

The Story of the Promoting Life Together Collaborative

In the words of the
Promoting Life Together (PLT) Guidance Group and
the Northern and Indigenous Health Team at
Healthcare Excellence Canada (HEC)



Figure 1 The Eagle Feather in the Sacred Bundle of the Promoting Life Together Collaborative

Submitted by Marion Maar in collaboration with
co-authors to the PLT Guidance Group

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This story represents our collective learning and connection of spirits.

The book, *“Research is Ceremony: Indigenous Research Methods”* recommended by Will Landon, PLT Guidance Group Youth Representative, was a foundational resource to the PLT Collaborative. The author Shawn Wilson expresses his *intention to build a relationship between the readers of his story, himself, and the ideas he presents* as a form of relational accountability.¹ We hope to do the same with our story and our readers.

The Guiding Principles of the PLT Collaborative continue to resonate deeply at the knowledge sharing phase of the collaborative. We relied on our trust-based relationships to navigate the challenges that our collaboration brought on by the COVID-19 pandemic. In-person gatherings that we had relied on to strengthen our relational work in the past became impossible. We practiced consensus-based collaborative writing and knowledge sharing with the help of virtual meetings, phone calls and emails.

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What is the Promoting Life Together (PLT) Collaborative?

Planning of the Promoting Life Together (PLT) Collaborative began in 2017. The Canadian Foundation for Healthcare Improvement (CFHI) acted as the convener of this 20-month initiative that included six teams across Canada. CFHI and the Canadian Patient Safety Institute are now amalgamated as a new organization, Healthcare Excellence Canada (HEC). HEC is an independent, not-for-profit charity funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

In 2017, the Northern and Indigenous Health (NIH) team of CFHI, and the Canadian Northern and Remote Health Network (CNRHN) discussed their intention to focus on suicide prevention/life promotion in northern and remote regions of Canada. Indigenous knowledge holders and organizations, including the Thunderbird Partnership Foundation and First Peoples Wellness Circle were subsequently invited into further conversations, which lead to the creation of the PLT Collaborative.

The partners recognized early on that increasing the *level of readiness* of mainstream health organizations (including CFHI and the teams) to effectively partner with Indigenous people and communities was going to be a key component of this collaborative. To guide all aspects of the Collaborative, including the curriculum and to support readiness and particularly cultural safety and relationship building, a Guidance Group was formed. It included First Nations and Métis mental health leaders, a Spiritual Advisor and a Youth Representative, as well as representatives from a national mental health organizations. Relying on the Guidance Group for leadership, the Collaborative was informed by Indigenous knowledge keepers and the diverse Indigenous knowledge they carry, as well as western healthcare improvement strategies and thought leaders.² The Guidance Group also provided advice on how equity would be ensured, including co-design and co-delivery of the Collaborative by Indigenous peoples.

The Guidance Group supported the work of many elements of the Collaborative, including the co-development of guiding principles that formed the foundation of the collaboration process with the NIH and the community teams. The group also co-created an experiential based adult learning curriculum, reflective practices, as well as an adapted coaching/mentorship model to support the learning and capacity building of the NIH team of CFHI and the six participating teams from coast to coast. The evaluation of the Collaborative was guided by a Guidance Group and an External Evaluator, Marion Maar, who had experience collaborating with Indigenous Organizations on health evaluations. The achievements can be summarized as responding to the five main goals of the PLT Collaborative:

1. To support the development of meaningful partnerships with teams to work alongside community members (First Nations, Inuit and/or Métis), health authorities, persons with lived experience and other community partners.
2. To provide learning opportunities for understanding and application of wise practices for life promotion and Indigenous mental wellness frameworks.
3. To support teams to enhance their capacity towards culturally safe environments to promote health transformation.

4. To enhance the capacity of teams to design, implement and evaluate improvement initiatives together/alongside their communities.
5. To strengthen the capacity of CFHI to collaborate with, and learn from, Indigenous partners and communities on health improvement initiatives.

The Six PLT Collaborative Teams form across Canada

The PLT Collaborative brought together six multi-disciplinary teams³ from across northern, rural and remote parts of the country from coast to coast, to support the development of life promotion initiatives in their communities. With the majority of teams, this included the development of meaningful partnerships between mainstream health organizations and Indigenous communities.

Table 1: The Six PLT Collaborative Teams

No.	Team Name	Location
1	Eastern Door: Promoting Life Together Inspiring Hope, Meaning, Purpose & Belonging	Western Newfoundland
2	Naandwe Noojimowin Nakiwin, Northershore Tribal Council	Northeastern Ontario
3	Hope North Committee Community Led Planning Framework	Northern Regional Health Authority, Manitoba
4	The Subarctic Friendship Circle	Churchill, Manitoba
5	Walking Together Life Promotion in Youth, Alberta Health Services and Beaver First Nation	Northern Alberta
6	Youth Leading Youth Advisory Committee for Life Promotion	First Nations Health Authority, British Columbia

CFHI's Northern and Indigenous Health Team as the Seventh Team

CFHI's NIH Team, the convener of the initiative, became the seventh team as it became evident that they were also learning alongside the community teams. A member of this team describes how NIH team became a unique team of the Collaborative:

The Seventh Team

What I've learned from this experience is that, as a mainstream organization, we may have really great ideas, and resources, and have good intention to work alongside communities or First Nations, Inuit and Métis organizations, but if you're coming at it with just your own ideas and timelines, it's not going to be the best approach. In fact, it's an approach you shouldn't take at all!

What I've learned is that whatever you plan on embarking on, it really needs to be guided by the community and their needs. I also learned that you must come from a place of humility and embrace being vulnerable and open to learning. And your focus should be on doing good, instead of looking good!

[Despina Papadopoulos](#), 2021⁴

The Collaborative aimed to build on the knowledge and capacity of teams across Canada in areas of quality improvement, engagement practices, Indigenous health and wellness frameworks, and to support teams to implement an initiative related to suicide prevention/life promotion. The Collaborative modeled co-design with Indigenous partners, offered in-person learning opportunities and teleconferences, which enabled coaching and mentorship by experienced practitioners, and offered a supportive curriculum to formally enhance the learning. For the community teams, there were three formal phases of work that focused on readiness, project development, and implementation/evaluation.

When the Collaborative formally concluded in December 2019, the Terms of Reference of the Guidance Group were redrafted and expanded to focus on sharing the knowledge and learning that had taken place over the course of the PLT Collaborative. The *Story of the Promoting Life Together Collaborative* represents what we have learned together as we reflect on this program and our work together over the two years of the Collaborative.

