



Primary and Community Health Care FRAMEWORK

A Shared Journey
Toward the North Star

CADRE des soins de santé primaires et communautaires

Vers l'étoile Polaire : un
cheminement commun

Le présent document
contient la traduction
française du message
de la ministre.

K'áhshó got'ıne xədə k'é hederı Ɂedıhtl'é yerııwę ní dé dúle.
Dene Kədə

ʔerıht'ıs Dēne Sų́ıné yatı t'a huts'elkēr xa beyáyatı theɁą Ɂat'e, nuwe ts'ēn yóftı.
Dēne Sų́ıné

Edı gondı dehgáh got'ıe zhatıé k'éé edat'éh enahddhę nıde naxets'é edahí.
Dene Zhatıé

Jii gwandak izhii ginjik vat'atr'ıjǎhch'uu zhit yınohthan jı', diıts'at ginohkhii.
Dinjii Zhu' Ginjik

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqłuta.
Inuvialuktun

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Inuktitut

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Inuinnaqtun

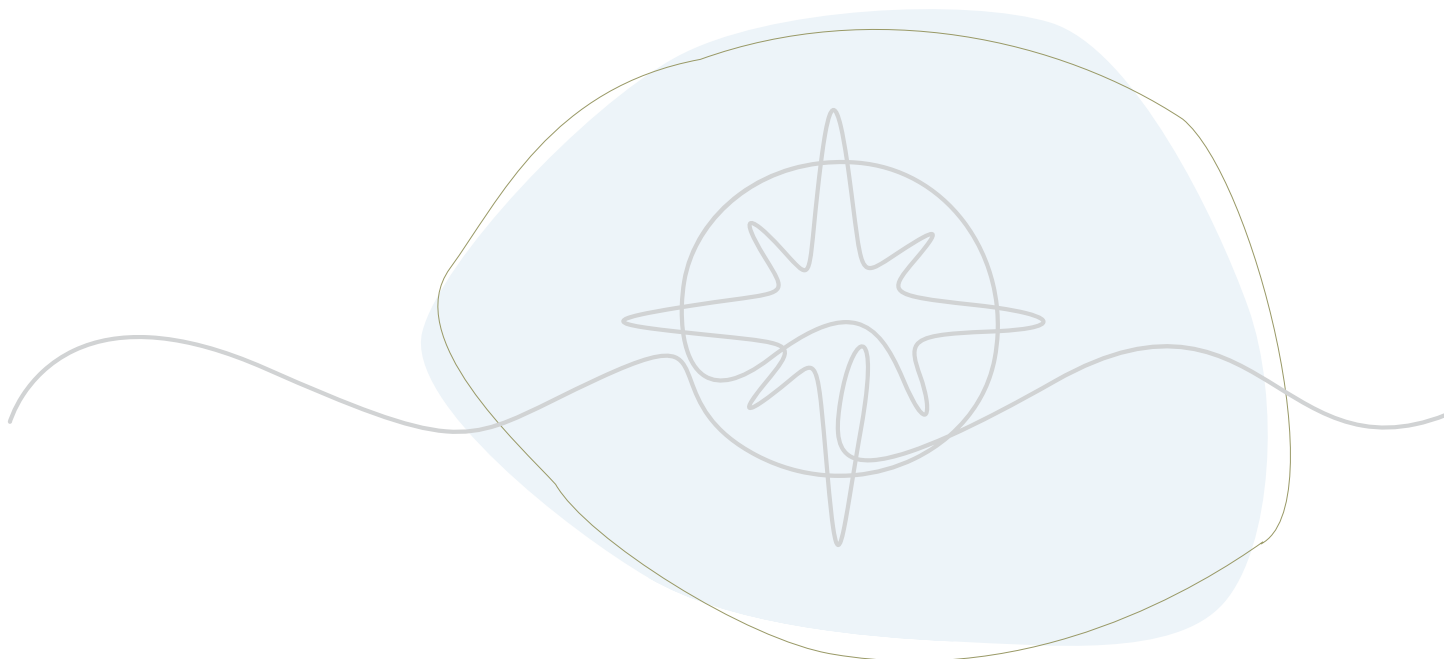
kıspin ki nitawihtın ē nıhıyawıhk ōma ācimōwin, tıpwāsinān.
nēhiyawēwin

Tıjchq yatı k'èè. Dı wegodı newq dè, gots'o gonede.
Tıjchq

Indigenous Languages
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A Message from the Minister

As a nurse and an Indigenous leader, I have seen that health care is not defined solely by services or systems, but by relationships, trust, and whether people feel safe, respected, and supported when they seek care. Across the Northwest Territories, I continue to hear from residents, communities, and frontline staff that while progress has been made, too many people still experience barriers to accessing care, gaps in continuity, and systems that do not reflect who they are or what they need.


This Primary and Community Health Care Framework builds on decades of work already underway across the Northwest Territories. Indigenous Governments,

communities, health authorities, and the Government of the Northwest Territories have long been engaged in efforts to strengthen access, improve cultural safety, and better connect care to community priorities. This Framework does not start that work anew; rather, it brings clarity and shared direction to the path forward.

The Framework reflects sustained collaboration with Indigenous governments through the Northwest Territories Council of Leaders and its Health and Social Services Working Group. It acknowledges that communities across the Northwest Territories are diverse, with distinct histories, strengths, and relationships that must guide how care is shaped and delivered. There is no single model that will work everywhere. Instead, this Framework establishes a common direction—a North Star—while recognizing that progress will occur at different paces based on readiness, relationships, and local priorities.

The North Star remains constant. How we move toward it will continue to be shaped together, through partnership, learning, and sustained commitment.





Importantly, this Framework is not an action plan. It does not prescribe specific services, timelines, or funding commitments. Its purpose is to set direction: to guide future co-design, policy development, and decision making in a way that is deliberate, collaborative, and grounded in trust. Implementation will follow through established processes, supported by clear accountability and partnership.

Strengthening primary and community health care is about more than improving access to services. It is about supporting wellness across the lifespan, addressing inequities rooted in colonial systems, and creating conditions where Indigenous Peoples and all residents of the Northwest Territories can experience care as safe, respectful, and responsive. This work requires humility, patience, and shared responsibility.

The North Star remains constant. How we move toward it will continue to be shaped together, through partnership, learning, and sustained commitment. This Framework represents a shared step forward on that journey.



