

Honouring the Journey

Indigenous Transitions in Palliative and End-of-Life Care

Simcoe Muskoka Indigenous Palliative and End-of Life Care Strategy



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INDIGENOUS PALLIATIVE AND END-OF-LIFE CARE STRATEGY AT A GLANCE



FIVE STRATEGIC DIRECTIONS

Indigenous-Led & Culturally Safe Care

Embed cultural safety and humility across all systems.

Ensure care is grounded in Indigenous worldviews.

Community-Based & Accessible Care

Strengthen local, community-based care close to home in rural, remote, and urban settings.

Address barriers.

Caregiver, Family & Community Supports

Recognize and support the role of caregivers and families.

Support grieving, healing, and community wellness.

Navigation & System Coordination

Reduce system complexity and improve navigation, advocacy, and care coordination.

Improve transitions.

Workforce Development & Accountability

Increase Indigenous representation in the workforce.

Establish accountability and evaluation frameworks.

WHAT WE HEARD

Desire for Indigenous-led care and decision-making.

Need for culturally safe care across all systems.

Importance of family, community, and caregiver support.

Barriers related to transportation, housing, & navigation.

Strengths in culture, community, and resilience

This strategy belongs to the Indigenous communities of North Simcoe Muskoka



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Acknowledgements

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Special thanks are in order:

- To the Indigenous community members and families who shared deeply personal experiences and teachings;
- To the Elders, Knowledge Keepers, and cultural helpers who grounded this work in Indigenous teachings and relational ways of being;
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- To the Indigenous Palliative Care Coordinator, Emily Dampier-Heins, whose ongoing relationship-building, community engagement, and advocacy helped shape this strategy, and whose trusted relationships created safe spaces for community members, caregivers, and partners to share their experiences, teachings, and perspectives;
- And to all those who continue to walk alongside Indigenous peoples, families and communities through illness, caregiving, death, grief, and healing.

A Message to the Reader:

Honouring Palliative and End-of-Life Transition Through Indigenous Ways of Knowing

On behalf of participating communities, organizations, caregivers, service providers, and Indigenous peoples across the North Simcoe Muskoka (NSM) region, the Barrie Area Native Advisory Circle is pleased to present the Indigenous Palliative and End-of-Life Care Strategy for the NSM region. This report reflects the findings of extensive community engagement, consultation, and data collection efforts undertaken across the region to better understand the experiences, needs, strengths, and priorities related to palliative and end-of-life care for Indigenous peoples.

The strategy provides region-specific insight into what is currently working well, where gaps and barriers continue to exist, and what Indigenous people envision for culturally safe, accessible, and community-driven care moving forward. Findings throughout this work reinforce the importance and effectiveness of “Nothing For Us Without Us” emphasizing the need for Indigenous-led planning, decision-making, services, and funding approaches. At the same time, the engagement process highlighted significant opportunities to strengthen collaboration, improve cultural safety across mainstream systems, and continue meaningful partnership with Indigenous communities, organizations, caregivers, and non-Indigenous providers.

This strategy reflects a strong commitment to building the capacity of Indigenous-led palliative and end-of-life care systems across the region and advancing care that honours Indigenous ways of knowing. A key purpose of this strategy is to communicate community-informed priorities and recommendations to service providers, caregivers, Indigenous communities, health system partners, and regional and provincial decision-makers

Ultimately, this strategy belongs to the Indigenous communities of the NSM region. It is intended to serve as a culturally grounded, community-informed roadmap to guide collective action toward improving palliative and end-of-life care experiences, strengthening supports for caregivers and families, and ensuring Indigenous peoples are able to access culturally relevant care throughout all stages of life, death, grief, and bereavement.

Please note that, at the request of contributors to this strategy, the term “transitions” will be used throughout this report to describe the life journey related to palliative and end-of-life care, including illness, caregiving, death, grief. Contributors emphasized that conversations about death and dying must be reframed through Indigenous worldviews that recognize transition as a natural and important part of the life cycle journey.

Executive Summary

Background

The Indigenous Transitions in Palliative and End-of-Life Care Strategy was developed through the leadership of the Barrie Area Native Advisory Circle (BANAC) and Mamaway Wiidokdaadwin Indigenous Interprofessional Primary Care Team (MWIIPCT) in response to priorities consistently identified by Indigenous communities across North Simcoe Muskoka.

For many years, palliative and end-of-life care emerged as a significant community concern through ongoing engagement with Indigenous peoples, families, caregivers, Elders, Knowledge Keepers, Indigenous organizations, and service providers. This strategy reflects a commitment to listening to those concerns and translating them into meaningful action.

More than 100 individuals contributed to the development of this strategy through surveys, community conversations, relationship-building activities, training events, and a regional engagement session. Contributors emphasized that palliative and end-of-life care must be understood through Indigenous worldviews that recognize transition as a natural, sacred, and lifelong journey involving individuals, families, communities, culture, ceremony, and spirit.

What We Heard

Across engagement activities, several consistent themes emerged:

- Community carries people through transition. Caregiving, healing, grief, and support are collective responsibilities rooted in relationships, reciprocity, and community.
- Transitions are part of the journey. Conversations about illness, death, caregiving, and grief should begin earlier and be grounded in Indigenous teachings and understandings of the life cycle.
- Relationships are medicine. Trust, cultural safety, Indigenous navigation, and continuity of care are foundational to positive experiences.
- Culture is not an add-on. Ceremony, traditional healing, language, Elders, Knowledge Keepers, and Indigenous ways of knowing must be embedded throughout care.
- Caregivers need care too. Caregivers require practical, emotional, cultural, financial, and respite supports before crisis occurs.
- Nothing for us without us. Indigenous leadership, governance, accountability, and self-determination must remain central to planning, implementation, and evaluation.

Strategic Directions

1. Indigenous-Led and Culturally Safe Transitions in Care

Expand Indigenous-led models of care, strengthen cultural safety across healthcare systems, and increase access to Indigenous providers, Elders, ceremony, and culturally grounded supports.

2. Community-Based and Accessible Care Close to Home

Improve access to care within communities, reduce geographic and transportation barriers, increase awareness of available supports, and promote healthy aging, prevention, and early planning across the lifespan.

3. Strengthen Caregiver, Family, and Community Supports

Support caregivers through respite, grief and bereavement services, navigation assistance, financial supports, caregiver wellness initiatives, and earlier identification of caregivers and circles of care.

4. Build Relationships, Navigation, and System Coordination

Strengthen Indigenous navigation supports, improve coordination across organizations, simplify pathways to care, and reduce fragmentation throughout the care journey.

5. Advance Indigenous Knowledge, Workforce Development, and System Accountability

Increase Indigenous workforce capacity and leadership, support Indigenous-led research and evaluation, establish sustained community validation processes, and strengthen accountability across health systems

Moving Forward

This strategy recognizes that Indigenous communities have always cared for one another through all stages of life. The work ahead is not about creating care from nothing; it is about strengthening, restoring, and investing in Indigenous approaches that already exist. Success will require Indigenous leadership, meaningful partnerships, sustained funding, culturally safe systems, and ongoing accountability to Indigenous communities.

Introduction and Background

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other social programs affecting them and as far as possible, to administer such programs through their own institutions.¹

Palliative care aims to improve quality of life and relieve suffering for individuals living with life-limiting illness through the early identification and management of physical, emotional, psychosocial, and spiritual needs². Palliative care is provided before the end-of-life stage, through end-of-life, and continues afterwards, providing family and caregivers with bereavement supports³. Approximately two-thirds of deaths in Canada are associated with conditions that could benefit from palliative care. Although Canada is recognised as an international leader in palliative care, disparities in access to palliative care remain problematic for Indigenous people and communities, where historical and ongoing colonial systems have limited self-determination in experiences of living, caregiving, and dying⁴. At the same time, increasing life expectancy and higher rates of chronic illness among Indigenous peoples have created a growing need for culturally safe and community-informed palliative care services.

