

INDIGENOUS PARTNERSHIP STRATEGIC FRAMEWORK (WITH RECOMMENDATIONS)



table of contents

1:	Indigenous Partnership Teams	1
2:	Introduction	2
2.1:	Indigenous Peoples	3
3:	Partnerships in an Indigenous Context	4
4:	Partnership Framework	5-12
5:	Scope	13
5.1:	Method	14
6:	Forming Authentic Partnerships	14 - 16
7:	Evaluation Plan	17-20
8:	Recommendations for Action	21
9:	Conclusion and Next Steps	22
10:	Appendix	23
10.1:	Appendix 1 - Terminology	24
10.2:	Appendix 2 – The Process	25-26
10.3:	Appendix 3 – Summary of Engagement Sessions	27-28
11:	References	29

1.0 INDIGENOUS PARTNERSHIP TEAMS

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2: INTRODUCTION

Health system transformation in the province of Manitoba is an opportunity to close the gap in Indigenous health disparities, address the inequities in program delivery, and improve the quality of healthcare and service integration in the health system.

An opportunity to effect meaningful change in the system exists through the Health Transformation Program. The Program has been established to guide the planning and phased implementation of healthcare system changes aimed at improving the quality, accessibility and efficiency of healthcare services across Manitoba. There are over twenty five integrated projects underway in Health System Transformation as part of Wave 1. The Indigenous Partnership Strategy Framework is one of the Wave 1 projects.

The Indigenous Partnership Strategic Framework project team of eight individuals and administrative support, was established to lead the work. An Advisory Committee to the project was formed with seventeen members who represented as individuals with extensive knowledge, wisdom and experience in the Indigenous Health field.

“

As a result of the intersections between colonialism, racism, sexism, and their legacies, striking Indigenous/non-Indigenous health inequities persist across Canada. The health disparities that stem from the inequities not only cut across almost every major health outcome, health determinant, and measure of access, but have also been exacerbated by institutions such as the Canadian healthcare system.

Recently, the impact of the healthcare system on Indigenous health and well-being has moved to the forefront of discussions on health equity following the inquest into the death of Brian Sinclair, the publication of the First Peoples, Second Class Treatment report, and the release of the Truth and Reconciliation Commission of Canada's (TRC) calls to action. Emerging from these

reports is the urgent need to bridge the gap between Indigenous patients and non-Indigenous healthcare providers (HCPs) and other healthcare workers. The gap between Indigenous patients and non-Indigenous healthcare workers has been well documented in the literature; many First Nations, Inuit, and Métis peoples have reported being ignored, belittled, mocked, disrespected, and discriminated against by a HCP in the mainstream Canadian healthcare system. The problem with these attitudes and behaviours – which may be unconscious, reflecting entrenched and unchallenged assumptions about Indigenous peoples based on colonial narratives – is that they are causing harms that can include the delay and/or denial of treatment resulting in sub-standard care, negligence, worsened health conditions, and even death.”

(Churchill et al., 2017)

2: INTRODUCTION

2.1: INDIGENOUS PEOPLES

It should be recognized that Indigenous Peoples (Inuit, Métis and First Nations) come from diverse nations each with unique cultural knowledge, practices, traditions and linguistic backgrounds.

inuit

There are approximately 600 residents that identify as Inuit and call Manitoba their permanent home; most reside in Winnipeg, Churchill and Brandon, and the numbers continue to rise provincially. Additionally, thousands travel from the Inuit Nunangat (the land base that makes up the four Inuit land claim territories), particularly from the Kivalliq region of Nunavut to Manitoba due to its geographical proximity - for health, education, training and other opportunities.

métis

Approximately 89,355 residents of Manitoba identify as Métis (Statistics Canada, 2016) with 52,130 of those living in Winnipeg. Chapter three of the Métis Atlas report provides a breakdown regionally with age profiles and states:

“The three small urban centres of Thompson, The Pas and Flin Flon accounted for 2,750 Métis in the north, with 4,200 living in scattered settlements (many of which are adjacent to First Nation communities). Métis outnumbered Status Indians in Selkirk, Dauphin, Flin Flon, and Swan River. In southern Manitoba in 2001, 18,485 lived outside Winnipeg and 31,000 lived in Winnipeg; 86 percent of Manitoba Métis were located in the south (including Winnipeg), as compared to only 46 percent of First Nations” (Martens, Bartlett, & Burland, 2010).

first nation

According to Indigenous Services Canada, Manitoba has 63 First Nations, including six of the 20 largest bands in Canada. As of 2016, there were 130,510 registered First Nation members in Manitoba. A total of 84,874 members (60.2 percent) lived on reserves (Statistics Canada, 2017).

Twenty-three First Nations are not accessible by an all-weather road. This accounts for more than half of all Manitoba First Nations people who live on reserve.

3: PARTNERSHIPS IN AN INDIGENOUS CONTEXT

definition

WHAT IS A PARTNERSHIP?

One western definition of a partnership is “*a collaborative relationship between entities to work toward shared objectives through a mutually agreed division of labour*” (United Nations Environment 2019).

In the undertaking of this work it is important to recognize that, as defined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), that this approach to partnership is a right of Indigenous peoples and not a corporate social responsibility of the healthcare system.

