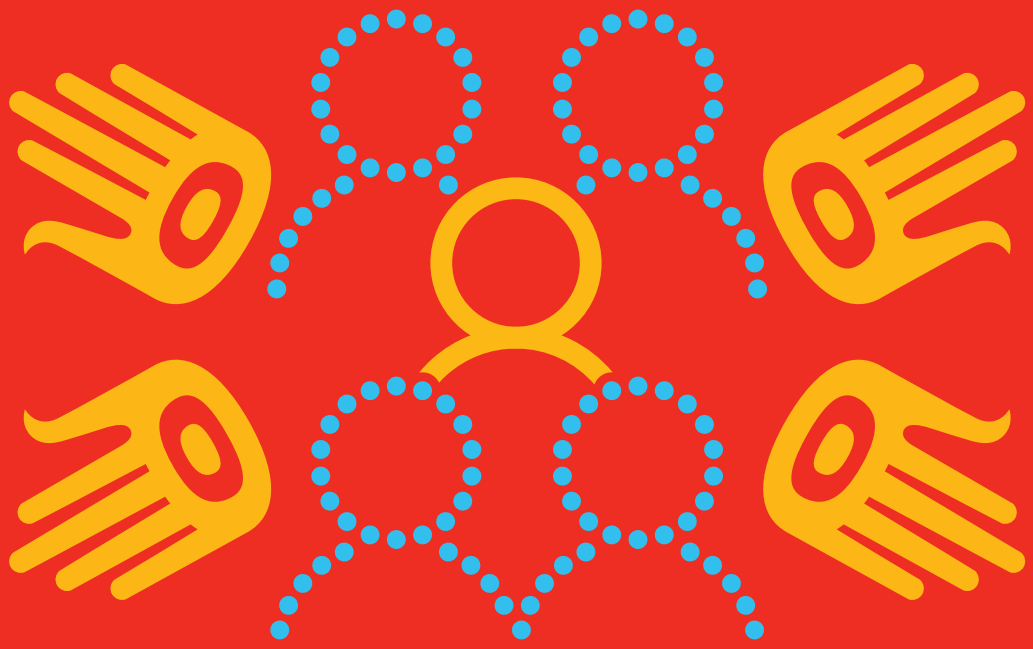
September 2022

COLLABORATION
COOPERATION
CO-CREATION
Case studies of social service innovations during COVID-19

Auduzhe Mino Nesewinong Clinic (Place of Healthy Breathing):

Advancing Indigenous health and data equity



United Way Greater Toronto

WORKING WITH COMMUNITIES IN PEEL, TORONTO & YORK REGION

Report partner:

PhiLab
CANADIAN PHILANTHROPY PARTNERSHIP RESEARCH NETWORK

Land acknowledgement

United Way Greater Toronto acknowledges that our work takes place on the traditional land and gathering place of many Indigenous nations including the Anishnaabeg, the Haudenosaunee and the Wendat peoples and it is now home to many diverse Inuit, Métis, and First Nations peoples.

We also recognize the rights of Indigenous communities and that the Greater Toronto Area is covered by several treaties including Treaty 13 signed with the Mississaugas of the Credit First Nation and the Williams Treaties signed by seven First Nations including the Chippewas of Beausoleil, Georgina Island, Rama, Mississaugas of Alderville, Curve Lake, Hiawatha and Scugog Island.

We honour the teachings of Indigenous peoples about the land we each call home and our responsibilities to the land and one another. We are committed to improving our relations and walking in solidarity with Indigenous peoples. From coast to coast, we acknowledge the ancestral and unceded territory of the Inuit, Métis and First Nations peoples.

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United Way Greater Toronto

As the largest non-government funder of community services in the GTA, United Way Greater Toronto reinforces a crucial community safety net to support people living in poverty. United Way's network of agencies and initiatives in neighbourhoods across Peel, Toronto and York Region works to ensure that everyone has access to the programs and services they need to thrive. Mobilizing community support, United Way's work is rooted in ground-breaking research, strategic leadership, local advocacy and cross-sectoral partnerships committed to building a more equitable region and lasting solutions to the GTA's greatest challenges.

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PhiLab
CANADIAN PHILANTHROPY PARTNERSHIP RESEARCH NETWORK

The Canadian Philanthropy Partnership Research Network / Réseau canadien de recherche partenariale sur la philanthropie (PhiLab) is a Canadian research network on philanthropy. The network is divided into several regional hubs across the country. The network's headquarters are located in Montreal, on the Université du Québec à Montréal (UQAM) campus. Philab Ontario is a hub located at Nipissing University.

The project started in 2014 as part of two SSHRC partnership development projects on "Canadian Grantmaking Foundations". From its beginning, the Network has been a place for research, information exchange and mobilization of Canadian foundations' knowledge. Research conducted in partnership allows for the co-production of new knowledge dedicated to a diversity of actors: government representatives, university researchers, representatives of the philanthropic sector and their affiliate organizations or partners.

