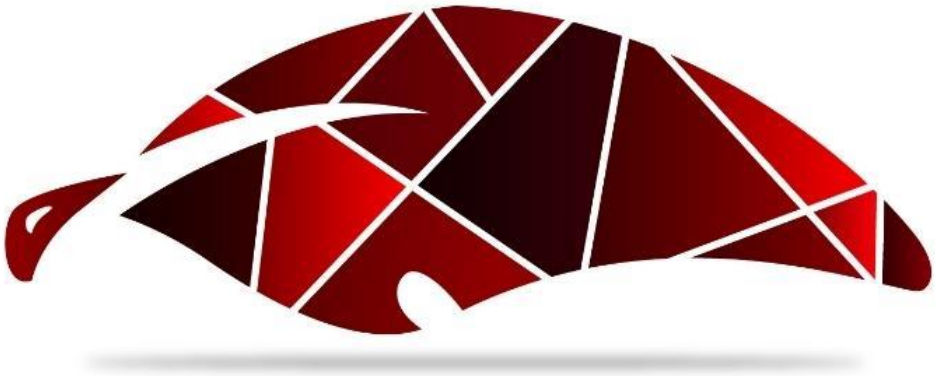

OFIFC

Ontario Federation of
Indigenous Friendship Centres

Submission to Indigenous Services Canada on the Co-Development of Indigenous Health Legislation

July 2023

About the Ontario Federation of Indigenous Friendship Centres

Founded in 1971, the Ontario Federation of Indigenous Friendship Centres (OFIFC) works to support, advocate for, and build capacity of member Friendship Centres across Ontario.

Emerging from a nation-wide, grassroots movement dating back to the 50s, Friendship Centres are community hubs where Indigenous people living in towns, cities, and urban centres can access culturally based and culturally appropriate programs and services every day. Today, Friendship Centres are dynamic hubs of economic and social convergence that create space for Indigenous communities to thrive. Friendship Centres are idea incubators for young Indigenous people attaining their education and employment goals, they are sites of cultural resurgence for Indigenous families who want to raise their children to be proud of who they are, and they are safe avens for Indigenous community members requiring supports.

In Ontario, more than 88 percent of Indigenous people live off-reserve, in cities, towns, and rural communities[i]. The OFIFC is the largest urban Indigenous service network in the province supporting this vibrant, diverse, and quickly-growing population through programs and initiatives that span justice, health, family support, long-term care, healing and wellness, employment and training, education, research, and more.

Friendship Centres receive their mandate from their communities, and they are inclusive of all Indigenous people – First Nation, Status/Non-Status, Métis, Inuit, and those who self-identify as Indigenous.

Background

The federal Minster of Indigenous Services' mandate letter includes the full implementation of Joyce's Principle and the co-development of distinctions-based Indigenous health legislation[ii] which is further reiterated as a priority item in the federal government's *United Nations Declaration on the Rights of Indigenous Peoples Act (UNDA) Action Plan*[iii].

The federal government identified the development of distinctions-based Indigenous health legislation as an opportunity to:

- *establish overarching principles as the foundation of federal health services for Indigenous peoples*
- *support the transformation of health service delivery through collaboration with Indigenous organizations in the development, provision and improvement of services to increase Indigenous-led health service delivery*
- *continue to advance the Government of Canada's commitment to reconciliation and a renewed nation-to-nation, Inuit-Crown and government-to-government relationship with Indigenous peoples based on the recognition of rights, respect, co-operation and partnership*[iv]

The first phase of engagement to develop the legislation involved gathering input from Indigenous partners on the state of Indigenous health in Canada and how the legislation could improve access to high-quality, culturally relevant, and safe health services. The Government of Canada released a report titled, *What we heard: Visions for Distinctions-based Indigenous Health Legislation* summarizing the information gathered during engagements from Winter 2021 to Fall 2022[v]. The Ontario Federation of Indigenous Friendship Centres (OFIFC), which represents the largest Indigenous service delivery network in Ontario, was not engaged throughout the first phase of engagement.

The report and the government's engagement approach categorizes urban Indigenous people as "Intersectional Peoples" in their distinction-based+ approach. The report defines distinctions-based+ and intersectional as follows:

> *Distinctions-based+: Acknowledges that each community has a unique culture, territory, history, and relationship with the Government of Canada, as well as unique strengths to build on and challenges to face. A distinctions-based+ approach means working independently with First Nations Peoples, Inuit, Métis Peoples and Intersectional Peoples in recognition of their unique attributes.*
>
> *Intersectional: How unique aspects of a person's identity intersect. In the context of this report, "intersectional" refers to how a person's Indigenous identity, gender identity, physical ability, socio-economic status or other personal aspects of*

identity may cause overlapping impacts of discrimination. This is inclusive of non-status and unaffiliated First Nations, Métis and Inuit individuals.[vi]

The federal government is currently in their second stage of engagement to co-develop legislative options to be presented to Cabinet. The legislation will be introduced in Winter 2024. Several tables specific to Inuit, Métis, and First Nations have been established at the federal level to participate in the co-development process. The co-development process has not included any tables specific to urban Indigenous people. Instead, there was recently an Intersectional Co-Development Table struck, which includes urban, 2SLGBTQQIA+, youth, Elders, women, and people with disabilities in which only one meeting was dedicated to discussing the priorities for legislative options of urban Indigenous people. The OFIFC was invited to participate on the Intersectional Co-Development Table with very little notice during a rushed engagement process.

