

Centering Indigenous perspectives and priorities in a Learning Health System: a case study of the new Frontenac, Lennox & Addington Ontario Health Team

Final Report

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Indigenous
Health and
Wellness Council





The Circle of Life and Wellness painting by Jaylene and Dakota, W.C. Creatives

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Acknowledgements

With deep respect and humility, we acknowledge that Queen's University and Frontenac, Lennox & Addington Ontario Health Team are situated on the traditional territories of the Anishinaabe and Haudenosaunee peoples. We are grateful for the privilege to live, learn, and work on these lands. Recognizing this territory honors its deep history, one that predates European colonization, and acknowledges its continued significance for Indigenous peoples whose spiritual and cultural practices remain closely connected to the land. This territory is included in the Dish With One Spoon Wampum Belt Covenant, a treaty between the Iroquois Confederacy and the Confederacy of the Ojibwe and Allied Nations to peaceably share and care for the resources around the Great Lakes. The Kingston Indigenous community continues to reflect on the region's Anishinaabek and Haudenosaunee heritage, alongside a vibrant Métis community and First Peoples from other Nations across Turtle Island.

We acknowledge the enduring impacts of settler colonialism in both the health and education systems, in this region and beyond, which have contributed to health and social inequities faced by Indigenous communities. We strive to advance the principles of Truth and Reconciliation through this project.

The *Centering Indigenous perspectives and priorities in a Learning Health System: a case study of the new Frontenac, Lennox & Addington Ontario Health Team* project stems from a collaborative partnership between Indigenous community members, service providers, partner organizations, and academic researchers listed on pages 1-2 of this document. This project is the result of the time, energy, and enthusiasm of these dedicated individuals and organizations.

We are deeply grateful to study participants who generously shared their stories and perspectives with us during interviews. We hope that this work honors their experiences meaningfully.

We would also like to acknowledge the following additional individuals who contributed to this work: Wendy Gollogly, transcriptionist of the focus groups and interviews; Dr. Joyla Furlano, who assisted with the Transitional Leadership Collaborative focus groups in June 2024; and Dr. Sophy Chan-Nguyen who assisted with our Indigenous members group interviews.

Finally, we gratefully acknowledge Queen's University for funding support of this research, from the Queen's University Catalyst Fund.

This work is dedicated to the memory of late research team member Grandmother Laurel (Laurel-ba) Claus-Johnson. From the FLA OHT's conception until her passing in 2022, Laurel-ba served the FLA OHT in the role of Grandmother. A prominent and energetic figure within the Kingston, Frontenac, Lennox & Addington (KFLA) Indigenous community, Laurel-ba had an unwavering commitment to advancing Indigenous health and wellness in the region. Among many other contributions, Laurel-ba was instrumental in establishing the Indigenous Health and Wellness Council (formerly Indigenous Health Council) – a key Indigenous partner organization for the FLA OHT - and served as its Co-Chair from 2012 – 2022. Laurel-ba was an active member of this project's study team, contributing invaluable insight in the proposal and protocol development stages.

Abstract

Background: Community engagement to address inequities faced by Indigenous peoples is a stated aim of the new Ontario Health Teams. This research seeks to examine collaboration processes with Indigenous community partners in the governance and activities of the Frontenac, Lennox & Addington Ontario Health Team (FLA OHT).

Methods: We used a case study method involving community-based participatory research and using principles of Ownership, Control, Access, Possession (OCAP) in ethical Indigenous health research. Data sources included: focus groups and interviews with previous and current Indigenous members of FLA OHT working groups, tables and support structures; focus groups with FLA OHT leadership and administration; and organizational documents.

Results: Focus groups and interviews with Indigenous members pointed to four major themes: the importance of relationship-building; drawing and building on previous work; creating and enhancing Indigenous spaces; and increasing Indigenous representation. Barriers to meaningful collaboration included: feeling dismissed and ignored; perceptions of tokenism; slow-moving work with unclear goals; burdening the Indigenous community; and a lack of accountability and transparency. Enablers included: moving from continual consultation to concrete action; honouring Indigenous peoples' time with honorariums; having open minds; and ensuring Indigenous peoples feel heard, respected and supported. Interviews with FLA OHT leadership pointed to five major themes on how to move forward in improving and enhancing meaningful collaboration: growing Indigenous knowledge and relationships; catalyzing action; creating Indigenous spaces; increasing Indigenous representation; and obtaining additional funding, supports and resources. Leadership proposed action items such as dedicating time for relationship building; advocating to Ontario Health for long-term funding; and building an Indigenous lens into current programs. These were identified as just some of the ways forward to improve meaningful collaboration between the Indigenous community and the FLA OHT.

Conclusion: The importance of action-oriented engagement, adequate funding and resources, and responding actively to Indigenous voices are key steps to ensure that collaboration feels meaningful to Indigenous partners. It is recommended that some ways forward for the FLA OHT to improve meaningful collaboration with the Indigenous community be done through actions such as: patience while relationship-building; advocating for additional funding and supports; improving organizational cultural competency; and incorporating an Indigenous lens into already-funded programs. This research generates a framework to operationalize meaningful collaboration between Indigenous partners and mainstream health systems. In addition to offering insight for use within the FLA OHT region, the framework may be broadly useful to guide partnership processes between other mainstream institutions and Indigenous groups in health and public health systems and policy.

List of Acronyms




CBPR	Community-Based Participatory Research
FLA OHT	Frontenac, Lennox & Addington Ontario Health Team
LHS	Learning Health System
OCAP	Ownership, Control, Access, Possession
OHT	Ontario Health Team
QUEST	Quality Improvement and Evaluation Support Structure
TLC	Transitional Leadership Collaborative
TRC	Truth and Reconciliation Commission
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples

Report Overview and Key Recommendations

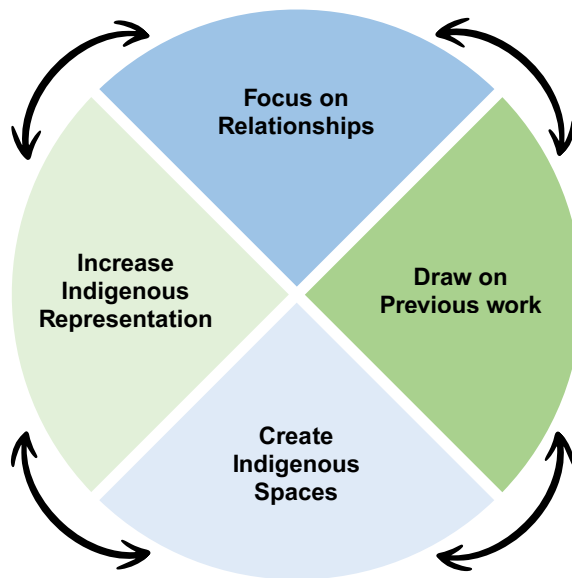
This project examined collaboration processes with Indigenous community partners in the governance and activities of the Frontenac, Lennox & Addington Ontario Health Team (FLA OHT). Data sources included: focus groups and interviews with previous and current Indigenous members of FLA OHT working groups, tables and support structures; focus groups with FLA OHT leadership and administration; and organizational documents. Key themes and key recommendations are summarized below.

Interview Results: Current and Former Indigenous Members

Individual interviews and group interviews were held with eight current and former Indigenous members of FLA OHT working groups, tables and support structures. These interviews aimed to identify and describe barriers, enablers, and ways forward, with respect to advancing meaningful collaboration between Indigenous communities and the FLA OHT. Refer to Figure 1 for a summary of the results. The following is a summary of the key themes identified:

-  Barriers to meaningful collaboration reported by current and former Indigenous members include: tokenism; not feeling heard; overburdening the Indigenous community; the slow-moving nature of the work; limited accountability and transparency; and a lack of acknowledgement of the amount of work that needs to be done.
-  Enablers to meaningful collaboration reported by current and former Indigenous members include open minds; working with smaller groups; an organizational commitment to in-person cultural competency training; honouring individuals' time with compensation; knowledge building; and moving from consultation to action.
-  Creating Indigenous spaces, increasing Indigenous representations, drawing on previous work, and focusing on building relationships should be key areas of focus for the FLA OHT moving forward.

Ways Forward



<p>Focus on Relationships</p>	<ul style="list-style-type: none"> • Build meaningful relationships <ul style="list-style-type: none"> ◦ Ally vs. tokenism ◦ Genuine engagement • Build relationships through cultural competency <ul style="list-style-type: none"> ◦ Knowledge sharing • Community focused and inclusive • Identify gaps in collaboration
<p>Draw on previous Work (Nationally, locally)</p>	<ul style="list-style-type: none"> • OCAP • Indigenous Health Policy • Calls to Action • Truth and Reconciliation Commission • Two Row Wampum • Report on Missing and Murdered Indigenous Women • Emerging reports and studies
<p>Create Indigenous Spaces</p>	<ul style="list-style-type: none"> • Honouring Indigenous Peoples <ul style="list-style-type: none"> ◦ Language ◦ Meaningful land acknowledgements • Self-Identification <ul style="list-style-type: none"> ◦ Creating safe spaces ◦ Acknowledging diversity • Cultural competency and safety training • Form an Indigenous table
<p>Increase Indigenous Representation</p>	<ul style="list-style-type: none"> • Empowerment • Indigenous organizations • Proper compensation • Increase Indigenous workforce • Bring brought to the table

Figure 1. Themes for meaningful collaboration with Indigenous communities and the FLA OHT reported by Indigenous Participants

Focus Group Results: Transitional Leadership Collaborative (TLC) Members

Focus groups were held with 16 members of FLA OHT leadership which aimed to identify and describe barriers, enablers, and ways forward, to advancing collaboration with the Indigenous community in the FLA OHT (Figure 2). Members participated in focus groups following a presentation of key results of the interviews with current and former Indigenous members. The following is a summary of the key themes identified:

- ➔ Additional funding and supports are critical facilitators to enable meaningful collaborations with the Indigenous community.
- ➔ Barriers to meaningful collaboration, as discussed by TLC members, include: limited Indigenous members, insufficient provincial guidance and funding, and limited time to complete the magnitude of work that needs to be done.
- ➔ Enablers to meaningful collaboration, discussed by TLC members, include creating a sense of belonging and building trust, better communication and transparency (both to the Indigenous members by the FLA OHT and to the FLA OHT by the province) and additional secure long-term funding.
- ➔ Creating Indigenous spaces, increasing Indigenous representations, growing Indigenous knowledge, focusing on building relationships and catalyzing actions should be key areas of focus for the FLA OHT moving forward.

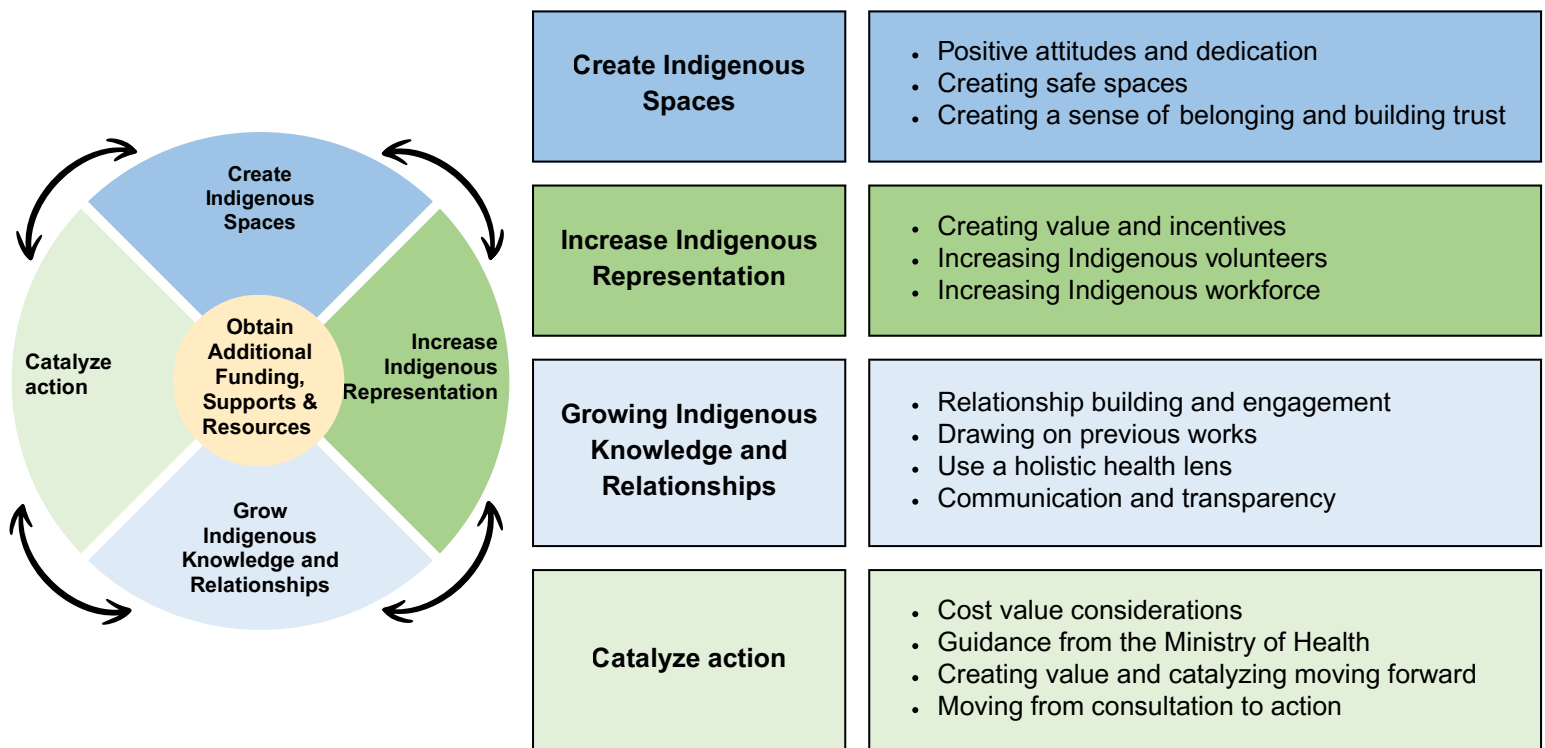


Figure 2. Themes for meaningful collaboration with Indigenous communities and the FLA OHT reported by TLC participants.

Document Review Results

A document analysis of 197 unique files from four FLA OHT working groups (Palliative Care, Integrated Addictions and Mental Health, Coordinated Discharge, and Aging Well at Home) was conducted to better understand group activities and how Indigenous perspectives are being incorporated into planning and implementation. Documents, dated from February 2021 to January 2023, reflected a range of strategic and operational content. Overall, 63 documents (32%) included explicit references to Indigenous considerations. The majority came from the Palliative Care Working Group (n = 40), followed by Integrated Addictions and Mental Health (n = 14). Coordinated Discharge and Aging Well at Home showed limited inclusion, with only 5 and 4 documents respectively referencing Indigenous considerations.