The Network brings together researchers, decision-makers and members of the philanthropic community from around the world in order to share information, resources, and ideas.

philab.uqam.ca

Message from Daniele

Throughout the pandemic, United Way Greater Toronto's (UWGT's) network of over 300 funded agencies and community partners mobilized quickly to meet urgent and evolving needs and problem solve in real time – leading to effective innovations with the potential to move the needle on critical issues facing communities.

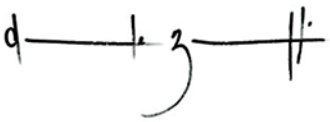
Our network saw firsthand how the pandemic upended our collective and individual understandings of "normal" and left many grappling with precarious employment, income insecurity, mental and physical health challenges, and more. But during this time, the story unfolding across our region has been not only one of crisis, but also one of small transformations – innovations that UWGT has championed as we've convened cross-sector partners to forge new paths forward, mobilized emergency funding in response to heightened and emerging needs, and ensured our funding gave community agencies the flexibility to allocate resources to where they were needed most.

UWGT's commitment to systems-level change means not only championing initiatives with this potential, but also analyzing and amplifying the lessons they have to offer. This case study is one of five in the UWGT series *Collaboration, Cooperation, Co-Creation: Case Studies of Social Service Innovations during COVID-19*, developed in partnership with the Canadian Philanthropy Partnership Research Network (PhiLab).These case studies remind us that times of crisis necessitate innovation – but they don't guarantee it. Major disruptions only bring systemic change when communities have both a clear vision for a path forward and the tools to get there.

Together, these case studies show what we know so well at UWGT: that a non-profit sector that is rooted in community and fortified by decades of expertise knows where we need to go even before crisis hits. That a sector equipped with the right tools and resources has remarkable capacity for agility and adaptation. That flexible funding and general operating support – two staples of UWGT'S funding model – are key elements of the toolbox that enables organizations to pivot and engage in necessary strategic, systems-level work. That through networks UWGT has been cultivating for decades – networks of community agencies, local residents, and partners in government, labour, and the corporate sector – with the resolve to work together in new ways, the change we are capable of achieving is exponential. And finally, that backbone support provided by entities like UWGT – from research to convening to strategic investments in community – is foundational to all of these elements.

These stories of innovation show that our path forward is not about recovering our pre-COVID "normal." Because we are building something better. We're bridging siloes and catalyzing new partnerships, so that everyone can access the services they need without coming up against roadblocks. We're amplifying community voices and joining hands in advocacy. We're deepening our understanding of what advancing equity looks like in concrete terms – and most importantly, acting on it.

Our world is in flux. These case studies offer important lessons for how we can chart a path through instability and uncertainty – one that not only ensures urgent needs are met, but brings us all closer to a future without poverty.



Daniele Zanotti
President & CEO
United Way Greater Toronto

Auduzhe Mino Nesewinong Clinic
(Place of Healthy Breathing):

Advancing Indigenous health and data equity

Introduction

The COVID-19 pandemic has highlighted the importance of collecting accurate and timely data across sectors—disaggregated by social identity categories such as gender, race, ethnicity, Indigenous identity and sexual orientation—to identify and understand underlying structural vulnerabilities and inequities and guide policy and program decisions to address them. For our health systems in particular, the collection and analysis of social identity data is critical to measuring and monitoring inequities and implementing systemic changes to advance greater health equity.[1]

In a world saturated with data and increasingly drawn to the promise of data-driven decision-making, the accuracy of data is paramount. Inaccurate or biased data leads to biased and inequitable policy decisions, including funding allocations, often leaving those unaccounted for ineligible for government benefits.[2] Early in the pandemic, the federal government allocated $15 million to urban and off-reserve Indigenous organizations and communities out of the inaugural $305 million available in the Indigenous Community Support Fund for Indigenous communities and organizations to prevent, prepare and respond to COVID-19.[3] Urban Indigenous leaders were critical of this approach, calling out underfunding for urban Indigenous communities as a direct consequence of being undercounted and misrepresented in existing data sets used to inform these decisions.[4]

[1] Canadian Institute for Health Information. (2022, March 17). *Race-based and Indigenous identity data*. https://www.cihi.ca/en/race-based-and-indigenous-identity-data

[2] Yao, K., & Park, M. K. (2020). *Strengthening data governance for effective use of open data and big data analytics for combating COVID-19* (Policy Brief No. 89). United Nations Department of Economic and Social Affairs. https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/PB_89.pdf

[3] By May 21, 2020, the Government of Canada responded by announcing an additional $75 million in a proposal or needs-based request process for urban and off-reserve Indigenous organizations through the new Indigenous Community Support Fund (ICSF). A further $159.8 million, also in needs-based COVID-19 support, was added on August 12, 2020.
Government of Canada. (2020, March 26). *Addressing urgent needs in Indigenous communities related to COVID-19* [Press release]. https://www.canada.ca/en/indigenous-services-canada/news/2020/03/addressing-urgent-needs-in-indigenous-communities-related-to-covid-19.html