Why We Decided to Share our Story

In early 2020, the formal work of the PLT Collaborative was completed and the PLT Guidance Group took time to consider how to share the learning that had taken place. A Knowledge Sharing Working Group was created, which included members of the PLT Guidance Group. A *Protocol for Knowledge Sharing* was created that recognized Indigenous Knowledge and Rights Holders and further ensured the knowledge sharing “products” would provide the appropriate context and tell the PLT story in a respectful way. The group also identified key audiences and types of knowledge products, all of which were shared back with the Guidance Group for validation. One of the knowledge products identified was the *Story of the Collaborative*.

This is the *Story of the Promoting Life Together Collaborative* as seen through the eyes and the experiences of the Guidance Group and the NIH Team. It is the story of the process of collaboration and relationship development that was required to integrate different world views and to facilitate the life promotion work of the PLT Collaborative teams across the country.

It is also the story of a pan-Canadian health organization (CFHI/HEC) and its staff, and how they worked with and learned from Indigenous leaders, organizations and communities. It is the story of how these groups collaborated with the goal of integrating community voices and Indigenous ways of knowing in life promoting work, and how they, in turn, supported teams to do the same in six geographic regions. Finally, it is a story of why respect for Indigenous knowledge, values and people and culturally appropriate engagement are essential to the successful collaboration between Indigenous and non-Indigenous health organizations.

The Importance of Process and Experiential Learning

In sharing this story, a word of caution is required: **Indigenous Peoples, cultures as well as mainstream organizations are diverse and much of the work of the PLT Collaborative was and is context specific. Our intention to share the PLT Collaborative story is not to provide a step-by-step guide for others to duplicate.** Instead, it is to share our processes and learning of what worked and what did not, as we strove to enact culturally safe principles and practices alongside our PLT Collaborative partners. **We are sharing our process so others can learn from our experience and develop their own processes appropriate to them and their partners.**

We offer this, so that others can increase their understanding of the complex work, struggles and successes involved in bringing together Indigenous and mainstream Canadian organizational worldviews and integrate guiding principles of cultural humility and safety with a commitment to a long-term process of truth and reconciliation.

The way we share knowledge in this document is guided by a Knowledge Sharing Protocol developed by a Guidance Group, to determine what and how information gathered through the PLT Collaborative would be shared in continued adherence to the First Nations Principles of OCAP™ (ownership, control, access and protection) and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which were incorporated into the Memorandums of Understanding (MOUs) with First Nations and Métis partners, Elders, Leaders and Knowledge Keepers of the PLT Collaborative.

The Story of Our Beginnings

I believe beginnings of a story are often more important than the endings and for that reason we need to attend to how the groups responsible for creating the project joined forces to do the work we are aiming to document for educational purposes.

Bill Mussell, 2021⁵

The Process of Engagement of the Partner Organizations

The Canadian Foundation for Healthcare Improvement (CFHI) is a former legacy non-profit organization funded by the Government of Canada, dedicated to accelerating healthcare improvement.⁶ In 2014, CFHI established the Canadian Northern and Remote Health Network (the Network) with the goal to improve the health status of people living in northern and remote regions across Canada. At the annual roundtable of the Network in May 2017, members identified suicide prevention as a shared priority. The Network explored opportunities to create a learning collaborative focused on suicide prevention, with many health system leaders identifying work specifically with Indigenous communities in the north.

Realizing that CFHI did not have expertise in Indigenous mental health and wellness, the NIH team reached out to Indigenous leaders in mental health and wellness, including Thunderbird Partnership Foundation (TPF) and the First Peoples Wellness Circle (FPWC). These two Indigenous organizations had previous relationships with CFHI which were renewed through this opportunity.

Carol Fancott's experience at CFHI/HEC

I was a new director at CFHI. And I do recall those early conversations with Carol Hopkins at Thunderbird Partnership to really understand how we could do better as a partner and a desire to start fresh...CFHI wanted to support the Northern Network in the proposed worked but we wanted to do so in a way that would bring in new partnerships.

I came with experience in patient and citizen engagement and had spent much of my career in the space of engagement with patients, families and caregivers... But, I was quite new to the organization and also new to the area of Indigenous health, mental health, and suicide prevention.

I will admit some trepidation, some feeling like a fish out of water as I was starting out, knowing that there was a need to re-start and re-develop the relationship. So we reached out.

I recall one meeting a bit further along the engagement process. I was incredibly grateful that Carol Hopkins (from Thunderbird Partnership Foundation) had agreed to Co-Chair the Guidance Group.

Going into our first meeting, I could hear Carol [Hopkins] laughing further down the corridor. That totally defused any apprehension I had, and I remember thinking: We are going to be okay! This is going to be okay. I remember her laughter, her openness and the genuine desire by all parties that had come together in a respectful and authentic way, to learn and work together in a collaborative way. Yes, it was daunting, and yes, the subject matter was difficult, but we wanted to make a difference. It mattered to all of us!

[Carol Fancott, 2021](#)⁷

Carol Hopkins' story includes experiences that are perhaps familiar to other Indigenous leaders in many settings. Previous engagement attempts with the mainstream organization, prior to the PLT Collaborative, could be described as lacking cultural safety and privileging the mainstream organization and non-Indigenous norms and ways of practicing; clearly insufficient readiness to engage with Indigenous perspectives. Initially, when CFHI was confronted with the need to change their assumptions and practices and to begin to share power, which is what the relationship required to flourish, the initial enthusiasm and momentum for collaborating with Indigenous people was not sustained. This lack of readiness had led to a pause in the relationships that Carol Fancott described. Carol Hopkins shares her recollections of the story of the re-establishing the relationship that would eventually provide the foundation for a renewed partnership and work of the collaborative.

Carol Hopkins' Experience at Thunderbird Partnership Foundation

Thunderbird Partnership Foundation supports First Nations across Canada in mental wellness, also substance use and mental health. We do that with many partners... our introduction to CFHI was to explore a partnership, and to determine how working with CFHI might benefit First Nations across Canada to access greater health care resources to support mental wellness.

When we first explored the relationship, we were very intrigued by CFHI and how they supported stakeholders through their collaboratives and specifically the intention to bring on Indigenous faculty to deliver training. That was one piece that interested us! Further there was interest to work with CFHI to build relationships with provincial health authorities. We did that for a period of time, we were in conversation and we signed a memorandum of understanding. But then there were some challenges in the relationship and those challenges were related to broader issues within the organization. So, as we continued

the conversation over time, there was a bit of a pause. And as I think back, it was a good pause, because it was an opportunity for reflection.

