



Applying a Seven Generation Continuum of Care in First Nations Healthcare:

Factors and Considerations





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Applying a Seven Generations Continuum of Care in First Nations Healthcare:

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Executive Summary

This report, *Applying a Seven Generations Continuum of Care in First Nations Healthcare: Factors and Considerations*, summarizes the Assembly of First Nations' (AFN) work and activities related to Resolution #19/2019, *Developing a Seven Generations Continuum of Care for First Nations*, by First Nations of Health, Economic, and Social Services.

A Seven Generations Continuum of Care (7GCOC) approach is a strengths-based, wholistic, and collaborative approach to health and healthcare that is grounded in First Nations' ways of knowing and wellness across the lifespan and generations. It privileges meeting the health needs and priorities, as defined by First Nations Peoples, families and communities. This wholistic wellness approach involves continuous, comprehensive, coordinated, multidisciplinary, and seamless wraparound services and supports for individuals as they grow and their needs for care change throughout their lifespan.

The aim of this report is to support First Nations in advancing self-determined continuum of care priorities and improving the quality of healthcare that honours and respects First Nations' values, cultures, and wholistic care practices. It has been developed as an accessible self-advocacy document (or tool) to be used by First Nations when engaging in dialogue and/or negotiating agreements with government and related organizations that affect the healthcare priorities of their communities. It draws upon, highlights, and references all other documents related to Resolution #19/2019 and to the continuity of care.

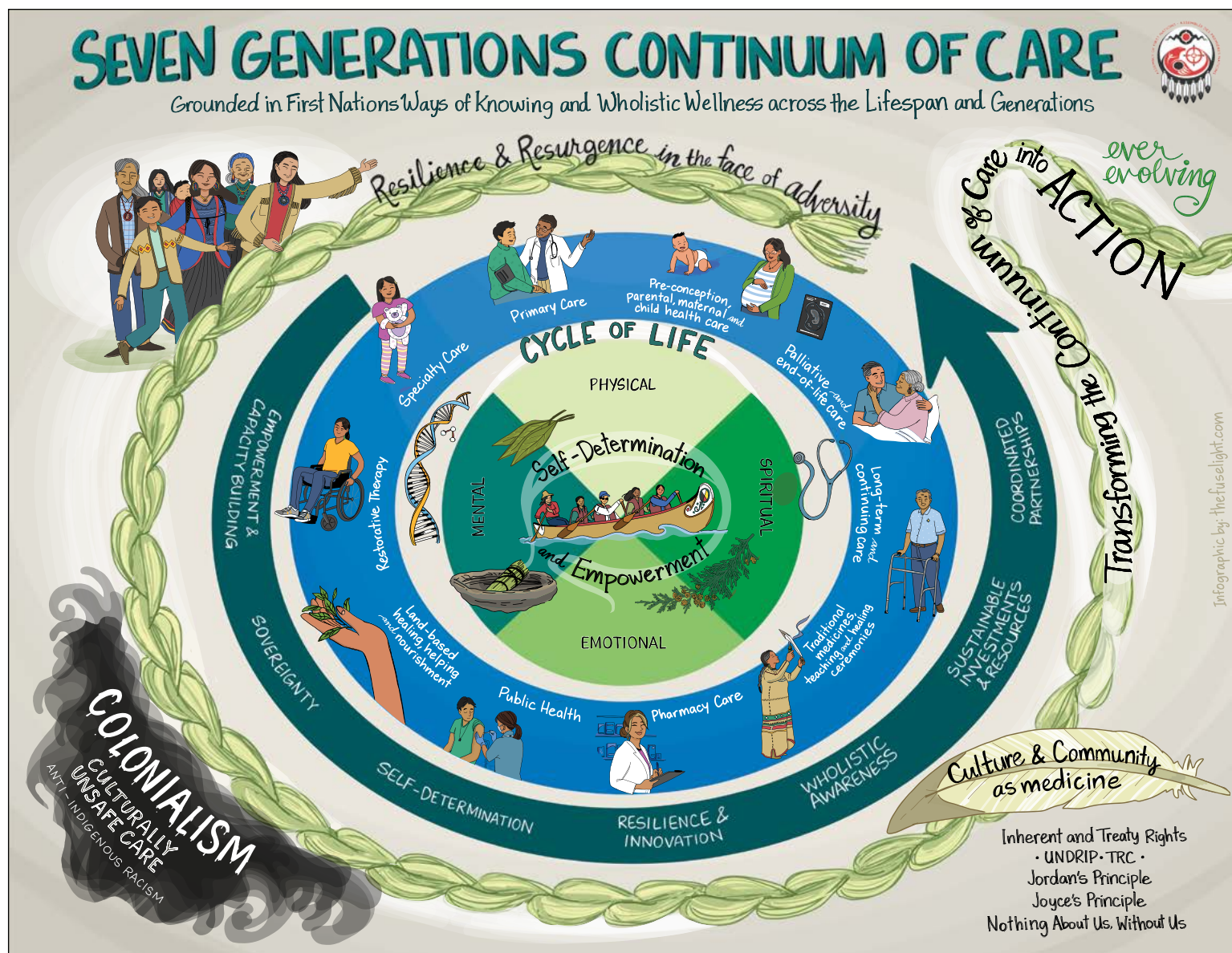
As part of this summary document in this series related to Resolution #19/2019, the AFN developed an infographic titled "Seven Generations Continuum of Care" ([page 4](#)). It provides a visual framework to understand how First Nations Peoples' health and wellbeing are affected along the life cycle. Each element on this continuum will be shown to be integral to achieving a 7GCOC. It will be useful for the reader to refer back to this framework throughout the four different sections of the report.

- Part 1** Overview of the AFN's activities on Resolution #19/2019 and describes the importance of applying a 7GCOC approach for First Nations Peoples
- Part 2** Provides the context and landscape to situate First Nations' health and wellness, including demographics; guiding principles; national and international agreements, legislation and commissions; and social determinants of health
- Part 3** Defines the ten components of healthcare throughout the cycle of life, as defined by the "Seven Generations Continuum of Care" infographic, along with First Nations-led innovative practices within each component
- Part 4** Summarizes the AFN's commitment to wholistic wellness and a call to advance First Nations-led health systems





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Seven Generations Continuum of Care Infographic: The self-determination and empowerment of First Nations peoples are central to the Seven Generations Continuum of Care. Building from this foundation, the visual illustrates the interconnected stages of care from pre-conception to end-of-life, grounded in First Nations worldviews and strengths-based approaches. Surrounding elements reflect broader factors and considerations that guide implementation and action.



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Part 1 - Introduction and Overview

The Assembly of First Nations (AFN) has been working on a First Nations Seven Generations Continuum of Care (7GCOC) since the 2019 Annual General Assembly (AGA) held in Fredericton, New Brunswick. At this event, the First Nations-in-Assembly passed AFN Resolution #19/2019, *Developing a Seven Generations Continuum of Care for First Nations, by First Nations of Health, Economic, and Social Services*.

A continuum of care approach in healthcare provides people with the kind of support and services they need for their health or well-being at every stage of life. It offers care that allows a person to move fluidly from one type of help to another, such as from a hospital to home care, or from short-term treatment to long-term support. It intends to ensure everyone can get the care they need, when they need it. A First Nations continuum of care enhances this approach as it centres and integrates First Nations values, cultures, and wholistic care practices across all services, and at all stages of the cycle of life.

This report, *Applying a Seven Generations Continuum of Care in First Nations Health: Factors and Considerations*, provides an overview of the series of documents authored by the AFN related to Resolution #19/2019. It is divided into four parts, each with a particular focus on the elements of a “Seven Generations Continuum of Care” framework ([refer to page 4 of Executive Summary](#)).

- Part 1** Overview of the AFN’s activities on Resolution #19/2019 and describes the importance of applying a 7GCOC approach for First Nations Peoples
- Part 2** Provides the context and landscape to situate First Nations’ health and wellness, including demographics; guiding principles; national and international agreements, legislation and commissions; and social determinants of health
- Part 3** Defines the ten components of healthcare throughout the cycle of life, as defined by the “Seven Generations Continuum of Care” infographic, along with First Nations-led innovative practices within each component
- Part 4** Summarizes the AFN’s commitment to wholistic wellness and a call to advance First Nations-led health systems

Who should use the report?

The aim of this report is to support First Nations in advancing self-determined continuum of care priorities and improving the quality of healthcare that honours and respects First Nations’ values, cultures and wholistic care practices. It has been developed as an accessible self-advocacy document (or tool) to be used by First Nations when engaging in dialogue and negotiating agreements with government and related organizations that affect healthcare priorities for their communities. It can also be used by those with a vested interest in:

- developing First Nations-led and informed healthcare programs, resources and strategies specific to the priorities of First Nations Peoples;
- funding healthcare programs, resources and strategies that reflect priorities and culturally informed healthcare practices of First Nations Peoples relative to the continuum of care; and
- engaging in, or for those who would like to adapt, scale and apply, the 7GCOC based on specific priorities of First Nations Peoples.



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AFN Resolution #19/2019 and Activities

AFN Resolution #19/2019 mandates for a wholistic approach in developing a continuum of health and health-related supports and services, replacing a program-by-program approach. With the intention of addressing long-standing and growing gaps in health outcomes amongst First Nations individuals, families, and communities, it supports a vision for improved wholistic health and wellness for First Nations Peoples across the country. The resolution calls upon Indigenous Services Canada (ISC) to support a wholistic continuum of care approach - one that works across sectors - to support First Nations individuals as they move through all stages of life, and that will be carried forward to benefit seven generations in the future.

The AFN has actively worked to advance Resolution #19/2019. This has included hosting national in-person and virtual discussions; cross sectoral information sharing; the development of recommendations; and reporting on options, approaches, and promising practices for a 7GCOC. Proceedings from this work are found in the following reports, all of which are publicly available, and will be briefly overviewed below.

