

Urban Indigenous Engagement:

Fall Harvest Feast 2024

Public Health Sudbury & Districts
December 2024



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Introduction

Public Health Sudbury & Districts launched its [*Indigenous Engagement Strategy: Finding our Path Together*](#) (the *Strategy*) in 2018. It is an inward-facing strategy to help guide the organization’s engagement with Indigenous Peoples and communities within its service area to help improve the health of all. Public Health has long-standing relationships with local First Nations and urban Indigenous organizations. Our Indigenous Engagement journey was formalized over 10 years ago. It began with a [2012 Board Motion](#) directing the Medical Officer of Health (MOH) to engage in dialogue with area First Nations leaders to explore strengthening public health programs and services in their communities. Over time, there has been ongoing engagement and collaboration in this area, leading up to the purposeful development of the *Indigenous Engagement Strategy* in 2016. Public Health’s Indigenous Engagement team, a dedicated group of First Nations staff, work to advance the *Strategy* throughout the organization. Their expertise and commitment ensure that the *Strategy* is not just a document, but a living, breathing commitment to the Indigenous communities within the service area. As accountability to community is essential, ensuring that Public Health fills these positions with Indigenous candidates who can speak to the nuances and relationships and understand the culture, history, and current affairs of Indigenous communities is crucial.

When the *Strategy* first launched, we embarked on this path 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. Additionally, participants from the Locally Driven Collaborative Project, [*Relationship building with First Nations and public health: Exploring principles and practices for engagement to improve community health \(2017–2018\)*](#), an integral project for the development of the *Strategy*, informed Public Health that they “wanted to see that partner

organizations were open and willing to go above and beyond to build the relationship, noting that food was an effective way of bringing people together.” Through 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

Open invitations for urban Indigenous peoples in Sudbury were extended through our social media platforms and a digital poster was sent to Indigenous partners, emphasizing the inclusivity of the event. Participants were asked to register to reserve a spot on Eventbrite with a limit of 50 free tickets. 23 registrants reserved 49 tickets, demonstrating the high level of interest and engagement. The Indigenous Engagement team reached out to the registered participants (demonstrating our commitment to their needs and preferences) and asked about dietary restrictions, in-room child support needs, and bus pass requirements. Along with the request, informed consent was provided for participants to review, sign, and return by email or sign at the door during the event. The event took place at Public Health’s main site, 1300 Paris St. Sudbury, Ontario, in the newly renovated Ramsey Room, a space chosen to ensure the comfort and convenience of our participants. The event was scheduled for 2 hours, and it followed a set agenda (see appendix).

The Director of Indigenous Public Health warmly welcomed the 21 participants who attended, two of which were children that did not participate in the discussion. She then extended a special welcome to Nokomis Martina Osawamick, a respected Elder in the Anishinaabe community, who offered an opening prayer. When she finished, the Acting Medical Officer of Health, Dr. Mustafa Hirji, provided a presentation about what public health is. Participants had the opportunity to engage by asking questions. After the informative session, Nokomis Martina provided a *mino-bimaadzwawin* (living life in a good way) teaching, a moment that was deeply appreciated by all. Following the teaching, a delicious meal of Indigenous tacos was served, fostering a sense of community and shared experience. Once the meal was underway, the participants heard about the *Socio-Demographic Data Collection (S-DDC)* pilot project that Public Health has begun. In the last 20 minutes of the event, the participants were separated into two groups down the middle of the room. They were asked questions during a roundtable and focus group discussion, during which Public Health 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 closed the event with a prayer and drumming.

FALL HARVEST FEAST

5–7 p.m. | Tuesday, November 5, 2024 | 1300 Paris Street, Ramsey Room



Are you First Nation, Inuit, or Métis and living in Greater Sudbury?

Join our Indigenous Engagement
team for a Fall Harvest Feast
featuring Indigenous tacos!

Learn about public health, hear
about an exciting data collection
pilot project, and participate in a
Mino-bimaadiziwin Teaching with
Elder Martina Ozawamick!

On-site childcare support will be
available in the Ramsey Room.
There will be free parking on-site and
bus passes available.

Register in advance to secure a spot!
fall-harvest-feast.eventbrite.ca



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Fall Harvest Feast Poster

Introduction to Public Health presentation

Dr. Hirji, Acting Medical Officer of Health, explained that Public Health is grounded in a population health approach. The goal is to improve and protect the health and well-being of the entire population while at the same time reducing health inequities. Public health focuses on upstream efforts to promote health and prevent diseases, addressing challenges before they happen. For example, encouraging healthy behaviours, like walking, can reduce the likelihood of illness, like heart disease, in the future. He showcased how upstream work has the greatest return on investment for better health by highlighting how significantly life expectancy rose once the public infrastructure for sanitary water was put into place.

Dr. Hirji also spoke about Public Health’s Indigenous Engagement Plan and the agency’s commitment to Indigenous Engagement, noting that this portfolio is one of the top priorities for the current [Strategic Plan](#).