There are legal and historical foundations the healthcare system must consider when developing partnerships and engagement processes. Legal frameworks include s.35 of the Charter of Rights and Freedoms that provides protection and recognition of Aboriginal and Treaty rights and the right to self-government and self-determination. International legal instruments such as UNDRIP further defines the rights of Indigenous Peoples which shall inform partnerships from an Indigenous view.

The Indigenous Partnership Strategy should ensure equal participation, equal power and joint priority identification with Indigenous communities, organizations and citizens.

**Respectful relationships with Indigenous communities must be
'not about us without us' and 'with us not for us'.**

UNDRIP ARTICLES:

Article 18 - Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision making institutions.

Article 21

1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of ...education, employment, health....

Article 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to

be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Article 24

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right. (United Nations, 2011)

4: PARTNERSHIP FRAMEWORK

purpose and intent

The Indigenous Partnership Strategic Framework is a guide to the overall Transformation Program and a guide to individual Transformation Projects. The Framework can be used post transformation as a guide and tool for ongoing health system work. The Framework identifies common elements to support the development of meaningful and authentic partnerships with Indigenous stakeholders.

It can assist in:

- building productive and successful teams.
- help support planning.
- evaluating culturally safe care and service delivery.

Evidence and research supports the need for authentic Indigenous partnerships in order for health system transformation to be successful.

It is important to note that not all elements of the Framework will apply in every case. Additional steps may also need to be taken depending on the scope and impact of the program to Indigenous citizens in Manitoba. A strong partnership agreement can support the development of service models that assess the way current services are delivered, can revise the process if required, and promote greater understandings of each other and how the health systems are different and in other cases, the same.

Example: In the Manitoba Renal Program, Manitoba's First Nations population is over represented in the Manitoba end stage kidney disease population. First Nations comprises 16 percent of the general population but approximately 35 percent of the provincial dialysis population (Kidney Health, 2019).

Indigenous communities and organizations are not just stakeholders but are equal partners recognized for their diversity, each with unique cultures, knowledge, practices, traditions and linguistic backgrounds. Many identify themselves as being sovereign nations. Those who are signatory to a Treaty hold the position that health itself is a Treaty right.

A conceptual diagram of an Indigenous Partnership Framework is depicted in Figure 1 on the following page. It consists of three major components: Strategic Alignment, Sustainability, and Continuous Quality Improvement. These three components are the areas in which strategic priorities and actions are measured in the realization of net benefits.