Findings suggest that while consultations and updates related to Indigenous engagement are taking place, there is often limited evidence of follow-through or concrete action. Expressions of the need for change are present, but actionable steps are frequently missing in the documentation analyzed. The Palliative Care Working Group stands out as an exception—demonstrating deeper engagement through the establishment of an Indigenous subgroup focused on advancing specific initiatives such as talking circles and a dedicated research study aimed at improving palliative care for Indigenous community members.

Key Recommendations

Key recommendations derived from interviews, focus groups and document analysis are as follows:

-  **Align with Policy and Advocate for Long-term Funding:** Monitor opportunities to align organizational initiatives with provincial policies and actively advocate to the Ontario Ministry of Health and Ontario Health for sustainable, long-term funding solutions.
-  **Prioritize Relationship-Building:** Emphasize the importance of relationship-building efforts with Indigenous community members across the FLA OHT, demonstrating patience and consistency in fostering meaningful relationships.
-  **Commit to Indigenous Cultural Competency:** Allocate dedicated time at both individual and organizational levels to deepen understanding of Indigenous culture and history. Commit to delivering in-person cultural competency training in collaboration with the Indigenous communities to ensure relevance, authenticity, and to help build relationships.
-  **Integrate an Indigenous Lens:** Embed an Indigenous lens into funded pre-existing programs and services to enhance cultural relevance and inclusivity.
-  **Enhance Indigenous Representation:** Strengthen efforts to increase and retain Indigenous representation within FLA OHT networks and the healthcare workforce, fostering diversity and inclusion across all levels of the FLA OHT. Ensure adequate supports and allyship, to avoid overburdening Indigenous members or concerns about tokenism.

Full Report

Background

Indigenous peoples face health inequities driven by colonization and systemic racism^{1,2}. Improving accessibility, cultural appropriateness, and cultural safety of health services and systems are thus essential^{3,4}.

Ontario recently restructured its health system into Ontario Health Teams (OHTs). OHTs seek to provide coordinated, connected care that meets the needs of patients, providers, and populations through the Quintuple Aims: improving patient experience, improving care provider experience, improving population health outcomes, reducing costs, and addressing health equity⁵. Indigenous health equity, in particular, has been identified as a priority in the work of OHTs⁶. To ensure that OHT projects are meeting the unique needs of Indigenous peoples, there should be a collaborative, participatory approach to planning and executing OHT activities, as well as Indigenous-specific evaluation. This case study research focusses on the Frontenac, Lennox & Addington (FLA) OHT, to gain insight into how collaboration with Indigenous communities and partners can occur meaningfully.

The FLA OHT was successfully created following an application that brought together numerous clinical and community partners in the region, including local Indigenous health groups such as the Indigenous Health and Wellness Council (IHCW) - formerly the Indigenous Health Council (IHC) - and the Indigenous Interprofessional Primary Care Team (IIPCT). Indigenous peoples constitute 3.7% of the population in the FLA OHT region, compared to 2.8% in the rest of the province⁷, pointing to a higher proportion than other parts of the province. The FLA OHT organization has several working groups and tables to advance the implementation of integrated initiatives within the OHT. Each group/table within the FLA OHT has at least one Indigenous representative. Additionally, First Nations Grandmothers provide culturally grounded support as knowledge keepers by opening and closing meetings and facilitating reflection. Each group/table includes diverse members from key groups and interested parties. There is also a separate OHT support structure focused on guiding evaluation – Quality Improvement and Evaluation Support Structure (QUEST), consisting principally of researchers from Queen’s University Faculty of Health Sciences.

OHTs are conceptualized as "learning health systems" (LHSs), which are designed to foster continuous, evidence-informed improvements in care delivery. At their core, LHSs integrate research and ongoing system learnings to enable new knowledge to be generated and immediately applied to improve outcomes⁸. This means that there is iterative evaluation and implementation to continually learn from and improve how care is delivered, and new knowledge is continuously gained from the delivery process. This approach creates a cycle where knowledge generation and action keep repeating for ongoing improvement^{9,10}. Reid and colleagues emphasize that a functional LHS must embed advanced research within care delivery and ensure learning occurs at clinical, organizational, and policy levels, while centering equity throughout each stage. LHSs are described as a practical “learning engine”

with five interdependent gears: analytics, evidence synthesis, co-design, implementation, and rapid-cycle evaluation; all contributing to real-time learning and improvement¹⁰. For LHSs to meaningfully serve Indigenous communities, they must go beyond general patient engagement frameworks to adopt Indigenous-developed ethical principles such as OCAP, ensuring data sovereignty, and ensuring that community-defined priorities are upheld¹⁰.

Study Purpose and Objectives

Objectives of the Research Study

1. **Examine Collaboration Processes:** This study aims to examine collaboration processes between FLA OHT and Indigenous communities and partners. In so doing, the project seeks to focus on centering Indigenous perspectives and priorities within FLA OHT activities and associated systems evaluation.
 - **Goal:** Identify strengths and areas for improvement in current collaboration processes. Insights will provide actionable feedback to FLA OHT leadership. Additionally, insights gained will also serve as a broad guide for partnership processes between other mainstream institutions and Indigenous groups in health systems and policy contexts.

Summary of Study Products and Impacts

1. **Framework for Meaningful Collaboration:** Development and documentation of a framework to operationalize meaningful collaboration between Indigenous partners and mainstream health systems, as detailed in this report.
2. **Support an Indigenous-focussed Approach to Evaluation:** The framework for meaningful collaboration from this work will facilitate co-design and co-execution of health systems evaluation approaches that reflect Indigenous perspectives and priorities. To this end, this work converges with two other parallel initiatives by our research team:
 - a. **Toolkit of Indigenous Focused Approaches and Evaluation Indicators for Health Systems:** Our team created a toolkit to facilitate the integration of Indigenous-specific evaluation indicators and approaches. This resource, released in November 2023, is available [here](#)¹¹.
 - b. **Promising Practices and Reflections to Improve Cultural Safety and Accessibility for Indigenous Patients in Mainstream Healthcare Settings:** Our team synthesized the literature and sought input from health policy leaders in the FLA OHT region. This report will be released soon.
3. **Strengthen Relationships:** Strengthen relationships between the region's mainstream service organizations, policymakers, academic researchers, local Indigenous communities and leadership, and Indigenous-focussed/-led organizations. Strengthened relationships will support ongoing and future collaborative work to improve systems, as a step towards addressing health inequities impacting Indigenous peoples. Moreover, the strengthened relationships also contribute to advancing the Truth and Reconciliation Commission's Calls to Action¹², fostering progress toward reconciliation in this region.

Study Methods

This project was conducted using a community-based participatory research (CBPR) approach, guided by the principles of Ownership, Control, Access, and Possession (OCAP), as foundational to ethical Indigenous health research^{13,14}. In alignment with CBPR and OCAP principles, Indigenous members of FLA OHT groups and tables collaborated with QUEST researchers as integral members of the project team.

From the outset, the project was co-conceptualized with the active involvement of two Grandmothers and four additional Indigenous members, who all expressed a shared commitment to engage in this work. Indigenous members actively contributed meaningfully at every stage of the research process, including project planning, the development of interview guides, the conceptualizing of findings, and the development of final deliverables. Regular meetings and consensus-based decision-making ensured that all voices were respected and centered throughout.

Additionally, the research team engaged with FLA OHT leadership and Indigenous community members throughout the project to ensure the findings were relevant, culturally grounded and actionable. This collaborative approach aimed to foster mutual respect and produce research outcomes that reflect the priorities of local Indigenous communities while also being practical and implementable within the mainstream health system involved.

This work was also informed by foundational commitments laid out in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)¹⁵ and the Truth and Reconciliation Commission (TRC) of Canada's Calls to Action¹². These frameworks emphasize the rights of Indigenous peoples to participate in decision-making in matters affecting their health and wellbeing and call for the integration of Indigenous knowledge and practices into health services. Their principles served as an ethical and conceptual foundation for the approach taken in this project.

Project Partners:

- Queen's University
- Indigenous Health and Wellness Council
- Frontenac, Lennox & Addington Ontario Health Team

To conduct a case study regarding the collaboration processes within the FLA OHT, and develop an operational framework as a product, multiple sources of data were used to glean insight. Specifically, analyses were done of FLA OHT organizational documents, interviews with Indigenous members (past and present) of FLA OHT working groups and tables, and interviews with FLA OHT leadership.

Document Analysis

A document analysis of organizational documents was conducted to examine how Indigenous perspectives, priorities, and partnerships were reflected across the work of the FLA OHT. This qualitative review included meeting minutes, Terms of Reference, strategy documents, planning tools, and other relevant materials produced by four key working groups: Palliative Care, Integrated Addictions and Mental Health, Coordinated Discharge, and Aging Well at Home.

The analysis focused on organizational documents created between February 2021 and January 2023. Documents were collected from shared working group repositories and systematically reviewed to identify references to Indigenous considerations, including collaboration, engagement, and culturally relevant approaches. Each document was coded for the presence (or absence) of Indigenous-related content. Where content was present, brief notes were recorded to summarize the nature of the inclusion (e.g., considerations for cultural safety, reference to Indigenous literature or toolkits etc.). Duplicate documents were excluded from counts and thematic analysis. Notes were made on Indigenous-related content, which were then charted and organized by working group and type of document. This approach allowed for a cross-sectional snapshot of how Indigenous inclusion is operationalized across FLA OHT program areas, and where opportunities exist to strengthen meaningful engagement and culturally appropriate care.

Interviews

To gather Indigenous perspectives on barriers, enablers and supports required for meaningful collaboration with the FLA OHT, interviews (either group or one-on-one, per participant availability) were conducted between May 2023 and July 2023 with current and former Indigenous members of FLA OHT working groups, tables, and support structures. These interviews were held virtually via Zoom and were an average of an hour each in length. All sessions were audio-recorded with participants' verbal consent and transcribed verbatim.

Subsequent member-checking was completed in January 2024, also over Zoom. Member-checking is a process where preliminary findings are brought back to participants to ensure that the interactions accurately reflect their experiences and views¹⁶. Two group member-checking sessions were held, with five of the original eight participants providing additional feedback and clarifications to ensure the accuracy of our interpretations and the trustworthiness of findings. The interview questions for the initial interviews and member checking sessions are provided in Appendices 1-3.

Next, focus groups were conducted with members of the FLA OHT Transitional Leadership Collaborative (TLC) to gain insights into barriers, enablers and actionable steps going forward. The TLC is comprised of leads from the FLA OHT Primary Care Network, Partner Networks, Support Structures and Community Council. These focus groups were held in-person on June 20, 2024. The session began with a presentation summarizing the results

from the above interviews with current and former Indigenous members, which highlighted their perspectives on the state of meaningful collaboration. TLC focus group participants then self-organized into four moderated tables for discussions to explore the presented themes further, focusing on meaningful collaboration strategies and actionable items to advance Indigenous priorities in the FLA OHT. These sessions provided a platform for participants to reflect on the findings from interviews with Indigenous members and contribute their perspectives on how to operationalize these insights in the FLA OHT. These sessions were audio-recorded with consent and transcribed verbatim. The interview questions for the focus groups with TLC members is included in Appendix 4.

All interview and focus group transcripts were analyzed thematically. Initial coding and analyses were performed by Research Associate S. Lavallee and subsequently reviewed collaboratively with the full research team during dedicated group analysis meetings. Coding and thematic analysis were completed with the help of NVivo software¹⁷. Group analysis involving the full research team (including Indigenous members and FLA OHT leadership members) allowed for multiple perspectives to be incorporated in the analysis. We additionally drew on the existing research literature to also help in the analysis. These steps assisted in ensuring rigor and trustworthiness^{16,18–20}.

Framing TLC Results

In order to systematically organize the barriers and enablers identified through the TLC focus group discussions, we applied a socioecological model for framing these results^{21,22}. This model recognizes that individual experiences and behaviours are shaped by multiple, interacting layers of influence, ranging from personal to systemic. Using this framework allowed us to capture the complexity of factors affecting participants' experiences and to group them in a way that highlights both individual and structural dimensions. The results are therefore presented across three interrelated levels: micro, meso and macro. The micro level refers to individual-level factors such as personal beliefs, attitudes, motivations, knowledge, and skills. The meso level focuses on interpersonal and organizational contexts, including relationships with peers, team dynamics, workplace culture, and institutional practices. This level captures how social and organizational environments influence individuals' engagement and performance. The macro level refers to broader system-level influences such as policies, funding structures, leadership priorities, and societal norms. Factors at this level often shape or constrain what is possible at the meso and micro levels^{21–23}. Organizing the findings this way supports a deeper understanding of the barriers and enablers to meaningful engagement with the Indigenous community from the perspectives of the TLC and allow for presentation in a manner that can facilitate targeted action.

Findings

Document Analysis

Overview

A total of 197 documents were reviewed across four FLA OHT working groups, with 63 documents (32%) explicitly referencing Indigenous considerations. These documents were from February 2021 to January 2023 and spanned a range of content types, including strategic frameworks, project charters, meeting minutes, and operational resources. The nature and depth of Indigenous inclusion varied considerably across the working groups. While some documents offered meaningful engagement and planning, others contained only brief mentions or lacked actionable content. Indigenous considerations appeared more frequently in governance and planning documents rather than in clinical tools or implementation resources, highlighting a gap between strategic intention and operational execution. An overview of these findings are outlined in Appendix 5.

Key Cross-Cutting Themes

Among the four working groups, Palliative Care had the greatest focus in its documents around advancing Indigenous-focused engagement and planning. Over half of its reviewed documents (40 of 62) included Indigenous content, with many proposing concrete steps such as integrating Indigenous representation in planning and governance, creating culturally safe and land-based care environments, providing cultural relevant care, and conducting in-depth talking circles and research to guide action. The group's documents also demonstrated a commitment to broader system transformation, including efforts to address Indigenous-specific racism through the creation of a briefing note advocating for more organizational training to support organizational change.

The Integrated Addictions and Mental Health group had 14 of 36 documents (39%) referencing Indigenous considerations; most (71%) of these documents were not specific to the working group but rather were broader FLA OHT or other external documents added to the shared group folder for reference. Themes in documents focused on respectful partnerships, cultural safety, and resource development. This group's document library, along with the Palliative Care group library, were notably well-maintained, often including broader FLA OHT updates for context.

In contrast, the Coordinated Discharge group's documents had minimal integration of Indigenous considerations in content. Of 53 unique documents reviewed, five (9.4%) made references to Indigenous engagement, and these were confined to governance documents such as Terms of Reference and meeting minutes. There was no Indigenous-specific content identified in discharge forms, clinical tools, or implementation frameworks. The Aging Well at Home group's documents also reflected limited engagement, with only four of

46 documents (9%) including Indigenous content. Mentions were generally surface-level and centered around inclusion of interested parties ('stakeholders'), the importance of Indigenous wellness perspectives, and the application of an EDIRA (Equity, Diversity, Inclusion, Reconciliation, Accessibility) lens, although few concrete next steps were outlined.