A culturally safe experience of death and dying can only be defined by the individual. For many Indigenous peoples, palliative and end-of-life care (PEOLC) is not understood simply as clinical care provided during the final stages of illness⁵. It is a sacred transition rooted in ceremony and includes the importance of kinship, land-based healing, Indigenous languages, traditional teachings and ceremonies, and the role of families and communities in caregiving and decision-making. This often means remaining at home or in community, surrounded by loved ones at end-of-life. In Indigenous culture, caring for loved ones throughout the lifespan, including end-of-life, is a deeply held responsibility grounded in reciprocity.

However, access to culturally safe and appropriate care continues to be limited by systemic and structural barriers, including social exclusion, geographic and linguistic challenges, jurisdictional gaps, and longstanding inequities. These barriers restrict access to essential services such as primary care, hospice care, mental health supports, and community-based services that reflect Indigenous values and ways of knowing. These challenges are often heightened for urban Indigenous people living away from home communities, Indigenous people with disabilities, and those living in Northern, rural, and remote communities. Rooted in the ongoing impacts of settler-colonial systems, these inequities continue to affect health outcomes and limit access to dignified, culturally grounded end-of-life experiences⁶.

Throughout engagement for this strategy, contributors shared that current systems often approach PEOLC through a Western, bio-medical lens that does not fully reflect Indigenous understandings of the life cycle journey, caregiving, and grief. Across the region, Indigenous peoples continue to experience barriers when accessing palliative and end-of-life care services, including:

- *Systemic racism and discrimination*
- *Lack of culturally safe care*
- *Fragmented systems and complex navigation pathways*
- *Limited access to Indigenous-led supports*
- *Inequitable access to home and community care*
- *Limited caregiver supports and respite*
- *Inadequate access to culturally grounded grief and bereavement supports*
- *Transportation and geographic barriers*
- *Insufficient Indigenous workforce capacity*

These challenges are compounded by the impacts of colonialism, intergenerational trauma, displacement from culture and community, and ongoing inequities in funding and access.

It is also important to recognize that Indigenous-specific PEOLC services across North Simcoe Muskoka remain limited. While Indigenous communities have always cared for one another through families, Elders, Knowledge Keepers, Indigenous organizations, and community relationships, much of this care continues to occur through grassroots and community-led efforts rather than formal Indigenous-specific programs and services.

As a result, many of the strategic actions and success measures focus on establishing, expanding, and sustaining Indigenous-specific supports that are currently limited or absent across the region. References to increasing access, strengthening supports, or expanding services reflect this reality.

This strategy builds upon the strength, knowledge, and leadership that already exist within Indigenous communities while providing a roadmap to support the continued development, implementation, and long-term sustainability of Indigenous-led, culturally grounded transitions in care.

This work was undertaken through the leadership, funding, and partnership of the Barrie Area Native Advisory Circle (BANAC) and Mamaway Wiidokdaadwin Indigenous Interprofessional Primary Care Team (MWIIPCT), organizations that have long played an important role in advancing Indigenous health, wellbeing, advocacy, and systems change across the region.

Since its inception in 1989, BANAC has served as a regional Indigenous health and social planning organization supporting Indigenous peoples and communities throughout Simcoe Muskoka and the northern portions of York Region. BANAC has acted as a catalyst for Indigenous-led community development and has helped incubate and support numerous Indigenous organizations, programs, and initiatives related to healthcare, social services, women’s issues, education, employment, and community wellbeing.

Through ongoing advocacy, relationship-building, and systems leadership, BANAC and MWIIPCT have continued to advance culturally grounded, Indigenous-led approaches to care that reflect the needs, priorities, and strengths of Indigenous peoples and communities across the region.

This strategy aligns with several Truth and Reconciliation Commission of Canada Calls to Action related to Indigenous health, healing, and self-determination, including:

Call to Action 18
Calls upon governments to recognize and implement the healthcare rights of Indigenous peoples and to acknowledge the current state of Indigenous health as a direct result of previous government policies, including residential schools. ⁷
Call to Action 22
Calls upon healthcare systems to recognize the value of Indigenous healing practices and to use them in the treatment of Indigenous patients in collaboration with Indigenous healers and Elders where requested by Indigenous patients. ⁸
Call to Action 23
Calls for increased Indigenous representation within healthcare professions, improved cultural competency training for healthcare professionals, and meaningful retention and advancement of Indigenous healthcare workers. ⁹

This strategy is the result of listening to and acting upon priorities consistently identified by Indigenous communities across the region. Over many years of engagement, palliative and end-of-life care repeatedly emerged as a significant concern and an area where community members, caregivers, Elders, service providers, and Indigenous organizations identified persistent gaps, barriers, and unmet needs. The development of this strategy reflects a commitment to not only hear these concerns, but to respond to them through meaningful action.

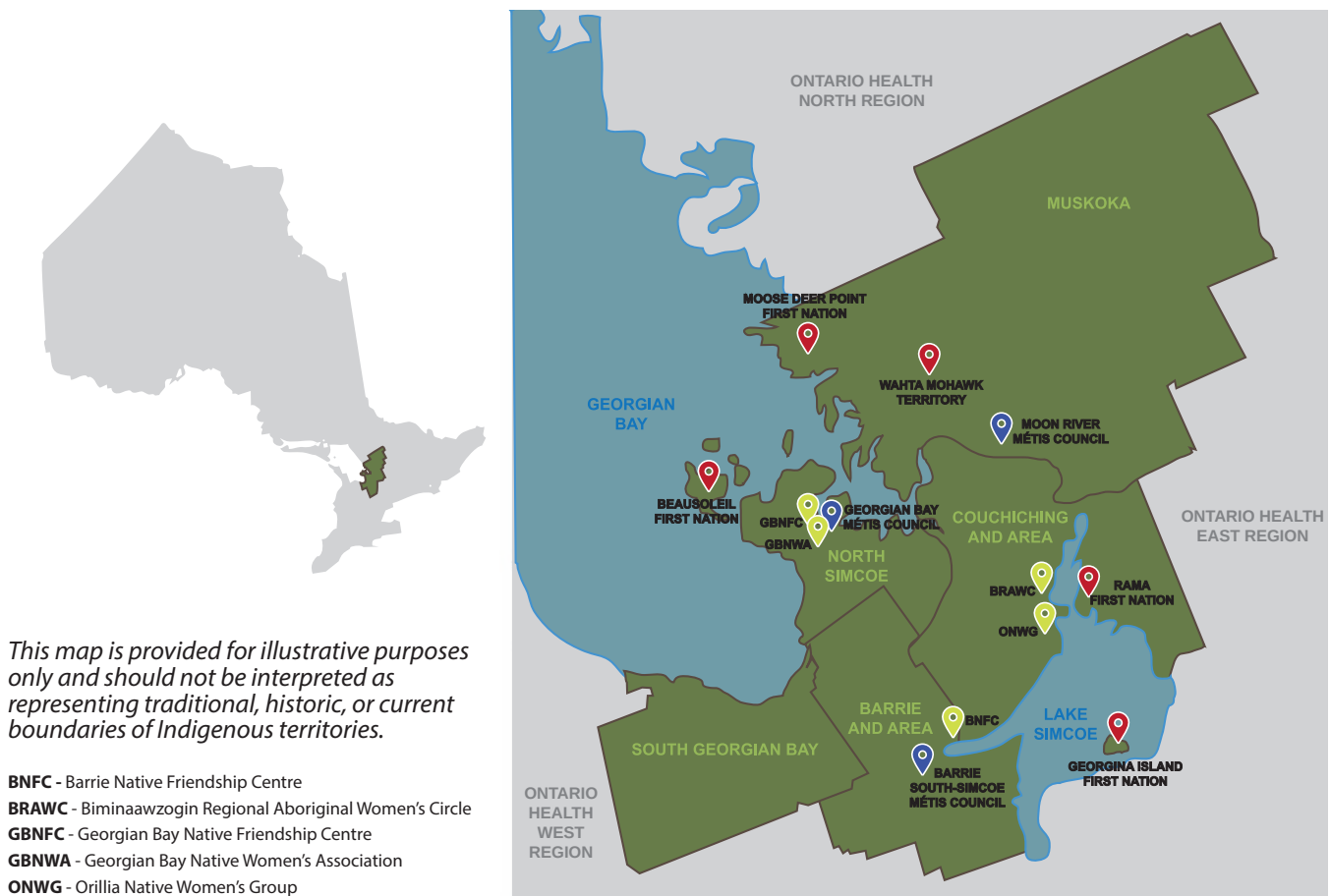
The development of the Indigenous Palliative and End-of-Life Care Strategy reflects BANAC’s continued commitment to improving PEOLC transitions through Indigenous leadership, community voice, cultural safety, partnership, and self-determination. At its core, this strategy is about reclaiming Indigenous approaches to caring for one another through all stages of the life cycle journey.