We provide our submission amidst the aforementioned context in which the federal government, as demonstrated by the co-development process, continues to actively erase and de-prioritize urban Indigenous perspectives and realities within federal policy making, legislative contexts, and funding investments – an approach which is substantiated through a flawed three streams, distinction-based model to legislative development.

About Our Submission

In recognition of the vast experience and expertise that Friendship Centres have in the health sector, our submission outlines for Indigenous Services Canada critical areas of concern and legislative options for the development of Indigenous health legislation. This moment offers an historic opportunity for the federal government to address the long-standing federal policy void on Indigenous health as well as an opportunity to leverage the significant expertise of, and social infrastructure established by, Friendship Centres.

The health care system in Canada was structured not to meet the health needs of Indigenous peoples, but to protect the settler population from illness.[vii] The absence of an equitable national Indigenous health policy today is due to this legacy. The current system demonstrates little concern for Indigenous peoples' health,[viii] the proliferation of systemic racism, and the lack of political will.[ix] Health care provision remains rooted in colonial structures[x] illustrating how inequitable health care access is embedded in colonialism as a broader social determinant of health for Indigenous peoples[xi]. Boyer explains that the law can also be used as a tool to negatively compound the health inequity that Indigenous peoples experience as it can, "…provide the teeth for enforcing public health standards and changing existing patterns that damage health." (p. 92)[xii] Indigenous public health and legal scholars assert that legal and policy reforms are needed to eliminate health inequity and ensure equitable health care access[xiii] whereby

colonialism as a social determinant of health must be remedied via the self-determination of Indigenous peoples[xiv].

The concurrent creation of federal Indigenous heath legislation and the implementation of the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP) through UNDA demonstrates a historic opportunity for the federal government to address a long-standing federal policy void on Indigenous health in a manner that dismantles colonial systems and effectively reflects the lived realities and upholds the rights of all Indigenous peoples regardless of residency or colonial definitions of identity.

Our submission and contribution to the development of the Indigenous health legislation must be understood in the context of, and interpreted in tandem with, the OFIFC's recent report to the Department of Justice to inform the development of Canada's *UNDA Action Plan* titled, *Friendship Centres are UNDRIP in Action*[xv]. The report makes 32 recommendations that have far-reaching implications across the social and cultural determinants of health to ultimately achieve justice in health for urban Indigenous people through self-determination.

Although UNDRIP uses the language of "rights" to frame self-determining practices, Friendship Centres understand the content of UNDRIP as lived and action-oriented responsibilities to care for one another with culture always at the center. Friendship Centres emerged through acts of community self-determination to respond to the needs of urban Indigenous people in cities and towns. Today, Friendship Centres are safe spaces where Indigenous peoples in urban centers individually and collectively exercise their economic, social, and cultural rights.[xvi]

In alignment with UNDRIP Articles 21, 23, and 24, Friendship Centres have, for over five decades, taken up the responsibility to deliver culture-based health and healing programs to support the wholistic needs of community members at every life stage. Friendship Centres act as connectors by linking community members to preventative supports, the mainstream heath care system, and to culture-based approaches to health and healing. Some Friendship Centres also offer primary care to ensure culturally safe access for their community members. As a result, Friendship Centres have first-hand knowledge of urban Indigenous people's experiences within health care, service providers' relationships with urban Indigenous communities, and experience in providing culturally appropriate care for urban Indigenous people.

Friendship Centres also facilitate the right, set out in UNDRIP, that Indigenous people have to establish and maintain political, economic, social, cultural, and sector-specific institutions. In the health sector, Friendship Centres supported the inception of Aboriginal Health Access Centres across the province of Ontario. To align provincial strategies with UNDRIP, the Truth and Reconciliation Commission of Canada (TRC), and the expectations of urban Indigenous communities for reconciliation, the OFIFC, the Métis Nation of Ontario, and the Ontario Native Women's Association developed the *Urban Indigenous Action Plan* in partnership with the Ontario Government[xvii]. Launched

in 2018, it is an official policy of the Ontario Government and guides work that impacts urban Indigenous communities, including health.

Response to the Co-Development of Indigenous Health Legislation

Urban Indigenous Inclusion:

As outlined above, the federal government's engagement process designated urban Indigenous people as a group amongst many as "Intersectional Peoples" within a distinctions-based+ approach. This categorization attempts to re-cast a new colonial framework that sidelines the identity of Indigenous people who live in cities and towns. In doing so, the federal government is choosing to disregard the Urban Sub-Working Group on Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA+ people's report included in the *MMIWG2S+ National Action Plan* that articulates urban realities and explains that the recognition of urban legitimacy by all governments is a requirement for transformative change[xviii].

