EŁET'ÀNÌTS'Eʔ AH: IMPLEMENTING UNDRIP IN HEALTH

Progress Report

September, 2021

HOTIÌ TS'EEDA: NWT SPOR SUPPORT UNIT
Research and Consultation Services

Hotıì ts'eeda
NORTHWEST TERRITORIES
SPOR SUPPORT UNIT

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Introduction from Hotìì ts'eeda Chairperson, John B. Zoe

Hotìì ts'eeda was established to support health research and the involvement of patients in health research in the NWT. The Canadian Institutes of Health Research provided funding to all provinces and territories in Canada to pursue this goal. Many assumptions about how this could be done were made, and most of those assumptions made sense in the south, where there are universities, laboratories, clinical trials, and large populations.

Those assumptions did not hold in the NWT. From the start, Hotìì ts'eeda focused on the question of: how do we support Indigenous participation in health research? In discussion with our partners starting in 2017, the questions that focus Hotìì ts'eeda efforts have changed, as the experiences of partners and Indigenous individuals shape our shared understanding of what is required to do health research and programs in a better way in the NWT. Hotìì ts'eeda staff realized the question was more fundamental: promoting Indigenous participation in health research and programming means overcoming negative experiences, therefore, how can Hotìì ts'eeda contribute to building trust in the health system, and health research?

The past few years have seen a wave of activity calling for an end to long-standing systemic injustice. The *Truth and Reconciliation Commission (2015)*, and the report on the *Inquiry into Missing and Murdered Indigenous Women and Girls (2019)* each called for the implementation of the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).* These calls resonated with what Hotìì ts'eeda partners have been sharing at annual Ełèts'ehdèe-Katimaqatigiit-Nihkhah łatr'iljil: that experiences of systemic racism, lack of accessibility, and lack of cultural safety in the health system are consistent with experiences Indigenous peoples have across government programs and services. Partners have said that health is holistic: health is not just about the health system, nor can change in the health system be the only answer. There are too many factors beyond the health system that affect individual, family, and community health.

UNDRIP provides a starting point for measuring whether governments are meeting basic human rights standards of Indigenous peoples, across all areas that their authority extends. To achieve greater involvement of Indigenous peoples in

health research, Indigenous governments and individuals must be involved from a place of control and confidence. Trust must be built across all areas of the relationship with Indigenous peoples. UNDRIP provides a basis for everyone to understand the minimum human rights standards required to achieve the control and confidence that is necessary to trust-building.

Hotıì ts'eeda's *Ełet'ànìts'eɔah: Implementing UNDRIP in Health and Wellness* initiative represents a starting point for ongoing conversations and action around implementing UNDRIP within healthcare provision and health research. The knowledge shared has resulted in principles and guidelines for policy makers and researchers, that will grow and develop over time. Masi to all Hotıì ts'eeda partners for working together for good health, by sharing your knowledge that will start all of us on a journey to ensuring UNDRIP is implemented in health and wellness.

Masi,

John B.Zoe, Chairperson
Hotıì ts'eeda

Long-term Pandemic Impacts

The Covid pandemic has now lasted nineteen months, with a "fourth wave" impacting the NWT during August and September of 2021, in which there were the most active cases to date, with outbreaks of significance in several communities.

The pandemic has introduced a level of instability, stress, and uncertainty for everyone. This is also true for staff at Hotıì ts'eeda. It is difficult to work in a context where planning assumptions and possibilities change unexpectedly, and we see the impacts in Hotıì ts'eeda partners as well. We see impacts such as Zoom fatigue, research projects and initiatives being cancelled or scaled back, and high levels of stress and burnout resulting in partners being less available to participate than they normally would, also due in part to the impacts on capacity and staffing levels in their own organizations.

As a result, this initiative, like others, has been altered and scaled back so that it is now completely different from what had been first imagined.

All of these factors have reduced anticipated participation. These factors, and changing circumstances will be taken into account for planning as the initiative evolves.

Vaccination of everyone is the only solution to the pandemic. Apart from those medically prohibited from being vaccinated, we must all do our part to protect each other, our health system, and the wellbeing of our economy and society.

Executive Summary

This report is divided into the 8 sections. The first two describe the rationale for the *Ełet'ànìts'eɔah: Implementing UNDRIP in Health and Wellness* initiative, and the cultural metaphor that is being used to understand UNDRIP's importance and usefulness. The approach to knowledge sharing is then described, as well as the approach to the way the information gathered is analyzed.

The next section describes key insights gathered from the knowledge sharing held to date, an overview that indicates that before talking about how UNDRIP is being implemented, participants wanted to talk about what needs to be fixed in health and wellness programs and services in the NWT. The second insight was that for many participants, the laws, policies, agreements, and programs that form a net meant to hold up Indigenous peoples rights, has resulted in a net that is largely structurally broken. These truths must be reckoned with on their own merits, or in the context of working together to implement UNDRIP in health in the NWT.

Next is a review of results from the knowledge sharing sessions, in which 69 programs and services were identified as examples of ways that UNDRIP is being implemented in health and wellness. Governments and NGOs play a significant role as funders, while Indigenous Governments deliver most of these initiatives. In descriptions of experiences of these, participants emphasized issues around lack of control as a primary source of frustration: whether in design, delivery, administration, and reporting. And alongside this frustration was an intense focus on solutions and suggestions for how different approaches could yield more positive experiences. Among these suggestions, themes relating to autonomy, relationship, reciprocity, cooperation, and accountability arose, together with respect for land, culture and way of life as important frameworks for how initiatives are delivered.

The knowledge sharing sessions indicated that UNDRIP articles are being implemented, but not evenly, and not to the extent that they could be. In addition, uneven implementation means that progress in respect of one or some articles may be at the expense of progress with respect to others. In the views of participants, UNDRIP is a whole document that is intended to be read as a whole, and implementing articles in ways that do not reflect the spirit and intent of the whole document is counter-productive to meeting basic human rights standards as described in UNDRIP.

The next section recommends draft guidelines for researchers, organized around principles of Reciprocal Accountability, Relationship, and Truth and Reconciliation. A chart describes the questions that should be asked to determine if and how UNDRIP articles in health are being implemented. The final sections provide additional information about next steps for the *Ełet'ànìts'eɔah: Implementing UNDRIP in Health and Wellness*, participants engaged, and an evaluation of the approach so far. Readers will find information shared contained in the two appendices, which are notes drawn directly from discussions with participants.

Introduction

What is UNDRIP?

The *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)* is an international declaration composed of 46 articles describing minimum standards for Indigenous human rights worldwide, for all governments and institutions to recognize and uphold. UNDRIP does not create a new set of human rights standards. UNDRIP affirms rights that are already set out in international human rights treaties. The UNDRIP articles provides a way to measure whether their laws and policies are upholding the human rights of Indigenous peoples.

UNDRIP was drafted and developed by Indigenous people, legal experts and government officials across the globe for over 20 years and was adopted by the United Nations General Assembly in 2007. Canada was one of the few states which did not immediately sign the declaration. In 2016 the Canadian government finally endorsed UNDRIP and made a commitment to its implementation.

In June 2021, the government of Canada passed the *United Nations Declaration on the Rights of Indigenous Peoples Act.* While this federal act does not make UNDRIP law, it requires Canada to review existing and create new federal laws and policies to ensure they uphold the collective rights of Indigenous peoples outlined UNDRIP. While Canada's *UNDRIP Act* demands the review of federal laws and policies, it does not require provincial or territorial governments to undergo the same process. The Government of the Northwest Territories (GNWT) must create its own legislation to ensure that UNDRIP is implemented across territorial laws and policies.

Relating to health, UNDRIP includes affirmation of rights such as:

- free, prior and informed consent
- self-determination and self-government
- freedom from discrimination
- the highest standard of physical and mental health
- access to all available health and social services
- improved economic and social conditions, including in the areas of education, housing, health and social security
- culturally based health practices, including conservation of medicinal plants, animals and minerals

and more.

Why is UNDRIP important to the NWT?

The Northwest Territories (NWT) exists on Indigenous land and has a majority Indigenous population. Negative impacts on culture and way of life brought about by rapid changes in climate, the economy and other social and cultural factors disproportionately impact Indigenous communities in the NWT. Implementing UNDRIP will assist Indigenous nations to protect and preserve their land, language, culture, and way of life.

Indigenous communities, governments and organizations in the NWT have been implementing the principles of UNDRIP for decades, through their own policies and programs.

Why is Hotìì ts'eeda undertaking this work?

Phase two (2021-2026) of Hotìì ts'eeda requires the implementation of UNDRIP in all aspects of its operations and programming, and to produce guidance on UNDRIP implementation for health researchers, policy makers and providers. These requirements were set out by Hotìì ts'eeda partners, and echoed in foundational documents such as the *Truth and Reconciliation Calls to Action* and the *National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG).* In addition, Hotìì ts'eeda's funder, the *Canadian Institutes of Health Research (CIHR)'s 2021-31 Strategic Plan*, prioritizes the self-determination of Indigenous people in health (strategic priority 3) through the implementation of UNDRIP.

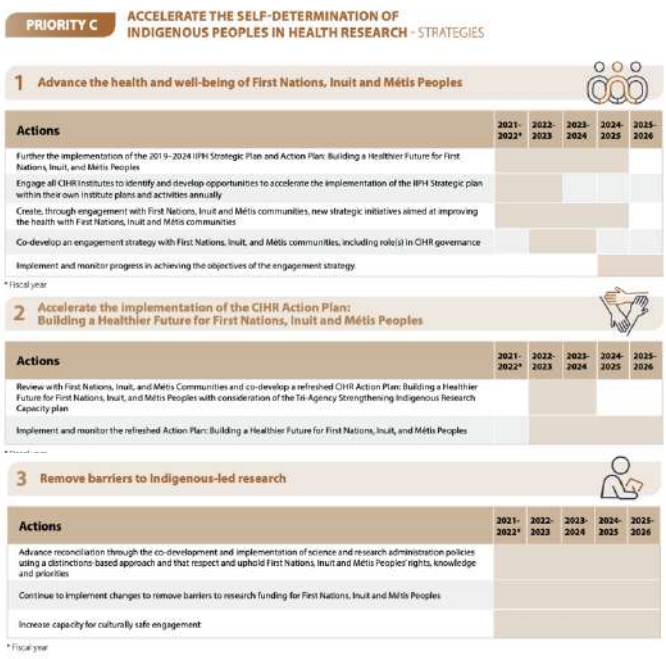
Hotìì ts'eeda's *Ełet'ànìts'eɔah: Implementing UNDRIP in Health and Wellness* initiative is a starting point for ongoing conversations and action around implementing UNDRIP within healthcare and health research. Virtual knowledge sharing sessions with community members across the NWT were conducted to introduce participants to UNDRIP and share principles and approaches necessary to strengthen and direct the implementation of UNDRIP in health and wellness systems.

"Ełet'ànìts'eɔah means "to draw on our collective strength" in the Tłı̨chǫ language."

The GNWT is also working on the implementation of UNDRIP, as outlined in its *2019-2023 mandate*.

Hotìì ts'eeda's work and initiatives are separate from the GNWT. Hotìì ts'eeda will share the guidelines developed and the process through which they were developed with the GNWT.