Indigenous Population of Simcoe Muskoka Region

According to the most recent census (2021) population profile information, North Simcoe Muskoka has one of the largest Indigenous populations in Ontario, with more than 25,000 individuals identifying as Indigenous¹⁰. The region is home to five First Nations: Wahta Mohawks First Nation, Beausoleil First Nation, Moose Deer Point First Nation, Georgina Island First Nation, and Chippewas of Rama First Nation. The region is also home to three Métis Councils, including Moon River Métis Council, Barrie South Simcoe Métis Council, and Georgian Bay Métis Council, as well as Indigenous-led organizations, Native Friendship Centres, women's groups, and community-based service providers supporting Indigenous peoples across the region. There are also significant and growing urban Indigenous populations living throughout Barrie, Orillia, Midland, Penetanguishene, Bracebridge, Huntsville, Gravenhurst, and surrounding areas.

The geographic landscape of North Simcoe Muskoka also presents unique challenges related to access, navigation, transportation, and service delivery. The region includes large rural and geographically dispersed communities where access to culturally safe healthcare, palliative care, caregiving supports, transportation, and community-based services may be limited or inconsistent.

Understanding the regional context, diversity of Indigenous communities, and realities associated with geography, rurality, and access is essential to advancing Indigenous-led transitions in care across North Simcoe Muskoka.



Data Collection and Indigenous Communities

Research and data collection involving Indigenous peoples and communities have often been conducted in ways that lacked ethical integrity, excluded Indigenous voices and knowledge systems, and contributed to harm and inequitable power dynamics¹². For many Indigenous communities, research has too often been something done to communities rather than with communities. Conventional health data collection approaches have frequently failed to reflect the Indigenous understandings and wholistic wellness.

Census and health system data collection methods often rely on voluntary self-identification and may not accurately reflect the true size and diversity of Indigenous populations across the region, particularly within urban settings, and there is no shortage of literature to support that Indigenous population numbers are likely underrepresented¹³. Contributors throughout engagement on this strategy emphasized that many Indigenous peoples continue to experience fear, mistrust, racism, and discrimination within health and social service systems, creating understandable hesitation around disclosing Indigenous identity when accessing care. These realities are deeply connected to both historic and ongoing colonial policies and experiences within healthcare systems¹⁴. These limitations create significant gaps in available regional data related to Indigenous palliative and end-of-life transitions in care.

As a result, Indigenous organizations and communities are often required to rely heavily on lived experience, community knowledge, frontline observations, and qualitative engagement to identify priorities, advocate for funding, and advance system change¹⁵. The engagement findings that informed this strategy reflect extensive community dialogue gathered through facilitated sessions, surveys, training events, relationship-building activities, and ongoing conversations with Indigenous peoples and partners across the region.

This strategy also recognizes the importance of Indigenous data sovereignty and the need for Indigenous communities and organizations to meaningfully guide how Indigenous data is gathered, shared, and used¹⁶.

Medical Assistance in Dying (MAiD): Indigenous Perspectives and Ongoing Dialogue

Medical Assistance in Dying (MAiD) continues to be an important, sensitive, and evolving topic within Indigenous communities and broader conversations related to transitions in care and end-of-life experiences¹⁷.

Throughout engagement for this strategy, participants shared diverse perspectives, teachings, questions, and concerns related to MAiD. Community members emphasized that there is no single Indigenous perspective on MAiD and that beliefs and understandings may differ across Nations, families, Knowledge Keepers, generations, and individuals.

Participants emphasized the importance of creating safe and respectful spaces for ongoing conversations related to autonomy, spiritual teachings, ceremony, grief, informed decision-making, and cultural safety. Some participants shared traditional teachings connected to life cycles, spirit, and predetermined transition, while others emphasized the importance of individual choice and dignity within end-of-life decision-making.

Community members also emphasized that many Indigenous peoples and families may not feel adequately informed or supported to navigate conversations related to MAiD. Participants described the need for culturally grounded education, opportunities for dialogue, support from Elders and Knowledge Keepers, and improved healthcare provider understanding of Indigenous perspectives on transition, spirituality, and end-of-life care.

National Indigenous engagement led by Health Canada similarly identified that Indigenous perspectives on MAiD are deeply connected to broader issues related to culturally safe care, trust in healthcare systems, family and community involvement, ceremony, communication, and Indigenous self-determination¹⁸.

This strategy recognizes the importance of continuing Indigenous-led dialogue regarding MAiD as part of broader conversations related to transitions in care, dignity, autonomy, caregiving, grief, spirituality, and community wellbeing.

Alignment with Existing Indigenous and System-Level Work

While continued advocacy, education, and system transformation are needed to strengthen understanding of Indigenous approaches to PEOLC, this strategy does not begin from a place of absence. Across communities, organizations, and systems, important work is already underway to advance culturally grounded, Indigenous-informed approaches to care. This strategy is intended to complement, strengthen, and align with existing Indigenous-led and system-level initiatives, recognizing that meaningful progress requires collaboration, shared learning, and coordinated action across sectors and jurisdictions.

Several existing initiatives and resources can help inform and support implementation of this strategy, including:

Métis Nation of Ontario: Aging and Dying Well initiative, which advances culturally relevant approaches to aging, caregiving, death, and dying for Métis communities.

Centre for Education and Research on Aging & Health (CERAH) Indigenous-specific programming and research supporting Indigenous health, aging, and community-based care approaches.

Cancer Care Ontario: Indigenous Cancer Care Unit, which supports culturally safe cancer care and Indigenous health system partnerships across Ontario.

Government of Canada: What We Heard: Indigenous Perspectives on End-of-Life Care, Including Medical Assistance in Dying, which highlights Indigenous voices, priorities, and concerns related to end-of-life care and self-determination.

Implementation of this strategy should continue to build relationships with these and other Indigenous-led initiatives to reduce duplication, strengthen shared learning, and support coordinated, culturally grounded approaches to care across the region.

An additional opportunity exists through existing accountability requirements within Ontario’s health system. During the 2023/24 reporting cycle, Hospital Service Providers (HSPs) were required through the Ontario Health Multi-Sector Service Accountability Agreement (MSAA) to report on actions undertaken to address the needs of Indigenous communities, including the development and maintenance of relationships with Indigenous partners and organizations. While this reporting created an important baseline understanding of organizational commitments and activities, there has been limited evidence of subsequent reporting back to Indigenous-led organizations at the local level regarding progress, outcomes, or lessons learned. Implementation of this strategy presents an opportunity to strengthen accountability by aligning reporting mechanisms with existing system obligations while ensuring that information is shared in meaningful ways with Indigenous

communities and partners. Doing so can support transparency, reduce duplication, strengthen relationships, and create a sustained feedback and validation process through which Indigenous communities can assess whether actions are resulting in meaningful improvements in care and experiences.