Message de la ministre

En tant qu’infirmière et leader autochtone, j’ai pu constater que les soins de santé ne se résument pas uniquement à offrir des services ou à mettre en place des systèmes. Les soins de santé reposent également sur les relations, la confiance et le sentiment de sécurité ainsi que sur le respect et le soutien des patients. Partout aux Territoires du Nord-Ouest (TNO), les résidents, les collectivités et le personnel de première ligne me répètent sans cesse que, même si des progrès ont été réalisés, trop de personnes continuent de se heurter à des obstacles pour obtenir des soins, que les ruptures dans la continuité des soins persistent et que les systèmes ne tiennent pas compte de leur individualité ni de leurs besoins.

L'étoile Polaire est immuable, et c'est ensemble, grâce à la collaboration, à un apprentissage continu et à un engagement sans faille, que nous ne perdrons pas de vue notre objectif. Ce cadre est une étape importante dans cette démarche.

Le présent cadre des soins de santé primaires et communautaires s’appuie sur des décennies de travail déjà entrepris partout aux TNO. Les gouvernements autochtones, les collectivités, les administrations de santé et le gouvernement des TNO s’efforcent depuis longtemps de renforcer l’accès aux soins, d’améliorer la sécurité culturelle et de mieux faire cadrer les soins avec les priorités des collectivités. Dans ce cadre, on ne repart pas de zéro, bien au contraire, on clarifie la voie à suivre et on s’accorde sur une orientation commune.

Le présent cadre est le fruit d’une collaboration soutenue avec les gouvernements autochtones, par l’intermédiaire du Conseil des dirigeants des TNO et de son groupe de travail sur la santé et les services sociaux. Il tient compte de la grande diversité des collectivités des TNO. Ce sont leurs histoires, leurs forces et leurs relations qui doivent guider la façon dont les soins sont conçus et offerts. Il n’existe pas de modèle unique et universel.



C'est pourquoi le cadre définit une orientation commune – une sorte « d'étoile Polaire ». Il ne faut toutefois pas perdre de vue que les progrès se feront à des rythmes différents, en fonction du niveau de préparation, des relations établies et des priorités locales.

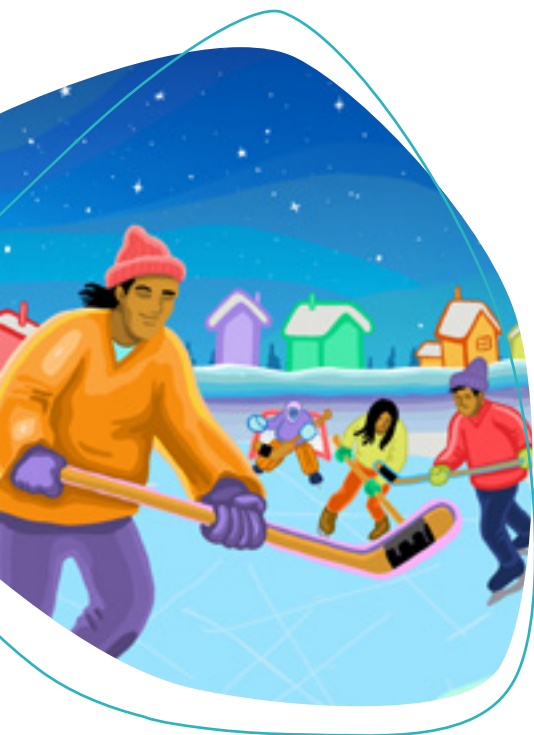
Il est important de noter que le présent cadre n'est pas un plan d'action. On n'y précise pas les services à fournir ni les délais ou engagements financiers à respecter. Son objectif est de tracer la voie : orienter la conception participative, l'élaboration des politiques et la prise de décisions à venir de manière mûrement réfléchie, collaborative et fondée sur la confiance. La mise en œuvre se fera conformément aux procédures établies, en s'appuyant sur une responsabilité et une collaboration claires.

L'amélioration des soins de santé primaires et communautaires ne se limite pas à un meilleur accès aux services. L'objectif est de favoriser le bien-être à toutes les étapes de la vie, de lutter contre les inégalités issues des systèmes coloniaux et de créer les conditions

permettant aux peuples autochtones et à tous les résidents des TNO de recevoir des soins sûrs, respectueux et adaptés à leurs besoins. Un tel travail exigera de l'humilité, de la patience et un partage des responsabilités.

L'étoile Polaire est immuable, et c'est ensemble, grâce à la collaboration, à un apprentissage continu et à un engagement sans faille, que nous ne perdrons pas de vue notre objectif. Ce cadre est une étape importante dans cette démarche.





Accountability and Partnership

Strengthening primary and community health care requires clear accountability alongside meaningful partnership. This Framework affirms both, recognizing that trust depends on clarity about roles, responsibilities, and decision making authority.

Accountability

The Government of the Northwest Territories (GNWT) remains accountable for insured health services in accordance with its statutory responsibilities.

- The GNWT retains responsibility for the organization, delivery, and oversight of insured primary health care services.
- Statutory, fiscal, and legal accountability for these services rests with the GNWT.
- This Framework does not alter legislative authorities, regulatory obligations, or established accountability structures.

Clear accountability ensures that services are delivered safely, equitably, and sustainably, and that public responsibilities are upheld.



Partnership and Shared Decision-Making

At the same time, the Framework recognizes that achieving equitable and effective primary and community health care depends on genuine partnership with Indigenous Governments.

Through partnership, Indigenous Governments:

- **shape priorities** for primary and community health care based on community defined needs and strengths;
- **co-design services and care approaches**, ensuring they reflect Indigenous values, knowledge systems, and local context;
- **guide cultural authority**, including the integration of Indigenous knowledge, cultural practices, and Traditional Healing where appropriate; and
- **define Indigenous led measures of success**, including how quality, safety, cultural safety, and outcomes are understood and assessed.

These roles are central to transforming how care is experienced and ensuring it is culturally safe and responsive.



Purpose and Status of the Framework

The Primary and Community Health Care Framework establishes a shared, long term direction for how primary and community health care in the Northwest Territories (NT) will evolve over time. It provides a common reference point to align partners around values, principles, and priorities, while allowing flexibility in how change is advanced across different regions and communities.

The Framework is intended to serve as a foundation for:

- co-design with Indigenous Governments, communities, staff, and partners;
- policy development to support new or evolving approaches to care;
- implementation planning, including the sequencing and staging of initiatives;
- funding and investment decisions, brought forward through established GNWT and partner approval processes.