Figure 1: CIHR Strategic Priority C



PRIORITY C ACCELERATE THE SELF-DETERMINATION OF INDIGENOUS PEOPLES IN HEALTH RESEARCH - STRATEGIES

1 Advance the health and well-being of First Nations, Inuit and Métis Peoples

Actions	2021-2022*	2022-2023	2023-2024	2024-2025	2025-2026
Further the implementation of the 2019–2024 IPH Strategic Plan and Action Plan: Building a Healthier Future for First Nations, Inuit, and Métis Peoples					
Engage all CIHR Institutes to identify and develop opportunities to accelerate the implementation of the IPH Strategic plan within their own institute plans and activities annually					
Create, through engagement with First Nations, Inuit and Métis communities, new strategic initiatives aimed at improving the health with First Nations, Inuit and Métis communities					
Co-develop an engagement strategy with First Nations, Inuit, and Métis communities, including role(s) in CIHR governance					
Implement and monitor progress in achieving the objectives of the engagement strategy					

* Fiscal year

2 Accelerate the implementation of the CIHR Action Plan: Building a Healthier Future for First Nations, Inuit and Métis Peoples

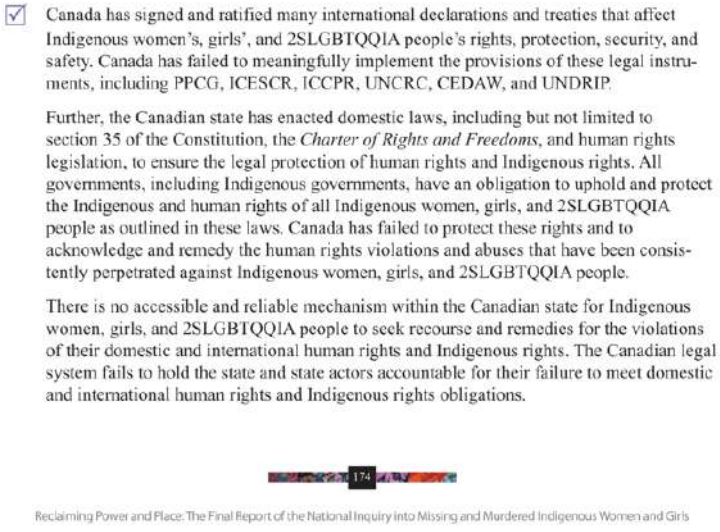
Actions	2021-2022*	2022-2023	2023-2024	2024-2025	2025-2026
Review with First Nations, Inuit, and Métis Communities and co-develop a refreshed CIHR Action Plan: Building a Healthier Future for First Nations, Inuit, and Métis Peoples with consideration of the Tri-Agency Strengthening Indigenous Research Capacity plan					
Implement and monitor the refreshed Action Plan: Building a Healthier Future for First Nations, Inuit, and Métis Peoples					

3 Remove barriers to Indigenous-led research

Actions	2021-2022*	2022-2023	2023-2024	2024-2025	2025-2026
Advance reconciliation through the co-development and implementation of science and research administration policies using a distinctions-based approach and that respect and uphold First Nations, Inuit and Métis Peoples' rights, knowledge and priorities					
Continue to implement changes to remove barriers to research funding for First Nations, Inuit and Métis Peoples					
Increase capacity for culturally safe engagement					

* Fiscal year

Figure 2: MMIWG Final Report



☑ Canada has signed and ratified many international declarations and treaties that affect Indigenous women's, girls', and 2SLGBTQQIA people's rights, protection, security, and safety. Canada has failed to meaningfully implement the provisions of these legal instruments, including PPCG, ICESCR, ICCPR, UNCRC, CEDAW, and UNDRIP.

Further, the Canadian state has enacted domestic laws, including but not limited to section 35 of the Constitution, the *Charter of Rights and Freedoms*, and human rights legislation, to ensure the legal protection of human rights and Indigenous rights. All governments, including Indigenous governments, have an obligation to uphold and protect the Indigenous and human rights of all Indigenous women, girls, and 2SLGBTQQIA people as outlined in these laws. Canada has failed to protect these rights and to acknowledge and remedy the human rights violations and abuses that have been consistently perpetrated against Indigenous women, girls, and 2SLGBTQQIA people.

There is no accessible and reliable mechanism within the Canadian state for Indigenous women, girls, and 2SLGBTQQIA people to seek recourse and remedies for the violations of their domestic and international human rights and Indigenous rights. The Canadian legal system fails to hold the state and state actors accountable for their failure to meet domestic and international human rights and Indigenous rights obligations.

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Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls

Ełet’ànìts’eɔah Narrative

With guidance from Chairperson of Hotıì ts’eeda, Dr. John B. Zoe, a narrative rooted in cultural knowledge was developed for the Ełet’ànìts’eɔah initiative. This narrative portrays UNDRIP as a tool for Indigenous rights in the NWT that can make a difference in the daily lives of NWT residents. Specifically, it develops the analogy of UNDRIP as a tool similar to the one used to fix fishnets, called *k’àlaàghaa* in the Tłı̨chǫ language.

Fishing, fish nets and the k’àlaàghaa, are common to all Indigenous communities in the NWT.

The distinct parts of the analogy including the fishnet and the k’àlaàghaa are described below and displayed in Figure 3.

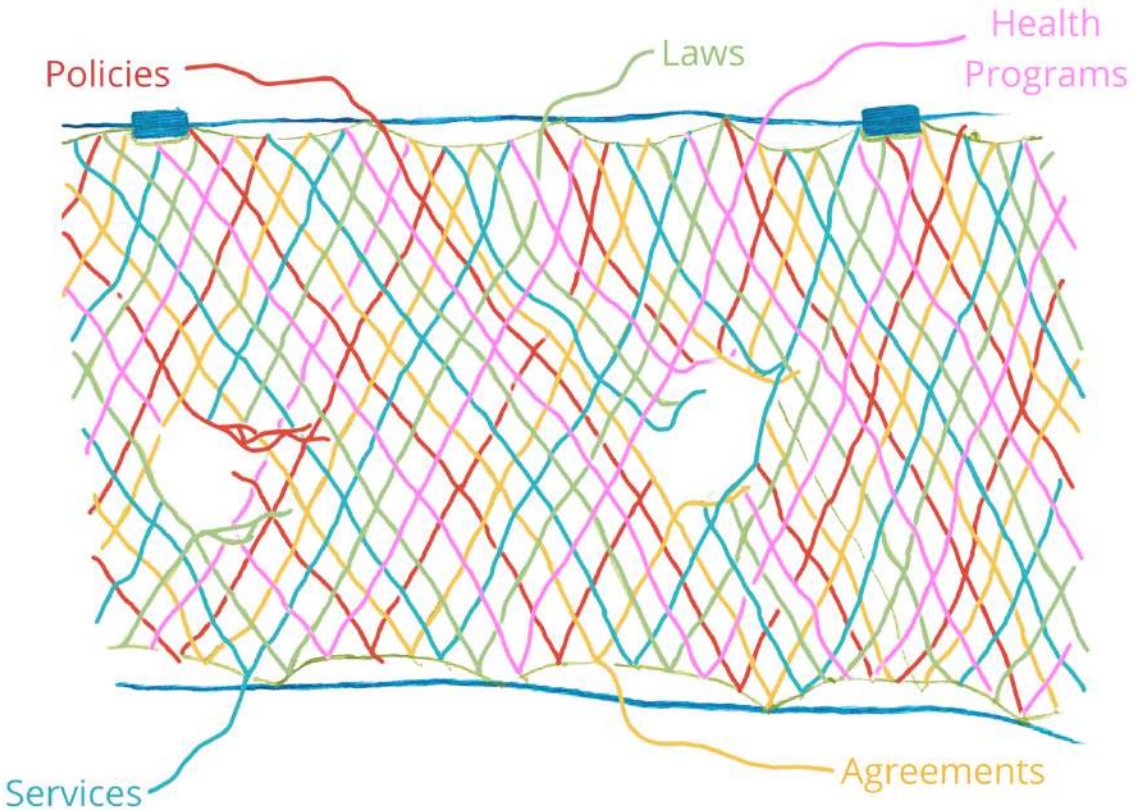
The Fishnet

Laws, treaties, programs, services with and for Indigenous peoples make up the fish net: these are the mechanisms that together form the framework in Canada that recognize, support, and put into practice Indigenous rights. They form a net that hold up Indigenous rights.

The K’àlaàghaa

UNDRIP sets minimum standards for Indigenous rights: it is the tool that can be used to identify and repair the holes in the “net” which is the framework of mechanisms that hold up Indigenous rights. If mechanisms are weak, or missing, then there are holes in the net, and UNDRIP is the tool that guides how the strands of the net (laws, policies, treaties) can be strengthened to meet basic human rights standards. UNDRIP is the tool that can mend the holes in the net.

Figure 3. The Fishnet and the K’àlaàghaa

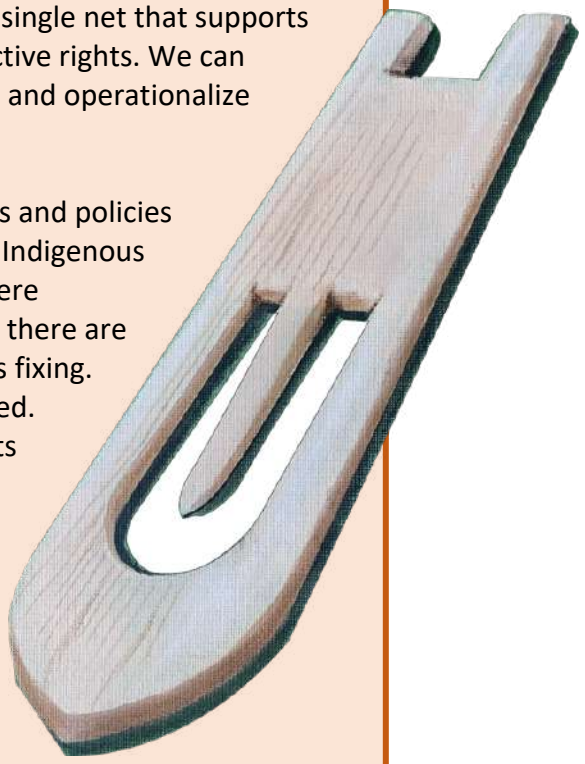


Panel 1. UNDRIP, Our K'àlaàghaa

Before contact, in the warm season, people made fishnets by weaving willow bark into nets to fish. The tool used to weave and to fix the nets is called k'àlaàghaa. After contact, through trade new materials for modern nets were introduced, and people adopted the new materials for fishnets. K'àlaàghaa continued to be used to make and repair the modern fishnets.

The laws, regulations, policies, programs, and services that shape the lives of Indigenous peoples in Canada consist of those set up by governments (Federal, territorial, local,
Indigenous), and the cultural knowledge, practices, and laws of Indigenous peoples.

The laws, programs and services interconnect to create a single net that supports and implements Indigenous people's individual and collective rights. We can think of all of these together forming a net that recognize and operationalize the rights and ways of life of Indigenous peoples.



We know that this net needs to be fixed. Some of the laws and policies in place have created damage. Others do not ensure that Indigenous peoples can reach their full potential. There are areas where mechanisms are missing and need to be put in place. And there are other mechanisms that are strong. Overall, that net needs fixing. There are strands that need to be strengthened or replaced. There are holes in the net that must be repaired, and parts of the net that has not yet been woven.

UNDRIP is like the k'àlaàghaa: it is the tool we will use to fix the net. It describes standards that the whole net must be woven to support. It describes standards that different strands of the net must reach. It describes how different strands must be strengthened, whether a strand is strong enough, and shows us areas of the net that we still need to weave. Some of the strands will be done by governments, made from twine. Some of the strands will be ones that Indigenous governments and people will weave, made of the stripped willow bark. Together, Indigenous and non-Indigenous partners can work together to fix the net, and develop a shared understanding of what the net needs to look like, and use the same tool to fix it.

Approach:

What have others done?

Hotıì ts'eeda conducted an informal review of the grey literature to understand how governments, organizations and institutions in Canada have approached the development of "guidelines" that outline strategic frameworks, or best practices through which to implement UNDRIP. A total of 17 reports, journal articles, and policy statements were reviewed and information about the focus of the documents, their methodology, and intended audience was collected.

Focus

Only 2 of the 17 documents focused specifically on the implementation of UNDRIP within the context of healthcare provision and research. The majority of the documents reviewed primarily focused on the implementation of the TRC recommendations. In addition, many of the documents had a national scope and focused on the implementation of UNDRIP within provincial health systems broadly. Few reports explicitly touched on implementing UNDRIP in local and community-based and led health research, programs and services.

The majority of documents reviewed outlined the development and design of organizational frameworks that can facilitate the implementation of UNDRIP. These frameworks usually include a set of guiding principles, strategic directions, and areas of priority action. Little information was given on the evidence base through which these frameworks were developed.

