Bridging Worlds, Creating Safety

An Environmental Scan, Competency Framework, and Strategic Vision for the Indigenous Health Navigator Profession

Indigenous Health Navigator Project

FNHMA

Executive Summary of "Bridging Worlds, Creating Safety: An Environmental Scan, Competency Framework, and Strategic Vision for the Indigenous Health Navigator Profession"

Introduction: The Crisis of Health Inequity and the Need for Intervention

The health of First Nations, Inuit, and Métis Peoples in Canada is inextricably linked to the nation's colonial legacy. Generations of harmful policies, from the residential school system to segregated Indian hospitals, have inflicted deep, intergenerational trauma and fostered a justified mistrust of mainstream institutions, including healthcare. This is not merely a historical issue; its devastating consequences persist today in the form of widespread, systemic anti-Indigenous racism embedded within the healthcare system. The report In Plain Sight provides stark evidence of this reality, detailing pervasive stereotyping and discrimination that leads to misdiagnoses, inadequate care, and preventable deaths.

National data confirms that one in five Indigenous people report experiencing unfair treatment from a healthcare professional. This ongoing harm, compounded by jurisdictional confusion and geographic barriers, creates a toxic environment where many Indigenous people avoid or delay seeking necessary care, allowing health issues to become more acute. The measurable results are lower life expectancies, disproportionately high rates of chronic disease, and higher infant mortality rates compared to the non-Indigenous population.

In the face of these deeply entrenched systemic failures, the Indigenous Health Navigator (IHN) role has emerged not as a peripheral support service, but as a critical and strategic intervention. It is a role born of necessity, designed to directly counteract the colonial legacy and systemic racism that prevent Indigenous Peoples from accessing safe, equitable, and effective care. The professionalization of this role is a direct and necessary response to Canada's highest-level commitments to reconciliation, including the Truth and Reconciliation Commission's (TRC) Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

The Indigenous Health Navigator: A Systemic Solution

The IHN is a professional who serves as a vital bridge between Indigenous patients and the complex, often culturally unsafe, mainstream health system. Their function is multifaceted, requiring a unique blend of cultural knowledge, advocacy skills, and system literacy to dismantle barriers at the point of care. Core Functions of the IHN are:

1. **Patient and Family Support**: Providing direct emotional, practical, and spiritual support to patients and families who often feel overwhelmed, unheard, or afraid in a clinical setting.

2. **Cultural Brokerage:** Acting as a cultural translator by explaining complex medical information in plain language and helping non-Indigenous providers understand the cultural context and needs of the patient. This includes facilitating access to Elders, traditional medicines, and ceremonies like smudging within clinical settings.

3. **System Navigation:** Guiding patients through the labyrinth of the healthcare system, from coordinating appointments and discharge planning to helping navigate complex federal programs like the Non-Insured Health Benefits (NIHB) program.

4. **Advocacy and Rights Protection:** Championing the needs and rights of the patient, challenging discriminatory behaviour, de-escalating culturally unsafe situations, and ensuring the patient's voice is central to their own care plan.

5. **System Transformation:** Educating non-Indigenous colleagues on cultural safety and trauma-informed care and using front-line experience to inform and influence changes to institutional policy and practice.

By creating a culturally safe and trusting relationship, IHNs mitigate the fear associated with healthcare, improve communication, and increase following of care plans. Their work is a tangible implementation of TRC Calls to Action #22 and #23, which call for the integration of Indigenous healing practices and an increase in the number of Indigenous health professionals. Furthermore, it operationalizes Articles 23 and 24 of UNDRIP, which affirms Indigenous rights to traditional medicines, self-determination in health, and freedom from discrimination.

The Current Landscape: A Fragmented but Promising Patchwork
An environmental scan of navigator roles across Canada reveals a landscape of passionate, innovative, and deeply needed work, but one that is marked by fragmentation and a lack of standardization.

A Diverse Lexicon
There is no single, recognized title for the IHN role and the terminology used often signals the role's primary function and organizational philosophy:

1. **Navigator:** The most common term, implying a guide with specialized knowledge to help patients chart a course through the complex healthcare system.

2. **Liaison:** Emphasizes the role of a communication bridge between the patient, their community, and the clinical team.

3. **Advocate:** Signals a more assertive function focused on defending patient rights and holding the system accountable, a title often used by Indigenous-led organizations.

4. **Coordinator:** Points to a primary focus on the logistical arrangement of services and care pathways.

Wise practice is moving towards Nation-specific titles, such as the Mi'kmaq Indigenous Patient Navigator in Nova Scotia, which recognizes the distinct cultures and needs of different Indigenous Peoples.

A Patchwork of Program Models
The implementation and governance of IHN programs vary significantly across the country, from mature, integrated systems to emerging, community-led initiatives.

1. **British Columbia** features a mature and deeply integrated model where IHN programs are embedded within all major health authorities, with distinct roles for both direct patient support and addressing experiences of racism.
2. **Alberta** uses a mixed model, combining liaison services within Alberta Health Services with a grant program that empowers Indigenous organizations to hire their own navigators.
3. **Saskatchewan** represents a developing capacity within the Health Authority model. The Saskatchewan Health Authority's (SHA) First Nations and Métis Health Services (FNMHS) unit is the primary mechanism.
4. **Manitoba** is distinguished by a strong partnership model between the Assembly of Manitoba Chiefs and the Winnipeg Regional Health Authority, creating a powerful Patient Advocate Unit.
5. **Ontario** presents a patchwork landscape of specialized (e.g., cancer care), hospital-based, and community-led services that doesn't have a cohesive provincial strategy.
6. **Quebec and the Atlantic Provinces** showcase emerging and community-specific models, often led by Friendship Centres or First Nations to serve urban populations and distinct communities.
7. **The Territories** have adapted the role to address the immense challenges of geography and medical travel, with a strong focus on navigating the NIHB program.

This diversity in models and programs highlights a national movement driven by an urgent, recognized need. However, it also exposes critical gaps in standards, training, and evaluation that prevent the role from reaching its full professional potential.

A Blueprint for Excellence: A Core Competency Framework
To elevate the IHN from a localized support role to a nationally recognized profession, a comprehensive and culturally grounded competency framework is essential. This framework moves beyond a simple list of tasks to articulate a wholistic model of practice built on the foundations of cultural safety, cultural humility, and trauma-informed care. It is organized into

five core, interconnected domains.

1. **Cultural Grounding and Relationality:** This foundational domain is what distinguishes the IHN. It involves upholding Indigenous worldviews of wholistic wellness, facilitating access to traditional healing and Elders, practicing continuous self-reflection, and creating culturally safe emotional and spiritual spaces for patients.

2. **Patient, Family, and Community Partnership:** This domain covers the practical skills of building trusting, empathetic relationships, providing wholistic support (emotional, spiritual, and practical), enhancing health literacy by translating medical jargon, and ensuring client-centric care and discharge planning.

3. **Health Systems Literacy and Strategic Navigation:** This domain encompasses the technical expertise of the role. It requires mastering the complexities of federal and provincial health jurisdictions (especially NIHB), conducting community asset mapping to connect patients with resources, and coordinating care across the entire continuum.

4. **Communication and Interprofessional Collaboration:** The IHN must be a masterful communicator, acting as a cultural and linguistic bridge between patients and providers, employing advanced conflict resolution skills, and collaborating effectively as an integral member of the interdisciplinary care team.

5. **Advocacy and Systems Transformation:** This final domain is the catalyst for systemic change. The IHN champions patient rights, has the courage and skill to interrupt and address Indigenous-specific racism in real-time, uses patient experience to inform policy development, and educates healthcare colleagues to build system-wide capacity for culturally safe care.

This framework provides a clear and robust blueprint for developing competencies, a national curriculum and a professional examination.

The FNHMA Advantage: The Clear Path to National Professionalization

The First Nations Health Managers Association (FNHMA) is uniquely positioned to lead the national professionalization of the Indigenous Health Navigator role. No other organization possesses the same combination of legitimacy, national scope, proven expertise, and established infrastructure.

1. **Legitimacy and Mandate:** FNHMA was born from a mandate given by the Assembly of First Nations to increase the capacity of First Nations health leaders. Its foundational *By First Nations, For First Nations* principle grants it an unparalleled legitimacy and trust that cannot be replicated by mainstream institutions. Its governance is unequivocally Indigenous-led, ensuring all its work is grounded in the lived experience and collective wisdom of the communities it serves.

2. **A Proven Blueprint for Success:** The most compelling evidence of FNHMA's capacity is the success of its flagship Certified First Nations Health Manager (CFNHM) designation. This rigorous, nationally recognized professional certification provides a direct, respectful, and scalable blueprint for an IHN program.

FNHMA has already built the entire ecosystem required:

- A national competency framework.
- A robust, five-course accredited curriculum that balances traditional knowledge with contemporary management principles.
- A national professional examination and work experience validation process.
- A Code of Ethics and Standards of Conduct.
- A thriving national network of certified professionals.

This proven model will be adapted to create a parallel certification for IHNs, ensuring the same high standards of excellence and professionalism.

National Scope and Established Infrastructure
For over 14 years, FNHMA has been the only national professional association exclusively serving First Nations health leaders. This national reach allows it to develop standards that are portable and applicable across all jurisdictions, overcoming the fragmentation of the current landscape. FNHMA possesses in-house expertise in curriculum development and a flexible, resilient delivery infrastructure capable of reaching learners across the country through in-person, virtual, and hybrid models. The association has already launched a multi-year initiative to develop this very training program, demonstrating that it is not only capable but is already leading this critical work.

Strategic Alliances and Collaborative Capacity
FNHMA has proactively built a sophisticated network of strategic alliances that are essential for the success of a national IHN program. It has formal partnerships with peer Indigenous organizations (Thunderbird Partnership Foundation, First Peoples Wellness Circle), data and health system bodies (CIHI, Canadian Partnership Against Cancer), and a strong working relationship with the federal government (Indigenous Services Canada). This network ensures that the IHN curriculum will be wholistic, evidence-based, and aligned with national policy priorities.

Conclusion: A Vision for Transformative Impact
An FNHMA-led national certification program has the potential to transform the Indigenous

Health Navigator role into a nationally recognized profession. This professionalization is a critical step towards empowerment and systemic change, giving IHNs the credibility and authority to advocate effectively within the healthcare system.

Housing this certification within FNHMA creates a powerful continuum of First Nations health leadership, formally linking the front-line, patient-level expertise of the IHN with the program-level, system-management expertise of the CFNHM. This synergy creates a feedback loop where the lived experiences of patients, as witnessed by IHNs, can be systematically used by CFNHMs to drive evidence-based quality improvement and redesign health services from the top down and the bottom up.

The ultimate goal is to generate tangible, measurable improvements in health equity for First Nations peoples. A professionalized, national workforce of certified IHNs will lead to:

1. **Improved Patient Experience and Trust:** Directly reducing instances of racism and rebuilding the trust essential for proactive engagement with the healthcare system.
2. **Better Health Outcomes:** Enhancing communication and facilitating access to both Western and traditional healing, contributing to closing the persistent health gaps.
3. **System Transformation:** Creating an unprecedented national evidence base of patient experiences that can be used to advocate for fundamental changes in healthcare policy, medical education, and clinical practice.

By undertaking this work, FNHMA will be building a critical piece of the infrastructure required to dismantle systemic racism and achieve true health equity for First Nations in Canada.

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Part A

FNHMA's Unique Capacity to Professionalize the Indigenous Health Navigator Role

Introduction: Defining the Crisis of Systemic Barriers and Health Inequity

The health disparities between Indigenous and non-Indigenous peoples in Canada are not merely statistical anomalies; they are the predictable outcomes of a healthcare system deeply entangled with a legacy of colonialism (Assembly of First Nations, n.d.). For generations, First Nations individuals have faced a multi-layered matrix of barriers that impede their ability to achieve the highest attainable standard of health. These barriers are both proximal, affecting individuals directly, and distal, rooted in historical and structural inequities (National Collaborating Centre for Indigenous Health, 2020).

Proximal barriers include geographic isolation, where remote and isolated First Nations communities are often served by health centres with limited staff and equipment, necessitating costly and disruptive travel to urban centres for specialized care. This is compounded by jurisdictional confusion and issues with the Non-Insured Health Benefits (NIHB) program, which can result in denial of coverage for necessary services ((National Collaborating Centre for Indigenous Health, 2020).

However, the most negative barriers are distal, woven into the very fabric of the healthcare system. Widespread, systemic anti-Indigenous racism is a documented and devastating reality. The 2020 In Plain Sight report on British Columbia's health system provided stark evidence of this, detailing pervasive stereotyping of Indigenous patients as *less worthy, drug-seeking*, or *non-compliant* (Government of British Columbia, 2021). This is not a regional issue. Recent national data confirms that approximately one in five Indigenous people report experiencing unfair treatment, racism, or discrimination from a healthcare professional. Such experiences range from covert microaggressions—being ignored or treated more slowly—to overt discrimination that results in misdiagnoses, inadequate pain management, and tragically, preventable deaths (MacIntosh, 2013).

The cumulative effect of these negative interactions is a profound and justified mistrust of colonial institutions, including the healthcare system. This mistrust leads many Indigenous people to delay or avoid seeking care altogether, which in turn allows health issues to become more acute and complex. The consequences are measurable: a. life expectancy for First Nations individuals that is significantly lower than for non-Indigenous Canadians, b. disproportionately high rates of chronic diseases like diabetes, and c. higher rates of infant mortality (Statistics Canada, 2025). These outcomes are a direct result of historical trauma, including the devastating legacy of the residential school system, and the ongoing failure of the healthcare system to provide culturally safe and equitable care (CBC News, 2020).

The Indigenous Health Navigator as a Systemic Intervention

In the face of such deeply entrenched systemic failures, the Indigenous Health Navigator (IHN) role emerges not as a peripheral support service, but as a critical and strategic intervention. The IHN is a professional designed to directly counteract the barriers that prevent First Nations people from accessing safe and effective care. Their primary function is to serve as a bridge between Indigenous patients and the complex, often culturally unsafe, mainstream health system.

The responsibilities of an IHN are multifaceted and require a unique blend of cultural knowledge, advocacy skills, and system literacy. They provide direct, one-on-one support to patients and their families, ensuring they understand their diagnosis and treatment options. They act as cultural translators, explaining medical terminology in plain language while also helping non-Indigenous healthcare providers understand the cultural context and needs of the patient. A core part of their role is advocacy—challenging discriminatory behaviour, ensuring patient concerns are heard and respected, and de-escalating culturally unsafe situations.

Crucially, IHNs facilitate access to wholistic and traditional wellness practices, which are central to Indigenous concepts of health but are often ignored or marginalized within Western biomedical models. This can include arranging for translation services in Indigenous languages, connecting patients with Elders or traditional healers, and facilitating ceremonies like smudging within clinical settings.

The impact of this intervention is tangible. While formal, large-scale evaluations are still emerging, existing evidence strongly suggests that IHN programs improve the healthcare experience for Indigenous peoples. By creating a culturally safe and trusting relationship, IHNs can mitigate the fear and anxiety associated with healthcare encounters, improve communication between patients and providers, and increase adherence to care plans. This patient-centred support has the potential to directly address the health disparities rooted in systemic racism and colonial trauma, making the IHN a vital agent of change at the point of care.

Aligning with National and International Mandates for Reconciliation

The establishment of Indigenous Health Navigators as an integral profession is not merely a matter of good healthcare practice; it is a direct and necessary response to Canada's highest-level commitments to reconciliation and Indigenous rights. The work of IHNs operationalizes the principles laid out in foundational national and international documents, moving them from aspirational text to on-the-ground reality.

The Truth and Reconciliation Commission of Canada (TRC) issued 94 Calls to Action to redress the legacy of residential schools and advance reconciliation. Several of these calls relate directly to health. Call to Action #22 urges all those who can effect change within the healthcare system *to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients* (Truth and Reconciliation Commission of Canada, 2015). IHNs are the primary facilitators of this integration. Call to Action #23 calls on all levels of government *to increase the number of Aboriginal professionals working in the health-care field* and *provide cultural competency training for all healthcare professionals* (Truth and Reconciliation Commission of Canada, 2015). A national IHN training program is a direct mechanism for fulfilling both of these mandates by creating a recognized Indigenous health profession and a workforce capable of providing cultural safety education to their non-Indigenous colleagues.

Similarly, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which the Government of Canada has committed to implementing as law, provides a robust framework for Indigenous health rights. Article 24 of UNDRIP affirms the right of Indigenous peoples *to their traditional medicines and to maintain their health practices*, as well as t*he right to access all social and health services without discrimination* (Government of British Columbia, 2021). Article 23 affirms *the right of Indigenous peoples to determine and develop priorities and strategies for*... their right to development, including *the right to administer such programs through their own institutions* (Government of British Columbia, 2021).

Training and deploying IHNs through a national, Indigenous-led organization is a direct implementation of these articles. It respects the right to self-determination in health, recognizes the validity of traditional wellness, and actively works to eliminate discrimination at the point of care (Council of Atikamekw of Manawan & Council of de la Nation Atikamekw, 2020). Therefore, investing in a national IHN program is a tangible demonstration of Canada's commitment to moving beyond apology and toward meaningful, rights-based action in the pursuit of reconciliation (see Table 1).

Table 1: Barriers to Healthcare and Indigenous Health Navigator Response

Systemic Barrier to Healthcare	The Indigenous Health Navigator (IHN) Response
Widespread anti-Indigenous racism and stereotyping by healthcare providers, leading to discriminatory treatment and poor quality of care.	Provides patient advocacy and challenges discrimination in real-time, acting as a witness and intermediary to ensure respectful treatment.
Communication breakdowns, including the use	Offers plain-language explanation and cultural

of inaccessible medical jargon and failure to listen to patient concerns.	translation, ensuring patients understand their diagnosis and care plan, and that providers understand the patient's context.
Deep-seated mistrust of colonial institutions rooted in historical trauma, leading many Indigenous people to avoid or delay seeking necessary care.	Builds trusting, culturally safe relationships with patients and families, creating a safer and more welcoming point of entry into the healthcare system.
Lack of integration of traditional wellness practices and a healthcare system that privileges a biomedical worldview.	Facilitates access to Elders, ceremony, and traditional medicines, bridging the gap between Western medicine and wholistic Indigenous concepts of wellness.
Navigational complexity of a fragmented system with multiple jurisdictions, providers, and funding streams (e.g., NIHB).	Provides practical support and coordination, helping with appointments, discharge planning, and accessing community resources to ensure continuity of care.

The First Nations Health Managers Association: A Foundation of Trust, Competence, and National Reach

Mandate and Philosophy: By First Nations, For First Nations

The First Nations Health Managers Association (FNHMA) was formally established on February 10, 2010, not as a top-down government initiative, but as the culmination of a process driven by First Nations leadership to address a critical, identified need. Its genesis lies in a 2005 consensus between the Assembly of First Nations (AFN) and the First Nations and Inuit Health Branch (FNIHB) that increasing the capacity of First Nations Health Managers was essential to improving health service delivery at the community level. This consensus was formalized in AFN Resolution #58 in 2008, which mandated the creation of an advisory committee to explore the formation of a national association (FNHMA, n.d.). This origin story is foundational to FNHMA's identity and grants it a unique and powerful form of legitimacy—one that is derived directly from, and is accountable to, the First Nations communities it serves.

This *By First Nations, For First Nations* principle is the philosophical bedrock of the organization. It is not merely a slogan but a guiding principle that informs every aspect of FNHMA's work. The association's mission is to provide leadership in health management activities by developing and promoting quality standards, practices, research, certification, and professional development to expand capacity for First Nations.

Central to this mission is a philosophy of balance. FNHMA explicitly recognizes that effective First Nations health management requires honouring, maintaining, and upholding inherent ways of knowing while simultaneously balancing these with sound, contemporary management principles (FNHMA, n.d.). This approach, akin to the concept of *Two-Eyed Seeing*, ensures that its programs and services are both culturally authentic and professionally rigorous. It is this careful and skilled balance that allows FNHMA to create a supportive, caring, and safe learning environment where real-life health experiences are valued alongside a credible, relevant curriculum. This inherent understanding of the need to weave together traditional knowledge and modern management is precisely what is required to develop an IHN training program that is both effective within the mainstream healthcare system and deeply respectful of the First Nations worldview.

Indigenous-Led Governance and National Scope

FNHMA's organizational structure is a direct reflection of its core philosophy, ensuring that its work remains authentic, accountable, and nationally relevant. The association is unequivocally Indigenous-led, a critical factor for any organization seeking to build trust and effect change in First Nations health. The Chief Executive Officer, Marion Crowe, is a proud Cree woman from the Piapot First Nation, and has been with the organization since its inception, providing consistent and visionary leadership. The Board of Directors is composed of First Nations representatives from across the country, ensuring that diverse regional perspectives and priorities are reflected in the association's strategic direction. This governance model guarantees that all decisions are grounded in the lived experience and collective wisdom of First Nations Health Leaders (FNHMA, n.d.).