4: INDIGENOUS PARTNERSHIP STRATEGIC FRAMEWORK

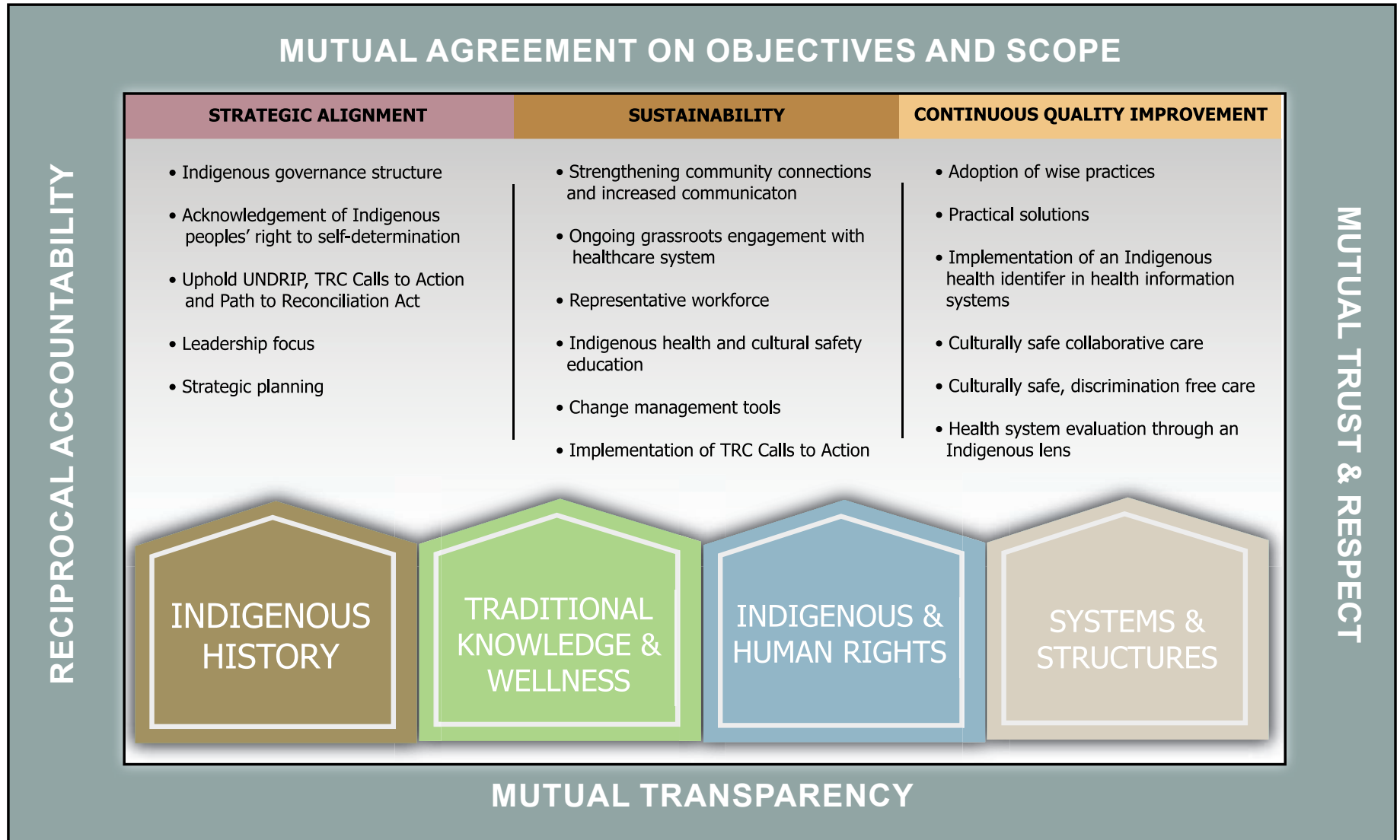


Figure 1: Conceptual diagram of the Indigenous Partnership Strategic Framework

A conceptual diagram of an Indigenous Partnership Framework is depicted in Figure 1. It consists of three major components: *Strategic Alignment*, *Sustainability*, and *Continuous Quality Improvement*. These three components are the areas in which strategic priorities and actions are measured in the realization of net benefits.

STRATEGIC ALIGNMENT

In an Indigenous partnership context, means that there are sustainable relationships at the levels of :

- (a) government-to-government,
- (b) clinical planning and policy, and
- (c) service delivery

SUSTAINABILITY

Is achieved by strengthening connections and dialogue to increase communication that ensures Indigenous engagement exists throughout the health system.

CONTINUOUS QUALITY IMPROVEMENT

Describes the aspect of measurement and continuous quality improvement to ensure there is culturally safe collaborative care across the healthcare system that is discrimination free.

4: INDIGENOUS PARTNERSHIP STRATEGIC FRAMEWORK

There are four foundational principles embedded in the framework that support the three components of strategic alignment, sustainability, and continuous quality improvement.



INDIGENOUS HISTORY

The collection of historical experiences of Indigenous peoples pre- and post-contact with European settlers and in modernity. Impacts and the legacy of colonization throughout history includes human rights infringements through legal (the Indian Act) and policy instruments such as residential schools, forced removal from traditional homelands, 60's scoop, and assimilation. These colonial practices have had and continue to have devastating impacts to Indigenous Peoples' culture and language, loss of land, socio-economic status and disproportionate health outcomes.



TRADITIONAL KNOWLEDGE & WELLNESS

Traditional knowledge is a culmination of diverse knowledge rooted in culture embedded and traditionally passed on orally and through practices such as cultural practices, ceremonies, technologies, medicine, and science. Traditional knowledge informs the holistic health and well-being of communities. As a foundation, traditional knowledge and wellness will improve the health system and transform Indigenous Peoples' health in Manitoba. Traditional Knowledge and Wellness is maintained through the guidance of Traditional Healers, Knowledge Keepers, and Elders.



INDIGENOUS & HUMAN RIGHTS

Application of human and Indigenous rights is an overarching foundation to analyze power imbalances, institutional racism, colonization and colonial relationships that impact patient care. Human and Indigenous rights are the underlying foundations that can help address discrimination and racism in the healthcare system in the form of legal and policy instruments, procedures and actions. It is about ending differential treatment and changing attitudes and behaviors.



SYSTEMS & STRUCTURES

The awareness of how and where Indigenous health services are delivered in health systems that include policies, processes, community-provider relationships, and government-to-government structures designed to impact Indigenous health (i.e., Canada Health Act, Indigenous Services Canada).