Listening to understand

As new people came on at CFHI, like Carol Fancott and Despina Papadopoulos, we had an opportunity to have new conversations about the relationships, about the partnership and how to grow that. To understand the different factors that need to be part of these relationships.

A key factor that I found critically important in our work together to re-establish the relationship with greater clarity was that of genuine listening skills. Often times we had conversations, and questions were asked with a little shyness, not quite knowing how to ask, not wanting to offend, not wanting to go backwards in the relationship. That carefulness was not there to situate the relationship within barriers or unspoken concerns. The carefulness came from a genuine desire to listen and learn, that was very evident. CFHI staff would say “This is what we heard: did we get it right? Did we understand this?” Or, “Here is what we encountered, when we try to apply what we learned. Can we talk about that?”

That to me demonstrated the genuine interest in listening to understand. And if you listen to understand it is possible to create change and it is possible to have a relationship, because all relationships, require open conversation where you don't feel intimidated or afraid to ask questions. So a key learning for me is not letting fear hold you back, and when you are in a difficult place of understanding, you simply say that...let's talk about that and have the courage for open dialogue and expression.

[Carol Hopkins](#), 2021⁸

The PLT Collaborative was able to grow as a result of these foundational conversations that included, at times, difficult and courageous discussions.

The successful development of the Collaborative relied on the ability of the people in this initial group to listen carefully to each other, with the intention to understand and reflect on how to remove systemic barriers to Indigenous perspectives to re-establish the relationship as the foundation of the collaborative. This would eventually allow the team to reflect on different ways of knowing and being, and to create opportunities for this knowledge to be central to the work of the collaborative for the benefit of life promotion.

Building and Maintaining Relationships

The PLT Collaborative started out with the necessity to renew the relationship between non-Indigenous and Indigenous organizations. Personal relationship development supported the growth of the Guidance Group that enabled them to model good relationships to the Collaborative teams. Teams could in turn succeed in their work towards a process of transformative change. People had to get to know each other and build a sense of trust in the relationship.

At the first gathering of the potential Collaborative partners, Ed Connors, the FPWC representative kindly asked the CFHI staff to set aside their formal agenda and introduce themselves and share their background. This was the first of many times, when tight time schedules and agendas took a backseat and made room for relationship development and Indigenous ways of doing. This approach came to define the PLT as a place where all people could share who they are and where they are from, their values and ideas, to be listened to and heard, thereby creating safety in the group.

The Process of Developing Good Relationships

I realized that the difficulties that we encountered came about in our first attempt to collaborate with CFHI because we actually did not put the work in and the emphasis necessary into developing good working relationships that were needed to be able to work together and be successful in the collaborative that they had envisioned. They had begun to vision the work, and had realized that we needed to vision it together. And we, as Indigenous wellness leaders, realized that in order for us to share our knowledge that we have about life promotion that we needed to first establish a good working relationship. That is what has come out as the most important teaching or learning for me is that if we are going to succeed in our work together, we will have to start at the beginning with developing a trusting and respectful relationship. That is what we began to do.

Taking the Time to Develop Good Relationships

I think the staff at CFHI were brave in reaching out to us to attempt to develop the relationship for a second time. And we began to talk about why our relationship had struggled initially. And we began to recognize why we had not started our relationship well was because we had not taken the time to look at what was important for both of us in establishing a safe relationship that met our needs from both their side and our side.

Acknowledging Spirit in Relationships

One of the first things that we talked about in terms of our needs was the acknowledgment of the spirit of the work and where all of our work originates from. Recognizing spirit in the work in the form of giving thanks to Creator, in whatever form each person would like to recognize that relationship, and whatever it might be, so that we could give thanks together and express that in a form of ceremony. To express our gratitude for the life that we have and the relationship that we have with all of creation. And then ultimately, acknowledge our relationships with each other in the PLT.

Towards a Trust-based Relationships

That is where we began, and then we talked about establishing a trust-based relationship and how we get to a place where we all trusted each other. Our needs that we articulated at the time was that the knowledge we shared in the collaborative would be respected and shared in a way that it would not be used without recognition of where it came from and without permission to share it. We then created processes to ensure this would happen.

Interestingly we engaged the CFHI and the FPWC lawyers to establish a legal agreement about how we would proceed to ensure safety around Indigenous Knowledge in the collaborative.

Indigenous Knowledge and Relationships

Once we had that understanding, we established who would be involved in the relationships of the PLT. In the early stages of bringing these people together, we began to share some of the fundamental teachings and knowledge that we have. The teachings became the background of the understanding on how we can establish a good working relationship that would lead to the success of the collaborative.

We also shared Indigenous teaching of what a good relationship is. Initially we shared the understanding of the Two Row Wampum to develop a frame for a good relationship moving forward.

[Ed Connors](#), 2021⁹

Fostering Ethical Space for Conversations in our Relationships

The Indigenous scholar Willie Ermine explains that 'ethical space' is a space for dialogue that needs to be formed when two societies with disparate worldviews are poised to engage each other,¹⁰ creating a space between knowledge systems that allows for reflection. This concept was important in supporting meaningful communication and understanding between Indigenous and non-Indigenous people in the PLT Collaborative. Fostering an environment of ethical space became part of the process of maintaining good relationships as differences in worldview were identified and could be addressed in a good way.

Over the course of the PLT Collaborative, this coming together, to share, to learn, often in ceremony, was at the heart of our collaboration. It helped us to build trust to create ethical space and to better understand our work as people committed to a shared purpose. These opportunities to reconnect and strengthen our relationships within an ethical space were often facilitated through a story or question posed by Bill Mussell, the Guidance Group Co-Chair.

A Place to Speak from the Heart

Willie Ermine is a colleague who taught in Saskatchewan. He introduced the concept of ethical space in this context, a concept which is very much connected to the dialogue between culturally diverse people, specifically Indigenous and non-Indigenous people. The concept of ethical space is a paradigm that is intended to bring about meaningful communication and understanding of relationship development.

To feel safe enough with each other, to feel safe enough to take the risk of speaking from the heart. Speaking from the heart can help to access the spiritual dimension in our work.

[Bill Mussell, 2021⁵](#)

Kelly Brownbill sees the concept of ethical space as being able to bridge the river that separates two worldviews by enabling difficult conversations.

A Safe Space for Uncomfortable Conversations

One of the things that I found most impactful in the PLT collaborative was the creation of shared ethical space. We can forget sometimes that the work in a Collaborative is a partnership, that there are two sides or two shores that we are trying to bridge. As Indigenous people we have fought hard to make sure to have our ways of being and knowing honoured. We also made sure to honour the teams that were so eager to reach out to do the hard work. That was an incredibly courageous thing for the mainstream organizations to do. To enter into work that can be uncomfortable it was important that the collaborative made space for both partners.

