A RECLAMATION OF WELL BEING:
Visioning a Thriving and Healthy Urban Indigenous Community

Toronto’s First Indigenous Health Strategy
2016-2021
Acknowledgements
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On the cover
Seven year old Jade Elliott is a first grader from Henvey Inlet First Nation. She is Ojibwe and her Anishnaabe name is Ozhaawashko-giizhig (Blue Sky).

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“Indigenous health issues require Indigenous solutions. Indigenous leadership along with TC LHIN and TPH represents this approach, through the TIHAC.”

Joe Hester, Executive Director, Anishnawbe Health Toronto

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Visioning a Thriving and Healthy Urban Indigenous Community
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Introduction

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 social programs affecting them and as far as possible, to administer such programs through their own institutions.


This strategy was conceived by the Toronto Indigenous Health Advisory Circle (TIHAC). As a circle of dedicated community leaders, TIHAC provides recommendations to the Toronto Central LHIN (TC LHIN) and Toronto Public Health (TPH) on improving health outcomes for Indigenous people in Toronto. In addition, TIHAC provides broader policy and advocacy direction on improving the social determinants of Indigenous health. In this first Indigenous Health Strategy for Toronto, TIHAC recommends a number of strategic activities that will impact what and how health programs and services are provided in addition to addressing health influencers such as the education, housing, food and justice systems.

Context

Toronto has the largest and most diverse urban Indigenous population in Ontario (Environics Institute, 2010). There is little local data on Indigenous health. However, national and First Nations databases indicate that Indigenous people fare worse than the non-Indigenous population on a myriad of health indicators (Gionet & Roshanasfshar, 2013; Olding et al., 2014).

Indigenous people living in Toronto face a disproportionate burden of challenges across the known social determinants of health, as well as barriers in accessing health services. Indigenous people experience higher rates of poverty, unemployment, homelessness, involvement with child welfare, food insecurity and challenges within the education system—all contributing to poor health outcomes (McCaskill et al., 2011; NCCAB, 2013; Olding et al., 2014; Steward et al., 2013). Despite these health inequities and hardships, Toronto’s Indigenous community has tremendous strength and resilience.

Improving Indigenous health outcomes falls within the mandates of both TC LHIN and TPH. While both organizations fund Indigenous health, TPH also provides various programs and services accessed by community members. There are also a number of health services provided by Indigenous and other non-Indigenous organizations in Toronto. However, much more is needed. Reducing health inequities experienced by Toronto’s Indigenous community requires a coordinated and wholistic approach—one that harmonizes traditional and mainstream health programs and services.

On December 9th, 2013, Anishnawbe Health Toronto (AHT) presented the alarming results of their study, Premature and Preventable Death Among Members of Toronto’s Aboriginal Community: Walking in Their Shoes to Toronto’s Board of Health. This presentation reinforced the need for TPH, TC LHIN and AHT to continue partnering in the establishment of TIHAC, a permanent, community-led health advisory circle.
HEALTH STATUS AND SOCIO-DEMOGRAPHIC INFORMATION

**SIZE OF TORONTO’S INDIGENOUS POPULATION**

According to Statistic Canada’s 2011 National Household Survey: **19,265**

Our Health Counts Toronto: **34,000 to 69,000**

*Our Health Counts study documents high rates of non-participation in the NHS.*

**INCOME (BEFORE TAXES) – PERCENTAGE OF INDIGENOUS POPULATION LIVING UNDER LOW-INCOME CUT-OFF**

<table>
<thead>
<tr>
<th>Identity</th>
<th>Aboriginal Population</th>
<th>Aboriginal Population END</th>
<th>Total Population</th>
<th>Total Population END</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td><strong>80%</strong></td>
<td><strong>90%</strong></td>
<td><strong>32%</strong></td>
<td><strong>35%</strong></td>
</tr>
<tr>
<td><strong>Aboriginal Identities</strong></td>
<td><strong>25%</strong></td>
<td><strong>20%</strong></td>
<td><strong>15%</strong></td>
<td><strong>16%</strong></td>
</tr>
<tr>
<td><strong>Aboriginal Identities not included elsewhere</strong></td>
<td><strong>20%</strong></td>
<td><strong>15%</strong></td>
<td><strong>10%</strong></td>
<td><strong>11%</strong></td>
</tr>
</tbody>
</table>

**POPULATION**

| Total Population of Toronto | 1,3% to 2.7% |

**HOMELESSNESS**

| Homelessness Population Identify as Aboriginal | 16% |

**EDUCATION**

Toronto respondents in Urban Aboriginal Peoples Study who reported negative experiences with elementary and secondary schools: **26%**

**PERCENTAGE OVER THE AGE OF 15 WITHOUT A CERTIFICATE, DIPLOMA OR DEGREE IN TORONTO**

- 25% Aboriginal Community
- 17.5% General Population

*Our Health Counts Toronto notes that this percentage may be significantly higher.*

**IDENTITY**

- **First Nations**: 65%
- **Métis**: 27%
- **Inuit**: 1.7%
- **Multiple Aboriginal Identities**: 1.3%
- **Aboriginal Identities not included elsewhere**: 5.2%

**DIVERSITY**

- **Anishnawbe**: 48%
- **Haudenosaunee**: 15%
- **Cree**: 10%
- **Métis**: 11%
- **Mi’kmaq**: 5%
- **Other**: 10%

**LANGUAGE**

TARP found that **19% of its respondents could speak an Indigenous language**

“These estimates are from the National Household Survey and represent a socioeconomically privileged minority subpopulation of the total Indigenous population of Toronto.”
**Self-Rated Health**

Having low household income was a significant predictor of ‘poor’ self-rated health.

<table>
<thead>
<tr>
<th>Percentage of Lone Parents Who Were Women:</th>
</tr>
</thead>
<tbody>
<tr>
<td>84%</td>
</tr>
</tbody>
</table>

**In Contrast To**

8% of patients from the general population were homeless.

