

# Terms of Reference for the Indigenous Food Wellness Advisory (IFWA)

Supporting Indigenous-led, distinction-based tools for  
food-related wellness in British Columbia

*March 2024*

## Project Summary

In 2019, Canada's food guide was updated with the goal of being more relevant to all Canadians. However, the need for distinctions-based healthy eating tools for Indigenous peoples has been clearly identified by many across B.C., including the First Nations Health Authority (FNHA), Indigenous Health team leaders within regional health authorities, the Métis Nation of BC, the BC Association of Aboriginal Friendship Centres, and Indigenous communities directly.

In conjunction with the release of the 2019 Canadian food guide, the BC Ministry of Health (HLTH) was endorsed to lead a task group to support the implementation of Canada's food guide across policy and practice. Due to the Covid-19 pandemic, priorities were forced to shift and therefore some of this work has been stalled.

In 2021, the Population and Public Health Division, BC Ministry of Health and the Office of Nutrition Policy and Promotion, Health Canada held discussions around collaborating on a joint initiative to support the development of distinctions-based tools. These discussions allowed for a federal transfer of funds to HLTH, who would facilitate this work in BC. HLTH proposed that this project be Indigenous-led, and transferred funds to Indigenous Sport, Physical Activity and Recreation Council (ISPARC) to lead the project. ISPARC will be working alongside HLTH, as well as Alderhill Planning Inc (An Indigenous-owned planning firm), to support the goals of this project.

Beginning in Summer 2022, the first project milestone is the establishment of an Indigenous-led project advisory, which will provide oversight, guidance, and advice to support the development of distinctions-based tools related to food-related wellness in B.C. The Advisory will develop an engagement plan (Phase 1) for Indigenous health system partners, health champions and communities across B.C., based on the distinct and diverse needs for tools on food-related wellness of Indigenous communities from across the province. The advisory will continue supporting and directing this project through Phases 2

and 3 until project completion, which is projected for March 2026 (for timeline details, see below).

Once the priorities are determined, Indigenous-led development of tools to address the priorities identified will follow. The final phase of the project will consist of the launch and communications to promote the tools.

Given the historical harms suffered by Indigenous peoples from government policies around food and nutrition, it is critical that the process undertaken is Indigenous-led, culturally safe and improves the resources available to Indigenous peoples. The ultimate guiding values for the project are that it is self-determined (meaning that Indigenous communities and organizations will direct the project) and honours Indigenous food sovereignty. This work seeks to uphold the principles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and progress the Calls to Action on health identified by the Truth and Reconciliation Commission of Canada (TRC), specifically closing the gap in health outcomes between Indigenous and non-Indigenous communities and recognizing and raising up Indigenous knowledge and traditional practices<sup>1</sup>. This project is being undertaken to raise up Indigenous knowledge and strengths, ensure reciprocity and develop processes and outcomes that will be meaningful to as many communities as possible.

## Membership

The Advisory will consist of 10 Indigenous individuals and/or individuals who have been selected to represent an Indigenous community/organization. Membership is intended to be inclusive of broad geographic and demographic representation (inclusive of diverse ages and genders). At **least** one seat each will be reserved for an Elder representative, a youth representative.

Members of the Advisory will *ideally* have at least 2 years of experience (academic, professional or lived) within any of the fields below:

- Food and nutrition
- Indigenous knowledge systems.
- Use of Indigenous knowledges alongside other forms of knowing (i.e. western science) related to food-related wellness.
- Indigenous-led food-related wellness planning initiatives.
- Indigenous engagement, participation, collaboration, and partnership.

<sup>1</sup> UNDRIP Articles: 3, 4, 21.1, 23, 24.2, 29.3. TRC Calls To Action: 22.

# Working Group Mandate

The overall mandate of the Advisory is to provide advice on engagement methodologies and project direction for distinctions-based food-related wellness tools. Once the development plan is complete (April 2024), the Advisory will continue to support ISPARC, the B.C. Ministry of Health, and Sanaala by providing feedback on tool drafts and communications plan as needed. The Advisory and Sanaala will work to ensure that the tools appropriately reflect the voices heard throughout engagements.