Methodology

An advisory committee or task force was the most common method employed to craft the documents reviewed. Advisory committees were primarily composed of Indigenous healthcare providers, faculty, researchers, and in some cases community leaders. Only two documents' reports outlined a rigorous process of community and grassroots engagement in the development of their frameworks and identification of best practices. This process of engagement included extensive consultations with community members including Indigenous community leaders, Elders, educators, planners, and service professionals.

Intended Audience

The intended audience for the reports reviewed included health professionals, researchers, educators, funders and policy makers. While grassroots and Indigenous community engagement took place to develop some of the reports, few of them outlined communications and reporting strategies through which to distribute the findings and resulting frameworks or best practices to communities. In addition, few of the reports outlined how systems, organizations, and individuals will be held accountable for or evaluated on their progress towards the implementation of UNDRIP.

Hotıì ts'eeda's Approach

Hotıì ts'eeda utilized the strengths and weaknesses identified within the work undertaken by other organizations, institutions and governments to inform the

methodology, goals and deliverables of the *Ełet'ànìts'eɔah Implementing UNDRIP in Health and Wellness* initiative.

Based on this review, Hotìì ts'eeda has developed and designed the Ełet'ànìts'eɔah knowledge sharing sessions so that they:

- Draw on Indigenous legal expertise to explain UNDRIP, its historical relationship with NWT based Indigenous political advocacy;
- Draw on local resource people and expertise to connect the discussions to community and regional examples of UNDRIP implementation;
- Observe cultural protocols of Indigenous participants;
- Are rooted in strengths-based approaches, yet are sensitive to the often-difficult examples of why UNDRIP implementation is required.

Methodology

A Territorial Advisory Committee made up of Indigenous Government staff from the Dehcho, Sahtú, Tłı̨chǫ, Beaufort Delta and Akaitcho regions, was assembled to guide the planning of the Ełet'ànìts'eɔah knowledge sharing sessions. While initially planned to take place in-person, the project team had to shift the sessions to an online format following flooding in the southern NWT, during Spring 2021, followed by a surge in Covid cases in the late summer.

Figure 4. Territorial Advisory Committee Member Communities

Planning for the Ełet'ànìts'eɔah knowledge sharing sessions was initiated in May 2021 with the first meeting of the Territorial Advisory Committee and the hiring of Indigenous Lawyers Daniel T'seleie and Bertha Rabesca-Zoe to lead discussion and development of content around UNDRIP.

The project team published five pages on the Hotìì ts'eeda website with information about UNDRIP. This includes a plain-language version of the UNDRIP articles and a video presentation of Daniel T'seleie and Bertha Rabesca-Zoe about what UNDRIP is and why it is important.

Two sets of knowledge sharing sessions were organized on the 27th and 28th of July

and the 14th and 15th of September. Each set was composed of three knowledge sharing sessions that explored and stimulated different questions around UNDRIP and its implementation in health and wellness programs and services.

Session 1: Introduction to UNDRIP and Q&A

- What is UNDRIP? A community guide: An introduction to UNDRIP and its development.
- A culturally based understanding of UNDRIP: UNDRIP is "Our K'àlaàghaa".

Session 2: What are the Strands that Make Up the Net?

- How does UNDRIP relate to health and wellness?
- What health and wellness programs are offered in each region of the NWT, who operates them and are they working effectively?
- What factors weaken existing health and wellness programs, services and research in the NWT, and where are the holes in the fishnet?

Session 3: Principles and Guidelines for Repairing the Holes in the Net

- What are the common or unique themes, principles and approaches across programs that implement the UNDRIP articles related to health and wellness?
- What considerations should be included when researchers want to do health research, and when health and wellness initiatives are being developed.

A more detailed agenda for each of the knowledge sharing sessions can be found in Appendix A.

Goals

Through the Ełet'ànìts'eɔah knowledge sharing sessions, Hotìì ts'eeda intends to:

- Develop a greater understanding and awareness of UNDRIP within communities and why it should be implemented.
- Highlight how Indigenous governments, community organizations and residents are already implementing UNDRIP.
- Share what participants want the health system to know about holes in the fishnet, and how to build on strengths of Indigenous community members to develop principles and guidelines for the implementation of UNDRIP in health and wellness.

Participation

A total of 16 people attended the Ełet'ànìts'eɔah knowledge sharing sessions in July and September of 2021. The participants included Government staff, Elders, youth, and academics who have an interest and/or day-to-day responsibilities in health research and health and wellness program delivery, attended the sessions.

A summary of the knowledge sharing sessions was distributed to all participants. The project team incorporated information from these sessions into a database of health and wellness programs, services, and research in the NWT, and into this report.

Knowledge sharing sessions with GNWT employees and a set with youth are intended to take place later in 2021.

Figure 5. Participant Communities

Deliverables

The deliverables will be developed and published at different stages of the project as more knowledge sharing sessions occur. Deliverables will include:

- Maps and documents highlighting initiatives across the territory that work to implement UNDRIP and what articles they are implementing
- Guidelines for organizations, Indigenous governments, and public governments that wish to implement UNDRIP within their organization.
- Plain language and culturally based educational and communication materials on what UNDRIP is and why it is important.

This report presents Hotıì ts'eeda's analysis during the the Ełet'ànìts'eɔah sessions. It serves as a means to update and report back to Hotıì ts'eeda's Indigenous government and community partners on the progress and initial findings of the initiative. Most importantly this report serves as a means to generate further discussion the implementation of UNDRIP in health and wellness programs, services and research in the NWT and invite direction and suggestions for the future of the initiative.

Knowledge Sharing Overview

Key Insights

Discussions with participants revealed two key considerations that will be important as the Ełet'ànìts'eɔa initiative continues in the coming months.

The first is that participants had well-developed analyses of shortcomings with the existing health system and of wellness programs and funding, along with specific suggestions about how to make improvements.

The second is that long-standing systemic and institutional policies and practices result in what one participant characterized as "a net that is structurally broken."

Participants were concerned that by focusing on Indigenous strengths, this initiative would not seize an opportunity to describe participant experiences that, while critical of existing programs and funding approaches, is essential information that governments and funders need to hear to understand both the needs of NWT residents and why current approaches must change.

Any discussion about UNDRIP is bound to be difficult, in part because UNDRIP is required to address the fact that institutional structures of governments in Canada are built on policies and practices that have not respected Indigenous rights – either in design or in the way they are put into practice. There is ample evidence that this is true for health care, in the NWT and beyond. Hard truths are necessary to hear, document, and understand so that we can then move to identifying the work that needs to be done to fix the problems.

Health speaks to many things – the health of our nation, health of our leadership, and future generations. The system that brings these forward needs to be adjusted in order to implement all of our values related to our lands, languages, culture and way of life.

Understandings of UNDRIP

The discussions about the declaration were framed by discussions with Indigenous legal experts who were able to answer general questions about the declaration and the individual articles.

Most participants had not had the opportunity to learn about UNDRIP prior to this initiative. Participants had the opportunity to ask general questions. There was a focus in these discussions on the relationship between UNDRIP and historic treaties, modern treaties, and current rights-based negotiating processes. Participants wanted to understand how UNDRIP could affect these.

Participants also gave examples of how government had failed to observe Indigenous rights and human rights in the past in relation to health, and how Indigenous governments have filled in the gaps created. The transfer of health services from Canada to the GNWT in 1986, without consultation with Indigenous governments, was an example of how Canada had breached its responsibilities with respect to health, and as a result, some key priorities of Indigenous governments have not been addressed by the GNWT, which controls health funding and resources. The lack of treatment services was an example of a gap that has been filled by Indigenous governments, through individual initiatives, that are often unstable or unsustainable due to lack of funding and resources.

Led by two Indigenous lawyers, the discussion provided participants with the opportunity to discuss some of the fundamental intergovernmental issues between Indigenous and government authorities that are at the foundation of some of the issues arising in the health system specifically. For participants, such experiences in the health system echo similar experiences in education, housing, social services, economic development, and treaty implementation.

Finally, all participants talked about lack of control over resources as a major issue in the area of land-based and culturally-based healing, and the significant efforts of Indigenous governments and non-government organizations such as the Arctic Indigenous Wellness Foundation to fill the resulting gaps.

Figure 6. UNDRIP Articles that apply to health and wellness in the NWT

Knowledge Sharing Results

The Ełet'ànìts'eɔa sessions included one question and answer session and four discussions. This section of the report outlines each discussion and what the project team heard from participants.

Session 1: Introduction to UNDRIP

Question and Answer

This session provided an opportunity for participants to ask Indigenous lawyers Daniel T'seleie and Bertha Rabesca-Zoe about UNDRIP and why UNDRIP is important. The questions asked by participants and responses provided by the experts are described below.

How is UNDRIP going to strengthen the rights communities already have?

UNDRIP is a new tool through which to get Indigenous rights recognized in Canada. It is a tool that can be used to interface with federal legal documents and identify gaps and weaknesses in the implementation of the human rights standards described in UNDRIP.

For example. UNDRIP can be linked to land-claim agreements during the federal legislation review process described in the UNDRIP Act. This link will ensure that all UNDRIP articles are being implemented through the land-claim agreement.

"UNDRIP is a modern tool that brings Indigenous strengths and values to the table and massages it into systems."

Why is implementing UNDRIP resisted?

Part of implementing UNDRIP is implementing Indigenous values and this requires a transformation in Western decision-making processes and power structures. Indigenous values are founded on the basic principles of land, language, culture and way of life. Canada's institutions operate on different pillars. Much of the resistance around the implementation of UNDRIP stems from a resistance to adjusting these pillars.

"UNDRIP discusses our rights in a much more comprehensive way which represents how people really view their rights"

Some critics have argued that:

- UNDRIP is not needed in Canada. Canadian laws, treaties and agreements with Indigenous peoples are adequate.
- Implementing UNDRIP would be disruptive and threaten the economy, make it more complicated to do business, or disadvantage other citizens.
- UNDRIP is vague and complicated, and Canada should rely on its own laws and processes without reference to UNDRIP.
- Implementing UNDRIP would distract attention and resources from treaties.

Is there any way to hold people accountable to the implementation of UNDRIP?

Many concerns were raised by participants regarding how to move beyond raising awareness of UNDRIP and utilize UNDRIP to

address immediate issues and hold respective parties accountable.

"How can we effectively use this Declaration to address immediate crises including crises in mental health, addictions, heart disease, cancer, medical travel and systems, COVID-19."

Cultural Knowledge Holder John B. Zoe stressed that "if we want all the articles in UNDRIP implemented, then they need to pick up the torch". An important part of implementing UNDRIP is exposing persisting colonial practices. However, of equal importance is contributing to developing new systems in which Indigenous values related to land, language, culture and way of life are implemented.

Participants proposed ways in which Indigenous peoples can lead the implementation of UNDRIP, and hold federal and territorial governments accountable:

- Telling individual, family and Indigenous community stories and how they connect to national stories.
- New funding systems and structures so that communities have ownership of their programs.
- Utilizing Indigenous methods and leadership evaluation of programs, initiatives, laws and policies.

Session 2: The Strands of the Fishnet

Discussion 1

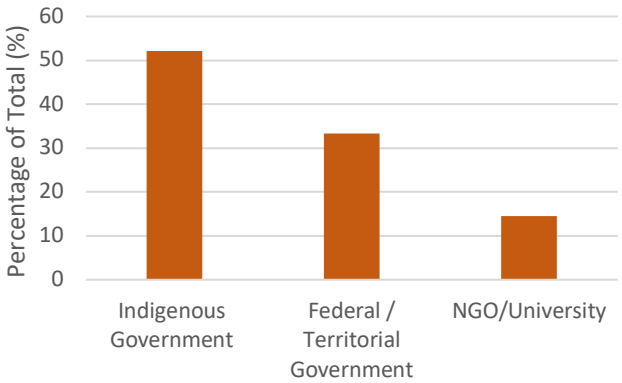
In this discussion the group explored:

What health and wellness programs are offered in your region and who operates them?