As important as it was to hear from Indigenous communities, it was equally important to hear from our partners. I am proud that we created a safe place for the Indigenous communities to be able to say ‘this is what we need’ and for the non-Indigenous organizations to say ‘we want to meet you there but maybe we don’t understand what we need to do.’” Or to say ‘we want to meet you there, but we have no idea how to build this capacity that you need from us.

[Kelly Brownbill](#), 2021¹¹

This part of relationship building within an ethical space, requires humility and a vulnerability to admit that one does not have the answers. At first, this may not be easy for everyone. For many of us it is a journey that Denise McCuaig describes succinctly from an Indigenous perspective.

The Journey

The biggest journey, I think for Collaborative participants has been the one from head to heart, and recognizing they need to make that journey and bring it to the table.

[Denise McCuaig](#), 2021¹²

Creating Guiding Principles

The PLT was guided by seven Guiding Principles, first drafted by the CNRHN members and subsequently refined by the PLT Collaborative Guidance Group. The joint development of the Guiding Principles by Indigenous knowledge keepers and leaders within CFHI was critical foundational work that contributed to the ability of the Collaborative to move forward in a good way, with commitment to mutual understanding and a shared vision.

The Guiding Principles were actively referred to and reflected on as the work of the PLT Collaborative unfolded. The CFHI team and the Guidance Group conducted their work in ongoing awareness of and referenced the principles in their meetings, gatherings and the overall process of the PLT Collaborative. The project teams also integrated these principles into the project design, workplans, implementation and evaluation.

The principles were updated during phase 2 of the PLT, so it is important to note that they are not static, not carved in stone. But to update them required the Guidance Group to spend time in dialogue and in ethical space with the intention to increase the fit of the Guiding Principles with the PLT Collaborative.

It is important to stress that the principles are dynamic; they evolved over time as the Guidance Group and CFHI staff members evolved. While they will resonate with many people who work in Indigenous health, they should not be simply copied for use with another project or context. The process that the members engaged in to share their understanding of the principles with one another and later refining them, was an important part in building understanding and strengthening the relationships of the PLT Collaborative. **This relational process is an integral part of breathing life into the Guiding Principles.**

The Guiding Principles of the PLT Collaborative

1. Cultural humility/safety and reconciliation is an ongoing journey, and opportunities to further knowledge and capacity will be emphasized throughout the Collaborative.
2. The voice of Indigenous peoples, families, communities, patients, youth, caregivers, and individuals with lived experience will guide the Collaborative, and teams will be expected to model this approach.
3. Indigenous knowledge is recognized as evidence and will guide all stages of the Collaborative (development, implementation and evaluation).
4. An Indigenous social determinants of health lens has been, and will continue to be, applied to the work of the Collaborative. Mental health is influenced by many factors including culture, life experiences, colonization workplace or other environments, and the social and economic conditions that shape our lives.
5. Respect, listening to and valuing other perspectives and other ways of knowing, learning together and collaboration will be modelled and championed.
6. A strength-based approach that fosters hope to address life promotion/suicide prevention will be applied.

7. Collaborative action in health transformation promotes equity through mutual recognition, respect, sharing and responsibility.

Spiritual Advisor Albert Dumont speaks about the significance of Principle #3 that affirms that Indigenous knowledge is recognized and guides the Collaborative.

When I look at the Guiding Principles, I really connect with #3, which states that Indigenous knowledge is recognized and guides all stages of the Collaborative. When we look at Indigenous ways of knowing, we understand that our way is to listen and respect everyone's voice. On the canoe travelling on the Great River of Life, everyone on board should have a paddle. When you have no paddle, you lose your right to protest.

[Albert Dumont, 2021](#)¹³

Similarly, Nancy Parker remembers that it was the Guiding Principles and especially the perspective that Albert just elaborated as significant. This alignment with her own values and desire to work in this way convinced her to accept the invitation to become a PLT coach despite many other competing priorities.

When I see the mainstream healthcare system, it can be so out of sync with Indigenous people; not necessarily because there is a lack of caring, but a real lack of understanding of how to engage with and think differently about healthcare with Indigenous people.

But when I read the Guiding Principles of the PLT, I felt inspired and thought - they really get this! The Guiding Principles are all about the primacy of Indigenous voice. Indigenous knowledge is recognized as evidence! We don't need to go through the western way to determine of what is effective.

The notion that the Collaborative was Indigenous led was inspiring. And that is quite difficult for non-Indigenous people with a western approach because there is this tendency to 'take leadership' and that 'my idea is probably right and good.'

So to take a step back and work within the Guiding Principles; I really wanted to be part of this.

[Nancy Parker, 2021](#)¹⁴

Bill Mussell was one of the Indigenous leaders who helped to refine the language that was used to communicate the Principles. He explains the meaning and application of the Principle related to Indigenous Voice.

Indigenous Voice: An Exploration of Guiding Principle #2:

I want to speak about the importance of voice. I am happy to do that because I ended up becoming a teacher, with my studies in social work and graduate work in adult education. I have been in the business of helping people make meaning of life and to be able to share stories and build on stories, and to engage in a process of learning how to learn and live. And to help others do the same.

The second Guiding Principle is about voice of Indigenous people. In particular that the voice of Indigenous peoples, families, communities, patients, youth, caregivers, and individuals with lived experience will guide the Collaborative, and teams will be expected to model this approach.

This Principle was of particular concern to me because voice really is word space. It reminded me a lot of the settler society where people tend to want to serve as experts without appreciating the kind of thinking that is generated through relationships and working together to pool the best thinking we can bring to bear and share and to make meaning of the different points of view so that we can reach consensus that represents the best thinking of the group. That is the process with which I was raised and was trained in by working with members of the North American Indian Brotherhood, many of whom were operating as spokespeople and leaders of the First Nations communities in British Columbia.

When we created the Guiding Principles and looked at voice, I was very concerned that we be sensitive to the fact that when we try to understand the messages of voice. It needed to include sensitivities to behaviours and actions that make up how people live. The significance of culture and way of life is demonstrated by the way we actually live our life, by the way we behaved.

But the way we live our life is not necessarily something that we are aware of and many of us would have a difficulty describing what it is that we are living as a way of life in words, but many of us would be able to show others how we live our life. The teams were made up of Indigenous and non-Indigenous participants, so I was concerned that we have as much mutual understanding as possible about people's messaging and meaning, to support the decision making that we needed to make in the Collaborative.