It is critical that the development of federal Indigenous health legislation actively involve urban Indigenous partners on equal ground to Inuit, Métis, and First Nations partners to ensure that the legislation, future policy making, and resulting investments do not serve to erase urban Indigenous people. Without this, the federal government will fail to achieve their stated goal of, "foster[ing] health systems that will respect and ensure the safety and well-being of Indigenous Peoples."[xix]

The health disparity that Indigenous peoples experience cuts across colonial definitions of identity and place of residency.[xx] Legislation must be reflective of this reality. Friendship Centres demand stronger federal leadership on urban Indigenous priorities, foremost among them, the right to self-determination. The lack of urban Indigenous inclusion has been at the critical detriment of rapidly growing urban Indigenous communities, and in conflict with Canada's commitment to reconciliation. The federal government must fundamentally reform its approach to Indigenous relations.

Considering the vast undertaking of co-developing Indigenous health legislation to address the long-standing policy void on Indigenous health, a legislative review process must be included in the legislation. A legislative review process that includes urban partners on equal grounds to Inuit, Métis, and First Nations is essential to supporting transformation and foraging new pathways for urban Indigenous self-determination in health. To address the lack of urban engagement from the onset of the co-development process, the legislation must also include the development of an Urban Indigenous Health Action Plan.

Recommendations:

- Recognize and name urban Indigenous communities as a distinctive Indigenous group and articulate the requirement to engage urban Indigenous organizations as equal partners to First Nations, Inuit, and Métis partners.
- Recognize and name Friendship Centres as Indigenous Service Providers in alignment with *UNDA Action Plan* priority item #84 which states that the federal government will,
    - *[c]ontinue to support Friendship Centres and other urban Indigenous organizations and coalitions in their work to identify and address local needs and priorities of urban/off reserve Indigenous peoples in a manner that is safe, secure, accessible and culturally relevant.*[xxi]
- Mandate a formalized process for regularized, direct engagement with the OFIFC to ensure that the needs of Friendship Centres in Ontario are considered on matters that will significantly impact Friendship Centre communities.
- Establish a legislative review process with Indigenous partners to reflect the developmental nature of the implementation of Indigenous health legislation.
- Require the co-development of an Urban Indigenous Health Action Plan between the federal government and urban Indigenous partners.

<u>Jurisdictional Barriers:</u>

Health care provision for Indigenous peoples in Canada is laden with jurisdictional ambiguity and barriers contributing to the health disparity experienced by Indigenous peoples.[xxii] Health care for urban Indigenous people is under provincial jurisdiction and, as a result, constructive advancements fall through the cracks when urban Indigenous health as a policy matter is subject to the political will of the government of the day. An urban Indigenous health strategy has been absent from all levels of government and as a result, urban Indigenous organizations are left to wrangle different levels of government simultaneously for a modicum of support.

Federal leadership is needed to improve provincial governments' abysmal track records. Priority item #8 of the *UNDA Action Plan* states that the federal government will,

> *[w]ork with provinces and territories to improve fair and equitable access to quality and culturally safe health services, including through seamless service delivery across jurisdictions and meaningful engagement and work with Indigenous organizations and governments.*[xxiii]

This priority calls for a new approach to solving issues caused by colonial interference. New approaches are required that move beyond federal incentives downloaded to provinces or time-limited programming, in favour of strategies that are aligned with UNDRIP and the priorities of Indigenous communities.

The *Canada Health Act* outlines a set of principles that the provinces must abide by to receive Canada Health Transfers. The Act also mandates an Annual Report to Parliament each fiscal year, "…including all relevant information on the extent to which provincial health care insurance plans have satisfied the criteria, and the extent to which the provinces have satisfied the conditions, for payment under this Act..."[xxiv]

A similar requirement must be included within Indigenous health legislation as means for the federal government to hold the provinces to account. It is recommended that an equitable allocation of the Canada Health Transfer is established for urban Indigenous people in which the spending of those funds is held against a set of principles determined by urban Indigenous people and reported upon in an annual report similarly to the *Canada Health Act*. These funds would support transformative change and the foraging of urban Indigenous self-determined pathways in health and service delivery, including building urban Indigenous-led infrastructure. Transformation cannot happen without the transfer of resources.

Federal leadership can also be exercised by requiring the provinces to align provincial health laws with UNDRIP. The *UNDA Action Plan* outlines a process to systemically embed Indigenous rights in federal laws and policies,[xxv] however, the same must be required by the provinces. The implementation of UNDRIP must be understood as a responsibility of all levels of government, especially in areas such as health where the provinces hold jurisdiction.

