

# Urban Indigenous Engagement: Fall Harvest Feast 2024 Executive Summary

When the [\*Indigenous Engagement Strategy: Finding our Path Together\*](#) (the *Strategy*) launched in 2018, Public Health Sudbury & Districts (Public Health) embarked on its journey towards reconciliation with an initial focus on engagement with the thirteen (13) First Nations in the district and two others that border the service area.

Public Health is not only ready, but eager, for the essential next steps of building relationships with urban Indigenous Peoples. On November 5, 2024, the Indigenous Engagement team hosted a Fall Harvest Feast to welcome the urban Indigenous community.

The main drivers of this feast were two of the four Strategic Directions:

- > Strategic Direction 1: Inform our work through Indigenous community voices and information; and,
- > Strategic Direction 2: Engage in meaningful relationships to support Indigenous community well-being.

One of the actions associated with Strategic Direction 2 is to “Ensure sustainable relationships through culturally safe, meaningful, and mutually beneficial engagement.” We chose to have a feast because food traditions are a source of identity and an integral part of healthy eating for Indigenous peoples. By coming together and sharing a meal, we sought to develop relationships and ensure “two-way knowledge exchange with Indigenous communities,” which is another associated action.

## Process

We extended an open invitation to urban Indigenous peoples in Sudbury through our social media platforms and through a digital poster to Indigenous partners. The event took place at Public Health’s main site, 1300 Paris St. Sudbury, Ontario, in the newly renovated Ramsey Room. The event was scheduled for 2 hours and it followed the agenda.

They were asked questions during a roundtable/focus group discussion, during which the staff took notes on a flip chart, ensuring that their voices were heard, and their insights were captured. The questions were:

1. What are some cultural teachings and practices that lend themselves to supporting upstream approaches in public health?
2. What would you want Public Health Sudbury & Districts to know about you so we may provide the best services possible?

After the engagement activity, Nokomis Martina Osawamick closed the event with a prayer and drumming.

## Introduction to Public Health presentation

The following are the questions and answers following Dr. Hirji's presentation:

*Participant question:*

*Do you have a process to show how racism can affect the health of Indigenous Peoples?*

Public Health has a formal [complaint process](#). Although we do not currently have data on those who have identified racism as a barrier to health care, the *Socio-demographic Data Collection Pilot Project*, along with the Indigenous Engagement Team's *Indigenous Data Sovereignty Project*, hold great promise in assisting us with this issue.

*Participant question:*

*Do we know what the top health issues for Indigenous peoples are in our area?*

Public Health does not currently collect nor report on Indigenous health data. However, we are working through a collection process that considers Indigenous data sovereignty and OCAP compliance. Dr. Hirji theorized that cancer, heart disease, and substance misuse are the top contributing factors to Indigenous health based on the local health trends, but without sufficient data, we cannot be sure.

## Socio-Demographic Data Collection (S-DDC) Pilot Project

The following are the questions asked following the *Socio-Demographic Data Collection Pilot Project* presentation:

*Participant question:*

*How are you engaging with the urban Indigenous population, and how will you build relationships with Indigenous peoples to do this work?*

The feast is only one of many ways we hope to build relationships. We will continue providing opportunities for knowledge exchange as well as participate in local Indigenous events. We are committed to taking the time it takes to ensure that we maintain open communication. We will also consult with the community extensively, further strengthening our relationships.

*Participant question:*

*How are you respecting OCAP?*

All staff participating in this project will be OCAP trained, and we will be in steadfast consultation with the community from the beginning and throughout our process. We hope you will support our efforts and participate in the consultation process. Additionally, the Indigenous Engagement Team is working on an Indigenous Data Sovereignty project that will inform the S-DDC project to ensure that we are doing this project in a good way.