As the Co-Chair of the Guidance Group, I really enjoyed doing everything I could to honour the implementation of the Guiding Principles, in particular knowledge translation both ways, so that non-Indigenous could understand our Indigenous point of view and vice versa. And appreciating at all times how important it is to build on the strengths of the communities we work with.

[Bill Mussell](#), 2021⁵

Collaborating as a Guidance Group and Coaches

In order for the PLT Collaborative to succeed in embodying the practice and spirit of co-design, co-learning and collaboration that was required of the participating teams, CFHI as the host organization needed to model this approach in its work with Indigenous partners. This required the creation of a Guidance Group for the PLT Collaborative.

The purpose of the Guidance Group as outlined in its *Terms of Reference* was to provide guidance regarding the design of the collaborative, including recommendations for content, delivery, tools, format, resources and curriculum, as well as the evaluation and measurement frameworks. Roles also included providing expertise in mental health and wellness, suicide prevention, life promotion, community wellness, Indigenous health frameworks, cultural practices and cultural safety, community engagement and change management.

The group was tasked with ensuring that Indigenous voices were central to the dialogue - a complex undertaking with ongoing tasks and responsibilities! This can be difficult because the starting point is often stark inequity: there is a long history of marginalization of Indigenous perspectives and knowledge. There is inequity in Indigenous wellness in Canada and mainstream ways of doing and practicing are routinely privileged, even if this further reinforces inequities. **Therefore, reflective practice and ongoing examination of unconscious biases, identifying required changes and innovation were all part of the work of the Guidance Group.**

Many discussions were focused on what was needed for equity in co-leading and co-designing the work of the PLT Collaborative. Many voices were required, including those of Indigenous people with diverse cultural backgrounds, and experiences. One important voice was that of Indigenous youth.

As a young person I took in what the PLT had to offer. In some meetings I was a fly on the wall, but I never really felt that way, I always felt valued. If you want to bring young people into your circle and you want their voice, you must make them feel valued and appreciated.

The youth representatives are not only there to provide their voice, they are also there to learn from everyone. Throughout this process I have learned so much, I would not be the person I am today without this experience I was so blessed to have. Miigwetch!

[Will Landon](#), 2021¹⁵

Another key decision was to invite the coaches/mentors supporting the teams to join the Guidance Group. The coaches/mentors could bring the principles and values of the group back to the community level and then share from their experience at the community level back to the Guidance Group. This dynamic inclusiveness dramatically enriched the Collaborative and ensured we would all grow together.

Brenda Restoule shares her understanding of the importance of recognizing the uniqueness of Indigenous peoples and the need for coaches and guidance group members with diverse lived experiences and cultural backgrounds and how this was vitally linked to the success of the PLT Collaborative.

Creating Space for the Voice of Indigenous peoples

When Thunderbird Partnership Foundation and First Peoples Wellness Circle were first brought into the conversation, there was a recognition that it was critical to have the opportunity to bring in multiple voices to contribute to Indigenous wellness.

In the early days of the collaborative when teams were identified, there was an acknowledgement that the Indigenous group members who would be part of the teams would include First Nations as well as Métis and possibly Inuit people. So for example, we acknowledged that concepts of Métis wellness had the possibility to be different from First Nations. We, as First Nations people, could not speak on behalf of other Indigenous groups. So it was important to have people at the table who had Métis Knowledge and who were familiar with the concepts of mental wellness and had worked with Indigenous communities.

Need for PLT Coaches with Diverse Backgrounds

The other thing that we recognized as the teams were being developed was the need to have coaches to support the teams. We understood that this is what CFHI regularly did. But we focused on the uniqueness of Indigenous knowledges, based on language, values, the territory and their cultural beliefs and world view. Therefore, it was important to identify coaches, specific for each team, and that immediately expanded our circle of knowledge. Each coach came with their own unique knowledge and experiences and skills that could help with the development of the Guidance Group, and so the coaches became part of the Guidance Group.

From the perspective of co-leadership we also acknowledge that CFHI had relationships with mainstream organizations with expertise who should be involved because of the work they were doing around mental health or suicide prevention. One of the organizations was the Mental Health Commission of Canada organization, who came to sit in, to listen and observe in the early stages, but not to coach the teams.

[Brenda Restoule](#), 2021¹⁶

Initially coaching was thought to consist of bi-weekly calls with the coaches, but it soon became clear that more experiential learning was needed in community to support 'learning by doing' in order for coaches to meet each team member at their varying levels of readiness. As a result, coaches travelled frequently to the community teams they mentored.

Coaches helped teams to develop their readiness by creating relationships with Indigenous communities in many ways. They helped the non-Indigenous team members to be comfortable with some of the skills that they needed for that journey. They were able to practice land acknowledgements which were integrated in their work; offering tobacco as they learned teachings of tobacco and its significance in First Nations cultures; and they reflected on how they might become more relational in their communication and engagement with Indigenous partners. Coaches often had to challenge teams to examine their unconscious biases and perceptions of Indigenous people that have been systematically reinforced in daily life in Canada, through media and institutions. At times, they needed to have difficult conversations about discrimination and racism.

The work as mentors demanded much of the whole being of each and every one of the coaches. It was the coaches' extensive lived experiences that allowed them to understand both the Indigenous as well as western knowledges and perspectives. This gift is based on the concept explained by Mi'kmaw Elder Albert Marshall as a *two-eyed seeing approach*.¹⁷ Their ability made it possible to work through the struggles of the individual learning journeys at each location, regardless of the stage of learning or prior experience of each of the team members.

The values of two-eyed seeing were also embedded in the Guidance Group through many practices. Brenda Restoule provides context how the two-eyed seeing was facilitated within the work of the PLT:

Recognizing Indigenous Knowledge in the PLT Approach

So, we had a blend of both mainstream and Indigenous knowledge that allowed us to capture the idea of a two-eyed seeing approach. Through the Collaborative there was a recognition that there was respect of diverse positions, ideas and values and within that diversity it would be important to embody a two eyed seeing approach.

We worked hard at acknowledging the two eyed seeing approach within the work of the Guidance Group and that approach went all the way to the leadership by Co-Chairs. There was opportunity for co-learning and co-design by creating a Guidance Group that had both Indigenous and non-Indigenous people and organizations with experience in mental health and suicide prevention and ultimately life promotion.

Creating Space for Indigenous Knowledge

As this was being created, we acknowledged that as First Nations, we are always guided and supported by an Elder and the group was very supportive of having the group lead by an Elder, that we did things in a good way, that is work was led by spirit, led by ceremony.