The Engagement Process

The approach taken for this engagement process was community-based, relationship-driven, and grounded in Indigenous approaches to dialogue, storytelling, and collective learning.

Over 100 participants were engaged on the topic of PEOLC across the NSM region. Focused engagement sessions were organized with Indigenous community members, caregivers, Elders, Knowledge Keepers, Indigenous organizations, health and social service workers, and community partners. Engagement activities were led and coordinated by MWIIPCT's Indigenous Palliative Care Coordinator in partnership with Indigenous organizations and community leaders. In addition to ongoing in-person conversations and relationship-building activities facilitated throughout the year by the Indigenous Palliative Care Coordinator, surveys were administered at multiple community events and trainings to gather additional feedback and perspectives.

BANAC and MWIIPCT formally shared the undertaking of this engagement process and survey initiative with Indigenous Health Circle leadership during a standing meeting held in February 2026. Indigenous Health Circle members were provided with the survey link and invited to participate in the regional strategy engagement session held on March 13, 2026 at Horseshoe Resort.

The regional engagement session brought together Indigenous community members, caregivers, Elders, Knowledge Keepers, Indigenous workers, health and social service providers, leadership representatives, and non-Indigenous community partners to explore current experiences, gaps, opportunities, teachings, and future priorities related to Indigenous transitions in care.

The surveys, engagement questions, facilitation materials, and discussion activities were developed collaboratively by the Indigenous Palliative Care Coordinator and external consultant, and were reviewed and vetted through Indigenous leadership and community-informed processes.

Engagement focused on understanding:

- Indigenous perspectives on palliative and end-of-life care;
- experiences navigating current systems and services;
- caregiver and family experiences;
- barriers and opportunities related to culturally safe care;
- Indigenous teachings, values, and approaches to transitions in care;
- priorities for Indigenous-led system change;
- and opportunities to strengthen partnerships, workforce capacity, navigation, education, and community-based supports.

The engagement process emphasized creating respectful and inclusive spaces where participants could share stories, teachings, lived experiences, and ideas for the future in ways that honoured Indigenous knowledge and community voices.

Arts-Based Engagement and Connection Through Traditional Practice

Arts-based learning, sharing, and reflection were intentionally woven throughout the work of the Indigenous Palliative Care Coordinator and the engagement process that informed this strategy. One such program offering, *If These Hands Could Talk*, was an arts-based activity that invited participants to reflect on the stories, relationships, teachings, caregiving experiences, and cultural knowledge carried through their hands and across generations. The activity created space to share experiences in ways that extended beyond traditional discussion-based engagement and supported deeper reflection on caregiving, loss, healing, resilience, and connection.

These approaches created opportunities for relationship-building, storytelling, cultural connection, and knowledge sharing in ways that extended beyond traditional consultation methods. Contributors consistently demonstrated that meaningful conversations about caregiving, illness, death, grief, and healing are often strengthened through creative, experiential, and culturally grounded approaches.



As part of the regional engagement session, contributors also took part in an arts-based learning and a reflection activity led by an Indigenous woman who shared teachings and personal experiences connected to tufting. During the session, contributors were invited to learn the process of tufting while reflecting on caregiving, grief, connection, memory, and transition. The facilitator shared the story of her grandmother leaving her tufting supplies behind after she died. She described how she taught herself how to tuft using those same materials and, through the process, felt a continued connection to her grandmother, her teachings, and memory. The activity created space for participants to reflect on the many ways connection, grief, culture, and healing continue beyond what a western, bio-medical model considers death. It also reinforced one of the central themes that emerged throughout engagement: that transition and loss are deeply relational experiences, and that culture, teachings, art, ceremony, and traditional practices can help people remain connected to loved ones across generations.

The inclusion of arts-based engagement also reflected the importance of creating culturally grounded and safe spaces for dialogue. Participants engaged not only through discussion, but through shared experience, storytelling, creativity, and relationship-building; approaches that align strongly with Indigenous ways of knowing and learning.



Engagement Results: What We Heard

Part 1: Regional Indigenous Palliative Care Strategy Survey

Total Respondents: 25

This survey sought to hear the voices of Indigenous community members, families, and health and social service providers working at Indigenous-led agencies, to better understand what is currently working within PEOLC programs and services, where support is needed, and suggestions to improve services and care provision.

Respondent Demographics

84% of survey respondents identified as Indigenous, with the remaining 16% reporting working for and/or with Indigenous-led organizations in the region. 64% of respondents had personal experience with PEOLC, and 52% reported having professional experience with PEOLC.

PEOLC Awareness

When asked about awareness of what PEOLC care services are available to Indigenous people in this region, only 44% of respondents reported awareness of services. These services were identified as home-based palliative care, hospice services, hospital-based palliative care, Indigenous-led palliative or end-of-life supports, cultural, spiritual, or ceremonial supports. When asked how they became aware of these services, respondents overwhelmingly reported learning through family, community, or Indigenous-led organizations.

When asked how easy it is for Indigenous people to access PEOLC services in the region, no respondents identified access as “very easy.” 28% described access as “somewhat easy,” while the majority of respondents indicated challenges, with 44% identifying access as “somewhat difficult” and 16% as “very difficult.” An additional 12% reported they were unsure or that the question was not applicable to their experience.

Understanding of PEOLC

When asked which statements best reflected their understanding of palliative care, all respondents (100%) identified that palliative care includes emotional, spiritual, and cultural support. 96% recognized that palliative care focuses on quality of life, not just dying, while 84% understood that palliative care can be provided for months or years. 76% percent identified that palliative care can occur alongside curative treatment. Despite this overall awareness, 8% of respondents indicated they were still unclear about what palliative care includes.

When asked whether PEOLC is explained in ways that make sense for Indigenous people and communities, no respondents indicated yes. 60% of respondents felt that palliative care is only “sometimes” explained in ways that are meaningful and relevant for Indigenous communities, while 28% indicated no. An additional 12% reported they were unsure.

Access to PEOLC

When asked what makes access to PEOLC services difficult for Indigenous people in the region, respondents identified several significant barriers. The most commonly reported barriers were transportation challenges and mistrust of mainstream health systems, each identified by 76% of respondents. This was followed by a lack of Indigenous-led services (68%), geographic distance or living in rural and remote locations (60%), lack of information or referrals and past experiences of racism or discrimination (both 56%), and services not being culturally safe or relevant (52%). Additional barriers included system navigation being confusing (48%), eligibility or funding barriers (44%), language or communication barriers (36%), and long wait times (28%). Sixteen percent of respondents identified other barriers impacting access to care.

When asked whether they or someone they support had ever delayed or avoided palliative or end-of-life services because of these barriers, 32% of respondents indicated yes. 12% reported they had not, while 48% were unsure. An additional 8% preferred not to answer.

When asked how well existing services reflect Indigenous values, beliefs, and practices, only 8% of respondents indicated that services reflect them “very well.” 32% felt services reflected Indigenous values and practices “somewhat well,” while the majority of respondents expressed concerns, with 44% indicating services do “not very well” reflect Indigenous values, beliefs, and practices, and 4% indicating “not at all.” An additional 12% of respondents reported they were unsure.

When asked which Indigenous-specific supports are important but not consistently available, respondents most frequently identified access to Elders or Knowledge Keepers and ceremony or traditional practices, each selected by 84% of respondents. Cultural or spiritual care and support for cultural safety after death were also identified as significant gaps by 80% of respondents.

Additional supports identified as inconsistently available included land-based or community-based care and Indigenous care providers (68% each), Indigenous language support and family-centred approaches (60% each). 12% of respondents identified other important supports that are not consistently available.

When asked whether they had experienced or witnessed care that felt culturally unsafe at end-of-life, 20% of respondents indicated yes, while 52% indicated no. An additional 28% preferred not to answer the question. Among respondents who reported experiencing or witnessing culturally unsafe care, 100% identified a lack of culturally relevant awareness and education within mainstream healthcare settings as a contributing factor.