**Intergenerational Trauma**

Two-thirds of urban Aboriginal people in Toronto say that they have been affected by residential schools, either personally or through a family member.

**Chronic Disease**

Aboriginal people with low income, less than high school education or were unemployed had higher percentages of being diagnosed with chronic conditions.

**Mental Health**

14% of Indigenous mental health patients in hospitals reported being homeless.

**Rehabilitation**

Average time in rehabilitation slightly longer for Aboriginal patients in Toronto than general population. Larger proportion of Aboriginal patients in rehabilitation for medically complex condition.

These rates likely underestimate Aboriginal patients since it would only include Aboriginal patients who were identified in the hospital. Some Aboriginal patients will not disclose identity and/or health care providers will not recognize Aboriginal identity. This depends on who is gathering the information.

Gathering the Circle

“The best way for the circle to work together is through a harmonized approach. This means that all meetings and the ways we work together are guided by Elders and involve youth. It is intergenerational, involves healers and different ways of knowing.”

Leila Monib, Health Equity Specialist, Circle Secretariat, Toronto Public Health
CREATION OF THE TORONTO INDIGENOUS HEALTH ADVISORY CIRCLE (TIHAC)

The TIHAC was established with a recognition that the TIHS must be led by community members themselves.

This is in line with the principle of self-determination and echoes recommendations recently released in *Truth and Reconciliation Commission of Canada: Calls to Action* (2015) and in the City of Toronto’s *Statement of Commitment to Aboriginal Communities* (2010).

A Steering Committee comprised of Anishnawbe Health Toronto, TPH and TC LHIN oversaw the creation of the TIHAC through a communications and outreach strategy informed by the Vision Wheel, a strategic planning tool adapted from the traditional Medicine Wheel.

A number of sources were consulted to develop the TIHAC structure. Governance structures of similar Indigenous health initiatives across Canada were reviewed. Furthermore, community stakeholders within Toronto and Ontario were engaged.
In 2014, TPH and TC LHIN met with the leadership of over 15 Toronto-based Indigenous organizations to gather recommendations on TIHAC membership, governance, roles and responsibilities.

TIHAC is structured according to community stakeholder recommendations:

- Meetings are guided by an Indigenous facilitator with extensive knowledge of Indigenous community governance and facilitation both locally, provincially and nationally.
- A small, agile circle of Indigenous Advisors.
- Membership represents the diversity within Toronto’s Indigenous community.
- Advisors represent themselves rather than the mandates of the organizations they work for.
- Recommendations are issued through a consensus decision-making model.
- Two Indigenous Elders are integral to the Circle and use cultural elements such as medicines, ceremony and traditional guidance at all meetings.
- Larger community meetings always incorporate a sacred fire for the duration.
- TIHAC is guided by an Elders Council.
- Youth participate through an active Youth Council.
- Indigenous worldviews are integrated throughout.
- TPH and TC LHIN leadership participate at meetings in a consultative and listening capacity, not as Advisors; they also ensure action on recommendations.
- Reference groups are established to address specific social determinants of Indigenous health, as necessary.
- PTOs (Provincial Territorial Organizations) are consulted, when required.

The Steering Committee also met with the Ministry of Health and Long-Term Care, Ministry of Aboriginal Affairs and Provincial Territorial Organizations to discuss Indigenous health planning in Toronto and future opportunities for collaboration.

TIHAC’s mandate is aligned with the strategic priorities of both the Ministry of Health and Long-Term Care and the Ministry of Aboriginal Affairs as outlined in the 2014 mandate letters sent to each ministry by Premier Kathleen Wynne.

Strategic Alignment

This chart details how the TIHS is in alignment with the priorities identified by international, national, provincial and local stakeholders.
<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>ALIGNMENT WITH TIHS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>International</strong></td>
<td></td>
</tr>
<tr>
<td>United Nations Declaration on the Rights of Indigenous Peoples</td>
<td>Indigenous self-determination and governance in the planning and delivery of culturally safe programs and services</td>
</tr>
<tr>
<td><strong>Federal</strong></td>
<td></td>
</tr>
<tr>
<td>Truth and Reconciliation Commission</td>
<td>To respect Indigenous health care rights, increase access to traditional healing, improve health outcomes, cultural competency training for health care providers and ensure community engagement in the planning, delivery and evaluation of health programs</td>
</tr>
<tr>
<td>First Nations and Inuit Health Branch</td>
<td>To ensure the availability of, or access to, health services for First Nations and Inuit communities</td>
</tr>
<tr>
<td><strong>Provincial</strong></td>
<td></td>
</tr>
<tr>
<td>Ministry of Health and Long-Term Care</td>
<td>Efficient coordination between LHINs and public health, greater access to high quality, client-centred and culturally appropriate services in line with Excellent Care for All Act, focus on seniors, mental health and addictions</td>
</tr>
<tr>
<td>Ministry of Aboriginal Affairs</td>
<td>Cross-government coordination, increase in Indigenous decision-making, focus on socio-economic influencers – particularly education and through Walking Together: Ontario’s Strategy to End Violence Against Aboriginal Women</td>
</tr>
<tr>
<td>Ministry of Education</td>
<td>Focus on equity: closing achievement gap between Aboriginal and non-Aboriginal students</td>
</tr>
<tr>
<td>Ministry of Children and Youth Services</td>
<td>Aboriginal Children and Youth Strategy will guide system transformation of services for Aboriginal children and youth including mental health, suicide prevention, child welfare and youth justice</td>
</tr>
<tr>
<td>Ministry of Municipal Affairs and Housing</td>
<td>Aboriginal component of Ontario’s Long-Term Affordable Housing Strategy</td>
</tr>
<tr>
<td>Public Service of Ontario</td>
<td>Mandatory Indigenous cultural competency training for all public servants</td>
</tr>
<tr>
<td>Provincial Indigenous Health Leads Network of the LHINS</td>
<td>Advancing cultural competency training, palliative care, mental health &amp; addictions and Indigenous engagement in diabetes</td>
</tr>
<tr>
<td>Chiefs of Ontario</td>
<td>Political Accord with the Premier of Ontario’s office</td>
</tr>
<tr>
<td>Metis Nation of Ontario</td>
<td>Delivers programs and services in the area of health, signed an Ontario Metis nation framework agreement with the province in 2008</td>
</tr>
<tr>
<td><strong>Local</strong></td>
<td></td>
</tr>
<tr>
<td>Toronto Aboriginal Support Services Council</td>
<td>Advancing Indigenous Health issues through policy, advocacy and research</td>
</tr>
<tr>
<td>TPH</td>
<td>Implementation of Indigenous Health Strategy part of TPH’s Strategic Plan and in line with foundational principles of community engagement and health equity</td>
</tr>
<tr>
<td>TC LHIN</td>
<td>Aligns with TC LHIN goal and strategic priorities of a healthier Toronto with positive patient experiences, a population health approach, health and community care transformation, health equity, Citizens’ Panel and Patients First Indigenous consultations</td>
</tr>
<tr>
<td>City of Toronto</td>
<td>Statement of Commitment to Aboriginal Communities in Toronto (2010)</td>
</tr>
<tr>
<td>Aboriginal Affairs Committee of Toronto City Council</td>
<td>Provides advice to Mayor and Council to promote interests of Toronto’s diverse Indigenous community</td>
</tr>
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VISIONING THE INDIGENOUS HEALTH STRATEGY