This Indigenous-led governance is paired with a unique and vital national scope. FNHMA is, and has been for over 14 years, the only national, professional association exclusively serving the needs of individuals working in or aspiring to health management positions within First Nations organizations and communities. This national mandate distinguishes it from the many valuable but regionally-focused Indigenous health organizations across the country. It provides FNHMA with a wider Canadian perspective on the challenges and opportunities in First Nations health, allowing it to identify common trends, share wise practices across nations, and develop standards that have national applicability and portability (FNHMA, n.d.).

The power of this national reach is demonstrated through its annual national conference. This event regularly convenes over 600 delegates, creating a vibrant *family space* for healthcare community decision-makers, service providers, government representatives, and academics to connect, learn, and celebrate excellence (FNHMA, n.d.). This capacity to act as a national hub for knowledge exchange and network-building is a crucial asset. It provides an established

platform for disseminating new standards, engaging in national dialogue, and fostering a community of practice—all of which would be essential for the successful launch and long-term sustainability of a national IHN program. The combination of its inherent legitimacy, derived from its *By First Nations, For First Nations* mandate, and its unparalleled national reach makes FNHMA the wise choice to lead such an initiative (FNHMA, n.d.).

A Proven Framework for National Certification and Training
The CFNHM Program: A Blueprint for Success
The most compelling evidence of the First Nations Health Managers Association's capacity to deliver a national Indigenous Health Navigator training program is the existence and success of its flagship professional designation: the Certified First Nations Health Manager (CFNHM). This program is not a simple workshop series; it is a comprehensive, rigorous, and nationally recognized professional certification that serves as a direct blueprint for the professionalization of the IHN role.

The CFNHM program is built upon a robust, five-course curriculum that was developed by and for First Nations health leaders (FNHMA, n.d.). The courses systematically build the core competencies required to navigate the complexities of First Nations health systems:

- Course 100 - The First Nations Health Landscape: Establishes a foundational understanding of the unique historical, cultural, and political context of First Nations health.
- Course 200 - High Performing Strategic Organizations: Focuses on leadership, governance, and strategic planning.
- Course 300 - Effective Programs & Services: Covers the design, implementation, and evaluation of culturally relevant health programs.
- Course 400 - Efficient Organization: Delves into the operational aspects of management, including human resources and finance.
- Course 500 - The Professional First Nations Health Manager: Centers on professionalism, ethics, and self-care.

This curriculum demonstrates FNHMA's ability to create content that is both professionally sound and culturally grounded. The certification process itself is a testament to the organization's commitment to high standards. To earn the CFNHM designation, a candidate must not only complete the coursework but also pass a professional examination, document two years of verified practical work experience, and formally agree to abide by the FNHMA Code of Ethics and Standards of Ethical Conduct (FNHMA, n.d.). This multi-faceted process ensures that certified individuals possess not just theoretical knowledge, but also practical skills and a commitment to ethical practice. The existence of this entire ecosystem—from

competency development to curriculum design, examination, and ethical oversight—provides a proven, low-risk, and immediately scalable template for the IHN program.

<u>Established Infrastructure for Curriculum Development and Delivery</u>
FNHMA's capacity extends beyond the design of its certification program to the practical infrastructure required for its development and delivery. The organization has a long and successful track record of creating its own educational resources, including publications and toolkits, all developed through its *for First Nations, by First Nations model* (FNHMA, n.d.). This in-house expertise in curriculum development is a critical asset that ensures content remains relevant, current, and authentic.

Furthermore, FNHMA has established a flexible and resilient delivery infrastructure capable of reaching its members across the country. The association offers its courses through a variety of modalities, including intensive in-person sessions hosted in different regions, as well as virtual and hybrid models that increase accessibility. This adaptability was proven during the COVID-19 pandemic and demonstrates FNHMA's ability to meet learners where they are, a crucial capability for any national training initiative (FNHMA, n.d.).

This capacity is not merely theoretical or historical. FNHMA has already taken the proactive step of launching a multi-year initiative specifically focused on developing a comprehensive training and curriculum program for Indigenous Health Navigators. The association has publicly announced this project and has appointed Dr. Pamela Toulouse, a respected expert in Indigenous education and health, as its Lead Consultant. The stated goals of this initiative align with the identified national need: a. to assess the existing landscape of the IHN role, b. establish standardized competencies, c. develop core curriculum and instructional materials, and d. deliver an actionable implementation plan. This demonstrates that FNHMA is not only capable of this work but is already leading it and equipped to carry this critical initiative forward.

<u>The National Standard Advantage: A Comparative Analysis</u>
The need for a single, national standard for IHN training becomes evident when examining the current landscape. While various valuable training programs exist, they are fragmented and lack the coherence and portability of a national professional designation. Some are generalist *Health and Social Systems Navigation* programs offered at the college level, which may not have the specific cultural depth required for the IHN role (Government of Manitoba, 2015). Others are micro-credentials or programs offered by specific health authorities, such as the Provincial Health Services Authority (PHSA) in British Columbia, which are designed for a regional context and may not be transferable across jurisdictions.

This fragmentation creates inconsistency in the skills, knowledge, and scope of practice for navigators across the country. An environmental scan of IPN programs in Canada highlighted this very issue, noting a wide variability in roles and a significant lack of standardized organizational training (Hiscock, Stutz, Mashford-Pringle, Tan, Scott, Oblin-Moses, Skura, 2022). The scan concluded that there is a pressing need for evaluation frameworks and training programs based on Indigenous research principles and data sovereignty—a gap that FNHMA is respectfully suited to fill (Canadian Institute for Health Information, 2020).

By leveraging its experience with the CFNHM program, FNHMA can elevate the IHN from an ad-hoc, localized role to a recognized and respected national profession. A single, FNHMA-led standard would ensure that an IHN certified in one province possesses the same core competencies and ethical grounding as one in another, enhancing the role's credibility within the mainstream healthcare system and providing a clear career pathway for individuals. This national approach is something that no regional health authority or mainstream academic institution can offer, positioning FNHMA as the key organization capable of building a national, professional IHN workforce (see Table 2).

Table 2: Existing Program Components and Application to a National IHN Program

FNHMA's CFNHM Program Component	Application to a National IHN Program
National Competency Framework developed through extensive consultation with First Nations health leaders.	Develop IHN-specific core competencies focused on advocacy, cultural safety, trauma-informed care, system navigation, and traditional wellness practices.
5-Course Accredited Curriculum covering the unique context of First Nations health management.	Design a multi-module IHN curriculum covering the TRC/UNDRIP, navigating jurisdictional complexity, anti-Indigenous racism, and integrating traditional healing.
National Professional Examination to validate knowledge and ensure a consistent standard of excellence.	Administer a standardized IHN professional examination to certify that graduates meet a national standard of practice and knowledge.
Code of Ethics & Standards of Conduct to which all certified members must adhere.	Establish an IHN-specific Code of Ethics that guides professional conduct, confidentiality, and the sacred responsibility of supporting patients on their healing journey.

National Network of Certified Professionals providing peer support and a community of practice.	Create a national community of practice for certified IHNs to share wise practices, receive ongoing professional development, and provide mutual support.

Strategic Alliances and Collaborative Capacity

A national training initiative of this magnitude cannot succeed in isolation. Its development must be informed by a wholistic understanding of Indigenous well-being, its implementation must be integrated with existing health systems, and its outcomes must be validated by evidence. The First Nations Health Managers Association has proactively built a sophisticated network of strategic alliances that positions it to meet these requirements. This network can be understood across three critical domains: peer Indigenous professional organizations, data and health system bodies, and government partners.

A Network of National Indigenous Professional Organizations

FNHMA understands that health is inextricably linked to other social determinants of well-being. To this end, it has forged *powerful alliances with its sister organizations* to ensure a coordinated and wholistic approach to capacity building (FNHMA, 2023). In a landmark move, FNHMA signed a formal *Commitment to a Reciprocal Relationship* with the Thunderbird Partnership Foundation, which focuses on substance use and addictions, and the First Peoples Wellness Circle, which leads in mental wellness (First Peoples Wellness Circle, n.d.; Thunderbird Partnership Foundation, 2023). This agreement formalizes collaboration and honours the distinct mandates of each organization, creating a unified front for advancing Indigenous-led solutions.

Furthermore, FNHMA has a strategic partnership with the First Nations Housing Professionals Association (FNHPA), explicitly recognizing the critical link between adequate housing and positive health outcomes. This collaboration aims to educate and advocate on the importance of healthy living environments. This network of peer organizations provides an invaluable consultative body for the development of an IHN curriculum. It ensures that the training will be infused with expertise on mental wellness, addictions, and other social determinants of health, preparing navigators to support patients in a wholistic manner.

Partnerships with Health System and Government Bodies

To ensure that the IHN role is effectively integrated into the mainstream healthcare system, FNHMA has cultivated strong working relationships with key national health organizations and government agencies. Its partnership agreement with the Canadian Institute for Health

Information (CIHI) is particularly significant, as it is focused on strengthening the ability of First Nations leaders and communities to access and use high-quality data for planning and decision-making (Canadian Institute for Health Information, 2019). This connection provides a vital channel for ensuring the IHN curriculum is evidence-based and that the work of certified IHNs can contribute to a richer national dataset on Indigenous health experiences.

Similarly, FNHMA's Relationship Agreement with the Canadian Partnership Against Cancer (CPAC) is designed to enhance cultural safety and humility within cancer service delivery across provincial and territorial systems. This partnership demonstrates FNHMA's ability to engage with national, disease-specific organizations to embed Indigenous perspectives into care pathways (Canadian Partnership Against Cancer, n.d.).

Crucially, FNHMA maintains a strong and collaborative relationship with the federal government, particularly Indigenous Services Canada (ISC). This partnership was highlighted during the pandemic response and is ongoing through ISC's support for FNHMA-led training in community health and wellness planning. This established relationship is essential for ensuring that a national IHN program is aligned with federal policy priorities and can be positioned for sustainable, long-term funding (Indigenous Services Canada, n.d.).

Case Study in Agility: The COVID-19 Response
The value and effectiveness of FNHMA's collaborative network were put to the test during the early days of the COVID-19 pandemic, and the organization's response serves as a powerful case study in its agility and capacity. Faced with an unprecedented public health crisis, FNHMA rapidly mobilized to support its members on the front lines. In just 15 days, it launched InfoPoint, a dedicated service providing a single point of contact for First Nations health managers to access credible, tailored information and resources about the pandemic (Indigenous Health Today, n.d.). This initiative was not undertaken alone. FNHMA leveraged its partnerships with Indigenous Services Canada, NationTalk, the Red Cross, and other Indigenous health organizations to consolidate and disseminate vital information. A key component of this response was a series of weekly virtual town halls, produced in partnership with NationTalk, which featured speakers from various organizations providing critical updates (FNHMA, n.d.).

This initiative demonstrated FNHMA's ability to act as a national coordinator and knowledge broker in a time of crisis, quickly translating complex information into accessible formats and using its network to ensure that information reached the communities that needed it most. This proven ability to rapidly convene partners and mobilize knowledge on a national scale is precisely the skill set required to launch and sustain a successful national IHN training program.

The Vision for Impact: A National IHN Program Led by FNHMA

From Support Role to National Profession

The ultimate value of a First Nations Health Managers Association-led initiative is its potential to transform the Indigenous Health Navigator into a nationally recognized profession. Currently, the title *navigator* can mean many different things depending on the region and health authority, with wide variability in training, scope of practice, and authority. FNHMA's multi-year project to establish standardized competencies, develop a core curriculum, and create a formal certification process will bring coherence and credibility to the field.

This professionalization is not merely a bureaucratic exercise; it is a critical step toward empowerment and systemic change. When IHNs are backed by a national professional association and a recognized certification, their standing within the mainstream healthcare system is elevated. They are no longer seen as ancillary supports but as certified professionals with distinct and valuable expertise in cultural safety, patient advocacy, and Indigenous health systems. This enhanced credibility gives them the authority to intervene in culturally unsafe situations, to have their perspectives respected in care planning meetings, and to advocate effectively for their patients' needs. It also creates clear and attractive career pathways, helping to recruit and retain more First Nations individuals in the health workforce, directly answering the TRC's Call to Action #23.

Creating a Continuum of First Nations Health Management

A unique and powerful outcome of housing the IHN certification within FNHMA is the creation of a formalized continuum of First Nations health leadership. As FNHMA's own project announcement states, the competencies of the IHN are intended to complement the work of the Certified First Nations Health Manager (CFNHM). This synergy creates a powerful feedback loop for driving systemic improvement from both the grassroots and management levels.

This model envisions a dynamic relationship where the IHN operates at the micro level of patient care, while the CFNHM operates at the macro level of program and system management. The IHN, working daily on the front lines, is perfectly positioned to identify patient-level barriers, recurring patterns of discrimination, and gaps in cultural safety within specific clinics or hospitals. The CFNHM, equipped with leadership and management skills, is positioned to act on this information. For example, if multiple IHNs report that patients are being discharged without adequate support, a CFNHM can use this data to redesign the community's discharge planning process, negotiate with the local hospital, and reallocate resources to address the gap.

This formalized connection between the front-line navigator and the community health

manager creates a powerful mechanism for change. It ensures that the lived experiences of patients are not lost but are instead systematically collected, analyzed, and used to inform management decisions and drive quality improvement. By professionalizing both roles under one organizational roof, FNHMA can foster a unified approach that addresses systemic issues from both the bottom-up (patient experience) and the top-down (system management), a dual strategy essential for achieving the real impacts required.

Measuring Real Impacts on Health Equity

A national IHN program led by FNHMA is uniquely positioned to generate tangible, measurable improvements in health equity for First Nations. The impacts can be anticipated across three key areas:

1. Improved Patient Experience and Trust: The most immediate impact will be on the quality and safety of individual healthcare encounters. A professionalized workforce of certified IHNs, trained in cultural safety and trauma-informed care, will directly reduce the instances of racism and discrimination documented in reports like In Plain Sight. By ensuring patients feel heard, respected, and safe, IHNs will begin to rebuild the trust that is essential for individuals to engage with the healthcare system proactively, rather than avoiding it until a crisis point.

2. Better Health Outcomes: Improved patient experience is a direct pathway to improved health outcomes. By enhancing communication, ensuring patients understand and follow their care plans, and facilitating access to both Western and traditional healing modalities, IHNs can contribute to closing the persistent health gaps identified by the TRC. This can lead to better management of chronic diseases, improved maternal and child health, and more timely diagnosis and treatment of acute conditions. The support provided by IHNs can reduce patient anxiety and stress, which are known factors in healing and recovery.

3. System Transformation: The long-term impact extends beyond individual patients to the transformation of the entire healthcare system. A national network of certified IHNs, connected through FNHMA, will become an invaluable source of data and insight into the systemic barriers that exist across the country. When this qualitative and quantitative data is aggregated and analyzed, it will provide an unprecedented evidence base for advocacy. This evidence can be used by First Nations leadership and FNHMA to push for fundamental changes in healthcare policy, medical education, and clinical practice, driving the system-level transformation needed to achieve true health equity.

Part B

What's in a Name?

How Titles Reveal the Function & Philosophy
of Indigenous Health Navigation

Introduction: Indigenous Health Navigators are a Systemic Intervention

The Canadian healthcare system has historically and continues to be a site of profound harm and inequity for Indigenous Peoples. The establishment of roles such as the Indigenous Patient Navigator (IPN) is not a minor administrative adjustment but a critical, systemic intervention. It represents a direct response to the well-documented health disparities, pervasive systemic racism, and deep-seated mistrust that plague the relationship between Indigenous communities and mainstream healthcare institutions. This mistrust is the painful legacy of colonial policies and practices, including the trauma of residential schools and the segregated care provided in *Indian hospitals* (Laboucan, 2024). The presence of a trusted individual who understands this context can be the determining factor in whether an Indigenous person seeks care, stays for treatment, or experiences a safe and respectful healthcare journey.

At its core, Indigenous patient navigation is a patient-centered model designed to bridge the vast cultural, linguistic, and systemic gaps that separate Indigenous patients from equitable healthcare. These roles aim to create culturally safe environments where First Nations, Inuit, and Métis patients feel seen, heard, and respected. While the specific job titles for these essential workers vary significantly across provinces, territories, health authorities, and Indigenous-led organizations, their fundamental purpose remains constant: a. to dismantle barriers, b. foster communication, c. advocate for care that honours both traditional Indigenous healing paradigms and Western medical practice and, d. ultimately work to improve health equity and patient outcomes (Georgetown University National Centre for Cultural Competence, n.d.).

The Evolving Dictionary of Titles for the Indigenous Health Navigator

A comprehensive review of patient support roles across Canada reveals a lack of standardized terminology. This variation, from *Indigenous Patient Navigator* in Ontario and British Columbia to *Community Navigator* within the Manitoba Métis Federation, suggests that these roles have largely developed organically in response to local and regional needs rather than from a federal directive (Cancer Care Ontario, n.d.; PHSA, n.d.; Manitoba Métis Federation, n.d.) . While this allows for tailored, responsive approaches, it also points to a potential fragmentation that can create challenges in standardizing training, evaluating program effectiveness nationally, and ensuring equitable access to these services for all Indigenous Peoples. The choice of title is often a deliberate statement about the role's primary function and its relationship to the healthcare system, reflecting different organizational philosophies on how best to achieve Indigenous health equity.

The Foundational Role: Indigenous Patient Navigator (IPN)

Across the Canadian healthcare landscape, the term Indigenous Patient Navigator (IPN) has emerged as the most widely recognized title for this type of role. It is the term of choice for

numerous provincial health authorities, including Cancer Care Ontario, Vancouver Coastal Health (VCH), Interior Health in British Columbia, and Horizon Health in New Brunswick. Synthesizing the descriptions from other various bodies reveals a consistent core mandate: IPNs support patients and their families by respecting local traditions and protocols to ensure the delivery of culturally safe healthcare services.

The functions embedded within the IPN title are multifaceted. They provide direct patient and family support, which includes not only emotional reassurance but also practical assistance in navigating the complexities of the hospital environment. A key distinction of the IPN role is its explicit function as a cultural bridge, facilitating patient access to Elders, traditional ceremonies like smudging, and traditional healing practices that are integral to a wholistic model of wellness (Allen, Hatala, Ijaz, Courchene & Bushie; 2020). Simultaneously, IPNs provide crucial education and support to non-Indigenous healthcare team members, helping them understand the unique needs of Indigenous patients and fostering a more culturally competent care environment. The very word *Navigator* is significant, as it speaks to the core function of guiding patients through a system that is often perceived as confusing, intimidating, and culturally alien (Manitoba Keewatinowi Okimakanak, n.d.).

A Comparative Taxonomy of Navigator-Related Titles

While Indigenous Patient Navigator is a common touchstone, the lexicon of roles is rich and varied. Health authorities and Indigenous organizations across the country employ a range of titles that, while functionally similar, carry distinct connotations and reflect different organizational priorities. A structured comparison of these terms reveals a complex mosaic of approaches to Indigenous health support.

The following table organizes this diverse terminology, providing a comparative overview that highlights regional trends and the differing emphasis placed on the role's function depending on its organizational context. This synthesis transforms the unique job titles into a coherent dataset, allowing for the rapid identification of patterns, such as the correlation between Indigenous-led organizations and titles emphasizing advocacy, versus health-authority roles that often emphasize liaison and coordination.