Future Opportunities

Looking ahead, there is a strong opportunity to standardize Indigenous inclusion across all program areas, to ensure meaningful Indigenous engagement is embedded not only at the strategic level but also throughout implementation. The document review pointed to the need for efforts to move beyond acknowledgment and planning to emphasize concrete action, accountability, and culturally grounded care practices. The content of the Palliative Care group's documents reflects that group's commitment and intentionality to ensuring Indigenous-focussed needs are prioritized, including through having a designated Indigenous-focussed subgroup addressing issues such as Indigenous representation, Indigenous-specific care integration, and Indigenous cultural competence and safety training. This Indigenous-focussed subgroup includes multiple Indigenous members who work in the health system, reflecting the importance of having Indigenous voices at the table, as well as allies. Additionally, this Indigenous-focussed subgroup has been able to mobilize external research funding to pursue talking circles to address knowledge gaps in Indigenous palliative care experiences in the region, through connections with academic researchers. The latter reflects the importance of resources in order to catalyze action, as well as the value of academic-community partnerships in generating data to guide policy.

Interviews with Indigenous Members

Participants consisted of one former Indigenous member and seven current Indigenous members. There were two one-on-one interviews, and two group interviews conducted. We reached out to 16 current and former Indigenous members, achieving a 50% response rate. Of the total of nine current Indigenous members in the health system, 78% (7/9) participated; 17% (1/6) of former Indigenous members participated. Among the eight participants, two were employed within the healthcare system.

Themes

The thematic analysis of the interviews revealed four major themes with respect to the question of what meaningful collaboration looks like: (1) the importance of relationship-building; (2) drawing and building on previous work; (3) creating and enhancing Indigenous spaces; and (4) increasing Indigenous representation.

Participants highlighted several barriers to meaningful collaboration, including feeling dismissed and ignored; tokenism; slow-moving work with unclear objectives; burdening the Indigenous community; and a lack of accountability and transparency. Conversely, enablers of effective collaboration include transitioning from continual consultation to concrete action; honouring Indigenous peoples' time with honorariums; having open minds; and ensuring Indigenous peoples feel genuinely heard, respected and supported.

Meaningful Collaboration

During the member-checking sessions, participants recommended visually representing the themes on meaningful collaboration in a circle to reflect their interconnectedness and equal importance. They emphasized that no single theme should dominate over others, and that these themes synergistically create a cohesive whole. This circular representation aligns with traditional Indigenous cultural approaches to governance and decision-making, which emphasize balance, unity and the interconnected nature of relationships and processes (Figure 3).

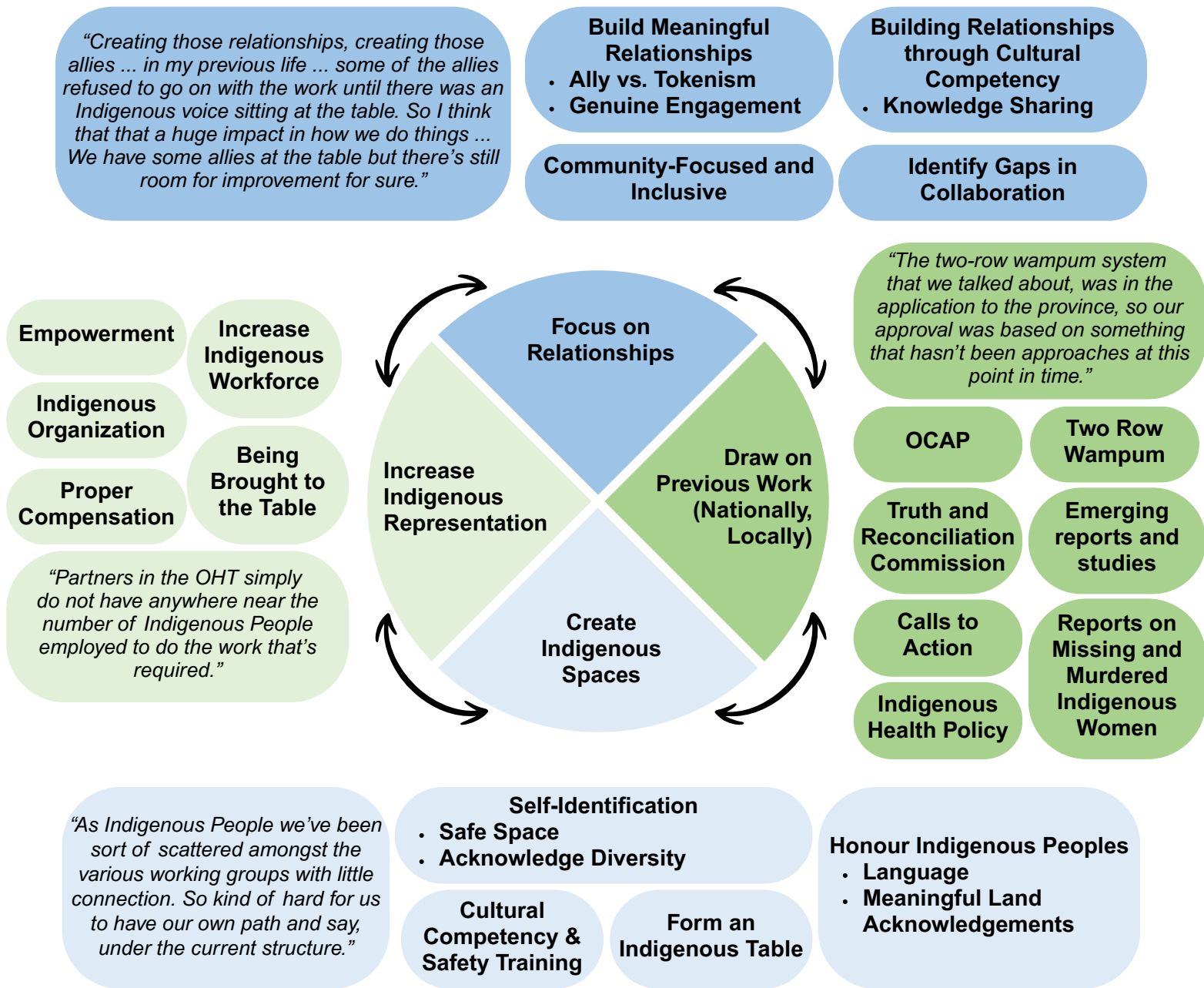


Figure 3. Themes for meaningful collaboration with Indigenous communities and the FLA OHT

1. Importance of Relationship-Building

Participants expressed that building meaningful relationships comes through genuine engagement based on allyship rather than tokenism. One study participant stated:

“Creating those relationships, creating those allies...in my previous life...some of the allies refused to go on with the work until there was an Indigenous voice sitting at the table. So I think that that had a huge impact in how we do things... We have some allies at the table but there’s still room for improvement for sure.”

Participants felt that relationship-building should be community-focused and inclusive; this includes acknowledging the diversity in Indigenous communities in the region and not limiting collaborations based on pre-set definitions. Building relationships through cultural competency and safety training was emphasized by participants. Examples highlighted by participants of ways to promote knowledge-sharing and building relationships with the community included by having community members come in to support training and knowledge-sharing sessions; for example, a blanket exercise workshop that was subsequently completed with the FLA OHT guided by an Indigenous Grandmother. Participants emphasized that cultural competency and safety training needs to be in-person (rather than simply through online training modules), as skills in cultural competency and safety are inherently about relationships and learning who is in and around one’s community. Participants also expressed that it is crucial that community members are informed and engaged about ongoing work. Several participants noted that they often learned about initiatives affecting Indigenous communities after those initiatives were already underway. Gaps in collaboration across health and community care organizations serving Indigenous patients were also identified as an area needing attention. For example, participants described experiences where a lack of coordination between service providers led to confusion about roles, duplication of services, or missed opportunities for culturally safe care. Strengthening collaboration and communication across these organizations was seen as essential to supporting more seamless and responsive care for Indigenous communities.

2. Drawing on Previous Work

Participants noted the fact that there are extensive resources readily available that can be used and followed to ensure that meaningful collaboration is occurring, and that Indigenous communities are being supported. These include the Royal Commission on Aboriginal Peoples (RCAP) report²⁴, the Truth and Reconciliation Commission report and Calls to Action¹², Aboriginal Health Policy for Ontario²⁵, OCAP (Ownership, Control, Access, Possession)¹⁴, Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls²⁶, and other existing reports and studies at both local and national levels. There was frustration from the participants that existing work was not being actioned despite clear indications to do so. An example a participant raised was that many existing studies emphasize the need for mental health and addiction/rehabilitation services for Indigenous youth, yet such services are not adequately funded or implemented in FLA OHT.

An example of drawing on previous work that is specific to the FLA OHT that participants discussed is that during the initial creation of the FLA OHT, YouTube videos were created by Indigenous collaborators for FLA OHT leadership on the topic of Indigenous peoples; these videos offered guidance on how the newly-launched FLA OHT should move forward,

both in its relationships and responsibilities to local Indigenous peoples, and overall as a new approach to health and wellness in this area. Yet these videos apparently only obtained about 30 views at the time of the initial sharing. This was very demotivating to the Indigenous collaborators who put a lot of time into creating these resources for FLA OHT leadership.

Additionally, participants discussed that a Two Row Wampum approach was described in the FLA OHT application submission that was approved by the province, to encapsulate the proposed relationship between FLA OHT and the region's Indigenous peoples; however, participants did not feel this approach has subsequently been pursued to date. In Haudenosaunee culture, Two Row Wampum is an approach to peaceful co-existence between groups that signifies that each party will navigate its own path without interfering in the other's affairs - a framework for balanced relationships. In other words, the approach involves two groups working in parallel that will not interfere with each other²⁷.

“The Two Row Wampum system that we talked about, was in the application to the province, so our approval was based on something that hasn't been approached at this point in time.”

3. Creating and Enhancing Indigenous Spaces

Participants spoke about the importance of creating safe spaces for Indigenous peoples who work or serve in health systems, emphasizing safety so that individuals are not hesitant to self-identify as Indigenous. Hesitation to self-identify can occur for a few reasons, including fear of being over-burdened with Indigenous-focused work if identifiable as an Indigenous employee or member, and due to the failure of mainstream organizations to acknowledge diversity among Indigenous peoples and be inclusive in any definitions used. It was expressed by participants that it would be beneficial to have a dedicated Indigenous Table for the FLA OHT; this would be an overarching group for Indigenous members from different FLA OHT working groups/tables/support structures to come together and connect. Such a group could help decrease feelings of being scattered and disconnected from one another, as there is often only one or two Indigenous individuals at each group/table. An Indigenous Table within the FLA OHT can offer support and act as a sounding board for those Indigenous members who are actively participating within the system. A participant stated:

“As Indigenous people we've been sort of scattered amongst the various working groups with little connection. So, kind of hard for us to have our own path and say, under the current structure”

Participants noted that honouring Indigenous peoples in mainstream health systems spaces is also important. Examples of this cited in interviews include Indigenous language signs around hospitals and clinic spaces, such as greetings signs. Additionally, ensuring that land acknowledgements are done meaningfully, rather than simply reciting a script, was noted by participants as important for meaningful collaboration; a meaningful land acknowledgement was described as one in which the speaker draws on their individualized perspective that they created from educating themselves. Finally, mandatory cultural competency and safety training for all in all healthcare spaces was highlighted by participants as integral, including trauma-informed care training.

4. Increasing Indigenous Representation

Participants reflected on the need to increase the Indigenous workforce and employ more Indigenous individuals in supporting health system roles. A participant stated:

“Partners in the OHT simply do not have anywhere near the number of Indigenous people employed to do the work that’s required”

Participants reflected that empowering existing Indigenous employees and members is important and highlighted that this can be done through strategies of support, including delegation of tasks and avoiding having one Indigenous person taking on all roles. Participants felt that having a designated Indigenous organization in the area that can hold the system accountable and provide supports can be beneficial. Participants reflected that in order for there to be meaningful Indigenous representation on new initiatives and tables, Indigenous members need to be brought to the table and engaged at the correct times – specifically, during early discussions, initiation and planning stages. There should be a thoughtful approach around ensuring representation of the diverse Indigenous communities and organizations in the region, with multiple Indigenous members to represent different groups and voices. Finally, participants stated that adequate compensation is an essential component of meaningful collaboration with Indigenous communities. This could be through workplaces supporting Indigenous members in working on FLA OHT activities as part of their work role, or honorariums being offered by the OHT or health system partner organization for those who volunteer their time.

Barriers

Participants identified many barriers to meaningful collaboration (Figure 4). Importantly, the barriers that were emphasized by our participants repeatedly were: **not feeling heard**, feeling ignored, and feeling dismissed. These sentiments reflect a deeper sense of exclusion, where Indigenous voices were invited to the table but not genuinely listened to or acted upon. Participants described situations where their ideas were overlooked or not followed up on, leading to frustration and a sense that their knowledge and lived experiences were undervalued. Participants expressed that this pattern of dismissal makes it difficult to meaningfully engage.

“I know that that Community [Council] group is not where we should be because we’re not being heard, we’re not being understood, and we’re not respected frankly.”

Accountability and transparency were reported as barriers and referred specifically to unclear funding structures, not knowing where funding for certain initiatives was coming from, no sharing of financial statements, and lack of assurance that funding will be earmarked for the Indigenous community’s benefit. The question was raised about whether there is a specific Indigenous organization that is accountable for this work and earmarked funding, rather than simply community members and volunteers. Contributing to the barriers of accountability and transparency is a lack of clarity around the **organizational structure** of the FLA OHT. Participants reported that the organizational structure is confusing and that

it is not clear who is accountable for what. Participants recognized that the FLA OHT faces limitations and challenges in this regard with respect to lack of clear direction or structure from Ontario Health; however, it was suggested that this may represent an opportunity to advocate for clearer direction and build out system understandings.