- [2020 Options for a First Nations 7 Generations Continuum of Care Document for Discussion](#)
- [2022 Report on the AFN Seven Generations Continuum of Care Virtual Forum](#)
- [2022 Our Right to Health: First Nations' Perspectives Across the Generations](#)
- [2023 Report on the AFN Sharing Honouring Practices in the Continuum of Care: First Nations Palliative and End-of-Life Care National Roundtable](#)

The **2020 Options for a First Nations 7 Generations Continuum of Care Document for Discussion** defined a continuum of care, noted the supportive national and international legislative context for a 7GCOC, provided characteristics and examples of Indigenous-centred continuum of care models, core principles, designs, and options of a 7GCOC. Importantly, the paper laid the foundation for understanding that a continuum includes both continuity and coordination of care, and how they complement one another. Continuity of care, in this context, reflects the extent to which a series of health interventions, services or events are experienced by clients as interconnected and coherent, and which are consistent with their health needs and preferences. Care coordination means that there has been a proactive approach to bringing together healthcare providers, so that the unique client's needs are fully met, and care is integrated across various settings. As well this document proposed two models for the 7GCOC:

(1) An Essential Continuum Model. An Essential Continuum Model focuses on the integration of services whereby a continuum of care is created through collaboration and networking of organizations without financial pooling of resources across multiple jurisdictions, tri-partite agreements or legislation. This model involves First Nations governments developing agreements, protocols and understandings with neighbouring First Nations, non-Indigenous communities, provincial/territorial governments, regional health authorities, hospitals and providers for defined services.

(2) An Aspirational Continuum Model. An Aspirational Continuum Model aligns with the spirit and intent of the *Royal Commission on Aboriginal Peoples* and the *Commission on the Future of Healthcare in Canada (Romanow Report)* where First Nations governments administer the majority of health services to their communities similar to regional health authorities in provinces/territories with corresponding legislation, agreements, policies and protocols.



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A 3-day AFN *Seven Generations Continuum of Care Virtual Forum* was hosted in 2022. The goal was to bring together community members, regional and national First Nations organizations and speakers to showcase their current work in wellness initiatives and their culturally grounded solutions, while reflecting the Seven Generations Principle of a holistic continuum of care approach.

In 2022, the AFN developed *Our Right to Health: First Nations' Perspectives Across the Generations*. This report focused on First Nations' perspectives and experiences on home, community, and long-term care; identifies priorities and needs of First Nations in the continuum of care that can occur at any age across the lifespan and the generations; and shared specific recommendations to support and fund the self-determined continuum of care needs and priorities of First Nations Peoples.

The 2023 *Sharing Honouring Practices in the Continuum of Care: First Nations Palliative and End-of-Life Care National Roundtable* report resulted from facilitated discussions with AFN staff, a Knowledge Keeper, and numerous First Nations representatives from across the country. The roundtable served as a platform for knowledge sharing, collaboration, and progress in advancing First Nations palliative and end-of-life care.

Applying a Seven Generations Continuum of Care in First Nations Healthcare: Factors and Considerations

This current report, *Applying a Seven Generations Continuum of Care in First Nations Healthcare: Factors and Considerations*, is the summary of activities related to Resolution #19/2019. It is a commitment to transforming the continuum of care into action and advocating to improve the health and wellness of First Nations for seven generations to come.

As part of the suite of resources related to Resolution #19/2019, this report will draw upon, highlight, and reference all other documents related to this resolution. It will also pull from information shared and gathered from the AFN's [First Nations Policy Recommendations for the Development of a Wholistic Long-term and Continuing Care Framework: The Reform of the First Nations and Inuit Home and Community Care and Assisted Living Programs](#) (2024).

The essence of the Seven Generations Continuum of Care lies in its proactive commitment to future generations, ensuring sustainable, wholistic health practices that honour and incorporate ancestral knowledge and sovereignty as determined by First Nations themselves.

Importance of Applying a Seven Generations Continuum of Care Approach

A 7GCOC is a strengths-based, wholistic and collaborative approach to healthcare that is grounded in First Nations' cultures and ways of knowing and wellness across the lifespan and generations. It places importance on meeting the health priorities, as defined by First Nations Peoples, families and communities. This wholistic wellness approach involves continuous, coordinated, multidisciplinary, and seamless wraparound services and supports for individuals as they grow and their needs for care change throughout their lifespan. Part of achieving this involves the integrated delivery of services from



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various healthcare professionals and specialists, ensuring that care is accessible, available, consistent, and timely, regardless of a person's geographical location in Canada.

First Nations wellness, health promotion and illness prevention are supported through traditional medicines and healing practices, often rooted in land-based knowledge systems. First Nations Peoples are at the center of determining how to stay well and care for themselves, their families, and communities at various stages of the life cycle, emotionally, spiritually, mentally and physically. This approach is distinct from mainstream healthcare.

A 7GCOC includes a full recognition of traditional medicines, teachings and healing ceremonies, and the roles, skills and knowledge of First Nations Peoples related to their own healthcare delivery. This approach also shifts the language from "patient", or one who is vulnerable/sick/or with a disease, to "client" which more aptly recognizes an individual's active role and agency to engage collaboratively in their health journey. This shift in terminology aims to empower individuals without negating the care and sensitivity required in addressing their health needs.





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PART 2 - Context and Landscape

To transform the 7GCOC into action, it is important to start with a baseline understanding of how the health and wellness of First Nations individuals, families and communities may be influenced and determined. Following a brief overview of First Nations' demographics, the national and international agreements, legislation and commissions will be provided. It will then highlight the social determinants of health and provide additional First Nations' specific considerations for a 7GCOC.

Demographics

There are over 630 First Nations across Canada, representing a great diversity of cultures, languages, teachings, histories, kinship systems, and traditional knowledge and healing practices, to name but a few. There are also unique economic, governance, and infrastructural differences between First Nations, largely dependent on geographic location.

According to the 2021 Census, there are now more than 1 million First Nation Peoples (1,048,405) in Canada. This population is ever-increasing, with a growth rate of 9.7% between 2016 and 2021, compared to 5.3% amongst the non-Indigenous population. By 2041, it is expected that the First Nations population may reach upwards of 1.8 million. While the First Nations population remains consistently younger than the non-Indigenous population (33 versus 42), there is also a growing senior population, 1 in 6 First Nations individuals are over the age of 65.

First Nations Peoples continue to face significant health disparities compared to non-Indigenous populations, including higher rates of chronic illnesses, disabilities, and mental health challenges. These potentially life-limiting disparities can be exacerbated based on where one resides and the ability to access culturally safe, trauma-informed healthcare. Geographically, there are First Nations in all ten provinces, the Yukon, and the Northwest Territories, with many considered rural, remote, northern, and isolated – as well as those in southern, urban areas – all with varying population sizes. While 40% of First Nations individuals continue to live on reserve, there is a notable movement of First Nations people to urban areas (60%).

7GCOC Guiding Principles

The 7GCOC is guided by the principles of respecting First Nations' Inherent and Treaty Rights, sovereignty, and collaborative and ongoing efforts to address historical injustices and persistent disparities in health outcomes. Of significance, the Treaty Right to Health, established by oral and written promises negotiated as part of the numbered Treaties in Canada, guarantees full and universal medical care to First Nations, but also non-interference with their traditional medicines and practices.

It is important to understand demographics because what might be best practice for the 7GCOC in one First Nation, may not be the same for another First Nation. It will be imperative to look to the specific needs, priorities, resources, location, infrastructure, and capacity within each community when applying a 7GCOC approach.



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"First Nations health systems follow a natural continuum of care that is based on the cycle of life, from pre-pregnancy to death, that weaves in our medicines and teachings.

While there is no single definition of First Nations wellness, there is a shared understanding of the interconnectedness between the physical, mental, emotional, and spiritual realms and the understanding that these are shaped by the environment in which we live."

AFN's response statement to the Chief Public Health Officer of Canada's 2021 Report on the State of Public Health in Canada

A First Nations-led and informed 7GCOC approach is strengths-based and grounded in culture to inspire, protect and support individual and collective wellness and health. This approach encourages resilience and resurgence and ensures that healthcare systems resonate with the distinct priorities of First Nations.

For First Nations, the concept of health is wholistic and often expressed as circular, where all aspects of well-being including, physical, mental, emotional, and spiritual dimensions, are interconnected. At the center of the circle are the people, empowered and determined by their strengths and relationships to family and community, to culture, healing, knowledge systems, and an enduring connection to the land – all of which are considered medicine.

To improve the health and wellness of First Nations Peoples, it is essential to integrate equity, diversity, and inclusion into the 7GCOC. This requires creating culturally safe and inclusive environments that welcome, embrace, and respect all First Nations Peoples from diverse backgrounds, with unique wellness needs and lived experiences.

National and International Agreements, Legislation, and Commissions

For decades, national and international discussions and reports have resulted in recommendations, articles, Calls to Action, and Calls for Justice to improve the health and well-being of First Nations (as well as Inuit and Métis Peoples). These include the following, which will be briefly described below:

- Royal Commission on Aboriginal Peoples
- Royal Commission on the Future of Healthcare in Canada
- United Nations Declaration on the Rights of Indigenous Peoples
- Truth and Reconciliation Commission of Canada
- National Inquiry into Murdered and Missing Indigenous Women and Girls
- Accessible Canada Act
- Jordan's Principle
- Joyce's Principle
- Nothing About Us Without Us



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Royal Commission on Aboriginal Peoples

In 1996, the landmark Royal Commission on Aboriginal Peoples (RCAP) released a final report including 440 recommendations, primarily focused on closing the persistent socio-economic challenges faced by Indigenous Peoples in Canada and to improve these conditions within a 20-year timeframe. Recommendations for health and healing were visionary and aspirational, spanning a network of healing centres, government legislation supportive of health sector integration, formation of regional Indigenous planning bodies, and a comprehensive approach to increasing Indigenous health human resources. Though many recommendations from RCAP were never implemented, they continue to be complementary to action a 7GCOC that is wholistic, First Nations controlled, based on First Nations' worldviews, and that is fully integrated into mainstream healthcare.

Royal Commission on the Future of Healthcare in Canada (Romanow Report)

The 2002 Romanow Report, led by Roy Romanow focussed on the future of healthcare in Canada. Of the recommendations, Indigenous health funding was to be consolidated from all sources and be pooled into Indigenous health partnerships. These would be managed to promote health services for Indigenous people. These partnerships would have a broad mandate, encompass all levels of health services, and increase recruitment and training strategies.