Respondents also identified system complexity and difficulty navigating services as major barriers. Many described healthcare systems as overwhelming, difficult to understand, and burdened by policies, red tape, and unclear pathways to care. Balancing caregiving responsibilities alongside work, childcare, and other life demands was also identified as a significant challenge.

Concerns related to cultural safety, trust, and privacy were repeatedly highlighted. Participants described fears related to accessing services that are not culturally safe or respectful, including experiences of stigma, lack of cultural understanding, and concerns about confidentiality within small communities. Geographic isolation, remote living, and limited access to culturally appropriate supports further intensified these challenges for many caregivers.

Cost or funding barriers and the lack of Indigenous-specific providers were each identified by 56% of respondents. Nearly half of respondents identified limited hours or inflexible scheduling (48%), while 44% identified mistrust of mainstream providers as a barrier. 40% of respondents indicated that respite services are not culturally safe. Additionally, 20% of respondents reported they were unaware respite services existed.

Caregiver experiences & respite

When asked what caregivers and families need most when supporting an Indigenous person at end of life, all respondents (100%) identified cultural and spiritual supports, as well as grief and bereavement supports, as critical needs. 96% of respondents also highlighted the importance of clear information, guidance and emotional support. Additional needs identified included advocacy and system navigation support (84%), respite or practical help (80%), and financial support (76%).

When asked about the biggest barriers caregivers face when supporting an Indigenous person at end of life, caregiver burnout emerged as the most dominant theme across responses. Participants described the emotional, physical, and mental toll of caregiving, often compounded by grief, sadness, loneliness, fear, and social isolation. Several respondents noted that caregiving responsibilities can become all-consuming, leading to exhaustion, resentment, and declining mental health.

When asked what supports caregivers currently lack that would make the biggest difference when supporting an Indigenous person at end of life, several consistent themes emerged. Respondents emphasized the need for culturally relevant care, including access to cultural, spiritual, and grief supports throughout the end-of-life journey.

Caregiver wellbeing was also identified as a significant concern, with respondents highlighting the need for emotional and mental health supports, respite care, practical assistance, and support for caregiver burnout, guilt, and grief. Financial assistance was repeatedly identified as a critical gap, particularly to enable families to care for loved ones for longer periods of time within their communities.

A dominant theme throughout the responses was the need for clearer system navigation, communication, and accessible information. Many respondents described the healthcare system as overwhelming and difficult to navigate, particularly during times of crisis and grief. Participants emphasized the importance of having someone to “walk with” families throughout the journey, helping them understand available services, access supports, and coordinate care in a way that reflects the unique needs of each individual and family. Several respondents also noted the absence of simple, accessible resources outlining available services and how to access them across communities.

When asked what barriers make respite care difficult to access, respondents identified several significant challenges. The most commonly identified barriers were lack of available services, geographic and transportation barriers, and feelings of guilt or hesitation about stepping away from caregiving responsibilities, each identified by 60% of respondents.

Planning for the future

When asked what it would look like if palliative and end-of-life care were working well for Indigenous people in the region, respondents described a vision grounded in Indigenous-led, culturally safe, and community-based care. Participants emphasized the importance of wraparound models of care that support not only the individual, but also caregivers, families, and communities throughout the journey. Many envisioned Indigenous-focused spaces, programs, or centres where cultural practices, ceremony, spiritual supports, Elders, and traditional healing are integrated alongside Western healthcare approaches.

Respondents consistently highlighted the importance of care being accessible, equitable, and available across rural, remote, and on-reserve communities. Participants described a system where people have the choice to receive care in their home communities, surrounded by family, culture, and ceremony, without barriers, judgment, or isolation. Education, awareness, and navigation support were also identified as critical components of an effective system. Respondents emphasized the need for clear communication about available services, interdisciplinary and holistic care teams, and trusted individuals who can walk alongside families to help them navigate care options and decisions.

Underlying many responses was a strong emphasis on dignity, compassion, trust, and respect. Participants envisioned a system where Indigenous people feel heard, valued, and cared for as individuals rather than statistics, and where cultural safety is embedded as the norm rather than the exception.

When asked what is one thing that must change to improve palliative and end-of-life care for Indigenous people, respondents consistently emphasized the need for culturally safe, Indigenous-led care that integrates ceremony, traditional healing, Elders, and Indigenous ways of knowing.

Participants also highlighted the need for clearer system navigation, better awareness of available services, and more accessible community-based supports, particularly for rural, remote, and on-reserve communities. Underlying many responses was the importance of dignity, trust, compassion, and respect throughout the care journey.

Education

When asked what Indigenous community-designed education should include, all respondents (100%) identified the importance of understanding ceremony and cultural practices, as well as guidance on working with Elders and Knowledge Keepers. 96% emphasized the inclusion of teachings about death and dying from Indigenous worldviews.

Additionally, 92% of respondents identified the need for trauma-informed approaches specific to Indigenous history, practical examples of culturally respectful care, and opportunities to hear directly from caregivers and families. 84% highlighted the importance of relationship-building with Indigenous organizations. A small number of respondents also identified other educational priorities.



Priorities

Respondents were asked to rank a series of priorities related to palliative and end-of-life care for Indigenous peoples from most to least important:

Choice of Care Location – The highest-ranked priority was the ability for Indigenous people to receive care and die at home or close to family and community, reflecting the importance of remaining connected to loved ones, culture, and place throughout the PEOLC journey.

Culturally Safe Health Professionals – Respondents emphasized the importance of healthcare providers being trained in cultural safety and humility to ensure respectful and appropriate care experiences.

Care Close to Home – Access to treatment options, pain and symptom management, and healthcare professionals within or near community.

Family and Community Involvement – Participants highlighted the importance of loved ones and community members being actively included in care planning and delivery.

Traditional Healing and Ceremony – Access to traditional medicines, ceremony, spiritual care, and Indigenous healing practices was identified as an essential component of quality care.

Practical Support and Navigation – Respondents identified the need for financial assistance, travel supports, equipment, and navigation services to help individuals and families move through complex healthcare systems.

Culturally Relevant Grief Support – The importance of culturally aligned grief, bereavement, and healing supports was emphasized for individuals, families, and communities.

Access to Elders and Knowledge Keepers – Participants identified the importance of guidance, cultural teachings, and support from Elders and Knowledge Keepers throughout illness, end of life, and bereavement.

Language Access – Access to care and communication in one's first language, including Indigenous languages.

Respite Care – Respondents identified the value of culturally safe respite services that allow caregivers opportunities for rest while ensuring loved ones remain supported and connected to family and community.

Part 2: Overarching Themes Gathered Through Engagement Sessions

“Community carries people through transition.”

Contributors described community as central to healing, caregiving, grief, and support. Historically, caregiving was understood as a collective responsibility held by families and communities rather than an individual burden carried alone. Contributors emphasized the importance of restoring community-centred approaches where people are not isolated during illness, caregiving, and end-of-life transitions.

Contributors spoke about the importance of relational care models grounded in connection, belonging, reciprocity, and collective responsibility. Many contributors described the harms created when individuals are removed from family, community, language, ceremony, and cultural supports in order to receive care. Contributors emphasized that Indigenous peoples should not have to leave behind culture, medicines, identity, or community in order to access PEOLC.

Contributors envisioned care models that are rooted within community, where caregivers, families, Elders, Knowledge Keepers, and Indigenous support workers are recognized as essential parts of the “circle of care”. Contributors described healing as something that happens within relationships and community spaces, rather than solely within clinical environments.

Contributors highlighted the need to rethink how respite and community support are understood within Indigenous communities. While volunteer respite programs are often promoted within mainstream health systems, participants noted that formal volunteer models can be difficult to establish and sustain due to administrative requirements, liability concerns, and limited resources.