A variety of health and wellness programs and services were identified by participants and classified according to whether they were run by the Federal, Territorial, or Indigenous governments, or by a nongovernmental organization (NGO). Participants identified a total of 24 programs, targeting different areas of health and wellness. Combined with Hotìì ts'eeda's database, a total of 69 health and wellness programs and services were identified across the NWT.

Of these 69 initiatives, 52.2% are operated by federal and territorial governments, 33.3% were run by Indigenous governments and 14.5% were run by NGO's and universities.

Figure 7. Graph displaying health and wellness initiatives in the NWT and the different actors who operate them.



The project team also asked participants to reflect on whether the identified programs effectively support the health and wellness of their communities.

Common approaches shared across these health and wellness programs and services include:

- Community-driven and specific
- Holistic approach with a focus on family and community
- Fosters connection to, culture, language, and land.
- Uses culture as a foundation for healing through traditional medicine, Elders leading care, and traditional skills
- Addresses spiritual and emotional health

Examples of programs successfully applying these approaches include the Arctic Indigenous Wellness Foundation in Yellowknife, a wellness initiative providing culture-based healing in Yellowknife, and the Taii Trigwatsii (Breaking Trail) project run by the Gwich'in Tribal Council which provides adults with a blend of academic and on the land skills.

Participants emphasized that while some programs and services effectively support the health and wellness of communities, many gaps and weaknesses in existing programs exist.

"Even in programs that are working, there are gaps, and the community is trying to get involved but hasn't been involved successfully yet."

Discussion 2

In this discussion participants explored: **What are factors that weaken or produce holes in the net, in relation to health and wellness programs, services, and research?**

Participants emphasized that while health and wellness programs and services share a common intent in supporting Indigenous health and wellness, they differ in their availability, accessibility and cultural safety across communities in the NWT.

Gaps in availability of programs and services were linked to:

- Lack of understanding of community needs by external funders.
- Indigenous and community government not being involved in early stages of program design and implementation.
- Lack of Elder involvement in program development.

As a result, programs and services sometimes do not meet community needs or priorities.

"Lack of communication is number 1. Things are happening in our backyard and we find out after the fact."

Participants identified issues with lack of accessibility to health and wellness programs in their communities due to:

- Inadequate infrastructure, especially for people with disabilities or people struggling with homelessness.
- Lack of staff, capacity, and training.
- Fragmented communication, coordination, and integration between services.

- Lack of patient advocates and navigators.
- Gaps in appropriate supports for Elders and others that need to travel outside of the community for care.

These weaknesses impact the accessibility to programs and services. As a result, they do not function and serve communities in the way they are intended.

"Services are not integrated and vulnerable people who need a diversity of services have the most difficulty navigating the different systems."

Finally, participants highlighted gaps in the cultural safety of health and wellness services and programs across communities. Specifically, they noted:

- Need for staff with trauma informed and cultural competency training.
- Lack of appropriate interpretation services.
- A need for stricter confidentiality procedures and protocols.
- Need for evaluation designed and led by diverse Indigenous groups.
- Increased knowledge of Indigenous healing and spirituality.
- With respect to cultural safety efforts, recognition of the diversity of cultures that Indigenous peoples represent is required.
- Understanding of intergenerational trauma and the importance of treating the family, not only the individual, should be foundational to wellness approaches.
- Relationships should be fostered between health care providers with the community, through care-based interactions and in other ways.

"Respectful relationships are critical to care in our communities."

Session 3: Principles for Implementing UNDRIP

Discussion 1

In this discussion participants explored:

What are the common or unique themes, principles, and approaches across programs, services, or research that are implementing UNDRIP?

Four themes emerged from this discussion, that are important to developing programs and services that are implementing UNDRIP. These include:

1) Autonomy
2) Relationship
3) Cooperation
4) Accountability

Each theme is described in more detail below.

1) Autonomy

Participants highlighted the importance of community and Indigenous government leadership in the design and implementation of health and wellness programs, policy and research. Critical to this is recognizing Indigenous knowledge holders and community members as experts and leaders. Gathering input from the community at the outset of the initiative is necessary so that programs address identified needs and do so in a culturally relevant and appropriate way.

2) Relationships

Participants emphasized that relationships with communities that are rooted in

reverence, respect, reciprocity, and reconciliation are paramount to the design and function of health and wellness programs and services in the NWT. These relationships need to be built with each individual community as they are all unique.

Racism and persisting colonial policies act as a barrier to establishing trusting relationships between Indigenous and non-Indigenous communities. Anti-racism and cultural safety across and at all levels of health and wellness systems, programs, and services is critical to rebuilding this trust. Indigenous protocols should be integrated and respected into all levels of programming.

"Relationships are a partnership between yourself and a patient and those they choose to include on their healing journey. Relationships are holistic and include culture, spirituality and community".

3) Cooperation

Participants highlighted the need for more cooperative approaches to health and wellness programming in the NWT. Currently programs work in silos with little communication and collaboration. Successes as well as failures should be shared amongst health and wellness initiatives: "we don't need to keep reinventing the wheel". Important to this is learning from Indigenous Government programs and how they are delivered.

"We are the treaty holders and we want to work together to make a better tomorrow, but we are being excluded."

Existing funding structures present a barrier to cooperation. While funding opportunities are provided, they often do not match the needs of the program and can undermine the goals of both the program itself and the Indigenous government's own goals in operating the program.

"When discussing funding I think it is important to recognize that 1-year funding presents barriers and erodes capacity instead of strengthening relationships."

4) Accountability

Participants also discussed the importance of accountability. They defined accountability as being aware of and acting on responsibilities and commitments made to communities. In addition, participants emphasized the importance of reflection and evaluation of the impacts of health and wellness programs and services. This evaluation should be led by Indigenous communities and employ Indigenous evaluation methodologies.

"The health system is a fast-paced environment but time and space for reflection is important."

Discussion 2

In this discussion participants explored:

What considerations should be included when research and when health and wellness initiatives are being developed?

In this discussion, the group highlighted considerations important to the development of health and wellness initiatives and research in the NWT. These considerations were organized into three groups displayed below.

1) **Traditional Knowledge and Intellectual Property:**

- Understanding of Traditional Knowledge protocols.
- Documenting how information is used.
- Returning information to communities, including copies of publications and raw data.
- Providing authorship to acknowledge ownership of information.
- Fairly compensating Elders and Indigenous consultants.

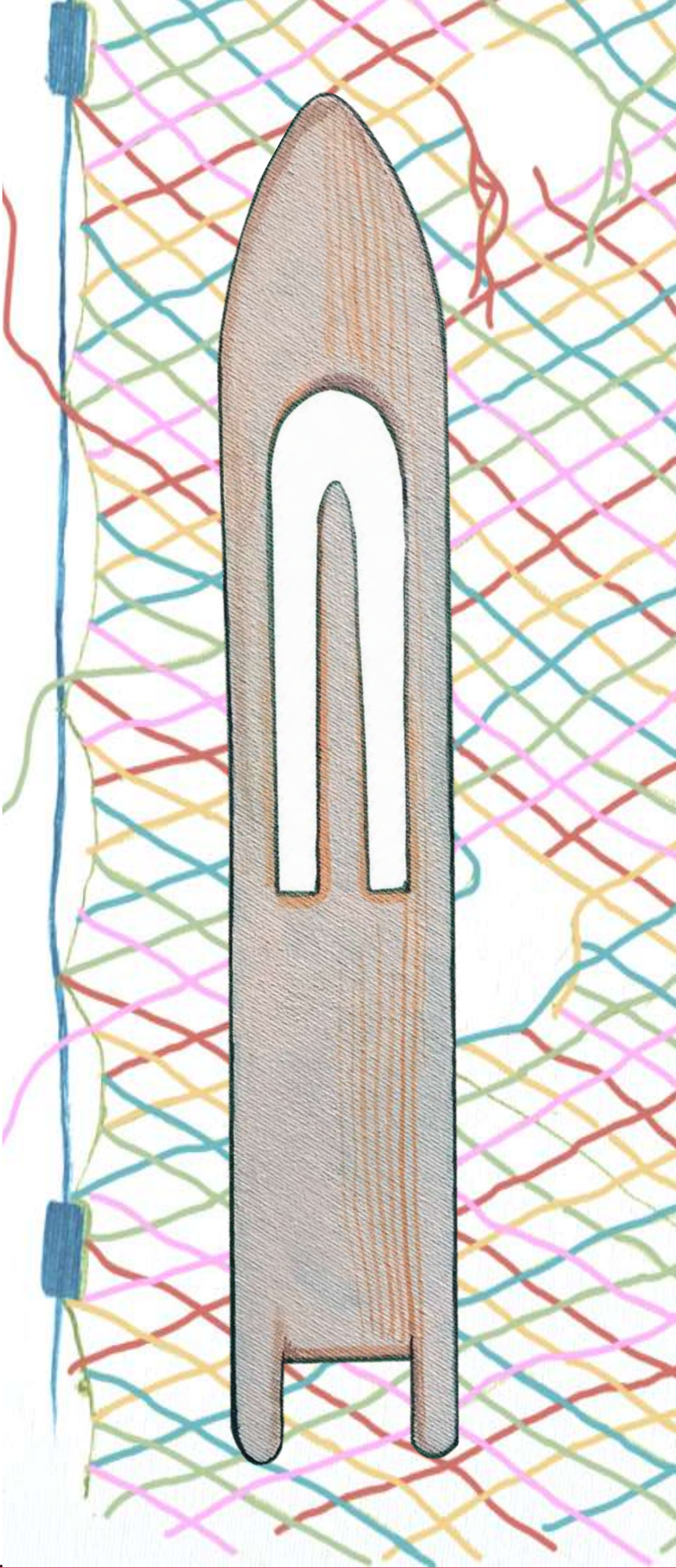
2) **Leadership and oversight:**

- Developing community research ethics boards.
- Understanding community priorities and agendas.
- Leadership of communities in the development research priorities and agendas.
- Required and continuous reporting to the community.
- Connecting to local and appropriate cultural knowledge holders.

3) **Reciprocity:**

- Nurturing relationships and developing new relationships with communities.
- Documenting the benefits to the community/region.
- Ensuring methods are culturally safe.
- Acknowledging and building on community strengths.
- Creating ethical spaces for research.

"Health care professionals and researchers need to learn to be comfortable in spaces where they don't hold the control."



Analysis: Strands of the Fishnet

Generally, each of the programs implement different aspects of the UNDRIP articles that we reviewed; what participants noted was that article 23 seems to be the one that is implemented least often. This discrepancy is highlighted in Figures 8 and 9. There is not enough control by Indigenous governments and communities over programs in areas such as design, but also in terms of how resources to support programs are administered and monitored. While a program may support Indigenous wellness goals in culturally relevant and respectful ways, the way government administers it is still in accordance with its own bureaucratic and administrative approaches. In this way, a good program can be undermined through the administrative approach.

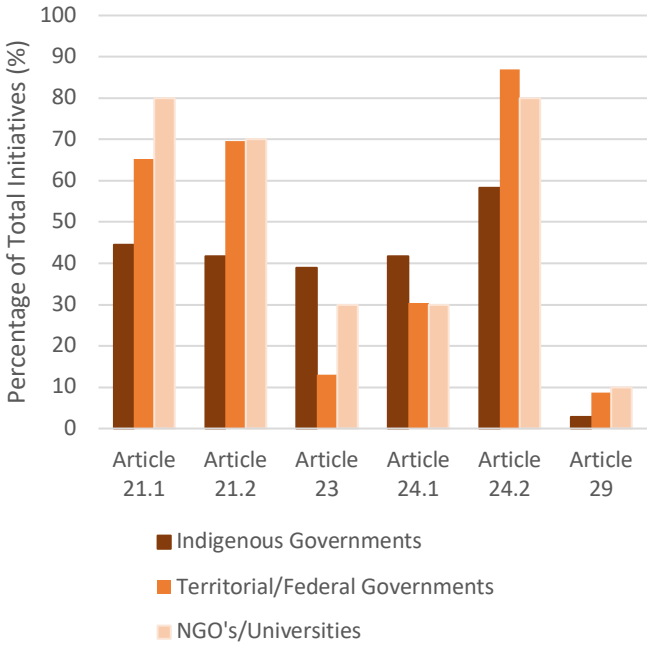
UNDRIP Article 23: Social Development and Control

- **Does the Indigenous Government control the Program content?**
- **Are they a meaningful partner in determining it?**
- **Do they administer it through their own institution?**

Figure 8. Graph displaying the percentage of initiatives that are implementing each health and wellness UNDRIP article.