The Vision Wheel was key to the development of the Toronto Indigenous Health Strategy (TIHS) and will continue to act as roadmap for implementation, evaluation and renewal.

The Vision Wheel is adapted from the traditional Medicine Wheel and based on teachings Vanessa Ambtman-Smith (formerly of the TC LHIN) received from Cree and Oji-Cree Elders.

There is no one symbol or teaching that represents the diversity across Indigenous peoples. Visioning through the Medicine Wheel does not represent a universal “pan-Indigenous approach.” This is a specific challenge in the urban Indigenous environment where a large number of Indigenous people come together from many different nations.

The Medicine Wheel is based on Indigenous cultural values, tradition and spirituality. Its four directions (East, South, West and North) symbolize completeness, wholeness, connectedness and strength. In order to achieve optimal health and wellness the Medicine Wheel’s elements must be in balance — the Physical, Emotional, Mental and Spiritual.

The TIHS Vision Wheel begins at the eastern door with the vision to create a community-driven and wholistic strategy that will improve health services, quality of care and address the social determinants of Indigenous health with the goal of improving health outcomes.

Meaningful and respectful relationships are the focus of the southern direction. In this phase, TIHAC was developed, as were relationships with various stakeholders such as the Ministry of Health and Long-Term Care, Ministry of Aboriginal Affairs, Provincial Territorial Organizations, as well as Indigenous and non-Indigenous service providers.

Knowledge is the focus of the western direction. Numerous sources of evidence informed the development of the TIHS: Indigenous health data (and gaps), literature, lived experience, traditional teachings, evaluations and community input.

Action is the central feature of the northern direction. It is through action that the strategic directions of the TIHS will be realized.
TORONTO INDIGENOUS HEALTH STRATEGY

VISION WHEEL

IDENTIFICATION OF:
Indigenous health services and locations
Research Opportunities
Indigenous health data and gaps
Indigenized monitoring and evaluation tools
Indigenous ways of knowing, well-being and knowledge transfer

DEVELOPMENT OF:
Toronto Indigenous Health Strategy
Programs and services
Indigenous health research
Permanent Indigenous health planning governance

Monitoring and evaluation
Strategies to influence areas beyond TPH/TC LHIN mandate

DEVELOP STRATEGY:
Community driven
Wholistic
Social determinants of health perspective
Improve Indigenous health service experiences and quality of care
Improve Indigenous health outcomes

ACTION

DATA
LITERATURE
LIVED EXPERIENCE

KNOWLEDGE

Individuals
Caregivers
Family
Community

VISION

RELATIONSHIP

TORONTO INDIGENOUS HEALTH ADVISORY CIRCLE (TIHAC)

Youth Council
Elders Council
TIHAC Reference Group

Toronto’s First Indigenous Health Strategy 2016-2021
HARMONIZED GOVERNANCE: TIHAC’S TERMS OF REFERENCE

TIHAC is guided by the concept of harmonized governance. This refers to the blending of traditional Indigenous ways of being with western systems. This commitment is engrained in TIHAC’s Terms of Reference.

An Elder opens and closes each meeting in a traditional way. An Ethical Code guides all meetings and includes the role of Elders, how Advisors work together, as well as traditional modes to address conflict.

ADVISING AND INFLUENCING: TIHAC’S MANDATE

TIHAC has been meeting regularly since March, 2015. Their mandate is twofold:

1. Provide oversight, guidance and advice to the TC LHIN and TPH in the identification, planning, implementation, funding, research and evaluation of culturally based, culturally secure health programs and services for the diverse Indigenous community in Toronto.
2. To influence public policy that impacts Indigenous health outcomes.

ROLE OF SPONSORS AT TIHAC MEETINGS

TPH and TC LHIN leadership attends Circle meetings to:

1. Actively listen to TIHAC discussions.
2. Provide information and context to inform TIHAC recommendations.
4. Build trust and strong relationships with TIHAC.
5. Share information from other community/organizational initiatives to ensure alignment with TIHAC recommendations.
TIMELINE OF INDIGENOUS HEALTH PLANNING IN TORONTO

2007
- United Nations Declaration of the Rights of Indigenous People

2008
- Toronto City Council adopts Statement of Commitment to Aboriginal Communities in Toronto

2009
- TC LHIN and TPH combine Indigenous engagement

2010
- Toronto Aboriginal Research Project (TARP) report released

2011
- Interim Advisory Circle was created to provide guidance on funding for youth mental health and addictions and activities of the Roundtable
- Toronto Aboriginal Social Services Council (TASSC) incorporated