United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

In 2016, the Government of Canada fully adopted UNDRIP without qualification. Subsequently, in 2021, Canada passed Bill C-15: *An Act Respecting the United Nations Declaration on the Rights of Indigenous Peoples*, making UNDRIP part of Canadian law. This legislation establishes UNDRIP as a legally binding framework which sets the minimum standards for the survival, dignity, security, and well-being of Indigenous Peoples. UNDRIP is a strong legislative instrument to demand and protect Indigenous rights, including the right to health and wellness. Of the 46 articles of UNDRIP, five directly address health, including the right to health, traditional medicines and practices, environmental protection and intellectual property associated with traditional knowledge. The following articles resonate with the multi-jurisdictional, complex health and social environment in which a 7GCOC will need to navigate:

Article 18: Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.

Article 19: States shall consult and cooperate in good faith with the Indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.

Article 21(1): Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.



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Article 21(2): States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.

Truth and Reconciliation Commission of Canada (TRC)

The TRC was established in 2008 with the purpose of documenting the history and lasting impacts of Indian Residential Schools on Indigenous students and their families as well as informing and educating Canadians on this history and its legacy. In 2015, the final report along with 94 “Calls to Action” were released. Although all the broad reaching Calls to Action will have a substantive impact on the wellness of Indigenous Peoples when fully enacted, #18 – 24 speak specifically to improving the health of Indigenous Peoples and the health system in Canada that serves them. These are included in full for reference below:

#18 We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

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

#20 In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

#21 We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

#22 We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

#23 We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- iii. Provide cultural competency training for all health-care professionals.



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- #24** We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the *United Nations Declaration on the Rights of Indigenous Peoples*, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.
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National Inquiry into Murdered and Missing Indigenous Women and Girls

The National Inquiry into Murdered and Missing Indigenous Women and Girls (MMIWG) report is a primer for a fulsome, respectful and comprehensive societal response to the tragedy of the violence against Indigenous women and girls in Canada society, with recommendations directed at all levels of government and Indigenous organizations. The final report includes 231 Calls for Justice directed at governments, institutions, social service providers, industries and all Canadians. Of these, specific calls were made to improve the health and wellness of Indigenous women, girls, and 2SLGBTQIA+ people which are in line with the 7GCOC.

Broadly, these include adequate, stable, equitable, and ongoing funding for accessible, barrier-free, Indigenous-centred, community-based, culturally-appropriate, trauma-informed, wraparound, and wholistic health services that meet the needs of Indigenous Peoples, regardless of where they live. It also recognizes that health services for Indigenous People are most effective when designed and delivered by Indigenous Peoples, or in partnership with Indigenous communities and are consistent with practices, worldviews, cultures, languages, and values of the communities being served.



For 2SLGBTQIA+ individuals, a 7GCOC ensures their unique lived experiences are valued and supported throughout their life journey and that care respects all of their identities and experiences.

The Accessible Canada Act

The recent introduction of the Accessible Canada Act (ACA) in 2019 stemmed from Canada's ratification of the *United Nations' Convention on the Rights of Persons with Disabilities* (CRPD), in 2010. The aim of the ACA is to create a barrier-free Canada by 2040 and has far-reaching implications for First Nations. All people deserve fair and equitable access to opportunities, environments, and resources; however, some First Nations Peoples face more barriers than others in this regard. Due in part to colonization, many individuals continue to experience challenges related to accessibility, including falling through the cracks of the current system that is not culturally responsive and supportive to their unique and distinct accessibility needs. Embedding an accessibility and disability lens in the 7GCOC supports the human rights of First Nations people living with disabilities, aligned with the CRPD. It ensures accessibility, inclusivity and respect for the rights and dignity of First Nations persons with disabilities throughout the life cycle.



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Jordan's Principle

Named in honour of Jordan River Anderson, a child from Norway House Cree Nation in Manitoba, who born with complex health conditions, died at the age of five without ever having lived at home. Provincial and federal governments spent years disputing who was to cover his care needs, even though he had been approved to be discharged from hospital. Jordan's Principle is a child-first principle to ensure that First Nations children have access to the services and supports they need to thrive, eliminating jurisdictional gaps, delays, or denials in provision of care. While Jordan's Principle specifically applies to children, its underlying values have informed broader conversations about equitable, community-based care for all First Nations individuals across the life course, ensuring that those with special gifts and needs remain in their communities surrounded by their families, culture, languages, and land.

Joyce's Principle

Joyce Echaquan, a 37-year-old Atikamekw woman from Manawan, died on September 28, 2020, while seeking emergency care at the Joliette Hospital in Saint-Charles-Borromée, Quebec. Over the course of two days, she experienced profound discrimination and racism from attending health professionals. In her final hours, she livestreamed these interactions. [Joyce's Principle](#) was developed in November 2020 by the Council of the Atikamekw of Manawan and the Council de la Nation Atikamekw to guarantee all Indigenous people the right to "equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health. It also requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health" (p. 10).

Nothing About Us Without Us

First Nations are the experts on their unique health needs, priorities, and circumstances. The concept of *nothing about us, without us* recognizes that First Nations are the most qualified to articulate, plan, and lead programs and services to meet their own health priorities and needs. This means that First Nations must meaningfully inform the development and roll-out of provincial/territorial and federal legislation and policies that impact the health and wellness of individuals, families and communities across the continuum of care.

Social Determinants of Health

The social determinants of health have often been described as the circumstances or conditions in which people are born, grow, work, live, and age. The health and well-being of individuals, families and communities can be influenced, either positively or negatively, depending on the social determinant of health. For example, when there is economic development, housing, access to social and health services, employment, food security, social justice and equity, and education and training, these conditions can favour the health and wellbeing of individuals, families and communities. When these are lacking, the physical, mental, emotional, and spiritual well-being of individuals, families, and communities may become compromised.



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For First Nations, there are specific determinants of health that impact their wellness. These are shown in the left bottom quadrant of the “Seven Generations Continuum of Care” infographic ([refer to page 4 in the Executive Summary](#)). For First Nations, colonialism and colonial laws, policies and practices have profoundly shaped and influenced their health outcomes and shifted the balance of mind, body, spirit, and emotions. Colonialism, as expressed through the Indian Act, residential schools, day schools, racially segregated Indian hospitals, and the 60s Scoop have all left lasting health and intergenerational impacts on the lives of First Nations. They set in motion substandard care for First Nations Peoples which has resulted in their deep mistrust in both governmental policies and the mainstream healthcare system. Coupled with culturally unsafe care, anti-Indigenous racism, social exclusion, and geographic location and isolation, these ongoing forces, structures, and systems shape the conditions of daily life, and the continuum of care throughout the life cycle, for many First Nations Peoples.

To counter these, when healthcare and social services are equitable, accessible, available, and timely, and are culturally safe, trauma-informed, and barrier-free for all First Nations Peoples regardless of where they reside or their abilities, health outcomes will be improved. As well, self-determination, self-reliance, increasing First Nations health human resources, the provision of healthcare at home and in community, and ensuring that culture, language, traditional knowledges, and land-based medicines and healing practices are embedded, can be viewed as First Nations-specific determinants of health.

First Nations Peoples demonstrate resilience and resurgence as they continue to navigate the gaps and hurdles of a fragmented healthcare system in Canada. Resilience and resurgence are strengths-based processes that focus on what is working well - particularly actions that are First Nations-led and informed. Social networks and supports, for example, are significant to resilience and resurgence. Connections with immediate and extended family, Elders, Knowledge Keepers, Medicine People, Healers and other community members serve as protective factors to counter adversities, as do traditional teachings, healing ceremonies and protocols.

First Nations’ specific considerations for a 7GCOC

To improve the health and wellness of First Nations Peoples, it is essential to integrate equity, diversity, and inclusion into the 7GCOC. This requires creating culturally safe and inclusive environments that welcome, embrace, and respect all First Nations Peoples from diverse backgrounds, with unique wellness needs and lived experiences. In line with the strengths-based First Nations-specific determinants of health and the national and international agreements, legislation, and commissions, there are additional First Nations-specific considerations that are foundational for transforming a 7GCOC into action. These interconnected considerations wrap around the health services throughout

“Canadians may associate the hospital waiting room with little discomfort. They may anticipate the outcome of their appointment, but generally they have full confidence that the healthcare system will coordinate a follow-up and provide reasonable next steps. In contrast, many First Nations Peoples have a different view when accessing and navigating the healthcare system in Canada. They may experience inequity, anti-Indigenous racism, culturally unsafe practices, marginalization, and disregard of First Nations identities, values, beliefs, languages, cultures, protocols, and practices in healing and ways of knowing.”

– Federation of Sovereign Indigenous Nations,
Vice-Chief David Pratt, personal
communication,
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Applying a Seven Generations Continuum of Care in First Nations Healthcare:

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the cycle of life in the “Seven Generations Continuum of Care” infographic ([on page 4 in the Executive Summary](#)) and include:

1. Empowerment and capacity building
2. Sovereignty
3. Self-determination
4. Resilience and innovation
5. Wholistic awareness
6. Sustainable investments and resources
7. Coordinated partnerships

These will be briefly outlined below.

1) Empowerment and Capacity Building

A key component to actioning the 7GCOC is empowering First Nations communities and organizations to build and maintain the capacity for their own health and wellness. This includes increased training for, and employment of, First Nations health professionals including doctors, nurses, allied health professionals, paraprofessionals, and community-based health workers and helpers, and traditional healers and helpers. First Nations communities greatly benefit from having skilled healthcare professionals who can deliver high quality, effective, trauma-informed, and culturally-safe healthcare and social services. First Nations Peoples in health leadership positions, who are also role models for future generations, can vision and transform the health system to better respond to First Nation communities’ needs and priorities. Empowerment and capacity building include equitable pay, access to professional development, accreditation, and access to technologies. First Nations communities benefit when they build their own infrastructure and capacity, rather than having to build capacity in existing federal and provincial, and territorial health systems.

2) Sovereignty

Within a healthcare context, sovereignty emphasizes the inherent authority of First Nations to govern their healthcare systems and services. It involves asserting jurisdiction over healthcare delivery, ensuring that systems are responsive to local priorities, improves First Nations participation in healthcare, and incorporates First Nations’ cultural expressions and healing practices. There are First Nations communities who have advanced self-determination and sovereignty through the creation of their own community-based and community-led laws, programs and services. They are involved in the planning, designing, leading, implementing, adapting and evaluating their own health governance, program management and service delivery. It also ensures that data sovereignty and capacity are upheld, including First Nations-led and informed management and evaluation of healthcare services based on the OCAP® principles of ownership, control, access and possession.