[4] Stefanovich, O. (2020, April 22). *'Disrespectful': Urban Indigenous population feels short-changed by federal COVID-19 response*. CBC News. https://www.cbc.ca/news/politics/stefanovich-health-committee-urban-indigenous-covid19-1.5539883

Whereas the 2016 Census of Population counts 46,315 Indigenous peoples in Toronto, Indigenous researchers estimate a number closer to 95,000, more than double the official number.[5] Systemic bias, discrimination and lack of trust in institutions are the main contributors to the consistent underestimate of the urban Indigenous population in Canada. Research conducted by Well Living House, an action research centre for Indigenous infants, children and their families' health and well-being, finds that only 14% of Indigenous adults in Toronto completed the 2011 Census and only 16% completed the 2011 National Household Survey. The study calls this dramatic lack of representation "a cautionary note on the shortfall of national census data on 'hard-to-reach' populations in Canada and beyond."[6] The same study includes a recommendation to municipal, provincial and federal policy-makers to work in partnership with urban Indigenous peoples and organizations to "address data collection methods and system limitations that systematically undercount Indigenous populations and thus under-represent Indigenous health and social inequities."[7]

Alongside challenges with census-level data, administrative health data on Indigenous populations is equally deficient. Lack of consistent Indigenous identifiers coupled with political and historical influences; power imbalances; lack of culturally safe spaces; and racism, discrimination, intimidation and harassment contribute to Indigenous peoples choosing not to identify as Indigenous and/or foregoing health services altogether, generating unreliable data with which to make decisions around resource distribution.[8] This is an example of data colonialism, defined by Nick Couldry and Ulises A. Mejias as the practice of extracting and claiming ownership and decision-making authority over data in ways that reiterate historic colonialist paradigms.[9] Data colonialism divorces data from reality, generating low-quality decisions, misappropriation of resources and longstanding inequities.[10]

Urban Indigenous leaders across the GTA recognized early in the pandemic that colonial healthcare and data collection practices would hamper the public health response and put Indigenous peoples at high risk of infection and death. This case study explores an encouraging approach to decolonizing health care and health-related data collection and analysis for the Indigenous community, by the Indigenous community. The case features the development and evolution of the

[5] Note 2021 Census data only available on September 21, 2022. City of Toronto. (n.d.). *Indigenous people of Toronto*. https://www.toronto.ca/city-government/accessibility-human-rights/indigenous-affairs-office/torontos-indigenous-peoples; University of Toronto Department of Family and Community Medicine. (2021, September 28). *Place of Healthy Breathing: Supporting Indigenous communities during COVID-19 and beyond*. University of Toronto. https://dfcm.utoronto.ca/news/place-healthy-breathing-supporting-indigenous-communities-during-covid-19-and-beyond

[6] Rotondi, M. A. et al. (2017). Our health counts Toronto: Using respondent-driven sampling to unmask census undercounts of an urban Indigenous population in Toronto, Canada. *BMJ Open, 7*(12), e018936. https://doi.org/10.1136/bmjopen-2017-018936

[7] Rotondi, M. A. et al. (2017). Our health counts Toronto: Using respondent-driven sampling to unmask census undercounts of an urban Indigenous population in Toronto, Canada. *BMJ Open, 7*(12), e018936. https://doi.org/10.1136/bmjopen-2017-018936; Well Living House. (2018) *Our Health Counts Toronto- Adult Demographics*. http://www.welllivinghouse.com/wp-content/uploads/2019/10/OHC-TO-Adult-Demographics-.pdf

[8] Horrill, T. et al. (2018). Understanding access to healthcare among Indigenous peoples: A comparative analysis of biomedical and postcolonial perspectives. *Nursing inquiry*, 25(3), e12237. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6055798/; Smylie, J. & Firestone, M. (2015). Back to the basics: Identifying and addressing underlying challenges in achieving high quality and relevant health statistics for indigenous populations in Canada. *Statistical Journal of the IAOS*, 31(1), 67-87. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4716822/

[9] Couldry, N., & Mejias, U. (2019). *The costs of connection: How data is colonizing human life and appropriating it for capitalism*. Stanford University Press.

[10] Ramanathan, N. et al. (2022). Decolonize data. *Stanford Social Innovation Review*, (Spring). https://ssir.org/articles/entry/decolonize_data

Above: Staff from Auduzhe Mino Nesewinong

Auduzhe Mino Nesewinong Clinic (Auduzhe hereafter), an Indigenous, community-led and situated COVID-19 assessment and vaccination centre in Toronto, and its contribution to We Count COVID-19, an Indigenous, community-owned database that tracks the spread and impact of COVID-19 among First Nations, Inuit and Métis people as well as services available in Toronto. Auduzhe, which translates to Place of Healthy Breathing in Anishnawbemowin, is a collaboration among three Indigenous-led organizations: Na-Me-Res, Seventh Generation Midwives Toronto (SGMT) and Well Living House (WLH) at St. Michael's Hospital.[11] These three organizations, supported by more than 20 other Indigenous-focused entities, collaborated to address systemic barriers related to COVID-19 healthcare access for Indigenous peoples and, in so doing, have enabled Indigenous-led COVID-19 data collection, analysis and dissemination to influence pandemic responses and future Indigenous healthcare policy more broadly.