2012
- Youth mental health and addictions programming funded
- Creation of the Well Living House – an action research centre focused on Indigenous health and well-being

2013
- Seventh Generation Midwives of Toronto moves into the newly opened Toronto Birth Centre with an Indigenous focus on healthy maternal and child outcomes

2014
- Stakeholder engagement to inform the creation of the permanent health advisory Circle and planning process for the Toronto Indigenous Health Strategy

2015
- Elders and Youth Councils established
- Toronto Indigenous Health Advisory Circle finalized

2016
- Launch of Toronto Indigenous Health Strategy

International
NATIONAL
Local

Toronto’s First Indigenous Health Strategy 2016-2021
CEREMONIAL LAUNCH OF TIHAC

On January 23rd, 2015 the TIHAC was officially launched at the Native Canadian Centre of Toronto. The day was facilitated by Michelle Sault and included a sacred fire, sunrise ceremony, pipe ceremony and community feast. Elder Kahontakwas (Diane) Longboat gave each Advisor a symbolic element and cardinal direction to represent their TIHAC role and responsibilities which carries throughout each meeting and all of the work that the TIHAC does on behalf of the community.

Photos (left to right by row starting at top): Sara Wolfe, Sarah Midanik, Kenn Richard, Akeesha Footman, Sam Kloetstra, Myles Jacko, Joe Hester, Larry Frost, Kahontakwas (Diane) Longboat, Kawennanoron (Cindy) White, Amy Desjarlais, Dr. Janet Smylie, Dr. David McKeown, Susan Fitzpatrick, Ellen Blais, Leila Monib, Michelle Sault and Dr. Bernice Downey.
<table>
<thead>
<tr>
<th>NAME</th>
<th>DIRECTION</th>
<th>ELEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sara Wolfe, RM</td>
<td>EAST</td>
<td>Seeds of a new generation in a new era</td>
</tr>
<tr>
<td>Sarah Midanik</td>
<td>EAST</td>
<td>Basket holding those things most sacred to our future</td>
</tr>
<tr>
<td>Kenn Richard</td>
<td>SOUTH</td>
<td>Eagle feather carrying the prayers of the people to the Creator for a balanced life</td>
</tr>
<tr>
<td>Youth Council: Akeesha Footman, Myles Jacko, Sam Kloetstra, Devin Trottier, Kaitlyn Adams-Lewis, Daniella Robinson, Connor Pion, Cedar Landon</td>
<td>SOUTH</td>
<td>Fire in the candle</td>
</tr>
<tr>
<td>Larry Frost</td>
<td>WEST</td>
<td>Black and white flags representing the ancestors</td>
</tr>
<tr>
<td>Joe Hester</td>
<td>WEST</td>
<td>Pipe bundle holding sacred guidance from the spirit, traditional knowledge systems and sacred ceremonies</td>
</tr>
<tr>
<td>Elders Council: Kahontakwas (Diane) Longboat, Kawennanoron (Cindy) White, Amy Desjarlais</td>
<td>NORTH</td>
<td>Turtle shell rattle representing truth</td>
</tr>
<tr>
<td>Dr. Janet Smylie</td>
<td>NORTH</td>
<td>Guswentha belt (two row wampum) to depict our roles as Indigenous nations and Canadians mutually supporting one another but not interfering or seeking to change one another</td>
</tr>
</tbody>
</table>

**TIHAC Support**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr David McKeown</td>
<td>Ex-Officio TIHAC member, Medical Officer of Health for the City of Toronto</td>
</tr>
<tr>
<td>Susan Fitzpatrick</td>
<td>Ex-Officio TIHAC Member, TC LHIN Chief Executive Officer</td>
</tr>
<tr>
<td>Ellen Blais</td>
<td>TIHAC Secretariat, TC LHIN Aboriginal Health Consultant and Communications Lead</td>
</tr>
<tr>
<td>Leila Monib</td>
<td>TIHAC Secretariat, TPH Health Equity Specialist</td>
</tr>
<tr>
<td>Michelle Sault</td>
<td>TIHAC Facilitator, Principal Consultant, Cornerstone Concepts</td>
</tr>
<tr>
<td>Dr. Bernice Downey</td>
<td>TIHAC Indigenous Health Governance Consultant Principal, Minoayawin Consulting</td>
</tr>
</tbody>
</table>
Conceiving the TIHS

“There have always been systems of Indigenous governance. We need to understand that we can govern ourselves successfully and that we always have. We have strong systemic ways of figuring out answers that our community needs.”

Ellen Blais, Aboriginal Health Consultant Lead, Toronto Central Local Health Integration Network, and Circle Secretariat
Between October 2015 and March 2016, TIHAC used an Indigenous Health Planning model (developed by facilitator Michelle Sault) to conceive foundational elements of the Toronto Indigenous Health Strategy (TIHS): Vision, Mission, Operating Principles and Strategic Directions.

TIHS was born from the careful review of:
- Findings from engagement sessions and stakeholder interviews.
- Health and socio-demographic data.
- Analysis of local Indigenous programs and services.
- Urban Indigenous health strategies in similar jurisdictions.
- Guidance from the TIHAC Elders Council.
- Inspirational vision of the TIHAC Youth Council.
- Advice from Dr. Bernice Downey which contextualized the strategic plan within national and international Indigenous knowledge.

COMMUNITY ENGAGEMENT SESSIONS
The TIHAC reviewed community-identified health priorities in order to inform the strategy. The Native Canadian Centre of Toronto (NCCT) conducted Indigenous community engagement sessions with various sub-populations of Toronto's Indigenous community from July to December, 2014. Indigenous youth, seniors/Elders, men, women, trans and two spirit community members participated in sessions held at various Indigenous organizations. All sessions examined the health and wellbeing of Indigenous people at the individual, family and community levels. Participants were also asked to:
- Discuss how to best inform Indigenous health planning.
- Describe culturally competent health services.
- Consider differences between traditional Indigenous and mainstream medical understandings of health.
“You need to look at all social determinants of health. You need to somehow affect those areas and sectors to recognize and contribute to a healthy community.”