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3) Self-determination

Self-determination focuses on the individual and Nation autonomy of First Nations to govern and make decisions for themselves, their lands, and their way of life. Recognition of Inherent and Treaty rights to self-determination ensures First Nations are responsible for their own health and wellness decision-making and equitable resource distribution (financial, technical and human). Self-determination ensures that First Nations shape the 7GCOC according to their unique traditions, livelihoods, cultures, and values.

4) Resilience and innovation

From time immemorial, First Nations Peoples have expressed resilience and innovation, harnessing these strengths to navigate and adapt to the challenges they faced. Resilience is the ability to flourish and adapt to situations or environments with minimal negative effects during and after change, hardship or crisis. It emphasizes the individual or group's ability to effectively draw on positive attributes and capabilities rather than on weaknesses or pathologies. Innovation is the ability to transform to meet ever-changing complex needs and priorities. First Nations have led, designed and developed innovative best practices to improve their health and well-being, as has been outlined in this report in national and international agreements, legislation, and commissions.

5) Wholistic awareness

A wholistic approach shifts from a deficits-based to a strengths-based model which supports the whole person, including the mind, body, spirit, and emotions. *Etuaptmumk*, or Two-Eyed Seeing, is a guiding principle for a wholistic approach that can be applied to First Nations health and wellness as part of the 7GCOC. It harmonizes Indigenous and Western ways of knowing while bringing them together to create new knowledge and practices.

This approach supports increased First Nations health human resources while recognizing that culture, healing, and community are powerful facilitators of wellness. Elders, Healers, Knowledge Keepers, Medicine People and Cultural Teachers play significant roles in the health of First Nations Peoples and communities, just as do Western-trained health professionals.

6) Sustainable Investments and Resources

Sustainable investments and resources are predictable, long-term, consolidated and flexible. They enable First Nations to proactively address their health priorities and focus on wholistic strengths-based wellness solutions across the continuum of care. First Nations communities require infrastructure to sustain wellness across the life cycle. This includes birthing centres, continuing care centres, clinics,

**Mi'kmaw Elder
Albert Marshall describes
Etuaptmumk, or Two-Eyed Seeing
is "learning to see from one eye
with the strengths of Indigenous
knowledges and ways of knowing,
and from the other eye with the
strengths of Western knowledges
and ways of knowing...and
learning to use both these
eyes together, for the
benefit of all."**



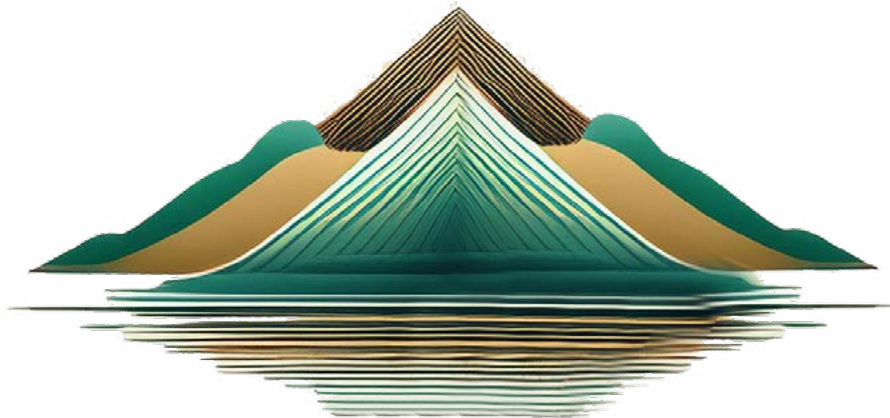
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nursing stations, transportation, housing, telecommunications, and water and waste management systems. This provides the conditions for people to be born, grow, work, live, flourish, and age well in community.

7) Coordinated Partnerships

Coordinated partnerships involves strengthening of relationships across all jurisdictions, including First Nations, provincial/territorial and federal governments, organizations and health services working in a mutually respectful, reciprocal, and accountable manner across the continuum of care. By fostering collaboration among partners, these relationships can address and overcome jurisdictional barriers, reduce silos and redundancies, bridge gaps often found in fragmented health service delivery, and enhance the overall quality and consistency of care delivery. Coordinated partnerships support a continuum of care where multidisciplinary sectors, such as health, skills development and employment, and social services, work cooperatively to advance a timely, accessible, and wholistic approach to health for First Nations Peoples, families and communities.





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Part 3 - Following the Cycle of Life and Innovative Practices

This section circles back to the cycle of life in the “Seven Generations Continuum of Care” infographic ([refer to page 4 in the Executive Summary](#)). Each of the 10 components of healthcare listed below include descriptions, both from a mainstream and a First Nations’ perspective, along with First Nations-specific innovative practices. By providing this dual approach of both mainstream definitions and First Nations’ perspectives, a comprehensive and culturally-grounded continuum of care emerges that aligns with all concepts thus far explained and explored in this paper. The 10 components are as follows:

1. Pre-conception, parental, maternal, and child healthcare
2. Primary care
3. Speciality care
4. Restorative therapy
5. Land-based healing
6. Public health
7. Pharmacy care
8. Traditional medicines
9. Long-term and continuing care
10. Palliative and end-of-life care

First Nations Peoples benefit from all options and decision-making for healthcare provision, whether it be biomedical, traditional healing practices, or a combination of both. This is true wholistic health and an expression of *Etuaptmumk*, or Two-Eyed Seeing. Wholistic health, encompassing physical, mental, spiritual, and emotional health, is best achieved when it is responsive and flexible to meet priorities and needs of individuals anywhere along the cycle of life. Wholistic health also requires healthcare that is provided in culturally safe health environments that welcome, embrace, and respect First Nations Peoples from diverse backgrounds and lived experiences where they are at.

At the same time, when applying a 7GCOC approach, it is important to recognize the diversity of First Nations’ health needs, priorities, capacities, and readiness to action them. This section of the report is not intended as a “one-size-fits-all” model, nor is it an exhaustive list of all First Nations’ innovative healthcare initiatives currently underway across Canada. Rather, it provides selected examples that can be adapted, scaled and applied by First Nations as they journey on this process of achieving wholistic wellness.





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1. Preconception, Parental, Maternal, and Child Healthcare

Preconception, parental, and child healthcare focus on promoting the health and well-being of parents and their future children even before pregnancy begins. Preconception health initiatives play a critical role in educating individuals and couples, ensuring access to reproductive health services and fostering community engagement.

By providing comprehensive information and support, these initiatives empower individuals to make informed decisions about their reproductive health and family planning. Preconception care also involves assessing and improving the health of future parents to enhance fertility (if required), reduce risks, and prepare for a healthy pregnancy. This includes managing existing health conditions, adopting healthy lifestyles, and addressing genetic or environmental risks. The aim is to create the best possible start for both parents and child by ensuring a safe, supportive environment from conception onward.



Additional care levels include:

- **Parental or maternal healthcare** during pregnancy (often called prenatal care) ensures the health of the pregnant person and the developing baby. This involves regular check-ups to monitor growth, screening for any health issues, and offering guidance on diet, exercise, and lifestyle choices.
- **Postpartum care** for parents focuses on supporting physical recovery, mental health, and adapting to life with a newborn. This includes monitoring for complications like infections, helping manage postnatal depression, and providing guidance on breastfeeding, sleep, and self-care. It aims to ensure that parents are supported in their well-being, so they can care for their baby and adjust to their new roles with resilience and health.
- After birth, **child healthcare (or pediatric care)** focuses on ensuring a newborn's healthy growth and development, including vaccinations, developmental screenings, and nutritional guidance. Pediatric care from infancy through adolescence focuses on supporting physical, mental, and emotional development, monitoring growth milestones, and promoting healthy habits. This includes regular health check-ups, vaccinations, developmental assessments, and guidance on nutrition, exercise, and social skills, along with screening for issues like behavioral, learning, or mental health concerns. This care aims to support each stage of development, helping children and adolescents grow into healthy, resilient adults.

Together, these stages of care are designed to prevent and address health issues early, fostering a healthy life trajectory for both the parents and the child, and support well-being for the family.





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First Nations' Perspectives on Preconception, Parental, Maternal and Child Healthcare may include

Cultural grounding early life can have a profound effect on strengthening cultural identity and celebrating and preserving cultural practices, traditions - recognizing them as integral components of personal wellness and wholistic health.

First Nations' perspectives to consider include:

- **Family-centered approaches recognize that each family is unique and meet families where they are on their healing journey, focusing on their strengths and gifts.** Recognizing the sacred journey of parenthood, these initiatives aim to strengthen family bonds, enhance or establish community networks to support families, and promote healthy parenting practices.
- **Weaving First Nations languages and cultural teachings into care delivery enhances cultural relevance and effectiveness.** This perspective recognizes that becoming children are a sacred gift and that becoming a parent is a sacred journey. Healthy children are raised by healthy parents.
- **The importance of multi-disciplinary teams, particularly for remote First Nations.** Timely access to a diverse team of healthcare professionals, including community health nurses, physicians, midwives and doulas, lactation specialists, Elders, cultural advisors and Healers, child health specialists and staff from other health promotion and early childcare development programs. These teams can reduce forced birth evacuations, improve birth outcomes, provide continuity of care and help bring birthing back to the community.
- **Prenatal and postnatal health services should include culturally competent services, strive to include the option to give birth within their home community, and provide dedicated support for mental health.**

Innovative Practices – Indigenous Midwifery

Indigenous midwifery is a culturally centered approach to maternal and child healthcare, deeply rooted in First Nations traditions, knowledge, and values. It encompasses more than just clinical support during pregnancy and birth; Indigenous midwives also provide spiritual, emotional, and cultural guidance, often incorporating traditional practices, medicines, and teachings. This approach is vital for First Nations communities as it decolonizes and reclaims birth as a sacred, community-centered event, strengthens cultural identity, and ensures that Indigenous values are upheld in maternal care. The use of midwives for prenatal and postnatal care is part of the traditional circle of life that has been disrupted through the removal of First Nations people from their communities to give birth in hospitals. The failure to recognize midwifery – and Indigenous midwifery – in the healthcare system further disrupts First Nations individuals with options for care. When midwifery supports are in place, it leads to healthier, stronger bonds for parents, babies, families, and communities.