There was a bit of extra value focused on Indigenous knowledge, not because we thought one was better than the other, but because there was recognition in the Guiding Principles related to reconciliation and health transformation. A recognition that for so long there had not been equitable opportunity for Indigenous knowledge to play an equal role in the development of new initiatives or new knowledge that influences health care and health systems. So by placing an Elder in that role, we could ensure that there was a little extra weight given to Indigenous Knowledge, so we could ensure equity that it had not had in the past. This process led to the change in language and narrative from suicide prevention to life promotion. It allowed us to think of the work from a strengths-based perspective and move away from deficits and illness.

Valuing a spirit-centered approach

It also allowed us to be centered around spirit. When we think about life promotion it needs to be centered around spirit. What we know from our communities about connection to living a good life comes from spirit and our spiritual identity. And to be able to do this work well, meant that we had to ensure that spirit was the center of our conversation.

That understanding came from the Elder and that allowed us to open our meetings in that way and allowed us to do things from ceremony, to open our meetings, our discussions, our conversations in that way. It allowed for grounding our work.

It also ensured that as we brought our worldviews, our perspectives and knowledge to the table, we were aware that there was the possibility that Indigenous and non-Indigenous views would not always agree. But when you come from a place of spirit then you are coming with courage, with bravery, with truth, and humility that allow you to work through differences and realize your truth is not the only truth.

[Brenda Restoule](#), 2021¹⁶

Honouring Indigenous Worldviews through Ceremony

Recognizing the territory on which HEC's main office is located and the Algonquin people who have lived in this area since time immemorial, Albert Dumont was offered tobacco with the request to accept the role of Spiritual Advisor to the Guidance Group which he accepted. His positive leadership and spiritual guidance cultivated strength and unity in the PLT Collaborative. His guidance ensured that ceremony was honoured in all of our meetings and gatherings.

The Indigenous Worldview Matters

Ceremony has always been very important to me. I am grateful for the Collaborative for always beginning their meetings with ceremony, with prayer and with teachings. It is always done in a respectful manner. I don't take this for granted, to me it is an acknowledgement that the Indigenous worldview matters and that someone is interested in it.

To me, I see people who came to this land to prosper in this resource-rich country, to enjoy health and see their children grow. That they care to see the past and the dreadful oppression the Indigenous Peoples endured, means a lot to me.

An Indigenous strength-based approach

I have five grandchildren, three girls and two boys. I am well aware of the fact that efforts like the PLT Collaborative make are central to a better world for my grandchildren to live in. I want my grandsons to grow up to be honourable men, who will respect all their relations and who will treat women with honour and dignity and who will be the protectors of children.

There is more of a chance of that happening with the work we are doing together in the PLT Collaborative, for the health and wellness for the Indigenous community and for the next generations. The world will be a better place. I have lots of faith. I put tobacco in a good place for us for continued success together.

[Albert Dumont](#), 2021¹³

In October 2019, the final PLT Collaborative in-person gathering focused on ceremony and celebration. The gathering, with more than 60 visitors from coast to coast to coast, took place in Maniwaki, Quebec, on the traditional Algonquian territory of Kitigan Zibi First Nation, Albert's home community. A sacred bundle was created with spiritual guidance from Albert Dumont and Kelly Brownbill and teachings from Elders across Turtle Island were shared. The bundle included individual contributions from participants, communities, and organizations. The sacred bundle was gifted to CFHI as all were gathered together with members from all of the PLT teams, including many Elders. As representatives of CFHI, the members of the NIH team accepted the gift with humility and respect as all those present witnessed the event. The bundle is intended to walk with all CFHI. The NIH team, the seventh team was tasked with caring for it under the spiritual guidance of Albert Dumont. A year later, during the COVID-19 pandemic, a ceremony was held to feast the bundle, hosted by HEC, with many PLT Collaborative members joining virtually through video conferencing.

Kelly Brownbill provides her perspective of the role of ceremony in this circle with Indigenous and non-Indigenous people and her approach to ceremony with such a diverse group.

Relationships Expressed in Ceremony

One of the most powerful tools that we used during the work of the Collaborative was the use of ceremony in relationship building. It is sometimes difficult for non-Indigenous people to enter into a circle, to enter into ceremonies; maybe some don't have a faith community or they are not used to having ceremony or ritual in their lives. One of the things I tried to do when I was bringing ceremony into our work was to talk about the fact that no one needs to be confined by anyone else's idea of faith or spirit or ceremony. That you can come to a place in safety and participate in ways that are meaningful to you.

So rather than saying 'this is only for Indigenous people and that is only for non-Indigenous people,' or 'this is only for people in my lodge and people who don't belong to my lodge can't be part of this,' we entered into a place where everyone is welcome.

Part of our medicine wheel teachings is about the four aspects of self; the physical, mental, emotional and spiritual. Many people have a block when they try accessing the spiritual self because they don't belong to a faith community, because they don't practice their spirituality. But I tell them that spirituality does not have to be defined in a specific way, but merely as the belief in things you can't prove. It is about how you can feel much calmer as you sit by the water. Or how a walk in the woods can lower your blood pressure. Those things are ceremony and ritual and spirituality.

As we brought those pieces to the teams when we were visiting, so too did we begin our gathering in Kitigan Zibi with water songs and prayers, to do the serious work of presenting that sacred bundle. We tried to do that in a way that was inclusive and empowering. That it was really about everybody feeling safe, regardless how they defined themselves spiritually. It was about being able to access all parts of ourselves and bringing everything into the work of the collaborative.

There were lessons learned for me as an Indigenous woman, about how to make non-Indigenous people more comfortable in a circle as well as how to make Indigenous people who have not made ceremony and spirituality a part of their life, comfortable in that circle. So when we talk about promoting life, what can be more empowering than to be in touch with all parts of ourselves and to celebrate all parts of ourselves? I was incredibly grateful to be part of the ceremony, the ceremony making and ceremony learning.