4: INDIGENOUS PARTNERSHIP STRATEGIC FRAMEWORK

STRATEGIC		ALIGNMENT
Issue	Strategic Priorities	Techniques and Tools
Governance	<ol style="list-style-type: none"> 1. Co-design a partnership mechanism: equitable authority and decision-making processes 2. Identify Indigenous organization(s)/representatives to participate on appropriate governance structures 3. Clarify roles and responsibilities of Indigenous organization(s)/ representative(s) (i.e., advisor, subject matter expert) 4. Define reporting mechanisms 5. Develop a budget for Indigenous participation 6. Develop process to identify joint priorities and actions 7. Identify process to engage respective Indigenous health liaisons and navigators within service delivery organizations (SDO) 8. Scan models of Indigenous governance structures 9. Understand healthcare system including Medicare and interface with Treaty Rights 	<ul style="list-style-type: none"> • Governance structure has authentic Indigenous representation and clear roles • Defined financial resources • Identification of joint priorities and action • Indigenous health liaisons/ navigators and other supports applicable to SDO • Governance structure and decision making process is informed by other models, Wise Practices and evidence Self-Government and Aboriginal and Treaty Rights, evidence, Self-government
Self-Government and Aboriginal and Treaty Rights	<ol style="list-style-type: none"> 1. Develop a strategy recognizing and upholding the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP); Truth and Reconciliation Commission (TRC) Calls to Action; the Path to Reconciliation Act and other legal instruments, s.35 Aboriginal and Treaty Rights 	<ul style="list-style-type: none"> • Priorities and actions that uphold self-government and Aboriginal and Treaty Rights Indigenous Ways to Well- Being: Youth Perspectives
CONTINUOUS QUALITY		IMPROVEMENT
Issue	Strategic Priorities	Techniques and Tools
Quality Framework	<ol style="list-style-type: none"> 1. Develop a Quality Framework to evaluate and measure accomplishments, outcomes and processes <ol style="list-style-type: none"> a. Develop culturally safe and appropriate performance health indicators and Indigenous identifiers b. Adopt Wise Practices c. Culturally safe collaborative care 2. Develop or enhance a culturally safe complaint process by forming a representative committee <ol style="list-style-type: none"> a. Include a reporting mechanism that is culturally safe to allow for Indigenous people to identify gaps and concerns 	<ul style="list-style-type: none"> • Develop and implement Indigenous patient identifier in health information systems • Develop and implement Indigenous employee identifier in human resource management systems • Enhanced understanding of federal health programs and services • Develop policy guidelines at the SDO level for Indigenous health delivery models • Develop quality improvement and program evaluation plans with an Indigenous health lens • Identify the number of complaints received and how they were addressed e.g. Was a policy revised? Were gaps reduced?

SUSTAINABILITY

Issue	Strategic Priorities	Techniques and Tools
Truth and Reconciliation Strategy and Plan	<ol style="list-style-type: none"> 1. Develop a strategy and action plan to identify actions and measures to advance reconciliation and mutually respectful relationships between Indigenous peoples and non-Indigenous peoples within the healthcare system 	<ul style="list-style-type: none"> • Ensure dedicated resources to develop and implement strategic plans • Identify activities to address The Path to Reconciliation Act, UNDRIP and Treaty Relations Commission of Manitoba (TRCM) • Establish partnerships with learning institutes (National Centre for Truth and Reconciliation (NCTR))
Organizational Cultural Safety and Anti-Racism Plan	<ol style="list-style-type: none"> 1. Develop an organizational plan for anti-racism and cultural safety education and training <ol style="list-style-type: none"> a. Identify necessary core competencies of staff b. Mandate cultural training and anti-racism opportunities and workshops for professional development [Manitoba Indigenous Cultural Safety Training (MICST), TRCM, NCTR] c. Identify a staff lead d. Scan, identify and understand federal health programs and services, funding models e. Develop a budget 	<ul style="list-style-type: none"> • Priorities and actions that uphold self-government and Aboriginal and Treaty Rights
Indigenous Health Human Resources and Workforce Plan	<ol style="list-style-type: none"> 2. Develop a strategy for an Indigenous representative workforce <ol style="list-style-type: none"> a. Develop recruitment and retention strategies b. Increase patient navigators, project managers c. Designate Indigenous positions d. Develop an Indigenous self-identifier e. Mentorship programs f. Develop an Indigenous knowledge orientation package g. Provide supports for Indigenous staff h. Enhance culturally safe space and healthcare 	<ul style="list-style-type: none"> • Implement recruitment and retention strategy • Identify number of patient navigators, number of designated Indigenous positions • Identify resources developed and supports in place • Actions to support culturally safe space and healthcare environments • Design educational tools with Indigenous communities for their use
Address Barriers to Improve Access to Care	<ol style="list-style-type: none"> 1. Develop a plan to address structural barriers such as geographical and human resources to integrate seamless care closer to home (i.e., medical transportation, medical relocation, repatriation, visiting specialists and health professionals in First Nation communities) <ol style="list-style-type: none"> a. Enhance access to interpretive services 	<ul style="list-style-type: none"> • Policies developed to clarify transportation, medical relocation • Plan to bring in specialists to First Nation Communities (includes culturally safe training)
Traditional Knowledge, Traditional Medicines and Health Practices	<ol style="list-style-type: none"> 1. Develop a strategy to support Indigenous rights to access traditional medicines and health practices <ol style="list-style-type: none"> a. Learn about community Indigenous-led models: services, traditional lodges and land-based practices b. Incorporate and include traditional knowledge, medicines, and holistic practices into health services, priorities and health planning (i.e., access to traditional medicines, foods and ceremonies) c. Partner and develop budget to work with Knowledge Keepers, Traditional Healers, Elders, Grandmothers and Grandfathers 	<ul style="list-style-type: none"> • Increased access to traditional medicines and ceremonies • Establish partnerships to increase awareness, and develop and increase access to land-based care, lodges, traditional knowledge, medicines, and health practices • Increased participation of Knowledge Keepers, Traditional Healers, Elders, Grandmothers and Grandfathers
Communication Strategy	<ol style="list-style-type: none"> 1. Enhance existing communication strategy(ies) <ol style="list-style-type: none"> a. Include reaching grassroots, Indigenous communities, and organizations b. Develop resources and supports to learn about Indigenous communities and organizations issues and priorities c. Explore technology to reach more Indigenous people such as social media, applications, phone lines 	<ul style="list-style-type: none"> • Identify activities to reach grassroots, communities and organizations • Development of technology to enhance communication supports • Identify how services have changed because of learning about communities and organizations

5: SCOPE

scope | The scope of the project was to develop a partnership framework and strategic action plan to enable culturally relevant and appropriate engagement with First Nations, Métis and Inuit organizations and communities in Health System Transformation planning and implementation activities.