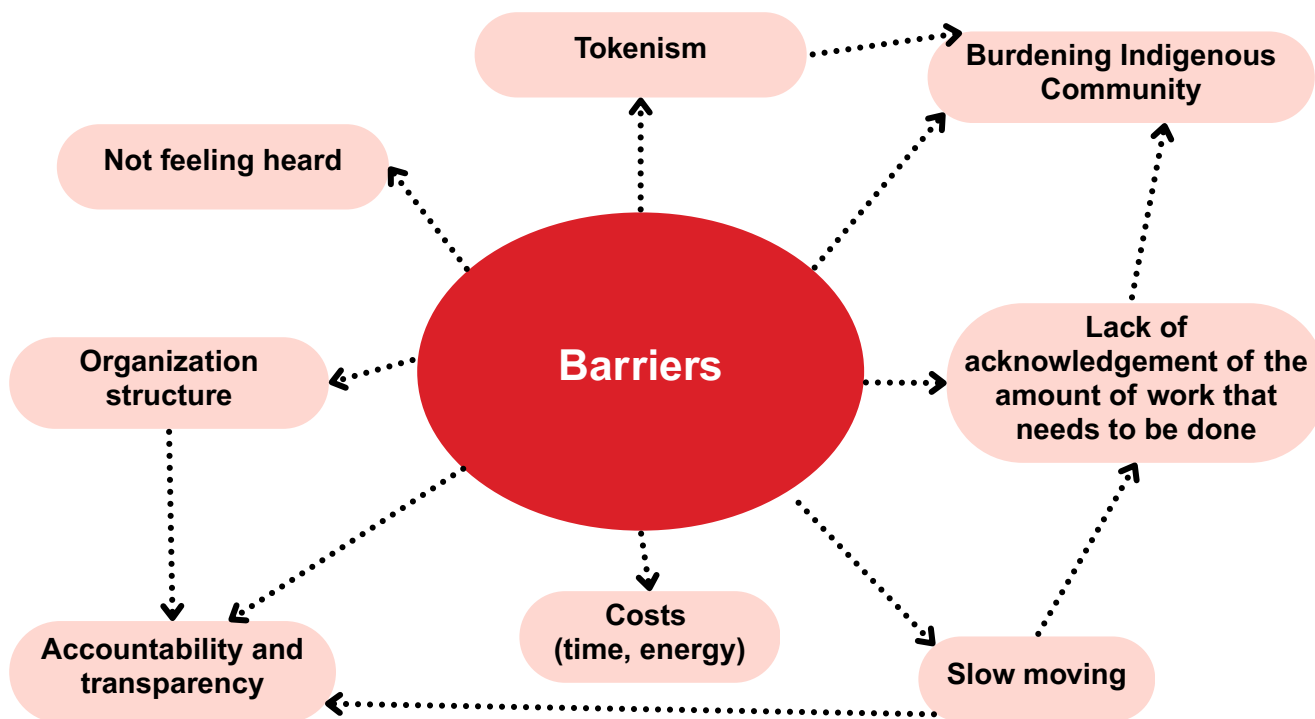


Figure 4. Barriers to meaningful collaboration with Indigenous communities and the FLA OHT

Another barrier identified was **burdening the Indigenous community** by putting responsibility on the Indigenous community to educate others and to advocate for themselves and their communities. Factors that added to this were perceived **tokenism**, and concerns around **a lack of acknowledgement of the amount of work** that needs to be done. The **slow-moving** nature of this work was expressed to be demotivating and may be caused by a lack of transparency with the FLA OHT or a lack of acknowledgement of the amount of work that needs to be done.

Participants also identified **costs and lack of funding** as barriers to meaningful collaboration. Participants reflected that a barrier was the lack of certainty of long-term existence and continued funding of Ontario Health Teams, which made discussion of long-term plans difficult.

Enablers

Participants reported various enablers of meaningful collaboration, based on positive experiences and/or based on proposed suggestions (Figure 5). Enablers identified by participants can be summarized in five main ideas: action, structure, knowledge, attitudes, and honouring time.



Figure 5. Enablers for meaningful collaboration with Indigenous communities and the FLA OHT

Action refers to being able to see forward progress in this work. This would require moving from continual consultation to action and moving from intention to action. Participants did recognize that the FLA OHT may not have control, jurisdiction, resources, infrastructure, or funding to pursue some of the desired action items. Participants proposed the question, “How can the FLA OHT mould to enable these actions?”, meaning that participants felt that the OHT could do more to adapt in a way to make it possible to pursue desired action items.

Knowledge includes ensuring Indigenous members have a good understanding of working group and table topics, given that most Indigenous individuals who serve on OHT groups are not health system employees. The theme of knowledge also refers to ensuring members have a good understanding of health system structures, and the roles of the various individuals at the table of the group in question. Without an understanding of system structures and roles, it is difficult for Indigenous members to contribute ideas to improving the wider system; without such knowledge to support action, participation can feel meaningless, and members can stop participating.

Structure includes the suggestion to work with smaller groups, as this can promote feeling heard and understood. Participants identified that it can be hard to speak up in larger groups when they often feel dismissed, or where they don’t have some of the topic-specific knowledge of a given working group.

Attitudes refers to Indigenous members working with individuals who have open minds and who ensure that Indigenous members feel heard and supported and feel like they belong, and that their contributions matter and have value. It also includes working with organizations that have a clear commitment to cultural competency and safety.

Honouring time encompasses compensating with honorariums those Indigenous volunteers who are not paid by their employer for their time and expertise. Participants reported that there was a recommendation made at the time of the initial formation of the FLA OHT that those who were not being paid for this work as a part of their employment role be compensated, with individuals having the option to choose whether or not they wish to accept the honorarium offered. Participants expressed that it was disappointing that the status of this proposal remained unclear at the time of interviews (2023) and member-checking (2024)*.

Ways Forward

Figure 6 highlights four ways forward proposed by current and former Indigenous members to advance meaningful collaboration between Indigenous communities and the FLA OHT. These include: creating and protecting Indigenous spaces; increasing Indigenous representation across all levels of the OHT; drawing on and building from existing work and knowledge; and investing in long-term relationship-building. These proposed actions reflect a desire to move beyond performative gestures and toward sustained, accountable, and culturally grounded collaboration.

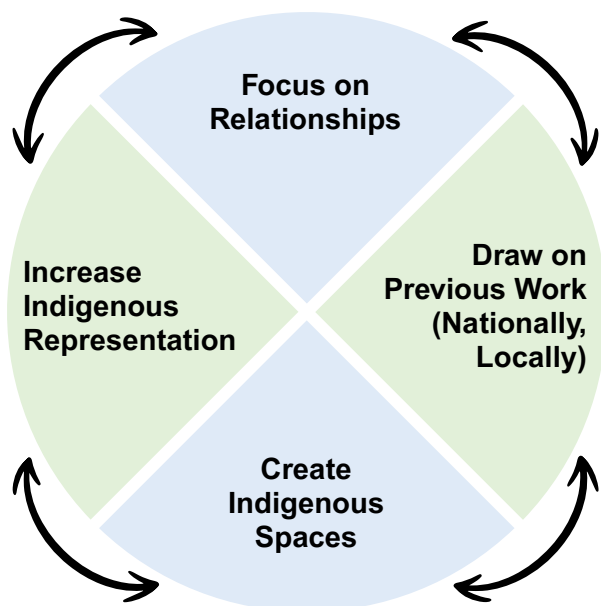


Figure 6. Proposed ways forward to allow for meaningful collaboration with Indigenous communities and the FLA OHT

*At the time of writing this report, an Honorarium Policy was established in 2025 by the FLA OHT in response to preliminary results of this research being shared.

Focus Groups with Transitional Leadership Collaborative Members

In June 2024, the findings from the above results from interviews with previous and current Indigenous members of FLA OHT tables were presented to 16 members of the Transitional Leadership Collaborative (TLC). Following the presentation, TLC members engaged in focus groups to reflect. Key themes are described below.

Barriers

Focus group participants expressed many barriers to meaningful collaboration. These are outlined in Figure 7.

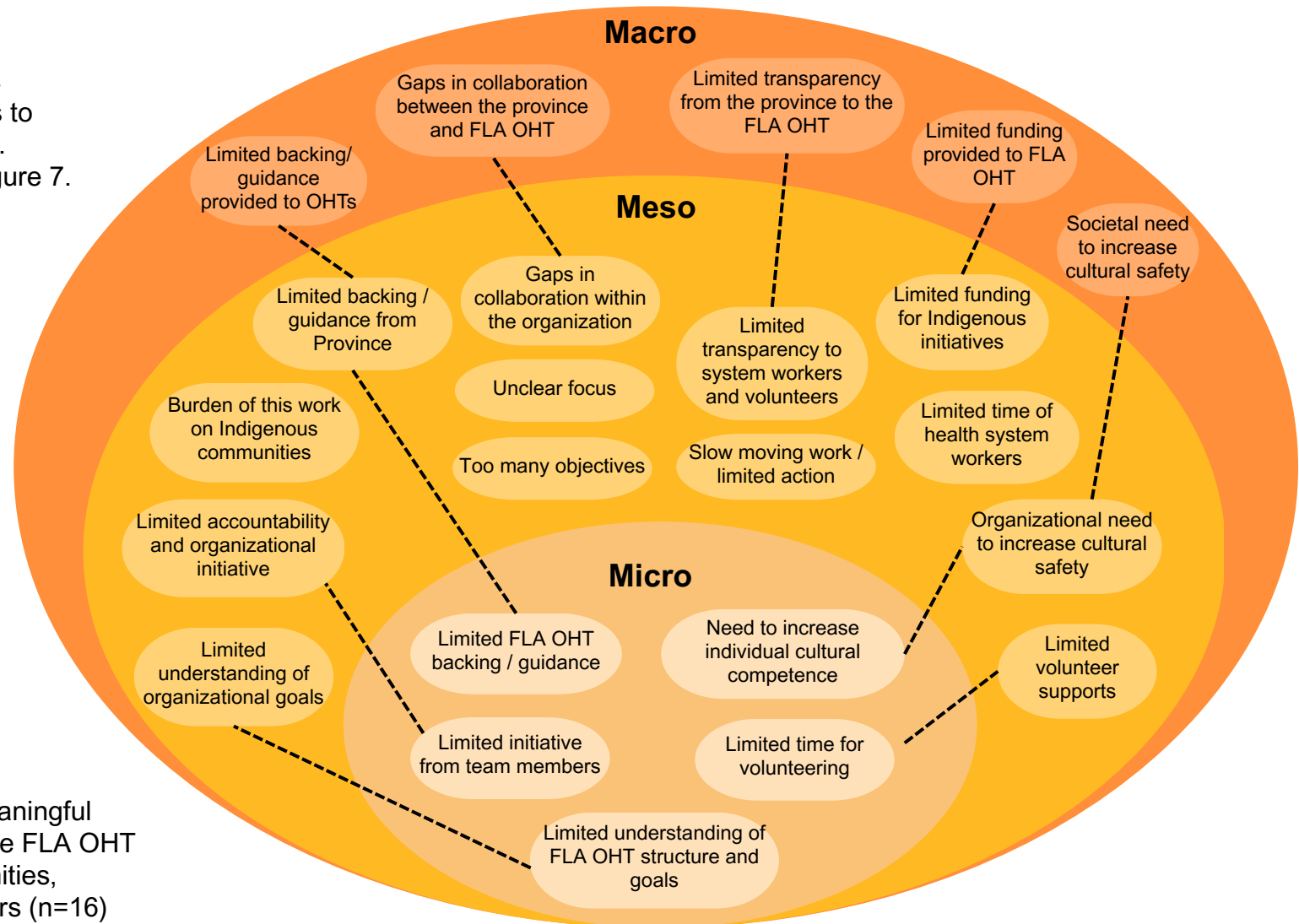


Figure 7. Barriers to meaningful collaboration between the FLA OHT and Indigenous communities, reported by TLC members (n=16)

Barriers identified in the focus groups highlight several challenges inhibiting meaningful collaboration between the FLA OHT and Indigenous communities. One of the most mentioned barriers by all TLC participants is limited funding, with participants expressing concerns over insufficient financial resources to support Indigenous priorities and initiatives, including honorariums for participants. Participants emphasized that it is important that Indigenous communities themselves define priorities, to maximize the impact of limited funding. Additionally, participants expressed that a lack of long-term funding discourages team and system efforts to implement meaningful system changes or create long-term sustainable programs that support Indigenous communities. A few participants provided context for this reflection, mentioning that they believe it is up to the province to provide the FLA OHT with adequate funding in order to achieve the many objectives that the system has on its plate.

“It’s heartbreaking to see what the Ministry is asking us to do in this province without funding or secure funding and I’m very worried [about] all those health teams, creating these models and all of this work happening in all of these communities.”

Insufficient system and provincial guidance further compound these barriers, as some participants reported feeling a lack of direction from the province to the FLA OHT, and the FLA OHT to team members (both employees and community volunteers), making it difficult to advance work that benefits Indigenous communities.

“It’s difficult to receive very valid messages that say these things when... it’s like a hockey team where every player has a different agent and a different owner. We all have different owners, and those owners have distinctly different missions that may overlap.”

Some participants reported that the lack of clear guidance has led to an unclear focus within the FLA OHT, making it challenging to prioritize objectives and action items. Participants also noted that the FLA OHT would benefit from clearer guidance from Ontario Health and the Ministry of Health to help set clear objectives and advance forward progress.

“It is unclear what the focus is of the FLA OHT.... Working with the FLA OHT feels like boiling the ocean. And if you are spreading yourself so thin, how are you going to do a great job across everything?”

Limited transparency regarding funding, future financial status, and governance were all expressed as concerns by some participants. Participants expressed that these concerns contribute to confusion and frustrations among participants working and volunteering within the system. Some participants expressed that clearer communication by FLA OHT would be beneficial in increasing the Indigenous members’ understandings of the financial and system restrictions. Other participants responded to the above by expressing that it is difficult for the FLA OHT to communicate such details given that they, as a system, are not always certain how much more money is coming, if any, and how money is intended to be used.

Many participants pointed to the shortage of Indigenous volunteers as another barrier to meaningful collaboration, expressing that there are simply not enough Indigenous volunteers involved in FLA OHT initiatives to do the work that needs to be done.

“[Indigenous community members] have to decide if they want to be engaged in something that’s going to be ground up that could bring value in the future. But they have to be willing to show up and volunteer when they don’t know what the outcomes is going to be, because no one does.”

Other participants, however, expressed that the reliance on Indigenous volunteers to do Indigenous-focused work places an overwhelming burden on Indigenous members already engaged. A few participants highlighted that limited funding for honorariums affects individuals’ capacity to take on a substantial part of this work. Some participants also expressed that there is a large need for collaboration on Indigenous initiatives and noted that improving the system to better support Indigenous communities should not fall solely on Indigenous members.

“It’s a heavy burden, because if you think of the numbers, you are saying officially there’s 4%, maybe there’s 11%. So that means 89-96% of the people are not Indigenous. So now we’re relying on 4-11, somewhere in there, percent of the people to help 89-96% of people get it and do better. That’s a heavy burden.”

The need to increase cultural safety and awareness for FLA OHT staff was identified by most participants, with some participants expressing concerns about reported tokenism, dismissal of Indigenous voices, and the burden that is placed on Indigenous community members. Some participants expressed that due to these concerns, environments may not always feel “safe” for someone to self-identify. Some participants commented on Indigenous participants reporting not feeling heard and feeling dismissed and how the system can help alleviate these feelings through creating safer spaces, expanding one’s individual knowledge, and building better relationships.