Contributors also emphasized that the concept of volunteerism does not always align with Indigenous worldviews. In many Indigenous communities, caring for Elders, families, and community members has traditionally been a shared responsibility rooted in kinship, reciprocity, and collective wellbeing. This support is often viewed not as mainstream volunteering, but simply as community caring for community.

At the same time, social determinants of health and the ongoing impacts of colonization create what some contributors described as “time inequity.” Many individuals and families are already balancing significant caregiving, financial, transportation, housing, and employment pressures, limiting their capacity to participate in formal volunteer roles despite a strong desire to help.

Rather than focusing solely on creating new volunteer programs, contributors encouraged a strengths-based approach that recognizes and supports the caregiving networks, family relationships, cultural practices, and community connections that already exist. Participants also noted that some traditional practices of collective care have been disrupted over generations and that restoring and strengthening these practices for future generations is an important part of building sustainable, community-based approaches to care.

“Transitions are part of the journey.”

Contributors repeatedly challenged the language and framing associated with the word “palliative.” Many described palliative care as a Western clinical term that does not fully reflect Indigenous understandings of transition; of life cycles, spirit, or ceremony. Contributors emphasized that conversations about death and dying must be reframed through Indigenous worldviews that recognize transition as natural, sacred, and not as an ending, but as part of a larger spiritual journey that is deeply connected across the lifespan. Contributors reflected on how birth is often honoured with preparation, teachings, ceremony, and celebration, while death and dying are frequently approached through fear, avoidance, crisis, or medicalization within mainstream systems. Contributors shared that, traditionally, transition and death were also understood as sacred community responsibilities involving ceremony, collective care, and relational support.

Engagement highlighted the need to reclaim more balanced and culturally grounded approaches to transition that honour death with the same intentionality and support associated with welcoming new life into the world. Contributors emphasized the importance of helping younger generations understand that grief and transition are natural parts of the human experience, and of normalizing early conversations around transitions in culturally safe and community-grounded ways, rather than waiting until moments of crisis.

“Relationships are medicine.”

Trusting relationships were consistently identified as foundational to culturally safe care. It was repeatedly emphasized that care experiences are shaped not only by services provided, but by how people are treated, listened to, and supported throughout their journey. Contributors described widespread fear, mistrust, shame, and avoidance when engaging with mainstream healthcare systems. Many Indigenous peoples do not feel safe disclosing Indigenous identity or expressing cultural needs within healthcare settings due to historical harms, racism, discrimination, and ongoing experiences of cultural unsafety.

Contributors described the importance of:

- ***Trusted helpers***
- ***Indigenous Patient Navigators***
- ***Elders and Knowledge Keepers***
- ***Indigenous support workers***
- ***Caregivers and family***
- ***Relationships built before moments of crisis***



Contributors emphasized that trusted relationships help reduce fear, improve communication, support advocacy, and create safer care experiences for individuals and families navigating transition. Many contributors described the need for people who can “walk alongside” families throughout

the journey, helping them navigate systems, access supports, and maintain connection to culture. It was also emphasized that fragmented systems, disconnected pathways, and repeated retelling of traumatic experiences create additional burden and harm for patients and families.

“Culture is not an add-on.”

Contributors repeatedly emphasized that culture, ceremony, medicines, and Indigenous ways of knowing should not be treated as optional additions to care. Instead, Indigenous approaches should lead care planning and support. Contributors described culture as foundational to wholistic wellbeing safety throughout PEOLC.

Contributors highlighted the importance of:

- ***Access to traditional medicines and spaces***
- ***Land-based healing***
- ***Smudging and fire teachings***
- ***Cedar baths and teachings***
- ***Drumming and song***
- ***Language***
- ***Cultural teachings related to transition and grief***
- ***Culturally grounded grief and bereavement supports.***



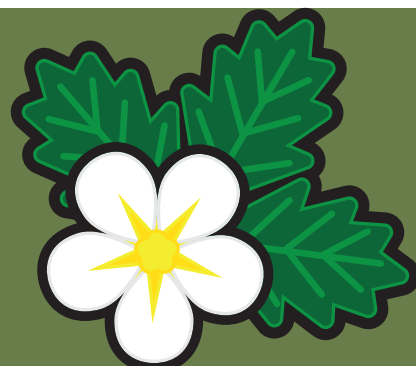
Contributors stressed that culturally safe care requires more than symbolic inclusion, also referred to as tokenism. Contributors described the need for healthcare providers and organizations to understand and respect Indigenous approaches in meaningful and practical ways. Many participants emphasized that Indigenous peoples should never have to choose between receiving healthcare and maintaining connection to culture.

“Caregivers need care too.”

Caregiver burnout, grief, financial strain, isolation, and lack of respite were raised during discussion and engagement.

Contributors emphasized that caregivers are often:

- ***Family members***
- ***Community members***
- ***Support workers***
- ***Youth***
- ***Elders***
- ***Indigenous workers***



Many contributors described caregiving as unpaid, emotionally exhausting, and unsupported, often occurring alongside employment responsibilities, childcare, financial pressures, and personal grief. Contributors described caregivers as carrying immense emotional and spiritual responsibilities while frequently navigating complex systems with little guidance or support. Also discussed was the importance of helping caregivers feel supported before burnout and crisis occur, rather than only responding once families are overwhelmed.

Contributors identified the need for

- ***Caregiver circles***
- ***Grief and bereavement supports***
- ***Navigation assistance***
- ***Culturally grounded caregiver education***
- ***Mental health and wellness supports***
- ***Respite care***
- ***Policies that better support caregivers***



“Nothing for us without us.”

Contributors consistently emphasized the importance of Indigenous-led planning, decision-making, governance, and implementation. They repeatedly reinforced the importance of “Indigenous Health in Indigenous Hands” and described Indigenous-led care as essential to building trust, improving cultural safety, and ensuring services reflect community priorities, teachings, and lived experience.

Community members described the need for:

- ***Indigenous-led models of care***
- ***Indigenous spaces and services***
- ***Indigenous workforce roles***
- ***Indigenous oversight and accountability***
- ***Indigenous-led education and training***
- ***Sustained funding that supports long-term implementation***



Contributors emphasized that Indigenous voices, teachings, lived experiences, and community leadership must remain central throughout implementation. They stressed that meaningful change requires sustained partnership, investment, and shared responsibility across systems.

Implementing Vision: Strategic Direction Recommendations

Indigenous peoples, families, and communities across the region will experience culturally grounded, Indigenous-led transitions in care that honour Indigenous approaches through all stages of illness, caregiving, grief, dying, and spiritual transition. Considering the extensive feedback, identified priorities, teachings, experiences, and recommendations shared throughout engagement, this strategy is organized into five Strategic Directions intended to guide implementation and system transformation across the region.

While each strategic direction represents a distinct area of focus, contributors emphasized that these priorities are deeply interconnected and must be advanced collectively through partnership and continued relationship-building. Together, these strategic directions are intended to support a more holistic, culturally grounded, and community-informed approach to Indigenous PEOLC across North Simcoe Muskoka.

Strategic Direction 1: Indigenous-Led and Culturally Safe Transitions in Care

Objective	Actions	Success Measures
Increase access to culturally safe, Indigenous-led palliative and end-of-life care services and supports.	Establish Indigenous-led models of transition, palliative, and end-of-life care. Expand access to Indigenous care providers, Elders, Knowledge Keepers, and Indigenous Patient Navigators. Provide culturally safe spaces for ceremony, medicines, family gatherings, and spiritual care. Integrate Indigenous approaches into care planning.	Increased number of Indigenous-led PEOLC programs and partnerships. Increased access to Elders, ceremony, and cultural supports. Increased patient and family satisfaction related to cultural safety. Reduction in reports of culturally unsafe care experiences.
Embed Indigenous cultural safety and humility across mainstream health-care systems.	Develop Indigenous community-designed education and training. Implement PEOLC-specific cultural safety learning for healthcare providers and leadership into existing offerings. Define culturally safe care standards and organizational expectations and hold non-Indigenous partners accountable. Incorporate Indigenous voices and lived experiences into education initiatives.	Percentage of staff completing Indigenous-led education. Improved provider confidence and cultural safety competency. Increased use of culturally relevant care practices and/or referral to culturally relevant services. Increased trust and engagement with services by Indigenous peoples.