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First Nations communities such as **Kehewin Cree Nation (Alberta)**, **Opaskwayak Cree Nation (Manitoba)** and **Sturgeon Lake First Nation (Saskatchewan)** are engaging in a federally funded pilot initiative to increase the number of Indigenous midwives on reserve. Notable dimensions to this revitalization process involve the *Etuaptmumk*/Two-Eyed Seeing approach (bringing together the Indigenous practices in midwifery alongside biomedical training), healing the self and healing relationships, creating healthy and loving families, connecting with others and building community networks. For more information see the National Council of Indigenous Midwives at: <https://indigenoumidwifery.ca>

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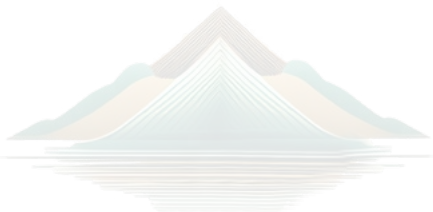
Located on the Six Nations of the Grand River Territory, this Maternal and Child Centre has been in operation since 1995. Full time Indigenous midwives provide a balance of traditional and contemporary midwifery services and programs. Services and programs compliment and support the personal beliefs and customs of expectant mothers and families, provide resources for women's health issues, and do home visits to support new mothers. For more information, see <https://www.snhs.ca/child-youth-health/birthing-centre/>

2. Primary Care



In the western modality of health, primary care is often the first point of contact a person has within the healthcare system. Primary care providers, such as family physicians, and nurse practitioners undertake general assessments, make diagnoses and administer treatments of common illnesses. Primary care providers also provide access to specialty care as they manage referrals for diagnostic tests or consultations. Although intended to ensure specialized resources are used efficiently, this requirement to see a primary care provider first can have a gatekeeping effect, and delay access to needed specialty care services.

According to the Canadian Institute for Health Information (CIHI) primary care involves routine care, care for urgent but minor or common health problems, mental healthcare, maternity and child healthcare, psychosocial services, liaison with homecare, health promotion and disease prevention, nutrition counselling and end-of-life care. Primary care is often provided in-person by a family doctor or at a walk-in clinic, but increasingly, basic services can be provided as virtual care using email, telephone, messaging and other technologies. Timely and consistent access to primary care significantly influences life expectancy, chronic disease management, and other aspects of health including early intervention for disease and care coordination, making it a critical component of overall individual and community wellness.





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First Nations' Perspectives on Primary Care may include

First Nations primary healthcare using a 7GCOC approach is grounded in culture and emphasizes collaboration. The approach recognizes the importance of integrating traditional knowledge with modern medical interventions to address the wholistic needs (physical, mental, emotional and spiritual) of individuals, families and communities. Care coordination and care planning are central to this approach, encompassing assessment, culturally informed interventions (treatments) and follow ups to optimize wellness while addressing serious illnesses and primary care needs.

A 7GCOC approach to primary care:

- Fosters relationships and collaboration between care providers, clients, families and caregivers.
- Ensures First Nations' knowledge, local context, equity of access, and integration of services and coordinated partnerships are supported.
- Aims to enhance accessibility to services and meet the unique needs of persons living with disabilities, emphasizing comprehensiveness, coordination, continuity and accountability.
- Establishes and maintains a strong connection with in-home and community support services to promote continuity of care.
- Primary care not only addresses immediate health needs – it provides a starting point for a comprehensive and sustainable strategy for the well-being of individuals and communities across generations.

Innovative Practices – First Nations Primary Care Health Centres

First Nations-led health centres develop and deliver wholistic health and social services in, or close to, First Nations communities and may involve healing lodges and other care options. These wholistic services bring together, under one roof, a suite of multi-disciplinary resources focusing on various health matters ranging from pediatric health to mental healthcare. They serve as a culturally safe and welcoming spaces for health and social services in First Nations communities. Among many First Nations Peoples, there remains hesitation and resistance to accessing healthcare outside of their home community due to intergenerational trauma, anti-Indigenous racism, and culturally unsafe practices in mainstream healthcare settings. First Nations-led health centres are culturally safe and close-to-home.

[Tsi Kanonhkhwatsheriyo, The Indigenous Interprofessional Primary Care Team \(IIPCT\) and Place of Good Medicine \(Tyendinaga Mohawk Territory\)](#). With a mission to provide excellence in wholistic primary healthcare that equally values traditional healing and clinical supports, IIPCT connects Indigenous people to regional services and trusted professionals. IIPCT envisions vibrant communities where all Indigenous people receive friendly, warm care “where they are”. At IIPCT, “where they are” includes:

- Geographically: Care that sees no boundaries and is (not concerned with) status;
- Emotionally: Care that is provided in a safe place defined by the person;



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- Culturally: Care that respects wherever a person is in their spiritual journey and cultural identity; and
- Physically: Care that treats all medical needs and addresses complexity of care.

Traditional ways, including traditional healing and medicines, cultural learning and spiritual support are offered alongside, or instead of, primary medical care. Mental health and addictions and other health support services are also offered. In addition to their full time on-site nurses, family physicians, and nurse practitioners, IIPCT is also a teaching facility for healthcare workers of the future.

[Anishnawbe Health Toronto \(AHT\)](#) is a fully accredited urban health centre that serves First Nations Peoples in Toronto. Their mission is “to improve, support, and promote the health, well-being, and healing of Aboriginal people in spirit, mind, emotion, and body within a multi-disciplinary healthcare model.” AHT is the only facility in Toronto that provides care to Indigenous peoples using both western and traditional approaches to care. AHT offers primary care alongside approximately 60 diverse health services and programs, including a mobile healing unit.

3. Specialty Care

Specialty care refers to advanced healthcare services that typically are initiated through a referral from primary care providers. Unlike primary care, which typically involves general health maintenance and the treatment of common conditions, specialty care focuses on diagnosing, treating, and managing more complex or rare health conditions. Specialists often provide more in-depth evaluation, intervention, and ongoing management for specific diseases, disorders, or conditions that require specialized knowledge and skills. In the context of specialty care, “secondary care” and “tertiary care” refer to the levels of specialized care provided beyond primary care, with each level offering more advanced treatment and expertise.

- **Secondary Care** typically involves specialized services provided by physicians or healthcare providers who focus on a specific area of medicine (such as a dermatologist for skin conditions or a urologist for urinary tract issues) but do not have the advanced expertise found in tertiary care. Secondary care often includes consultations with specialists after a referral from a primary care doctor. It may involve diagnostic tests, outpatient surgeries, and treatments for conditions that require a higher level of care than what primary care offers but are not as complex as those needing tertiary care.
- **Tertiary Care** is the highest level of specialized care, typically provided in specialized medical centers or hospitals. It involves complex diagnostic procedures, advanced surgical interventions, and treatment for serious health conditions that require highly specialized expertise. Examples include treatments for severe conditions, such as organ transplants, neurosurgery, cancer treatments or intensive care for life-threatening illnesses. Tertiary care services usually require referrals from secondary care providers and are typically provided in settings with the necessary equipment and multidisciplinary teams to manage complex cases.





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Secondary and Tertiary care are both integral parts of specialty care, providing progressively more complex and focused treatment than primary care and helping individuals receive the right level of care based on their needs. Examples of specialty care at both the primary and tertiary levels include cardiology (heart care), oncology (cancer care), neurology (brain and nervous system disorders), orthopedics (bone and joint conditions), and endocrinology (hormonal and metabolic disorders). Other specialties include gastroenterology (digestive system disorders), dermatology (skin conditions), and psychiatry (mental healthcare), among many others. In addition to medical and surgical specialties, there are also subspecialties within these fields, such as pediatric cardiology or colorectal surgery.

First Nations' Perspectives on Specialty Care

Culturally informed specialty care means having a community-based healthcare model that improves access to specialized health services, healthcare technologies and innovations, improves time to diagnoses, and improves the experience of coordinated care for First Nations Peoples. Collaboration and cultural safety are paramount as is integrating First Nations' healing practices seamlessly with Western biomedical approaches. This ensures a comprehensive and respectful approach to healthcare. In the 7GCOC, specialty care is not an isolated component but an integral part of a wholistic strategy to enhance service delivery for First Nations Peoples, families and communities.

Innovative Practices - Ongomiizwin Health Services specialty care program

Based at the University of Manitoba, [Ongomiizwin Health Services](#) (OHS) aims to provide equitable access to health services for Indigenous Peoples, while respecting Indigenous self-determination. Led by a team of Indigenous and non-Indigenous health professionals, this program provides timely and appropriate access to health services (including specialty care), for northern and rural Indigenous children, families and communities through hospital-based services, nursing stations and community visits from healthcare providers.

OHS is committed to equitable and culturally-responsive healthcare. It is guided by a Physician Charter that outlines the purpose and code of conduct for physicians and Service Commitments to safety, humility, listening, transparency, compassion, accountability, respect and learning, and innovation. OHS has a specialty care program that now includes 23 specialty care services, and access to 70 itinerant (travelling) medical professionals. Using an outreach delivery model OHS sends these medical professionals to northern and rural Indigenous communities, reducing the need, costs and inconvenience of leaving one's home community to travel to urban areas for specialist appointments and related interventions.

Itinerant specialists might visit various clinics, hospitals, or community health centers on a scheduled basis, often working alongside local healthcare providers to ensure continuity of care for patients. This model helps improve healthcare accessibility and can reduce the need for patients to travel long distances for specialty care, making high-quality, specialized treatment more equitable. Among the specialty services provided by OHS are anesthesia, geriatric medicine, internal medicine, obstetrics/gynecology, and pediatrics.



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4. Restorative Therapy

Restorative therapy, is a term that has been suggested as an alternative to 'rehabilitation' services, better representing an alignment with First Nations' values and approaches to healthcare. At its core, restorative therapy goes beyond traditional notions of rehabilitation, acknowledging that healing encompasses more than just the physical aspect of recovery. It recognizes that healing and support may not always involve returning to a prior state of health or function but instead focus on enhancing quality of life, fostering independence, and promoting resilience and vitality in ways that align with an individual's unique circumstances.

Treatments and therapies under the restorative therapy umbrella are designed to help individuals recover physical, mental, and functional abilities that may have been lost or diminished due to injury, illness, or disability. The goal of restorative therapy is not only to alleviate symptoms but also to restore a person's independence, improve their quality of life, and support their ability to engage in daily activities. These therapies can be prescribed following acute medical events (such as surgeries or strokes), for chronic conditions (such as arthritis or heart disease), to adapt to age-related changes, and to help manage long-term disabilities. This holistic framework seeks to empower patients by addressing their unique needs and enabling their fullest possible recovery within a supportive and inclusive environment.