Joe Hester, Executive Director, Anishnawbe Health Toronto
Informed by the work of Indigenous health specialist, Dr. Bernice Downey, TIHAC wove three overarching themes throughout the Toronto Indigenous Health Strategy:

**RECLAMATION OF WELL BEING**

Well-being will be reclaimed through Indigenous-centric governance (self determination) and improved access to Indigenous healing knowledge and practice, as articulated in the United Nations Declaration on the Rights of Indigenous Peoples (2007).

Based on Haudenosaunee and Anishnawbe teachings, the TIHAC Ethical Code of Behaviour for Circle Members was developed by the Elders Council and embeds the reclamation of these rights.

The Ethical Code and TIHAC Terms of Reference guide TIHAC Advisors in how to interact with one another and make decisions.

The Vision Wheel (an adaptation of the traditional Medicine Wheel) has served as a well-being roadmap to develop the TIHS.

**SPIRIT OF RECONCILIATION: MAKING IT RIGHT**

In 2015, the Truth and Reconciliation Commission of Canada released their final report and Calls to Action to redress the legacy of residential schools and to advance the process of Canadian reconciliation.

The Calls to Action for the health system call upon all levels of government to:

- Recognize and implement the health-care rights of Aboriginal people.
- Recognize, respect and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
- Recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
- Consult with Aboriginal peoples to establish measurable goals to identify and close health outcome gaps between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends.

Health outcome indicators include: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury indicators and the availability of appropriate health services. Our Health Counts: Urban Aboriginal Health Database Project will be an invaluable resource as TIHAC measures and evaluates TIHS progress.

The TIHAC Guswentha belt (also known as the two row wampum) represents the original treaties between settlers and Indigenous Peoples.
people. It serves as a reminder that we are all treaty people – with rights, roles and responsibilities regarding reconciliation and the well-being of Indigenous people.

REINFORCE A POPULATION HEALTH APPROACH

A population health approach examines and responds to health inequities among groups in order to improve the health of the whole population. TIHAC reviewed the findings of community engagement sessions led by the Native Canadian Centre of Toronto in addition to a variety of Well Living House knowledge products. (Please see table: Well Living House Knowledge Products.)

The Toronto Indigenous Health Strategy uses a population health approach to:

- Address the social determinants of urban Indigenous health through actions to influence the health, justice, education, housing and food systems.
- Reduce health inequities – differences in health that are avoidable, unfair and unjust – through programs and services that are culturally secure, accessible and address historic and current wrongs.

WELL LIVING HOUSE KNOWLEDGE PRODUCTS

TIHAC reviewed the following Well Living House documents as part of its priority setting process:

- The Aboriginal Population in Toronto: Existing Socio-Demographic and Health Information.
- A Comparison of Governance Structures within Aboriginal Health Strategies: Background and Governance Considerations in the Context of the Toronto Aboriginal Health Strategy.
- Aboriginal Health Programs and Services in the City of Toronto.
- A Map and a Comprehensive List of Service Organizations.
- Program Funding Streams: Toronto Aboriginal Health and Social Services.
- Briefing Synthesis of Program and Service Gaps for Aboriginal Populations in Toronto.
- Our Health Counts Toronto: Urban Aboriginal Health Database Project, preliminary findings.
Vision
We envision a thriving and healthy Indigenous community in Toronto through the respectful harmonizing of practices, policies and resource allocation.

Mission
To lead transformation in health programs and services toward well-being for Indigenous people in Toronto.

Operating Principles
1. Health plans are developed with Indigenous Peoples as full partners.
2. Wherever Indigenous Peoples go to access programs and services, they receive culturally appropriate, safe and proficient care, and all barriers to optimal care have been removed.
3. Care is planned to be responsive to community needs and is appropriate, efficient, effective and high quality at both systems and interpersonal levels.
4. Dedicated resources and funding for Indigenous Health programs and services will support a coordinated and collaborative system.
5. Leverage and build the capacity of Indigenous leadership and Indigenous communities to care for themselves.
## STRATEGIC DIRECTION #1 REDUCE HEALTH INEQUITIES FOR INDIGENOUS PEOPLES