While government funding is available for a variety of programs, funding restrictions often do not match the needs of the program and can undermine the goals of both the program itself and the Indigenous government's own goals in operating the program.

Figure 9. Graph displaying the percentage of initiatives that are implementing each health and wellness UNDRIP article categorized according to the actors that operate them.



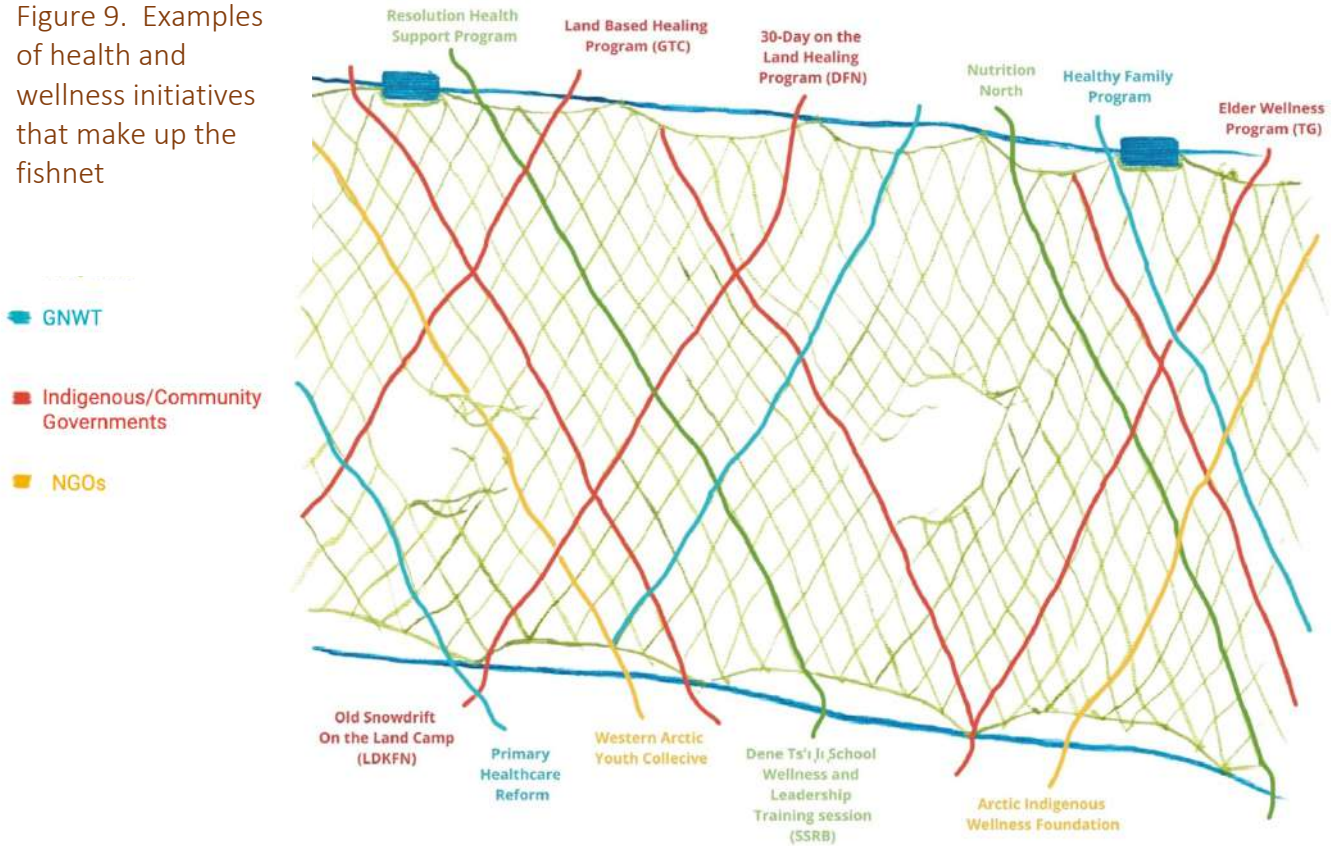
Examples of this included one community receiving funding for on the land healing, yet was not allowed to purchase tents necessary to provide space in which to offer the land-based programming. Participants talked about how funder's goals were often top-down, determined by the funder instead of facilitating community-based program goals.

Participants identified holes and weaknesses in the fishnet which reflected the following themes:

- Lack of cultural understanding – e.g., lack of recognition of elders;
- "Degrees over relationships" where outsiders with credentials were hired instead of NWT residents who had established relationships with community members;
- Prejudice: all participants agreed that racism and prejudice was prevalent throughout programs and services;
- Lack of knowledge of local realities and culture: while health and program professionals were much appreciated, they are often not provided with supports to learn and understand important knowledge about where they are working;
- Lack of supports within the health system and programs to accommodate Indigenous peoples cultural needs, which in turn undermines relationship building;
- The need for more trauma-informed care;
- Lack of control over decision making at the local level;
- The need for advocates for patients within the health system.

Another important theme that seems to be a weakness is that non-Indigenous systems are based on the individual whereas Indigenous wellness is rooted in a variety of relationships. Lack of flexibility in enabling programming to accommodate this, and the fragmentation of services and approaches to wellness in the system will continue to be barriers to wellness programming that is culturally relevant.

Figure 9. Examples of health and wellness initiatives that make up the fishnet



Draft Guidelines for Policymakers and Researchers

1. Identifying which articles apply, and how to assess if they are being met.

Table 1 contains a list of UNDRIP articles relevant to health, along with questions to help think through how the article is being implemented. During the sessions, it became clear that while Hotìì ts'eeda is focused on understanding how UNDRIP is and is not being implemented in health and wellness, articles should not be viewed as independent of the rest of the articles in the Declaration.

Articles should not be implemented in a way that undermines the implementation of other articles. Additional questions for consideration are included in Table 1, to ensure that approaches to implementing UNDRIP in health are done in a way that honors the spirit and intent of UNDRIP.

2. Reciprocal Accountability

Accountability for how UNDRIP is being implemented should become a standard element of all research, program, and service project proposals, applications, and plans. Funders should include this as a requirement for applicants seeking funds to work with Indigenous peoples.

For applications from Indigenous peoples and communities, Indigenous peoples should be asked to describe how the funding opportunity will assist them in UNDRIP implementation, including the funder providing space for feedback to the funder about how funding requirements and conditions can better facilitate implementing UNDRIP.

Funders must recognize their responsibilities to implement UNDRIP by establishing funding application processes the enable reciprocal accountability, where funders commit to entering into discussions to prioritize meeting Indigenous communities' needs, rather than simply issuing funding to applicants willing or able to meet the needs of the funder.

Evaluation of programs and services provided in Indigenous communities must incorporate Indigenous evaluation. In addition, indigenous data sovereignty must be respected, including with respect to evaluation of Indigenous-led and delivered programs that may be supported by external funders.

Research ethics include following the requirements of applicable ethics boards, as well as the ethics requirements of funders. Indigenous government and community ethical protocols, and traditional or cultural knowledge policies and protocols, should be followed by researchers.

All research funders should identify ethics requirements of researchers, and demonstrate how ethical requirements are upheld. Funders have a positive obligation to ensure funding recipients have the information and support required to uphold local Indigenous ethical and research protocols and policies.

3. Relationship

Relationship is a core organizing principle of NWT Indigenous cultures and communities. Whether relationship to the land, with each

other, with funders, front line workers, or policy makers, relationship requires attention and should be respected as a central guiding operational assumption. For funders and researchers who do not understand this on Indigenous terms, respecting relationship through actions and listening is a first principle that should have priority.

Funders further their vision, mission and goals by providing funds to, and working with, Indigenous communities and organizations. Funders must view these as partnerships and relationships, rather than top-down transactions.

Partners have emphasized that health and wellness programs and services are rooted in relationship. The design of programs and their implementation rests on respecting, acknowledging, renewing, and formation of relationships: with the land, with each other, between organizations, and with the broader community.

Relationship is the way to build trust. Individuals and communities come to trust the land and each other by being in relationship on the land and in community.

Relationship is based on respect, equality, and the assumption that power is not top down. Power circulates, and funders and policy makers have purpose and roles because of Indigenous peoples existence.

Funders do not own resources; they are tax-based or dedicated resources that have not yet been shared. Funders should not use resources in a way that blocks Indigenous people's control, cultural practices, way of life, or knowledge, in favor of non-Indigenous ones. Administrative policies of funders must meet Indigenous organizations, communities, and individuals where they are at. Onerous administrative tasks should rest with the funder, not Indigenous recipients.

University granting councils and academic funders must recognize the administrative and institutional burdens that working with researchers places on Indigenous governments and communities. Funding should be provided directly to Indigenous governments and communities from granting councils to support their capacity to work with university-based researchers. Funders should clearly communicate and assist Indigenous governments with funding access and to simplify administration.

Cultural safety in program design, funding parameters, provision of programs and services, conduct of research, and with respect to individual interactions is fundamental to building relationship.

4. Truth and Reconciliation

The historical and lived experience of Indigenous peoples has resulted in lack of trust in government across all areas. This is true in health and wellness. This truth should be acknowledged as a basis for moving forward. Policy makers and researchers should approach partnerships by acknowledging this reality, including understanding the context and lived experience of specific communities, and acknowledging responsibility for discontinuing such experiences.

Policymakers cannot make change optional. Institutional laws, regulations, and policies must be reviewed with a view to understanding how they and their

implementation do not, and could, implement UNDRIP. Laws, regulations, and policies must mandate meeting the basic human rights standards contained in UNDRIP, and take corrective action necessary to rebuild relationships, by fixing current approaches that participants describe as being "structurally broken".

Table 1. UNDRIP articles and questions necessary to determine their implementation

Article	Questions
UNDRIP Article 21.1:Socio-economic Conditions	• Is the program improving conditions in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security?
UNDRIP Article 21.2: Indigenous Elders, Women, Youth and Children	• Is the program supported by governments and intended to target the needs of Indigenous Elders, women, youth and children?
UNDRIP Article 23: Social Development and Control	• Does the Indigenous Government control the program content? Are they a meaningful partner in determining it? Do they administer it through their own institution?
UNDRIP Article 24.1: Traditional Medicines and Health Access	• Does the program improve access to health and social services provided by governments? • Does it support maintenance of Indigenous health practices and conserve land-based medicines?
UNDRIP Article 24.2: Health Equity	• Is the program supported by government to generally improve or target specific areas for health improvement?
UNDRIP Article 29: Impacts of Hazardous Materials on Health	• Is government supporting measures for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials?
Additional Articles	• Are there additional UNDRIP articles that should be considered in evaluating how the program or service implements UNDRIP?
Spirit and Intent	• Does the approach include representative Indigenous institutions, as well as Indigenous individuals? • Does the approach provide Indigenous control to the greatest extent possible? • Does the funder privilege Indigenous control, knowledge, and goals, including administrative and reporting requirements, of Indigenous organizations over those of the funder?