[Kelly Brownbill](#), 2021¹¹

Respecting Indigenous Worldviews in Policy and Practice

The good intentions and resources of mainstream organizations are necessary but not sufficient to 'put principles into action' to facilitate the work of the PLT. Willie Ermine's concept of ethical space was again relevant as conversations were needed to ensure equity of Indigenous perspectives and policies, and practices required adaptation. This is a difficult task for many organizations who have created standardized ways of practice that are unconsciously protected by "the brick wall of a deeply embedded belief and practice of western universality."¹⁸

The Guiding Principles were of key importance in this process because they had to be reflected in practices of CFHI to support the work of the PLT Collaborative. Internal practices should certainly not create barriers! Operationalizing this notion meant that corporate structures and policies had to become less rigid. Policies like organizational style guides, meeting agendas, memoranda of understanding and dissemination strategies, methods of payment, gifting of knowledge keepers need to become more culturally appropriate and safe. Meeting spaces had to be selected to allow Indigenous ceremonial practices like smudging and access to the outdoors. Despina Papadopoulos, a member of the NIH team, reflects on the ongoing advocacy needed to create and maintain space within organizational structures by removing barriers for work in Indigenous health and adapting policy and practices.

Sometimes you don't know what you don't know, but you can increase your own readiness to work with and alongside First Nations, Inuit and Métis organizations and communities by listening, learning and unpacking your own biases and assumptions and reflecting on the assumptions inherent in the organization you work for.

At times you will make mistakes, but it is important to view them as learning opportunities and work towards modeling good practices and processes and to help shift the organizational thinking from being outcome focused to being relational, to focus on building trust to develop meaningful relationships.

If you are a member of the NIH team and involved in working with First Nations, Inuit and Métis, your work expands as you have to support staff and different departments in your organization to enhance their readiness. You have to support them in their learning journey because you have to work alongside them to help to develop and enhance some of those internal processes and policies that support the work of the collaborative.

*When you try to work in a relational and holistic way in a mainstream organization you may find that sooner or later you will be questioned. **It will take some time for others in the organization to understand why you need to work differently and you may need to have very hard and uncomfortable conversation. Often through these conversations you learn together how to move forward in a good way.** It is so important to stay on the path and respond to the responsibility of building a bridge to help to create space for Indigenous values and ways of doing and to hopefully help to support positive system transformation.*

[Despina Papadopoulos](#), 2021⁴

Another challenge to common practice was the evaluation of the Collaborative in a way that respected Guiding Principles such as respecting Indigenous knowledge as evidence. According to the Indigenous Frameworks of the PLT, reporting and evaluation activities are to be designed to measure success as it is defined by Indigenous partners and communities, recognizing that there will be variation how they define success.¹⁹ This required adapting internal evaluation process and reframing expectations to enable change accountability frameworks. External Evaluation Lead, Marion Maar shares her perspective of the complexities involved.

The epistemology of program evaluation in organizations and government is often profoundly stuck in a positivistic mindset, despite the substantial body of literature that describes the many limitations and knowledge gaps that are inherent when unsuitable indicators and cookie-cutter performance measures are forced upon complex, culturally and context specific health interventions.

At first, there was a tacit expectation that standardized evaluation and reporting would also be imposed on the PLT. However after some discussion and internal advocacy, CFHI changed its practice and the PLT became the first collaborative able to develop its own evaluation framework using a participatory approach, inclusive of Indigenous knowledge, ways of knowing and research methods. That made the evaluation rigorous, valid and useful!

I see two effects of this approach as particularly significant. First, using Indigenous Research methods such as the Learning Circle, we were able to combine evaluation research with ceremony as we came together to share our learning. That freedom to build on Indigenous values, beliefs and ways of knowing transformed the evaluation into a 'quest for truth and healing'²⁰ for the Guidance Group and the teams.

Second, it allowed us to begin to document, and later share with others, the key processes and the quality of the work and relationships that were required for the PLT to succeed. These are the actual, true indicators of success. We shifted the focus from counting widgets, to understanding how we did our work, and finally how that approach transformed minds and hearts and - maybe – will help to start the process of transforming systems.

[Marion Maar](#), 2021²¹

Taking time to develop knowledge sharing protocols that respect agreements to protect Indigenous knowledge and would be guided by a shared purpose was the next step in 'putting Principles into action.' Mariette Sutherland, who supported the PLT Collaborative in many areas that required connecting Indigenous worldview and mainstream practices, also facilitated the process of the creation of a *Knowledge Sharing Protocol*. In this internal document, the Guidance Group came to consensus on a vision for the PLT knowledge sharing activities:

Life promotion is supported and new paradigms for relationship building have been enabled through the sharing of knowledge created within the PLT Collaborative.

The protocol ensures that dissemination activities link back to the Guiding Principles, and that clear goals are articulated for knowledge sharing, that appropriate audiences are kept in mind, and that there is guidance on how to share Indigenous Knowledge. Mariette shares key insights related to the Knowledge Sharing Protocol.

Creating a Knowledge Sharing Protocol

It has been an aim of the project since its inception that the lessons learned and its constructive findings would be shared with the teams and the hosting organization, but also more widely. The process we created in the PLT can be instrumental learning for other organizations.

It is important that when we transmit that knowledge to make sure that the authentic voice of the people behind the project emerge in all of the evaluation and knowledge sharing products. It is important to highlight the importance of process and to do so by telling the story.

In the Knowledge Sharing Protocol it was also important to delineate those things that are best shared on paper and what is better to leave remembered close to the heart, because it needs to be experienced in order to be known and understood.

[Mariette Sutherland, 2021](#)²²

There are substantial differences between Indigenous and western values when it comes to the ethics of knowledge, its use and the relationship people have with this knowledge. In western culture, knowledge is regularly commodified and knowledge is firmly linked to power. This generally does not match Indigenous perspectives and values related to knowledge. Therefore, there is inherent risk in knowledge sharing that has to be mitigated on an ongoing basis by the Guidance Group.

This risk goes beyond the appropriation of Indigenous knowledge, although this is clearly an important issue. Dangers includes the possibility that the relational aspect of the work - the aspect that the evaluation showed was the catalyst of the success of the PLT Collaborative - could be lost in translation. There is also a danger that components of the work we share are imposed on communities and programs elsewhere in a standardized fashion, without understanding all that is needed for work to succeed.

There is a danger that the emphasis on 'process not outcome' is lost and that the need to focus on spirit as part of moving forward in a good way could be lost. Any of these potential missteps in turn could lead to the failure of future Indigenous health and wellness initiatives. Therefore, much is at stake and the Guidance Group is taking the knowledge sharing work just as seriously as all other components of the PLT Collaborative.

After thoughtfully turning their mind to these issues, the Guidance Group agreed that the learning is inherent in our journey and the possibility that the learning plants seeds for paradigm shifts in other places, justified the risk. The Guidance Group tasked several members to form a *Knowledge Sharing Working Group* and to apply the *Protocol for Knowledge Sharing*. Using this protocol, the working group oversaw the process of knowledge sharing.