Restorative therapies encompass a wide range of services including:

- **Physical Therapy** focuses on improving strength, flexibility, and mobility through exercises, manual therapy, and techniques like ultrasound or electrical stimulation.
- **Occupational Therapy** helps people regain independence in daily activities, such as dressing, cooking, or working, by teaching adaptive techniques or using assistive devices (such as walkers, wheelchairs or lifts).
- **Speech-Language Pathology** assists with communication, speech, language, and swallowing difficulties, including following strokes or brain injuries, or for those with developmental or speaking disorders. Therapists use exercises and adaptive strategies to enhance verbal and non-verbal communication, and to assist with safe swallowing.
- **Rehabilitation Counseling** provides emotional and psychological support for those adjusting to new physical limitations or disabilities. Counselors work with patients to set realistic goals, build coping skills, and improve overall well-being during recovery.
- **Mental Health Support** includes counseling and therapy to address the mental health impacts of physical injury or illness, such as anxiety, depression, or trauma. This support is essential in helping individuals maintain resilience and positive mental health.
- **Pain Management Therapy** includes techniques such as medication management, acupuncture, biofeedback, and relaxation techniques to help individuals manage chronic pain without excessive reliance on medications



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- **Addiction Recovery Programs** focus on helping individuals restore physical and mental health and rebuild personal and social relationships that may have been affected by substance use. Addiction recovery often combines multiple therapeutic approaches, such as counseling, behavioral therapy, peer support, and sometimes medication-assisted treatment, to promote a holistic and sustained recovery.
- **Other therapies considered restorative** include chiropractic care, massage therapy, aquatic therapy, pain management therapy, respiratory therapy, cognitive rehabilitation therapy, nutritional counseling, art and music therapy, and vocational rehabilitation.

First Nations' Perspectives on Restorative Therapies

For First Nations clients, restorative therapy frequently can incorporate traditional healing practices, such as traditional medicines, teaching and healing ceremonies, and land-based healing, helping and nourishment. Incorporating traditional methods into conventional therapeutic approaches enhances the outcomes of restorative therapies by nourishing spiritual well-being along with physical, mental and emotional well-being. First Nations' cultures traditionally viewed individuals with different abilities/disabilities as having unique gifts that they bring to the community. Normalizing access to restorative therapy within First Nations communities helps to remove stigma for those whose abilities are different or are changing.

AFN Resources:

[Our Right to Health: First Nations' Perspectives Across the Generations](#) integrates recommendations on healthcare, including for people with disabilities, which should be understood to include restorative therapies.

Innovative Practices - Maamwesying North Shore Community Health Services

By working with community partners, [Maamwesying North Shore Community Health Services](#) (Ontario) recognizes that accessible, quality, culturally safe and wholistic health supports enhance the wellness of individuals, families and communities. Maamwesying North Shore Community Health Services provides primary and therapeutic health services to 11 North Shore Tribal Council member communities and the Sault Ste. Marie Indigenous Friendship Centre.

As part of Maamwesying North Shore Community Health Services, restorative therapy includes mental wellness (Naandwe Noojimowin Program), addiction recovery (Minobimaadizing Addiction Recovery), occupational therapy, physiotherapy services and rehabilitation support services. Through these restorative therapy services, client/family/community-centred and strengths-based approaches are used and clients, families and community guide the direction of their health services. Furthermore, clients (re)discover the strengths and gifts that they carry and seek balance in themselves, their family, community and the broader environment based on the four dimensions of life (physical, mental, emotional and spiritual). Tailored to clients' needs, restorative therapy provides access to traditional healing and health supports.



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5. Land-based Healing, Helping and Nourishment

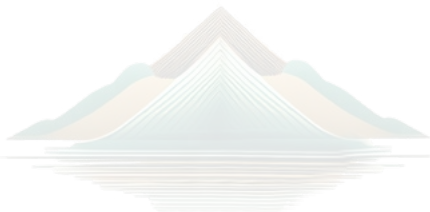
The land holds profound significance within First Nations' identities and cultures, serving as a foundation of spiritual, physical, emotional and mental well-being. Due to historical and ongoing effects of colonialism, many First Nations Peoples, their families and communities are disconnected and dispossessed from their traditional territories. Land-based healing, helping, and nourishment, bridge culture, land, identity and place for First Nations Peoples across the cycle of life. These practices center the land as an intergenerational strengths-based learning space for knowledge sharing and reclaiming First Nations cultures - all essential to achieving wholistic wellness and balance (physical, emotional, spiritual and mental). Although the 7GCOC identifies traditional medicines, teachings and healing ceremonies as unique from land-based healing, helping, and nourishment, they should be understood as inextricably and deeply connected.



Land-based healing, helping, and nourishment encompass a range of practices aimed at (re)connecting to the land according to one's culture and teachings while (re)learning, (re)vitalizing, and (re)claiming traditional wellness practices. These practices transcend geographical boundaries and can take place in a variety of settings, such as urban, rural, isolated or northern locations and share cultural teachings, reclaim ancestral knowledge and foster wholistic wellness. Examples of land-based healing, helping, and nourishment practices include accessing traditional foods such as berry picking, fishing, trapping, hunting, and participating in medicine harvesting, hide tanning, and canoeing, to name but a few.

Land-based healing, helping and nourishment practices can also be an alternative support to mental health and counselling services. They can be seamlessly integrated with other approaches, including Western-based approaches. The application of the *Etuaptmumk*/Two-Eyed Seeing Approach is a relevant concept to mention here—representing an approach to bridging First Nations mental wellness and mainstream counselling therapies. While the conventional healthcare system often fails to recognize the vital link between health and the outside environment, First Nations Peoples have long understood the intrinsic connection between wellness and being on and connected to the land and the natural world. Land-based practices offer a pathway to healing that integrates cultural wisdom with environmental stewardship.

Embracing the wisdom embedded in land-based practices not only revitalizes cultural connections but also provides a wholistic and culturally relevant approach for promoting health and wellness in First Nations and for generations to come.





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Options to Embed Land-based Healing, Helping and Nourishment in Healthcare

Land-based healing, helping, and nourishment practices are led by First Nations Helpers, Healers, Medicine People, Knowledge Keepers, Cultural Advisors and Elders. The integration of traditional roles such as these into the 7GCOC expands the options available for culturally rooted care. The success of such initiatives hinges on several factors, including flexible program design, community-driven approaches in alignment with community protocols, intergenerational knowledge sharing, leadership (by Elders and skilled resource people), the quality and availability of land location and relationships, and the commitment to addressing all levels of safety.

Language revitalization and access to local language(s) also profoundly impact wholistic health and wellness. Language is integrally linked to Indigenous knowledge and practices and plays a vital role in the mental, physical, spiritual, and emotional health of First Nations Peoples and communities.

Innovative Practices: Land-based Healing, Helping and Nourishment in Action

Funded by the Yukon Government and Government of Canada, the [Kwanlin Dün First Nation Jackson Lake healing camps](#) are available to 14 Yukon First Nations communities. The camps are grounded in First Nations' ways of knowing using the First Nations Mental Wellness Continuum Framework: grounded in the land, traditional knowledge, spirituality and ceremony. The healing camps balance cultural elements with non-Indigenous health practices. Healing camps range from being out on the land with family (family camps), (re)discovering personal wellness (men's and women's healing camps) to learning about First Nations healing and helping practices (provider camps).

Inshiyuu Miyuupimatisiun/the Chisasibi Mental Wellness Team operates the [Land-Based Healing Model \(LBHM\) for Nishiyuu](#) which is a healing and wellness program implemented and delivered on the hunting territory in each Cree community in Quebec. The Chisasibi mission is to strengthen the ability of participants to lead a healthy, fulfilling and resilient life. By returning to the land, cultural traditions are viewed as healing medicine that can support individuals dealing with various forms of trauma (including substance use, physical and sexual abuse, grief, and intergenerational trauma). Eeyou methods and teachings form the core principles of the program promoting personal, family and community wellness rooted in the Cree way of life. The scope of treatment includes prevention, intervention and postvention/aftercare to ensure an effective continuum of care for clients. As part of a community-based approach to service delivery, the LBHM facilitates the sharing of resources and knowledge to maximize local capacity building and promote leadership.





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6. Public Health

Public health is dedicated to promoting and protecting the health of community populations, including activities designed to support people in managing their own health. It encompasses a diverse array of activities including:

- **Health Promotion and Education:** Programs that encourage healthy lifestyles, prevent chronic diseases, and educate the public. Examples include healthy lifestyle programs, needle exchange programs, women's and men's health programs, healthy eating, exercise and smoking cessation programs, and oral health.
- **Infectious Disease Control and Immunization:** Monitoring and managing the spread of infectious diseases, conducting vaccination campaigns, and providing outbreak response to limit disease transmission.
- **Environmental Health:** Ensuring safe drinking water, regulating food safety, managing waste, monitoring air quality, and addressing environmental hazards to reduce health risks associated with pollution and climate change.
- **Chronic Disease and Injury Prevention:** Programs preventing and managing chronic illnesses (e.g., diabetes, cancer) and initiatives to reduce injuries (e.g., road safety, fall prevention among seniors).
- **Maternal, Child, and Family Health:** Services supporting maternal and child health through prenatal, postnatal, and early childhood programs through such initiatives as immunization and nutrition.
- **Mental Health and Addiction Services:** Public mental health initiatives and harm-reduction programs, such as substance use prevention, support for addiction recovery, and crisis intervention services.
- **Emergency Preparedness and Response:** Planning and coordinating responses to public health emergencies, such as pandemics and natural disasters including public education and resilience-building.
- **Health Surveillance and Research:** Collecting, analyzing, and using health data to monitor health trends, inform public health policies, and support evidence-based decision making.

First Nations' Perspectives on Public Health

A 7GCOC approach to public health embodies a First Nations-led and community-centred perspective, integrating a wholistic understanding of health that includes mental, emotional, physical and spiritual dimensions. As such, this framework includes First Nations' perspectives and integrates traditional knowledge, traditional healing practices as well as the principle of self-determination, to restoring balance at the individual, family, community and Nation levels. Public health must embrace distinct



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First Nations' health practices, address Indigenous-specific social determinants of health, and facilitate clients' specific wellness journeys in emergency and non-emergency situations. Public health initiatives in First Nations should consider:

- Moving from a sickness-based approach to a wholistic wellness promotion approach across the lifespan.
- Consistent use and availability of First Nations languages and cultural supports across a diverse range of Public Health initiatives to ensure inclusion and accessibility.
- Strengths-based, trauma-informed approaches to prevention and health promotion initiatives.
- Utilizing a gender and 2SLGBTQQIA+ diverse lens to assess impacts on 2SLGBTQQIA+ communities.
- Integrating local First Nations healing ceremonies, cultural teachings, and practices.