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

Members of the *Socio-Demographic Data Collection Pilot Project* work group, Ginette Demers, Manager, Health Equity and Kersey Kalubi, the Health Promoter, Racial Equity, shared that collecting socio-demographic data is one of the foundations of evidence-informed decision-making. This was noted during the COVID-19 pandemic where local public health units were asked to collect and report on some identifying data from those with whom they were interacting. “By illuminating patterns, disparities, and inequities across diverse population groups, socio-demographic data empower stakeholders to tailor interventions, allocate resources, and design policies that address the unique needs of communities” (Ontario Health, p. 5, 2024).¹ The collection of this data is intended to assist with the identification of and targeted strategies for ongoing public health planning and implementation. Socio-demographic data collection includes asking questions pertaining to race, ethnicity, gender, income, disability, and more. An equity-based data collection tool will help advance the agency’s efforts towards racial and socioeconomic equity.

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 create and 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

¹ Guidance for the Collection and Use of Sociodemographic Data for Equity Analytics. (2024). Ontario Health

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 district², 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 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 participants in discussion. The purpose of this discussion was to gather insights and feedback from the participants, which will be used to improve 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?

² See page 30 of the [Strategy](#) for a list of members of the Indigenous Engagement Strategy Advisory Committee.

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 that 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:



Appendix B

Informed Consent Form

Public Health Sudbury & Districts Indigenous Engagement Fall Harvest Feast

November 5, 2024

We are asking you to participate in a roundtable discussion following the presentations. We want to seek your input and guidance on our current path toward providing better health programming and services for all traditionally marginalized and excluded populations – specifically, our approaches for Indigenous peoples. We also want to understand how traditional teachings, culture, and experiences of Indigenous peoples can better shape and inform public health’s upstream programs and services. This study is being led by the agency’s Indigenous Engagement Team (indigenousengagement@phsd.ca).

Purpose of the Event:

In alignment with Public Health Sudbury & Districts *Indigenous Engagement Strategy: Finding Our Path Together*, the Indigenous Engagement team at Public Health is hosting a Fall Harvest Feast to strengthen and foster relationships with urban Indigenous community members. It is an opportunity to learn about what public health is, a socio-demographic data collection pilot project, an Anishinaabe teaching, and have your voice heard. Specifically, it is also an opportunity for us to learn from each other and gain insight about how cultural teachings, history, and their experiences can shape and inform our future upstream programs and services.

What we will ask of you:

The presentations, Anishinaabe teaching, and feast portion of the event are scheduled for 90 minutes. We are kindly asking you to participate in a roundtable engagement activity to discuss two questions in groups for 30 minutes. The first question is about upstream approaches to health and how they connect with Indigenous cultural teachings. The second question is related to what they believe is most relevant for public health to know about them to support Public Health to provide the best services. Your involvement is voluntary, you may refuse to participate before the discussions begin, you can withdraw at any time, and you do not have to answer any questions that may make you feel uncomfortable.

Facilitators will guide discussions and take notes during the engagement activity. Notes will be used to generate a report of the event and demonstrate areas where improvements can be made to our programs and services and how cultural teachings, history, and experiences can help guide this process. A draft report will be provided to everyone who participated to ensure we have captured and reported on the engagement session appropriately. Participants will be provided time to submit any feedback for our consideration before a final report is prepared. The final report will also be shared with all participants.

Risks and Benefits:

We do not anticipate any risks from participating in this roundtable engagement. We do, however, hope there are benefits to your participation – including building stronger or new relationships while building knowledge and capacity about the work being done by Public Health Sudbury & Districts. Your participation and insights help to improve our future programs and services.

Privacy/Confidentiality/Data Security:

Please note, only members of the Indigenous Engagement team, Health Equity team, and the Socio-demographic Data Collection Pilot Project team will have access to the information and responses provided during the event. However, given the nature of a public forum, it is not possible to ensure that your participation is completely anonymous. We will ensure that no individual is associated with any specific remarks, and no individual, organization, or community will be identified in any report.

Public Health Sudbury & Districts strives to incorporate the *Ownership, Control, Access and Possession (OCAP)* principles and uphold the protections established under *Chapter 9* of the TCPS II. Since information captured during the discussions will be anonymized, upon request we can provide a copy of the notes taken. Additionally, participants will be provided with a copy of the draft final report for their review and feedback prior to a final copy being published and distributed. In accordance with our agency policies, we will retain a copy of the discussion notes for a period of 7 years.

If you have any questions:

If you have questions about this event and engagement activity, please contact Alicia Boston from the Indigenous Engagement team, Public Health Sudbury & Districts at indigenousengagement@phsd.ca. This event was approved by the Public Health Sudbury & Districts Research Ethics Review Committee (RERC). If you have any questions or concerns regarding your rights as a subject in this study, please contact the RERC Co-Chairs Jane Mantyla at mantylaj@phsd.ca or John Macdonald at macdonaldj@phsd.ca, via phone at 705.522.9200, or toll free at 1.866.522.9200.

By signing this form, I agree to:

- Participate Yes No
- Be contacted to provide feedback Yes No

I hereby consent to participate:

Name of Participant (please print): _____

Signature

Date: _____