Strategic Direction 2: Community-Based and Accessible Care Close to Home

Objective	Actions	Success Measures
Improve equitable access to care with- in Indigenous communities and rural, remote, and on-reserve settings.	Expand home-based and community-based PEOLC services. Improve transportation, travel, and virtual care supports. Increase outreach services to rural and remote communities. Develop partnerships to improve access to pain and symptom management close to home.	Increased access to care within or near community. Reduced travel burden for patients and families. Increased ability for individuals to receive care and die in their preferred location. Reduced delays in accessing PEOLC services.
Improve awareness and understand- ing of available PEOLC services and supports.	Re-develop outdated PEOLC, culturally relevant community education resources. Create plain language and accessible service navigation materials and keep materials current. Reframe PEOLC materials through Indigenous worldviews that recognize transition as natural, sacred, and not as an ending, but as part of a larger spiritual journey that is deeply connected across the lifespan. Advocate for and align funding, programs, and partnerships that support healthy aging, prevention, early identification of needs, advance care planning, and caregiver supports across the lifespan, recognizing that Indigenous approaches to transitions in care begin long before serious illness or end of life. Increase outreach and awareness through Indigenous organizations and community events. Normalize and formalize (through process) early conversations around PEOLC.	Increased awareness of available services. Increased early referrals and engagement with PEOLC supports. Increased availability of culturally relevant healthy aging, prevention, and early planning supports within Indigenous communities. Increased participation in advance care planning and early conversations about aging, caregiving, and future care preferences. Improved access to supports earlier in the aging and care journey, before crisis or advanced illness occurs. Improved understanding of PEOLC among families and communities. Increased use of navigation and support services.

Strategic Direction 3: Strengthen Caregiver, Family, and Community Supports

Objective	Actions	Success Measures
Strengthen supports that reduce caregiver burnout, grief, and isolation.	Expand culturally safe respite care options. Establish caregiver circles and peer support opportunities. Increase access to culturally grounded grief and bereavement supports. Provide caregiver mental wellness and emotional support services.	Increased caregiver access to respite and support services. Reduced caregiver burnout and isolation. Participation in caregiver and grief support programs. Improved caregiver wellbeing and satisfaction.
Promote early identification, engagement, and planning with caregivers, families, and community supports.	Implement processes to identify caregivers and potential caregivers early in the care journey, particularly for individuals living with chronic or progressive illness. Integrate caregiver identification and assessment into routine care, community programs, and service navigation pathways. Normalize and support Advance Care Planning conversations early and often, recognizing that planning includes identifying who is in an individual's circle of care, including family, friends, caregivers, community members, Elders, and other sources of support. Develop culturally relevant resources and approaches that support conversations about caregiving, future care preferences, community supports, and transitions across the lifespan.	Increased identification and engagement of caregivers earlier in the care journey. Increased participation in Advance Care Planning conversations and activities. Increased documentation of identified circles of care and support networks. Improved caregiver preparedness, confidence, and connection to available supports before crisis occurs.
Improve access to practical and financial supports for caregivers and families.	Advocate for increased financial assistance and flexible funding supports. Expand access to equipment, transportation, and home supports. Provide navigation assistance for caregivers and families. Develop culturally grounded caregiver education resources.	Increased access to practical and financial supports. Increased caregiver confidence navigating systems. Reduced barriers related to transportation, funding, and caregiving responsibilities. Improved caregiver preparedness and knowledge.

Strategic Direction 4: Build Relationships, Navigation, and System Coordination

Objective	Actions	Success Measures
Strengthen trusted relationships and Indigenous navigation supports across the care journey.	Expand Indigenous Patient Navigator and support roles. Strengthen partnerships between Indigenous organizations and mainstream providers through formalized bi-lateral relationship protocols. Develop and scale relational approaches that prioritize continuity and trust. Support interdisciplinary and cross-sector collaboration.	Increased access to Indigenous navigation supports. Improved coordination across organizations and services. Reduced duplication and fragmentation of care. Increased patient and family trust in services.
Reduce systemic barriers and improve continuity of care.	Simplify referral pathways and service access processes. Improve communication and information-sharing across providers. Develop coordinated transition pathways across healthcare and community services. Identify and address policies that create barriers to culturally safe care.	Reduced wait times and service navigation challenges. Improved reported continuity and coordination of care. Increased patient and caregiver satisfaction with transitions. Reduction in avoidable care disruptions and delays.

Strategic Direction 5: Advance Indigenous Knowledge, Workforce Development, and System Accountability

Objective	Actions	Success Measures
Strengthen Indigenous workforce capacity and leadership within PEOLC systems.	Increase Indigenous workforce roles across PEOLC services. Support recruitment, mentorship, and retention of Indigenous staff. Create opportunities for Indigenous leadership within governance and planning. Support Indigenous-led research, evaluation, and knowledge-sharing in alignment with OCAP principles.	Increased Indigenous representation across PEOLC services. Increased Indigenous leadership roles and participation in governance. Improved workforce retention and mentorship outcomes. Increased Indigenous-led initiatives and partnerships.
Establish accountability mechanisms that support long-term implementation, continuous community validation, and system change.	Leverage existing Indigenous-led governance and oversight structures specific to PEOLC. Review partner organizations that support voluntary Indigenous self-identification for opportunities to improve the process. Identify and onboard partner organizations that do not support voluntary self-identification. Establish indicators to monitor cultural safety, access, and equity, and hold non-Indigenous partners accountable for regular reporting. Pursue sustained funding and long-term implementation planning. Regularly engage communities, caregivers, and partners in evaluation and continuous improvement. Establish a formal and sustained community validation process that enables Indigenous communities, caregivers, Elders, Knowledge Keepers, and partners to regularly review, validate, and inform implementation progress, ensuring improvement efforts remain responsive to community-defined priorities and experiences.	Regular reporting on implementation progress and outcomes. Sustained funding commitments for Indigenous-led initiatives. Demonstrated improvements in cultural safety, access, and care experiences over time.

Next Steps and the Path Ahead

Indigenous peoples, families, caregivers, workers, Elders, Knowledge Keepers, and communities across the region have articulated a clear vision for transitions in care that is rooted in culture, relationships, and community. This strategy reflects extensive engagement and community dialogue that consistently emphasized the need to move away from fragmented and medically driven approaches toward Indigenous-led models of care that honour the whole person, the whole family, and the whole community.

Indigenous communities across the region continue to demonstrate tremendous resilience, strength, and leadership. Indigenous organizations, Elders, caregivers, navigators, support workers, and community members continue to provide care, advocacy, education, and support despite limited and inconsistent resources. This strategy builds on those strengths. It recognizes that Indigenous peoples have always cared for one another across the lifespan.

The work ahead will require improved partnerships across health and social services, Indigenous-led governance, holding mainstream organizations accountable, and longer-term investment. Most importantly, this work will require systems and organizations to listen differently.

- To recognize that transitions in care are not only clinical experiences, but relational, cultural, spiritual, emotional, and community experiences;
- To recognize that Indigenous peoples should not have to choose between culturally safe care and access to the right services;
- And to recognize that honouring PEOLC transitions means honouring the whole journey.

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Appendix A:

Heart of the Indigenous Health Circle (IHC) Visioning Session

Implementation Reflections to Guide Community Action Planning

Session Date: Tuesday, July 14, 2026

Following completion of the Honouring the Journey: Indigenous Transitions in Palliative and End-of-Life Care Strategy, the draft was presented to the Indigenous Health Circle (IHC) for reflection, validation, and discussion.