Based on this scope various project activities were undertaken including:

- Examination of existing partnership frameworks in other jurisdictions and sectors
- Assessment of the Transformation Roadmap and individual projects for opportunities to integrate the Indigenous Partnership Strategic Framework
- Development of recommendations on integrating the partnership framework into Health System Transformation projects and program activities
- Development of organizational change management, engagement and communications plans to enable development of the Indigenous Partnership Strategic Framework and strategic action plan, which will support the implementation of the Framework throughout the healthcare system
- Development of an approach and plan to evaluate whether the Indigenous Partnership Strategic Framework and strategic action plan are effective in achieving the expected outcomes

The following activities were deemed outside of the scope of this project:

- Engagement with the Federal government (Health Canada, Indigenous Services Canada) to address jurisdictional issues to be included in the framework and strategic action plan;
- Development of a system wide engagement strategy. System wide engagement refers to broad consultation with Indigenous communities on health system issues.

It was recognized by the Project Team and Advisory Committee that unresolved jurisdictional issues have significant impacts on Indigenous healthcare in Manitoba. It was also recognized that jurisdictional barriers are important issues that need to be addressed in order to move toward equitable health service delivery. The project team anticipated jurisdictional issues would be raised during engagement sessions with Indigenous participants and would need to be captured as important information for further discussion and future action planning. This information is summarized in the Appendix Three, and is part of the recommendations for future action.

Addressing these complex issues in a time limited project at an officials' level would not be doable. However, in the medium and longer term, not addressing the out of scope issues will result in the Indigenous Partnership Strategic Framework having limited success.

5.1: METHOD

method

This project used a mixed methods approach to help inform the development of the framework. The inclusionary criterion of community input upheld a high degree of participatory involvement that occurred in three phases, with each phase informing the other. The first phase involved obtaining feedback from Indigenous stakeholders (First Nation, Urban Indigenous, and Indigenous healthcare providers) that was shared in three separate one day sessions. The second phase involved surveying other Health System Transformation projects teams. In the third phase, project team leaders presented the Indigenous Partnership Strategy Framework document to the Indigenous Advisory Committee for input and discussion to help finalize the Framework.

6: FORMING AUTHENTIC PARTNERSHIPS

defining the need

Partnerships in Indigenous health will lead to health programs and healthcare services that are accessible, equitable, responsive, culturally relevant and culturally safe. Developing a Indigenous Partnership Strategy Framework for Indigenous health in Manitoba provides a mechanism for problem solving, addressing issues, and taking action on Health System Transformation priorities. Partnerships relevant to Indigenous communities in Manitoba will advance:

- Decisions related to strategic action and healthcare planning.
- Advice related to communication and coordination of information and resources.

6: FORMING AUTHENTIC PARTNERSHIPS

need for collaboration

There continues to be significant gaps in service and jurisdictional obscurities that directly impact the health of Indigenous Peoples in Manitoba. Greater coordination is needed to overcome these gaps in effective ways that include seamless integration of strategic and clinical planning, policy development, and health system structural knowledge.

Resources should be focused on working with communities to design solutions that involve decisions related to strategic action and healthcare planning with local community perspectives and capabilities to support localized health needs. In order to achieve this outcome, it will be necessary to overcome barriers that impede communications and connectivity between health system delivery agents and communities.

There have been many attempts to jointly address Indigenous health at federal, provincial, regional, and grassroots levels. In Canada, federal resource transfers and other structural barriers are beginning to be rethought or removed entirely to make way for a more integrated Indigenous healthcare system. There is, however, a tremendous amount of work to be done across the system to achieve more equitable and culturally safe healthcare. Indigenous communities in Manitoba are uniquely positioned to act as partners with the health system to support a transformed healthcare system that is aligned to community capabilities and needs.

An Elder is recognized by the people as an individual who is committed to promote, preserve, and protect their teachings, way of life, and language; and shares their gifts for the purposes of helping and supporting the people and the land.

need for joint approaches

As services exist in First Nation communities, partnerships are required to establish joint approaches to ensure continuity of care. For example, Northern and Southern First Nations have varying needs as do larger and smaller Indigenous communities. A partnership structure that acknowledges the varying needs of all sixty-three First Nations, differences among Métis communities, and the unique needs of urban Indigenous populations is imperative. It is important to note that joint-approaches can be relevant and flexible given the diversity that exists across these communities and the ways in which they can partner with the Provincial system. Recognizing the expertise that exists throughout these communities, rationale could be made to consider how to structure local and provincial stakeholders into specific project partnerships. There is a need to consider the role of subject matter experts within a partnership structure to report on or provide support on issues related to strategic or clinical planning, infrastructure, and technical issues.

Many Indigenous communities are experienced and well-versed working in government settings, and therefore can offer good insight into what will be necessary for their collective interests (guiding principles, terms of reference, self-governance models, etc.). Elders are often called upon to help guide community decisions regarding issues related to self-governance and self-determination. As such, Indigenous Peoples place great importance on the knowledge, advice, and guidance Elders provide to partnerships with government and industrial stakeholders.