Table 3: Comparative Terms for Indigenous Patient Support Roles in Various Regions

Term/Job Title	Associated Indigenous Group(s)	Organizational Context	Geographic Region/ Province	Key Functional Emphasis

Indigenous Patient Navigator (IPN)	First Nations, Métis, Inuit (Pan-Indigenous)	Provincial Health Authorities (e.g., VCH, Interior Health, PHSA, Horizon Health); Hospitals (e.g., SHN, Southlake)	BC, NB, ON	System Navigation, Cultural Brokerage, Staff Education, Patient Support
Mi'kmaq Indigenous Patient Navigator (MIPN)	Mi'kmaq (First Nations)	Provincial Health Authority (Nova Scotia Health)	NS	Cultural Brokerage, Advocacy, System Navigation
First Nations and Métis Patient Navigator	First Nations, Métis	Provincial Agency (Saskatchewan Cancer Agency)	SK	Culturally Sensitive Support, Care Pathway Coordination
Indigenous Health Liaison / Indigenous Health Liaison Nurse	First Nations, Métis, Inuit (Pan-Indigenous)	Regional Health Authorities (e.g., Fraser Health, Island Health, Interlake-Eastern RHA)	BC, MB	Clinical Liaison, Care Planning, Health Assessment, Advocacy, Communication Bridge
Aboriginal Patient Advocate	First Nations, Métis, Inuit (Pan-Indigenous)	Regional Health Authority (Winnipeg Regional Health Authority)	MB	Advocacy, Rights Protection, Complaint Resolution, Wholistic Healing Plan
Métis Health Experience Advocate	Métis	Métis Government (Métis Nation British Columbia)	BC	Advocacy, Navigating Feedback/Complaints Process, Systemic Change, Truth Sharing
Community	Red River	Métis Government	MB	Community

Navigator	Métis	(Manitoba Métis Federation)		Navigation, Advocacy, Barrier Removal, Connecting to MMF & Provincial Services
Client Navigator	First Nations	First Nations Political Organization (Manitoba Keewatinowi Okimakanak)	MB	NIHB Navigation, Advocacy, Denial/Appeal Support, Inter-agency Liaison
Indigenous Care Coordinator	Pan-Indigenous	Regional Health Authority (Northern Health)	BC	Clinical & Social Service Coordination, Case-specific Contribution (Intake to Discharge)
Indigenous Health Services Assistant	Pan-Indigenous	Regional Health Authority (Northern Health)	BC	General Practical Support, Orientation, Communication, Direction
First Nations Health Coordinator	First Nations	First Nations Community Health Services; University Health Program	QC, SK	Community-based Crisis Support, Health Coordination, Liaison with External Systems
Indigenous Patient Liaison (IPL)	Pan-Indigenous	Regional Health Authority (Northern Health)	BC	Bridging Western & Traditional Medicine, System Navigation

<u>Deconstructing the Nuances: Navigator vs. Liaison vs. Advocate vs. Coordinator</u>

The specific terminology chosen for these roles is not arbitrary; it signals the primary philosophical and functional orientation of the position. A semantic analysis of the key terms

reveals important distinctions in how organizations perceive and structure this vital support.

- Navigator: This term, central to the IPN title, implies a guide who possesses specialized knowledge of a complex and potentially hazardous terrain—in this case, the healthcare system. It suggests a proactive alliance with the patient, helping them chart a course through unfamiliar institutional processes, from admission to discharge planning and accessing community resources. The navigator's expertise is in making the foreign feel manageable (211 Manitoba, 2024; Nova Scotia Health, n.d.; Vancouver Coastal Health, n.d.).
- Liaison: This term emphasizes the role of a communication bridge or an intermediary. An Indigenous Health Liaison is explicitly tasked with creating a linkage between the patient, their family, and community on one side, and the healthcare providers and system on the other. This title is often used for roles that are more formally embedded within a clinical team, such as the Indigenous Health Liaison Nurse, where the individual must translate not only language and culture but also clinical information between parties (Fraser Health, n.d.; Island Health, n.d.).
- Advocate: This term signals a more assertive and directive function. An Aboriginal Patient Advocate or Métis Health Experience Advocate is charged with actively representing and defending the interests, needs, and rights of the patient. This title is frequently employed by Indigenous-led organizations, indicating a clear focus on empowerment, addressing inherent power imbalances within the healthcare system, and holding that system accountable. The role of an advocate may include helping a patient file an official complaint or intervening when care is perceived as unsafe or discriminatory (CivicInfo BC, 2024; .
- Coordinator: This title points to a role primarily focused on the organization and logistical arrangement of services. An Indigenous Care Coordinator is responsible for the practical aspects of a patient's journey, such as managing referrals, contributing to discharge plans, and ensuring a seamless flow of case-specific clinical and social services from intake to delivery. While all navigators perform coordination tasks, this title places a particular emphasis on the administrative and organizational aspects of care (Thunder Bay Regional Health Sciences Centre, n.d.; Winnipeg Regional Health Authority, n.d.).

The Significance of Language: "Aboriginal" vs. "Indigenous" and Nation-Specificity
The language used in job titles and program descriptions also reflects a broader evolution in the conversation surrounding Indigenous Peoples in Canada. The term Aboriginal, as seen in titles like Aboriginal Patient Advocate is still present in some contexts. Its use may reflect older, established organizational branding or program names that have not been updated yet.

However, the vast majority of contemporary job postings and health authority descriptions now use the term Indigenous, as in Indigenous Patient Navigator or Indigenous Health Liaison. This shift aligns with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and is generally preferred by Indigenous communities as a more inclusive and globally recognized term.

Most significantly, a clear wise practice is emerging: the use of Nation-specific titles. The creation of roles like the Mi'kmaw Indigenous Patient Navigator in Nova Scotia or the First Nations and Métis Patient Navigator in Saskatchewan signals a crucial move away from a pan-Indigenous approach. (NS 211, n.d.; Saskatchewan Cancer Agency; n.d.). This specificity is a powerful act of recognition. It acknowledges that the distinct cultures, languages, histories, and healthcare needs of the Mi'kmaq of the Atlantic region are different from those of the Métis in the Prairies or the Inuit in the North. Such titles demonstrate a deeper commitment to providing care that is not just generically Indigenous-friendly but is truly culturally resonant and specific to the people being served (Allen et al., 2020).

A Functional Framework of the Navigator Role
While the terminology varies, the core functions of these support roles exhibit consistency across Canada. By amalgamating the duties listed in dozens of job descriptions and program outlines, it is possible to construct a comprehensive functional framework that captures the essence of this work. This framework reveals a role of immense complexity, requiring individuals to be cultural brokers, system experts, empathetic counsellors, and fierce advocates, often simultaneously. The role is dual-facing: it is designed to support the Indigenous patient navigate the system, while at the same time educating and transforming the system itself to be more worthy of the patient's trust. This dual responsibility necessitates a unique and sophisticated skill set and underscores the need for robust institutional support for the navigators themselves.

A Synthesized Framework of Core Competencies and Responsibilities
Across different titles and jurisdictions, the responsibilities of Indigenous health navigators can be categorized into six key domains. These domains illustrate the wholistic and multifaceted nature of the role, which extends far beyond translation or appointment scheduling.

1. **Patient and Family Support:** This is the foundational element of the role. Navigators offer crucial emotional and practical support to patients and their families, who can often feel afraid, unheard, or overwhelmed in a hospital setting. They serve as a trusted presence, listen to concerns, help patients articulate their questions to the care team, and provide comfort throughout the healthcare journey.
2. **Cultural Brokerage and Spiritual Care:** A defining feature of the navigator role is its

capacity to serve as a cultural broker and interpreter. This involves facilitating access to traditional healing practices that are vital to many Indigenous patients' well-being. Responsibilities include coordinating with Elders or traditional healers, arranging for sacred ceremonies like smudging, cedar baths, or pipe ceremonies within the hospital, and ensuring access to traditional medicines. This function helps to bridge the gap between Western medicine and wholistic Indigenous concepts of health.

3. **System Navigation and Coordination:** Navigators are experts in the intricate pathways of the healthcare system. They provide invaluable assistance with complex processes such as discharge planning, which involves coordinating with community health nurses and mental wellness programs in the patient's home community. They also help patients and staff navigate the rules of programs like the federal Non-Insured Health Benefits (NIHB) program, which covers specific health costs for eligible First Nations and Inuit clients (Indigenous Services Canada, 2025; Indigenous Services Canada, n.d.).

4. **Advocacy and Rights Protection:** This domain involves actively championing the needs and rights of the patient. Navigators advocate for patients within the care team to ensure their needs are met and their voices are included in care planning. This can also extend to helping patients understand their rights and supporting them in filing official complaints if they experience culturally unsafe care, discrimination, or racism.

5. **Education and Capacity Building (for Staff):** A critical, system-facing function is the education of non-Indigenous healthcare providers. Navigators act as a key resource for staff, offering consultation on care planning for Indigenous patients and providing coaching on Indigenous-specific resources. They are instrumental in promoting and delivering education on cultural safety and cultural humility, thereby building the capacity of the healthcare system to provide better care.

6. **Liaison and Relationship Building:** Navigators are relationship weavers. They create and maintain vital communication links between the hospital-based care team, the patient's family, their home community (which may be hundreds of kilometres away), and various Indigenous organizations and agencies. This ensures a continuum of care and helps to break down the silos that often exist between different parts of the health and social service systems.

The Cultural Bridge: Mediating Between Health Paradigms

The navigator's role as a cultural bridge is perhaps its most nuanced and vital function. These individuals operate at the intersection of two often-conflicting worldviews: the Western biomedical model, which tends to be mechanistic and compartmentalized, and wholistic Indigenous paradigms of health, which view physical, mental, emotional, and spiritual well-being as inextricably linked. The navigator must be fluent in the language and logic of both worlds to be effective.

A concrete example of this mediation is the facilitation of a smudging ceremony in a hospital. From the institution's perspective, this involves policies around fire safety, smoke, air quality, and infection control. From the patient's perspective, it is a necessary spiritual practice for cleansing and healing. The navigator must skillfully negotiate with hospital administration, facilities management, and the clinical team to create a policy and a physical space where this ceremony can occur safely and respectfully, honouring both institutional rules and the patient's spiritual needs. Similarly, when a family wishes for an Elder to be part of a care-planning meeting, the navigator ensures the Elder's knowledge is not dismissed as secondary but is given the same respect as the clinical team's input, effectively translating Indigenous ways of knowing into a format the Western medical team can understand and integrate. This work requires immense diplomatic and intercultural skill, fundamentally re-shaping the care environment to be more inclusive.

The Professional vs. Community Navigator Distinction

The academic literature and organizational practices reveal an important distinction within the field of Indigenous patient navigation: the difference between *professional* and *community* navigators (Island Health, n.d.; Manitoba Keewatinowi Okimakanak, n.d.). This is not a hierarchy of value but a spectrum of specialization, where different skills are prioritized based on the specific needs of the patient population and the goals of the program.

Professional Navigators are roles that require formal clinical credentials. Titles like Indigenous Health Liaison Nurse (requiring an LPN or RN designation) or Indigenous Health Liaison Social Worker (requiring a BSW or MSW) fall into this category (Fraser Health, n.d.). The strength of the professional navigator lies in their clinical expertise and their ability to operate as a peer within the multidisciplinary care team. They can conduct clinical assessments, contribute directly to care planning with recognized clinical authority, and translate complex medical information for patients and families. Research suggests these models are often used for populations with complex health and social needs that require intensive case management.

Community Navigators, in contrast, prioritize lived experience, deep community connections, and profound cultural knowledge over formal clinical licensure. Most IPN roles fall into this category. Job postings for these positions often emphasize qualifications such as extensive knowledge of Indigenous peoples' demographics, languages, cultures, customs and traditions and demonstrated knowledge and experience working with Indigenous (First Nations, Metis and Inuit) communities (Cancer Care Ontario, n.d.; Qavvivik, n.d.). The community navigator's authority comes from the trust they hold within the community and their authentic understanding of the cultural and historical context of their patients. They are particularly

effective in addressing barriers related to the social determinants of health and in providing cultural and spiritual support.

The existence of both models demonstrates that a truly effective system requires a range of skills. An integrated approach, where professional and community navigators work collaboratively as part of a broader Indigenous Health Team, offers the greatest potential for providing comprehensive, wrap-around support.

Measuring Success: The Intended Outcomes of Navigation

The ultimate purpose of navigator roles is to achieve tangible improvements in the healthcare experiences and outcomes of Indigenous Peoples. The stated goals across various programs converge on a clear set of intended outcomes that define what this looks like. First and foremost, a primary goal is to build trust in a system where trust has been systematically broken over generations. The simple presence of a trusted person who looks/sounds like you or is going to understand you can fundamentally alter a patient's willingness to access and remain in care. This leads to the second major outcome: making patients feel supported, heard, and less afraid. Functionally, this is measured by improved access to the full spectrum of healthcare services, from primary care to specialized treatments and traditional healing practices. This is intrinsically linked to the goal of ensuring that the entire care experience is culturally safe and inclusive, where a patient's identity is respected and integrated into their healing journey (Métis Child, Family and Community Services, n.d.; Tungasuvvingat Inuit, n.d.). Ultimately, all these efforts are aimed at the overarching goal of achieving health equity, reducing the well-documented disparities in health status between Indigenous and non-Indigenous populations in Canada.

Nation-Specific and Regional Models of Patient Support

A one-size-fits-all pan-Indigenous approach to patient navigation is fundamentally inadequate and culturally unsafe. The political histories, cultural practices, and practical healthcare challenges of First Nations, Métis, and Inuit peoples are distinct, requiring tailored models of support. An analysis of programs across Canada reveals that the most effective systems are those that recognize and respond to these distinctions. Furthermore, the organizational placement of the navigator—whether they are an employee of a mainstream health authority or an Indigenous-led organization—profoundly shapes the role's function, accountability, and power, creating different but complementary avenues for systemic change.

First Nations-Specific Approaches: Sovereignty and NIHB

Navigation models designed for First Nations peoples are often shaped by their unique political and legal relationship with the federal government. A prime example is the Client Navigator role established by Manitoba Keewatinowi Okimakanak (MKO), a political advocacy organization

representing 26 First Nations in northern Manitoba. A central function of the MKO Client Navigator is to help community members navigate the federal Non-Insured Health Benefits (NIHB) program (Manitoba Keewatinowi Okimakanak, n.d.).

NIHB is a complex, often bureaucratic federal program that provides coverage for a range of medical goods and services (e.g., prescription drugs, dental care, vision care, medical transportation) to registered First Nations and recognized Inuit clients. Navigating its eligibility requirements, coverage limits, and appeal processes for denied claims is a highly specialized skill (Indigenous Services Canada, n.d.). The MKO Client Navigator is explicitly tasked with providing support for NIHB denials and appeals, advocating with the federal government on behalf of clients, and liaising with the regional NIHB office to improve access (Métis Nation of British Columbia, n.d.). This focus on a specific federal program highlights a need that is paramount for many First Nations individuals but less central to other Indigenous groups.

Similarly, the title First Nations Health Coordinator often denotes a role situated within a First Nation's own community-controlled health services. These individuals coordinate care for community members, provide crisis support, and act as the primary liaison with external, provincially-run healthcare systems, ensuring their community's specific needs and priorities are communicated and addressed (Thunder Bay Regional Health Sciences Centre, n.d.).

Métis-Specific Advocacy and Navigation: A Nation-Building Approach
The navigation models developed by self-governing Métis Nations in Canada are expressions of nation-building. They are designed not only to help citizens navigate the provincial healthcare system but also to connect them to the growing suite of health and wellness programs offered by their own Métis government.

The Manitoba Métis Federation (MMF), the national government of the Red River Métis, employs Community Navigators throughout its regions. These navigators are tasked with assisting Red River Métis Citizens in identifying and overcoming barriers to accessing resources, which includes both provincial health services and MMF-specific programs like their Prescription Drug and Vision Care Programs. The role is explicitly about community support, advocacy, and strengthening the connection between the citizen and their Métis government, reinforcing a distinct Red River Métis identity and system of care (Manitoba Métis Federation, n.d.).

In British Columbia, the Métis Nation British Columbia (MNBC) has created a unique and highly political role: the Métis Health Experience Advocate. While this role includes navigation, its primary focus is on transforming the system by navigating the healthcare feedback and

complaints process. The program provides a safe, Métis-led space for citizens to share their experiences—both positive and negative—with the healthcare system. This "truth sharing" is documented and used to advocate for systemic change, holding health authorities accountable and ensuring Métis voices are represented in policy and planning. This model is a direct response to reports on systemic racism and represents a sophisticated strategy of using patient experience as a lever for political advocacy and system reform (Métis Nation British Columbia, n.d.).

<u>Inuit-Specific Systems of Support: The Wholistic, Organization-Based Model</u>
A review of healthcare support systems reveals a relative absence of the specific job title Inuit Patient Navigator embedded within southern hospitals. This does not indicate a lack of support, but rather a different, more wholistic model tailored to the unique circumstances of Inuit. A significant portion of Inuit requiring specialized medical care must travel from their home communities in Inuit Nunangat (the Inuit homeland in the Arctic) to southern urban centres. These individuals face not only a foreign healthcare system but also the profound challenges of displacement, isolation, and culture shock.

Consequently, support for Inuit is often delivered through Inuit-led, multi-service organizations that provide comprehensive, wrap-around care. Organizations like Tungasuvvingat Inuit (TI) in Ottawa and Qavvivik in Montreal are prime examples (Tungasuvvingat Inuit, n.d.; Qavvivik, n.d.). Health system navigation is a critical component of their services, but it is integrated within a broader support network that also addresses housing, food security, justice, family services, and cultural connection. For instance, TI's housing support worker also helps clients apply for NIHB and find doctors, recognizing that health is inseparable from other basic needs. Qavvivik, whose name means a place where one is raised up, was explicitly created to provide and facilitate access to culturally safe health services for Inuit in southern Quebec, with navigation and interpretation being core functions from its inception. This organization-based model provides a vital cultural and social anchor for Inuit who are far from home, addressing their needs in a wholistic manner that a hospital-based navigator alone could not.

Part C

Indigenous Patient Navigator Programs Across Canada

A Provincial and Territorial Review

Introduction: IPN's as Crucial Bridges for Communities

Across Canada, Indigenous Patient Navigator (IPN) programs are being implemented to address systemic barriers and improve health equity for First Nations, Inuit, and Métis peoples. These programs are a direct response to the need for culturally safe healthcare environments where Indigenous patients and their families feel supported, heard, and respected. Navigators act as a crucial bridge between Indigenous communities and the complexities of the healthcare system, providing a range of services from cultural and spiritual support to advocacy and discharge planning. This section provides an overview of Indigenous Patient Navigator and similar health support programs as they exist in each of Canada's provinces and territories, highlighting the diverse programs, titles, and specific services offered in each jurisdiction.

British Columbia

British Columbia has one of the most developed networks of Indigenous patient support programs in Canada, with various health authorities implementing robust services under several different titles.

1. Provincial Health Services Authority (PHSA): The PHSA employs Indigenous Patient Navigators (IPNs) across its various programs, including BC Cancer and the BC Centre for Disease Control (HealthLink BC, n.d.). These IPNs support patients by coordinating access to services, addressing cultural and spiritual needs, facilitating communication with care teams, and acting as a resource for healthcare providers to promote culturally safe care. Preference for these roles is given to applicants of Aboriginal Ancestry (BC Children's Hospital, n.d.).

2. Vancouver Coastal Health (VCH): VCH's IPN program focuses on creating a culturally safe and respectful care environment. Navigators connect patients with traditional resources like Elders and ceremonies, help them voice questions or concerns, and liaise with community-based agencies. The program has seen a significant increase in requests from hospital staff for consultation on care planning and coaching on Indigenous-specific resources.

3. Interior Health: IPNs within Interior Health work in hospitals and health centres to make the healthcare journey safe, comfortable and less confusing. They offer emotional and cultural support, participate in care and discharge planning, and connect patients with spiritual care providers and language translation services. Specific IPNs are also located in Mental Health & Substance Use (MHSU) locations to connect patients to counselling and detox services (Interior Health, n.d.).

4. Northern Health: This health authority utilizes an Indigenous Care team model that includes roles like the Indigenous Care Coordinator and Indigenous Health Services Assistant. These team members help with understanding diagnoses, care planning,

cultural advocacy, and patient travel. The authority also employs Indigenous Patient Liaisons (IPL) to bridge Western and traditional medicine (Northern Health, 2025).

5. Fraser Health & Island Health: These authorities use the title Indigenous Health Liaison. These roles, which can include licensed practical nurses (LPNs) or social workers, focus on developing culturally safe care plans, conducting assessments, and acting as a communication bridge between clients, families, and the healthcare system (Fraser Health, n.d.).

6. Métis Nation British Columbia (MNBC): MNBC runs a unique Métis Health Experience Program with a Métis Health Experience Advocate. This role assists Métis individuals in navigating the healthcare feedback and complaints process, providing a safe, Métis-led space for truth sharing to advocate for systemic change (Métis Nation British Columbia, n.d.)

Alberta

Alberta is actively working to improve Indigenous health care through government-supported initiatives and programs led by Indigenous organizations.

1. Siksika Health Services: Supported by the Government of Alberta, Siksika Health Services runs an Indigenous Patient Navigation Program to remove barriers and improve care coordination for Siksika Nation members, both on and off the Nation and within Alberta Health Services. The program is also developing a Patient Navigation Hub with learning tools for clinical staff to enhance their navigational knowledge and cultural skills.