The purpose of the session was to ensure that the implementation approach reflected Indigenous priorities not only in what is accomplished, but also in how success is understood, communicated, celebrated, and sustained over time. IHC members reinforced that implementation must continue to honour Indigenous ways of knowing, being, and doing while remaining grounded in relationships, accountability, and community leadership.

The reflections shared during this session will directly inform the Community Action Planning Session in September 2026, where Indigenous communities, organizations, caregivers, Elders, Knowledge Keepers, healthcare providers, and system partners will work together to bring this strategy to life. Building upon the strategic directions outlined within this document, the session will focus on translating the strategy into practical implementation actions, identifying priorities for investment, defining shared ownership, and establishing meaningful approaches to measuring and communicating progress over time.

What We Heard

Success Must Be Measured Through Relationships and Community Impact

Members reflected that traditional performance measures alone will not adequately demonstrate whether meaningful change has occurred. While quantitative indicators remain important for accountability, they do not fully capture the impact of Indigenous-led system transformation.

Members encouraged implementation partners to continually ask questions such as:

- How have relationships between Indigenous communities and health systems changed?
- How will we communicate the work we are doing to improve systems for future generations?
- What lasting or sustainable impacts has implementation had on Indigenous children, families, caregivers, and communities?
- How are Indigenous voices influencing decision-making and system change?

Members emphasized that success should be understood through both measurable outcomes and the strength of relationships that are built and sustained throughout implementation.

Making Success Measures Meaningful for Both Health Systems and Communities

Members reflected on the implementation tables presented throughout the strategy (Strategic Directions 1–5) and discussed how success measures are currently expressed using language commonly found in health system planning, such as “increase”, “decrease”, “improve”, and “reduce”. While members acknowledged that this terminology aligns well with Ontario Health reporting requirements and supports system-level accountability, they also noted that these measures may be difficult for community members to interpret without clearly defined baselines or additional context.

Members emphasized that Indigenous communities often understand success differently—not solely through quantitative indicators, but through stories, relationships, lived experiences, cultural knowledge, and visible or experiential changes within communities.

Rather than replacing the existing implementation tables, members recommended enhancing them by adding an additional column that translates health system performance measures into community-centred descriptions of success. This complementary column would sit alongside the existing objectives, actions, and success measures and describe what meaningful change could look and feel like from a community perspective. This work will be added to the agenda at the upcoming Community Action Planning Session referenced above.

Members also suggested that the success measures be understood through the teachings of the Two Row Wampum. They reflected that the existing implementation measures represent one row—supporting Ontario Health accountability, system reporting, and organizational performance. A complementary community-centred column would represent the second row—capturing Indigenous stories, relationships, lived experiences, cultural teachings, artistic expression, and community-defined understandings of success. Like the Two Row Wampum, each perspective would travel in its own lane, maintaining its own integrity while moving together toward a shared purpose. Rather than one replacing the other, both approaches would coexist, complement one another, and collectively strengthen Indigenous-specific palliative and end-of-life care across the region.

Examples of community-centred indicators of success may include:

- Families sharing stories of feeling safe, respected, and supported throughout their journey.
- Community members describing stronger relationships with healthcare providers and Indigenous organizations.
- Increased visibility of ceremony, Elders, Knowledge Keepers, and Indigenous healing practices within care experiences.
- Artistic expression, photography, storytelling, or community reflections that demonstrate healing, resilience, and cultural connection.
- Examples of Indigenous ways of knowing, being, and doing are embedded within care delivery.
- Community narratives illustrating dignity, belonging, trust, and connection throughout transitions in care.

Stories are Evidence

Members emphasized that Indigenous storytelling should be recognized as an equally important form of evaluation alongside quantitative indicators.

Implementation should intentionally pair:

- Measurable outcomes
- Community stories
- Artistic expression
- Visual representations
- Lived experiences

Members described storytelling as a culturally grounded way of honouring Indigenous voices while communicating impact. Artistic expression was viewed as an important representation of health, healing, resilience, and community strength, and should become an ongoing component of implementation reporting rather than an addition at the end of the process.

A Two-Eyed Seeing Approach to Accountability

Members envisioned implementation reporting through a Two-Eyed Seeing approach.

The Indigenous perspective would communicate

- Community stories
- Indigenous teachings
- Artistic expression
- Lived experiences
- Relationships
- Examples of Indigenous ways of knowing, being, and doing
- Community-defined understandings of success

The Western perspective would communicate:

- Strategic objectives
- Implementation actions
- Measurable outcomes
- Ontario Health performance indicators
- Organizational accountability

Members described these as two complementary pathways travelling together—much like two canoes moving in the same direction—allowing Indigenous and Western approaches to understanding progress to coexist in balance without one replacing the other.

Celebrate Indigenous Strengths

Members emphasized that implementation reporting should celebrate Indigenous strengths rather than focusing solely on gaps and barriers and noted that implementation should reinforce what is already working while identifying opportunities for continued growth and investment.

Supporting Organizational Readiness

Members identified an opportunity to develop practical resources that support organizations as they begin implementation, noting that several Indigenous roles and positions “wear multiple hats”, and therefore directive, supportive tools can be very useful.

Suggestions included developing:

- An implementation toolkit
- Organizational readiness assessments
- Practical implementation guidance
- Examples of promising practices
- Resources that help organizations understand how to operationalize culturally safe, Indigenous-led system change

Members shared that these resources would help organizations move from strategy to meaningful action while promoting consistency across the region.

Making Funding Visible

Members emphasized the importance of clearly identifying which implementation priorities are currently supported through dedicated resources and which remain unfunded.

- Future implementation plans and reporting should visually distinguish:
- Initiatives currently supported through sustainable funding
- Initiatives relying on temporary or limited funding
- Priorities being advanced “off the side of the desk” by Indigenous staff and community leaders
- Community priorities that remain unfunded
- Opportunities requiring future investment

Members recommended using colour coding within future implementation plans to distinguish funded and unfunded priorities. They noted that making funding visible helps shift conversations beyond implementation toward the broader need for sustained investment in Indigenous-led care and supports advocacy for long-term funding.

Visualizing Sustainability

Members encouraged implementation reporting to incorporate Indigenous-inspired visual representations that communicate growth, sustainability, and the ongoing journey of implementation.

Ideas included using floral imagery and root systems to illustrate:

- Work that is already flourishing
- Foundational Indigenous strengths supporting future growth
- Initiatives sustained through dedicated investment
- Work currently being carried through the commitment of Indigenous staff, Elders, Knowledge Keepers, and community members
- Opportunities that remain unfunded
- The distinction between sustainable and unsustainable approaches to implementation

Members described the roots as representing the foundational relationships and Indigenous leadership that nourish long-term change, while the flowers represent the visible outcomes that communities experience over time.

Looking Ahead: Community Action Planning

The reflections shared during the Heart of the Indigenous Health Circle Visioning Session will directly inform the Community Action Planning Session in September 2026.

Building upon the five Strategic Directions outlined within this strategy, Indigenous communities, organizations, caregivers, Elders, Knowledge Keepers, healthcare providers, and system partners will come together to:

- Translate the strategic directions into practical implementation actions
- Identify immediate, medium-term, and long-term priorities
- Define shared ownership and partnership responsibilities
- Identify funded and unfunded implementation priorities
- Establish culturally meaningful approaches to monitoring progress
- Develop implementation reporting that combines measurable outcomes with storytelling, artistic expression, and community experiences
- Identify practical implementation resources, including readiness tools
- Establish an ongoing community validation process to ensure implementation continues to reflect Indigenous priorities and lived experiences.

Consistent with the principles of this strategy work, implementation will remain an evolving, relationship-based process grounded in Indigenous leadership, community validation, and shared accountability.

The September 2026 Community Action Planning Session represents the next step in ensuring that Honouring the Journey moves beyond a strategic document to become a living roadmap for Indigenous-led action and meaningful system transformation.



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