6: FORMING AUTHENTIC PARTNERSHIPS

It is important to note that many Indigenous communities have “been consulted with” by government agencies on health in the past; these experiences may not have been positive or yielded mutually desired outcomes. It is therefore important to move forward with thoughtfulness and awareness in the spirit of reconciliation.

Indigenous communities have expressed a need for a partnership structure that is rooted in policy and acknowledges the diversity that exists among nations. Feedback collected as part of this project by participating Indigenous communities underscored a strong desire to collaborate with the Manitoba healthcare system. A summary of the information from a series of engagement sessions is summarized in Appendix Three.

KEY PRINCIPLES OF AN AUTHENTIC PARTNERSHIP INCLUDE:

- Mutual agreement on objectives and scope
- Mutual trust and respect
- Mutual transparency
- Reciprocal accountability

7: EVALUATION PLAN

overview

The evaluation plan and framework was designed for the assessment and evaluation of the Indigenous Partnership Strategy in specific projects. It is designed to provide insights into ongoing collaboration that aim to strengthen Indigenous health in Manitoba. The approach presented outlines the evaluation plan and methodology for measuring performance that is based on both quantitative and qualitative data.

framework

The purpose of this evaluation framework is to describe the method and the plan for evaluating the process and outcomes anticipated as a result of implementing the Indigenous Partnership Strategy. The framework ensures that the intended benefits are identified and valid.

Definitions for evaluation categories are based on strategic alignment, sustainability, and continuous quality improvement. These are the categories that will be used to evaluate the degree to which the Indigenous Partnership Strategy can support ongoing Indigenous engagement for inputs and outputs into health system processes that describe and support strategic and clinical planning in meaningful and transparent ways.

STRATEGIC ALIGNMENT

Evaluation of Strategic Alignment is the effectiveness of how the Indigenous Partnership Strategy is in helping to identify the degree to which partnerships are responding to priorities identified by Indigenous stakeholders.

Dimensions

- Enhanced relationships with Indigenous communities and stakeholders
- Organizational planning and implementation of a strategic framework

SUSTAINABILITY

Evaluation of Sustainability is defined as how communication and information sharing takes place across the Indigenous health spectrum. Effective communication and information sharing will help to ensure the optimal utilization of health system resources (i.e., facilities, personnel, facilities, supplies, drugs, etc.) in the delivery of required services to Indigenous clients. This involves communication tools and enablers for organizational change management that supports the implementation of given projects.

Dimensions

- Improved, accessible communication and decision-making at the community level
- Better aligned health delivery amongst jurisdictional entities
- Culturally safe healthcare system
- Organizational efficiency
- Health system productivity

CONTINUOUS QUALITY IMPROVEMENT

Evaluation of Continuous Quality Improvement is defined as achieving better health outcomes and experiences for Indigenous patients and families in Manitoba. Evaluating quality in this context involves an approach that identifies how project partners are identifying and responding to Indigenous health issues.

Dimensions

- Prioritization of policies and guidelines
- Adoption of best practices
- Defined performance indicators and reporting

reporting

Projects that use the Indigenous Partnership Strategy Framework should be evaluated to determine their sustainability using an evaluation approach that is designed with defined performance indicators and be monitored and tracked in identified reporting periods.

Reporting will be based on set periods identified by a given partnership. Reports will integrate areas of evaluation that are supported by key measures and other analysis (i.e. key performance indicators). Reporting will be made available, where appropriate, to system agents and partners responsible for Indigenous health including Manitoba Health Seniors and Active Living, Shared Health Executive, Shared Health Indigenous Advisory Table, Provincial Clinical Teams, and Service Delivery Organizations.

7: EVALUATION FRAMEWORK

INDIGENOUS PARTNERSHIP STRATEGY				EVALUATION FRAMEWORK		
Dimension	Evaluation Study Questions	Question Rationale	Setting	Indicator	Measures	Study Design & Assumptions
Strategic Alignment	<p>What structural components and processes will be necessary to support the project?</p> <p>Are there legislative issues that need to be considered in order to advance sustainable integration?</p>	Ongoing communication and decision-making will be necessary to ensure the support of and evaluation of system changes	Partnership Governances (e.g., Board of Directors, Councils, Senior Leadership Tables)	<p>Degree to which TRC Calls to action have been responded to in legislation, policy, and guidelines</p> <p>Degree to which the project upholds UNDRIP within its health system</p>	<p># policies written</p> <p># policies amended</p>	Qualitative interviews
Sustainability	What structural components and processes will be necessary to support this?	Prioritizing navigation supports that exist today which can be leveraged	<p>Service Delivery Organizations</p> <p>Clinical Programs</p> <p>Indigenous communities</p>	Degree to which communication and information sharing are evident across the Indigenous healthcare spectrum and communities	# of change management tools implemented	KPI framework/ analysis
Continuous Quality Improvement	What mechanisms will be needed to ensure that the project can be integrated into the health system projects?	A clear understanding of system enablers are needed to support decision-making and sustainable integration	<p>Quality Improvement & Patient Safety Committees</p> <p>Process Improvement Committees</p> <p>Patient Advisory Councils</p>	Degree to which Committees/ Councils are identifying and responding to Indigenous health issues	# outcome improvement initiatives specific to Indigenous health	<p>KPI framework/ analysis</p> <p>Qualitative interviews</p> <p>Likert scale surveys</p>

8: RECOMMENDATIONS FOR ACTION

An Indigenous Partnership Strategic Framework will establish the working relationship between Indigenous organizations and other partners. Critical to the success of these efforts is a common understanding of what is in place to support the work and the roles and responsibilities of the partners.