AFN Resources:

Our Right to Health Recommendations include:

1.1c (p.22): *Move from a sickness-based model to a wellness promotion and health literacy model.*

Objective #9 and related recommendations (p.42): *To keep vulnerable First Nations individuals safe by providing options for responding to public health emergencies (e.g., communicable and non-communicable diseases; exposure to environmental pollutants, toxins and carcinogens; wildfires, flooding, heat waves, tornadoes, hailstorms; civil crises; workplace violence, water shortages, electrical grid blackouts).*

Vulnerable individuals are those who reside in various types of on-reserve and off-reserve continuing care centres.

Innovative Practices - Northern Inter-Tribal Health Authority Public Health Unit

The Northern Inter-Tribal Health Authority (NITHA) in Saskatchewan is comprised of the Prince Albert Grand Council, Meadow Lake Tribal Council, Peter Ballantyne Cree Nation and Lac La Ronge Indian Band. This health authority represents 33 First Nations communities with a population of over 55,000. The NITHA Public Health Unit (PHU) provides expert guidance on various public health programs that include population health assessment, disease surveillance, health promotion, health protection and disease and injury prevention. It also provides direct assistance in the prevention and management of tuberculosis (TB). The PHU is focused on continuing the improvement of immunization rates in partner communities and the development of immunization standards as part of the provincial-wide public health strategy. It is also continuing its work in implementing the TB High Incidence Strategy. PHU staff is comprised of a medical health officer, public health nurse, epidemiologist, TB advisor, TB nurse advisor, TB nurses, communicable disease control nurse, infection control advisor, environmental health advisor and health promotion advisor.





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7. Pharmacy Care

Pharmacy care encompasses a wide range of services provided by pharmacists and pharmacy teams, focusing on the safe and effective use of medications, promoting wellness, and supporting person-centered care. By bridging gaps between those receiving care and other healthcare providers, pharmacists play essential roles in a range of settings from hospitals and long-term care facilities to community pharmacies.

Community pharmacies provide quick and accessible health consultations and support managing chronic diseases, which can be especially useful in northern or rural areas where access to other healthcare services may be limited. Community pharmacy care services can include:

- **Medication Dispensing and Management.** Accurately dispensing medications, ensuring that individuals understand how to take them, and addressing any questions about their potential side effects, interactions, and storage.
- **Education and Counseling.** Pharmacists frequently provide guidance on preventative health measures and support managing chronic conditions such as diabetes, hypertension, and asthma. Guidance on symptom tracking, lifestyle choices, and medication adherence can help to improve outcomes.
- **Health Monitoring and Disease Management.** Assist in monitoring health conditions by performing routine tests, such as blood pressure and blood glucose measurements, and provide advice or coordinate with other healthcare providers based on the results.
- **Vaccination & Immunization Services and Prescribing for Minor Ailments.** In most jurisdictions, pharmacists are authorized to administer vaccinations and provide immunization services, including flu shots, COVID-19 vaccines, and other routine vaccines. Additionally, pharmacists often have prescribing authority for medications that treat minor health conditions, such as cold sores or allergies, without the need for a physician visit, helping to ease the burden of accessing care. For more information see this matrix on [Pharmacists' Scope of Practice in Canada](#) from the Canadian Pharmacists Association.
- **Substance use and addiction supports.** Community pharmacists can provide supports for people who use drugs, including dispensing naloxone kits and participating in methadone maintenance programs.
- **Medication Review and Optimization:** Comprehensive medication reviews allow pharmacists to evaluate a person's medication regimen to enhance safety and effectiveness. This is particularly valuable for older adults or people with multiple chronic conditions.





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- Advocate for the inclusion of traditional medicine knowledge within pharmacy education and practice. The goal is to enable pharmacists to better support First Nations peoples by respecting traditional approaches to healing and creating safe, inclusive care environments.
- Create culturally safe and inclusive spaces for First Nations people accessing care, and for First Nations pharmacy professionals in their workplaces. Progress toward this goal can be accomplished through cultural safety and humility education for non-Indigenous pharmacy professionals on the impacts of colonization, residential schools, systemic racism, discrimination, stereotypes, health inequities and the social determinants of health.

Innovative Practices – First Nation-Led Community Pharmacies

Rainy Lake First Nations Pharmacy. Located in the [Gizhewaadiziwin Health Access Centre](#), adjacent to Couchiching First Nation, this community pharmacy is a partnership between the Rainy Lake Tribal Development Corporation and First Nations pharmacist Edwin Bruyere. The pharmacy provides various services including wellness-focused activities, medication counselling and health consultations, prescribing for minor ailments, and specializes in NIHB coverage for medical supplies and equipment.

[Shawano Pharmacy.](#) Each of the eight First Nations that comprise the Southeast Tribal Council (also known as the Southeast Resource Development Council) are equal shareholders in this Winnipeg pharmacy. Shawano is currently the only First Nations owned and controlled distance-based pharmacy in Manitoba. Initially designed to service members of the partner First Nations, Shawano now welcomes prescription and supply orders from all remote Manitoba First Nations and those living off-reserve who would like to receive medications and supplies by mail. Shawano's motto is "Our Community. Our Pharmacy. Our Healing"





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8. Traditional Medicines, Teaching and Healing Ceremonies

In pursuit of culturally sensitive and inclusive healthcare, it is imperative to recognize and integrate traditional medicines, teachings and healing ceremonies into contemporary healthcare frameworks. A 7GCOC approach, utilizing a Two-Eyed Seeing approach, is distinct from Western models of healthcare and embraces these traditional practices as integral components of care delivery - ensuring that individuals have access to a spectrum of healing services including Healers, Elders and Medicine People. Traditional medicine, teaching and healing ceremonies play a crucial role in addressing health issues and help mitigate health issues for First Nations Peoples. Although the continuum identifies traditional medicines, teaching and healing ceremonies as unique from land-based healing, helping and nourishment, they should be understood as inextricably and deeply connected.

It is essential to ensure that the continuum of care reflects and respects local First Nations' cultural values, customs and beliefs. The aim is not to assimilate or change First Nations' cultures but rather to integrate and prioritize them within the healthcare system. This approach seeks to empower First Nations by acknowledging the significance of their cultural practices and incorporating them into the continuum of care to better meet the wholistic needs of individuals and communities.

By dedicating open and inclusive spaces for Elders, Knowledge Keepers, and healers within the healthcare system, opportunities are created to include healing ceremonies and traditional teachings seamlessly. These practices not only support individuals to maintain connection to their health and wellness, community, and spirituality but also facilitate learning and healing within First Nations health systems.

Notable dimensions of First Nations healing practices and cultural supports include:

- (Re)Connection to land, culture and tradition through practices;
- sharing and healing circles;
- Medicine walks and traditional teachings;
- Traditional healing and cultural ceremonies;
- Crafting, community harvesting, storytelling, dancing, language learning and;
- Community wellness activities (focused on prevention and health promotion).

Options to Embed Traditional Medicines, Teaching and Healing in Healthcare

- **Availability of traditional foods for those in healthcare and long-term care facilities.** This may include using the [Eating Well with Canada's Food Guide - First Nations, Inuit and Métis](#) and ensuring that traditional foods are part of healthcare and long-term healthcare settings, particularly those frequented or used primarily by First Nations Peoples. This also strengthens the linkages between land-based healing and 'food as medicine'.
- **Accessibility:** Traditional approaches to healing are a life-long process, and provide care for the body,



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mind, heart, and spirit. Facilitating access to traditional medicines, teaching and healing across the lifespan, and for all genders and abilities, requires thoughtful planning of physical spaces, gatherings and events.

- **Provide opportunities for Relational Care** that allow people to gather, participate in ceremony and share nutritious food, including traditional foods, in locations where healthcare is provided. Additionally, this serves to foster connection and trust with healthcare providers in an informal and caring manner.
- The AFN has recommended the **harmonization of First Nations' healing ceremonies, cultural teachings and practices into the Continuum of Care**. For example, storytelling is a way of uniting everyone by sharing time, stories and understanding of one another. Another example is incorporating gift giving protocols and opening-closing prayers at healthcare and related gatherings.

Additional Resources.

This section includes resources sourced from the [First Nations Health Authority](#).

AFN recommendations on *Culture as Foundation* can be found on pages 20-23 of [Our Right to Health: First Nations' Perspectives Across the Generations](#).

Innovative Practices: Kílala Lelum (Health and Wellness Cooperative)

Located in Vancouver, Kílala Lelum is an Indigenous-focused and Elder-led health centre providing wholistic wraparound care that is culturally safe, trauma-informed and member-centred. Kílala Lelum's model of care promotes health equity and wellness by offering healthcare services that honour physical, mental, emotional and spiritual healing. Elders and Knowledge Keepers/Carriers support the development of positive identity and connection to Indigenous teachings, medicines, songs and culture through relationships that are non-judgmental and grounded in compassion. Cultural wellness services at Kílala Lelum include Indigenous Elder one-on-one visits, Elder-guided community circles and culturally focused community outings.