This work draws on conversations with Devon Bowyer, Logistics Manager of Auduzhe; Cheryllee Bourgeois, Midwife at SGMT; Dr. Janet Smylie, Director of WLH; and Steve Teekens, Executive Director of Na-Me-Res. All conversations took place between November and December 2021. United Way Greater Toronto is grateful for the time, guidance and insights shared by all interviewees, without which this report would not be possible.

[11] Na-Ma-Res is a United Way Greater Toronto anchor agency. United Way Greater Toronto funds a network of anchor agencies that receive flexible and multiyear funding intended to build strong, responsive, sustainable and effective organizations.

Auduzhe Mino Nesewinong Clinic

About Auduzhe and its partners

Auduzhe is a comprehensive Indigenous-led COVID-19 clinic offering testing, vaccines and wraparound supports, outreach services, case identification and management and contact tracing to Toronto's Indigenous population. Committed to Indigenous-led practices and run by Indigenous medical professionals, the clinic provides a culturally safe healthcare option for Indigenous peoples who might not otherwise engage in the public health response to COVID-19.

Auduzhe was developed in direct response to the pandemic, buoyed by the complementary skill sets, expertise and decade-long history of collaboration among the three founding partner institutions.

Na-Me-Res, or Native Men's Residence, is an Indigenous-led shelter and housing provider for Indigenous men in the City of Toronto. Na-Me-Res provides services that address the mental, physical and emotional aspects of the lives of its residents through Indigenous culture-based programs, including sweat lodge ceremonies, hand drumming, the teaching of Ojibwe and Cree languages and Indigenous plants gardening, among other traditional teachings.

Seventh Generation Midwives Toronto (SGMT) is an Indigenous-led midwifery practice in Toronto that provides primary antenatal care and wraparound support to pregnant women and their families during the childbearing years. SGMT is guided by Indigenous midwifery and kinship teachings, supporting families with a holistic approach that considers spiritual, emotional, mental and physical experiences in relation to sexual and reproductive sovereignty.

> *"Although Auduzhe was created to be able to provide testing and then eventually vaccination for the Indigenous community in Toronto, there was always a pre-existing need for Indigenous-specific services to understand how health—whether it be pandemic or other health issues— affects Indigenous people. That is very needed within the city. And so this clinic and the way that it opened, is really specifically to be able to address the gaps that we know exist within the healthcare system for Indigenous people to respond specifically to COVID."*
>
> *– Cheryllee Bourgeois, Midwife at Seventh Generation Midwives Toronto*

Well Living House (WLH), situated in and affiliated with St. Michael's Hospital, is an action research centre co-governed by a council of grandparents and St. Michael's Hospital staff and operated by Indigenous health researchers, health practitioners and community grandparents. WLH asserts control over Indigenous data collection and analysis, gathering, using, sharing and protecting Indigenous health and well-being knowledge and practice. WLH draws on both Indigenous and public health knowledge to inform innovative scholarship and practice.

Pandemic response: For us, by us. Nothing without us

When the pandemic hit in March 2020, WLH immediately began exploring solutions to address gaps in the public health response to COVID-19 for Indigenous communities and worked with others nationally to implement an Indigenous COVID-19 measurement and response system.[12]

At the same time, SGMT built on their expertise in navigating the healthcare, education and child welfare systems and began planning to expand their singular focus on Indigenous women and families in their childbearing years to support all Indigenous families through the pandemic. SGMT launched their Call Auntie COVID-19 Indigenous Pathways Hotline (Call Auntie hereafter) in April 2020, providing Indigenous families with accurate and timely information on navigating shifting provincial and public health guidelines and facilitating access to the healthcare system and social service agencies. Call Auntie received inbound calls and provided proactive outreach to SGMT's existing contacts. SGMT was also considering ways to mobilize data for community benefit.

Meanwhile, at Na-Me-Res, which experienced a COVID-19 outbreak early in March 2020, staff were overwhelmed and critically challenged to continue providing temporary shelter services while keeping residents and staff safe. Na-Me-Res sought support from Toronto Public Health and the Shelter, Support & Housing Administration (SSHA) Division at the City of Toronto, who were equally beset by COVID-19 response challenges of their own. When City support did not materialize, Na-Me-Res reached out to WLH for infection, prevention and control guidance. WLH provided the timely public health advice Na-Me-Res needed to manage the outbreak.