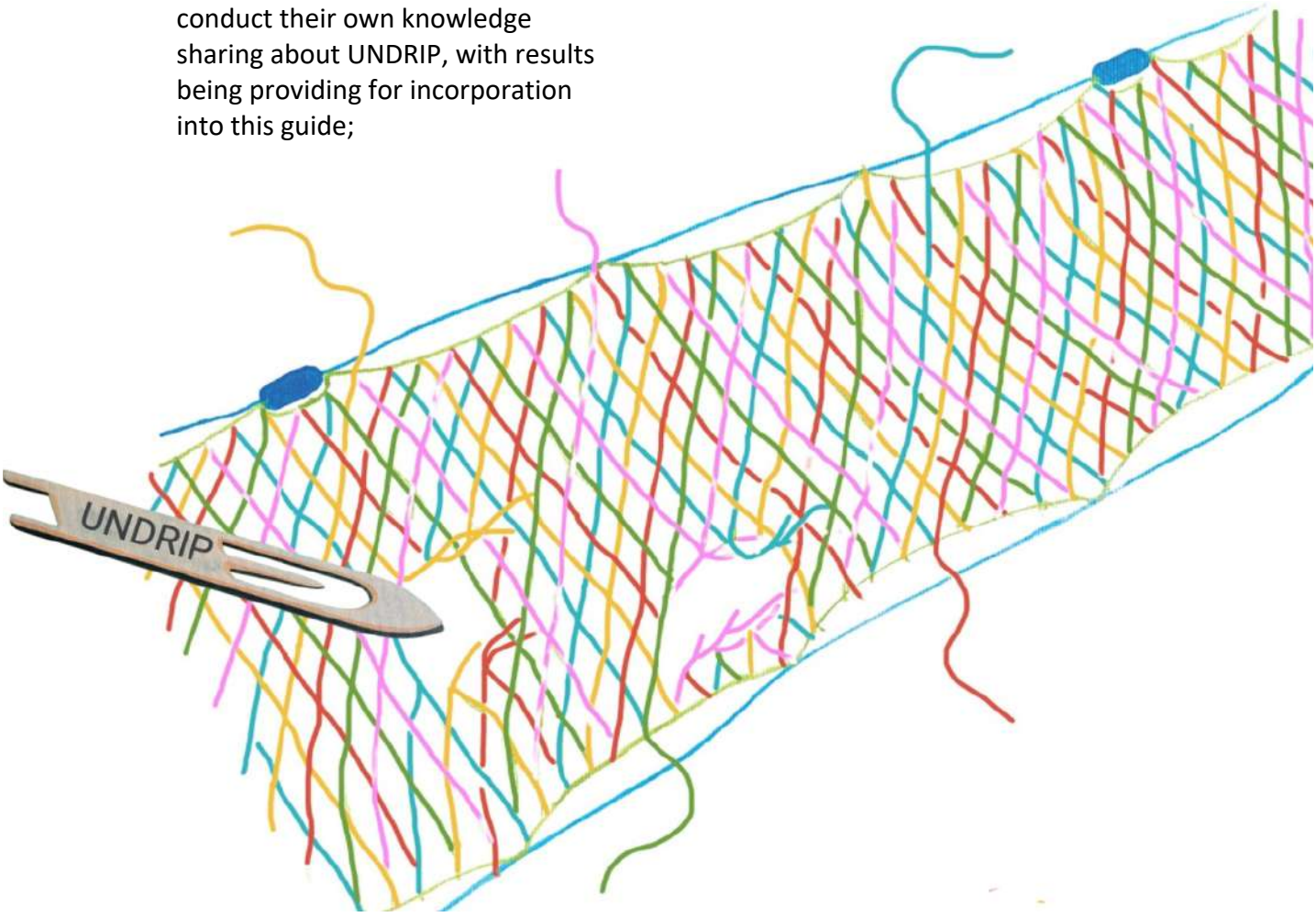
Moving Forward

This report has been issued after initial discussions with NWT partners, and will be further developed over time.

Additional work will include:

- More discussion with partners to share knowledge about implementing UNDRIP;
- Reviewing the RCAP (1986), TRC (2015), and MMIWG (2019) reports to identify and append recommendations, calls to action, and calls to justice relevant to this project;
- Funding for Hotıì ts'eeda partners to conduct their own knowledge sharing about UNDRIP, with results being providing for incorporation into this guide;
- Ongoing development of a database of NWT health and wellness programs and services that implement UNDRIP;
- Working with partners to further develop *Ełet'ànìts'eɔah* to better achieve its purpose based on partner ideas.

Hotıì ts'eeda remains committed to continuing to work with partners to develop the *Ełet'ànìts'eɔah: Implementing UNDRIP in Health and Wellness* initiative, in ways that serve the needs of partners, and support their goals and activities related to UNDRIP.



Evaluation

As part of the Ełet'ànìts'eɔah project, Hotıì ts'eeda committed to undertaking ongoing evaluation activities from the outset. Evaluation activities were intended to inform Hotıì ts'eeda about the extent to which the project was meeting its intended goals, and the extent to which the project development and implementation process were effective. To do this, a simple outcome and process evaluation matrix was developed.

Method

Three feedback mechanisms targeting three different Ełet'ànìts'eɔah groups: Hotıì ts'eeda staff involved in the design and delivery of the sessions; session facilitators and speakers; and session participants.

Information from Hotıì ts'eeda staff and session facilitators/speakers was collected once after the second set of sessions in September via two group debriefs. Each debrief conversation lasted approximately and hour and covered the topics of session preparation, session delivery, and opportunities for improving the sessions.

Information from session participants was collected via a post-session survey, distributed twice; once after the set of sessions in July, and again after the set of sessions in September. The surveys were distributed online via email. Each set of participants was reminded of the feedback survey twice. Information collected through these feedback mechanisms was compiled together with some project administrative data (such as number of participants versus number of invitations sent), and analyzed together.

Results

There were 5 respondents to the participant feedback survey, representing approximately 30% of session participants. Feedback from these participants was overwhelmingly positive. All respondents reported increasing their understanding of UNDRIP following the sessions, with individual responses understanding of the roles of different levels of government in implementing UNDRIP, its potential applications in the north, and the potential from UNDRIP to impact a wide scope of policy and program areas.

When asked about what aspects of the UNDRIP sessions facilitated their increase in knowledge, all participants indicated that the group discussions were effective. Two respondents each reported that the plain language summaries, the presentation material including the video, and the K'àlaàghaa metaphor had supported them in increasing their knowledge of UNDRIP.

Most (four of five) respondents agreed that they had learned about existing community-based health and wellness programs during the sessions, and/or health and wellness research initiatives that support UNDRIP.

One area for improvement is suggested by the result that two of five respondents felt they had learned about NWT-specific contributions to the implementation of UNDRIP during the sessions. This could be an area for Hotıì ts'eeda to specifically highlight at future sessions. Of the respondents who did learn about NWT-

specific contributions to UNDRIP implementation, one pointed to land based programming as an example, and another to community wellness plans.

When asked what guidance or advice they would provide Hotıì ts'eeda, some participants indicated that the approach currently being taken by Hotıì ts'eeda, including sharing sessions and open communication, is important to continue. It was suggested more health care professionals be invited to participate in the sessions, and that participants from outside the health sector also be included. Other comments suggested that non-Indigenous health leaders need to participate in discussions, while another comment suggested working from community wellness plans as a starting point for implementing community-based health and wellness programming that aligns with UNDRIP.

All survey respondents indicated that they would use their new/improved knowledge of UNDRIP in their daily home and work life. Comments expanding on this response indicated that some respondents had reflected on their work practices after the sessions, had reflected on how to frame or position the programs they support or run, or considered how UNDRIP would impact their Indigenous government.

As noted above, debriefing was the approach taken with Hotıì ts'eeda staff and facilitators. While slightly different questions were asked, both groups debriefed on the session preparation and session delivery. For both groups, the session preparation was a very positive and team-based experience. Hotıì ts'eeda staff also noted the benefit of weekly team meetings, the ability of the team to be flexible to adapt the project to circumstances as they arose, including flooding in the Dehcho in the spring and increasing Covid-19 caseloads across the NWT in the late summer and fall.

These circumstances and their impact on projects were the focus of a large part of the Hotıì ts'eeda staff debriefing discussion. Staff noted the challenge of pandemic and Zoom fatigue, and the effect this has on projects across the organization including Ełet'ànìts'eɔah as a challenge to adapt to moving forward for the foreseeable future. Shorter sessions, one-on-one sessions, and more opportunities for connection and debriefing were imagined as ways to combat these challenges for future iterations of the project. Interestingly, while Hotıì ts'eeda staff noted that participation had been much lower than expected, both staff and facilitators felt the small session groups led to productive, rich, and engaging discussions. There was little 'down time' where participants were waiting for opportunities to speak or contribute, and a lot of rich discussion. The engaging nature of the sessions meant they were fatiguing for staff and facilitators, but both groups felt they were successful in light of the feedback and insights generated.

Analysis and Next Steps

Overall, this positive participant feedback suggests that Hotıì ts'eeda is on the right track, especially in terms of content and approach, in the Ełet'ànìts'eɔah project. The sessions have been meeting their goal of improving participant knowledge of UNDRIP, identifying northern applications

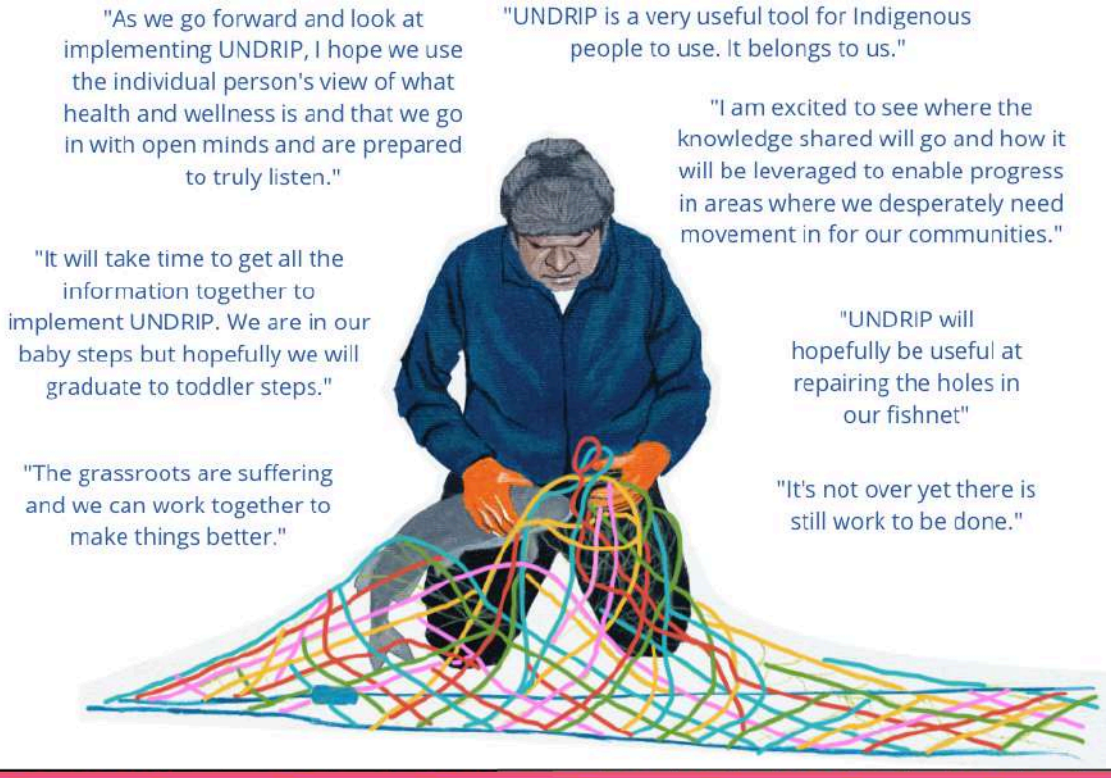
or instances of UNDRIP implementation, and identifying NWT-based programs and services that align with UNDRIP. The sessions could be expanded to a wider audience, with participants from the health care sector and beyond, and non-Indigenous participants invited to future engagement opportunities.

At the same time, the low participant survey response rate means these results may not be representative of all participants. Hotıì ts'eeda can try to gather participant feedback through other tools in future iterations of Ełet'ànìts'eɔah, recognizing surveys are an overused and unpopular tool in the NWT. Built in debriefing opportunities for participants as part of the sessions may be a more effective approach to gather more fulsome participant feedback and could be an opportunity to include check-ins, wellness

discussions, and facilitate relationship building between participants.