“I think we need to do a much better job of establishing meaningful relationships where people feel brave enough to share their thoughts and feedback. Because they are scared, particularly in Indigenous communities because they have truly been punished and murdered and killed and everything else for sharing their opinion. And until we address that, I don’t know that we can work on some of that structure at a high level.”

Some participants reported that limited accountability across the system further exacerbates these issues, with few healthcare workers able or willing to take on extra work to support Indigenous initiatives due to time and resource constraints. Again, some participants discussed that the short-term nature of the FLA OHT’s funding and the uncertainty surrounding the FLA OHT’s future state has created hesitation to invest time in developing programs that may not be able to be sustained long-term. Participants recognized that Indigenous volunteers, who are often not paid to be there, are overburdened by the many

initiatives and need support from people in the system. Some participants in leadership or administrative roles suggested that it is the healthcare providers working in partner clinical organizations who should be taking on this work ; however front-line staff participants noted that without system support for funding hours and resources to be allocated for this work, such an expectation is not feasible given that healthcare providers are already overburdened and already do not have enough time in the day in their current roles. Limited time, bandwidth, and staff burnout among healthcare providers and leaders were reported by most participants as significant barriers to meaningful collaboration with Indigenous communities; participants expressed that they felt they have limited ability to build meaningful relationships with Indigenous communities, as they are already stretched so thin.

“When we’re constantly putting out fires with upset patients, upset staff, where compensation for staff is a major issue....And burnout and stress and the risk of violence and harassment in the workplace. Like all of the negatives that takes up a lot of our time.And those kinds of things are the things that we often don’t see coming. You know like the violence, harassment, the risk, all of those sorts of things really can overwhelm people. Staff are stretched. Staff are very stretched at every level.”

A majority of participants expressed concerns about the overwhelming number of objectives assigned to the FLA OHT, feeling as through the system has “bit off more than [they] can chew”, making it difficult to prioritize and allocate limited resources effectively.

“It is just too much, right. We just have too many objectives.”

Most participants reported that the slow-moving nature of this work, often due to funding limitations, is understandably demotivating for volunteers and engaged system staff, leading to reduced engagement in Indigenous initiatives. Some participants explained that people will drop off if they do not see their time and commitment being turned into positive actions and change within the system.

“People are losing the belief that something is meaningfully going to change...that the system can make that kind of change and work together in different ways. We just haven’t moved as far as we might like, for a lot of reasons, but it’s not motivating for people seeing that and [so] participation levels ... are not as high .”

Gaps in collaboration between the province, the FLA OHT, Indigenous partner organizations, clinical settings and hospitals were also reported by some participants, highlighting the need for improved coordination and alignment towards common goals. Addressing these barriers was noted to be crucial for meaningful progress, sustainable change, and improved meaningful engagement with the FLA OHT and Indigenous communities.

Enablers

Focus group participants also expressed many enablers to meaningful collaboration. These are outlined in Figure 8.

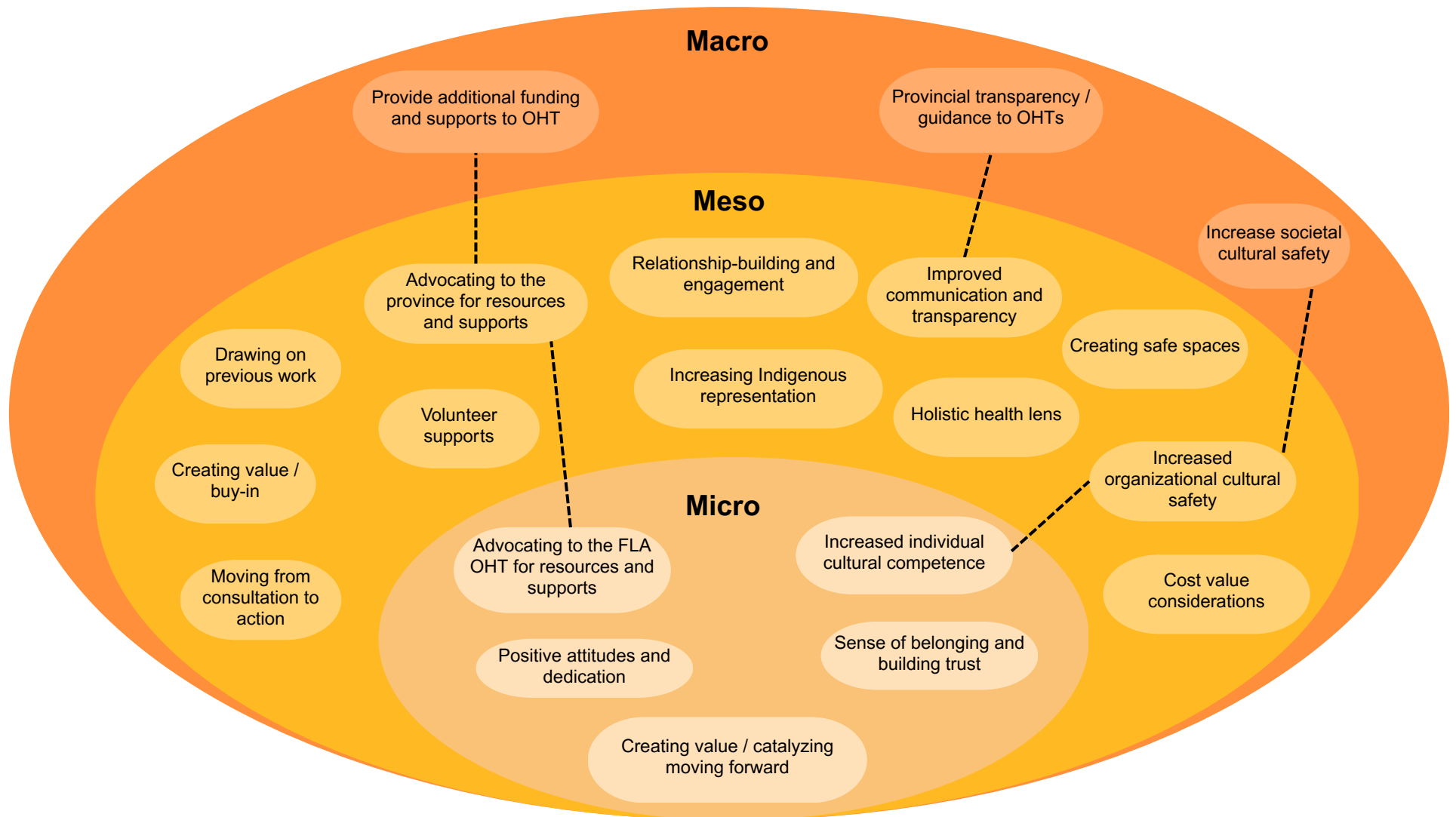


Figure 8. Enablers to meaningful collaboration between the FLA OHT and Indigenous communities, reported by TLC members (n=16)

Enablers identified in the focus groups highlight key factors necessary for advancing meaningful collaboration between the FLA OHT and Indigenous communities. A few participants, Indigenous and non-Indigenous, emphasized the importance of positive attitudes and dedication towards this work; they noted that when everyone comes together with a commitment to move the work forward, morale of those working on these initiatives is boosted and it allows for an environment that is conducive to meaningful change.

“We don’t have any resources other than human willingness at the moment”

Building strong relationships with Indigenous community members was also identified as essential by most participants. Some participants further stressed the importance of engaging Indigenous partners early and fostering relationships where system workers can call upon Indigenous community members as trusted resources for ongoing and emerging initiatives.

“Where we have those relationships and they’re thriving, that’s where really great work is happening.”

Creating safe spaces through increased cultural understanding and an organizational commitment to cultural competency was reported as critical from about half of the participants. These participants expressed the need to cultivate spaces where Indigenous members feel safe to self-identify and to share their voices. These efforts contribute to a sense of belonging and trust, which participants highlighted as fundamental for sustained meaningful engagement. Some participants explained that Indigenous members need to feel their voices are heard, their perspectives are valued, and their opinions are respected in order to continue their engagement in the system. These participants shared that trust-based relationships among team members can help foster these feelings.

“And it goes back to what I was saying before about cultural sensitivity. I need to belong and I need to belong in a good way.”

Cost value considerations were also raised by some participants, with participants urging the need for collective discussions on prioritizing limited funding based on Indigenous community priorities.

“I think people have to appreciate the cost value of change. I mean take [adding signs in Indigenous languages in clinical spaces], for example. That was a great idea [raised in the Indigenous members’ interviews] but we have thousands and thousands of signs in the hospital. It would cost a lot of money to change the signs, right, so we don’t do that every day. Is that where we want to spend it?”

The majority of participants expressed that increasing Indigenous representation was vital for advancing meaningful collaboration. Some participants suggested that providing honorariums or other incentives can encourage Indigenous members to dedicate their time. Some participants also highlighted that the above needs to be done alongside providing resources for volunteer retention and hiring Indigenous workforce members.

“Instead of having to be a community volunteer speaking for [Indigenous peoples], if we could hire more [Indigenous individuals] within the system, that would be an advantage.”

Some participants emphasized the need to create value and catalyze forward movement. Some participants also expressed that value can be created through honorariums or recognizing volunteer contributions, fostering a sense of value and appreciation for input. Participants also expressed that progress must be visible, as seeing actions taken toward community health improvements motivates ongoing engagement. One participant further explained that individuals need to be able to see good coming from their contributions or eventually they will stop contributing. Some participants expressed that moving from consultation to action is essential for maintaining engagement and trust. Focus group participants emphasized the need for visible progress. They expressed that when funding is available, it should be allocated to meaningful actions; when funding is not available, its absence must be clearly communicated, along with efforts to advocate and secure additional resources.

“People are losing the belief that something meaningful is going to change, but we need to remember that is why we are all here. The system can make that kind of change if we work together in different ways. It’s not motivating for people seeing that we haven’t made much progress and that participation levels are not as high as attendance at different levels.”

Some participants expressed that effective communication and transparency are critical enablers. Participants elaborated that the provincial government must be clear with the FLA OHT about the health team’s future and potential funding. Participants expressed that it feels like little can get completed with no direction or approvals. Some participants also expressed that the FLA OHT must also share this information openly with its members and with Indigenous communities. A few participants explained that transparent conversations about delays and structural changes help manage expectations and maintain trust.

“Some of what I heard [in the Indigenous members results presentation] really is the knowledge gap and not understanding. I think that some of us who sit on these committees don’t understand all of it. So [it is important to try] to make it simpler and clearer and [use] language for everybody, to make it easier to understand”

Some participants expressed that drawing on existing work is another key enabler and that Indigenous community members should not be burdened with consultations on topics where guidelines already exist and are available. Participants strongly emphasized the need to draw on existing guidelines and frameworks where possible, to avoid burdening Indigenous partners with unnecessary consultations on well-established topics. Focus group participants discussed that the FLA OHT should look at committing to principles like OCAP in data collection and system evaluation, and to consider integrating the previously agreed-upon Two Row Wampum approach into practice. Some participants suggested looking at national and international best practices for meaningful engagement to avoid tokenism and to foster meaningful collaboration between Indigenous communities and the FLA OHT. A few participants highlighted that the successes of the primary care and Indigenous-specific palliative care groups can serve as models for other working groups.

A few participants highlighted that a wholistic health lens is vital for integrating Indigenous perspectives meaningfully into the health system. Participants stressed the importance of learning from the Two Row Wampum approach, which aligns with the commitments made during the initial FLA OHT application that was approved by the province.

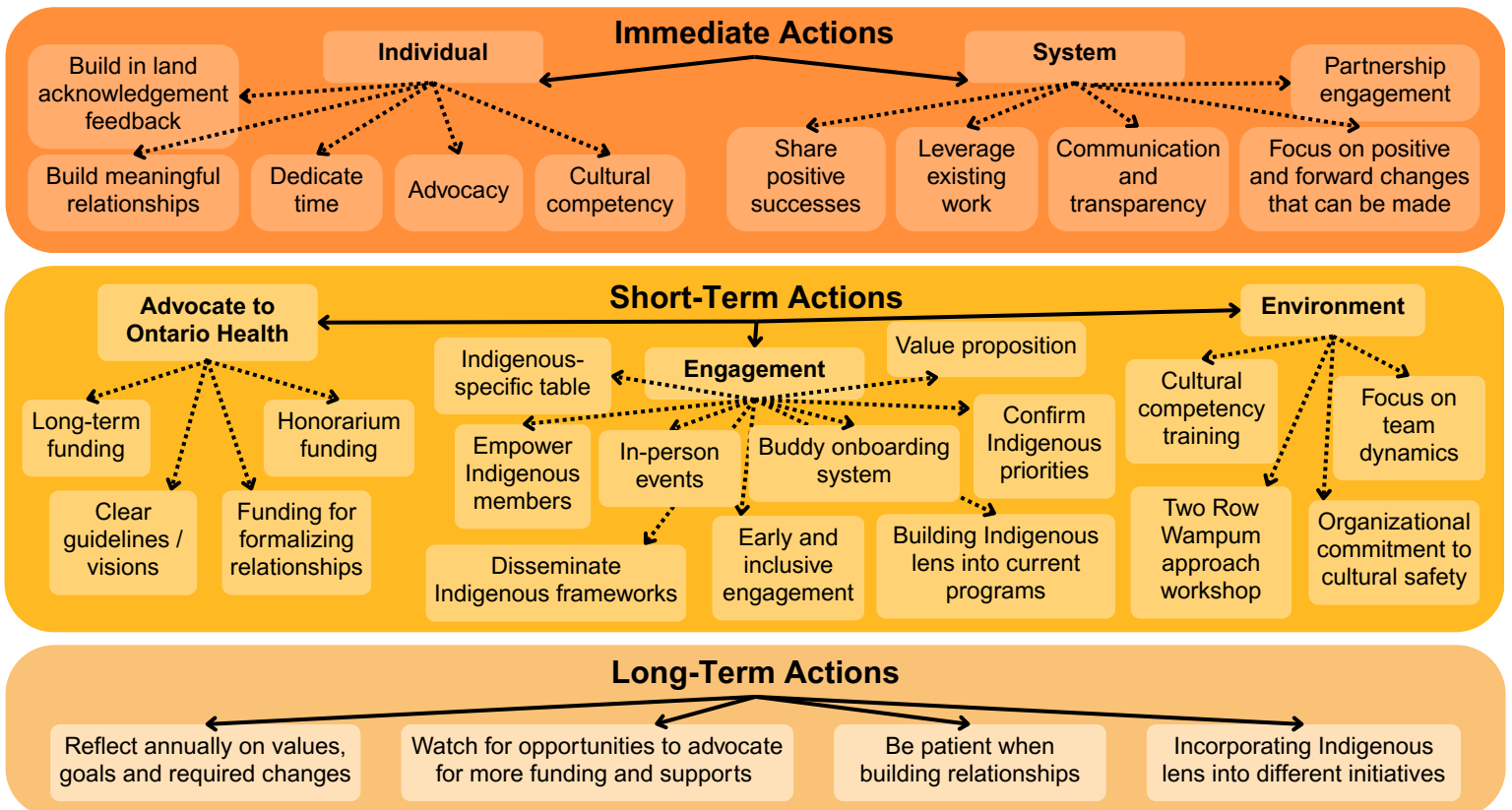
“We still don’t include spiritual health as a part of wholistic health, you know. So that’s kind of my motivation is to start to talk about those kinds of things in terms of health care. That to me, from my lens, is wholistic health”

Finally, every participant expressed that additional funding is crucial to turn consultations into tangible products that improve Indigenous community health outcomes. Participants expressed that resources should be allocated for volunteer compensations, such as honorariums for those participating who are not paid to be there, along with technology access and training. One participant highlighted that some Indigenous community members cannot volunteer with the FLA OHT as they may lack the necessary tools or knowledge to engage fully in online working groups.