Recommendations:

- Employ a similar model to the *Canada Health Act* to ensure provincial accountability to urban Indigenous people:
    - Establish an equitable allocation of the Canada Health Transfer for urban Indigenous people;
    - Co-develop principles for funding implementation with urban Indigenous partners; and
    - Require annual reporting to Parliament to determine if the provinces are in alignment with the co-developed principles and have satisfied conditions for payment.
- Require the provinces to establish a process with urban Indigenous partners to align provincial health laws and policies with UNDRIP.

<u>Funding to Match the Urban Reality:</u>

Activating, leveraging, and working with the Friendship Centre Movement in the development of health legislation aimed at improving the health and wellbeing of Indigenous peoples makes for a sound policy approach. Ontario has the largest provincial Indigenous population in Canada, home to 406,000 Indigenous people[xxvi]. In Ontario, 88% of Indigenous peoples live in urban areas in which 60% or 243,000

Indigenous people live in a community with a Friendship Centre[xxvii]. The national Indigenous population grew by 9.4% between 2016 and 2021; almost twice the pace of the non-Indigenous population.[xxviii] When interpreting these numbers, it is essential to understand that census data drastically undercounts urban Indigenous people. The 'Our Health Counts' studies have demonstrated that the Canadian Census undercounts urban Indigenous people by 2 to 5 times.[xxix]

Friendship Centres are vastly underfunded in relation to the complex and intersectoral services they provide to large portions of the urban Indigenous population and the community at large. Friendship Centres have called for the reinstatement of evergreen, sustainable funding for Friendship Centres and to stop the erosion of funding to urban Indigenous communities. Core funding for Friendship Centres through the federal government was annualized and evergreen for many decades, but when this commitment ended in 2014, Friendship Centres were downgraded as a priority by the federal government. As a result, Friendship Centres have limited capacity to actualize self-determined priorities. This reality contributes to the destabilization of communities and is a human rights violation unto itself.

With the growing urban Indigenous population, the demands on Friendship Centres are at an all-time high, yet adequate funding to support this work from the federal government has not been rekindled. The OFIFC has called for the establishment of an Indigenous Friendship Centre Program, distinct from the federal Urban Programming for Indigenous Peoples (UPIP), that is designed, delivered, and managed by the Friendship Centre Movement. The program will reflect a relationship based on reconciliation including the recognition of the rights, respect, partnership, and self-determination as well as the unique and pivotal role that Friendship Centres play in urban Indigenous communities.

Stabilized and enhanced core funding and the ability of Friendship Centres to exercise self-determination in health are directly intertwined. As the largest urban Indigenous service delivery network in Ontario, and in this post-TRC era, Friendship Centres are increasingly engaged by all levels of government and local service providers to participate in program and policy development in the health sector as well as across the social determinants of health. To meaningfully participate in decision-making processes as well as to forge new urban Indigenous self-determined pathways in health, Friendship Centres require stability through adequate core funding that reflects the reality of the growing urban Indigenous population.

For decades and in alignment with UNDRIP Articles 21, 23, and 24, Friendship Centres have taken on the responsibility to design, deliver, and manage culture-based health and healing programs that support the wholistic needs of community members at every life stage. To realize *UNDA Action Plan* priority item #84, the federal Indigenous health legislation must support Friendship Centres through stable, equitable, and flexible program funding to continue to meet the needs of urban Indigenous peoples in community-driven ways. It is essential that the federal government co-develop a funding

model with the OFIFC to ensure community needs are met. Areas of work could include expanding capacity in mental health and substance use, Indigenous heath practices, the delivery of virtual care, culture-based supports in palliative and end of life care, supporting culturally safe health care spaces for 2SLGBTQQIA+, engagement with local health service providers and systems, among many other areas.

Recommendations:

- Paired with the acknowledgement of Friendship Centres as Indigenous Service Providers, require through legislative mechanisms that, stable, equitable, and flexible program funding is committed to meet the needs of urban Indigenous peoples in community-driven ways.
- In a preambular statement, acknowledge the relationship between equitable and evergreen core Friendship Centre funding and the ability of urban Indigenous communities to fully exercise self-determination in health.

<u>Anti-Indigenous Racism:</u>

Anti-Indigenous racism in Canada's health care system is pervasive and systemic. Rooted in colonial policies and legislation, anti-Indigenous racism exists in every facet of the health care system. It is not only detrimental to the health outcomes of Indigenous peoples but can also be fatal.[xxx] Just as anti-Indigenous systemic and interpersonal racism are prevalent within Canada's health system, so is epistemic racism. In the context of Indigenous health, it is the imposition and dominance of western biomedical knowledge to marginalize and assert the inferiority of Indigenous ways of knowing and health practices.[xxxi] Anti-Indigenous epistemic racism comes to bear in several ways including, systemic, inequitable investment into Indigenous health systems and for Indigenous health practitioners as well as a lack of respect and awareness of Indigenous health practices in the mainstream health system.

Freedom to express cultural identity and freedom from discrimination are closely related. Friendship Centres direct a significant amount of energy on a daily basis to assisting urban Indigenous individuals and families deal with the fallout from instances of anti-Indigenous racism and discrimination. They are also engaged in processes of advocacy to ensure that cultural identity can be expressed and cultural rights freely exercised.