Positive feedback from both the staff and facilitator/presenter debriefs also suggest that the project is on the right track; the project planning process is a positive and inclusive one, and those participants who do attend are engaged and providing rich feedback. Yet, the question of participation and engaging a wider group remains.

Different approaches, or multiple approaches, could be used in the future. One-on-one engagements, shorter sessions with built-in debriefing and wellness checks (as mentioned), more general awareness campaigns about UNDRIP or advertising and orientation to the topics were all ideas put forward by the staff and facilitator/speaker debriefs to combat the challenge of unfamiliarity with the topic, low participant recruitment, and general malaise related to pandemic and Zoom fatigue.



Acknowledgements

Masi, hai cho, quyanini to all Hotıì ts'eeda partners and presenters for your participation and assistance in planning the Ełet'ànìts'eɔah initiative. Your willingness to share your stories, insights and ideas is greatly appreciated and an honor. Hotıì ts'eeda would specifically like to extend its thanks to the Elders who attended the sessions, for their knowledge and expertise.

Territorial Advisory Committee / Participants

Cathy Taylor, Délı̨nę Got'ı̨nę Government

Celine Zoe, Tłı̨chǫ Government

Jaqueline Spies, Acho Dene Koe First Nation

Julie Lys, Northwest Territory Métis Nation

Kristen Tanche, Decho First Nation

Margaret McDonald, Sahtú Renewable Resources Board

Susan Keats, Gwich'in Tribal Council

Participants

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Dawn Isaiah, Łíídlı̨ Kų́ę́

Denise McDonald, Gwich'in

Evelyn Storr, Inuvialuit Regional Corporation

Jennifer Picek, Inuvialuit Regional Corporation

Jim Antoine, Łíídlı̨ Kų́ę́

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Deneze Nakehk'o, Łíídlı̨ Kų́ę́

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Rachel MacNeill, Communications and Knowledge Translation Advisor

Lianne Mantla-Look, Patient Engagement Expert

Jullian MacLean, Manager of Training Capacity and Data

Katy Pollock, Project Manager

Marissa Gon, Operations Manager

Linda Burles, Office Administrator

Original Art

Darrell Chocolate, Tłı̨chǫ Artist

Appendix A: Agenda

Agenda: Ełet'ànìts'eɔah Session 1

	ITEM	TIME
1.	Welcome & Introductions	**9:30-9:45**
2.	**Presentation:** Introduction to Ełet'ànìts'eɔah: Implementing UNDRIP in Health	**9:45-9:55**
3.	**Presentation:** UNDRIP is "our K'àlaàghaa".	**9:55-10:05**
4.	**Presentation:** An Introduction to UNDRIP and its Development.	**10:05-10:30**
5.	Break	**10:30-10:40**
6.	UNDRIP Q&A	**10:40-11:30**
7.	Wrap Up and Next steps	**11:30 – 11:45**

Agenda: Ełet'ànìts'eɔah Session 2

	ITEM	TIME
1.	Welcome & Introductions	**1:00-1:05**
2.	Summary of First Session and Agenda	**1:05-1:15**
3.	**Presentation:** UNDRIP Health and Wellness Articles	**1:15-1:30**
4.	Break	**1:30-1:40**
5.	**Discussion 1:** • What health and wellness programs are offered in your region? • Who develops, and operates them?	**1:40-2:25**
6.	Break	**2:25-2:30**

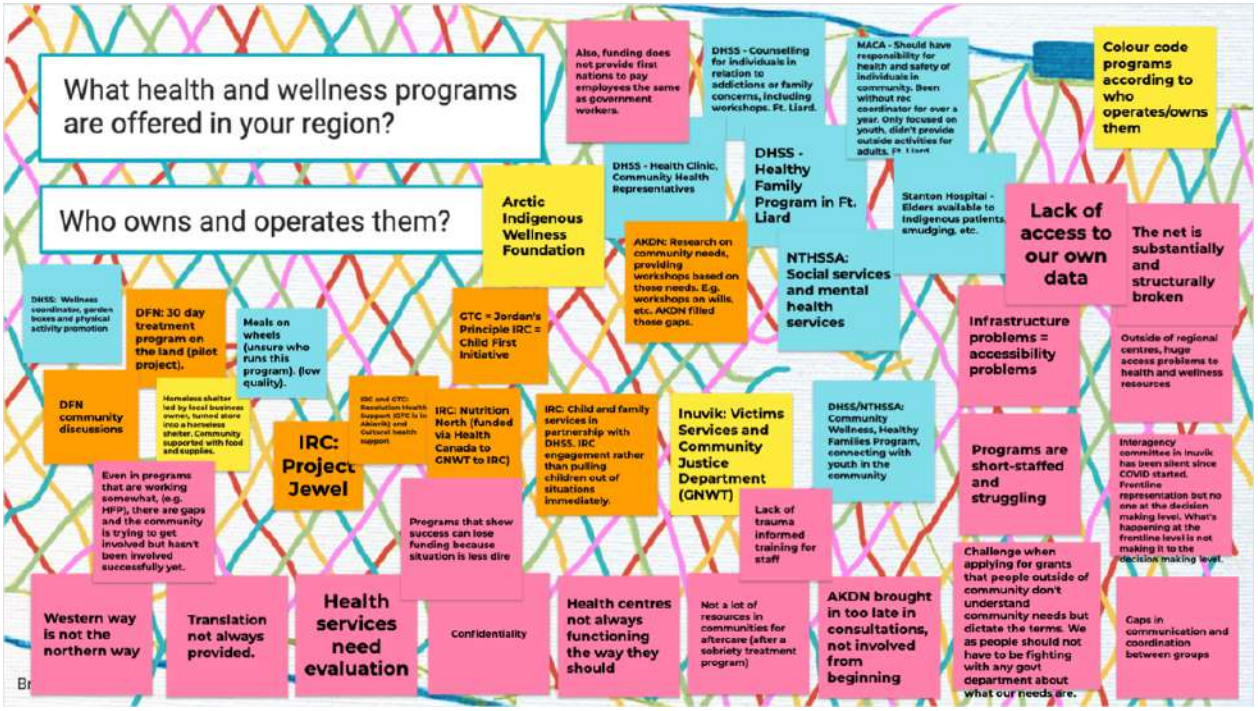
7.	**Discussion 2:** • What are the factors that weaken existing health and wellness programs, services, and research in your region and across the NWT? • What are the gaps in the fishnet (UNDRIP articles) in relation to health and wellness programs, services and research in your region and across the NWT?	**2:30 – 3:15**
8.	Wrap Up and Next steps	**3:15 – 3:30**

Agenda: Ełet'ànìts'eɔah Session 3

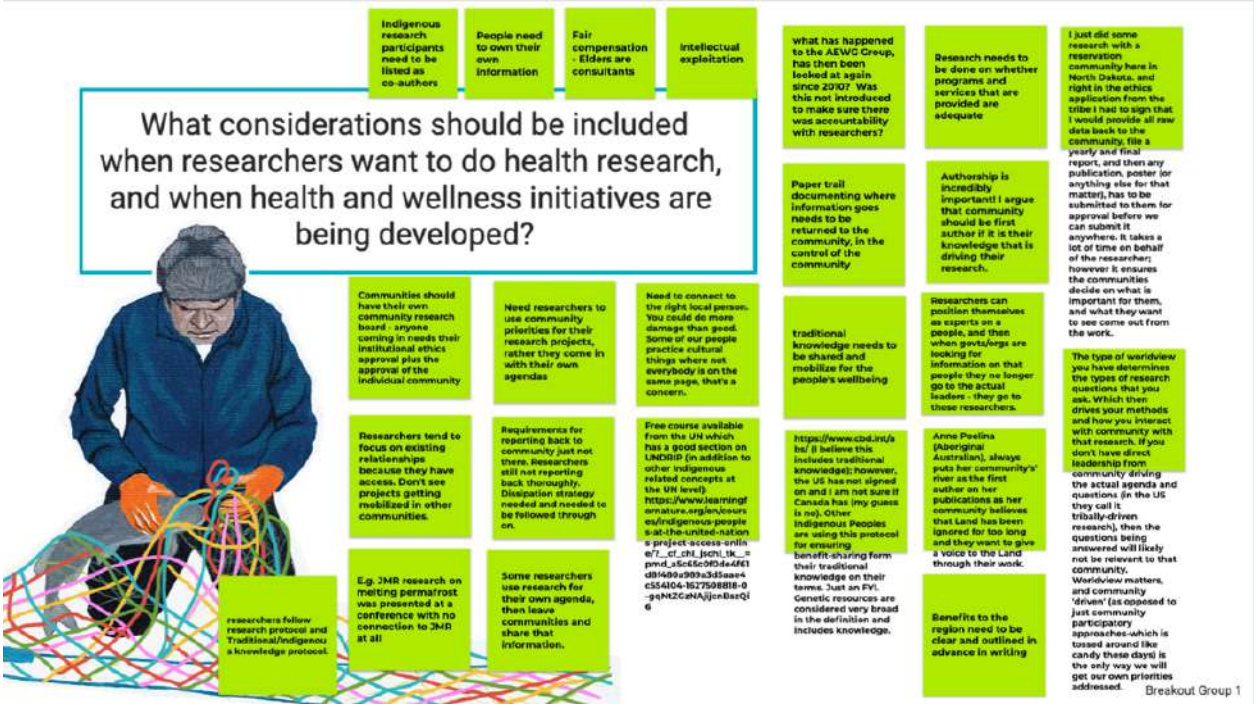
	ITEM	**TIME**
1.	Welcome & Introductions	**9:00-9:10**
2.	Summary of Second Session and Agenda	**9:10-9:20**
3.	Synthesis of Programs Identified During Session 2	**9:20-9:35**
4.	Break	**9:35-9:45**
5.	**Discussion 1:** • Consider the themes, principles, approaches and can we identify ones that are common, ones that are unique?	**9:45-10:15**
6.	Break	**10:15-10:25**
7.	**Discussion 2:** • What considerations should be included when researchers want to do health research, and when health and wellness initiatives are being developed?	**10:25 – 11:10**
8.	Wrap Up and Next steps	**11:20 – 11:30**