Na-Me-Res, WLH and SGMT connected regularly in the early days of the pandemic. All were also engaged in larger sector-wide networks and working groups convened to discuss emerging needs of Toronto's Indigenous communities and brainstorm solutions toward enhanced community knowledge and culturally safe pathways to community-led pandemic response. The government's early projections were based on data that undercounted urban Indigenous peoples. They predicted low infection

[12] In March 2020, WLH researchers started developing a project entitled Rapid Implementation of a Shared COVID-19 Tracking and Response Platform for First Nations, Inuit, and Métis Populations in Canada in partnership with a network of national and regional First Nations, Inuit and Métis governing and organizational partners. This project's overarching goal is to address critical gaps in the public health response to COVID-19 among First Nations, Inuit and Métis populations by rapidly implementing an Indigenous COVID-19 measurement and response system.

Figure 1. Auduzhe Mino Nesewinong COVID-19 Response Model

rates among urban Indigenous communities and allocated funding accordingly. Indigenous health practitioners predicted low participation in hospital or non-Indigenous-led COVID-19 testing programs and public health follow-ups. Anecdotal evidence from the Na-Ma-Res shelter and Call Auntie hotline verified this hypothesis.

By May 2020, WLH, Na-Me-Res and SGMT began co-developing a comprehensive COVID-19 response program that combined community-led healthcare services with research, led by and for urban Indigenous communities—Auduzhe. After unsuccessfully exhausting several potential funding avenues, a $700,000 research proposal was accepted by Indigenous Services Canada in June 2020, titled "We Count COVID-19: Demonstrating an Integrated and Indigenous Led Public Health Approach to First Nations, Inuit and Métis COVID-19 Case Identification and Response in Urban and Related Homelands." The submission was led by WLH, with Na-Me-Res and SGMT as co-applicants.

With funding in hand and a secure base of trust and shared commitment to culturally safe, Indigenous-led approaches, the partnership of a men's shelter, a midwifery organization and a community-action research centre flourished. Housing, clinical and research skill sets converged, and existing resources were leveraged to make Auduzhe possible. Na-Me-Res repurposed an existing building for the clinic; SGMT tapped into long-standing community connections and adapted its wrap-around Indigenous midwifery approach to outreach, engagement and care; and WLH complemented with medical and action research expertise.

> *"The answers lie in our community for Indigenous people. So if you listen to First Nations, Inuit and Métis people and community service leaders, they understand what's needed, like Na-Me-Res understood that we needed testing, Well Living House understood that urban Indigenous populations were hidden in the data and SMGT understood that there were acute, unmet health and social service needs. And we all understood that if we can address those things all together in a comprehensive program, that will be easier than people having to run from one place to another."*
>
> *– Dr. Janet Smylie, Well Living House Director*

From inception, WLH, SGMT and Na-Me-Res have co-governed Auduzhe, meeting multiple times per week to review both strategic and operational issues including staffing; finances; technical requirements; case management processes; community delivery model; adherence to infection prevention and control standards and protocols; community partnerships; community uptake and response; and data sharing and governance, among others. Trust has been paramount in these governance discussions: despite competing priorities and time constraints, partners committed to a consensus model of decision-making, prioritizing regular face-to-face meetings, open discussion, iteration and collaborative problem-solving. While time-consuming, consensus decision-making is by nature a trust-building exercise. For Auduzhe partners, such a model has ensured divergent perspectives and opinions are heard and deliberated openly and honestly and that all members are comfortable with final decisions.

Support and engagement of partners and organizations with complementary expertise has been critical to the success of the program. Pre-launch, Auduzhe partners engaged the Navajo Nation in Arizona, who worked with Partners in Health (PIH), a United States-based social justice organization that builds capacity of public health systems to implement health solutions, including through development of COVID-19 community contact tracing programs. The Navajo Nation was particularly helpful in sharing lessons learned from an Indigenous COVID-19 response and trained Auduzhe staff on PIH's community-based approach, which formed the core of Auduzhe's own Indigenous Contact Tracing Program. The Navajo Nation,

Above: Wiidaaseh Chijiinweh-Shawana & Heather Chijiinweh

PIH and Auduzhe continue to share lessons learned and advance collective knowledge of the role of contact tracing in Indigenous epidemic control and care.[13]

Locally, several Indigenous-led and focused organizations have provided strategic and operational support to Auduzhe, openly sharing expertise, resources and guidance to help catalyze the impact of the clinic and research program: The Centre for Wise Practices in Indigenous Health at Women's College Hospital helped Auduzhe formulate their COVID-19 infection control and prevention protocols and dedicated resources to train Auduzhe staff on the approach. Trusted labs at Unity Health Toronto and Mount Sinai Hospital process the tests and expedite results, typically providing results between 12 and 36 hours after submission.