It takes additional work and advocacy by Friendship Centres to access a bare minimum of support for the free expression of cultural identity and rights in the health care system. Examples of this include barriers faced when accessing traditional medicines and foods in institutional settings such as hospitals and long-term care. The ability to carry out traditional practices including burning of medicines, ceremonies, drumming, and other cultural practices in health care institutions can be made extremely difficult or banned outright.

Instances of Indigenous people's hesitancy in accessing mainstream services such as clinics and hospitals, or outright avoidance, is traumatic and engrained. Anti-Indigenous racism is widespread and common within the health sector. It manifests explicitly through anti-Indigenous racism and discrimination and can be compounded by additional stigma around substance use, mental health, and addictions. Anti-Indigenous racism can also manifest as a lack of care, the denial of care, and maltreatment. These experiences negatively affect access to preventative and wholistic care and severely limit access to those who require immediate assistance. As per the federal Action Plan on UNDA, priority item #7 states that the federal government will,

> *[w]ork with partners, including Indigenous organizations, health systems partners, educational institutions and engage with provincial and territorial governments, to develop a longer-term national approach to addressing anti-Indigenous racism in health systems to support health equity and accessibility for Indigenous peoples. This work includes:*
>
> - *Developing a longer-term national approach to improving access to culturally-safe health services and integrating cultural and patient safety in health systems*
> - *Introducing measures to increase accountability within health systems*
> - *Support for and capacity building in health human resources.*
>
> *The longer-term approach will be informed by the ongoing National Dialogues, the renewal of Canada's Anti Racism Strategy, and the co-development of distinctions-based Indigenous health legislation in order to fully implement Joyce's Principle.*[xxxii]

It is essential that Indigenous health legislation includes the necessary legislative tools to action this priority area in a manner that does not leave it vulnerable to political will and the government of the day. Furthermore, it is critical that as recommended above, a legislative review process with Indigenous partners is included so that new legislative tools can be incorporated as the conversation develops.

The legislation must require the provinces and territories to establish Indigenous-led complaint and accountability mechanisms for anti-racism in health care. It is critical that complaint processes are culturally safe and anti-racist to be accessible and effective for Indigenous peoples. Simply adding an Indigenous liaison position to mainstream systems is insufficient – this approach undermines a systemic commitment to anti-racism that must address the entire sector.

Complaint processes must be paired with accountability mechanisms at the service provider and system levels. Consequences for health care providers whose behaviour has been found to be racist and culturally unsafe need to be outlined within the legislation and enforced by provincial/territorial health systems and regulatory colleges. At the system level, the federal government needs to work with provincial/territorial governments and Indigenous partners to determine nation-wide goals and measures to

evaluate progress on eliminating anti-Indigenous racism in health care. Once a plan to measure progress is established, the provinces/territories must be required to report annually.

UNDA Action Plan priority item #7 fails to acknowledge the inherent link between population health data, anti-racism, and self-determination. Priority item #30 states that the federal government will,

> *Continue to support Indigenous Data Sovereignty and Indigenous-led data strategies through legislative, regulatory and policy options to help ensure that First Nations, Inuit, and Métis have the sufficient, sustainable data capacity they need to control, manage, protect, and use their data to deliver effective services to their peoples, tell their own stories, participate in federal decision-making processes on matters that impact them, and realize their respective visions for self-determination…*[xxxiii]

Again, the erasure of urban Indigenous peoples is glaring. There is no accurate province-wide urban Indigenous population health data in Ontario. The lack of urban Indigenous data systems inhibits the ability of urban Indigenous communities to engage in health planning, monitor health outcomes, evaluate the impact of racism as well as capture Indigenous worldviews of health. The legislation must address the need for urban Indigenous population health data sovereignty.

It is essential that the legislation name and acknowledge anti-Indigenous epistemic racism. Indigenous health systems, including practices, medicines, and healers must be respected as equal to, yet distinct from, the mainstream health care system. Recognition must then be paired with equitable resource allocation for the strengthening and implementation of Indigenous health systems. It is critical that the federal and provincial/territorial governments do not off-load this responsibility on to Friendship Centres without adequate resources and support to eliminate epistemic racism within the mainstream system. The strengthening and continued implementation of Indigenous health systems by urban Indigenous communities will empower community members to exercise individual self-determination in their care. Community members will be able to choose how they want to receive care and have equitable access to both the mainstream and Indigenous health systems without experiencing racism.

Friendship Centres are already doing the work to combat anti-Indigenous racism and promote cultural awareness within non-Indigenous communities. Friendship Centres serve as key partners in facilitating learning by connecting non-Indigenous partners with accessible aspects of Indigenous culture including community gatherings, cultural practices, and vital perspectives. Friendship Centres are constantly tapped for roles on advisory boards, community relations and liaison positions, to inform land acknowledgements and decolonial place-naming initiatives, and to provide cultural awareness and anti-racism training among many other roles. Specifically in the health

sector, Friendship Centres take up the responsibility to care for their community members in health care settings by facilitating cultural practices, traditional teachings, as well as providing access to medicines and ceremonies. Friendship Centres also engage with local health care providers to develop medicine policies to support the assertion of both individual and collective self-determination in health.