Appendix B: Jamboard Slides

Slide: July Session 2, Discussion 1



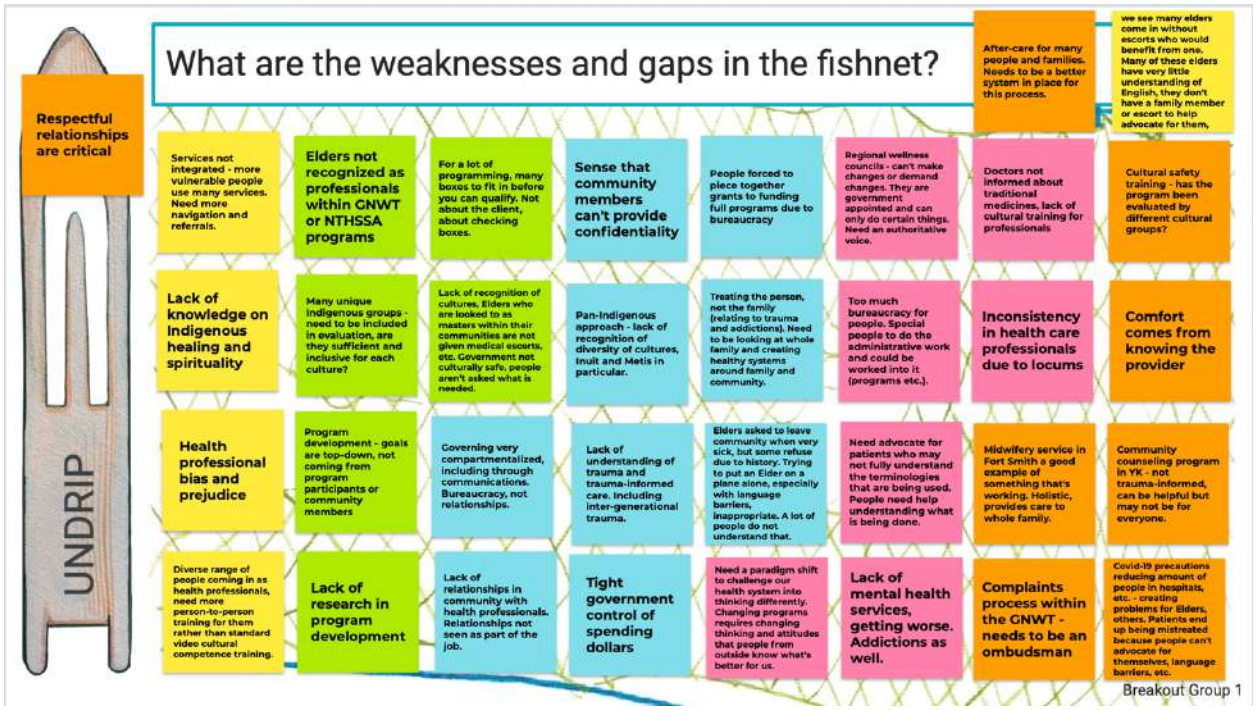
Slide: July Session 3, Discussion 1



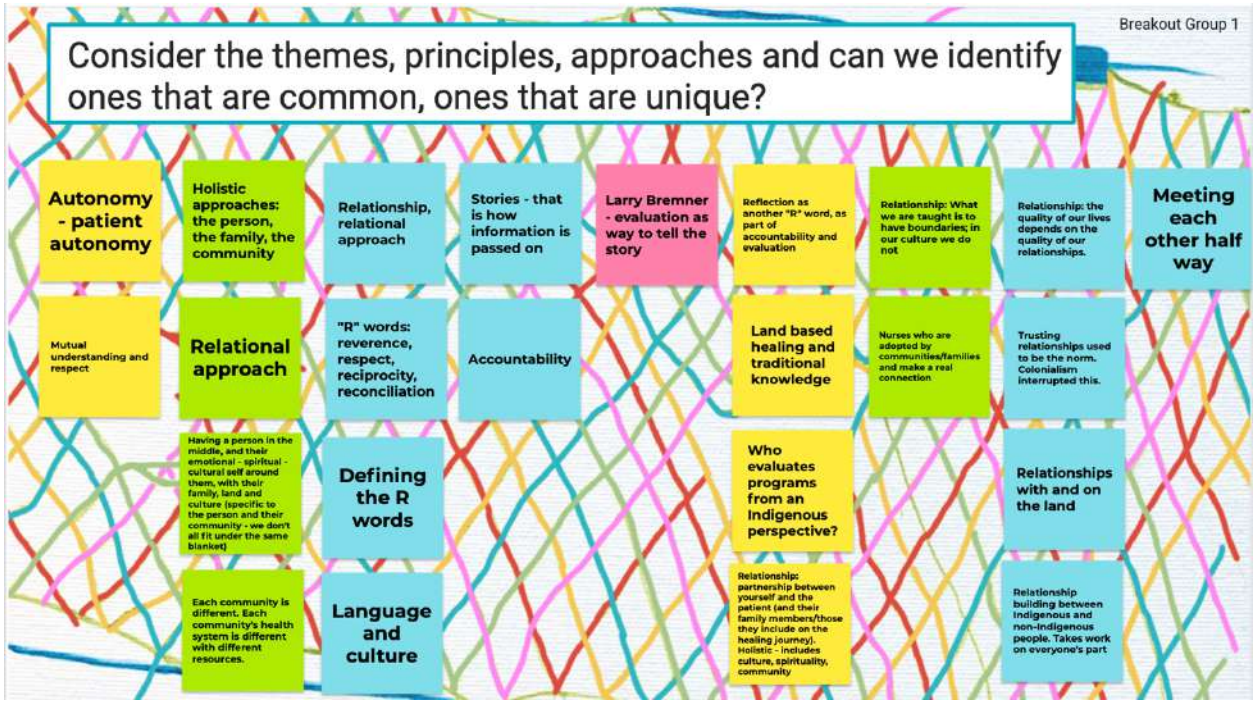
Slide: July Session 3, Discussion 2

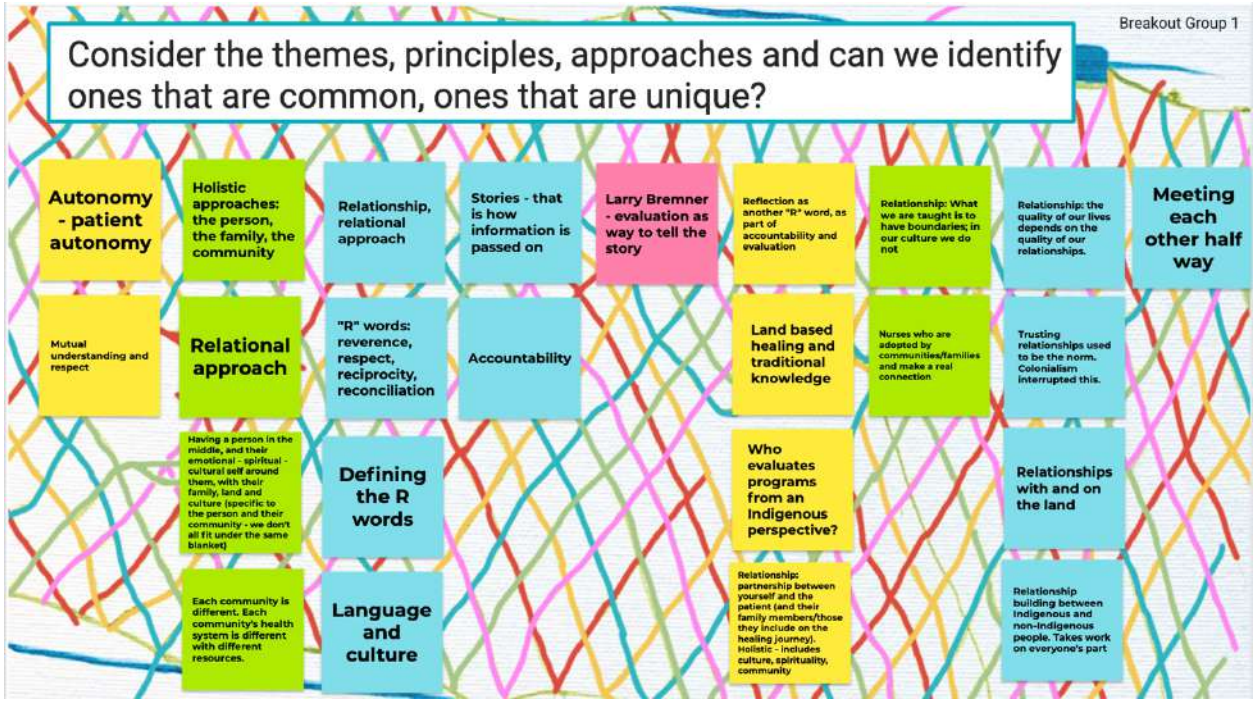
Slide: September Session 2, Discussion 1

Slide: September Session 2, Discussion 2

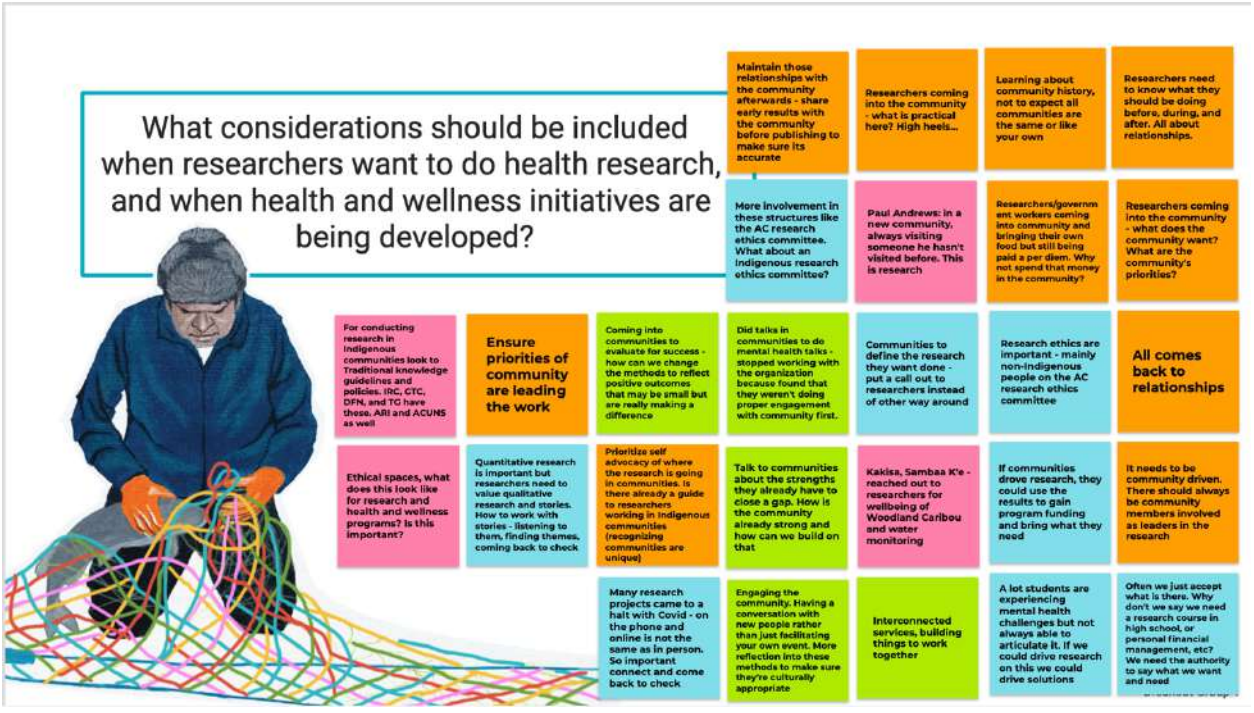


Slide: September Session 3, Discussion 1

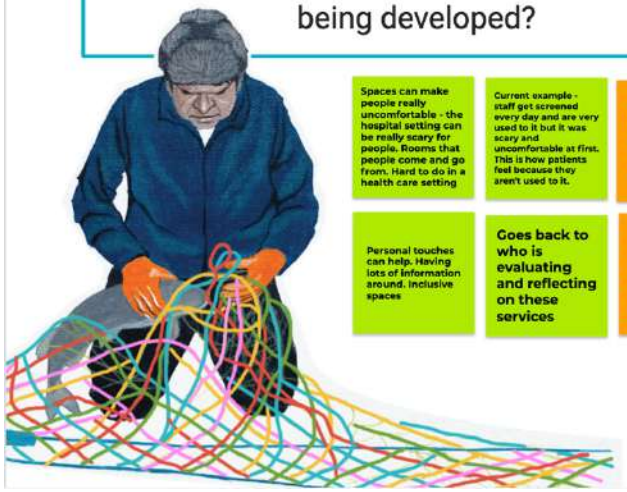




Slide: September Session 3, Discussion 2



What considerations should be included when researchers want to do health research, and when health and wellness initiatives are being developed?



- Spaces can make people really uncomfortable - the hospital setting can be really scary for people. Rooms that people come and go from. Hard to do in a health care setting
- Current example - staff get screened every day and are very used to it but it was scary and uncomfortable at first. This is how patients feel because they aren't used to it.
- Health care professionals need to learn to be comfortable in spaces where they don't hold the control.
- **To make a space safe - bring food that people will want!**
- Government appointment positions and committees. Stanton Territorial Elders Committee that had set up safe spaces /recommended these things
- Who is evaluating or has the authority to commission / require evaluation
- Personal touches can help. Having lots of information around. Inclusive spaces
- **Goes back to who is evaluating and reflecting on these services**
- As a home care professional - you can work with any space to make it appropriate to provide treatment. You can meet people where they're at.
- At many universities there are now cultural rooms. Space that people can feel comfortable in.
- **Considering setting up a space like this in a hospital or health care setting**
- **Can we look at reinstating an Elders' Counsel - with authority and autonomy**

Breakout Group 2