Further, a reference group of more than 20 local Indigenous-led health and social service providers meet regularly to inform program design, implementation and evaluation and ensure accountability to the community.[14] The reference group supports COVID-19 case identification and, to date, has facilitated Auduzhe's rapid management of three outbreaks at Indigenous housing facilities.

[13] Auduzhe Mino Nesewinong (Place of Healthy Breathing). (n.d.). *We count COVID19 information and resource sharing hub*. https://www.wecountcovid.com/auduzhe-mino-nesewinong.

[14] Reference group members include Toronto Aboriginal Support Services Council (TASCC), Toronto Inuit Association, Toronto and York Métis Council, City of Toronto Aboriginal Affairs Office, Nishnwabe Homes, Toronto Public Health, Women's College Hospital Centre for Wise Practices, Anishnawbe Health Toronto, Provincial Office of Indigenous Affairs, Indigenous Services Canada, Partners in Health, Ontario Ministry of Health and Long-term Care, Wigwamen Housing, Toronto Metropolitan University, Toronto District School Board, Chiefs of Ontario, Indigenous Primary Healthcare Council, Toronto Central Local Health Integration Network, Anduhyaun Inc., Toronto Birth Centre, George Brown College, Aboriginal Legal Services, Gabriel Dumont Housing Inc., Native Child and Family Services of Toronto, Native Canadian Centre of Toronto, Ontario Aboriginal HIV/AIDS Network University of Toronto, Miziwebiik Aboriginal Employment Agency, Thunder Woman Healing Lodge, and the Centre for Addiction and Mental Health.

Auduzhe was launched in October 2020 with a traditional opening ceremony that signalled the clinic's commitment to Indigenous knowledge and practice. Clinic days typically begin with an opening smudge ceremony to center staff and clients in the purpose of the work and create a safe and welcoming space. While the goal is to have an all-Indigenous staff support Indigenous clients, labour gaps have made this impossible. Auduzhe has a 50% Indigenous staffing requirement and ensures all staff are properly trained in culturally safe and trauma-informed care approaches. Clinicians and caseworkers are sensitive to the traumatic history of Indigenous peoples in Canada and the potential triggers that government-imposed restrictions like quarantine regulations might have on individuals.

At inception, the clinic offered testing four days a week and, through outreach workers, individualized supports to clients including providing accurate COVID-19 information; coordinating with isolation centres to support clients who are unhoused; providing warm referrals and follow-ups to hospitalized clients; and delivering food, medicine and care packages to those choosing to isolate at home.

With the first COVID-19 vaccines approved and available by mid-December 2020, Auduzhe prepared to add vaccinations to its service offerings. The three founding partners are led by experienced Indigenous professionals, and while they anticipated coming up against systemic barriers and having to advocate for Toronto's Indigenous population, they were surprised and disappointed by the general lack of prioritized vaccines for urban Indigenous peoples early in the pandemic. The province's decision to prioritize hospital distribution of the early vaccine supply made it impossible in the early days for social service agencies to provide vaccines to clients who would not go to a hospital.

Auduzhe was set to begin vaccination clinics in January 2021 but was forced to delay when the previously identified supply for Toronto's Indigenous population was redirected elsewhere. Auduzhe participated in subsequent meetings with the provincial government, advocating for a reserved supply of vaccines for urban Indigenous populations, and contributing to a decision by the Province of Ontario to guarantee an Indigenous vaccine supply for Toronto.

> *"Auduzhe had three elements from the very beginning: one was to develop by community, for community COVID data, because there was none, and it was leading to incorrect assumptions that we weren't being impacted by COVID. But we knew different in the community. One was to respond to the immediate emerging health and social needs of the community that are arising from COVID. And one was to offer comprehensive testing. But we don't just test, we build relationships. So the clinic and the outreach program become a hub for engagement."*
>
> *– Dr. Janet Smylie, Well Living House Director*

In February 2021, Auduzhe expanded services to include vaccines, providing up to 200 doses per day. As demand for vaccines increased through the winter and spring, Auduzhe forged further partnerships with Sunnybrook Hospital, Waakebiness-Bryce Institute for Indigenous Health, Anishnawbe Health and the Native Canadian Centre to co-deliver mass vaccination clinics at external sites. Turnout for these larger events was lower than expected. Community members told Auduzhe staff they felt safer in a smaller setting, affirming the value of Auduzhe's intimate space.

By November 2021, a year after its launch, 60% of Toronto's urban Indigenous population had received their first vaccine dose, somewhat lower than the 80% vaccination rate for the city broadly. And by the end of February 2022, Auduzhe had administered 1,900 tests and 8,570 vaccinations to Indigenous peoples and their families. Auduzhe continues to provide services and address changing needs through ongoing and future waves of the COVID-19 pandemic.

“If you can support the community that was getting unequal distribution of health and social resources and set up a service where by participating in that service people actually feel fed and nurtured so that participating in this service becomes an act of sovereignty it actually supports who you are as a First Nations, Inuit, or Métis person, then that kind of service is actually going to be much more successful at engaging more people for longer. And if you are engaging more people for longer, like in a public health service, then you’re going to get better outcomes.”