“I’ve always said - instead of instead of[one-year] program funding, it needs to be stressed to [the government to provide] multi-year program funding. And that’s just not specific to Indigenous, it’s for any new programs that are coming out. It’s like guarantee me – this is business building. In the first year your business building and you have to create the trust that people are going to trust that you’re still going to be there next year.”

Action Items

Figure 9. Feasible action items for the FLA OHT in the immediate, short and long-term. Reported by TLC members (n=16)



Participants brainstormed action items that can be taken in order to allow for and improve meaningful collaboration between the FLA OHT and Indigenous communities (Figure 9).

Immediate Actions

In the immediate term, TLC focus group participants expressed many action items that could be started immediately to foster meaningful collaboration and support Indigenous communities. Here “immediate term” refers to timeframe for initial implementation; it is important to recognize that investments will still be needed in the longer term for maintenance and sustainability of these actions. Some participants expressed that every individual working in the health system should strive to be allies by focusing on building meaningful relationships with the Indigenous community and actively contributing to advancing this work. A majority of participants expressed that the FLA OHT can be more transparent about their current initiatives, progress, and future plans and next steps, while also clearly communicating to Indigenous partners about funding constraints and the reasons that certain ideas cannot be acted upon. Some participants expressed that an immediate action can be emphasizing positive, actionable changes that have been completed to date. Some participants noted that sharing successes with the broader community, such as through website updates and meeting announcements, helps highlight progress and boost morale.

Nearly half of the participants agreed that building in the land acknowledgement feedback from the Indigenous focus group results (i.e. the need for speakers to not merely recite a script) can be an immediate action to improve meaningful collaboration. Some participants also expressed that an immediate action item can be engaging with other partner organizations to build larger networks that support Indigenous priorities. Participants also expressed that individuals can advocate for cultural competency among colleagues. Many participants also expressed that it is vital to start leveraging existing resources, such as the Indigenous educational videos mentioned in the Indigenous members’ interviews. Finding ways to protect time for busy providers and administrators to engage with these resources (for example, by dedicating time in a working group meeting to watch the videos together, rather than leave it to individuals to make time later), can help facilitate.

Immediate Actions:

- Connect and build meaningful relationships with Indigenous communities by encouraging individual allyship.
- Increase transparency by communicating openly about current initiatives, funding constraints, and reasons why some ideas cannot move forward.
- Share successes publicly, through website updates or meeting announcements, to boost morale and show progress.
- Revise land acknowledgements by incorporating the Indigenous focus group feedback by making acknowledgements genuine and unscripted.
- Leverage existing resources, such as Indigenous communities’ educational videos in group settings, embedding them into meetings so everyone commits time together.

Short-term Actions

Focus group participants discussed short-term action items, defined as things that can be started within the next year, that can be implemented to foster meaningful collaboration with Indigenous communities and the FLA OHT. Again, “short term” refers to the timeframe for initial implementation, while recognizing that further investments will be needed in the long-term for sustainability of action implementations. Some participants expressed that advocacy efforts should target Ontario Health and Ministry of Health in asking for long-term funding, funding to formalize relationships, funding to support volunteer incentives (e.g. honorariums), and to provide clear guidance on the FLA OHT’s future state, goals, and vision. Some participants expressed that a short-term action item should be emphasizing cultural competency training for all organizational employees and distributing Indigenous-specific resources to support awareness and education, both individually and organizationally. These steps will help create safe spaces and build stronger relationships with Indigenous communities. Participants expressed that cultural competency training should be relationship-based and be an organizational commitment. This training should be mandatory but also needs to have the proper logistical support, such as allocated time in the workday and associated funding, to enable it to occur.

Some participants suggested that hosting in-person events can help with relationship-building. A few participants also suggested that moving forward, there should be an explicit focus on working group and support structure team dynamics, with clear communication, frequent updates and checking in with team members. A few participants also suggested that a buddying-up onboarding system could be developed for new Indigenous members to enhance engagement. Participants expressed that it can be scary going into a committee for the first time alone when you know no one, and being partnered with another Indigenous member can help people from feeling isolated and help give them more of a shared voice. Some participants also suggested that, in the short term, developing a clear value proposition for why Indigenous individuals should engage with the health system could encourage greater participation. This value proposition should emphasize that their contributions are meaningful and central to transforming the system, while also demonstrating respect for their time and expertise. One example provided was the offer of honorariums to individuals who are not otherwise compensated for their involvement - recognizing that, while the amount may be modest, it is a gesture of appreciation and respect, with the option given to decline the honorarium if preferred.

Some participants expressed that empowering Indigenous members, by giving Indigenous members opportunities to have their voices be heard and have close oversight and/or autonomy on specific evaluation activities, is crucial for meaningful collaboration. Participants expressed that having supports in place to support Indigenous members, and ensuring that these supports are clearly communicated, may also benefit Indigenous members contributing their time towards FLA OHT initiatives. Participants expressed that due to limited funding available for projects, conversations need to be had with Indigenous partners to confirm what is a priority to the Indigenous community and how they want to spend money that can be allocated towards Indigenous wellbeing. Many participants

suggested that, in the short term, the FLA OHT can engage with partner organizations to help build system capacity for Indigenous initiatives, and they can leverage existing programs that already have funding to make sure that they are also supporting the Indigenous community as well.

Focus group participants expressed that in the short term, the FLA OHT can support building organizational understanding of the Two Row Wampum approach to healthcare, potentially through organizing workshops on this approach. Some participants also expressed that focusing on inclusive outreach can be done in the short term, to reflect the diversity within Indigenous communities in the region; for example, focusing on underrepresented Indigenous groups, such as youth engagement, can foster broader engagement and increased Indigenous representation. Participants also expressed that a short-term action item for the FLA OHT can be creating an Indigenous-specific table, as suggested in the Indigenous members group interviews. Such a table can support knowledge-sharing, enable Indigenous members supporting each other and having a shared voice, and collective action. However, some TLC members also noted their perception that there were already Indigenous groups or entities in place and indicated some hesitation towards creating any additional.

Short Term Actions (within 1 year):

- Advocate to Ontario Health for sustainable funding, formalized relationships, honorariums, and clearer guidance on future directions.
- Implement mandatory cultural competency training and ensure that it is relationship-based, with proper logistical supports like paid work time.
- Host in-person events and create a buddy system for onboarding new Indigenous volunteers to strengthen engagement and support.
- Create an Indigenous-specific table that focuses on fostering collective action, knowledge sharing, and a shared voice.
- Prioritize Indigenous input on funding allocation by engaging Indigenous partners in conversations on how available funds to support the Indigenous communities should be spent.

Long-term Actions

Participants brainstormed many long-term action items, defined as actions to be implemented in the future (likely at least a year or more from now); these are goals towards which to work in order to support sustainability of meaningful collaboration and ongoing Indigenous health initiatives. Some participants expressed that establishing working groups that focus on a specific concern or health area would be beneficial, as some working groups have been successful in the past with such an approach (e.g., palliative care and primary care groups). The palliative care working group was cited as a strong example to follow, as it includes a smaller, dedicated Indigenous subgroup, within the larger working group, that

focuses on meaningfully integrating Indigenous perspectives. Some participants noted that focusing on certain health issues—such as diabetes, obesity, smoking cessation, pregnancy, etc.—could offer a clear and tangible starting point to mobilize collaborative efforts and achieve meaningful impact. However, participants also emphasized that any such efforts must be grounded in Indigenous understandings of health, which are wholistic and interconnected. This means that while specific disease areas may be a practical entry point, they should be approached within broader frameworks that honour Indigenous values, knowledge systems, and definitions of wholistic wellness. Participants also stressed that future working groups or areas of intentional focus must be well planned, appropriately resourced, and introduced in a phased manner to ensure sustainability and meaningful engagement.

Many working group participants recognized that relationship-building efforts should be approached with patience and care and need continual attention to develop year after year. Guidance on engagement and relationship-building or protected time to ensure people are continually engaging may help support such an approach. Some participants also expressed that the FLA OHT should convene annually to reflect on shared values and identify areas for improvement. Participants expressed that it is important to seek opportunities to advocate for increased funding and resources from Ontario Health and the Ministry of Health. These advocated funding supports should include long-term sustainable funding for programs, FLA OHT structure supports, and Indigenous supports. Participants also expressed that they could advocate for clear communication from the province, including transparent goals for the health team, progress updates, and next steps for the FLA OHT.

Long Term Actions (beyond 1 year):

- Establish dedicated working groups that focus on specific health areas (ex: diabetes, smoking cessation), with intentional Indigenous integration.
- Commit to long term relationship building, including protecting time and providing guidance on engagement practices.
- Host annual gatherings to reflect on shared values, successes, and area for improvement.
- Advocate for sustainable, long term funding from Ontario Health and the Ministry of Health to support Indigenous focused programs and initiatives.
- Push for clear and transparent communication from the province about FLA OHT goals, progress, and next steps.

Reflections on Misconceptions Heard During TLC Focus Groups

Certain comments heard during the focus groups with TLC members highlighted areas where further understanding and sensitivity regarding Indigenous communities could be developed or improved. Recognizing that these misconceptions may be shared by others within the region's service systems, we highlight key examples here to help stimulate broader reflection and education.

Some TLC participants, through their comments, demonstrated a need for greater awareness of the diversity and complexity of Indigenous identities and perspectives across the FLA OHT region. Concerns about the validity of Indigenous members' interview data, due to perceived small sample sizes or perceived biases in participation, also surfaced, which may inadvertently undermine the voices of those who contributed to those interviews. Some TLC participants also expressed concerns or hesitation around the prioritization of Indigenous health initiatives. These concerns were often framed as a zero-sum argument, questioning the allocation of resources to Indigenous health initiatives compared to other populations, with the notion that helping Indigenous communities comes "at the expense" of other marginalized groups. Other TLC participants countered such concerns in the rich discussions that occurred; for example, one focus group member highlighted the opportunity to shift the narrative towards recognizing that improving health outcomes and access for any group benefits the broader system through increased equity and increased care options.

"Anything you do for the Indigenous community is easily translated to the whole population. We look at the Indigenous community because it is a mandate from the Truth and Reconciliation [Commission] report, but in the long-run it is making sure everyone in the community is benefiting from better care" – TLC member

There were also some comments that revealed uncertainty regarding roles and responsibilities in advancing Indigenous health priorities. Some participants emphasized the roles of other organizations, such as Indigenous-led organizations or the federal government, suggesting that responsibility lay with others. Other participants, however, openly acknowledged the shared responsibility across organizations, systems, and jurisdictions, including the FLA OHT and its leadership.

These misconceptions highlight the importance of enhancing cultural awareness, education, and building stronger equitable partnerships with Indigenous communities to support a more inclusive and collaborative approach to the health system. The rich dialogue within the TLC focus groups, where other participants addressed and responded to colleagues' misconceptions, further shows the importance of interactive learning opportunities where dialogue can assist in exploring deeper questions and points of complexity.

Ways Forward

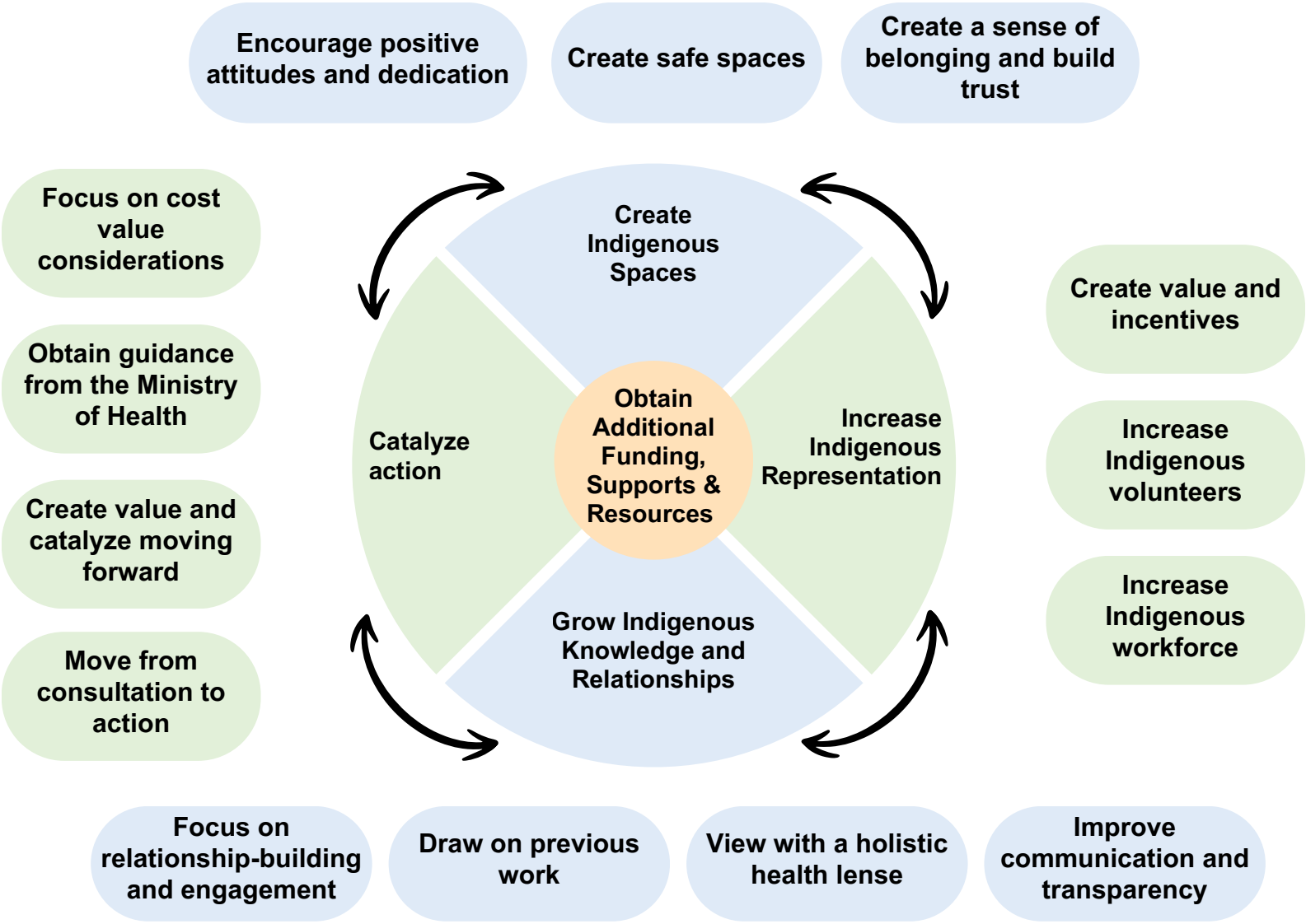


Figure 10. Proposed ways forward to meaningful collaboration between the FLA OHT and Indigenous communities

Key Action Items

- ➔ **Align with Policy and Advocate for Long-term Funding:** Monitor opportunities to align organizational initiatives with provincial policies and actively advocate to the Ontario Ministry of Health and Ontario Health for sustainable, long-term funding solutions.
- ➔ **Prioritize Relationship-Building:** Emphasize the importance of relationship-building efforts with Indigenous community members across the FLA OHT, demonstrating patience and consistency in fostering meaningful relationships.
- ➔ **Commit to Indigenous Cultural Competency:** Allocate dedicated time at both individual and organizational levels to deepen understanding of Indigenous culture and history. Commit to delivering in-person cultural competency training in collaboration with the Indigenous communities to ensure relevance, authenticity, and to help build relationships.
- ➔ **Integrate an Indigenous Lens:** Embed an Indigenous lens into funded pre-existing programs and services to enhance cultural relevance and inclusivity.
- ➔ **Enhance Indigenous Representation:** Strengthen efforts to increase and retain Indigenous representation within FLA OHT networks and the healthcare workforce, fostering diversity and inclusion across all levels of the FLA OHT. Ensure adequate supports and allyship, to avoid overburdening Indigenous members or concerns about tokenism.