By setting direction rather than prescribing solutions, the Framework supports thoughtful, phased progress that reflects readiness, capacity, and local context.

To ensure clarity and manage expectations, it is important to note that this Framework is not:

- an implementation or operational plan;
- a list of approved actions, projects, or timelines;
- a commitment to specific funding, organizational restructuring, or service models.

The Framework does not replace existing governance, accountability, or decision making processes. Any actions, investments, policy changes, or service developments that flow from this Framework will be developed separately and advanced through appropriate engagement, analysis, and approval pathways.

Clearly distinguishing direction from delivery protects the integrity of the Framework and supports effective governance. It ensures that:

- partners share a common understanding of purpose and scope;
- future decisions are informed by the Framework without being constrained by premature commitments; and
- implementation proceeds in a deliberate, sustainable, and accountable manner.



The Framework is organized around a shared vision—the North Star—which reflects a future where Indigenous Peoples and all residents experience optimal physical, mental, emotional, and spiritual well-being.



The Framework provides the compass, not the map. It guides where the system is going, while leaving space for partners to determine together how best to get there.

The Framework is organized around a shared vision—the **North Star**—which reflects a future where Indigenous Peoples and all residents experience

optimal physical, mental, emotional, and spiritual well-being. This vision is not prescriptive; it provides a common direction while allowing communities and regions to move at their own pace based on local context and priorities.

To guide this transformation, the Framework is structured around three interconnected “constellations”:

Indigenous Cultures at the Centre

Focuses on governance, decision-making, and the integration of Indigenous knowledge systems, ensuring that care is shaped by Indigenous priorities and self-determination;

Interconnected Care Models

Focuses on how care is delivered, advancing team-based, relationship-centered models that improve access, continuity, and coordination across services, communities, and settings;

Learning Communities

Focuses on how decisions are made, strengthening data, accountability, and continuous improvement by bringing together Indigenous knowledge, lived experience, and clinical evidence;

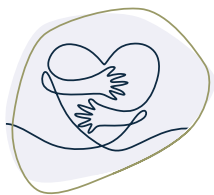
These constellations are supported by system enablers, including governance, funding, workforce, and data and digital infrastructure, which must be aligned to sustain change.



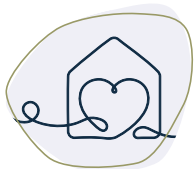
Scope of the Framework

This Framework applies specifically to primary and community health care in the NT. Defining scope is essential to provide clarity on where this Framework sets direction, and where it does not replace existing mandates, accountability structures, or service delivery responsibilities.

This Framework applies to primary and community health care services, including:



- **First contact care**
Services that provide an initial point of entry into the health system and serve as the foundation for ongoing care relationships.



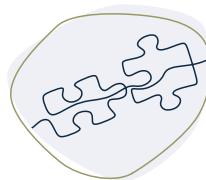
- **Community based and preventative services**
Services focused on health promotion, disease prevention, early intervention, and wellness delivered in or with communities.



- **Team based care models**
Interdisciplinary approaches that bring together clinical, cultural, and community based roles to support continuity, coordination, and comprehensive care.



- **Navigation and continuity functions**
Supports that help people access services, understand their care pathways, and experience smoother transitions across providers, settings, and regions.



- **Connections to social and community supports**
Intentional linkages between health services and broader community, cultural, and social supports that influence health and wellbeing.

These elements collectively reflect the scope of primary and community health care as a people centered, relationship based component of the health system.

The Framework recognizes that improved access, continuity, and equity depend on effective collaboration across sectors and services. This Framework therefore supports integration and alignment, while maintaining clear boundaries regarding scope, accountability, and authority.

A Shared Vision: The North Star

The GNWT and the Northwest Territories Council of Leaders (NWTCOL) are moving toward a shared vision where Indigenous Peoples and all residents experience optimal physical, mental, emotional, and spiritual well-being. The commitment to engage and collaborate is grounded in the *United Nations Declaration of Rights of Indigenous Peoples Implementation Act*.


The Framework sets the direction of how primary and community health care in the NT will evolve to:

- create enabling conditions for equitable access and quality care;
- align policy, resources, and performance;
- support co-design and implementation of culturally safe team-based care; and,
- eliminate colonial and systemic racism and move towards Indigenous self-determination.

Both the GNWT and Indigenous governments have relevant jurisdictional authority in health that must be exercised to achieve the vision. This Framework primarily focuses on areas where the GNWT has the jurisdiction and authority to lead the work (unless indicated otherwise) and on how the GNWT will do this work in collaboration with Indigenous governments through joint governance over GNWT-led health services where possible.

The GNWT has the main responsibility for the organization and delivery of primary care services, including the recruitment, employment, and deployment of physicians, nurses, and other clinical providers to deliver first-contact, continuous, comprehensive, people-centered, and coordinated care.





However, primary health care extends beyond providing care. It reflects a whole-of-society approach that brings together public health, social services, and coordinated action across sectors that influence health and well-being.

Indigenous Governments represent a collective of persons with inherent Aboriginal and treaty rights under section 35 of the Constitution. These treaty rights are actualized through a Final Comprehensive Land Claims Agreement, a Final Self-Government Agreement (FSGA) or a combination of both. A FSGA will include chapters in areas where the treaty has provided for the rights holder to deliver programs and services, including adoption, and marriage. The health chapter sets out the areas related to Traditional Healing and certification of Traditional Healers, and related cultural practices. For areas where the GNWT is responsible for the delivery of services such as child and family services, the Indigenous Government must establish a law in the Federal Act respecting First Nations, Inuit and Métis children, youth and families. Until the Indigenous Government makes a law, the GNWT remains responsible for the delivery of areas such as education, adoption and child and family services.

Achieving comprehensive primary health care requires working beyond the boundaries of the GNWT Health and Social Services (GNWT HSS) system. It depends on coordinated action with Indigenous Governments who play a central role in delivering community-based services and addressing the broader determinants of Indigenous Peoples' health.

Primary care cannot be organized solely around clinical encounters. It must be delivered through interconnected approaches that:

- integrate primary health care with health promotion, prevention, mental health, and social supports;
- extend beyond healthcare facilities into communities, homes, and on-the-land;
- co-design with Indigenous Governments to reflect local priorities and knowledge systems; and,
- enable continuity through team-based models that include both clinical and non-clinical roles.