To that end, we recommend:

recommendations

1. Establishment of a committee with senior officials from the Government of Manitoba, health system partners, First Nations, and Indigenous Services Canada to establish a process to address jurisdictional issues that impact access and quality of care to First Nation citizens.
2. Establishment of a committee with senior officials from the Governments of Manitoba and Nunavut to address jurisdictional and policy issues impacting access and quality of care to Inuit citizens.
3. Establishment of a committee with senior officials from the Government of Manitoba, health system partners, Métis representatives and organizations to establish a process that addresses policy and planning as it impacts access and quality of care to Métis citizens.
4. Shared Health, through the leadership of the Provincial Lead, Indigenous Health, establish an Advisory Council that will act in an advisory capacity to further the goals and objectives of Shared Health by implementing Indigenous strategies and Truth and Reconciliation Action Plan. The Council will include, but is not limited to, representation from Indigenous organizations and communities, Manitoba Health Seniors and Active Living (MHSAL), Indigenous Services Canada, and Ongomiizwin Indigenous Institute of Health and Healing, Rady Faculty of Health Sciences, University of Manitoba.
5. Shared Health and Manitoba Health Seniors and Active Living explore strategic options for Indigenous health quality improvement and performance monitoring tools.
6. Shared Health to take the lead on the development and implementation of the Action Plan of the Framework specific to education and training:
 - a. Background education on understanding the four pillars of the Framework.
 - b. Education and Training on how to apply the Framework and how to implement the resulting action plan for each partnership.
 - c. Resources identified for Shared Health to support the work of education and assistance to Transformation Project Teams in Wave 2 and Wave 3 in how to effectively integrate the Partnership Framework in their work, including how to engage Indigenous Communities.
 - d. Workshop the expectations around the framework for the other groups, ensure monitoring, evaluation and follow up.

9: CONCLUSION AND NEXT STEPS

conclusion

The Indigenous Partnership Strategic Framework offers an approach that can be utilized for Health System Transformation. The approach can also be utilized post - Transformation by the health system at large to ensure that effective and authentic Indigenous partnerships and engagement occurs in the future. The document outlines a background of the history and issues related to Indigenous health delivery and why partnerships are needed with Indigenous stakeholders to help make healthcare more accessible, equitable, and culturally relevant and responsive for Indigenous citizens in Manitoba. A framework template has been provided that focusses on key areas of strategic alignment of priorities, sustainability, and continuous quality improvement. The Framework offers a guide to help establish projects and evaluate outcomes. The Framework is meant to assist non-Indigenous stakeholders in how to engage with Indigenous partners in the achievement of a transformed health system.

In addition to the recommendations above, we also recommend the following next steps:

next steps

1. It is recommended that all Project Teams use this framework and establish partnerships with relevant Indigenous partners to ensure that Indigenous populations and communities needs are identified and met during the planning process.
2. It is recommended that the Shared Health, Indigenous Health team support and advise Indigenous content and expertise within the Transformation Management Office.
3. It is recommended that Shared Health, Indigenous Health take a leadership role in the development of a standardized approach to cultural safety training and recommend a training program to achieve this goal.
4. It is recommended that the Indigenous Partnership Framework and strategic action plan for the Transformation Program be leveraged for future engagement activities post transformation.

APPENDIX



cultural safety

Cultural safety expands the concept of cultural understanding to analyze power imbalances, institutional discrimination, colonization and colonial relationships as they apply to, and impact on, service delivery. Cultural safety means providing services that show respect for culture and identity, incorporate a person's needs and rights, and are free of discrimination. It requires us to examine our history, policies, and processes that create power imbalance and health and social inequities between Indigenous people and all others. Indigenous cultural safety is often seen on a continuum that includes cultural awareness, cultural sensitivity and cultural competence. Cultural safety is achieved when people feel respected and safe from discrimination.

indigenous

In Canada the term "*Indigenous Peoples*" is inclusive of First Nations (whether Status or Non-Status), Inuit and Métis Peoples.

The term Indigenous was chosen by Indigenous leaders in the 1970s to identify, unite and represent diverse communities in global political arenas. The term Indigenous is a relational word that highlights a peoples' connection to traditional territories, as well as their experiences of colonization. In contrast, the term Aboriginal was imposed in the 1982 Canadian Constitution by the Federal Government as an 'umbrella' term to include First Nations, Inuit and Métis.

reconciliation

The Truth and Reconciliation Commission of Canada defines reconciliation as an ongoing process of establishing and maintaining respectful relationships. A critical part of this process involves repairing damaged trust by making apologies, providing individual and collective reparations, and following through with concrete actions that demonstrate real societal change. Establishing respectful relationships also requires the revitalization of Indigenous law and legal traditions. It is important that all Canadians understand how traditional First Nations, Inuit, and Métis approaches to resolving conflict, repairing harm, and restoring relationships can inform the reconciliation process.