2. Métis Nation of Alberta (MNA): The MNA's Health Department employs Supports and Services Navigators who act as a first point of contact for Métis citizens seeking information and resources. They guide individuals to appropriate programs and services, including mental health support and dental care programs (Métis Nation of Alberta, 2021).

3. Alberta Indigenous Virtual Care Clinic (AIVCC): The AIVCC provides virtual consultations by phone or video with Alberta-based physicians experienced in delivering culturally safe care to any self-identifying First Nations, Inuit, or Métis person, or their immediate family, in the province (First Nations Technical Services Advisory Group Incorporated, n.d.; Alberta Indigenous Virtual Care Clinic, n.d.).

4. Indigenous Services Canada (ISC): The federal government provides a range of health support services for First Nations and Inuit in Alberta, including mental wellness programs and support related to Indian Residential Schools.

Saskatchewan

Saskatchewan offers a variety of health navigation and support services tailored to First Nations and Métis populations, often through collaborative efforts between the provincial health

authority and Indigenous organizations.

1. Saskatchewan Health Authority (SHA): The SHA's First Nations and Métis Health Services (FNMHS) collaborates with Indigenous peoples to support patients and families from admission to discharge. Services include advocacy, NIHB support, access to Traditional Knowledge Keepers and cultural support workers, language translation, and discharge planning. Healing centres and designated cultural spaces are available in hospitals in Regina, Saskatoon, and Prince Albert.
2. Saskatchewan Cancer Agency: As part of its care pathway for specific cancers, the agency includes a First Nations and Métis Patient Navigator to provide culturally sensitive support throughout the patient's journey.
3. Métis Nation – Saskatchewan (MN–S): The MN–S Ministry of Health employs a Métis Mental Health Navigator to support citizens seeking mental health or substance use services. This navigator connects children, youth, and families to appropriate service providers and liaises with the broader provincial healthcare system (211 Saskatchewan, n.d.).
4. Saskatoon Tribal Council (STC): The STC's Community Health Program aims to improve the wholistic health of First Nations people. It offers programs focused on communicable diseases, HIV/Hepatitis C prevention (Know Your Status Program), and tuberculosis prevention and wellness.
5. First Nations and Inuit Health: A federal service centre is located in Prince Albert to serve First Nations and Inuit clients.

<u>Manitoba</u>

Manitoba features a diverse landscape of patient support programs, with distinct models offered by the regional health authority and prominent Indigenous-led organizations (Manitoba Chiefs, n.d.).

1. Winnipeg Regional Health Authority (WRHA): The WRHA's Aboriginal Health Programs include the role of an Aboriginal Patient Advocate. This advocate supports patients' interests and rights, addresses complaints, and provides advice on resources to ensure a wholistic healing plan. The programs also offer language interpretation in Ojibway, Cree, and Oji-Cree, and spiritual care with Elders.
2. Manitoba Métis Federation (MMF): As the national government of the Red River Métis, the MMF employs Community Navigators through its Health & Wellness Department. Located in regional offices, these navigators provide support, advocacy, and assistance for Red River Métis Citizens in overcoming barriers to accessing social, medical, and educational services.
3. Manitoba Keewatinowi Okimakanak (MKO): Representing 26 First Nations in northern Manitoba, MKO runs a Client Navigator Program with offices in Thompson and

Winnipeg. A key function of this role is facilitating access to the federal Non-Insured Health Benefits (NIHB) program and providing support for denials and appeals (211 Manitoba).

4. Interlake-Eastern Regional Health Authority (IERHA): The IERHA's Indigenous Health team includes an Indigenous Health Liaison. This role offers advocacy, navigation, interpretation, and discharge planning support to Indigenous patients and their families, working to bridge gaps in service delivery. The Interlake Reserves Tribal Council (IRTC) partners with the IERHA to offer this position (Interlake-Eastern Regional Health Authority, n.d.).

Ontario

In Ontario, Indigenous Patient Navigator programs are implemented at both the institutional and provincial levels, with a notable focus on specific health sectors like cancer care.

1. Hospital-Based Programs: Individual hospitals and health networks have established their own IPN services.
   a. Southlake Regional Health Centre: The IPN offers support to patients who self-identify as First Nations, Inuit, or Métis. Services include advocacy, coordinating community resources, counselling, and assisting with requests for spiritual ceremonies like smudging.
   b. Scarborough Health Network (SHN): The IPN at SHN provides culturally relevant service navigation, counselling, and advocacy. The role also has a broader scope that includes community engagement, supporting an Indigenous Advisory Committee, and policy development to build a larger Indigenous Health Program (Scarborough Health Network, n.d.).
   c. Thunder Bay Regional Health Sciences Centre: Provides Indigenous Patient Navigators and Liaisons for cancer care, renal services, and the emergency department, offering interpretation in Cree, Ojibway, and Oji-Cree (Community Services Locator, n.d.).

2. Aboriginal Health Access Centres (AHACs): The Southwest Ontario Aboriginal Health Access Centre (SOAHAC) hires IPNs to assist Indigenous people with navigating the healthcare system, ensuring access to culturally appropriate services, and leading coordinated care planning (211 Ontario, n.d.).

3. Provincial Programs:
   a. Cancer Care Ontario: Manages a network of Indigenous Navigators located in regional cancer centres across the province to support First Nations, Inuit, and Métis patients. They facilitate access to cancer services, address cultural needs, and network with partners to ensure a culturally safe experience. However, the

number of navigators is noted to be small relative to the population they serve (Cancer Care Ontario, n.d.).

b. Health Navigator Program: The provincial government outlines objectives for a broader Health Navigator Program, which provides a range of wholistic health and mental health navigation, advocacy, and discharge planning services to improve equitable access for Indigenous peoples. Under provincial jurisdiction, healthcare providers have a legal duty to accommodate Indigenous spiritual beliefs and practices.

Quebec

In Quebec, support for Indigenous patients is often delivered through community-based organizations, Friendship Centres, and specific pilot programs, with a focus on providing culturally relevant and safe services.

1. Native Friendship Centres: The Regroupement des centres d'amitié autochtones du Québec (RCAAQ) supports a network of Friendship Centres that are a vital gateway for urban Indigenous peoples (Assemblée nationale du Québec, n.d.). They offer a range of health and social services, including psychosocial intervention, accompaniment and navigation through public services, and traditional healing pathways. Eight health clinics operate within Friendship Centres in cities like Montreal, Quebec City, and Val-d'Or, with more in development.

2. Community Paramedic Indigenous Patient Navigator: The Mohawk Council of Akwesasne has launched a pilot program for a Community Paramedic Indigenous Patient Navigator. This role aims to bridge gaps in primary care by providing in-home chronic disease management and education, with the goal of reducing emergency room visits and hospital admissions.

3. Hospital-Based and Regional Supports:
   a. Indigenous Navigators: Health resource lists, such as the one provided by the McGill University Health Centre Libraries, point to Indigenous Navigators as a key resource for patients.
   b. Inuit Patient Services: For Inuit travelling from Nunavik for care, dedicated support services are available through the Northern Québec Module (Ullivik) and the Inuulitsivik Health Centre. A new non-profit, Qavvivik, has also been established in Montreal to provide and facilitate access to culturally safe health services for Inuit living in southern Quebec, offering health system navigation and interpretation.

Atlantic Canada

New Brunswick

New Brunswick's two major health networks are actively expanding their Indigenous patient support services, demonstrating a growing commitment to culturally safe care.

1. Horizon Health Network: Horizon is significantly expanding its IPN program from two to twelve navigators. Initial IPNs were established in Fredericton and Miramichi in 2022, and the expansion will add positions at The Moncton Hospital and Saint John Regional Hospital, as well as on addiction and mental health and primary care teams (Horizon Health Network, n.d.). The navigators' role is to ensure patients receive culturally safe care, including access to sacred medicines and smudging, assist with discharge planning, and help build trust with the healthcare system.
2. Vitalité Health Network: Vitalité has also hired new Indigenous Patient Navigators for its Restigouche and Beauséjour zones. These navigators support patients throughout their care journey, help them navigate the system, and raise awareness among staff about the historical and cultural realities of Indigenous Peoples. Vitalité is guided by the principle of Etuaptmumk (Two-Eyed Seeing) and has established culturally appropriate spaces for smudging and sweat lodge ceremonies (CareerBeacon, 2025).
3. Cancer Patient Navigation Program: A provincial program with nurse navigators is also available to support cancer patients through both health networks.

Nova Scotia

Nova Scotia Health provides a distinct, Nation-specific navigator service that recognizes and values Indigenous heritage.

1. Mi'kmaq Indigenous Patient Navigator (MIPN): This service is specifically designed to assist Mi'kmaq and other Indigenous patients in overcoming barriers to timely and culturally safe care. The MIPNs bridge the communication gap between patients and healthcare professionals, advocate for cultural and spiritual needs, and serve as a resource for clinical staff to help them deliver culturally safe care.

Prince Edward Island

On Prince Edward Island, navigator services are delivered through a collaborative model between the provincial health authority and First Nations communities.

1. Mi'kmaq Health Systems Navigators: These navigators are employed directly by the Abegweit and Lennox Island First Nations to support community members accessing Health PEI services. Their duties include building trust, attending appointments, coordinating care transitions, facilitating cultural understanding between patients and providers, and liaising with the Non-Insured Health Benefits (NIHB) program (211 PEI, n.d.).

2. Lennox Island Health Centre: The health centre provides a wide range of primary healthcare services and programs and explicitly directs community members to the Mi'kmaw Patient Navigator for assistance in navigating the broader healthcare system. The centre also assists clients with the NIHB program.
3. Mi'kmaq Confederacy of PEI (MCPEI): The MCPEI's Health Program is dedicated to improving the health and well-being of First Nations communities in Epekwitk (PEI) by improving access to services, increasing awareness of supports, and advocating for community health priorities.

Newfoundland and Labrador

Newfoundland and Labrador Health Services offers navigator programs across the province, often in partnership with local Indigenous organizations, to ensure care is accessible and culturally appropriate (Labrador Friendship Centre, n.d.).

1. Indigenous Navigators: NL Health Services provides Indigenous Navigators to assist patients with accessing health-care services, understanding their diagnosis, and connecting with resources to meet cultural needs. This includes assistance with translation, medical appointments, and travel. Offices are located in St. John's, the Western region, and Labrador.
2. Eastern Health (St. John's): The Indigenous Patient Navigator (IPN) Program in the St. John's area was introduced in 2009 as a partnership between the health authority and First Light (St. John's Friendship Centre). The IPNs support First Nations, Inuit, and Métis people who travel to the city for treatment, helping them navigate the system and advocating for the integration of cultural aspects into care (Bridgethegapp.nl.ca, n.d.).
3. Western Health: An Indigenous Patient Navigator is available at the Western Memorial Regional Hospital in Corner Brook and virtually to other facilities. The navigator helps remove barriers, connects individuals with cultural support, and attends appointments with patients. This work is part of the Journey of Collaboration, a partnership with Qalipu First Nation and other community members to co-design health services based on a Two-Eyed Seeing approach.
4. Qalipu First Nation: Provides an NIHB Navigator and a Mental Wellness Navigator to help members access benefits and services.

The Territories

Yukon

Yukon hospitals provide integrated support for Indigenous patients through dedicated First Nations Health Programs, which include cultural and patient support services.

1. First Nations Health Programs: These programs operate in Whitehorse General Hospital, Dawson City Community Hospital, and Watson Lake Community Hospital. When a

patient self-identifies as First Nations, Métis, or Inuit, they are connected with a Support and Liaison Worker. These workers provide emotional, spiritual, and social support; help with communication between the patient and hospital staff; assist with discharge planning; and arrange for traditional foods and medicines.

2. Specialized Roles: The program in Whitehorse also includes a First Nations Mental Health Advocate to support patients with mental health concerns and a Cultural Programs Coordinator who provides awareness of traditional medicines and coordinates cultural learning opportunities for hospital staff.

3. Non-Insured Health Benefits (NIHB): The NIHB program provides eligible First Nations and Inuit clients in Yukon with coverage for a range of health benefits not covered by other plans.

Northwest Territories

The Northwest Territories has established a formal, territory-wide structure for patient advocacy and navigation, with a strong focus on serving Indigenous peoples (Government of Northwest Territories, 2023).

1. Office of Client Experience: This office, established by the NWT Health and Social Services Authority (NTHSSA), serves as a central point for feedback and support. A key component is the Indigenous Patient Advocate program.

2. Indigenous Patient Advocates: These advocates are located in acute care facilities in Yellowknife, Inuvik, Hay River, and Fort Smith, with a recent expansion to the Dehcho region (Fort Simpson). They work to ensure patients receive culturally safe and equitable care by providing cultural, spiritual, and emotional support, helping with system navigation, and advocating for Indigenous residents and their families. The advocates are members of their regional senior management teams, giving them a mandate to address systemic barriers.

3. Métis Health Benefits Program: The Government of the Northwest Territories (GNWT) sponsors a health benefits program for eligible Indigenous Métis residents, providing coverage for prescription drugs, dental, vision, and medical travel.

Nunavut

In Nunavut, health system support for Inuit is often provided through Inuit organizations and focuses heavily on navigating the Non-Insured Health Benefits (NIHB) program and the challenges of medical travel.

1. Health Systems Navigators: Rather than a formal Patient Navigator role within the territorial health department, key Inuit organizations employ Health Systems Navigators.
   a. Nunavut Tunngavik Incorporated (NTI): The NTI navigator acts as a first point of contact for beneficiaries needing information or advocacy regarding territorial

health systems and NIHB. The role involves linking beneficiaries to programs, assisting with the NIHB denial and appeals process, and developing educational materials (Nunavut Tunngavik Incorporated, 2017)

    b. Inuvialuit Regional Corporation (IRC): The IRC's Health Systems Navigator provides guidance on accessing NIHB, helps with resolving complex cases and appeals, and works to increase awareness of available health services for Inuvialuit beneficiaries.

2. Medical Travel and Communication Support: Recognizing the challenges of medical travel, the Nunavut Department of Health recently released a comprehensive Nunavut Medical Travel Handbook to help patients prepare for and navigate their journeys south for care. Additionally, the Tukisiutik health app provides audio translations in English, French, and Inuktitut for health-related terms to improve communication between patients and providers.

3. External and Community-Based Support: Many health services are delivered in community health centres, with more complex care requiring travel to the Qikiqtani Hospital in Iqaluit or to southern hospitals like CHEO in Ottawa, which has a dedicated Nunavut program and coordinates with Ottawa Health Services Network Inc. (OHSNI) for medical travel. The Qaujigiartiit Health Research Centre is a community-led institute that promotes culturally safe wellness research by and for Nunavummiut.

National Initiatives and Frameworks

While navigator programs are largely implemented at the provincial, territorial, or community level, several national organizations and initiatives provide a broader framework and support for this work.

- National Association of Friendship Centres (NAFC): The NAFC's Health Navigation Program funds pilot projects within the Friendship Centre Movement to establish new or enhance existing health navigation positions. These projects aim to improve access to culturally appropriate care, advocate for clients, and address anti-Indigenous racism in healthcare. Friendship Centres are key providers of culturally safe services for urban Indigenous people across the country.

- Federal Government Support: Through Indigenous Services Canada, the federal government has committed to fostering health systems free from racism and discrimination. This includes funding for distinctions-based health systems navigators and patient advocates to support Indigenous patients in navigating federal, provincial, and territorial health services.

- National Training Programs: Organizations like SE Health offer comprehensive, national training courses for Indigenous Patient Navigators. These courses are designed for healthcare professionals, community health representatives, and program planners, and

they cover core competencies in cultural safety, advocacy, navigating NIHB, and asset mapping to improve health equity for Indigenous peoples across Canada.

Part D

Bridging Worlds, Creating Safety

A Core Competency Framework
for Indigenous Health Navigators

Introduction: Bridging Worlds in a System of Care

The role of the Indigenous Health Navigator (IHN), often referred to as an Indigenous Patient Navigator (IPN), has emerged as a critical, Indigenous-led response to the profound and persistent health inequities experienced by First Nations, Inuit, and Métis Peoples in Canada. These inequities are not a matter of circumstance but are the direct and ongoing consequence of shameful colonialist policies. The legacy of residential schools, segregated Indian hospitals, and the systemic racism embedded within the nation's healthcare structures has created justifiable mistrust leading to a disproportionate burden of illness and significantly poorer health outcomes. As starkly documented in various reports, Indigenous peoples continue to face widespread, system-level racism and discrimination when seeking care, which can result in being turned away or misdiagnosed (National Collaborating Centre for Indigenous Health, n.d.).

The very existence of the IHN role is a reflection of a mainstream healthcare system that has failed to provide safe, equitable, and accessible care. This necessitates a specialized role to protect and support Indigenous patients within the very institutions designed to heal them. Consequently, the IHN is fundamentally different from a generic patient navigator. The IHN is not merely a logistical guide through a complex system; they are a cultural broker, a vital bridge between Indigenous ways of knowing and Western biomedical systems, an advocate against racism, and a facilitator of wholistic healing (Rankin, Baumann, Downey, Valaitis, Montour, Mandy & Bourque Bearskin, 2025). This wholistic approach, foundational to many Indigenous worldviews, encompasses the interconnectedness of physical, mental, emotional, and spiritual well-being. The IHN's purpose is to *create safe people, places, and systems*, serving as a *conduit between client and care team through presence, communication, approach, and understanding* (Indigenous Services Canada, 2015; Rausch, 2025). This role is not an enhancement or a value-add service; it is a necessary, protective, and harm-reducing intervention.

This section presents a comprehensive competency framework for Indigenous Health Navigators. The framework moves beyond a simple checklist of tasks to articulate a multi-layered model of practice grounded in the principles of cultural safety, anti-racism, and Indigenous self-determination (SE Health, n.d.). We will first establish the historical and contemporary context that necessitates the IHN role and then provide a robust framework organized into five core competency domains. Following this, we will address the crucial elements of professional sustainability required to support IHNs in their demanding work.

The Ground We Stand On: The Context for Culturally Safe Navigation

To understand the competencies of an Indigenous Health Navigator, one must first understand

the environment in which they operate. The Canadian healthcare system was not designed for Indigenous Peoples; historically, it was designed to control, assimilate, and segregate them (Government of Canada, n.d.). This context is not merely historical; it actively shapes present-day interactions, creates significant barriers to care, and is the primary reason the IHN role is essential (Relias, 2024).

The Legacy of Colonialism and its Impact on Health

The health status of Indigenous Peoples in Canada cannot be disconnected from the nation's colonial history. Policies and institutions such as the Indian Act, the residential school system, and the network of segregated Indian hospitals were designed to disrupt Indigenous governance, families, languages, and cultures, inflicting deep and lasting intergenerational trauma (Government of Canada, n.d.). This historical trauma, compounded by ongoing systemic inequities, constitutes a set of distal determinants of health that directly contribute to the disproportionate rates of chronic diseases, infectious illnesses, and mental health challenges seen in Indigenous communities today (National Collaborating Centre for Aboriginal Health, 2019). The legacy of these institutions has fostered a profound and well-founded mistrust of healthcare providers and organizations, a mistrust that persists because the underlying systems and attitudes have not been fully dismantled. When an Indigenous person enters a hospital, they do not enter as a blank slate; they carry the weight of this history, either through personal experience or the collective memory of their family and community.

Understanding Indigenous-Specific Racism in Healthcare

This historical context gives rise to the contemporary reality of Indigenous-specific racism within the healthcare system. This is not limited to overt acts of prejudice but is most often manifested through systemic and implicit biases that are woven into the fabric of clinical practice and institutional policy. It can take the form of stereotyping (e.g., assuming an Indigenous person seeking pain medication is drug-seeking), microaggressions, dismissiveness, and a lack of respect that ultimately leads to substandard care. The consequences are severe, ranging from longer wait times and fewer referrals to misdiagnosis and preventable death. This pervasive racism means that many Indigenous people strategize around anticipated racism before seeking care or, in many cases, avoid care altogether. The IHN role was created specifically to counteract this reality. A core function of the IHN is to actively identify, name, and interrupt these acts of racism and culturally unsafe care, thereby creating a buffer that allows the patient to receive the care they need and deserve (Rankin et al. 2025).

The Foundations: Cultural Safety, Humility, and Trauma-Informed Care

The IHN's practice is built upon a theoretical foundation that directly challenges the conventional biomedical model (PHSA, n.d.). These concepts are not soft skills but are

fundamental clinical and ethical obligations that are prerequisites for any safe and effective interaction with Indigenous patients (MHSU VCH Learn, n.d.; First Nations Health Authority, n.d.).