**Goal:** To address barriers, gaps and access to health programs and services for Indigenous people in Toronto

<table>
<thead>
<tr>
<th>Strategy: How will we do this?</th>
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<tbody>
<tr>
<td>Better integration and collaboration between preventative, primary, specialty and acute care systems and Indigenous organizations through the creation of networks and pathways for persons needing care and service providers</td>
<td>1. Developed/measured patient experiences through a people’s survey. Timely access to services and client-patient satisfaction measured 2. Statistically clinical significant improvement in access to primary care 3. Statistically clinical significant improvement in access to mental health and addictions services 4. Established and implemented a standard referral mechanism. Developed standard document for referral and acceptance of patients 5. Community Health Centres accept referrals from emergency departments 6. Indigenous population identified as a priority in the strategic/program plans of funded organizations</td>
<td>• Toronto Central Local Integration Network (TC LHIN) • Toronto Public Health (TPH) • Our Health Counts (OHC) • Health Service Providers (HSPs) • Health Quality Ontario (HQO) • Mental Health and Addictions Reference Table</td>
</tr>
<tr>
<td>Increase investment in Indigenous cultural proficiency continuum and learning opportunities</td>
<td>1. A range of learning opportunities are available and are commensurate with who is being trained and with options for increased levels of learning beyond foundational learning 2. Measured trainee experience, trainee satisfaction response indicates acceptance of cultural proficiency 3. Captured number of individuals that go through the training 4. Demonstrated increase in cultural proficiency as measured through evaluations 5. Devised supports and programs to integrate cultural proficiency training for health professionals and students (nurses, midwives, physicians)</td>
<td>• Non-Indigenous community • TPH • TC LHIN • Relevant universities and colleges in Toronto • HSPs • non HSPs who have health care staff • Southern Ontario Aboriginal Health Access Centre • Ontario Association of Community Health Access Centres • Relevant hospitals piloting cultural proficiency initiatives</td>
</tr>
<tr>
<td>Increase investment in culturally safe primary care for chronic diseases</td>
<td>1. Documented needs and unmet needs 2. Tracked the current investment and reported on increases in investment for culturally safe primary care for chronic diseases 3. Access measures are in place</td>
<td>• TC LHIN • HQO • HSPs • OHC</td>
</tr>
</tbody>
</table>
| Development of a 1-800 Indigenous healing and caring line in conjunction with a knowledge hub and clearing house for providers and patients | 1. Completed a needs assessment  
2. Completed an environmental scan  
3. Developed a list of resources  
4. Developed a data base of maps of services and Aboriginal health practitioners and sensitive doctors  
5. 1-800 call centre established  
6. Devised an evaluation mechanism that includes feedback from clients/service providers that services are improving and meeting needs | • TC LHIN  
• TPH  
• Indigenous community organizations  
• Non-Indigenous community organizations providing health programs and services |
| Integrate more Indigenous system navigators into the existing system | 1. Increased number of Indigenous System Navigators  
2. A minimum number of employees in each funded agency are identified and trained as a culturally competent navigator of the health system  
3. A minimum number of staff at each hospital are trained and identified as culturally safe and secure navigators of the health care system  
4. A minimum of staff at Toronto Public Health are identified as culturally competent system navigators for Indigenous clients | • TPH  
• TC LHIN  
• HSPs  
• HQO |
| Ensure health care spaces are welcoming, accessible and inclusive of Indigenous people | 1. Completed a baseline study to determine number of welcoming, accessible and culturally inclusive spaces  
2. Measured an increase in spaces that allow for cultural practices (e.g. smudging)  
3. Indigenous population identified as a priority in the strategic/program plans of funded organizations | • TC LHIN  
• TPH  
• HQO  
• HSPs |
| Devise or support existing programs for seniors and families impacted by residential schools | 1. Supported the Calls to Action found in the Truth and Reconciliation Report  
2. Increased number of programs for families impacted by residential schools | • TC LHIN  
• TPH  
• Indigenous community organizations  
• Organizations working with Indigenous community members |
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<tr>
<td><strong>HOUSING SYSTEM</strong></td>
<td></td>
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</tbody>
</table>
| Advocate for landlord racism toward Indigenous tenants be addressed | 1. Advocacy work is underway and demonstrable  
2. Policy has been devised and implemented to address racism with landlords | • TPH  
• Board of Health  
• Relevant City of Toronto departments  
• Landlord and tenant organizations |
| Influence supportive housing policy for the benefit of Indigenous youth, 2 Spirit and seniors that is secure, safe and addresses risks | 1. Policy has been developed and implemented to address housing issues related to two-spirited peoples, Indigenous youth and seniors  
2. Supported the recommendations in the Truth and Reconciliation Report¹ | • TC LHIN  
• Toronto Community Housing Corporation (TCHC)  
• Housing sector organizations  
• TPH  
• Board of Health  
• HQO  
• Relevant City departments  
• Relevant Provincial Ministries  
• Ministry of Community and Social Services |
| Influence supportive housing policy for the benefit of pregnant Indigenous women and Indigenous women involved with the child welfare system | 1. Policy has been developed and implemented to address issues of Indigenous pregnant women and access to supportive housing, especially while involved with child welfare  
2. Supported the recommendations in the Truth and Reconciliation Report²  
3. Advocacy work underway and demonstrable regarding the inclusionary zoning laws to dedicate housing units for the Indigenous community  
4. Same standard of care for Indigenous patients as mainstream is evidenced  
5. Indigenous population identified as a priority in the strategic/program plans of funded organizations | • TC LHIN  
• TCHC  
• TPH  
• Housing sector organizations  
• Board of Health  
• HQO  
• Relevant City departments  
• Relevant Provincial Ministries  
• Ministry of Community and Social Services  
• National Aboriginal Council of Midwives (NACM) |
## FOOD SYSTEM

Advocate for affordable, healthy food for Indigenous people in Toronto using an Indigenous lens (including through the Toronto Food Strategy)

| 1. Creation of community garden initiatives are supported |
| 2. Policies for green spaces for food sustainability are researched and reported |
| 3. Strategies to increase access to affordable, healthy food developed and implemented |
| 4. Advocacy work underway and demonstrable regarding free access to prenatal vitamins |

- TC LHIN
- HSPs
- Southern Ontario Aboriginal Diabetes Initiative
- TPH - Toronto Food Strategy, Chronic Disease and Injury Prevention
- HQO
- Nekenaan House
- City of Toronto Planning

## EDUCATION SYSTEM

Advocate for a greater number of Indigenous teachers, professors in the education system

| 1. Advocacy work is underway and demonstrable |

- Ministry of Education
- All GTA colleges and universities

Advocate for students in the education system to have experiential learning opportunities (in addition to cultural competency training) regarding Indigenous ceremonies and/or ceremonial teachings

| 1. Advocacy work is underway and demonstrable |

- Toronto District School Board (TDSB)
- Toronto Catholic District School Board (TCDSB)
- Ministry of Education
- All GTA colleges and universities
- Conseil scolaire de district catholique Centre-Sud (CSDCCS)

Advocate for Indigenous-specific adult learning centres

| 1. Advocacy work is underway and demonstrable |

- TDSB
- TCDSB

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1. [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf)
2. [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf)
## Education System (Continued)

<table>
<thead>
<tr>
<th>Advocate for the development of a state of the art, well-equipped, centre of excellence that prepares Indigenous youth for entrance into post-secondary programs that includes housing, financial and transportation support and is infused with Indigenous world view</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocacy work is underway and demonstrable</td>
</tr>
</tbody>
</table>
| • TDSC  
• TCDSB  
• Ministry of Training, Colleges and Universities (MTCU)  
• Conseil scolaire de district catholique Centre-Sud (CSDCCS) |