Transformation

Health transformation is a process not an outcome. As our journey with the PLT Collaborative showed us, transformation takes time, because it needs to occur on many levels. Amongst the many spaces where transformation is needed (such as government, education, health service, etc.) the PLT Collaborative members were able to facilitate and witness transformation on several levels.

Transformation occurred at organizational levels, for both CFHI/HEC and the community teams, where policies and practices began to make space for Indigenous practices. Transformation also occurred at a personal level for those who took part in different aspects/activities of the PLT Collaborative. We share some of these stories of transformation organizational, team and personal changes in this final chapter of the first volume of our story.

Stories of Organizational Transformation

The NIH team took the time to listen to its partners, the Guidance Group and the coaches and all imagined the next steps together, relationally. Mariette Sutherland explains that CFHI succeeded in putting aside the organizational emphasis on deadlines and planning cycles that mainstream organizations choose to observe. Flexibility and adaptability became part of being innovative and courageous, necessary to begin to transform the organizational and collaborative processes.

The Seventh Guiding Principle

The seventh Guiding Principle is really about system change. It links back to the learning journey and the processes undertaken in the PLT. There are many mainstream change management processes models that have been developed. Change management is usually approached from tactical and strategic perspective. Missing from that is the notion of spirit and intent behind it.

The Guidance Group was also thinking about how change happens and how this process fits into each context, but they looked at change management in a relational and spirit centered way. That approach will have more longevity in the long run.

Change management is not just about an organization with departments, programs and units of services, but actually about people; change is driven by people. When you realize that, then coming from a spirit centered and relational approach makes sense. For Indigenous people, we have always known that before change takes place, you have to establish a relationship. And acknowledge one another spirit and where they are coming from.

That fact that the PLT approached change in that way is profoundly important, especially when you talk about system change within mental health in Indigenous communities. You have to acknowledge the long history of how we arrived at the current state of mental health and wellness... the place where change happens is from within a spirit centered approach, otherwise it is very difficult to achieve. Understanding that change can happen, but you have to start from that place of relationship and from spirit becomes increasingly important. This is really vital to understand because the topic of the PLT so profoundly important to our communities. It is a phenomenal learning to grasp.

[Mariette Sutherland](#), 2021²²

Facilitating a strengths-based approach for the teams also required transformation within CFHI. Flexible policies were needed when some teams encountered local obstacles, insufficient levels of readiness or required additional prep work before their relational work could succeed. This required transformation within CFHI as staff supported and modelled what was needed for people's understandings to shift and transformation to occur at the local level.

Another key piece that allowed us to succeed in our work as coaches was time. We were given the time to work with the teams. We did not rush things, if a conversation needed five hours, we took five hours. Timelines and agendas were not as important as relational work.

[Nancy Parker](#), 2021¹⁴

Adapting of CFHI travel policies allowed the NIH team members on many occasions to travel with the coaches to communities. This was a significant transformation as well because it allowed the NIH team to experience the work of the PLT firsthand and to **witness** the realities of relationships between mainstream health care organizations and First Nations. It enhanced opportunities for personal transformation and for experiential learning of what else was needed for system wide transformation.

The work of the collaborative has helped our organization very much. We have a much better understanding of how to work in a relational way, to be an organization committed to truth and reconciliation. It has put us on a new path as an organization in our commitment to be guided by First Nations, Métis and Inuit people as part of our journey towards truth and reconciliation. There has been a lot of learning!

[Carol Fancott](#), 2021⁷

Stories of Personal Transformation

Many of the people connected to the PLT Collaborative spoke about their own transformation during meetings and gatherings. The transformative learning was possible for those who just started out new to Indigenous health as well as those who were lifelong leaders.

The deep, deep learning that has happened, in the context of this work, and in creating an environment where we could work in a very different way, in a relational way, and I guess to be deeply attentive to others, to their perspectives, to listen well, to be respectful, to be open, and to be kind to each other, to ourselves. Because, I feel that, that the people we have had the privilege to work with, First Nation and Métis partners in this work, have been incredibly kind and gracious, and generous in their teachings with us, which has helped us, me as a person, but also us as team, and us as an organization to move forward.

[Carol Fancott, 2019⁷](#)

The richness of the experience was a gift for me. The gift was within the relationships that were built, the people that I got to know and share my thinking with, and then hear their thinking on the same topic. The gift was also to then to collectively and collaboratively identify what could help and support communities to understand life promotion better and how to do this work with our Indigenous partner communities. And specifically how to support our Indigenous and non-Indigenous communities to develop good relationships.

The gift also lies in a true understanding and actioning of reconciliation. The PLT had within it the elements that could support people to understand reconciliation. And what we can do that can lead us to that place and that we can articulate that a little better.

[Ed Connors, 2021⁹](#)

Transformation is connected to Sustainability

Finally, we end this last chapter of this story with the perspectives of some of the knowledge keepers and their look to future work together and future transformation.

This is what the Collaborative is supposed to be all about, and I believe it truly is: We are all trying our hardest to do some good work, together as one, as a team, to find the strength and to keep pushing forward, and not to turn around to go another way.

[Albert Dumont](#), 2021¹³

Bill Mussell shares his observations of the deep connection between transformation and sustainability.

*If we **experience** the benefits of teaching and learning through the building of relationships and the sharing of stories and lived life experiences, and*

*if we **create a desire** to know and learn with those we are interacting with, if we inspire that kind of mindset, and*

*if people **experience the payoffs and benefits** that are connected to enhancing their knowledge and understanding of how to form better relationships with other people and mother nature,*

*then they are going to be able to **embrace life more fully**. And by embracing life more fully they will take care of sustainability.*

I sense from the teams I worked with that the people in many ways are continuing to engage in these activities and are beginning to model sustainability. Some will do it as an organized group and some will do it individually.

Those who learn the joys of it will do it individually and collectively.

The more we can do this in Canada, the richer our relationships will be and the richer our life as Canadian will become.

[Bill Mussell](#), 2021⁵

Denise McCuaig closes the circle with a focus on spirit and its connection with the future of the PLT Collaborative.

I think when you look to the future it's important to maintain the spirit of the work, and in doing that, you have your sacred bundle, you have your eagle feather, and to bring it out from time to time, to reflect on the spirit that went into the creation of those items, and the spirit that they represent as you are moving forward.

Sustainable work is going to be about sustaining relationships, projects will come and go, but the relationships will be what makes for a brighter future.

[Denise McCuaig](#), 2021¹²

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¹⁷ Two-Eyed Seeing is a term used by Mi'kmaw Elder Albert Marshall and refers to "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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