regained consciousness. Her parents were contacted only afterward and arrived to find resuscitation efforts underway.

Heather died from a Streptococcus A blood infection. A complete medical assessment—including basic blood tests—was not performed during either of Heather's visits to the hospital; had testing been done, the infection could have been identified and treated.

An external review found her death was preventable and resulted in 10 recommendations to improve patient safety, with the first five emphasizing cultural safety and meaningful community engagement. A long-awaited coroner's inquest into Heather's death got underway on Monday, March 30, 2026.

HONOURING KARIHWÁHSTHA PARTNERS

In the spirit of reciprocity, we acknowledge the relationships that have been built, the knowledge that has been shared and the commitment that continues to guide our collective path forward.

We give thanks in a good way for your support, guidance and willingness to work together, strengthen this initiative and honour the teachings of relationship, respect and responsibility.

Over the past three years, strong relationships have been established and will continue to be nurtured.

We would like to thank our partners:

- Assembly of First Nations
- Bimaadzwin
- CanScreen T1D
- Can-SOLVE Chronic Kidney Disease Network
- Centre for Aboriginal Human Resource Inc.
- Diabetes Action Canada
- First Nations Health Authority
- First Nations Health Managers Association
- First Nations Health & Social Secretariat of Manitoba
- IDEA Diabetes
- Indigenous Physical Activity and Cultural Circle
- Indigenous Primary Healthcare Council
- Juvenile Diabetes Research Foundation
- Keewatinohk Inniniw Minoayawin Inc.
- Land and People Planning, Baker Lake
- Mobile Diabetes Telemedicine Clinic
- National Circle for Indigenous Medical Education
- National Indigenous Diabetes Association
- Nuuchahnulth Tribal Council
- OKAKI
- One Yukon
- Poundmaker Cree Nation
- Siksika Nation
- Statistics Canada
- Tłı̨chǫ Government
- University of Calgary
- Vision Loss Rehabilitation Canada

GIVING THANKS TO KARIHWÁHSTHA INITIATIVE ADVISORY COMMITTEE

We offer our heartfelt thanks to the Advisory Committee. We honour each of you for the guidance, teachings and care you brought to this work. Your presence, wisdom and commitment helped shape the path forward, ensuring that this initiative remained grounded in respect, relationship and community.

WE OFFER OUR DEEPEST APPRECIATION TO THE KARIHWÁHSTHA ADVISORY COMMITTEE

- Elder, Grandmother Renée Thomas-Hill
- Elder, Allan Jamieson Sr.
- Caitlin Lazarus, Vision Loss Rehabilitation Canada (VLRC)
- Tracy McQuire, Diabetes Action Canada (DAC)
- Christi-Ann Poulette, Indigenous Primary Health Care Council (IPHCC)
- Mary Trifonopoulos, Indigenous Services Canada (ISC)

Thank you for walking with us, sharing your voices and helping carry this work forward in a good way. Your leadership and generosity continue to guide the spirit and direction of the Karihwáhstha initiative.

Nya:weh | Miigwech | Maarsii | Nakurmiik | Thank You

WWW.KARIHWAHSTHA.CA

Thank you to the Indigenous Artists who bring the work of Karihwáhstha to life.

- Haudenosaunee, Anishinaabe and Métis artist Kathlynn Pansino
- Anishinaabe Ojibwe artist, Ryan Woodruff

Thank you also to graphic designer Inti Imaterasu.