Some research and support team members present at the 2024 Transitional Leadership Collaborative retreat, Centering Indigenous Perspectives and Practices focus groups. (L-R): Catherine Donnelly, Amrita Roy, Jacqueline Galica, Samantha Lavallée, Joyla Furlano, Shawna Cronin, and Kim Morrison.

Discussion

This research provides important insights into the collaboration processes between the FLA OHT and Indigenous communities, highlighting both challenges and enablers to meaningful collaboration, along with proposed ways forward.

Through the thematic analysis of interviews with current and former Indigenous members, there were four important emerging themes that arose: (1) the importance of relationship-building; (2) drawing and building on previous work; (3) creating and enhancing Indigenous spaces; and (4) increasing Indigenous representation. The data from these interviews emphasized the importance of Indigenous members feeling heard, seen, and valued in their contributions. The subsequent focus groups with the TLC provided additional insights into system barriers and enablers while also proposing actions for moving forward. Five key themes emerged from the TLC focus groups regarding proposed ways forward for meaningful collaboration: (1) the importance of growing Indigenous knowledge and relationships, (2) catalyzing action, (3) creating and enhancing Indigenous spaces, (4) increasing Indigenous representation, and (5) obtaining additional funding, supports and resources. The findings from these group interviews and focus groups highlight the importance of relationship-building, creating safe and inclusive spaces, leveraging existing frameworks and resources, increasing Indigenous representation, catalyzing action, and the need to obtain additional funding and resources to support this work moving forward.

Opportunities for Improvement

Increase Transparency and Communication

The findings highlight actionable steps to address the identified barriers to meaningful collaboration within the FLA OHT's organizational and funding structures. First, fostering transparency and accountability across the FLA OHT is critical. Participants reported that perceived excessive objectives, a perceived lack of a clear focus, and perceived limited accountability within initiatives hindered meaningful progress. Clear communication regarding FLA OHT priorities, funding allocations, and decision-making processes can build trust among the Indigenous community and facilitate collaborative goal setting.

The above aligns with findings from other studies in other contexts that emphasize the importance of structured and transparent communication pathways in achieving successful outcomes in healthcare settings. For instance, one published literature review study examined how healthcare leaders can enhance accountability by fostering transparency across organizational processes. It was found in the literature review that transparency in healthcare organizations (characterised by open communication about performance, outcomes, and processes) leads to improved accountability, trust and patient engagement²⁸. The importance of transparency is further supported by national resources like the First Nations Communications Toolkit, which emphasizes how intentional and accessible communication fosters trust, comfort and equitable partnerships from the outset²⁹.

The above aligns with our findings by demonstrating how leadership-driven transparency can directly support collaboration efforts. Current practices in the FLA OHT were perceived as falling short on transparency, pointing to a key area for growth. Improving transparency and communication around barriers preventing forward progress and around current ongoing work are critical in ensuring that Indigenous OHT group members and Indigenous communities in the region are actively up –to-date and engaged in driving change within the FLA OHT. Increased transparency and communication can help to overcome some barriers to meaningful engagement and build trust with Indigenous members.

Increasing Indigenous Representation

Increasing Indigenous representation in FLA OHT leadership and workforce roles is another key step in ensuring that diverse voices are included in decision-making processes. Inclusive leadership improves decision-making, fosters trust, and enhances meaningful engagement with Indigenous communities. The establishment of an Indigenous-specific table, as suggested by Indigenous members, could provide a centralized platform for Indigenous members to connect, share experiences, and offer a coordinated input to the FLA OHT.

Some TLC focus group participants wondered about the role of certain Indigenous organizations in the region in accomplishing the above; however, it is worth noting that it may not necessarily be in the scope, or within the organizational capacity, of preexisting Indigenous organizations or tables to fulfil this role for the FLA OHT. Such a role for an Indigenous organization would need to be explored carefully with the Indigenous partner organizations at hand within the OHT, and considerations of appropriate supports from the OHT to take on such a role would be needed. Additionally, given the diversity that exists among Indigenous peoples in the region, care would need to be taken, if selecting a singular organization, to ensure this diversity is appropriately represented.

It was also noted that smaller group structures may be more effective in ensuring Indigenous members feel heard and supported, as Indigenous participants have expressed the benefits of working with smaller groups.

To foster meaningful participation, drawing on previous work and providing volunteer supports, such as honorariums, can help create value and encourage buy-in from Indigenous participants. Providing knowledge-building opportunities, such as educational materials on system structures, roles, and key topics, can further support Indigenous members in navigating these spaces. Importantly, participants raised concerns about feeling dismissed, unheard, or tokenized in current structures. These concerns highlight the need for representation efforts to go beyond symbolic inclusion, by offering tangible supports to enable shared decision-making roles. Unequal power dynamics risk undermining trust and long-term collaboration if not explicitly addressed. This sentiment aligns with broader research indicating that tokenistic inclusion of marginalized groups in health sector partnerships undermines trust and engagement. For example, one study of partnerships for health promotion work in the Republic of Ireland found that unequal power dynamics and lack of genuine involvement leads to mistrust among partners, emphasizing that decision-making roles must be shared to maintain effective collaborations³⁰.

Increasing Indigenous representation, increasing Indigenous retention efforts, improving communication and transparency within the FLA OHT, and adopting a wholistic health lens will all contribute to creating safe, culturally competent spaces for Indigenous members that support Indigenous participation and representation.

Cultural Competency Training and Ongoing Relationship-Building

Building cultural competency and fostering strong relationships with Indigenous communities requires both resources and ongoing collaboration. Cultural competency training should be grounded in relationships and approached as a long-term organizational commitment, rather than a one-time educational activity³¹. Such an approach includes providing honorariums to Indigenous community members for their time and contributions to FLA OHT initiatives. As well, such an approach includes increasing opportunities for in-person cultural competency training by ensuring partner organizations have required resources to enable all staff and employees to participate during paid work hours.

Indigenous participants shared that online training is insufficient, and that in-person training formats, led by Indigenous community members, are especially impactful in fostering relationships and understanding with the Indigenous community. Previous workshops, such as the in-person blanket workshop held with FLA OHT leadership and led by an Indigenous community member in September 2023, was positively received and provided a valuable opportunity for cultural learning and relationship-building. Continued investment in similar workshops can help build on this foundation.

The above approach to cultural competency skills-building is supported by recent work led by Doctors of BC: in partnership with Indigenous facilitators, Elders, and Knowledge Keepers, Doctors of BC developed workshops, seminars, and community-based engagement opportunities to enhance physicians' knowledge of cultural safety and humility. They embedded Indigenous representation on leadership committees, supported physician-led initiatives that engage Indigenous peoples in healthcare planning and delivery, and integrated cultural advisors and traditional wellness practitioners into local Primary Care Networks³². These efforts provide tangible models for how other health systems, such as the FLA OHT, can advance reconciliation and cultural safety by centering Indigenous leadership, partnership, and knowledge.

Sustained relationship-building and engagement must remain a priority across the FLA OHT. Moving beyond consultation to concrete action is necessary for demonstrating a genuine commitment to reconciliation and ensuring meaningful progress. Creating value within the system and catalyzing forward movement depends on strong, trust-based relationships with Indigenous communities. These relationships are strengthened through positive attitudes, dedication, and open-minded collaboration between health system members and Indigenous communities. These relationships are strengthened by qualities that Indigenous participants identified as impactful, such as positive attitudes, open-mindedness, and demonstrated dedication to shared goals.



Grandmother Kathy Brant opening FLA OHT Kairos Blanket Exercise, 2023



FLA OHT Kairos Blanket Exercise, 2023



FLA OHT Kairos Blanket Exercise, 2023

Indigenous and TLC participants also emphasized that the burden of building and sustaining these relationships should not fall disproportionately on Indigenous members. Without shared responsibility, there is a risk of burnout and frustration. It is important to avoid placing the burden of advancing collaboration solely on a small number of Indigenous individuals. The health system should ensure that this work is meaningfully supported by a range of Indigenous community members and by non-Indigenous health system partners, so that the responsibility is distributed and sustained overtime. Relationship-building efforts must therefore be supported by structural commitment and appropriate resourcing.

Honouring the Two Row Wampum Approach and Indigenous Ways of Well-Being

In the accepted FLA OHT application to the province, a Two Row Wampum approach was proposed. As noted in the results, both Indigenous and TLC participants have generally acknowledged that the Two Row Wampum approach has not yet been fully integrated into FLA OHT governance in practice. However, there is a shared understanding within the study team that it is important to move beyond the symbolic framework and toward a more practical application; particularly, operationalizing to represent the parallel paths of two sovereign nations, moving forward together with mutual respect and collaboration. Team members reported that there has been a tendency to focus more on mainstream health approaches, yet the richness of Indigenous ways of knowing, such as traditional healing practices, traditional knowledge, and wholistic well-being, remain underrepresented. While the concept of the Two Row Wampum has been part of the FLA OHT from the start, there is still work to be done in terms of deeper understanding and fuller implementation. Indigenous team members have emphasized that a meaningful step forward would be to ensure space is created at decision-making tables for traditional healers and to formally recognize them as health care providers within the Indigenous context. It is crucial that Indigenous knowledge systems are not sidelined but, rather, are centered, if the health system is to truly embrace the spirit of the Two Row Wampum approach. Without honoring and respecting Indigenous healing traditions, there is a risk of the partnership becoming one-sided, with settler systems continuing to dominate. The spirit of the Two Row Wampum invites settler allies to actively support and empower Indigenous led healing practices, ensuring that these invaluable traditions are preserved and uplifted. Team members acknowledge that the FLA OHT has demonstrated deep commitment to this work; with continued collaboration and respect, there is a real opportunity to shape something truly unique, that, in addition to addressing Indigenous health equity locally, can also serve as a model for other regions and systems.

Advocacy for Funding

Advocating for dedicated funding is essential to advancing meaningful engagement with Indigenous communities. When FLA OHT funds are limited, it is important for the organization to actively advocate to the province or other sources for additional resources that directly support Indigenous-led initiatives. A lack of available funding was cited by TLC members as a barrier to offering honorariums or expanding culturally relevant programs. While advocacy alone may not always result in immediate funding, participants noted that transparent and visible advocacy efforts can help build trust and demonstrate a genuine commitment to addressing systemic barriers. Conversely, a lack of visible advocacy can reinforce perceptions of tokenism and erode confidence in the system's intentions. Ensuring Indigenous members are kept informed about advocacy efforts is therefore critical to fostering trust and supporting collaborative planning.

Incorporating an Indigenous Lens into Existing Programs

In the absence of new or dedicated funding, assessing existing programs for opportunities to meaningfully incorporate an Indigenous lens was seen by some TLC participants as a practical step forward. This includes identifying ways to embed Indigenous knowledge, practices, and priorities within the design and delivery of current initiatives. However, such efforts must go beyond symbolic inclusion. "Add-on" approaches—where Indigenous considerations are retrofitted into pre-existing structures—can unintentionally feel tokenistic and may fall short of addressing the wholistic needs and priorities of Indigenous communities, especially when attempted to be done with limited additional resources to fund a careful and meaningfully tailored approach. As such, any attempt to adapt existing programs should be done in close collaboration with Indigenous partners and with a clear commitment to respectful and culturally grounded implementation.

Structural Barriers to Funding

Participants also identified broader structural barriers to sustainable progress, including unclear funding pathways, limited long-term funding commitments, and a lack of coordinated guidance from the province. These issues were noted by both TLC and Indigenous participants as key constraints to long-term planning and meaningful collaboration. Increased provincial support through clearer funding structures, sustained investments, and culturally informed guidance was seen as necessary to enable meaningful, community-driven collaboration and action.

Study Strengths and Limitations

This case study has several strengths that contribute to its robustness, starting with the research team and research partnerships therein. Indigenous community members, all members of the Indigenous Health and Wellness Council (one of the Indigenous partner organizations within the FLA OHT) and members of FLA OHT working groups and tables, participated on the research team. Their participation, reflective of the OCAP principles, helped to ensure that Indigenous perspectives were embedded in all aspects of the research process. Additionally, FLA OHT leadership representatives also served on the research team, providing a key policy lens to the research approach. Queen's University Health Sciences academics from the Centre for Studies in Primary Care and the Health Services and Policy Research Institute provided methodological expertise and resources. Multiple research team members also have clinical or administrative roles in partner clinical organization in the FLA OHT, allowing a frontline service-provision lens to also be brought to the work. The diverse perspectives and expertise of the research team allowed for strengthening the alignment between research outcomes and decision-making, allowing for a collaborative and action-based approach to this research project.

Although the sample size was limited, this is appropriate for the type of study design used (a single instrumental case study) and the objectives of the study, which were focussed on getting an in-depth understanding of the specific context of FLA OHT. Seven of nine (78%) Indigenous members currently involved with the FLA OHT at the time of recruitment participated, representing a very high response rate among current members. However,

only one of six (17%) former Indigenous members participated. This limits our ability to fully understand the reasons some individuals discontinued their engagement. Capturing more of these perspectives would have strengthened the study by offering deeper insights into barriers to participation and areas for improving collaboration between the FLA OHT and Indigenous communities.