– Dr. Janet Smylie, Well Living House Director

Right:
Dr. Suzanne Shoush vaccinating Sol

About We Count COVID-19

We Count COVID-19 is a concurrent and integrated research project led by WLH, in partnership with Na-Me-Res and SGMT, to develop an Indigenous, community-owned database about First Nations, Inuit and Métis COVID-19 spread and designed to respond to gaps in COVID-19 responses for Toronto's Indigenous communities.

The research has two main goals: i) to bridge the data gaps on the impacts of COVID-19 on urban Indigenous communities and ii) to decolonize data by placing data governance, management and analysis in the hands of Indigenous communities.[15]

The research aims to address COVID-19 vaccination injustices and inform current and future health policy more broadly.

Alongside the delivery of clinical testing services, Auduzhe collects data for the We Count COVID-19 research database, achieving an 80% recruitment rate early on, with 500 participants agreeing to take part in the study by November 2021, making this one of the largest community-based research cohorts in the country. The customized database collects relevant sociodemographic, Indigenous identity, testing, outcome, travel and access to care information.

> *"Auduzhe was designed as a comprehensive program. We built in the tracking of the outcomes of We Count Covid with the testing, and the urgent health and social service needs. So those things were intertwined rather than siloed compared to the way that they are in the mainstream hospital testing."*
>
> *– Dr. Janet Smylie, Well Living House Director*

Pairing the outreach, engagement and clinical work of Auduzhe with the We Count COVID-19 research and database enables a comprehensive response, and, as Janet Smylie noted in our conversations, "becomes an act of sovereignty," placing control of urban public health monitoring of Indigenous peoples in the hands of Indigenous communities. Data sovereignty refers to the right for people to govern and control data about their communities and lands, including rights to collect, own, access and analyze the data.[16] According to Smylie, urban Indigenous public health monitoring has been "grossly underdeveloped as a result of decades of neglect." We Count COVID-19 asserts Indigenous data sovereignty and begins to address urban Indigenous data deficiencies, enhancing data reliability and integrity so it can be leveraged to inform and improve pandemic and future healthcare policy and funding allocation decisions.

[15] Women's College Hospital. (2020, October 21). *Indigenous led COVID-19 testing centre opens in Toronto at Na-Me-Res* [Press release]. https://www.womenscollegehospital.ca/news-and-publications/press-releases/indigenous-led-covid19-testing-centre-opens-in-toronto-at-na-me-res

[16] Rainie, S., Kukutai, T., Walter, M., Figueroa-Rodriguez, O., Walker, J., & Axelsson, P. (2019) Issues in open data - Indigenous data sovereignty. In T. Davies, S. Walker, M. Rubinstein, & F. Perini (Eds.), *The state of open data: Histories and horizons*. African Minds and International Development Research Centre.

United Way contributions

United Way Greater Toronto's work is comprehensive. We support a network of over 300 funded agencies and community partners to move the needle on critical issues facing communities. To meet urgent needs and lead systemic change on a wide array of social issues, we:

- use our grantmaking expertise, deep knowledge of issues, neighbourhoods and social service infrastructure to make investments where they can have the greatest impact
- partner with others to overcome challenges and streamline support, as we have with the Cluster Tables that brought local government and agency leaders together during the early days of the pandemic and continue to be a vital lever for better serving community
- convene diverse parties and perspectives to drive strategic initiatives and multi-sectoral solutions
- lead research to learn, share and inform progressive policy and legislation and leverage our platform to amplify calls for systems-level change.

United Way is proud to work with Na-Me-Res in the following ways:

NA-ME-RES (Native Men's Residence):

- providing five-year Anchor grant funding*
- collaboration on United Way's Indigenous Partnership Council, established to inform United Way's Indigenous Collaboration work

* Anchor grants provide dependable and flexible five-year funding for both programming and core operating support – so community agencies can meet immediate needs while building long-term capacity and solutions to move the needle on poverty and related issues in our region.

To learn more about our various tools for community investments, please refer to the UWGT 2021-2022 Annual Report.

Lessons learned

Urban Indigenous leaders are decolonizing health care

When the pandemic struck, Indigenous-led organizations, working together, rapidly assessed what was needed and saw the opportunity to address long-standing data gaps that contributed to inequitable health access and resource distribution. Their efforts were impactful both in the immediate term, providing Toronto's Indigenous communities a pathway to access culturally relevant care and support during the pandemic, and for the future. Auduzhe and We Count COVID-19's Indigenous-led research efforts have yielded one of the largest Indigenous data sets in the country and have the capacity to influence future decision-making and contribute to the well-being of future generations.