<table>
<thead>
<tr>
<th>Advocate for targeted programming for Indigenous students to become part of school based sports teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocacy work is underway and demonstrable</td>
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</table>
| • TDSB  
• TCDSB  
• MTCU  
• Right to Play  
• Canadian Lacrosse Association  
• Conseil scolaire de district catholique Centre-Sud (CSDCCS) |

## Justice System

<table>
<thead>
<tr>
<th>Advocate within justice system for culturally appropriate court processes for Indigenous women attending family court</th>
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<tbody>
<tr>
<td>1. Advocacy work is underway and demonstrable</td>
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</table>
| • Ministry of the Attorney General  
• Ministry of Child and Youth Services (MCYS)  
• Child Protection Agencies  
• Health and Social Service Agencies  
• Aboriginal Legal Services |

## Human Rights

<table>
<thead>
<tr>
<th>City-wide campaign to address the role of racism with an anti-oppression, social justice framework</th>
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</thead>
</table>
| 1. Demonstrated support to others doing the work of addressing non-health related campaigns to address racism  
2. Demonstrated support for a proposal for province wide mandatory cultural competency training |
| • TC LHIN  
• TPH  
• Board of Health  
• MOHLTC  
• Anti-Racism/Human Rights organizations and initiatives |
3. Provided advice to the Minister of Health on impact of racism on the health of Indigenous people
4. Supported challenges to target senior leadership to take cultural competency learning opportunities

| VIOLENCE                          | 1. Advocacy work is underway and demonstrable | TC LHIN  
|                                  | 2. Support given to agencies that have a mandate on violence against Indigenous women & families | TPH  
|                                  | 3. Supported the calls to actions in the Truth and Reconciliation Report³ | Relevant Ministries  
|                                  |  | Community groups dedicated to supporting Missing and Murdered Indigenous Women (MMIW)  

| EARLY CHILDHOOD                   | 1. Increased number and size of culturally secure parenting programs for Indigenous community | TPH  
|                                 |                                           | Indigenous organizations  
|                                 |                                           | MCYS  

³ [http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf)
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<th>STRATEGIC DIRECTION #3 HARMONIZE INDIGENOUS AND MAINSTREAM HEALTH PROGRAMS AND SERVICES</th>
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<tbody>
<tr>
<td><strong>Goal:</strong> To close the institutional care gap through harmonized healing spaces and frontline services</td>
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</tbody>
</table>

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<td>Support new and existing public health promotion programs focusing on physical activity, healthy eating, mental health promotion, healthy parenting, youth resilience and chronic disease prevention to be culturally appropriate.</td>
<td>1. Baseline study to determine what programs have been targeted to the Indigenous community 2. Research into data and quality measurements of existing programs revealed: - Improved access to health promotion programs - Increased physical activity for participants - Increased knowledge of culturally appropriate health promotion messaging - Improved quality of programs - Improved increase in self-reported health status - Investments in existing and new programs addressing chronic disease prevention, mental health promotion, health parenting and youth resilience for the Indigenous population are in place</td>
<td>• TPH  • Indigenous community organizations  • MOHLTC  • Public Health Ontario (PHO)  • SOADI (Southern Ontario Aboriginal Diabetes Initiative)  • Toronto Cancer Prevention Coalition  • Mental health and addictions reference table</td>
</tr>
</tbody>
</table>

| Support new and existing palliative care programs for Indigenous peoples that integrate Indigenous world view. | 1. Implemented the TC LHIN Palliative Care Strategy (PCS), which included a specific Aboriginal palliative care strategy 2. Identification of emerging opportunities to devise strategies 3. Evidence of co-design of strategy by Indigenous community 4. Determined the proportion of people who are dying with palliative care support 5. Increased proportion of Indigenous patients receiving culturally safe palliative care support 6. Palliative Care strategies are in alignment with Indigenous midwifery practices 7. Identification of traditional resources completed, implementation of family grief practices | • TC LHIN  • HSPs  • National Aboriginal Council of Midwives (NACM) |
| Investigate the development of a live-in family healing and caring lodge | 1. Completed a needs assessment (including assessment for critical mental health, addictions and palliative care)  
2. Development of an integrated planning team  
3. Completed an environmental scan that includes funding opportunities  
4. Development of a business plan that is sustainable, feasible and results based | • TC LHIN  
• TPH  
• Mental health and addictions reference table  
• Nishnawbe Aski Nation (NAN)  
• Treaty 3  
• First Nations Health Branch (Federal) |
| Investigate the development of a harmonized, community-based healing and counselling team of highly trained and skilled providers as well as apprentices and community supports | 1. Completed a needs assessment  
2. Development of a planning team (steering committee)  
3. Completed an environmental scan that includes funding opportunities  
4. While planning, ensure continuity of care | • TC LHIN  
• Indigenous health care providers |
| Mental health and addictions services for the Indigenous community are aligned and supported by a seamless network of culturally secure care and trauma based care providers both Indigenous and non-Indigenous. These services would include both Indigenous and Western modalities of treatment and would ensure the confidentiality and privacy of Indigenous clients is protected | 1. Baseline needs assessment documenting needs/unmet needs has been developed by OHC  
2. Mapping of existing services and analysis of unmet needs as been completed  
3. Provincial and local mental health strategies for Indigenous people are aligned, expanded and based on meeting unmet needs of the community  
4. There is a seamless, visible referral network and knowledge base of support for Indigenous people when they are in crisis or requiring longer term support for mental health and addictions issues at all levels of the community including agency supports, institutional supports and organizational supports.  
5. Indigenous population identified as a priority in the strategic/program plans of funded organizations | • TC LHIN  
• TPH  
• Ministry of Child and Youth Services  
• MOHLTC  
• HSPs  
• OHC |
Conclusion and Next Steps

The Indigenous people of Toronto will not only receive culturally competent services, but also demand it, shape it, and create it. We will have Indigenous folks as physicians. We have some researchers now, but we need more. We also need more Indigenous people in nursing, planning, and as CEOs not only of Indigenous agencies, but in mainstream agencies too. If we can achieve this our entire city will be different.