- **Cultural Safety:** This concept, originating with Māori nurses in New Zealand, is defined as an outcome that is determined by the Indigenous person receiving care. It is an environment where a person feels safe and respected, free from racism and discrimination. Achieving cultural safety requires healthcare providers and the system itself to recognize and actively address the power imbalances inherent in the healthcare relationship, which are exacerbated by the legacy of colonialism. It is a shift in focus from the provider's intention to the patient's experience (CHCPBC, n.d.).
- **Cultural Humility:** This is the necessary process required to achieve cultural safety. It is a commitment to a lifelong journey of self-reflection to understand one's own personal and systemic biases. It involves humbly acknowledging oneself as a learner when it comes to understanding another's experience and challenging the power imbalances that are a feature of the healthcare system. The IHN must not only embody cultural humility in their own practice but also actively promote and model it for their non-Indigenous colleagues.
- **Trauma Informed Care (TIC):** This approach recognizes the pervasive impact of trauma—be it individual, intergenerational, or systemic—on a person's health and behaviour. Instead of asking "What is wrong with you?", TIC asks "What has happened to you?". It is an approach that encourages the support and treatment of the whole person, focusing on creating safety, building trust, offering choice and collaboration, and empowering the individual, rather than focusing narrowly on their symptoms or behaviours. Given the context of colonial trauma, TIC is not an optional lens but an essential standard of care for Indigenous Peoples.

These foundational principles are not merely aspirational; they have tangible legal and health outcome implications. The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), along with Canadian human rights codes, establishes a legal duty for service providers to accommodate Indigenous spiritual and cultural practices. The failure to provide culturally safe care leads directly to negative health outcomes. Therefore, the competencies related to these principles must be understood as core clinical competencies, as critical to patient survival and well-being as technical medical proficiency (Rankin et al., 2025).

The IHN role, while centered on these core principles, is also very diverse depending upon the location and context of the work (Island Health, n.d). IHNs adapt to the specific and unique needs of a particular setting and community, as shown in the table below. This demonstrates

the distinction between the universal, core competencies of the role and the job-specific applications required in different healthcare contexts, a key concept in developing effective training and support.

Table 4: IHN Core Functions and Different Healthcare Contexts

Core Function	Cancer Care	Mental Health & Substance Use (MHSU)	Primary Care/ Community	Hospital-Wide/Acute Care	Correctional Health Services
Direct Patient Support	Offers emotional support during difficult treatments; helps manage side effects; advocates for respectful end-of-life care.	Connects clients to counselling and withdrawal management; offers support grounded in harm reduction and trauma-informed practice.	Builds long-term trusting relationships; offers peer counselling; supports clients in developing individual wellness plans.	Provides immediate emotional and cultural support during stressful hospital stays; accompanies patients to appointments and tests.	Builds trust with clients who are incarcerated; provides support during health appointments within the correctional centre.
System Navigation	Coordinates complex appointments with oncologists, radiologists, and other specialists; helps navigate the cancer journey from diagnosis to survivorship.	Connects clients to the right MHSU service and cultural resources; helps navigate the justice system interface.	Liaises with primary care teams to ensure access to services; helps navigate federal vs. provincial benefits (e.g., NIHB).	Helps patients and families understand hospital procedures and protocols; provides a link between the patient and the care team.	Navigates First Nations Health Authority benefits for vision care; ensures medical information is transferred upon release.

Advocacy	Advocates for culturally safe cancer care; liaises with cancer program partners to improve the patient experience.	Advocates for clients with MHSU issues, who often face intersecting stigmas within the healthcare system.	Advocates for patients seeking access to care; helps families voice concerns to primary care teams; addresses culturally unsafe care.	Mitigates potential complaints by acting as a conduit; assists with making a formal complaint if needed.	Advocates for clients who may "fall through the cracks" when interacting with the justice and health systems.
Care Coordination	Facilitates access to palliative and supportive care services; coordinates with community partners to ensure a culturally safe journey.	Assists the care team with discharge planning from MHSU services back to the community.	Coordinates referrals to and from Indigenous communities and organizations; links clinical supports with community-based programs.	Participates in care and discharge planning teams to ensure a smooth transition from hospital to home.	Coordinates community transitions, connecting clients with community health representatives to ensure continuity of care post-release.
Staff Education	Provides education and training to advance cultural competency within the cancer program.	Supports the care team to provide care in a culturally safe way for patients with MHSU needs.	Acts as a resource for healthcare providers on cultural safety; promotes cultural humility training for staff.	Educates healthcare team members about the unique needs of Indigenous patients; provides consultation on care planning.	Encourages colleagues to lean into the resources available to provide culturally humble and safe care to incarcerated clients.

Policy Influence	Supports the development of regional strategies to improve Indigenous cancer care in partnership with Indigenous organizations.	Informs program development and planning based on patient experiences within MHSU services.	Informs and influences program development and policy changes based on patient navigation experiences.	Makes recommendations regarding changes to organizational policies, procedures, and practices to improve culturally safe care.	Contributes to a systems change approach in response to reports on systemic racism in health and corrections.

A Framework of Core Competencies

The effectiveness of an Indigenous Health Navigator is rooted in a unique constellation of competencies that blend cultural knowledge, relational skills, systemic literacy, and a commitment to social justice (Vancouver Coastal Health, n.d.). This framework organizes these essential capabilities into five interconnected domains. It is designed as a tool for transforming the conceptual understanding of the IHN role into a practical, actionable instrument for systemic change. Each competency is not merely a task to be performed but a way of being and acting that directly contributes to creating culturally safe experiences and improving health outcomes for First Nations, Inuit, and Métis Peoples.

Domain 1: Cultural Grounding and Relationality

This foundational domain represents the most significant departure from conventional Western healthcare competencies. It is not about doing things to a patient, but about being in relationship with a person, their family, and their community. It requires a fundamental shift from a transactional model of care to a relational one, grounded in Indigenous worldviews (Assembly of First Nations, n.d.; Rausch., 2025). This is the core from which all other competencies emanate.

1.1 Upholding Indigenous Worldviews and Wholistic Wellness

An effective IHN understands and actively applies a wholistic definition of health and wellness to their role. This perspective sees health not as the mere absence of disease, but as a dynamic balance among the physical, mental, emotional, and spiritual dimensions of a person. Furthermore, this individual balance is inextricably linked to the well-being of one's family, community, and relationship with the land and Creation. The IHN's competency lies in their

ability to see the whole person within their context and to work collaboratively with the patient and care team to integrate this wholistic worldview into the care plan. This approach validates the patient's own understanding of their health and creates a foundation for healing that is more meaningful and, therefore, more effective than a purely biomedical approach.

1.2 Facilitating Access to Traditional Healing, Ceremony, and Elders

A cornerstone of the IHN role is to serve as a bridge to cultural and spiritual resources that are integral to Indigenous healing. This competency requires the IHN to possess knowledge of, and build respectful relationships with, local Elders, Knowledge Keepers, and traditional healers. They must be able to facilitate patient access to the Four Sacred Medicines—tobacco, cedar, sage, and sweetgrass—and to traditional ceremonies such as smudging, drumming, or pipe ceremonies, which offer strength, grounding, and cleansing. This involves not only connecting patients with cultural supports but also advocating for the institutional policies and physical spaces necessary for these practices to occur within healthcare settings. For example, an IHN might work with hospital administration to develop a smudging policy or secure a designated sacred space for ceremonial use. This competency directly supports a patient's right to practice their spiritual traditions, a right protected by human rights legislation, and provides profound comfort and healing that complements Western medical treatments. As one case study illustrates, arranging a smudge ceremony for a patient and family far from home can be a powerful act of reconnection to culture that has a lasting impact on their healing journey.

1.3 Practicing Self-Reflection and Cultural Humility

Cultural competency is not a destination one arrives at, but a continuous journey. The IHN must be deeply committed to this journey through the practice of cultural humility. This involves a rigorous and ongoing process of self-reflection to critically examine their own identity, personal and systemic biases, privilege, and relationship to colonialism. The IHN humbly acknowledges themself as a learner in the presence of the patient and their family, respecting that the patient is the expert on their own life and experiences. This competency is demonstrated through an *openness to ongoing anti-racism learning and development* and *a commitment to beginning and/or continuing their personal learning journey related to Indigenous-specific racism and dismantling systems of oppression* (National Collaborating Centre for Indigenous Health, n.d.; Rausch, 2025). This is not a passive stance; it is an active, career-long process of learning and unlearning that is essential for building authentic, non-hierarchical relationships.

1.4 Creating and Maintaining Culturally Safe Spaces

Ultimately, the competencies within this domain converge on the IHN's ability to create and hold a culturally safe space for Indigenous patients and families. This is not just about physical space, but about creating an emotional, psychological, and spiritual environment where people

feel seen, heard, respected, and safe from judgment and harm. This is achieved through the IHN's very way of being—their presence, communication, approach, and understanding. By embodying the principles of respect, reciprocity, and relationality, the IHN transforms the clinical encounter from a site of potential trauma into a space for healing. This act of creating safety is perhaps the most fundamental contribution of the IHN, as it is the necessary precondition for a patient to trust the healthcare system enough to engage with it and receive care (National Collaborating Centre for Indigenous Health, n.d.).

Domain 2: Patient, Family, and Community Partnership

This domain covers the practical application of the foundational principles of relationality in the IHN's direct service to patients, their families, and their broader support networks (Southlake Health, 2025). It involves building the trusting relationships necessary to provide wholistic support that addresses the full spectrum of a person's needs.

2.1 Building Trusting and Empathetic Relationships

The IHN's first and most crucial task is to build a trusting relationship with the patient and their family. Given the mistrust of the healthcare system, trust cannot be assumed; it must be earned. The IHN accomplishes this by initiating and maintaining relationships that are explicitly caring, respectful, and empathetic. They use empathy, compassion, and integrity as their primary tools of engagement. This may look like sitting down for a coffee and a conversation, holding a patient's hand as they go for a scan, or simply being a consistent, supportive presence throughout their healthcare journey. This trusting relationship, often described as a therapeutic relationship, is the essential foundation upon which all other navigation, support, and advocacy functions are built. Without it, the IHN cannot be effective.

2.2 Providing Wholistic Support (Emotional, Spiritual, Practical)

Recognizing that health is wholistic, the IHN provides support that extends far beyond the purely medical. They offer direct emotional and cultural support, walking alongside patients and families during what is often a stressful and confusing time. Critically, this competency also involves addressing the social determinants of health that are often significant barriers to accessing and continuing care. The IHN acts as a key resource coordinator, helping patients and families navigate and access practical supports such as transportation to and from appointments, temporary housing or lodging during treatment, food vouchers, childcare, and financial assistance. By mitigating these practical and social barriers, the IHN ensures that patients are able to attend their appointments and engage with their treatment plans, directly impacting health outcomes.

2.3 Enhancing Health Literacy and Shared Understanding

A significant power imbalance in healthcare stems from the specialized language of medicine. The IHN works to level this playing field by acting as a translator and interpreter of complex medical information. They are skilled at explaining medical advice, diagnoses, treatment options, and hospital procedures in plain, accessible, and culturally relevant language. For example, after an appointment, an IHN might sit with a patient and write down or record the key information in simple terms to ensure they fully understand their care plan. This competency is not just about information transfer; it is about empowerment. By ensuring the patient and family have a clear understanding, the IHN enables them to ask informed questions, participate meaningfully in shared decision-making about their own health, and feel a sense of agency in their healing journey.

2.4 Supporting Client-Centric Care and Discharge Planning

The IHN is an active and integral member of the patient's care team throughout their entire journey. This begins with intake and assessment, where the IHN helps to identify the patient's wholistic needs and goals. They participate in care planning meetings and medical rounds, ensuring that the patient's voice, values, and wishes are at the center of the plan. A particularly critical function is their involvement in discharge planning. The transition from hospital back to home or community is a point of high vulnerability. The IHN facilitates a warm transition by liaising with community-based services, First Nation community health teams, and other organizations to ensure a seamless continuity of care. This prevents patients from falling through the cracks and ensures they have the necessary supports in place to continue their healing journey in their home community.

Domain 3: Health Systems Literacy and Strategic Navigation

While relational skills are the foundation, the IHN must also possess a high degree of technical knowledge and strategic thinking to effectively navigate the labyrinth structures of Canadian healthcare. This domain encompasses the navigator aspect of the role, requiring expertise in complex systems and resource management.

3.1 Mastering the Complexities of Jurisdictional Health Systems

One of the most significant barriers for Indigenous patients is the confusing and fragmented nature of the health systems that serve them. A key competency for the IHN is possessing a deep, functional understanding of this complex jurisdictional landscape. This includes expert knowledge of the often-overlapping and sometimes-conflicting responsibilities of federal, provincial, and First Nations health authorities. A primary example is the ability to navigate the federal Non-Insured Health Benefits (NIHB) program, which provides coverage for a range of services for eligible First Nations and Inuit clients. The IHN must be adept at assisting patients

with NIHB processes for obtaining coverage for medical transportation, accommodations, prescription drugs, and medical supplies and equipment, which are often crucial for accessing care, particularly for those from remote communities (Indigenous Services Canada, n.d.; WTCI, n.d.). This technical expertise removes a significant administrative burden from patients and families, allowing them to focus on their health.

3.2 Conducting Community Asset and Resource Mapping

Effective navigation depends on knowing where to go for help. The IHN must be skilled in applying a strengths-based approach to community asset mapping. This involves systematically identifying, categorizing, and maintaining an up-to-date inventory of available resources, both within the healthcare institution and in the broader community. This knowledge must encompass both Indigenous-specific organizations (e.g., Friendship Centres, community health representatives) and non-Indigenous services that can support patients. Training materials for IHNs often break these assets down into categories such as social, financial, natural, built, cultural, and human assets. This comprehensive resource knowledge allows the IHN to make timely and appropriate referrals, connecting patients to a robust network of support that addresses their wholistic needs.

3.3 Coordinating Care Across the Continuum

The IHN acts as a central hub for care coordination, providing day-to-day health system navigation support. This is a highly practical competency that involves coordinating appointments, tests, and referrals with multiple specialists and departments. By serving as a consistent point of contact, the IHN helps to prevent fragmentation of care and ensures that all members of the care team are on the same page. They facilitate seamless transitions for patients as they move between different parts of the system—from primary care in their home community, to a tertiary hospital for specialized treatment, and back home again—ensuring that crucial information is not lost and that the patient's journey is as smooth and stress-free as possible. This coordination function improves the efficiency and effectiveness of care, preventing delays and reducing the burden on patients and families.

3.4 Ensuring Adherence to Privacy and Confidentiality

Trust is paramount in the IHN-patient relationship, and a critical component of that trust is the assurance of confidentiality. The IHN must have a thorough understanding of and strict adherence to the professional and legal principles of health documentation, privacy, and confidentiality of personal health information. They must be able to navigate the complex requirements of sharing information appropriately among members of the care team while always protecting the patient's privacy rights. This competency is not just a legal obligation; it is an ethical one that directly contributes to building the trust necessary for patients to share

sensitive information, which is often essential for accurate diagnosis and effective care planning.

Domain 4: Communication and Interprofessional Collaboration

The IHN operates at the complex intersection of different cultures, worldviews, and professional disciplines. Success in this role requires sophisticated communication skills to act as a bridge, foster collaboration, and resolve conflicts, ensuring the patient's voice is always heard.

4.1 Acting as a Cultural and Linguistic Bridge

A primary function of the IHN is to serve as a vital communication linkage and conduit between the Indigenous patient and the non-Indigenous healthcare provider. They facilitate clear, two-way communication, ensuring that the patient's story is fully heard by the clinical team and that the clinical team's advice is fully understood by the patient. This often involves cultural interpretation, where the IHN helps each party understand the cultural context behind the other's words and actions. In cases where language is a barrier, the IHN is responsible for arranging and supporting access to professional Indigenous language translation services, ensuring that patients can communicate in the language in which they are most comfortable.

4.2 Employing Advanced Communication and Conflict Resolution Skills

The IHN must possess exceptional interpersonal skills, including strong verbal and written communication and, most importantly, active listening. They must be able to communicate effectively and diplomatically with a wide range of individuals, from anxious patients and families to busy clinicians and senior administrators. Because they often operate in high-stress environments where misunderstandings can occur, IHNs must also be skilled in facilitation, problem-solving, and conflict resolution. When disagreements or conflicts arise between a patient and their care team, the IHN can act as a neutral third party, helping to de-escalate the situation, clarify misunderstandings, and find a path forward that respects the patient's needs and wishes.

4.3 Collaborating Effectively within Interdisciplinary Care Teams

The IHN is not an outsider to the care team but an integral member of it. This competency requires the ability to work effectively and collaboratively within a multi-disciplinary team environment. The IHN liaises with physicians, nurses, social workers, discharge planners, and other allied health professionals to ensure a wholistic and coordinated approach to care. They bring a unique and essential perspective to team discussions, ensuring that the patient's cultural, spiritual, and social needs are fully considered and integrated into the overall care plan. This collaborative approach leads to more comprehensive, patient-centered care and better outcomes.

4.4 Documenting Patient Narratives and Care Plans Respectfully

While communication is often verbal, the ability to document effectively is also a key competency. The IHN is responsible for maintaining accurate, timely, and appropriate documentation and records related to the patient's journey, needs, and the navigation services provided. This competency extends beyond simple record-keeping. It involves documenting in a way that is respectful of the patient's narrative and upholds a strengths-based perspective, focusing on the patient's resilience and goals rather than on deficits. This approach to documentation ensures that the patient's story is represented accurately and respectfully in their health record, which can influence how they are perceived and treated by the entire care team.

Domain 5: Advocacy and Systems Transformation

This final domain elevates the IHN role from one of direct service to that of a catalyst for systemic change. It is this function that makes the role truly transformative, addressing not only the symptoms of a flawed system (i.e., individual patient barriers) but the root causes. The IHN operates with a dual mandate: to support the individual patient within the current system while simultaneously working to change that system for the better. This creates inherent role strain but is essential for long-term progress.

5.1 Championing Individual and Collective Patient Rights

At its heart, the IHN role is one of advocacy. The IHN is a powerful and tireless advocate for the needs, wishes, and rights of Indigenous patients and their families within the complex and often intimidating healthcare system. They empower patients by helping them to find and use their own voice, ensuring their questions are answered and their concerns are taken seriously. Critically, this includes upholding the patient's right to self-determination—their right to be the ultimate decision-maker in their own care, in accordance with their own values and beliefs. This advocacy ensures that care is not something that is done to a patient, but something that is done with them.

5.2 Interrupting and Addressing Indigenous-Specific Racism

A unique and challenging competency of the IHN is the responsibility to actively confront racism. The IHN must have the knowledge, skills, and courage to identify, name, and interrupt acts of Indigenous-specific racism and culturally unsafe care as they happen. This is a profound responsibility that requires significant organizational backing. When an incident of unsafe care occurs, the IHN supports the patient in addressing it. This may involve direct mediation with the provider or, if necessary, supporting the patient through the formal process of filing a complaint with an entity like the Patient Care Quality Office. This competency is a direct mechanism for holding the system accountable and is a crucial part of making healthcare environments safer.

5.3 Informing Policy and Protocol Development

The IHN is uniquely positioned on the front lines, witnessing the systemic gaps and barriers that patients face every day. A key systems-change competency is the ability to channel these patient experience insights into concrete organizational change. The IHN informs and influences the development of institutional policies, procedures, and practices to make them more culturally safe and equitable. This can involve participating in hospital committees, working groups, and quality improvement projects to advocate for changes that will benefit all Indigenous patients, such as developing a hospital-wide smudging policy or improving discharge planning protocols.

5.4 Educating and Mentoring Healthcare Colleagues

The final component of the IHN's advocacy role is education. The IHN serves as a critical resource, mentor, and educator for their non-Indigenous colleagues. They provide day-to-day support, consultation, and education to healthcare providers on the principles of cultural safety, cultural humility, trauma-informed care, and the unique historical and social contexts that shape the health of Indigenous patients. By sharing their knowledge and perspective, they increase the cultural insights/applications of the entire care team. Furthermore, they are often champions for broader organizational change, promoting and advocating for mandatory, system-wide cultural safety and anti-racism training for all staff. This educational function has a ripple effect, improving the care provided by all practitioners and contributing to a long-term shift in institutional culture.

The following table provides a consolidated matrix of this competency framework, designed as a practical tool for reflection and/or implementation.

Table 5: The Core Competency Framework Matrix for Indigenous Health Navigators

Competency Domain	Specific Competency	Key Knowledge & Skills	Observable Behaviours & Attitudes
1. Cultural Grounding and Relationality	1.1 Upholding Indigenous Worldviews and Wholistic Wellness	Knowledge of wholistic health models (physical, mental, emotional, spiritual); understanding of the interconnectedness of individual, family,	Integrates wholistic principles into care plan discussions; asks questions about family and community support; respects the patient's definition of wellness.

		community, and land.	
	1.2 Facilitating Access to Traditional Healing, Ceremony, and Elders	Knowledge of local protocols for approaching Elders; skills in coordinating with hospital administration for sacred spaces; knowledge of the four sacred medicines and their use.	Respectfully offers access to traditional supports without making assumptions; advocates for a patient's right to smudge; demonstrates humility when engaging with Knowledge Keepers.
	1.3 Practicing Self-Reflection and Cultural Humility	Understanding of personal biases, privilege, and the impacts of colonialism; commitment to lifelong learning and unlearning.	Actively engages in self-reflection; positions self as a learner with patients; openly discusses their own learning journey to dismantle oppression.
	1.4 Creating and Maintaining Culturally Safe Spaces	Skills in creating a welcoming and non-judgmental environment; ability to build rapport quickly through empathy and respect.	Patient appears relaxed and comfortable sharing their story; uses a calm and respectful tone; demonstrates presence and active listening.
2. Patient, Family, and Community Partnership	2.1 Building Trusting and Empathetic Relationships	Skills in active listening, empathy, and demonstrating compassion; ability to maintain professional boundaries while building rapport.	Initiates and maintains consistent contact; remembers personal details shared by the patient; is sought out by patients and families for support.
	2.2 Providing Wholistic Support (Emotional,	Knowledge of social determinants of health; skills in resource	Proactively asks about practical needs; successfully connects patients to

	Spiritual, Practical)	coordination (transport, housing, food, etc.); ability to provide emotional support.	required social supports; offers a comforting presence during difficult moments.
	2.3 Enhancing Health Literacy and Shared Understanding	Ability to translate complex medical terminology into plain language; skills in creating simple educational materials; knowledge of different learning styles.	Uses teach-back method to confirm understanding; provides written notes in plain language; ensures patient can articulate their own care plan.
	2.4 Supporting Client-Centric Care and Discharge Planning	Knowledge of care planning processes; skills in inter-professional collaboration; understanding of community-based services for post-discharge support.	Actively participates in care rounds; ensures care plan reflects patient's stated goals; facilitates a "warm transition" to community providers.
3. Health Systems Literacy and Strategic Navigation	3.1 Mastering the Complexities of Jurisdictional Health Systems	Expert knowledge of federal (NIHB) and provincial health systems; skills in navigating complex eligibility and application processes.	Successfully assists patients in accessing NIHB benefits for travel and supplies; can clearly explain jurisdictional differences to patients and providers.
	3.2 Conducting Community Asset and Resource Mapping	Skills in identifying and categorizing community resources (Indigenous and non-Indigenous); ability to maintain an up-to-date resource database.	Makes timely and appropriate referrals; applies a strengths-based approach to identifying supports; shares resource knowledge with the care team.

	3.3 Coordinating Care Across the Continuum	Strong organizational and time-management skills; ability to coordinate multiple appointments and referrals; proficiency with scheduling systems.	Patient's care journey is smooth and well-organized; appointments are scheduled logically; acts as a reliable central point of contact for the patient.
	3.4 Ensuring Adherence to Privacy and Confidentiality	Thorough knowledge of privacy legislation (e.g., PHIPA, FIPPA); skills in secure documentation and information sharing.	Handles all patient information with discretion; clearly explains confidentiality to patients; adheres to all institutional privacy protocols.
4. Communication and Interprofessional Collaboration	4.1 Acting as a Cultural and Linguistic Bridge	Skills in cultural interpretation; knowledge of when and how to engage Indigenous language translators.	Effectively clarifies cultural misunderstandings between patient and provider; facilitates communication that leads to shared understanding.
	4.2 Employing Advanced Communication and Conflict Resolution Skills	Skills in active listening, facilitation, negotiation, and de-escalation; ability to communicate diplomatically and effectively in writing and verbally.	Successfully mediates disagreements; drafts clear and concise communications; is respected by both patients and providers as a fair communicator.
	4.3 Collaborating Effectively within Interdisciplinary Care Teams	Ability to work in a team environment; skills in sharing information concisely and effectively during rounds and meetings.	Is viewed as a valuable and respected member of the care team; contributes unique and critical insights to care planning.
	4.4 Documenting	Skills in clear, concise,	Maintains accurate and

	Patient Narratives and Care Plans Respectfully	and objective documentation; knowledge of strengths-based language.	timely records; documentation reflects the patient's story and goals respectfully, avoiding deficit-based language.
5. Advocacy and Systems Transformation	5.1 Championing Individual and Collective Patient Rights	Deep understanding of patient rights and self-determination; skills in assertive communication and advocacy.	Empowers patients to speak for themselves; intervenes effectively when a patient's rights are at risk; ensures patient consent is informed and respected.
	5.2 Interrupting and Addressing Indigenous-Specific Racism	Knowledge to identify racism in its overt and subtle forms; courage and skill to intervene in real-time; knowledge of formal complaint processes.	Names and addresses culturally unsafe comments or actions; supports patients in reporting racism; contributes to an environment where racism is not tolerated.
	5.3 Informing Policy and Protocol Development	Skills in data collection and analysis of patient experiences; ability to articulate systemic barriers and propose solutions.	Participates in committees; provides evidence-based recommendations for policy changes; uses patient stories to illustrate the need for change.
	5.4 Educating and Mentoring Healthcare Colleagues	Knowledge of cultural safety principles and adult education; skills in consultation and mentorship.	Acts as a go-to resource for colleagues on Indigenous health; promotes and participates in cultural safety training; mentors other staff.

Sustaining the Navigator - Professional Practice and Growth

The Indigenous Health Navigator role is exceptionally demanding, requiring a unique combination of emotional resilience, cultural strength, and systemic know-how (Relias, 2024).

An IHN cannot succeed, nor can the role be sustainable, based on competencies alone. Success depends equally on the personal attributes of the navigator and, most critically, on a robust system of organizational support designed to sustain them in their work. The concept of self-care is insufficient when framed as a purely individual responsibility; true sustainability requires organizational care—the institution's active commitment to protecting its IHNs from the very systemic harms and pressures they are hired to mitigate.

Essential Personal Attributes

While skills can be taught, the IHN role is grounded in certain innate or deeply developed personal qualities. Job descriptions and recruitment processes consistently highlight the importance of attributes such as empathy, compassion, integrity, and sound professional judgment. The ability to remain resilient in the face of emotionally charged situations and to withstand pressure on an ongoing basis is paramount. Furthermore, IHNs must be self-directed, with strong time management and prioritization skills to manage a complex and often unpredictable workload. Crucially, the role is most effective when filled by individuals who have a deep connection to Indigenous communities, whether through lived experience as a First Nations, Inuit, or Métis person, or through extensive and respectful work with Indigenous peoples. For this reason, many health authorities explicitly state that preference in hiring will be given to applicants of Indigenous ancestry, as this lived experience provides an irreplaceable foundation of understanding, credibility, and trust.

The Criticality of Self-Care and Managing Boundaries

The risk of burnout among IHNs is exceptionally high. They are constantly exposed to stories of trauma, witnessing systemic racism firsthand, and navigating emotionally intense situations, all while managing the dual role of supporting patients and challenging the system. This work takes a significant emotional and spiritual toll. Therefore, a core professional competency for the IHN is the practice of intentional self-care and the ability to maintain firm professional boundaries. Training programs for IHNs rightly include modules on this topic, teaching strategies to distinguish between helpful involvement and unhealthy over-involvement, and to recognize the symptoms of stress. Frameworks such as the Medicine Wheel are often used to guide IHNs in identifying self-care activities that support a balanced life across the spiritual, emotional, mental, and physical realms.

However, placing the burden of managing systemic stress solely on the IHN's individual capacity for self-care is a form of institutional offloading. It risks blaming the individual for the predictable consequences of a toxic work environment. Therefore, individual self-care practices must be supported by organizational wellness initiatives. Progressive healthcare organizations provide their employees, including IHNs, with access to critical wellness supports such as

confidential counselling, critical incident stress management services, and mental health leave. This demonstrates an institutional understanding that the well-being of the navigator is a shared responsibility.

Ongoing Professional Development and Mentorship

The IHN role is dynamic and requires a commitment to continuous, lifelong learning. To remain effective, IHNs need access to ongoing, specialized professional development. This training should go beyond foundational knowledge to build advanced skills in areas identified as crucial for the role, such as negotiation, assertiveness, conflict resolution, and cultural brokering (de Souza Institute, n.d.). Equally important is the need for robust mentorship and peer support structures. Many IHNs work in relative isolation within their institutions, and this can be a significant challenge. Connecting IHNs with experienced mentors and creating networks for peer support are essential for combating this isolation, sharing wise practices, and providing a safe space to debrief challenging situations. Virtual networks, such as the International Indigenous Peoples Navigation Network (IIPNN), have emerged to fill this gap, providing a vital forum for navigators working with Indigenous populations across the globe to connect, learn from one another, and reinforce that they are not alone in their work.

The Role of Organizational Support and Accountability

An Indigenous Health Navigator, no matter how competent, cannot succeed in a vacuum or in a hostile environment. Their effectiveness is directly proportional to the level of support they receive from their organization. The most successful IHN programs are embedded within what has been described as a learning health system—an organization that is committed to an iterative process of learning and making changes to improve care.

This organizational support must be concrete and multi-faceted. It begins with senior leadership championing the IHN program and providing it with stable, long-term funding. It requires the development of clear, standardized job descriptions that define the scope of the role, protecting IHNs from role-creep and being pulled into unrelated tasks that lead to overburdening. Most critically, it requires a system-wide commitment to cultural safety. The organization cannot hire an IHN to address racism while allowing racism to flourish in the wider institution. This means implementing mandatory, facilitated, and ongoing cultural safety and anti-racism training for *all* staff, from the CEO to frontline service workers. Finally, the organization must establish clear accountability mechanisms, including policies for hiring and retaining Indigenous staff and transparent processes for addressing incidents of racism when they are reported by patients or by the IHNs themselves. Without this comprehensive organizational scaffolding, the IHN role is rendered unsustainable, and the promise of systemic change remains unfulfilled.
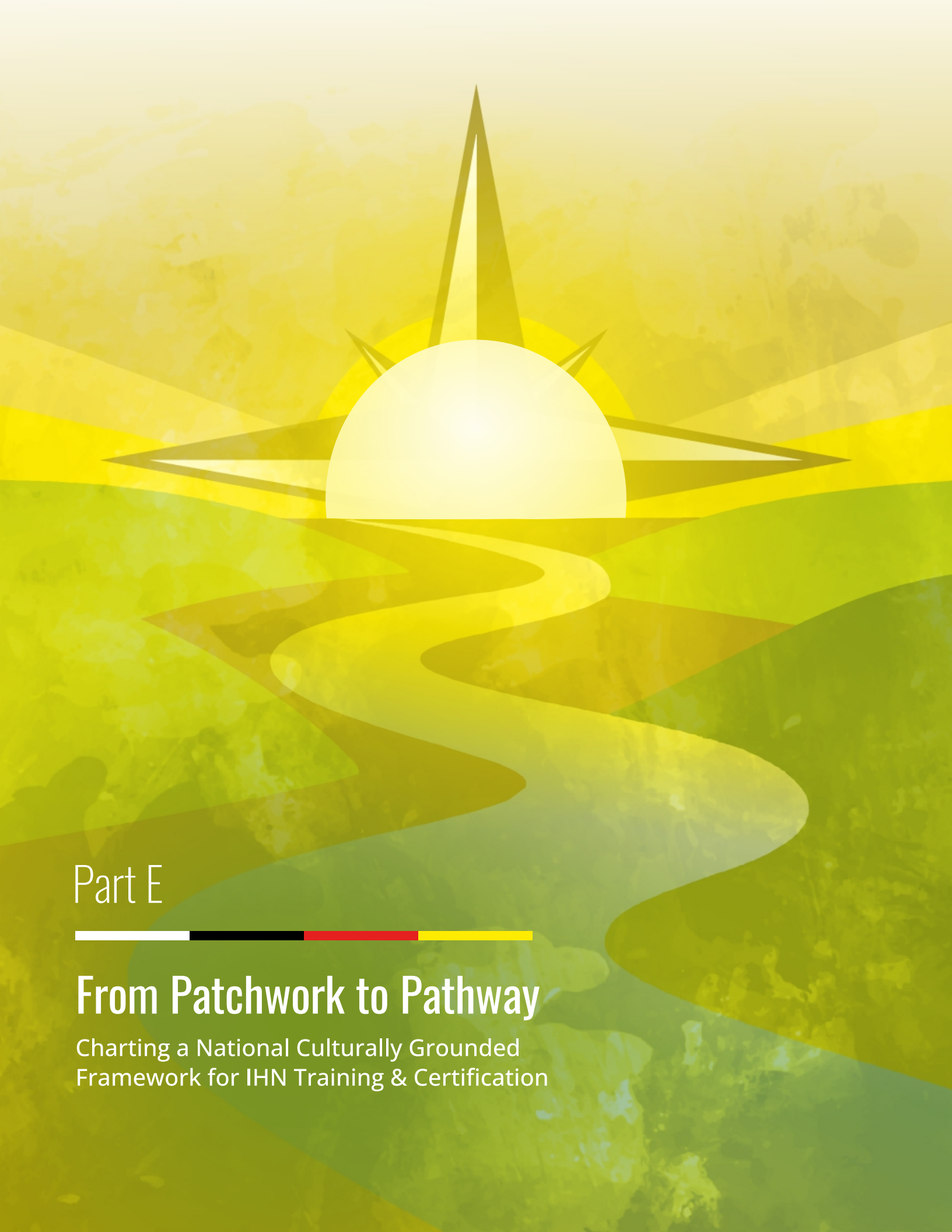
Part E

From Patchwork to Pathway

Charting a National Culturally Grounded
Framework for IHN Training & Certification

Introduction: Supporting Navigators in Their Contexts

The Indigenous Health Navigator role, while unified in its core purpose, manifests in diverse forms across the country. The implementation, governance, and scope of IHN programs vary significantly between provinces and territories, shaped by regional demographics, jurisdictional complexities, and the maturity of relationships between Indigenous partners and health authorities. This section provides an overview of the spectrum of models across Canada that is specific to the Indigenous Health Navigator. These models range from highly integrated, system-wide programs to growing, community-specific initiatives. Understanding this diversity is critical when developing a national framework (curriculum/training) that is both standardized and flexible enough to support navigators in their unique local contexts. This content is also central to establishing a national IHN network where our health care professionals can share practices and create community about commonalities/differences.

Table 6 is an overview of the program models across Canada that impact the role and experience of the Indigenous Health Navigator. Immediately following this table is the description of the program models with selected evidence (organized by province/territory).

Table 6: Overview of Program Models by Province/Territory That Impact IHNs

Province/ Territory	Program Model	Lead Organization(s)	Key Service Areas	Primary Setting
British Columbia	A Mature Model of Integration	Health Authorities (e.g., VCH, IH, PHSA)	General, Cancer, MHSU, Patient Complaints	Hospital & Community
Alberta	A Mixed Model of Health Authority and Grant-Based Programs	AHS, Indigenous Orgs (via grants)	General, Cancer, MHSU	Hospital & Community
Saskatchewan	Developing Capacity within the Health Authority	Saskatchewan Health Authority	General, Cultural Support	Hospital & Community
Manitoba	Partnership-Driven Advocacy and Navigation	AMC/WRHA Partnership, Health Authorities	Patient Advocacy, General, Cancer	Hospital & Community
Ontario	A Patchwork of Specialized and	Health	Specialized	Hospital &

	Community-Led Services	Authorities, Hospitals, Indigenous Orgs	(Cancer, Diabetes), General	Community
Quebec	Urban-Focused and Community-Networked Support	Indigenous Community Orgs	Urban, Homelessness, Inuit-specific	Community
New Brunswick	Emerging Regional and Community-Specific Models	Health Authorities, Wolastoqey Nation	General	Hospital & All Settings
Nova Scotia	Emerging Regional and Community-Specific Models	Nova Scotia Health	General (Mi'kmaq-specific)	Hospital & Community
Prince Edward Island	Emerging Regional and Community-Specific Models	First Nations (Lennox Is., Abegweit)	General (Mi'kmaq-specific)	Community (liaison to hospital)
Newfoundland & Labrador	Emerging Regional and Community-Specific Models	Health Authority, Friendship Centres	Long-Term Care, General	Hospital & Community
Yukon	Addressing Unique Northern and Remote Realities	First Nations, Yukon University	NIHB Navigation, Student Support	Community
Northwest Territories	Addressing Unique Northern and Remote Realities	NWT Health & Social Services Authority	Patient Advocacy, General	Hospital
Nunavut	Addressing Unique Northern and Remote Realities	Nunavut Tunngavik Inc. (NTI)	Systems Navigation, NIHB	Community

British Columbia: A Mature Model of Integration

British Columbia stands out for its mature and deeply integrated approach to Indigenous patient navigation. Rather than being a peripheral service, IHN programs are embedded within the core operations of the province's major health authorities, supported by high-level policy commitments. The First Nations Health Authority (FNHA), a unique health governance partner in the province, works collaboratively with these authorities to advance cultural safety and humility.

Programs are well-established within regional bodies like Vancouver Coastal Health (VCH) and Interior Health. At VCH, Indigenous Patient Navigators (IPNs) support patients in major urban hospitals like Vancouver General as well as in smaller community hospitals, offering everything from cultural support and ceremony to consultation on care planning with medical staff. Similarly, Interior Health employs IPNs in hospitals and health centres throughout its vast region, with a specific focus on creating a safe space for Indigenous peoples to interact with the health system and providing a crucial communication link between the patient, family, community, and healthcare provider.

The Provincial Health Services Authority (PHSA), which oversees specialized services like BC Cancer, has developed a particularly sophisticated model. The PHSA employs two distinct types of navigators: site-specific IPNs who provide direct, hands-on support to patients and their families, and IPN-Patient Experience navigators. This second group has a unique and powerful mandate to specifically address patient experiences of Indigenous-specific racism and unsafe care, including providing support for filing formal complaints with the Patient Care Quality Office. This dual structure acknowledges that navigation is not only about facilitating care within the current system but also about holding that system accountable and driving transformative change. This comprehensive, multi-layered, and system-wide approach makes British Columbia a wise example of how IHN roles can be effectively institutionalized.

Alberta: A Mixed Model of Health Authority and Grant-Based Programs

Alberta's landscape for Indigenous health navigation is characterized by a mixed model that combines services delivered directly by Alberta Health Services (AHS) with a significant investment in community-led initiatives. The AHS Indigenous Wellness Core serves as the provincial hub, offering Indigenous Hospital Liaison Services in facilities across the province. These liaisons provide cultural support, advocacy, and help coordinate care, functioning as a key internal resource for Indigenous patients.

A defining feature of Alberta's approach is the community-based Indigenous Patient Navigator Grant Program. This program provides multi-year funding directly to First Nations, Métis

organizations, and Indigenous-serving community organizations to recruit, hire, and retain their own navigators. This model empowers communities to design navigation services that are tailored to their specific local needs, priorities, and cultural protocols. It fosters self-determination and ensures that navigators are deeply connected to and trusted by the communities they serve. An example of this is the Siksika Health Services Patient Navigation Program, which was established through this grant to reduce barriers and build community-specific capacity for Siksika Nation members.

Alongside these broader initiatives, specialized programs also exist. The Alberta Cancer Patient Navigation Program, for instance, has a dedicated stream for Indigenous patients, connecting them with navigators who can help them understand their treatment pathway and act as an advocate with healthcare professionals. This mixed model—combining centralized health authority services with decentralized, community-governed programs—offers a flexible approach that leverages both institutional capacity and community expertise.

Saskatchewan: Developing Capacity within the Health Authority
In Saskatchewan, the primary mechanism for patient navigation is the Saskatchewan Health Authority's (SHA) First Nations and Métis Health Services (FNMHS) unit. This centralized body collaborates with Indigenous peoples across the province to support physical, emotional, mental, and spiritual well-being.

The FNMHS provides a wide range of supports that align with the core functions of an IHN, including patient advocacy, assistance with Non-Insured Health Benefits (NIHB) and medical transportation (e.g. helicopters, other), access to Traditional Knowledge Keepers and Cultural Support Workers, language translation, and discharge planning. A key feature of their service delivery is the establishment of dedicated Healing Centres and designated healing rooms within major hospitals in Regina, Saskatoon, and Prince Albert, which provide a culturally safe space for patients and families to engage in traditional or spiritual care as part of their health plan.