Friendship Centres have identified the need for Indigenous-led cultural competency and anti-racism training and human rights education with targeted efforts to address racism in key services areas such as health care.

Recommendations:

- Require the establishment of Indigenous-led complaint processes, for example, the creation of an Indigenous health ombudsperson in each province/territory.
- Require the development of guidelines of consequences for health care providers whose behaviour has been found to be racist and culturally unsafe.
    - Mandate these guidelines to be enforced by provincial/territorial health systems and regulatory colleges.
- Mandate the federal government to work with provincial/territorial governments and Indigenous partners to determine nation-wide goals and measures to evaluate progress on eliminating anti-Indigenous racism in health care.
    - Once a plan to measure progress is established, the provinces/territories must be required to report annually.
- Require the federal government to provide stable and equitable funding to urban Indigenous partners for the development of urban Indigenous population health data infrastructure and capacity.
- Include the recognition of epistemic racism and its elimination at the system and interpersonal level in heath care as a broad principle.
- Require the federal government to support the OFIFC through sustainable funding to develop and deliver Indigenous-led anti-racism training and human rights education in the health sector.
    - In alignment with the legislated requirement in UNDA to promote mutual respect and understanding as well as good relations, including through human rights education.[xxxiv]

Summary of Recommendations

As the federal government prepares to develop Indigenous health legislation, it cannot do so without adequate engagement and collaboration with urban Indigenous partners. Engagements with urban Indigenous partners by Indigenous Services Canada have been an afterthought in the development of the legislation. This consistent erasure of urban Indigenous voices at the federal level will translate to ineffectual health policy

development. Access to culturally safe health care must be universal, unencumbered by the colonial interference that has sidelined the needs of urban Indigenous communities.

The OFIFC recommends that urban Indigenous people and communities are recognized distinctly within the legislation. The health priorities of urban Indigenous communities must be supported through a dedicated strategic approach that includes the development of an Urban Indigenous Health Action Plan federally.

To ensure that the federal Indigenous health legislation developed is transformative, it is recommended that the federal government:

Urban Indigenous Inclusion:

- Recognize and name urban Indigenous communities as a distinctive Indigenous group and articulate the requirement to engage urban Indigenous organizations as equal partners to First Nations, Inuit, and Métis partners.
- Recognize and name Friendship Centres as Indigenous Service Providers in alignment with *UNDA Action Plan* priority item #84 which states that the federal government will,
    - *[c]ontinue to support Friendship Centres and other urban Indigenous organizations and coalitions in their work to identify and address local needs and priorities of urban/off reserve Indigenous peoples in a manner that is safe, secure, accessible and culturally relevant.*[xxxv]
- Mandate a formalized process for regularized, direct engagement with the OFIFC to ensure that the needs of Friendship Centres in Ontario are considered on matters that will significantly impact Friendship Centre communities.
- Establish a legislative review process with Indigenous partners to reflect the developmental nature of the implementation of Indigenous health legislation.
- Require the co-development of an Urban Indigenous Health Action Plan between the Federal Government and urban Indigenous partners.

Jurisdictional Barriers:

- Employ a similar model to the *Canada Health Act* to ensure provincial accountability to urban Indigenous people:
    - Establish an equitable allocation of the Canada Health Transfer for urban Indigenous people;
    - Co-develop principles for funding implementation with urban Indigenous partners; and

    - Require annual reporting to Parliament to determine if the provinces are in alignment with the co-developed principles and have satisfied conditions for payment.

- Require the provinces to establish a process with urban Indigenous partners to align provincial health laws and policies with UNDRIP.

Funding to Match the Urban Reality:

- Paired with the acknowledgement of Friendship Centres as Indigenous Service Providers, require through legislative mechanisms that, stable, equitable, and flexible program funding is committed to meet the needs of urban Indigenous peoples in community-driven ways.
- In a preambular statement, acknowledge the relationship between equitable and evergreen core Friendship Centre funding and the ability of urban Indigenous communities to fully exercise self-determination in health.