This new direction recognizes that while the GNWT is responsible for delivering primary care services, comprehensive primary health care outcomes can be achieved only through collaboration with Indigenous Governments and a coordinated approach across the GNWT, and with community organizations.

Together, the Framework and the Memorandum of Understanding that establishes the NWTCOL, reflect a shared commitment to advancing a more coordinated and inclusive decision-making approach. The NWTCOL provides the formal government-to-government forum where Indigenous Governments and the GNWT work together to define priorities, align efforts, and advance collective action on the social, economic, and cultural conditions that shape health.

The Framework and the NWTCOL together establish both the direction and the mechanism for moving forward toward a more interconnected, responsive, and equitable system that improves the well-being of Indigenous peoples and all residents of the NT.

Structural Change in Governance and Decision-Making for Health Equity

Indigenous Peoples in the NT experience some of the most significant health inequities in Canada, with poorer outcomes across multiple measures of health and well-being compared to non-Indigenous residents. These disparities are not explained by individual choice but by the determinants of Indigenous Peoples' health-- the structural conditions that shape access to resources, services, and opportunities.

One determinant, racism, is understood as the organization of power, authority, and resources along racial lines, resulting in advantages for some groups and disadvantages for others. Racism operates at individual and structural levels, leading to delays in accessing care, higher rates of preventable and avoidable illness, and earlier mortality among Indigenous Peoples to this day.





The GNWT has taken important steps to address this complex problem, including advancing commitments to cultural safety and anti-racism through territorial strategies, action plans, and workforce training. While these efforts are important, approaches focused primarily on individual behaviours, training, and awareness do not address the underlying structures that shape the distribution of resources and decision-making, all of which directly affect Indigenous Peoples' health. Cultural safety is the

outcome that signals whether these changes are taking effect; it is achieved when Indigenous Peoples experience care as safe, respectful, and free from racism and discrimination. Despite the efforts, Indigenous Peoples continue to be underserved and experience systemic racism.

The GNWT HSS system currently relies on Western evaluation methodologies to assess programs, services, and system design. As the GNWT and the NWT COL collaborate to reshape primary and community health care, the Framework calls for the inclusion of Indigenous evaluation methodologies that centre Indigenous knowledge, values, and relationships. These approaches emphasize evaluation conducted with, for, and by Indigenous Peoples to support self-determination and improved outcomes¹. The Framework outlines a path to address racism in primary and community healthcare through structural change in governance, resource allocation, institutional design, workforce structures, and the inclusion of Indigenous knowledge systems as foundational to care.

1. Cram, F., Pipi, K., & Paipa, K. (2018). *Kaupapa Māori evaluation in Aotearoa New Zealand*. *New Directions for Evaluation*, 2018(159), 63–77. https://www.academia.edu/110548919/Kaupapa_M%C4%81ori_Evaluation_in_Aotearoa_New_Zealand



The Framework shows a progression from the braiding of knowledge systems towards a co-production...

This progression aligns with a broader shift from **decision-making guided by Western knowledge toward approaches shaped by Indigenous knowledge systems and community priorities.**

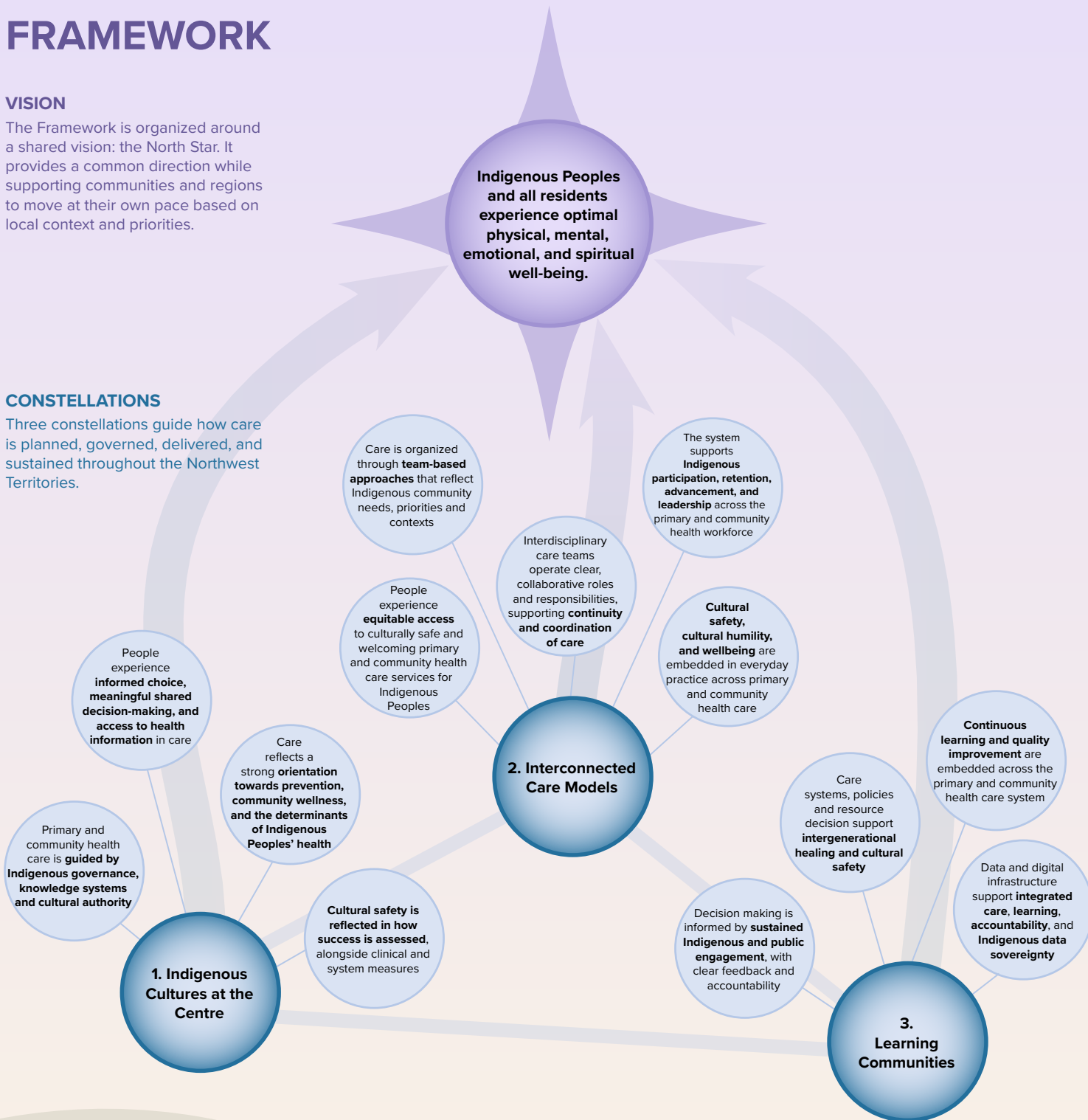
PRIMARY AND COMMUNITY HEALTH CARE FRAMEWORK

VISION

The Framework is organized around a shared vision: the North Star. It provides a common direction while supporting communities and regions to move at their own pace based on local context and priorities.

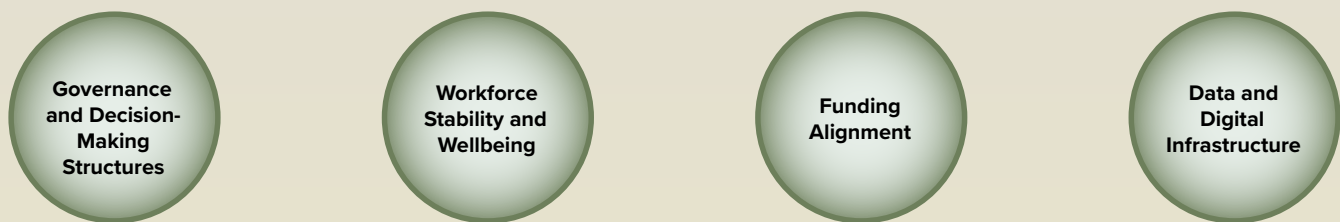
CONSTELLATIONS

Three constellations guide how care is planned, governed, delivered, and sustained throughout the Northwest Territories.



ENABLERS

Achieving the vision and direction outlined in this Framework requires a set of foundational system enablers that support all three constellations.



The Framework shows a progression from the braiding of knowledge systems towards a co-production approach described as weaving. This progression aligns with a broader shift from decision-making guided by Western knowledge toward approaches shaped by Indigenous knowledge systems and community priorities.

The NWT Council of Leaders' Health and Social Services Working Group (NWTCOL HSS WG) brings together representatives from Indigenous Governments and the GNWT HSS. Although the Framework's methodology was underway when the group was forming, the NWTCOL HSS WG has provided a collaborative forum to inform, contribute to, and shape the Framework's development. This partnership establishes a foundation for shared decision-making and future co-design.

A co-design approach is intended to inform implementation at the regional and community levels. Building on a braiding approach that brings together multiple knowledge systems for a comprehensive understanding, the Framework advances toward weaving Indigenous knowledge systems across design, resourcing, implementation, data collection and interpretation, reporting, policy development, decision-making, and governance, in partnership with the NWTCOL HSS WG².



A co-design approach is intended to inform implementation at the regional and community levels.

2. Chaulk, K., et al. (2025). *Bridging, braiding, and weaving Indigenous and Western knowledge systems in health research*. **International Journal of Indigenous Health**. <https://doi.org/10.18357/ijih.12458905>

Methodology

This Framework was developed using a braided approach, bringing together Indigenous and Western knowledge systems to inform a comprehensive understanding of primary and community health care.³ Multiple sources of evidence were brought together to shape the Framework.

Braiding reflects the coming together of distinct knowledge systems; weaving reflects how they are applied across co-design and shared-decision making.

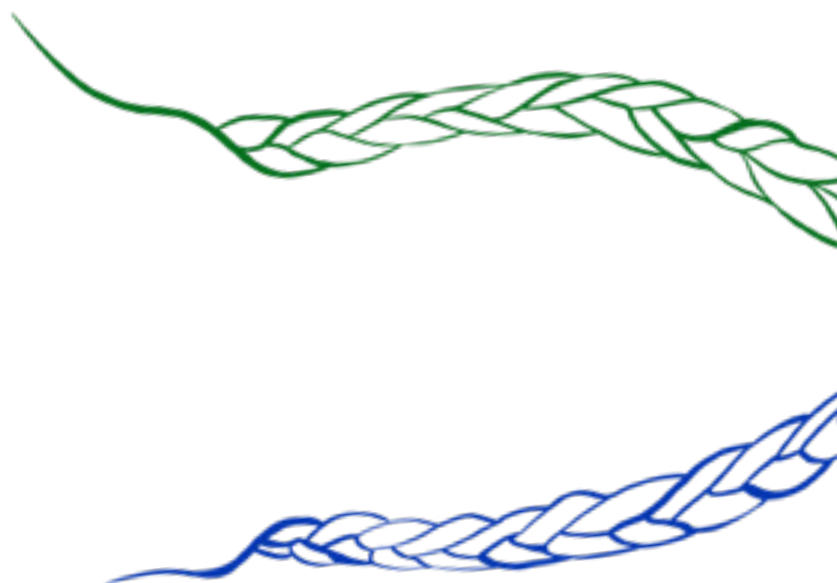
Implementation reflects an approach focused by applying this knowledge in partnership with the NWT COL HSS WG. Relationality – built on trust – anchors this work and guides the path forward under the shared North Star.

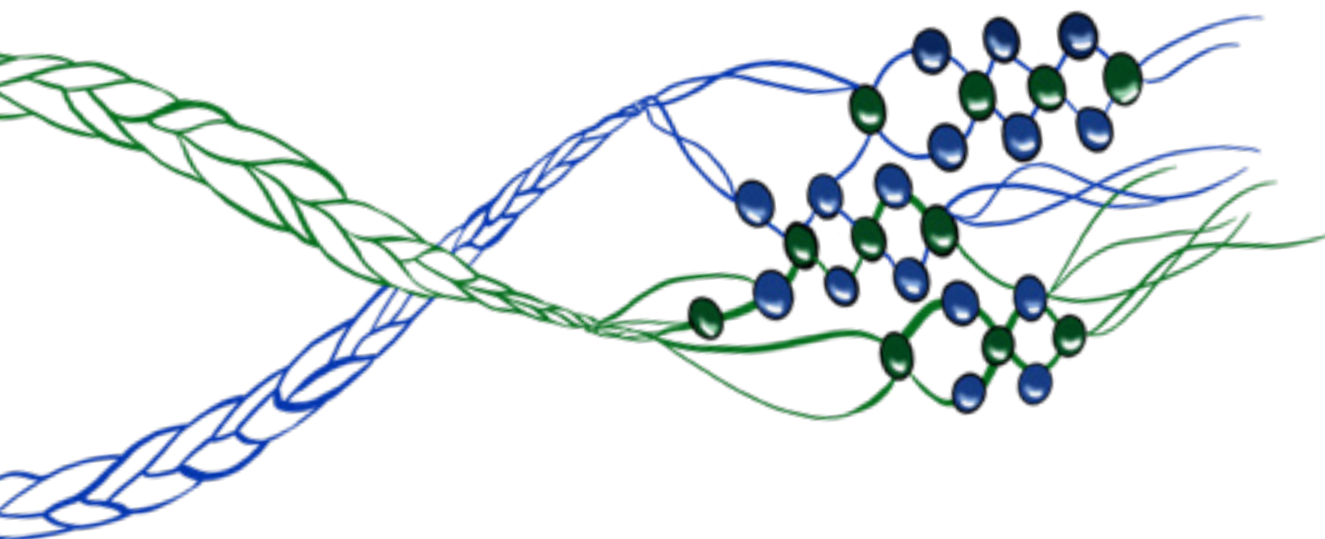
Evaluation

A total of 28 GNWT HSS engagement and evaluation reports were reviewed to ensure the Framework reflects what Indigenous communities have already shared about their priorities. This approach avoids re-engagement fatigue and respects the work conducted by Indigenous communities as foundational knowledge for system design.

Evaluations of integrated care teams in Yellowknife, Fort Smith, and Fort Good Hope were conducted to understand how team-based models are being implemented and experienced. These evaluations included interviews with both clients and staff, providing insight into access, continuity, and the experience of care.

3. A detailed account of the methodology, including engagement approaches, research, governance structures, and a co-design process, is documented in the companion methodology report *Equitable Access — Co-designing an Integrated Primary Health Care Framework* <https://www.hss.gov.nt.ca/sites/hss/files/resources/equitable-access-co-designing-integrated-phc-framework.pdf>.





Literature and Scoping Reviews

Scoping and literature reviews were conducted to identify leading practices in Indigenous primary and community health care, with a focus on self-determination, team-based care, and service delivery in small and remote communities.

Interjurisdictional learning was further strengthened through a study tour of Indigenous-centred primary health care organizations across British Columbia, Alberta, Yukon, and Ontario. These visits provided direct insight into Indigenous-led models of care and their enabling conditions.

GNWT Health and Social Services Staff Engagement

Frontline perspectives were central to this work. Through 21 collaborative workshops, nearly 200 staff were engaged to identify system barriers and opportunities for improvement.

The workshops applied a systems design approach, combining systems thinking to understand the forces shaping the health system with design thinking to support iterative, user-centred solutions to complex challenges.

Indigenous Engagement

26 Indigenous Community Wellness Plans (2025–2030) were reviewed to better understand community-specific priorities and the community-led strategies already underway to support wellness. These plans are developed through Indigenous-led facilitation and research processes driven by Indigenous communities.

Additional engagement sessions were held to deepen understanding of care experiences of Indigenous youth living in urban centers and organizations serving under-resourced communities.

The Weaving Our Wisdom Territorial Wellness Gathering (2023) brought together more than 350 community wellness leaders from across the NT to share knowledge on Indigenous wellness priorities, community strengths, and innovative approaches. Dedicated gathering streams supported knowledge exchange among Indigenous youth, men and Elders.

Finally, the Following the North Star Summit: Reimagining Primary and Community Health Care in the North (2026), co-hosted with the NWTCOL HSS WG and held in partnership with Healthcare Excellence Canada, brought together Indigenous Governments, health system leaders, care providers, and community partners to review the draft framework, contribute to its refinement, and exchange innovative wise practices.



The Constellations

In the North, Indigenous Peoples navigate using constellations. Orientation involves knowing where we are in relation to these reference points and adjusting course as conditions change. The Framework is organized around three constellations that guide how care is planned, governed, delivered, and sustained throughout the NT. They offer a structured yet flexible approach to transformation, enabling the system to respond to emerging priorities and evidence. Each constellation represents a set of interconnected changes that will advance together and reflect research findings.

Constellation 1: Indigenous Cultures at the Centre

Orients primary and community health care around Indigenous cultures, knowledge systems, and ways of caring; affirming culture as foundational to safety, healing, and wellness across all aspects of care.

Constellation 2: Interconnected Care Models

Orients care toward continuity, relationship, and connection, supporting team-based approaches that bring together Indigenous and Western practices and strengthen coordination across people, services, and settings.

Constellation 3: Learning Communities

Orients the system toward learning, reflection, and accountability, so that care can adapt, align, and strengthen in response to community priorities and lived experience.

These constellations are supported by system enablers, including governance, funding, workforce, and data and digital infrastructure, which must be aligned to sustain change.

Indigenous Cultures
at the Centre

Interconnected
Care Models

Learning
Communities



The three constellations are interdependent:

- cultural safety approach strengthens trust and engagement;
- interconnected care improves experience and outcomes; and,
- learning and feedback inform improvement and accountability.

They must therefore advance together. Progress in one constellation without progress in the others risks reinforcing fragmentation, inequity, or unintended harm. For example:

- new care models without cultural grounding risk being inaccessible or unsafe;
- cultural commitments without care redesign limit practical impact; and,
- learning systems without action undermine trust.

Transformation occurs when all three constellations are intentionally aligned.



Constellation 1

Indigenous Cultures at the Centre

DIRECTION

This constellation advances Indigenous governance, partnership, and shared decision-making in health systems to align with Indigenous health priorities and modern treaties while centering Indigenous knowledge systems in care.

WISE PRACTICES

Indigenous cultures, land, and languages are fundamental to healing and influence how Indigenous Peoples experience wellness. Primary and community health care recognizes that healing happens within supportive environments for children, youth, families, and kinship networks and communities. It centres Indigenous worldviews that nurture identity and belonging. When Indigenous self-determination guides care, evidence shows improvement in health outcomes, wellbeing, and trust in the system.

An Indigenous understanding of health and healing incorporates the following aspects.:

- Health and healing are holistic and relational. Wellness reflects balance across physical, emotional, spiritual, mental, cultural, and social dimensions of life;
- Health is collective and intergenerational. Wellness is inseparable from relationships with children, families, Elders, and the communities, and is practiced through shared responsibility across generations;
- Land is central to health and understood as a living system. Connection to land sustains identity, knowledge, and continuity. Time on the land, participation in seasonal and cultural practices, and access to traditional foods contribute directly to physical, emotional, and spiritual well-being;



- Language and culture are foundational knowledge systems for health. Language carries teachings about balance, relationships, and responsibilities. Cultural practices, ceremony, and storytelling support healing, guided by Elders, Knowledge Holders, and Traditional Healers;
- Self-determination defines health priorities and care. Indigenous Peoples, through their governments and communities, determine what supports wellness and how care is organized and delivered;
- Healing is ongoing, and non-linear. Healing unfolds over time through relationships, cultural continuity, and connection to land and community. Progress is reflected in restored balance, strengthened relationships, and growing capacity for communities to care for one another in ways that reflect their knowledge systems, and responsibilities.

Care is relational and collective, with individuals defining their circle of care to include family members, Elders, Traditional Healers, or cultural supports. Welcoming these roles into interdisciplinary care teams strengthens long-term relationships with trusted providers, improves continuity, and enhances cultural safety.

At a system level, centering Indigenous cultures requires more than adapting individual interactions. It involves structural alignment across how decisions are made, how care is organized, and how success is understood.

This means:

- Indigenous knowledge informs design, delivery, and evaluation of primary and community health care, alongside clinical and system evidence.
- Cultural safety is structural, embedded in policies, practices, environments, and decision making processes—not limited to interpersonal awareness or training alone.

When Indigenous cultures are at the center, transformation is reflected not only in how care feels, but in how the system functions, learns, and improves over time.

GOALS

These goals describe the desired outcomes and conditions the Framework provides direction toward; they do not constitute actions or implementation commitments.

1

Primary and community health care is guided by Indigenous governance, knowledge systems, and cultural authority

2

People experience informed choice, meaningful shared decision-making, and access to health information in care

3

Care reflects a strong orientation towards prevention, community wellness, and the determinants of Indigenous Peoples' health

4

Primary and community health care is guided by Indigenous governance, knowledge systems, and cultural authority



Constellation 2: Interconnected Care Models

DIRECTION

This constellation describes care organized around continuity, relationships, and coordinated pathways, supporting team-based approaches that bring together Indigenous and Western practices and strengthen access.

WISE PRACTICES

Team-based care is most effective when Elders, Traditional Healers, Knowledge Holders, Indigenous wellness workers, and navigators are integral members of the care team alongside clinical providers. Bringing these roles together strengthens advocacy, cultural connection, and coordination with social, cultural, and community supports.

When care is available closer to home, families experience stronger continuity, improved well-being, and fewer disruptions from travel. Across the North and in other jurisdictions, communities are already demonstrating practical models for primary health care that bring services closer and reduce avoidable travel. In Rádeyîlîkóé (Fort Good Hope), for example, the community explored a shift from episodic locum care to a longitudinal, relationship-based model embedded within a stable nurse-led team. Evaluation of this model showed improvements in quality of care, staff experience, and community perceptions of the health centre, highlighting the potential of longitudinal approaches to strengthen continuity in remote settings.



People are more likely to access and remain in care when entry points feel familiar, safe, and grounded in local context by offering flexible, low-barrier ways to move between community-based services, clinical care, and land-based programming. Care is experienced not only through the services provided, but through relationships: how people are welcomed, listened to, and supported over time in an environment that honours Indigenous identities and cultures.

Access is also shaped by the practical conditions of daily life. Childcare, food security, transportation, privacy, communication needs, and sensory considerations all influence whether care is possible in the first place. Not all these needs can be addressed within clinic settings alone, which is why mobile clinics and outreach are essential to advancing equitable access. There are existing examples of outreach models to build from. In the Yellowknife region, a walk-in clinic within the Yellowknife Women's Society Shelter provided essential primary care services in a trusted, safe space for women. Initially led by physicians and nurse practitioners, the model has since evolved into a community outreach program and opioid maintenance treatment program, led by a physician and community health nurse.

Navigation, shared care planning, and proactive follow-up help people understand their options, prepare for visits, and know what to expect next. These functions are especially important during transitions—such as referrals, hospital discharge, and medical travel—supporting continuity of care across locations and over time.

Interconnected care depends on stable, well-resourced teams, where each member can work to optimal scope and roles can flex in small, remote, or rotating contexts. It also requires defining and protecting dedicated primary and community health care capacity within territorial physician workforce models, so that continuity of care is not displaced by competing service demands.

Workforce well-being and psychological safety are foundational to sustainable primary health care. This requires clear accountability for creating work environments that are free from racism and protect staff from harm. Cultural humility is an ongoing practice, involving continuous self-reflection, critical examination of personal biases and systemic racism, and a commitment to building respectful, trust-based relationships where staff and leadership acknowledge themselves as learners, rather than knowers.

GOALS

These goals describe the desired outcomes and conditions the Framework provides direction toward; they do not constitute actions or implementation commitments.

1

People experience equitable access to culturally safe and welcoming primary and community health care services for Indigenous Peoples

2

Care is organized through team-based approaches that reflect Indigenous community needs, priorities and contexts

3

Interdisciplinary care teams have clear, collaborative roles and responsibilities, supporting continuity and coordination of care

4

The system supports Indigenous participation, recruitment, retention, advancement, and leadership across the primary and community health workforce

5

Cultural safety, cultural humility, and wellbeing are embedded in everyday practice across primary and community health care





Constellation 3: Learning Communities

DIRECTION

This constellation advances decision-making informed by multiple forms of evidence, including Indigenous knowledge systems, lived experience, and Western scientific and clinical evidence, supported by strong data systems and clear accountability to act on what is learned and continuously improve care.

WISE PRACTICES

Indigenous ways of defining, gathering, interpreting, and sharing knowledge that guides how data and evidence are understood, governed, and used is known as a Learning Community. This approach emphasizes reciprocity, shared responsibility, and sustainability across generations.

A learning community recognizes that decisions about primary and community health care are informed by weaving together multiple ways of knowing and are responsive to Indigenous community priorities and local context, rather than relying on a single data source or standardized approach. Indigenous knowledge systems, lived experience, and community-defined priorities are treated as authoritative sources of knowledge alongside clinical, service and evaluation information.

Indigenous communities highlighted the need for Indigenous data sovereignty and clear protocols for how information is gathered, used, and shared. Evidence confirms that Indigenous-centred data governance strengthens trust and supports more equitable planning and system accountability. Disaggregated data, aligned with Indigenous data sovereignty principles, enables transparent and equitable decision-making and health system planning.



Trust is built and strengthened through ongoing engagement, where feedback is acknowledged, and people can see how their input leads to decisions, action, and change. Communities and staff require safe, accessible ways to raise concerns and provide feedback.

GOALS

These goals describe the desired outcomes and conditions the Framework provides direction toward; they do not constitute actions or implementation commitments.



- 1 Decision making is informed by sustained Indigenous and public engagement, with clear feedback and accountability
- 2 Care systems, policies, and resources support intergenerational healing and cultural safety
- 3 Continuous learning and quality improvement are embedded across the primary and community health care system
- 4 Data and digital infrastructure support integrated care, learning, accountability, and Indigenous data sovereignty



System Enablers

Achieving the vision and direction set out in this Framework requires a set of foundational system enablers that support all three constellations. These enablers are not standalone initiatives; they are the underlying conditions that make sustained, equitable, and effective primary and community health care possible.

Progress across the constellations depends on advancing these enablers in a coordinated and aligned way.

Governance and Decision Making Structures

Effective primary and community health care requires decision making structures that:

- support shared priorities and partnership;
- provide clarity of roles, responsibilities, and accountability; and,
- enable decisions to be informed by Indigenous knowledge, lived experience, and system evidence.

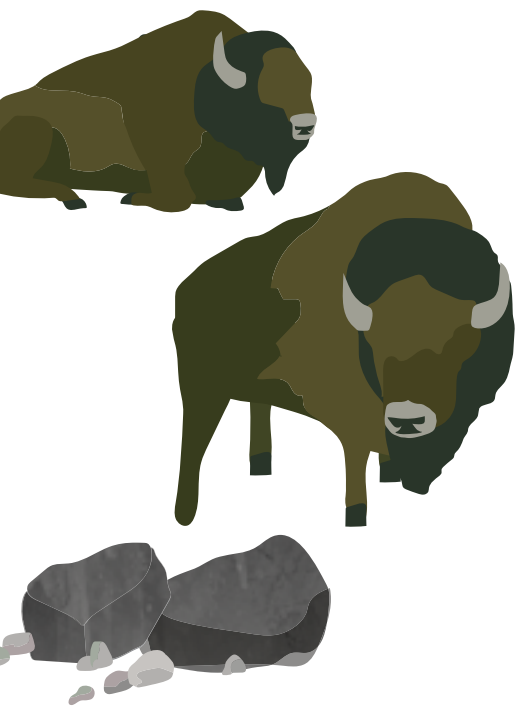
Governance enablers ensure that collaboration occurs within clear accountability frameworks and that decisions are transparent, consistent, and aligned with the direction of this Framework.

Workforce Stability and Wellbeing

A stable, supported workforce is essential to continuity of care and positive patient and community experience.

Workforce enablers focus on creating conditions where:

- interdisciplinary teams can function effectively;
- roles and responsibilities are clear and valued;
- work environments support wellbeing, psychological safety, and cultural safety; and,
- Indigenous recruitment, retention, and leadership pathways are strengthened over time.



Workforce stability is foundational to relationship based, team based care and cannot be treated as a secondary consideration.

Funding Alignment

Sustaining meaningful change in primary and community health care requires funding approaches that are aligned with the direction of the Framework.

Funding enablers support:

- continuity rather than short term or fragmented approaches;
- flexibility to reflect diverse community contexts and priorities; and,
- alignment between system objectives, care models, and outcomes.

This Framework does not establish funding models or allocations; rather, it provides direction to inform future funding decisions brought forward through established processes.

Data and Digital Infrastructure

Reliable data and resilient digital infrastructure are critical to safe, coordinated, and learning oriented care.

Data and digital enablers support:

- continuity and coordination across care settings;
- meaningful monitoring and learning;
- accountability and transparency; and,
- respect for Indigenous data governance principles.

These enablers underpin the system's ability to learn, improve, and adapt over time.

Looking Forward

This Framework identifies the importance and function of system enablers but does not define implementation approaches or solutions. Further work, outside of this Framework, will be required to develop:

- guidelines for the health and social services system to embed evidence-based practices that can be tailored to regional and community needs;
- enabler specific strategies aligned with major system initiatives, including enterprise digital transformation; and,
- workforce and affordability analyses to support sustainable implementation.

Together, these enablers create the conditions necessary for the constellations to advance in a coordinated and sustainable way.



Next Steps

This Primary and Community Health Care Framework establishes the conditions for future work to be undertaken in a coordinated and sustainable way. It does not itself implement change, but enables a range of downstream activities that will be developed through appropriate engagement and approval processes.

For specific primary and community care initiatives to be brought forward through established governance and decision-making pathways, this Framework guides:

- Regional and community co-design processes, shaped by Indigenous Governments, communities, staff, and partners, and grounded in local priorities and readiness.
- The development of time-limited action plans to be advanced through established approval processes.
- Guideline documents to support evidence-based decision-making and processes.
- The design of measurement frameworks to support accountability, learning, and continuous improvement over time.
- Policy and legislation development, as needed to support sustained transformation.

Conclusion

This Primary and Community Health Care Framework sets a long term direction for how care will continue to evolve across the Northwest Territories. It is intended to endure beyond individual initiatives, funding cycles, and governments, providing a stable foundation for ongoing collaboration and improvement.

Implementation of the Framework will be iterative. Learning, reflection, and adjustment are expected as partners work together to translate direction into action in ways that reflect local priorities and readiness. Success will not be defined by speed, but by whether change is experienced as meaningful, respectful, and sustainable.

Progress depends on:

- trust, built through clarity, partnership, and follow through;
- readiness, recognizing that communities and systems move at different paces; and
- sequencing, ensuring that change is aligned with capacity and enabling conditions.

The North Star articulated in this Framework remains constant. How the system moves toward it will continue to be shaped collectively over time. By holding a shared direction while allowing flexibility in how it is realized, this Framework provides a foundation for improving primary and community health care for decades to come.

Giving Thanks

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