*Participant question:*

*Who asked you to do this?*

There are several drivers for this project. The [Health Equity Guideline, 2018](#), directs public health to "seek opportunities to engage priority populations in the design and implementation of assessment, surveillance, research, and evaluation processes, including the collection, maintenance, and disposition of data." p 8. With regards to the Indigenous identity questions, we want to do this in response to the ask of the Indigenous Community. *The Indigenous Engagement Strategy* called for us to "Work with Indigenous partners to improve access to and utilization of community level health data." The *Strategy* was created in consultation with the Indigenous community of the district. The Indigenous Engagement Strategy Advisory Committee for the *Strategy*, made up of First Nation members from the communities in the district<sup>1</sup>, validated all directions in the *Strategy*. Additionally, this work is also in response to the [Truth and Reconciliation Calls to Action](#) #19, which calls "upon the federal government, in consultation

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<sup>1</sup> See page 30 of the [Strategy](#) for a list of members of the Indigenous Engagement Strategy Advisory Committee.

with [Indigenous] peoples, to establish measurable goals to identify and close the gaps in health outcomes between [Indigenous] and non-[Indigenous] communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.”

## Engagement activity discussion

### Indigenous Engagement team question

While the focus of the event was to connect with members of the urban Indigenous community, the Indigenous Engagement team also intended to engage the participants in discussion. The purpose of this discussion was to gather insights and feedback from the participants, which will be used to improve our services and future events. The team posed the following question:

1. What are some cultural teachings and practices that lend themselves to supporting upstream approaches in public health?

### What we heard

- > Participants identified that relationship building was a significant factor in good health.
  - > “People do not get help from people they don’t know.”
  - > “When a business has a bad reputation, we don’t like to engage.”
- > They also equated the seven grandfather teachings as essential tools for living a good life and noted that building trust requires time.
- > Others mentioned that thinking upstream is very similar to the seven generations teaching and thinking about how your actions today will affect the following generations.
- > A participant brought up the medicine wheel, explaining how taking care of oneself by looking after one's physical, mental, emotional and spiritual well-being are all facets of living mino-bimaadzawin.

### Socio-demographic data collection question

2. What would you want Public Health Sudbury & Districts to know about you so we may provide the best services possible?

### What we heard

Participants said they wanted Public Health to understand the following when providing services to Indigenous peoples:

- > Participants explained that what they would like to share about themselves would be dependent on the service provided and the individual person that is being served.
- > The community may need more information about public health services.
- > Public Health staff need to be culturally competent.
- > Public Health should be aware of our use of language. When providing services, we should use plain, simple terms and avoid using jargon.
- > Staff should take their time and talk slower.
- > Public Health staff should listen and not be dismissive.
- > Take time to ensure preventative care.
- > Public Health needs to know about culturally appropriate resources to refer people to.
- > Public Health should be making necessary referrals to income support services.
- > It would be helpful to have support at Public Health from a liaison person who is deemed culturally competent.
- > Care should be trauma-informed and strength-based.

Socio-demographic question themes some participants agreed they would want public health to collect:

- > Whether or not the client is involved with cultural practices (self-identified) depending on reasons for the service they are receiving.
- > Client's gender identification.
- > Client's income status and whether or not the client has health insurance (and access to health insurance).
- > Client's health conditions/disabilities.
- > Client's connection to community.

## Conclusion

Participants ranked their experiences with the Fall Harvest Feast from good to excellent. They appreciated the food, company, and relationship-building. Many expressed that having Nokomis Martina and the cultural components were the evening's highlight. Although some participants shared their appreciation for keeping to the agenda and on time, others expressed they wished the event had been a bit longer to allow for more discussion and engagement. Their feedback and specific suggestions for future events, such as including more interactive activities to get to know

each other and offering other topics for future feasts, are highly valued. Participants stated that they would be happy to attend another feast. The participants recognized our effort to engage in meaningful relationships and found the presentations informative. They were particularly interested in the Indigenous-specific information they heard in the presentations. The team is looking forward to further engagement and continued relationship building.

# Appendix A

## Fall Harvest Feast Agenda

November 5, 2024 – 5:00–7:00 p.m.

Item #	Item Name	Leader
1.0	Welcome and Review of Agenda	Kathy Dokis
2.0	What is Public Health?	Dr. M. Mustafa Hirji
3.0	Mino-bimaadiziwin Teaching	Nokomis Martina Ozawamick
4.0	Socio-Demographic Data Collection Project	Ginette Demers and Kersey Kalubi
	Wiisinidaa – Lets Eat!	
5.0	Engagement Activity	All
6.0	Closing	Kathy Dokis/Martina Ozawamick

### **Miigwech for joining us today!**

Please take a moment to fill out our Fall Harvest Feast satisfaction survey. Printed copies available or scan the QR code below:

