HeartLife FOUNDATION

# Truth and Reconciliation Plan

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# Acknowledgements

We are thankful to those who contributed to the development and review of this plan:

**Alexandra Mandewo** - HeartLife Foundation
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**Dr. Miles Marchand MD FRCPC**- University of British Columbia Division of Cardiology; Director of the Centre of Indigenous Cardiovascular Health, Dilawri Cardiovascular Institute
**Cindy Nordquist** - Nurse Practitioner, Providence Health

# Land Acknowledgement

HeartLife was founded on the traditional, unceded territories of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Tsleil-Waututh Nations (Vancouver, BC).

We also acknowledge that our staff and organizational members reside across Turtle Island and recognize the historical and ongoing impacts of colonization on Indigenous communities, particularly within healthcare.

# Co-Founders Foreword

When we founded the HeartLife Foundation, our goal was simple: to ensure that no one faces the journey of heart failure alone. However, we have come to recognize that the "journey" is not the same for everyone. For too long, the systemic barriers, historical traumas, and ongoing impacts of colonization have created a landscape where Indigenous communities are left behind in heart health awareness and care.

Truth and Reconciliation is not just a corporate checkbox for us; it is a deeply personal commitment to unlearning, listening, and evolving. This plan is the result of many voices—Indigenous leaders, clinicians, and patients who have shared their stories to help us understand the "Truth" of the current disparities.

As you read this plan, you are seeing our "Reconcili-ACTION." We invite you to join us in building a future where heart health care is a safe, equitable, and culturally grounded space for all Indigenous peoples.

**JILLIANNE CODE, PHD**
Co-Founder and President

**MARC BAINS**
Co-Founder and Executive Director

## Who HeartLife is

The HeartLife Foundation is a patient-driven charity whose mission is to transform the quality of life for people living with cardiovascular diseases by engaging, educating, and empowering a global community.

Our Mission: We aim to create lasting solutions, drive innovation, and build healthier lives for patients, caregivers, and families worldwide.

Our Vision: Lasting solutions, innovation, and healthier lives for all.

HeartLife sets itself apart by placing storytelling at its core- from patients, families, caregivers and practitioners. This aligns with the traditions of many Indigenous Nations, where stories are a means of teaching, connecting and healing.

## Contact Us

email: info@heartlife.ca

http://www.heartlife.com/

# HeartLife Truth and Reconciliation Plan

This Truth and Reconciliation Plan reflects HeartLife's commitment to ensuring that Indigenous peoples of all nations are not left behind in heart health awareness, education, advocacy and care. HeartLife understands that Indigenous voices, knowledge and lived experiences are respected, heard and are active participants in all aspects of the health journey.

## The Current State of Heart Health for Indigenous Communities

Prior to the 1980s, First Nations peoples had lower rates of cardiovascular disease, compared to non-Indigenous Canadians. However, as a result of intergenerational impacts of colonization, including the Indian Residential School system, rates of heart disease in Indigenous Canadians have since surpassed the non-Indigenous population. Studies examining lifetime risk data for heart failure among Indigenous peoples in Canada (First Nations, Métis and Inuit) are extremely limited. Nevertheless, it is clear that Indigenous populations face a disproportionately high burden of cardiovascular disease (CVD). Indigenous adults experience CVD at rates up to 2.5 times those of non-Indigenous Canadians yet are less likely to be referred to specialty programs/services. Cardiovascular conditions affect 7.1% of Indigenous adults compared to 5.0% in the non-Indigenous population. Mortality disparities are also prevalent, with age-standardized CVD mortality rates being 30% higher for First Nations men and 76% higher for First Nations women compared to non-Indigenous Canadians.

Disparities are also seen in specific conditions linked to heart failure. For example, rheumatic heart disease remains a preventable disease but has high, persistent rates in Indigenous populations. First Nations individuals account for approximately 41% of invasive group A streptococcal infections (that can lead to rheumatic heart disease) in Canada despite comprising only 8% of the population As a result of structural racism in the healthcare system, Indigenous communities and individuals have been overlooked for far too long when it comes to heart failure awareness, access to care and treatment. These systemic inequities in healthcare delivery models have resulted in the current disparities in cardiovascular outcomes faced by Indigenous communities today.

**For HeartLife, reconciliation means:**

- Acknowledging the historical disenfranchisement of Indigenous peoples and its ongoing effects on cardiovascular health.
- Learning from past mistakes and committing to systemic change.
- Embedding reconciliation through organizational "reconcili-ACTIONs."
- Aligning with the Truth and Reconciliation Commission's Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples and the UN Sustainable Development Goals.

## How the plan was created/informed

HeartLife's Truth and Reconciliation Plan was developed with a people-first approach. HeartLife's work is at the intersection of community, advocacy and policy and our impact and influence in cardiovascular health are all reflected in this plan.

Research Phase

The initial phase consisted of an environmental scan to assess the current state of Indigenous heart health and cardiovascular care nationally. This phase identified key trends, gaps, and promising practices, and examined how other Canadian healthcare organizations have articulated and acted on their commitments to reconciliation. Input from Indigenous health leaders and clinicians informed this understanding through a series of targeted discussions.

Committee Reviews

The plan then underwent the analysis of two committees, development and review. Each committee consisted of Indigenous individuals with a variety of personal and professional experiences. From the recommendations of the review committee, Indigenous and non-Indigenous governing boards also evaluated the plan. Each committee member received compensation per Indigenous Physicians Association of Canada (IPAC) guidelines, as HeartLife understands the historical impact of the "Indigenous tax," whereby Indigenous people are expected to perform extra, often invisible labour on top of their regular roles.