Anti-Indigenous Racism:

- Require the establishment of Indigenous-led complaint processes, for example, the creation of an Indigenous health ombudsperson in each province/territory.
- Require the development of guidelines of consequences for health care providers whose behaviour has been found to be racist and culturally unsafe.
    - Mandate these guidelines to be enforced by provincial/territorial health systems and regulatory colleges.
- Mandate the federal government to work with provincial/territorial governments and Indigenous partners to determine nation-wide goals and measures to evaluate progress on eliminating anti-Indigenous racism in health care.
    - Once a plan to measure progress is established, the provinces/territories must be required to report annually.
- Require the federal government to provide stable and equitable funding to urban Indigenous partners for the development of urban Indigenous population health data infrastructure and capacity.
- Include the recognition of epistemic racism and its elimination at the system and interpersonal level in heath care as a broad principle.
- Require the federal government to support the OFIFC through sustainable funding to develop and deliver Indigenous-led anti-racism training and human rights education in the health sector.
    - In alignment with the legislated requirement in UNDA to promote mutual respect and understanding as well as good relations, including through human rights education.[xxxvi]

[i] Statistics Canada. 2021 Census of Population. Table 98-10-0264-01 Indigenous identity by Registered or Treaty Indian status and residence by Indigenous geography: Canada, provinces and territories

[ii] Office of the Prime Minister. (December, 2021). *Minister of Indigenous Services and Minister responsible for the Federal Economic Development Agency for Northern Ontario Mandate Letter*. https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-indigenous-services-and-minister-responsible-federal-economic

[iii] Department of Justice Canada. (2023). *United Nations Declaration on the Rights of Indigenous Peoples Act (UNDA) Action Plan.* https://www.justice.gc.ca/eng/declaration/ap-pa/ah/pdf/2023-06-20_UNDA_Action_Plan_EN.pdf

[iv] Indigenous Services Canada. (May, 2023). *Co-developing distinctions-based Indigenous health legislation*. https://www.sac-isc.gc.ca/eng/1611843547229/1611844047055

[v] Indigenous Services Canada. (January, 2023). *Visions for Distinctions-based Indigenous Health Legislation: Executive summary.* https://www.sac-isc.gc.ca/eng/1667579335081/1667579367781

[vi] Indigenous Services Canada. (January, 2023). *Visions for Distinctions-based Indigenous Health Legislation: Executive summary.* https://www.sac-isc.gc.ca/eng/1667579335081/1667579367781

[vii] Boyer, Y. (2015). *Moving Aboriginal health forward: Discarding Canada's legal barriers*. Purich Publishing.

[viii] Lavoie, J. G. (2013). Policy silences: why Canada needs a National First Nations, Inuit and Métis health policy. *International Journal of Circumpolar Health*, *72*(1), 22690.

[ix] Allan, B., & Smylie, J. (2015). *First Peoples, Second Class Treatment. The role of racism in the health and well-being of Indigenous peoples in Canada*. Toronto, ON: The Wellesley Institute.; Richmond, C. A., & Cook, C. (2016). Creating conditions for Canadian aboriginal health equity: the promise of healthy public policy. *Public Health Reviews*, *37*(1), 1-16.

[x] Lavoie, J. G. (2013). Policy silences: why Canada needs a National First Nations, Inuit and Métis health policy. *International Journal of Circumpolar Health*, *72*(1), 22690.; Boyer, Y. (2015). *Moving Aboriginal health forward: Discarding Canada's legal barriers*. Purich Publishing.

[xi] Reading, C. L., & Wien, F. (2009). *Health Inequalities and The Social Determinants of Aboriginal Peoples' Health*.

[xii] Boyer, Y. (2015). *Moving Aboriginal health forward: Discarding Canada's legal barriers*. Purich Publishing.

[xiii] Boyer, Y. (2015). *Moving Aboriginal health forward: Discarding Canada's legal barriers*. Purich Publishing.; Richmond, C. A., & Cook, C. (2016). Creating conditions for Canadian aboriginal health equity: the promise of healthy public policy. *Public Health Reviews*, *37*(1), 1-16.

[xiv] Mowbray, M. (2007). *Social determinants and indigenous health: the international experience and its policy implications*. Commission on Social Determinants of Health.

[xv] Ontario Federation of Indigenous Friendship Centres. (2023). *Friendship Centres are UNDRIP in Action*. https://ofifc.org/wp-content/uploads/2020/03/2023-04-28-UNDRIP-OFIFC-Engagement-Report.pdf

[xvi] Ontario Federation of Indigenous Friendship Centres. (2023). *Friendship Centres are UNDRIP in Action*. https://ofifc.org/wp-content/uploads/2020/03/2023-04-28-UNDRIP-OFIFC-Engagement-Report.pdf

[xvii] Government of Ontario. *The Urban Indigenous Action Plan*. https://files.ontario.ca/uiap_full_report_en.pdf

[xviii] MMIWG2S+ National Action Plan. (2022). *Urban Path to Reclaiming Power and Place, Regardless of Residency*. https://ofifc.org/wp-content/uploads/2022/01/NAP-Urban-Framework_EN.pdf

[xix] Office of the Prime Minister. (December, 2021). *Minister of Indigenous Services and Minister responsible for the Federal Economic Development Agency for Northern Ontario Mandate Letter*. https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-indigenous-services-and-minister-responsible-federal-economic