Primary care is provided both in the centre and through a Mobile Outreach Program to ensure access for those whose healthcare needs have not been met by more conventional approaches to care. The mobile health program has been envisioned as both a health clinic and medicine house on wheels. Cultural care and medicine (including smudging, cedar brushing, ceremonial song, and one-on-one support) are shared by Kílala Lelum Elders and Knowledge Keepers alongside biomedical primary care services. Programs at the centre are led and guided by a multi-disciplinary team of Elders, Knowledge Keepers/Carriers, physicians, counsellors, nurses, social workers, dietitians, outreach workers and medical office assistants. For more information see <https://kilalalelum.ca>





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9. Long-term and Continuing Care

Long-term and continuing care encompasses a range of essential wraparound services and supports for individuals who require assistance due to chronic illness, disability or aging. Aimed to maintain or improve quality of life and foster independence over an extended period, long-term and continuing care can be provided in several ways. These include:

- **In-home (Home Care):** Home Care supports people to live in their homes safely for as long as possible, either alone or with their family and community. Services provided in the home may include assistance with daily activities such as personal hygiene, housekeeping, and meal preparation. Medical care and appointments, such as community nursing or physical therapy, can also be conducted in the home. It is important to note that modifications to make a home more accessible to a persons' physical needs (such as ramps, walk in showers, safety bars etc.) are central to maintain independence.
- **Assisted Living** is a form of residential care, usually private apartments within a designated building or facility for those who need some help to remain independent. Residents may have their own kitchens or receive meal delivery. Some housekeeping and light personal care support (such as medication reminders) may be provided.
- **Supportive Living** is a flexible model of residential care for those who need more supports than assisted living can provide, but who can still maintain independent living. Services may include on-site staff assistance (including for personal care and hygiene), shared dining in a communal dining room, and social activities and outings. Residents often do not have their own kitchens.
- **Long-term Care (LTC)**, sometimes known as 'nursing homes', provide 24-hour care and supervision for people with complex health issues or cognitive impairment (such as dementia or brain injuries). Residents require a high level of support and can no longer be safely cared for at home, or in assisted or supportive living. Services include comprehensive medical care including specialist services, assistance with all activities of daily living, and recreational programs.

Other important community-based supports for those who require additional care are sometimes overlooked as they are not residential. These include adult day programs (e.g., for those with dementia or developmental disabilities), recreational programs, seniors' centres, respite services for caregivers, transportation and meal services – all of which can enhance overall well-being and quality of life. Unpaid family caregivers play an important role in maintaining the independence, well-being and quality of life of First Nations Peoples who require long-term and continuing care. These types of non-residential supports are important resources for family and community caregivers.





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First Nations' Perspectives on Long-term and Continuing care

Central to First Nations is the provision of accessible, culturally founded, and comprehensive care services located in First Nations and available 24/7. Some of the measures that AFN has recommended include:

- Substantial funding and resource allocation measures that support the implementation of First Nations-designed care services and standards.
- Inclusion of traditional healing practices and First Nations' languages.
- Funding and supports for health promotion and cultural wellness programs that address the diverse stages of life, offer preventative and early diagnostic care, wholistic supports, and improved wellness across the life span.
- Strengthening the First Nations workforce and quality of care delivery. Healthcare and social service professionals, including the formal recognition and support of traditional healers, Elders and Knowledge Keepers, are a critical resource.
- Advancing physical and technological infrastructure for inclusive care. First Nations propose sustainable investments in continuing care centres, accessible homes, and technological upgrades.

For detailed recommendations refer to the below reports.

AFN Resources:

[*Our Right to Health: First Nations' Perspectives Across the Generations*](#) (Assembly of First Nations' recommendations for a wholistic 7GCOC approach to home, community care and long-term care across Canada)

[*First Nations Policy Recommendations for the Development of Wholistic Long-term and Continuing Care Framework*](#)

Innovative Practices – First Nation-led Long-term and Continuing Care

Opened in spring 2024 in Eskasoni (Cape Breton), [Kiknu](#) is a Nova Scotia's first long-term care home in a First Nations community. Kiknu, which means "our home" in Mi'kmaq, is open to Mi'kmaq seniors from across Nova Scotia. Designed in the shape of a turtle, representing Turtle Island, the planning of Kiknu's design and operations was guided by community Elders. The 48-bed licensed long-term care home for Elders and Seniors ensures residents will continue to be surrounded by Mi'kmaq culture and traditions. Kiknu offers 24-hour care support including nursing services, medication management and personal care alongside holistic healthcare and services that reflect First Nations' culture, values and attitudes.





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10. Palliative and 'End-of-Life' Care

Palliative care is a wholistic approach to care that focuses on improving quality of life for people of any age, in any setting, who are living with serious, complex, progressive or life-limiting illness at any stage. It is not only for those who are dying – in fact, it may begin as soon as an illness is diagnosed and continue while receiving treatments to treat the illness or disease (e.g., radiation or chemotherapy to treat cancer). Palliative care often includes physical, emotional, mental and spiritual support for the person, their caregivers, and family and friends.



- **Specialist palliative care** is provided by a doctor, nurse or team, and may be provided in a palliative unit or facility, or at home.
- **A palliative approach to care** can be provided in any setting and does not need to be provided by specialists. It may be provided by a primary care team in combination with family and community and include the person's caregivers.
- **End-of-Life Care** is care for people in decline who may have a terminal disease or for whom death is foreseeable, and their friends and family. Treatment with hope of improvement has ceased. It may focus on alleviating pain and suffering, emotional and spiritual care, and grief supports. As part of end-of-life care, Medical Assistance in Dying (MAID) is available to legally eligible people who are experiencing intolerable suffering due to an incurable medical condition.

Palliative care, a palliative care approach, and end-of-life care all aim to preserve comfort, dignity and quality of life as the person's needs change. They may also include:

- Care coordination and consultation
- Pain and symptom management
- Community nursing services
- Community rehabilitation services
- Home support
- Respite and support for caregivers
- Hospice care, or care in a specialized environment such as a long-term care unit
- Grief support before and after a loss

For more information on these approaches see the [Overview of Palliative Care](#) on the Government of Canada website.





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First Nations' Perspectives on Palliative and End-of-Life care

For many First Nations families and communities, the concept of dying and death transcends biomedical and physical processes. It signifies an individual's transition, or journey, to the spirit world and may include social and spiritual events that are celebrated collectively. For First Nations Peoples, palliative and end-of-life care should be rooted in compassion and kindness. It should honour the whole person, their family, and their community - including spiritual beliefs, traditional medicines, as well as cultural protocols and practices. Western language including 'life-threatening', 'life-limiting illness', 'palliative' and 'end-of-life' may not resonate with all First Nations Peoples. Language that offers peace and comfort, such as 'comfort care', may provide more appropriate cultural contexts and better align with supporting a good death for those "journeying to the Spirit World".

First Nations' perspectives to consider in palliative and end-of-life care include:

- **Comfort Care** involves integrating essential cultural elements that recognize the significance of values, identities, families, and communities in conjunction with palliative and end-of-life care. Prioritizing kindness, compassion, and quality of life, comfort care respects the spiritual beliefs, cultural protocols and practices of individuals and families facing health changes and discomfort ([as defined by the AFN](#))
- Delayed diagnoses due to racism, lack of cultural safety and marginalization in the healthcare system, may delay access to palliative and comfort care for First Nations Peoples.
- Importance of family and community support networks for care provision for First Nations Peoples, including the provision of grief supports within the wider community.
- Options should include palliative home care; specialized pediatric palliative care when required; and access to advance care planning.
- Access and choice to use traditional medicines including while in hospital, either alone or in combination with Western medicines.
- Advocacy, supports, and care to allow people to remain in, or return home to, their community to die. This may also include access to First Nations non-medical end of life helpers and companions.
- Culturally specific care that is inclusive of the potential for differing understandings of end of life such as "journeying to the Spirit World" or "meeting the ancestors". Spiritual care that includes culturally relevant options such as Elders, along with Christian options.
- Shared understandings of how to continue culturally relevant care after death such as collaboration with funeral homes to preserve cultural practices, including cedar baths, dressing, and traditional burial practices.

AFN Resources:

[Sharing Honouring Practices in the Continuum of Care: First Nations Palliative and End-of-Life Care National Roundtable](#)

[Our Right to Health: First Nations' Perspectives Across the Generations](#) (Section 5.13)

[First Nations Policy Recommendations for the Development of Wholistic Long-term and Continuing Care Framework](#) (Policy Priority #2, pages 13-15; Comfort Care definition p.25)



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Innovative Practices - Indigenous End-of-Life Guide course

The First Nations Health Authority (FNHA) and Douglas College in British Columbia have partnered to develop and deliver an [End of Life Doula Certificate Program](#). This four-day Indigenous end-of-life guide course is offered both online and in-person. It assists Indigenous caregivers and/or advocates in developing end-of-life care competencies, to aid them in supporting relations in their last days and hours. Co-facilitation by a course instructor and a Knowledge Keeper ensures that cultural practices and protocols are thoughtfully braided across the course, and that a wide range of culturally safe wholistic services, including physical, emotional, spiritual and practical support across the lifespan, are provided. Course modules include:

- Advanced communications skills (e.g., active listening and conflict resolution)
- Engaging in advanced care planning dialogue sessions and family with those nearing end-of-life and their families
- Facilitating family meetings and community education engagement; navigating the complexities of grief, loss and bereavement; and promoting effective self-care as a caregiver and/or advocate.





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Part 4 - Conclusion

This report summarized the multiple AFN activities to date related to Resolution #19/2019, *Developing a Seven Generations Continuum of Care for First Nations, by First Nations of Health, Economic and Social Services*. This person- and community-centred approach addresses systemic factors that influence the health and wellness of First Nations Peoples by:

- Carrying forward the commitment of transforming the continuum of care into action;
- Advocating for the conditions necessary to achieve wholistic health and wellness of First Nations for generations to come; and
- Promoting equitable access to comprehensive health resources and services across all stages of life that fosters resilient and thriving First Nations Peoples, families, and communities.

The transformation of a 7GCOC framework into action involves First Nations, along with Indigenous and non-Indigenous partners, continuously analyzing, adapting, and strengthening health programs to:

- Ensure the inclusion of First Nations ways of knowing and a wholistic approach to care that are responsive to diverse First Nations communities;
- Create culturally safe health environments that welcome, embrace and respect First Nations Peoples from diverse backgrounds with unique healthcare needs and lived experiences;
- Confront and challenge the persistent factors that have influenced First Nations Peoples' healthcare interactions, such as discrimination, anti-Indigenous racism, unequal access to healthcare, and jurisdictional barriers; and
- Cultivate new services and capacity attuned to the needs and priorities of First Nations, as determined by First Nations.

Finally, First Nations are at different states of readiness to be able to action a 7GCOC. Some may have healthcare systems in place, while others may be in the initial process of setting up their own First Nations-led (healthcare) workforce, infrastructure and capacity. Building a multi-generational continuum of care needs to be scalable and adaptable to meet the needs of growing healthy communities. A phased approach to implementing the 7GCOC is needed to respectfully ensure that First Nations "set the pace" and (re)define their perspectives on health, wellness, healing, resilience and resurgence.





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