What we heard:

- Post-COVID effects on Indigenous heart health are under-researched.
- Mistrust and experiences of racism create barriers to diagnosis and treatment.
- Indigenous organizations prioritize collaboration only where missions align and culturally safe spaces are guaranteed.
- Representation and cultural adaptation matter in texts and visuals.

## The Truth and Reconciliation Commission (TRC) statements aligned with Heartlife's plan

#10.3: Culturally appropriate health education and curricula.
#18: Acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies.
#19: Establish measurable goals to identify and close the gaps in health outcomes.
#20: Recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.
#22: Recognize the value of Aboriginal healing practices.
#23.3: Provide cultural competency training for all healthcare professionals.
#43: Adopt the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) as the reconciliation framework.

## Global Alignments

Sustainable Development Goals:

- SDG 3 Good Health and Well-Being
- SDG 4 Quality Education
- SDG 10 Reduced Inequalities
- SDG 17 Partnerships for the Goals


United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP): Along with the Sustainable Development Goals and framework, HeartLife is guided by UNDRIP principles and articles:

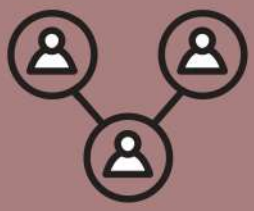
- Article 21.1
- Article 23
- Article 24

## Pillars of the plan

Through community interviews and committee reviews, HeartLife has outlined five pillars of our truth and reconciliation plan. Each pillar involves respectful, bilateral collaboration and relationship building to be applied beyond the plan and in Indigenous projects.

### Storytelling & Relationships

Creating safe spaces for sharing.



### Embracing Culture

Respecting cultural protocols; recognizing health and culture as connected.

### Community Partnerships

Working with, not for Indigenous communities.

### Education

Developing tailored, community-specific educational resources.

### Advocacy

Using HeartLife's platform to amplify Indigenous heart health needs.

## Goals of the plan

Each of the following five goals upholds one or more of the previously stated pillars. These goals are expected to be achieved through multiple projects, policies and collaborations.

- Commit to long-term health equity with Indigenous communities.
- Embed Indigenous knowledge into public engagement.
- Empower communities through storytelling and self-advocacy.
- Co-create and deliver culturally grounded health education.
- Develop and uphold accountability mechanisms to ensure progress is tracked transparently.

In partnership with Indigenous communities, HeartLife is committed to advancing health equity through a framework of respect, reciprocity and accountability. By embedding Indigenous knowledge into public engagement, adapting tools such as the HeartLife journey map to reflect storytelling traditions and ensuring educational materials are both accessible and culturally grounded, HeartLife seeks to strengthen trust with Indigenous communities. Centering community voices and co-developing sustainable programs will ensure that initiatives are not only impactful in the short term but also sustainable, scalable and aligned with the long-term priorities of Indigenous partners.

## HeartLife's commitments

HeartLife recognizes that reconciliation is not a one-time act but an ongoing responsibility. HeartLife is committed to using this truth and reconciliation plan as a guide for future Indigenous-led, co-led and/or inspired projects. Our commitments reflect a dedication to listening, learning and building trust and mutual understanding with Indigenous communities. We seek to co-create solutions that advance heart health while honoring Indigenous knowledge, leadership and lived experience.

Current:

- Partnering with Musqueam Health Administration and Vancouver Coastal Health's VGH Cardiac Rehabilitation program to implement a multidisciplinary cardiac rehab and prevention program called "Strong Hearts".
- Mapping Indigenous health organizations across Canada for future partnerships.

Future:

- Rural heart health programs with a focus on capacity-building.
- Co-developing educational materials to reflect Indigenous experiences and knowledge
- Engaging in respectful Indigenous research with Indigenous and non-Indigenous scholars, respecting and adhering to OCAP principles for the collection, protection, use and distribution of information.
- Creating a dedicated Indigenous section in HeartLife's Policy Framework.
- Supporting Indigenous-led innovation in heart health research, practices and initiatives.
- Emphasizing the Agency for Healthcare Research and Quality's Shared Decision Making principles in all Indigenous projects.

## How HeartLife will be held accountable

HeartLife's truth and reconciliation plan is the start of HeartLife's commitment to truth and reconciliation in heart health in Canada. To ensure there is longevity in the implementation of the plan, HeartLife has identified three key accountability metrics.

Reconciliation Advisory Committee

Several committee members have offered to consult on future HeartLife projects, policy and advocacy that specifically affects Indigenous communities and individuals.

Indigenous Relations and Projects Coordinator

HeartLife will be engaging an Indigenous relations and projects coordinator to devote time specifically to Indigenous issues and work to implement the HeartLife TRC Plan.

Annual Report

HeartLife will publish a 12-month report after the release of the Truth and Reconciliation Plan. Followed by annual reports on the progress of HeartLife's commitments outlined in the plan. This will also be supplemented by authoring research papers and policy memos to external organizations as a form of awareness, advocacy and education.

## Conclusion

This inaugural Truth and Reconciliation Plan reflects HeartLife's commitment to collaborating, listening and learning from Indigenous communities and individuals to co-create safe approaches to heart health and awareness. By centering relationships, storytelling and culture, this framework is the first step towards a more inclusive, respectful and responsive Indigenous heart health strategy across Canada.

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