Camille Orridge, former Chief Executive Officer, Toronto Central Local Health Integration Network
REALIZING THE VISION

A Reclamation of Well Being: Visioning a Thriving Healthy Urban Indigenous Community: Toronto’s First Indigenous Health Strategy affirms TIHAC’s belief that self-determination is at the core of building a strong, healthy, and resilient Indigenous community.

Toronto’s Indigenous population is incredibly diverse. There are Indigenous people who call Toronto their permanent home and others who travel between this city and Indigenous communities to have their health needs met. As such, this strategy recognizes that improving the health of Indigenous people in Toronto will require a coordinated effort between diverse Indigenous leadership and all levels of government.

TIHAC acknowledges that the legacy of colonial trauma has resulted in significant health inequities for Indigenous people in Toronto. Some of these inequities stem from the intergenerational effects of residential schools, as well as systemic discrimination and service gaps in the health care and public health systems. TIHAC commends TC LHIN and TPH for working with the community to improve Indigenous health through culturally competent services and strategies to stimulate systemic change.

Actualizing the vision for a healthy urban Indigenous community requires a cross-sectoral approach. Along with TC LHIN and TPH, TIHAC looks forward to working with provincial ministries, municipal divisions and Indigenous Provincial Territorial Organizations. TIHAC will also work with experts in the fields of education, housing, justice, child welfare, food security, human rights, family violence and early childhood development. Together we can make it happen.

There is a lot of exciting work ahead — including the development of a comprehensive implementation framework, a communications strategy and an Indigenized evaluation plan that will measure our success.

TIHAC expresses gratitude to all of the community members, agencies and stakeholders who were instrumental in creating Toronto’s First Indigenous Health Strategy 2016-2021.

What is your vision of a healthy and thriving Indigenous community in Toronto in 2050?

“I am hoping that people will enjoy equity, make a living and enjoy their rights. I hope they have access to services and most importantly, to education. The Circle can look to the youth to guide our future.”

Ruth Anne Cyr, Community Elder

“It’s a living process, and so it moves with the time. There is a continual dialogue in the community about what a healthy Indigenous community can look like.”

Joe Hester, Executive Director, Anishnawbe Health Toronto

“I see a thriving and healthy Indigenous community where Indigenous patients can move seamlessly through the health care system, where cultural elements of care are offered as a choice with every interaction, and where Indigenous people are determining their own pathways to health that are meaningful to them.”

Susan Fitzpatrick, Chief Executive Officer, Toronto Central Local Health Integration Network

“This is a model of Indigenous health in Indigenous hands. We can only be successful with the community. I think that this is particularly true of the Indigenous community if we work in partnership and take our lead from members of the Indigenous community themselves.”

Dr. David McKeown, Medical Officer of Health, City of Toronto
TIHAC COMMUNITY LAUNCH AND FEAST POSTER

This poster was developed by Elder Diane Longboat and two Indigenous artists: Joseph Sagaj and Holly Fisher.

Guided by the Elder’s teachings, the colourful and complex imagery reflects the diversity of Toronto’s Indigenous community. The Elder and artists visually depicted TIHAC’s work in community healing: spiritually, emotionally, mentally and physically.

Moon and Stars
The moon and stars depict the vast universe. This is where TIHAC Advisors situate their minds to do creative and innovative work. Grandmother Moon represents the Sacred Feminine, the healing powers of water and the cycle of fertility. The solid yellow line invokes Grandfather Sun and represents a strong commitment to community wellbeing.

Moon
The TIHAC Community Launch and Feast fell on the January 23, 2015 new moon. This is when people’s minds come together in a peaceful and measured way. New projects grow in abundance and efficacy, like the face of Grandmother Moon as she becomes full. The bright, eclipse-like sliver of moon represents the brightness of the Advisors. Many Indigenous Nations begin midwinter ceremonies on the January new moon to give thanks for last year’s abundance and pray that the upcoming cycle be just as good.

Stars
These stars take the shape of the ‘Big Dipper’. This formation represents the Man and Woman’s pipe, in balance with each other. These pipes are connected to the North Star. There are seven stars in line with the Seven Grandfather teachings and the Seven Generations teaching which asks that we consider how our actions will impact the next seven generations. Many Indigenous belief systems view stars as Ancestors who have gone to the spirit world.
Star Blanket Logo
The star blanket represents the Seven Sacred Laws with the eighth point representing Ancestral wisdom and guidance. Each Advisor sits at a star point; their direction reflects the skills and gifts they bring. The swirling colours depict the dynamic nature of life and the interconnection of life’s essential elements: earth, fire, air and water. The red ring around the star symbolizes the connection between the Advisors who work collaboratively together and sit within the larger community.

The Woman on the Cliff
This woman honours the importance of Mother Earth and women as the creators of life and carriers of water. As she gazes off into the sky, she drums (the heartbeat of Mother Earth) and sings to give thanks.

Background Colours
Red depicts protection for the Circle’s work and the community. The red curve symbolizes Mother Earth – the sacred land we depend and walk upon. Purple is the colour of peace. It represents Indigenous community leaders. Historically, purple was reserved for royalty.

Two Purple Wavy Lines
The two purple lines at the bottom symbolize the Guswentha Belt of 1613. Also known as the Two Row Wampum Belt, this was the earliest treaty between the Dutch and the Haudenosaunee, and was the underlying basis for all future Haudenosaunee relationships with European powers. These lines represent respect for the ways in which Indigenous and non-Indigenous people travel on the river of life: Indigenous in a canoe and non-Indigenous in a ship. It honours the principles of non-interference, peace, friendship and respect. The belt ends are unfinished to signify a treaty without end. The responsibilities of this belt are meant to be shared by Indigenous and non-Indigenous peoples. TIHAC recognizes the Two Row Wampum Belt as representing a harmonized governance process that includes Indigenous and non-Indigenous leadership.
For more information:
TIHAC@toronto.ca