## Timeline

### PHASE 1: Planning & Engagement (July 2022 – September 2023)

August 2022	Establishment of Advisory
September 2022	Development of Engagement Plan
October 2022 - February 2023	Engagement with Indigenous health system partners, health champions and communities across B.C. to determine the distinct and diverse needs for tools on food and wellness.
Summer 2023	Development of engagement summary report
Fall 2023	Analysis of findings from engagement

### PHASE 2: Development & Consultation (May 2023 – September 2024)

Fall 2023 to March 2025	Development of one or more tools to support priorities identified in Phase I
December 2024	Development of a consultation plan to gather feedback on draft tools
January - February 2025	Implementation of a consultation plan on draft tools

February 2025 - March 2025	Analysis and integration of feedback from consultation and development of summary report
March 2025	Finalization of tools.

### PHASE 3: Launch & Communications (July 2024 – March 2025)

April 2025	Development of a Communication and Dissemination Plan
April 2025 - June 2025	Implementation of Communication and Dissemination Plan
Summer 2025	Development of a Summary Report on launch and communications

## Roles

IFWA Members will advise this project by:

- Attending meetings, when available, via Zoom video conferencing (most of these meetings will be 2-hour Monday evening sessions). There may be another in-person gathering at some point.
- Participating in other activities (such as questionnaires) to provide additional feedback.

Sanala Planning inc. will provide administrative support to the Advisory by:

- Working to create a safe, supportive meeting space.
- Scheduling meetings and sending meeting invitations.
- Keeping high-level, record-of-decision meeting minutes to be circulated to members as soon as possible after each meeting (within a week's time).
- Conducting research or providing research services to inform the Advisory's discussions and decisions.
- Maintaining regular and prompt correspondence with the Advisory.
- Managing the Advisory's records, including maintaining an accessible group folder to make records available to members.

- Coordinating compensation and reimbursement of costs to Advisory members.

## ISPARC and the Ministry of Health will:

- Work closely with Sānala and the Chairs (when needed) in structuring agendas and materials.
- Practice active and attentive listening during meetings.
- Provide appropriate personnel to lead technical discussions as required.

## Shared Values and Guiding Agreements

It is desired for the Advisory, ISPARC, Ministry of Health, and Sānala to embody the values identified below:

**Respect:** Recognize and uphold the knowledge systems, laws, epistemologies (worldview, traditions, cultures) of Indigenous peoples; within their historic and contemporary experiences. Respect also links to reconciliation, which requires reciprocity and responsibility.

**Collaboration:** Indigenous-led processes are key to creating effective and culturally appropriate tools for food and well-being. Meaningful co-management, partnerships and new opportunities with Indigenous governments, communities and organizations must be prioritized.

**Holism:** Food-related wellness tools must acknowledge the interconnectedness of all beings (animate and inanimate) to ensure regenerative practices that work to sustain life of all forms.

**Addressing Inequities:** Food-related wellness tools must acknowledge and respond to food-related wellness access and other existing inequities and structural barriers.

**Working effectively:** To collaborate with each other in a transparent and open manner, building trust and relationships in the pursuit of advancing food-related wellness in B.C.

**Clear, consensus-based recommendations:** In order to understand and contribute to the

development of any initiatives, we will use clear language and strive to address all concerns and incorporate different perspectives into engagement plans and tool development.

**Equity and inclusion:** All parties involved, including Advisory members, the Alderhill team, ISPARC and the Ministry of Health will strive for balanced representation and no one's voice will be heard louder than another's.

## Meeting Protocols

The Advisory Group will:

- Strive for consensus in their feedback and advice to ISPARC and the Ministry of Health.
- Strive for meetings that support well-being; including flexibility, ceremony, check-ins, visual aids, sufficient breaks, and follow-up for members who can't attend. Extra well-being support can also be made available by request after meetings that are triggering for members.
- Meet online via Zoom or by phoning in.

## Compensation

Advisory members will be provided with an honorarium of \$250 for any meetings ranging from 2.5-4 hours and \$150 for meetings under 2.5 hours. \$50 will be provided to all members who complete a questionnaire/survey or provide additional commentary outside of meetings.

IFWA Chairs will receive \$350 for any meetings ranging from 2.5-4 hours and \$200 for meetings under 2.5 hours.