Reconciliation calls for federal, provincial, and territorial government action. Reconciliation calls for national action. The way we govern ourselves must change. Laws must change. Policies and programs must change. The way we educate our children and ourselves must change. The way we do business must change. Thinking must change. The way we talk to, and about, each other must change. All Canadians must make a firm and lasting commitment to reconciliation to ensure that Canada is a country where our children and grandchildren can thrive.

To inform the development of the Indigenous Partnership Strategic Framework an environmental scan of various Indigenous partnership models was conducted in addition to holding engagement sessions and surveys.

The scan identified elements and themes to consider when partnering with Indigenous citizens, groups and communities. One source which analysed several First Nations devolution government-to-government partnerships identified the following themes which could be considered within the Indigenous Partnership Strategic Framework.

- **Build in community Engagement:** Examine structure (s) to identify ways to directly involve Indigenous citizens to enlist and empower them, respect and recognize culture and diversity. This could support processes to increase First Nations (Indigenous)-led health services off-reserve that are culturally-relevant, integrating traditional and western healing practices, providing continuum of health services, and also build trust to meet the needs of First Nations and Inuit who relocate to access healthcare.
- **Allow time and resources for capacity strengthening:** this includes providing resources to support Indigenous community participation and building a representative workforce/staff that has cultural awareness and safety training (also supported by the Truth and Reconciliation Calls to Action).
- **Develop communication processes that build trust:** this may include putting in formal and transparent mechanisms to coordinate knowledge sharing and planning. It could include processes for decision making such as a consensus model and dispute resolution.
- **Provide adequate resources:** this goes beyond supporting participation efforts of Indigenous peoples but includes better coordination, integration, improved efficiency and quality of health programs and services both within the provincial and federal health systems. Many First Nations are under extensive budget restraints which limit their participation in meaningful partnerships and relationships.
- **Support accountability and transparency:** working together need to clear, predictable, consistent and understood by partners. Accountability must be multi-directional. Relationships and policies should not be subject to politics out of administrative and business dealings. Integrate the principle of “reciprocal accountability” which is *“a process through which all parties to a plan, action, agreement, etc. take mutual responsibility for their conduct to one another”*.

10.2: APPENDIX 2 - THE PROCESS

In developing partnerships, Churchill et al., (2017) state that;

“*First Nations have the right to fully participate in all discussions affecting their lives and well-being and that First Nations themselves are best positioned to articulate First Nation needs and develop programs and services to meet those needs.*”

Métis and Inuit also share this position as distinct Indigenous Nations.

The needs of Manitoba Indigenous citizens living in remote and fly-in communities have unique needs and higher health burdens of illness and disparities. As such, partnerships need to consider these unique needs and disparities by supporting the participation of representatives of those remote communities. This will allow for their views and concerns to be addressed and incorporated into decision-making processes and planning within the health system.

The Assembly of First Nations highlights procurement and health economic opportunities for First Nations in the private sector for business ventures. These ventures can include healthcare products, and healthcare service industries from pharmacy, medical supplies and equipment, medical transportation utilizing First Nations owned airlines and ground transportation, and contractors for building and maintenance. Partnerships could include these elements in working with Indigenous communities. Profits are usually reinvested locally in communities building wealth and healthier communities. The same can be said to apply to Métis and Inuit.

There are an abundance of partnership models and resources providing additional information and detail as Transformation Office and the projects plan and implement the Indigenous Partnership Strategic Framework. Indigenous experts, health professionals, grassroots, Healers, Elders, Knowledge Keepers and Indigenous organizations will provide the guidance.

Information and wisdom from the scan and engagement sessions have informed the Indigenous Partnership Strategic Framework.

INDIGENOUS HEALTHCARE PROVIDERS SESSION

Indigenous healthcare providers expressed the need for more policies and guidelines that allow for increased culturally safe collaborative care that include linkages to community health (urban, rural, and northern). It was noted that a centralized resource will be necessary to maintain system knowledge and resources to expand the continuum of care for Indigenous patients. Developing quality improvement standards to measure Indigenous health process outcomes was a common theme. It was also emphasized that more education and training tools are necessary to apply in specific health disciplines and contexts that build on cultural awareness training.

HEALTH SYSTEM TRANSFORMATION PROJECTS SURVEY RESPONSE FEEDBACK

Feedback from Health System Transformation project survey respondents indicated that structures are needed between Provincial and Federal health programs and delivery agents to ensure sustainable outcomes. The jurisdictional complexities and boundaries between Indigenous communities and Provincial and Federal governments require legal analysis and procedures to determine responsibilities that fill gaps. Pathways for the Transformation Management Office and Manitoba Health, Seniors and Active Living will be necessary to implement Indigenous aspects of the Provincial Clinical and Preventative Services Plan. A sanctioned list of Indigenous health issues and priorities will be necessary and tracking and reporting of actions taken is necessary to move forward. More recognition of different processes and clinical algorithms for culturally appropriate and collaborative care is required. There is a strong desire to obtain Indigenous health and cultural expertise in projects.

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