

## Appendix 4: Building an Indigenous Roadmap for Renewal and Reconciliation

*“Indigenous planning exposes the ways existing planning structures marginalize Indigenous voices through a reliance on textual mediation and technical superiority, which undermine alternative worldviews and perspectives”<sup>1</sup>*

### **Background**

The Aboriginal Health Committee recognizes that the LHIN and broader healthcare system is entering into a period of significant change and renewal. Throughout this change, the LHIN has a lead role in implementing the Patients First Act, and ensuring that there is equitable representation of the populations who reside and access care within the South West LHIN. To meet this obligation, there will need to be enhancements to the Aboriginal Health Committee structure to strengthen the communication and accountability between the LHIN-led structures designed to oversee and support LHIN Renewal and Patients First process. To accomplish this, the Aboriginal Health Committee has been engaged, and supports two recommendations:

- 1) **A Collaborative Leadership Model:** A transitional and time-limited process to align the Aboriginal Health Committee and sub-committees, with the Patient and Family Advisory Committee, the sub-region Integration Tables and the Health System Renewal Advisory Committee to strengthen Indigenous inclusion, communication and amplify the Indigenous voice throughout the LHIN renewal process. This model reflects the desire to represent leadership as a collective social process wherein the Aboriginal Health Committee collaborates as a group of leaders whose recommendations work through and within relationships, rather than individual action. This recognizes that the responsibility to carry forward knowledge, expectations and information derived through the Indigenous voice can be the function of a shared role – known as the Leads. These Leads are accountable to the Aboriginal Health Committee for representing the group, and ensuring that communication and decisions are shared between the Patients First structures and the Aboriginal Health Committee. Presently, this model has been supported at an operational health service delivery level, and led by the Aboriginal Health Committee for a period of up to 8 months (April – December 2017) during the period of significant change and transition into the new structures (see draft diagram on the following page).
- 2) **Indigenous Roadmap:** A roadmap that outlines the process of Indigenous inclusion and consultation is needed to inform the work of Patients First during the period of LHIN renewal and change, and also throughout the period of planning and implementation. This roadmap will provide clear and consistent direction of when, how and where the Indigenous voice will be sought and integrated into the Patients First work. The roadmap journey will include the knowledge and experiences of Indigenous peoples, patient, and families, as well as peoples who deliver services, whether health or social, in the interest of building a current and regional knowledge base to inform the decision making processes moving forward. This will enable a much broader scope and ensure that there is transparent and deliberate planning to support participation across the region on many different levels. There will be relationships built with the First Nations, and agreements made about how to

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<sup>1</sup> (Shelagh McCartney, Elizabeth Atlookan, Louie Sugarhead, Jeffrey Herskovits, Kathryn Tranvsky, (Re)Imagining Our Community, Changing The Planner And Planning With First Nations Youth, Plan Canada, Winter 2016).

ensure that the First Nation voices are present in this process. This will include connecting with the First Nations leadership and governance at a governance level, as well as through the operational health service delivery level that is supported through the Aboriginal Health Committee.

**Presently, the LHIN is working with the Aboriginal Health Committee to frame this model and roadmap, knowing that the detail will come throughout the journey and throughout the many meetings, events and consultations that take place with Indigenous communities moving forward.** It is not anticipated that there are pre-determined outcomes, rather this is a process of supporting Indigenous inclusion in the LHIN Renewal and system change process, and that the objective is to ensure the Indigenous voice is well-represented and present through the transition. The principles guiding this work are around changing the way we work with Indigenous people in healthcare to build stronger accountability and processes that truly support the opportunity for self-determination. There will be ongoing updates and timelines published on the LHIN website, and circulated to document and communicate this process as it unfolds.

### South West LHIN Indigenous Renewal Process: Patients First Transitional Collaborative Leads Model