[xx] Smylie, J., Firestone, M., Cochran, L., Prince, C., Maracle, S., Morley, M., Mayo, S., Spiller, T., & McPherson, B. (April, 2011). *Our Health Counts Urban Aboriginal Health Database Research Project: Community Report First Nations Adults and Children City of Hamilton*. http://www.ourhealthcounts.ca/images/PDF/OHC-Report-Hamilton-ON.pdf; Tungasuvvingat Inuit & Well Living House Action Research Centre for Infant, Child and Family Health and Wellbeing. (July, 2017). *Our Health Counts Urban Indieganous Health Database Project: Community Report Inuit Adults City of Ottawa*. http://www.welllivinghouse.com/wp-content/uploads/2018/04/Our-Health-Counts-Urban-Indigenous-Health-Database-Project-Inuit-Adults-July-2017.pdf; Anishnawbe Mushkiki. (2020). *Our Health Counts Thunder Bay: Adult Chronic Health Conditions*. http://www.welllivinghouse.com/wp-content/uploads/2022/03/Citation-Final_OHC-TB-Factsheet-Chronic-Health-Conditions.pdf; Xavier, C., O'Brien, K., Kitching, G., Maddox, R., Muise, GM., Dokis, B., & Smylie, J. *Our Health Counts London: Adult Chronic Health Conditions*. https://soahac.on.ca/wp-content/uploads/2018/09/OHC-06A-Adult-Chronic-Conditions-1.pdf

[xxi] Department of Justice Canada. (2023). *United Nations Declaration on the Rights of Indigenous Peoples Act (UNDA) Action Plan.* https://www.justice.gc.ca/eng/declaration/ap-pa/ah/pdf/2023-06-20_UNDA_Action_Plan_EN.pdf

[xxii] Lavoie, J. G. (2013). Policy silences: why Canada needs a National First Nations, Inuit and Métis health policy. *International Journal of Circumpolar Health*, *72*(1), 22690.

[xxiii] Department of Justice Canada. (2023). *United Nations Declaration on the Rights of Indigenous Peoples Act (UNDA) Action Plan.* https://www.justice.gc.ca/eng/declaration/ap-pa/ah/pdf/2023-06-20_UNDA_Action_Plan_EN.pdf

[xxiv] Canada Health Act, RSC 1985, c C-6

[xxv] Department of Justice Canada. (2023). *United Nations Declaration on the Rights of Indigenous Peoples Act (UNDA) Action Plan.* https://www.justice.gc.ca/eng/declaration/ap-pa/ah/pdf/2023-06-20_UNDA_Action_Plan_EN.pdf

[xxvi] Statistics Canada. 2021 Census of Population. Table 98-10-0264-01 Indigenous identity by Registered or Treaty Indian status and residence by Indigenous geography: Canada, provinces and territories

[xxvii] Statistics Canada. 2021 Census of Population. Table 98-10-0264-01 Indigenous identity by Registered or Treaty Indian status and residence by Indigenous geography: Canada, provinces and territories

[xxviii] Statistics Canada. 2021 Census of Population. *The Daily: Indigenous population continues to grow and is much younger than the non-Indigenous population, although the pace of growth has slowed*.

[xxix] Rotondi, M. A., O'Campo, P., O'Brien, K., Firestone, M., Wolfe, S. H., Bourgeois, C., & Smylie, J. K. (2017). Our Health Counts Toronto: using respondent-driven sampling to unmask census undercounts of an urban indigenous population in Toronto, Canada. *BMJ open*, *7*(12), e018936.

[xxx] Wabano Centre for Aboriginal Health. *Share Your Story Indigenous-Specific Racism in Health Care Across the Champlain Region: Full Report*. https://wabano.com/wp-content/uploads/2022/05/ShareYourStory-FullReport-EN.pdf; Allan, B., & Smylie, J. (2015). *First Peoples, Second Class Treatment. The role of racism in the health and well-being of Indigenous peoples in Canada*. Toronto, ON: The Wellesley Institute.

[xxxi] Allan, B., & Smylie, J. (2015). *First Peoples, Second Class Treatment. The role of racism in the health and well-being of Indigenous peoples in Canada*. Toronto, ON: The Wellesley Institute.

[xxxii] Department of Justice Canada. (2023). *United Nations Declaration on the Rights of Indigenous Peoples Act (UNDA) Action Plan.* https://www.justice.gc.ca/eng/declaration/ap-pa/ah/pdf/2023-06-20_UNDA_Action_Plan_EN.pdf

[xxxiii] Department of Justice Canada. (2023). *United Nations Declaration on the Rights of Indigenous Peoples Act (UNDA) Action Plan.* https://www.justice.gc.ca/eng/declaration/ap-pa/ah/pdf/2023-06-20_UNDA_Action_Plan_EN.pdf

[xxxiv] United Nations Declaration on the Rights of Indigenous Peoples Act S.C. 2021, c. 14

[xxxv] Department of Justice Canada. (2023). *United Nations Declaration on the Rights of Indigenous Peoples Act (UNDA) Action Plan.* https://www.justice.gc.ca/eng/declaration/ap-pa/ah/pdf/2023-06-20_UNDA_Action_Plan_EN.pdf

[xxxvi] United Nations Declaration on the Rights of Indigenous Peoples Act S.C. 2021, c. 14