Recent research conducted with First Nations and Métis cancer survivors in Saskatchewan underscores the critical need for these services. Survivors identified significant barriers in their cancer journeys, including communication challenges, logistical difficulties, and cultural differences. They strongly articulated the need for a dedicated Indigenous patient navigator role to help overcome these barriers by providing clear communication, coordination of care, education, and culturally grounded advocacy. This community-voiced need validates the importance of the work being done by FNMHS and signals a clear demand for the expansion and formalization of the IHN role within the province.

Manitoba: Partnership-Driven Advocacy and Navigation

Manitoba's approach to Indigenous health navigation is distinguished by its strong emphasis on partnership between First Nations leadership and the regional health authority. The most prominent example is the Patient Advocate Unit, a joint initiative between the Assembly of Manitoba Chiefs (AMC) and the Winnipeg Regional Health Authority (WRHA). This unit explicitly supports First Nations people by advocating on their behalf, bridging services, and ensuring effective service coordination. Its navigators assist with a range of complex issues, from navigating NIHB appeals and medical relocation to filing hospital complaints.

In parallel, the WRHA operates its own comprehensive Indigenous Health program, which complements the work of the AMC unit. This program employs a Regional Indigenous Patient Advocate who handles complex complaints and works to resolve concerns about care. The program also provides direct services within hospitals, including Indigenous language interpretation, spiritual and cultural care, and resource coordination for discharge planning.

This partnership model demonstrates a commitment to shared responsibility and governance. It recognizes the political and advocacy role of First Nations leadership while leveraging the institutional infrastructure of the health authority. The recent introduction of specialized roles, such as the first Indigenous Nurse Navigator at CancerCare Manitoba in early 2024, indicates that the province is continuing to expand and embed navigation services to meet specific health needs within the Indigenous community.

Ontario: A Patchwork of Specialized and Community-Led Services

Ontario presents a complex landscape for Indigenous health navigation. Unlike the integrated provincial models seen in Western Canada, Ontario's services are a patchwork of specialized, disease-specific programs, individual hospital-based roles, and community-led initiatives. This approach, while offering tailored support in some areas, lacks a system-wide strategy.

A prominent model is the specialized navigator role focused on specific diseases. Cancer Care Ontario, for example, employs a team of Indigenous Navigators assigned to different health regions across the province. Their role is to facilitate access to cancer services, address cultural and spiritual needs, and network with partners to create a culturally safe cancer journey. Similar specialized roles exist for other chronic conditions like diabetes.

Many hospitals have independently created their own IHN positions to better serve their local Indigenous populations. Institutions such as The Hospital for Sick Children (SickKids), Southlake Health, Scarborough Health Network, and Lakeridge Health have established IHN roles to provide on-site support, advocacy, and cultural services.

Alongside these institutional models are vital programs led by Indigenous organizations. The De dwa da dehs nye>s Aboriginal Health Centre, for instance, operates an IPN program that serves First Nations, Métis, and Inuit individuals across the Hamilton, Niagara, Haldimand-Norfolk, and Brant regions. Their navigators are staff of the Aboriginal Health Centre but are housed within partner organizations like hospitals to best serve community needs. The provincial government supports these various models through its Indigenous Healing and Wellness Strategy, which explicitly lists Health Navigators as a key community-based service to improve access to care.

Quebec: Urban-Focused and Community-Networked Support
In Quebec, Indigenous health navigation programs are predominantly led by community-based organizations and are often focused on serving the unique needs of urban Indigenous populations. These programs are critical for individuals who are living away from their home communities and may be facing additional social challenges such as homelessness and poverty.

The Montreal Indigenous Community NETWORK provides a Health Navigation Program that supports First Nations, Inuit, and Métis community members by facilitating access to healthcare, addressing cultural and spiritual needs, assisting with paperwork, and providing interpretation in Cree, Naskapi, and Inuktitut. A particularly vital service is offered by Doctors of the World, which employs Indigenous Navigators to help Indigenous people experiencing homelessness navigate the complexities of the health system. Their role is to create a safe space built on trust and cultural awareness, accompanying individuals to appointments and ensuring they receive appropriate and adapted care.

Services are also tailored to the distinct needs of different Indigenous groups. For example, the Qavvivik Inuit Family and Community Health Centre in Verdun offers a patient navigator specifically to accompany Inuit to medical appointments and connect them with community resources. These community-networked models are supported by a provincial policy environment that is increasingly focused on cultural safety, as outlined in the 2022-2027 Government Action Plan for the social and cultural wellness of the First Nations and Inuit.

Atlantic Canada (NB, NS, PEI, NL): Emerging Regional and Community-Specific Models
The Atlantic provinces showcase a variety of emerging models for Indigenous health navigation, with a strong trend toward community-specific and culturally-distinct approaches.

1. New Brunswick: The Horizon Health Network has recently established Indigenous Patient Navigator positions in the Fredericton and Miramichi areas to provide culturally safe, client-centered care within its facilities. In a distinct and complementary model, the

Wolastoqey Nation in New Brunswick employs its own Indigenous Patient Advocate. This role is unique in that its mandate extends beyond hospitals to provide advocacy and navigation services for Indigenous peoples accessing any healthcare service in the province, including dentistry, pharmacy, and community care, with a specific focus on addressing systemic racism.

2. Nova Scotia: The province has implemented a cohesive, province-wide Mi'kmaq Indigenous Patient Navigator (MIPN) service within the Nova Scotia Health authority. Navigators are assigned to each of the province's health zones to assist Mi'kmaq and other Indigenous patients in overcoming barriers to care, bridging gaps with healthcare professionals, and advocating for cultural and spiritual needs.

3. Prince Edward Island: PEI features a model of direct community control. The Mi'kmaq Health Systems Navigators are employed by their respective First Nations—Lennox Island First Nation and Abegweit First Nation. These navigators support their community members as they access services within the provincial Health PEI system, acting as a liaison, coordinating care, and advocating for system improvements based on the needs of their communities.

4. Newfoundland and Labrador: A variety of models exist in this province. Eastern Health has one of the longest-running programs in the country, with its Aboriginal Patient Navigator Program supporting residents in long-term care since 2009. In urban and northern settings, community-based organizations take the lead. The Labrador Friendship Centre in Happy Valley-Goose Bay employs an IHN to support people navigating local health services, while the First Light St. John's Friendship Centre runs an Aboriginal Patient Navigator program for those who travel to the capital city for medical appointments.

The Territories (YT, NWT, NU): Addressing Unique Northern and Remote Realities

In Canada's three territories, the concept of health navigation is critically adapted to address the immense challenges of geography, medical travel, and the complex interplay between territorial and federal health systems.

1. Yukon: While formal IHN programs within the territorial health system are not prominent, the navigator role is focused on the crucial task of helping citizens access federal benefits. The Kwanlin Dün First Nation, for example, employs a Non-Insured Health Benefits (NIHB) Navigator who helps clients access the NIHB program, assists with appeals, and liaises with regional and national NIHB bodies. This highlights that in the North, navigating the bureaucracy of federal benefits is a primary barrier to care. Additionally, support roles like the First Nations Student Success Navigator at Yukon University show an investment in helping Indigenous students navigate educational and

support systems.

2. Northwest Territories: The NWT has formally integrated navigation into its health system through the Office of Client Experience. This office includes Senior Indigenous Patient Advocate positions located in key regional hospitals in Yellowknife, Inuvik, Hay River, and Fort Smith. Their mandate is to provide system navigation, ensure culturally safe care, and offer cultural, spiritual, and emotional support. The Stanton Indigenous Wellness Program in Yellowknife further supports this work by employing Indigenous Patient Liaison staff who provide individualized support and health system navigation.

3. Nunavut: The research in public domains did not identify formal IPN programs within the Government of Nunavut's health department. However, the need for navigation is met through a different model. Nunavut Tunngavik Incorporated (NTI), the land claims organization representing Inuit in Nunavut, employs a Nunavut Health System Navigator. This individual acts as a first point of contact for Inuit seeking to access territorial health services and the NIHB program, assisting with denials and appeals and advocating for systemic change. For specialized care like oncology, a model of southern-based support exists, where the Indigenous Cancer Program at The Ottawa Hospital employs a First Nations, Inuit, Métis Nurse Navigator who assists patients traveling from the Baffin region for treatment.

This section reveals that while the spirit of Indigenous health navigation is consistent, its practice is highly contextual. The stark difference between a Friendship Centre navigator assisting an urban homeless person in Montreal and an NTI navigator helping an Elder with NIHB paperwork for a medical flight from a remote community illustrates this diversity. This urban/rural/remote divide is a fundamental reality that must inform the development of any curriculum/training. Furthermore, the governance of these programs—whether they are led by a provincial health authority or an Indigenous organization—has profound implications for accountability, trust, and the navigator's ability to advocate for systemic change. This complex landscape underscores the need for a national certification body that is Indigenous-led, independent, and capable of setting standards that are both rigorous and adaptable to these varied realities.

Pathways to Practice: The Training and Education Landscape
As the Indigenous Health Navigator role becomes increasingly recognized as an essential component of the healthcare workforce, the question of how these vital professionals are trained becomes paramount. A scan of the current educational landscape reveals a burgeoning but fragmented array of programs. These pathways range from culturally-grounded diploma and degree programs offered at Indigenous-led post-secondary institutions to micro-credentials and specialized courses within mainstream colleges and universities (Anishinabek Educational

Institute, n.d.; Cambrian College, n.d.). This section examines these different educational models, highlighting a critical divide between Indigenous-led and non-Indigenous approaches and identifying the significant gaps in standardization and curriculum that a national certification framework is needed to address.

Table 7 is a matrix representing select IHN related training programs from across Canada that are Indigenous led and/or Indigenous Controlled. A discussion of these programs follows this table.

Table 7: Scan of Indigenous-Led IHN-Related Training Programs

Institution/Organization	Program/Credential	Key Focus/Approach
SE Health	Indigenous Patient Navigation Program	Workshop series, core competencies, cultural safety, advocacy
First Nations Technical Institute (FNTI)	Mental Health & Addiction Worker Diploma	Indigenous worldviews, experiential learning, partnership with Canadore College
Maskwacis Cultural College	Indigenous Social Work (Diploma, Bachelor, Master)	Cree culture and language, Indigenous values, knowledge, and philosophy
Yellowhead Tribal College	Indigenous Health Support Worker Diploma	Indigenous culture and healing, community health, language options (Cree, Anishinaabe, Stoney Nakota)
Anishinabek Educational Institute (AEI)	Native Community Worker; Traditional Healing Methods Diploma	Traditional healing, self-awareness, mental and spiritual healing for caregivers
Seven Generations Education Institute	Indigenous Wellness and Addictions Certificate/Diploma	Post-secondary programs for Aboriginal peoples, partnerships with colleges/universities
Kenjgewin Teg	Master of Social Work – Indigenous Field of Study	Anishinaabe-aadiziwin, culture-based approach, lifelong learning

By Us, For Us: A Scan of Indigenous-Led Training Initiatives

A number of Indigenous-controlled post-secondary institutions and organizations across Canada have developed health and wellness programs that provide a strong educational foundation for aspiring IHNs. These programs are distinguished by their *by us, for us* approach, embedding Indigenous worldviews, languages, and pedagogical methods into their core curriculum. They prioritize not just the acquisition of skills, but the development of practitioners who are grounded in their own culture and prepared to serve their communities in a wholistic way.

- **Indigenous Post-Secondary Institutes:** Institutions like the First Nations Technical Institute (FNTI) offer programs such as the Mental Health & Addiction Worker diploma (FNTI, n.d.), which explicitly respects the histories of Indigenous Peoples and integrates Indigenous ways of knowing and understanding the world. Similarly, Maskwacis Cultural College offers a suite of programs in Indigenous Social Work, from diploma to master's level, that are founded upon Indigenous values and philosophy, with a focus on Cree culture and language (Maskwacis Cultural College, n.d.). Other key institutions include Yellowhead Tribal College, with its Indigenous Health Support Worker Diploma (Yellowhead Tribal College, n.d.); the Anishinabek Educational Institute, which offers a diploma in Native Community Worker: Traditional Healing Methods (Anishinabek Educational Institute, n.d.), Seven Generations Education Institute, offering an Indigenous Wellness and Addictions program, and Kenjgewin Teg, which provides a range of health and wellness programs, including a Master of Social Work with an Indigenous Field of Study (Kenjgewin Teg, n.d.). These programs provide students with the cultural grounding and community-focused perspective essential for the IHN role.
- **Specialized Training Organizations:** Beyond formal post-secondary programs, organizations like SE Health have developed targeted training specifically for the IHN role. Their Indigenous Patient Navigation Program is a comprehensive, multi-session workshop designed for healthcare professionals, existing IHNs, and community health representatives. The curriculum is explicitly built around core IPN competencies, covering topics such as cultural safety, addressing barriers to care, effective communication, and community asset mapping. A crucial component of the program is a focus on self-care for the navigator, using the Medicine Wheel framework to support a balanced life and prevent burnout.

These Indigenous-led initiatives demonstrate that the expertise and pedagogical models for training effective, culturally-grounded IHNs already exist within Indigenous communities and organizations. They provide a powerful foundation upon which a national certification framework can be built and this is what FNHMA intends to embark upon.

Table 8 is a scan of non-Indigenous IHN related training programs from across Canada. A brief discussion of these training programs will follow this table.

Table 8: Scan of Non-Indigenous IHN-Related Training Programs

Institution	Program/Credential	Indigenous-Specific Content
Cambrian College	Community and Health Services Navigation (Certificate Course)	Partial (Course on Indigenous Perspectives in Care)
Conestoga College	Health and Social Systems Navigation (Graduate Certificate)	No (Generalist)
Red Deer Polytechnic	Complex Care & Patient Navigator (Micro-Credential)	No (Generalist)
University of Lethbridge	Bachelor of Health Sciences (Indigenous Health Major)	Yes (Major)
University of Toronto	Enhanced Skills Program in Indigenous Health	Yes (Specialization for physicians)
de Souza Institute	Patient Navigation (Certificate Course)	Partial (Module on FNIM cultural safety)
CHE Network	Professional Patient Navigation Certificate	Partial (Lists Indigenous health as a practice area)
Seneca Polytechnic	Indigenous Community and Advocacy (Certificate)	Yes (Focus on advocacy and culture)
Fanshawe College	Indigenous Relations and Advocacy (Online Program)	Yes (Focus on advocacy and relations)

Building Allies: A Scan of Programs in Non-Indigenous Institutions

Mainstream colleges and universities have also begun to offer programs relevant to the field of health navigation, with varying degrees of focus on Indigenous health. These programs are important for building a wider base of allies within the healthcare system and for providing technical skills training.

- **Generalist Navigation Programs:** Several colleges offer graduate certificates or micro-credentials in patient or systems navigation. Conestoga College's Health and Social Systems Navigation program, for example, provides a unique skill set for helping individuals co-ordinate their care across health and social services (Conestoga College, n.d.). Similarly, Red Deer Polytechnic offers a Complex Care & Patient Navigator Micro-Credential designed for existing health professionals to learn how to guide clients toward informed decisions (Red Deer Polytechnic, n.d.). While these programs provide valuable technical skills, they are generalist in nature and do not have a specific focus on Indigenous health contexts.
- **University Programs with Indigenous Focus:** Some universities offer specialized programs in Indigenous health. The University of Lethbridge has an Indigenous Health major within its Bachelor of Health Sciences program, which examines the social determinants of Indigenous health and provides students with practical and theoretical knowledge to work in the field (University of Lethbridge, n.d.). For practicing physicians, the University of Toronto offers an Enhanced Skills Program in Indigenous Health, designed to improve clinical and advocacy skills for doctors working with Indigenous populations (University of Toronto Department of Family & Community Medicine, n.d.).
- **Certificate and Advocacy Programs:** Specialized certificate programs provide another pathway. The de Souza Institute, which focuses on cancer care, offers a Patient Navigation course that includes a specific objective to *describe cultural safety as it pertains to First Nations, Inuit and Métis (FNIM) peoples* (de Souza Institute, n.d.). The Canadian Healthcare Education Network's Professional Patient Navigation Certificate lists Indigenous Health as one of its key focus areas. Other programs, like those at Seneca Polytechnic and Fanshawe College, focus more broadly on Indigenous community advocacy and relations, providing students with a comprehensive understanding of FNMI culture, history, and contemporary issues, which are foundational skills for any IHN (Seneca Polytechnic, n.d.).

This scan reveals a clear distinction in approach. Indigenous-led institutions center culture and worldview as the foundation of health practice. Mainstream institutions tend to teach navigation as a set of technical skills, with Indigenous health often treated as a sub-specialty or a single module within a broader curriculum. This highlights a critical gap: the need for a standard that ensures every IHN, regardless of where they are trained, possesses both the technical competencies and the deep cultural grounding required for the role.

Identifying the Gaps: The Need for a National, Culturally-Grounded Competency Framework
The current training landscape, with its mix of Indigenous-led and mainstream programs, is a valuable starting point, but it is also marked by significant gaps. These gaps are found in a lack of organizational training for implementing IPN programs, few publicly available and inconsistent job descriptions, and a near-total absence of program evaluation frameworks.

These findings point to an urgent need for a national, Indigenous-led body to establish a clear, consistent, and culturally-grounded competency framework for the IHN profession.

The primary gaps are as follows:
- **Lack of Standardization:** There are currently no national standards or core competencies that define the IHN role. This leads to wide variability in expectations, responsibilities, and qualifications from one health authority or organization to another. A national framework would establish a baseline of knowledge and skills, bringing clarity and professionalism to the role.
- **Absence of Indigenous-Specific Navigation Curricula:** While general navigator programs exist, very few are designed from the ground up to address the unique political, social, jurisdictional, and cultural realities of Indigenous health navigation. The need to understand NIHB, the legacy of residential schools, the principles of OCAP, and the practice of Two-Eyed Seeing are not peripheral topics; they are central to the IHN role and must be core components of any training program. The fact that a leading training provider finds it necessary to include a module to simply *Differentiate between Patient Navigators and Indigenous Patient Navigators* demonstrates the existing confusion and the risk of the role's unique purpose being diluted.
- **Cultural Safety as a Core Competency:** Many mainstream programs treat cultural safety as a single lecture or module rather than an overarching principle that must be woven through every aspect of the curriculum. A national standard must be built on a foundation of cultural safety and humility, requiring deep self-reflection and an understanding of power dynamics, not just a checklist of cultural facts.
- **The PLAR Gap:** Many of the most effective IHNs currently working in the field have gained their expertise through years of lived experience and community-based practice, not through formal academic programs. There is currently no recognized national process for Prior Learning Assessment and Recognition (PLAR) that would allow these experienced professionals to have their skills and knowledge formally certified (Mohawk College, n.d.; SAIT, n.d.).

Without a national, Indigenous-led standard, the IHN role risks being defined by non-Indigenous systems as a purely logistical function. This would strip the role of its most vital purpose as a cultural, relational, and decolonial intervention. A national certification framework is therefore not just a matter of professionalization; it is an act of educational self-determination necessary to protect the spirit and integrity of the Indigenous Health Navigator.

References

Part A

Assembly of First Nations. (n.d.). Health & wellness. Retrieved from
https://afn.ca/community-services/health-wellness/

Canadian Institute for Health Information. (2019). CIHI and First Nations Health Managers
Association partner to improve First Nations health data. Retrieved from
https://www.cihi.ca/en/about-cihi/first-nations-inuit-and-metis-health/relationships

Canadian Institute for Health Information. (2020). A path forward: Toward respectful
governance of First Nations, Inuit and Métis data housed at CIHI. Retrieved from
https://www.cihi.ca/sites/default/files/document/path-toward-respectful-governance-fnim-202
0-report-en.pdf

Canadian Partnership Against Cancer. (n.d.). Working together towards reconciliation and
healing. Retrieved from
https://www.partnershipagainstcancer.ca/about-us/who-we-are/first-nations-inuit-metis/recon
ciliation/

CBC News. (2020, October 16). Systemic racism in health care exists because it was designed
that way, says Hajdu. CBC News. Retrieved from
https://www.cbc.ca/news/politics/health-indigenous-racism-miller-1.5764659#:~:text=%22Sadl
y%20this%20is%20not%20shocking,education%20process%2C%22%20Hajdu%20said.