To enhance the trustworthiness of our findings, we conducted member-checking with interview participants and drew on multiple data sources and perspectives. This included team-based analysis involving a diverse research team comprising of Indigenous peoples, system users, academic researchers, healthcare providers, and health system leaders. We also situated our findings within existing literature on Indigenous health, health system accessibility, and frameworks for ethical Indigenous engagement, including the principles of OCAP and the foundational guidance of UNDRIP. These approaches helped ensure our analysis was culturally grounded and reflective of the broader context in which the FLA OHT operates.

There were also limitations to our study. The context-specific nature of this case study of the FLA OHT may pose challenges in applying these findings to different health systems, where integrated care may look different, or other OHTs, who care for different populations in different geographic contexts. Another limitation is the speed of change within OHTs. Collaborative, community-engaged research processes require time for relationship-building, data collection, analysis, and interpretation. In contrast, OHTs operate within a fast-paced political environment that necessitates ongoing decision-making and adaptation. This dynamic presents a broader tension common in healthcare^{33,34}: on one hand, policymakers and system leaders often face pressure to demonstrate short-term outcomes or “quick wins”; on the other hand, meaningful engagement, especially with Indigenous communities, requires a slower and more deliberate approach that prioritizes trust-building, shared decision-making, and long-term commitment³⁵. These competing timelines can create challenges not only for research, but also for the implementation of community-informed actions, specifically when those actions may not align with institutional key performance indicators (metrics used to evaluate success or progress within organizations) or rapid policy cycles³⁶.

While the study is context-specific, the conceptual frameworks generated are likely relevant across broader settings. In particular, the themes that emerged, such as the importance of sustained relationship-building, Indigenous-led planning, adequate and transparent resourcing, and the need for culturally grounded approaches, are echoed in several national and international frameworks^{12,37}. For example, the He Pikinga Waiora Implementation Framework outlines a culture-centred approach, community engagement, systems thinking, and integrated knowledge translation as essential to successful Indigenous health interventions, aligning closely with the approach taken in this study³⁷. These parallels highlight that while the findings were derived from the FLA OHT context, the conceptual insights hold broader applicability and can help inform Indigenous engagement approaches across integrated care and health system contexts.

Learning Health System Approach

One of the key strengths of this study is that it aligns with a LHS model. Its approach allowed for continuous feedback to FLA OHT leadership throughout the study that allowed for real-time integration of preliminary findings in order to provide timely adjustments and improvements. Improvements have been made within the FLA OHT since initial interviews were completed with current and former Indigenous members in 2023, including a more nuanced approach to land acknowledgements and a review of FLA OHT's honorarium policy.

The LHS approach used in the study has supported ongoing adaptations and refinements, ensuring that this study remains relevant and impactful. **A summary of changes implemented over time by FLA OHT with respect to Indigenous engagement, authored by FLA OHT leadership, can be found [here](#)³⁸.** That report offers additional context on how the findings of this study have informed continuous improvements within the FLA OHT.

While some recommendations may have already informed action, many of the issues raised remain relevant for continued reflection and action. Theoretical insights and frameworks generated through this work continue to offer value and retain significance beyond specific recommendations. Key themes identified in this work, such as the importance of relationship building, clear roles and responsibilities, and adequate resource allocation in order to allow for meaningful engagement, align closely with foundational frameworks such as the OCAP principles, the Truth and Reconciliation Commission Calls to Action, and UNDRIP^{12,14,15}. These reports consistently emphasize the need for respectful, reciprocal partnerships with Indigenous communities, culturally safe care, and the redistribution of leadership roles and resources to support Indigenous focused care in health systems.

The insights and frameworks generated through this case study come from the local context, yet offer broader relevance for other jurisdictions also using Indigenous-engaged approaches to integrated care. The relevance of this work extends beyond specific recommendations, as it aligns with foundational frameworks and helps offer guiding insights for broader system transformation. Ultimately, this case study contributes to the evolving body of knowledge on Indigenous-engaged approaches to integrated care and exemplifies the importance of a learning health system model, one that integrates community priorities and lived experience into continuous cycles of reflection, adaptation, and improvement.

Broader Implications

This report serves not only as an examination of the current state of meaningful Indigenous engagement within the FLA OHT, but also as a foundation for future advocacy and meaningful change. This report can inform ongoing efforts to transform the FLA OHT to better serve Indigenous communities. A key pillar of this transformation is the emphasis on cultural safety, respect for Indigenous knowledge systems, and the interconnected nature of relationships. These values all align with national frameworks such as the Truth and Reconciliation Commission's Calls to Action. Many of these Calls to Action remain

unfulfilled, underscoring the urgent need for health systems to take tangible steps toward reconciliation. Embedding these principles within healthcare governance, policy, and service delivery can lead to institutional shifts that foster trust, improve health outcomes, and create a more inclusive system for Indigenous communities.

“How do we make sure that the system is responsive to the needs, not just of individuals but of the community as a whole.”
- TLC Focus Group Participant

Meaningful change requires sustained commitment and tangible actions. Key areas for advancement include prioritizing relationship-building with Indigenous community members, aligning organizational initiatives with provincial policies and funding opportunities, and actively advocating for sustainable, long-term funding from the Ontario Ministry of Health and Ontario Health. Deepening cultural competency is also crucial. In-person cultural competency training, delivered in collaboration with Indigenous communities, should be prioritized to ensure authenticity while simultaneously strengthening relationships. Time must be dedicated at both individual and organizational levels to build understanding of Indigenous culture, history, and experiences. Embedding an Indigenous lens into existing, funded programs will help enhance cultural relevance and inclusivity. Increasing Indigenous representation across FLA OHT networks and healthcare workforce, paired with supports and allyships, can prevent overburdening Indigenous members and address concerns about tokenism.

The lessons and strategies outlined in this report extend beyond the FLA OHT. Other health systems can apply these findings to strengthen their own approaches to Indigenous engagement, ensuring that principles of equity, cultural safety, and meaningful engagement are not only acknowledged but fully integrated into policy and practice. These efforts should be viewed as part of a continuous, iterative process that allows for adaptation, reflection, and growth in the pursuit of equitable health systems. By taking action on these recommendations, health organizations can contribute to the broader movement toward reconciliation and systemic change in healthcare.

Conclusions

Meaningful collaboration with Indigenous partners is essential for the success of the FLA OHT and for improving health outcomes among Indigenous communities. By prioritizing relationship-building and cultural competency, and by co-designing health initiatives with Indigenous voices at the forefront, the FLA OHT can foster trust and create a system that is truly inclusive and responsive to Indigenous needs. Moving forward, intentional, transparent, and culturally informed collaboration processes are critical to fostering meaningful partnerships between the FLA OHT and Indigenous communities.

Throughout this report, we have explored the key elements of effective collaboration, including the importance of respecting Indigenous governance structures, incorporating traditional knowledge and healing practices, and addressing systemic barriers to equitable care and leveraging enablers to meaningful collaboration. It is crucial that the FLA OHT continues to engage in sustained, reciprocal relationships with Indigenous communities, ensuring that collaboration is not just symbolic but results in meaningful, measurable change. By following the proposed ways forward, the FLA OHT can contribute to a more just and culturally safe health system; one that acknowledges past harms, build on strengths, and advances reconciliation in healthcare.

These findings provide actionable guidance not only for the FLA OHT but for other health systems that are seeking to advance reconciliation and meaningful collaboration within their organizations. More broadly, this work contributes to ongoing discussions on health equity, echoing the call for systemic transformation as called for in recent scholarship and policy directives.

***“Anything you do for the Indigenous community is easily translated to the whole population. We look at the Indigenous community because it is a mandate from the Truth and Reconciliation [Commission] report, but in the long run it is making sure EVERYONE in the community is benefiting from better care” -
TLC Focus Group Participant***

Appendices

Appendix 1: Interview Questions – Former Indigenous Members

1. To begin with, please each introduce yourself, and share a little about your previous role and involvement in the FLA OHT.
2. Thinking about yourself as an Indigenous individual previously a member on FLA OHT working groups, support structures or tables, what was your experience like? *If not mentioned, probe about the following:*
 - a. What worked well?
 - b. Were there any difficulties that arose?
 - c. What stopped you from participating?
 - d. What would you like to see done differently?
 - e. What were your needs and what could FLA OHT leadership and administration have done to help meet your needs?
3. We know that effective collaboration with Indigenous peoples and communities is really important to FLA OHT development. Please reflect on the collaboration between Indigenous peoples and the FLA OHT for its work. What are your thoughts on the quality, effectiveness, and meaningfulness of this collaboration? *If not mentioned, probe about the following:*
 - a. Did you feel heard and understood?
4. Do you feel that you had the information and resources required to participate meaningfully in a way that will bring about real change?
5. What would you suggest as future steps?
6. Are there any other thoughts that you wish to share?

Appendix 2: Interview Questions – Current Indigenous Members

1. To begin with, please each introduce yourself, and share a little about your role and involvement in the FLA OHT
2. Thinking about yourself as an Indigenous individual member on FLA OHT working groups, support structures or tables, what has your experience been so far? *If not mentioned, probe about the following:*
 - a. What is working well?
 - b. Are there any difficulties that have arisen?
 - c. What would you like to see done differently?
 - d. What are your needs and what can FLA OHT leadership and administration do to help meet your needs?
3. We know that effective collaboration with Indigenous peoples and communities is really important to FLA OHT development. Please reflect on the collaboration between Indigenous peoples and the FLA OHT for its work. What are your thoughts on the quality, effectiveness, and meaningfulness of this collaboration? *If not mentioned, probe about the following:*
 - a. Do you feel heard and understood?
4. Do you feel that you have the information and resources required to participate meaningfully in a way that will bring about real change?
5. What would you suggest as future steps?
6. Are there any other thoughts that you wish to share?

Appendix 3: Member Checking Interview Questions

1. Do the ideas I've summarized fit your personal experiences, and/or the experiences of others in your community, with respect to collaboration processes with mainstream health systems?
2. Do the frameworks and diagrams seem accurate? Is there another way you would have interpreted any of the topics or categories?
3. Is there anything that is missing, in your opinion, or that is not emphasized enough
 - a. What would you add?
 - b. What would you change?
4. Can you think of clearer, more creative, and/or more culturally appropriate ways to design the preliminary diagrams developed?
5. Has anything changed in your experiences with the FLA OHT since you did your earlier interview with us?
6. Are there any other thoughts that you wish to share?

Appendix 4: TLC Interview Questions

1. How can TLC move this work forward? What are specific actions that could be taken – in the immediate, short-term and long-term periods?

2. From the perspective of FLA OHT leadership (and/or partners), think about what might be challenges and enablers to meaningfully addressing the concerns that have been raised.

a. What are the challenges?

b. What are the enablers?

3. What would FLA OHT leadership (and/or partners) require to meaningfully address some of the concerns raised? (Eg. What specific resources, specific supports etc.)

Appendix 5: Document Analysis Findings Overview

General Context of Mentions	Community Engagement	Quintuple Aim	Indigenous Focus Evaluation Indicators	Social Determinants of Indigenous Health	Focus Group Themes	Other
Palliative Care (n=62) - 40 (64.5%)						
<ul style="list-style-type: none"> • Strong emphasis on culturally safe Indigenous palliative care • Emphasis on Indigenous-specific strategies • Discussions on talking circles (research opportunity); and literature reviews to find out how to best build supports • Spiritual frameworks referenced • Integration of an Indigenous navigator role 	<p>Many documents emphasize working with Indigenous Wellness Council, Grandmothers, and specific advisors (e.g., Dr. Amrita Roy); use of talking circles and engagement processes</p>	<p>Mentioned in select docs (e.g., safe care, equitable systems) but not always framed under Quintuple Aim</p>	<p>Discussed in literature reviews, meeting minutes, logic models; some evaluation plans incorporate Indigenous-specific indicators</p>	<p>Limited explicit mention, though implied through emphasis on healing, racism, safe spaces</p>	<ul style="list-style-type: none"> • Partnerships with Indigenous communities emphasized • Draw on previous work (e.g., literature, previous reports and models) • Indigenous representation (navigators, Grandmothers) • Indigenous spaces (healing, holistic safe care) 	<ul style="list-style-type: none"> • Training resources and care models • Engagement guides • Aboriginal Health Policy for Ontario and Wabano racism report cited

General Context of Mentions	Community Engagement	Quintuple Aim	Indigenous Focus Evaluation Indicators	Social Determinants of Indigenous Health	Focus Group Themes	Other
Integrated Addictions and Mental Health (n=36) - 14 (39%)						
<ul style="list-style-type: none"> Indigenous representation and updates shared by Indigenous Health and Wellness Council formation and discussions Mention of a call for Indigenous representation, sitting at tables, Indigenous navigator A mention of culturally relevant care Mention of importance of more cultural safety training 	<p>Documents on the FLA OHT (not working group) engaging Indigenous partners in conversations (e.g., Indigenous Wellness Table, Grandmothers, Navigators)</p>	<p>Mentioned in general FLA OHT report context; not explicit in working group docs</p>	<p>Updates provided on evaluation toolkit under development; studentship support by FLA OHT – no action items or initiatives by working group</p>	<p>Mention of culturally relevant care; Indigenous community outcomes listed in logic model – again no direct action items or initiatives proposed</p>	<ul style="list-style-type: none"> Indigenous representation Draw on previous work Indigenous spaces Partnerships 	<p>N/A</p>

General Context of Mentions	Community Engagement	Quintuple Aim	Indigenous Focus Evaluation Indicators	Social Determinants of Indigenous Health	Focus Group Themes	Other
Coordinated Discharge (n=53) - 5 (9.4%)						
<ul style="list-style-type: none"> Working group guiding principles reference using an Indigenous rights & wellness lens Updates on Indigenous Health and Wellness Council are provided Express the need for Indigenous navigator There is a focus on equitable care and transitions 	N/A	There seems to be a focus on health inequities & equitable care	N/A	Desire to support transitions for priority populations, but no specific actions or initiatives mentioned	<ul style="list-style-type: none"> Expressed desire for more Indigenous representation Expressed a need for funding & supports to support Indigenous representation through hiring 	N/A
Ageing Well at Home (n=46) - 4 (8.7%)						
<ul style="list-style-type: none"> Respect for Indigenous rights and wellness as guiding principles Consideration of how to include Indigenous communities Discussion on dedicated space for Indigenous gathering 	Community partner conversations included Indigenous groups	Prioritization of Indigenous rights in mission	N/A	N/A	Support for Indigenous cultural gathering space	<ul style="list-style-type: none"> Updates and discussions, no proposed actions EDIRA lens and training prioritized

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