Common values and principles anchor successful networks

While the three foundational partners were integral to Auduzhe and We Count COVID-19, many other partners made important contributions to the project's overall success. Navajo Nation and Partners in Health, Centre for Wise Practices in Indigenous Health at Women's College Hospital, Unity Health, Mount Sinai Hospital, Sunnybrook Hospital, Waakebiness-Bryce Institute for Indigenous Health, Anishnawbe Health, the Native Canadian Centre and the reference group of more than 20 local Indigenous-led health and social service providers lent their expertise. Navajo Nation and Centre for Wise Practices in Indigenous Health at Women's College Hospital, for instance, not only shared their processes and protocols but genuinely collaborated with Auduzhe to innovate and adapt those resources to suit Auduzhe's context.

> *"We become culturally relevant because we're a by community, for community clinic. The understanding for cultural safety for the Auduzhe partners is about being community-driven in the values and presence and about the trust relationships within the community."*
>
> *–Janet Smylie,*
> *Well Living House Director*

Aligned values are a key element of cooperation and engagement. This network of partners, aligned on their commitment to culturally safe, Indigenous-led approaches, mobilized its collective resources for the community. Auduzhe partners continue to engage numerous local, regional and international groups to support ongoing implementation, evaluation and knowledge transfer and mobilization.

Indigenous data sovereignty is critical to advancing Indigenous self-determination

Data is power and retaining control over the collection, access and analysis of data from and about Indigenous communities, lands and lived realities begins to shift the balance of power by enabling Indigenous communities to address urban Indigenous data deficiencies on their own terms, enhancing data reliability and integrity, leveraging data to inform and improve policy and funding allocation decisions and changing narratives about their communities.

Colonial funding practices hinder implementation of Indigenous-led solutions

Indigenous approaches to health and wellness center the whole of the human being—mental, emotional, social and physical facets—within values of respect, wisdom, responsibility and relationships.[17] Relationships—with oneself, others, family, the community and the land—are a grounding force within Indigenous perspectives and critical to trust-building, accountability and reciprocity. From a healthcare perspective, Indigenous-led culturally and trauma-informed approaches strengthen social relationships, restore Indigenous identity and contribute to individual and collective well-being.[18]

Guided by Indigenous models of care, Auduzhe was designed to provide comprehensive COVID-19 management, prevention and health promotion. Partners struggled to secure funding because the holistic program did not fit neatly into established funding and healthcare delivery criteria that separated funding for community social services from health care and from research. For example, early local health funding mechanisms to support community testing centres based funding solely on the number of tests administered, without consideration of other critical wraparound supports required. While partners were eventually able to secure research funding for Auduzhe and We Count COVID-19, funder criteria were a barrier to this innovative project moving forward.

Many funders have developed or are in the process of developing equity and reconciliation strategies and are actively seeking to provide more funding to Indigenous-led organizations. The experience of Auduzhe and We Count COVID-19 suggests that these strategies have yet to tackle the systemic barriers inherent in traditional grant-making processes and practices.

[17] First Nations Health Authority. (n.d.). *First Nations perspective on health and wellness*. https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness.

[18] Restoule, B., & Hopkins, C. (2020, December 3–5). *Addressing trauma from an Indigenous lens* [Conference presentation]. Indigenous Health Conference, University of Toronto, Digital conference. https://www.cpd.utoronto.ca/indigenoushealth/library/addressing-trauma-from-an-indigenous-lens/

Good practices from Indigenous-led initiatives

1. Align values and build trusting relationships with partners to make a network more resilient and adaptive when crisis hits.
2. Prioritize power sharing and collective decision-making by adopting a consensus model to ensure all collaborators' perspectives inform and influence final decisions.
3. Incorporate community accountability measures into every step of program design, implementation and evaluation.
4. Incorporate principles of ownership, control, access and possession when working with Indigenous data.

Implications for the future

Social and community service agencies:

- Grow understanding of the needs of Indigenous communities through engagement with Indigenous-led research and reports.
- Strengthen relationships with Indigenous-led organizations and their services, make referrals when appropriate and foster meaningful and ethical collaborations.

Provincial, regional, and municipal governments and philanthropic organizations:

- Value Indigenous knowledge about community needs and solutions by building flexibility into grant-making processes.
- Empower Indigenous communities to set objectives and measure their own progress and performance toward meeting goals.
- Support Indigenous peoples to lead Indigenous data collection and analysis processes on their own terms and commit to using Indigenous-led data to inform public health advocacy and/or policy.
- Actively support local, regional and national dissemination and application of information, tools, methods and reporting, including support for the development of similar programs for First Nations, Inuit and Métis people living in urban and related homelands across Canada.

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COLLABORATION
COOPERATION
CO-CREATION
Case studies of social service innovations during COVID

This case study is part of a series exploring social service innovations during COVID-19:

Auduzhe Mino Nesewinong Clinic (Place of Healthy Breathing): Advancing Indigenous health and data equity

Cedar Centre's STAIR Group's virtual program transition: Balancing impact with client safety, privacy, security and cost

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