Council of the Atikamekw of Manawan & Council de la Nation Atikamekw. (2020). Atikamekw
Nehirowisiw: Joyce's Principle. Retrieved from https://principedejoyce.com/en/index

First Nations Health Managers Association. (n.d.). About FNHMA. Retrieved from
https://www.fnhma.ca/about

First Nations Health Managers Association. (n.d.). Certified First Nations Health Managers
Program. Retrieved from https://www.fnhma.ca/cfnhm-certification

First Nations Health Managers Association. (n.d.). CFNHM certification. Retrieved from
https://www.fnhma.ca/cfnhm-certification

First Nations Health Managers Association. (n.d.). Our history. Retrieved from
https://www.fnhma.ca/our-history

First Nations Health Managers Association. (2023, October 6). First Nations sister organizations
sign commitment to reciprocal relationship. Retrieved from
https://www.fnhma.ca/post/first-nations-sister-organizations-sign-commitment-to-reciprocal-re
lationship

First Peoples Wellness Circle. (n.d.). Home. Retrieved from https://fpwc.ca/

Government of British Columbia. (2021). The UN Declaration on the Rights of Indigenous
Peoples & the In Plain Sight report. Retrieved from
https://engage.gov.bc.ca/app/uploads/sites/613/2021/03/UNDRIP-and-IPS-FINAL.pdf

Government of British Columbia. (2021). The In Plain Sight report. Retrieved from
https://engage.gov.bc.ca/app/uploads/sites/613/2021/02/In-Plain-Sight-Data-Report_Dec2020.
pdf1_.pdf

Government of Manitoba. (2015). Report on the provincial implementation of the
recommendations from the inquest into the death of Brian Sinclair. Retrieved from
https://www.gov.mb.ca/health/documents/bsi_report.pdf

Hiscock, E. C., Stutz, S., Mashford-Pringle, A., Tan, S., Scott, B., Oblin-Moses, L., & Skura, C.
(2022). An environmental scan of Indigenous Patient Navigator programs in Ontario. *Healthcare
management forum*, *35*(2), 99–104. https://doi.org/10.1177/08404704211067659

Indigenous Health Today. (n.d.). InfoPoint by FNHMA. Retrieved from
https://nationtalk.ca/story/the-first-nations-health-managers-association-is-excited-to-announc
e-their-newest-information-sharing-initiative-infopoint

Indigenous Services Canada. (n.d.). Home. Retrieved from
https://www.canada.ca/en/indigenous-services-canada.html

MacIntosh, C. (2013). Inquest into Brian Sinclair's death reveals systemic racism, indifference.
Canadian Medical Association Journal, 185(16), E745–E746.

National Collaborating Centre for Indigenous Health. (2020). In Plain Sight: Addressing
Indigenous-Specific Racism and Discrimination in B.C. Health Care. Retrieved from
https://www.nccih.ca/634/In_Plain_Sight__Addressing_Indigenous-Specific_Racism_and_Discri
mination_in_B.C._Health_Care_-_Data_....nccih?id=2991&col=3

Statistics Canada. (2025, February 13). The health of First Nations people, Métis and Inuit, 2019
to 2022. The Daily. Retrieved from
https://www150.statcan.gc.ca/n1/daily-quotidien/250213/dq250213f-eng.pdf

Thunderbird Partnership Foundation. (2023). First Nations Substance Use Summit Report.
Retrieved from
https://thunderbirdpf.org/wp-content/uploads/2023/09/Substance-Use-Summit-Report_EN-W
EB.pdf

Truth and Reconciliation Commission of Canada. (2015). Truth and Reconciliation Commission of
Canada: Calls to Action. Retrieved from https://nctr.ca/publications-and-reports/reports/

Part B

Allen, L., Hatala, A., Ijaz, S., Courchene, D. & Bushie, B. Indigenous-led health care partnerships
in Canada. Canadian Medical Association Journal Mar 2020, 192(9) E208-E216; DOI
10.1502/cmaj.190728

211 Manitoba. (2024, March 12). Manitoba Keewatinowi Okimakanak Inc. - Client Navigator.
Retrieved from https://mkonation.com/health/client-navigator/

Cancer Care Ontario. (n.d.). Indigenous Navigators. Retrieved from
https://www.cancercareontario.ca/en/find-cancer-services/aboriginal-navigators

CivicInfo BC. (2024, August). Job description - Métis Health Experience Advocate, Health and Wellness. Retrieved from https://www.civicinfo.bc.ca/tenders/Metis%20Health%20Experience%20Advocate%2C%20Health%20and%20Wellness%20-%20Job%20Description%20-%20August%202024.pdf

Fraser Health. (n.d.). Indigenous Health Liaison Social Worker. Retrieved from https://www.fraserhealth.ca/Service-Directory/Services/mental-health-and-substance-use/mental-health---community-services/aboriginal-mental-health-liaisons

Georgetown University National Center for Cultural Competence. (n.d.). The essential role of cultural broker programs. Retrieved from https://nccc.georgetown.edu/documents/Cultural_Broker_Guide_English.pdf

Indigenous Services Canada. (n.d.). About Indigenous health care. Retrieved from https://www.sac-isc.gc.ca/eng/1626810177053/1626810219482

Indigenous Services Canada. (n.d.). Non-Insured Health Benefits (NIHB) Medical Transportation Policy Framework for First Nations and Inuit (Interim). Retrieved from https://www.sac-isc.gc.ca/eng/1579891130443/1579891286837

Indigenous Services Canada. (2025, July 16). Non-Insured Health Benefits program updates. Retrieved from https://www.sac-isc.gc.ca/eng/1578079214611/1578079236012

Island Health. (n.d.). JD1094 - UNION JOB DESCRIPTION – Indigenous Liaison Nurse. Retrieved from https://jd.viha.ca/JD1094.pdf

Island Health. (n.d.). JD1962 - UNION JOB DESCRIPTION – Indigenous Health Liaison Nurse. Retrieved from https://jd.viha.ca/JD1962.pdf

Laboucan, A. (2024, May 21). What were Indian Hospitals in Canada? 3 things you might not know. Retrieved from https://beyond.ubc.ca/what-were-indian-hospitals-in-canada-3-things-you-might-not-know/

Manitoba Keewatinowi Okimakanak. (n.d.). Client Navigator. Retrieved from https://mkonation.com/health/client-navigator/

Manitoba Métis Federation. (n.d.). Home. Retrieved from https://www.mmf.mb.ca/

Métis Child, Family and Community Services. (n.d.). MMF. Retrieved from https://www.metiscfs.mb.ca/

Métis Nation British Columbia. (n.d.). Métis Health Experience Program. Retrieved from https://www.mnbc.ca/work-programs/programs-services/metis-health-experience-program

Nova Scotia Health. (n.d.). Mi'kmaq Indigenous Patient Navigator - Primary Health Care. Retrieved from https://jobs.nshealth.ca/nsha/job/Sydney-Mi'kmaw-Indigenous-Patient-Navigator-Primary-Health-Care-NS-B1P-1P3/594929517/

NS 211. (n.d.). Nova Scotia Health - Mi'kmaq Indigenous Patient Navigator. Retrieved from https://ns.211.ca/services/93109236/nova-scotia-health-mikmaw-indigenous-patient-navigator/

PHSA. (n.d.). Indigenous Patient Navigator, Indigenous Health Program - BC Children's and Women's Hospital & Health Centre. Retrieved from

http://www.phsa.ca/our-services/programs-services/indigenous-health

Qavvivik. (n.d.). Services - Qavvivik | Inuit health. Retrieved from https://www.qavvivik.ca/

Reseau MTL Network. (n.d.). Qavvivik - Inuit Family and Community Health Centre. Retrieved from

https://reseaumtlnetwork.com/en/organisations/qavvivik-inuit-family-and-community-health-centre/

Saskatchewan Cancer Agency. (n.d.). First Nations and Métis Relations (FNMR) Department. Retrieved from

https://saskcancer.ca/about-us/work-us/first-nations-and-metis-relations-fnmr-department#:~:text=The%20Saskatchewan%20Cancer%20Agency%20recognizes,culturally%20appropriate%20and%20safe%20care.

Thunder Bay Regional Health Sciences Centre. (n.d.). Indigenous Care Coordinators. Retrieved from

https://tbrhsc.net/programs-services/regional-cancer-care/information-for-healthcare-providers/indigenous-care-coordinator/

Tungasuvvingat Inuit. (n.d.). Programs. Retrieved from https://tiontario.ca/programs

Vancouver Coastal Health. (n.d.). Indigenous Patient Navigators (IPNs). Retrieved from

https://www.vch.ca/en/service/indigenous-patient-navigators-ipns

Winnipeg Regional Health Authority. (n.d.). Advocacy. Retrieved from

https://wrha.mb.ca/indigenous-health/patient-services/

Part C

211 Manitoba. (n.d.). Manitoba Keewatinowi Okimakanak Inc. - Client Navigator. Retrieved from https://mb.211.ca/detail/81619300/

211 Ontario. (2025, January 8). Southwest Ontario Aboriginal Health Access Centre. Retrieved from

https://211ontario.ca/service/88344534/southwest-ontario-aboriginal-health-access-centre-southwest-ontario-aboriginal-health-access-centre/?gad_source=1&gad_campaignid=10269533238&gbraid=0AAAAAClj0GYp0tSFlEMAbDXWaUdz3nwNC&gclid=CjwKCAjw2vTFBhAuEiwAFaScwuTILPKJdcQynGVuuQRBNTuANs6ajN952eljCc7hwV-ui2gI5-OCoxoCtUwQAvD_BwE

211 PEI. (n.d.). Mi'kmaq Health Systems Navigators. Retrieved from

https://pe.211.ca/result/mikmaq-health-systems-navigators-85938685

211 Saskatchewan. (n.d.). Health: Mental Health and Addictions Program. Retrieved from

https://sk.211.ca/services/no-physical-address-7/mental-health-and-addictions-services-overview/

Alberta Indigenous Virtual Care Clinic. (n.d.). Home. Retrieved from https://aivcc.ca/

Assemblée nationale du Québec. (n.d.). Mémoire du Regroupement des centres d'amitié autochtones du Québec. Retrieved from https://www.rcaaq.info/wp-content/uploads/2023/10/RCAAQ_Me%CC%81moire_Consultation PauvreteExclusion_juin2023.pdf

BC Children's Hospital. (n.d.). Indigenous-specific careers. Retrieved from https://www.bcchildrens.ca/about-us/careers/indigenous-specific-careers

Bridgethegapp.nl.ca. (n.d.). First Light St. John's Friendship Centre. Retrieved from https://nl.bridgethegapp.ca/adult/service-directory/first-light-st-johns-friendship-centre/

Cancer Care Ontario. (n.d.). Indigenous Cancer Care Unit. Retrieved from https://www.cancercareontario.ca/en/cancer-care-ontario/programs/indigenous-cancer-care-u nit

CareerBeacon. (2025, August 20). Indigenous Clinical Patient Navigator. Retrieved from https://www.careerbeacon.com/en/job/2175707/vitalite-health-network/indigenous-clinical-pa tient-navigator/campbellton-nb

Community Services Locator. (n.d.). Indigenous Patient Navigator - North West. Retrieved from https://csl.cancer.ca/en/Detail/1155b318-81fe-e811-a98d-000d3a36f968

First Nations Technical Services Advisory Group Inc. (n.d.). Alberta Indigenous Virtual Care Clinic (AIVCC). Retrieved from https://tsag.net/ab-indigenous-virtual-care-clinic/

Fraser Health. (n.d.). Indigenous Health Liaisons. Retrieved from https://www.fraserhealth.ca/health-topics-a-to-z/indigenous-health/indigenous-health-liaisons

Government of Northwest Territories. (2023, August 8). Senior Indigenous Patient Advocate Job Description. Retrieved from https://www.fin.gov.nt.ca/sites/fin/files/job-descriptions/48-17150_senior_indigenous_patient _advocate_sig_26_sept_23.pdf

HealthLink BC. (n.d.). Indigenous Health Services. Retrieved from https://dmz1.www.healthlinkbc.ca/find-care/find-health-services/program/indigenous-health-s ervices

Horizon Health Network. (n.d.). Indigenous Health. Retrieved from https://horizonnb.ca/patients-visitors/indigenous-health/

Interlake-Eastern Regional Health Authority. (n.d.). Indigenous Health. Retrieved from https://www.ierha.ca/about-us/community-involvement/indigenous-health/

Interior Health. (n.d.). Indigenous Health and Wellness. Retrieved from https://www.interiorhealth.ca/health-and-wellness/indigenous-health-and-wellness

Labrador Friendship Centre. (n.d.). Indigenous Health Navigator. Retrieved from http://www.lfchvgb.ca/home/ihn.htm

Manitoba Chiefs. (n.d.). Patient Advocate Unit. Retrieved from https://manitobachiefs.com/patient-advocate-unit/

Métis Nation of Alberta. (2021, May). Supports & Services Navigator. Retrieved from

https://albertametis.com/app/uploads/2021/05/Supports-Services-Navigator-Handbill_FINAL.pdf

Métis Nation British Columbia. (n.d.). Métis Health Experience Program. Retrieved from

https://www.mnbc.ca/work-programs/programs-services/metis-health-experience-program

Northern Health. (2025). Indigenous Care team. Retrieved from

https://www.indigenoushealthnh.ca/initiatives/indigenous-care-team

Nunavut Tunngavik Incorporated. (2017, July). Job Description: Nunavut Health Systems Navigator. Retrieved from

https://www.tunngavik.com/job/nunavut-health-systems-navigator-2/

Scarborough Health Network. (n.d.). Indigenous Patient Navigator. Retrieved from

https://www.shn.ca/patients-visitors/indigenous-patient-navigator/

Part D

Assembly of First Nations. (n.d.). Health & wellness. Retrieved from

https://afn.ca/community-services/health-wellness/

National Collaborating Centre for Aboriginal Health. (2019). At the Interface: Indigenous health practitioners and evidence based practices. Retrieved from

https://www.nccih.ca/docs/context/RPT-At-the-Interface-Halseth-EN.pdf

CHCPBC. (n.d.). Indigenous Cultural Safety & Humility. Retrieved from

https://chcpbc.org/about/indigenous-cultural-safety-humility/

de Souza Institute. (n.d.). Patient Navigation. Retrieved from

https://my.desouzainstitute.com/courseCodes/view/PNON

First Nations Health Authority. (n.d.). Cultural Safety and Humility: Definitions. Retrieved from

https://www.fnha.ca/Documents/FNHA-Cultural-Safety-and-Humility-Definitions.pdf

First Nations Health Authority. (n.d.). Cultural Safety and Humility: Key Drivers and Ideas for Change. Retrieved from

https://www.fnha.ca/Documents/FNHA-Cultural-Safety-and-Humility-Key-Drivers-and-Ideas-for-Change.pdf

First Nations Health Authority. (n.d.). First Nations Perspective on Health and Wellness. Retrieved from

https://www.fnha.ca/wellness/wellness-for-first-nations/first-nations-perspective-on-health-and-wellness

Government of Canada. (n.d.). Trauma and violence-informed approaches to policy and practice. Retrieved from

https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

Government of Canada. (n.d.). Government of Canada actions to address anti-Indigenous racism in health systems. Retrieved from

https://www.sac-isc.gc.ca/eng/1611863352025/1611863375715

Indigenous Services Canada. (n.d.). Non-Insured Health Benefits (NIHB) program updates. Retrieved from https://www.sac-isc.gc.ca/eng/1578079214611/1578079236012

Indigenous Services Canada. (2015). First Nations Mental Wellness Continuum Framework - Summary Report. Retrieved from

https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-HLTH/STAGING/texte-text/mh-health-wellness_continuum-framework-summ-report_1579120679485_eng.pdf

MHSU VCH Learn. (n.d.). Indigenous Cultural Safety, Cultural Humility and Anti-Racism Competency Tool. Retrieved from https://mhsu.vchlearn.ca/core-content/12129

National Collaborating Centre for Indigenous Health. (n.d.). Cultural Safety Collection. Retrieved from https://www.nccih.ca/1673/Cultural_Safety_Collection.nccih?Collectionid=3

National Collaborating Centre for Indigenous Health. (n.d.). Home. Retrieved from https://www.nccih.ca/en/

PHSA. (n.d.). Indigenous Patient Navigator, Indigenous Health Program - BC Children's and Women's Hospital & Health Centre. Retrieved from

http://www.bcwomens.ca/our-services/indigenous-health-services/indigenous-health

Rankin, A., Baumann, A., Downey, B., Valaitis, R., Montour, A., Mandy, P., & Bourque Bearskin, D. (2025). A multi-site qualitative study to explore and understand barriers and enablers Indigenous community members experience when accessing health and social services: Perspectives of Indigenous patient navigators and Indigenous community members in Canada. *International Journal of Indigenous Health*, *20*(2). https://doi.org/10.32799/ijih.v20i2.43841

Rausch, R. L. (2025). *"It's about standing on the right side of history": Exploring the Role of Indigenous Patient Navigation through Community-based Research in Ontario* [Unpublished thesis, Western University]. Scholarship@Western. Retrieved from

https://uwo.scholaris.ca/server/api/core/bitstreams/afa9b7b9-e4d1-484a-b7b6-e86885ad0a1a/content

Relias. (2024, October 22). Elder Care in Native American Communities: Meeting Challenges While Honoring Culture. Retrieved from

https://www.relias.com/blog/elder-care-in-native-american-communities

SE Health. (n.d.). Indigenous Patient Navigation Program. Retrieved from

https://fnim.sehc.com/indigenous-education-programs-and-services/indigenous-patient-navigation-program/

Southlake Health. (2025). Indigenous Patient Navigator Services. Retrieved from

https://southlake.ca/about-southlake/office-of-patient-experience/indigenous-patient-navigator-services/

Vancouver Coastal Health. (n.d.). Indigenous Patient Navigators (IPNs). Retrieved from

https://www.vch.ca/en/service/indigenous-patient-navigators-ipns

WTCI. (n.d.). Non-Insured Health Benefits Navigation for New Brunswick. Retrieved from

https://wtci.wolastoqey.ca/services/health/non-insured-health-benefits-navigation-for-new-bru
nswick/

Island Health. (n.d.). JD1094 - UNION JOB DESCRIPTION. Retrieved from
https://jd.viha.ca/JD1094.pdf

Part E.

Anishinabek Educational Institute. (n.d.). Native Community Worker; Traditional Healing
Methods Diploma Program. Retrieved from
https://aeipostsecondary.ca/programs/native-community-worker-traditional-aboriginal-healing-
methods-diploma-program/

Cambrian College. (n.d.). School of Community Services. Retrieved from
https://cambriancollege.ca/schools-of/community-services

Cambrian College. (n.d.). Social Services Worker - Indigenous Specialization. Retrieved from
https://cambriancollege.ca/programs/social-services-worker-indigenous-specialization

Conestoga College. (n.d.). Full-time programs. Retrieved from
https://www.conestogac.on.ca/fulltime

Conestoga College. (n.d.). Health and Social Systems Navigation. Retrieved from
https://www.conestogac.on.ca/fulltime/health-and-social-systems-navigation/courses

de Souza Institute. (n.d.). Patient Navigation. Retrieved from
https://www.desouzainstitute.com/wp-content/uploads/PNON-Course-Syllabus-2024-.pdf

First Nations Technical Institute. (n.d.). Mental Health & Addiction Worker. Retrieved from
https://www.fnti.net/mental-health-addiction-worker

First Nations Technical Institute. (n.d.). MHA Fast Track. Retrieved from
https://www.fnti.net/mha-fast-track

Kenjgewin Teg. (n.d.). Your learning journey starts here. Retrieved from
https://www.kenjgewinteg.ca/

Maskwacis Cultural College. (n.d.). Indigenous Social Work Diploma. Retrieved from
https://www.mccedu.ca/iswd-overview

Mohawk College. (n.d.). Prior Learning Assessment & Recognition (PLAR). Retrieved from
https://www.mohawkcollege.ca/registration-and-records/prior-learning-assessment-recognition
-plar

Red Deer Polytechnic. (n.d.). Complex Care & Patient Navigator Micro-Credential. Retrieved
from https://rdpolytech.ca/programs/complex-care-patient-navigator-micro-credential

Red Deer Polytechnic. (n.d.). Health Sciences. Retrieved from
https://rdpolytech.ca/programs/health-sciences

SAIT. (n.d.). Prior Learning Assessment and Recognition (PLAR). Retrieved from

Seneca Polytechnic. (n.d.). First Peoples@Seneca. Retrieved from
https://www.sait.ca/admissions/transfer-options/prior-learning-assessment-and-recognition

Contact North. (n.d.). Master of Social Work. Retrieved from https://contactnorth.ca/

University of Lethbridge. (n.d.). Indigenous Health. Retrieved from
https://www.ulethbridge.ca/healthsciences/indigenous-health

University of Toronto, Department of Family & Community Medicine. (n.d.). Enhanced Skills
Program: Indigenous Health. Retrieved from
https://dfcm.utoronto.ca/enhanced-skills-program-indigenous-health

Yellowhead Tribal College. (n.d.). Indigenous Health Support Worker Diploma. Retrieved from
https://ytced.ab.ca/programs-courses/programs/Indigenous_Community_Health_Worker_Program/