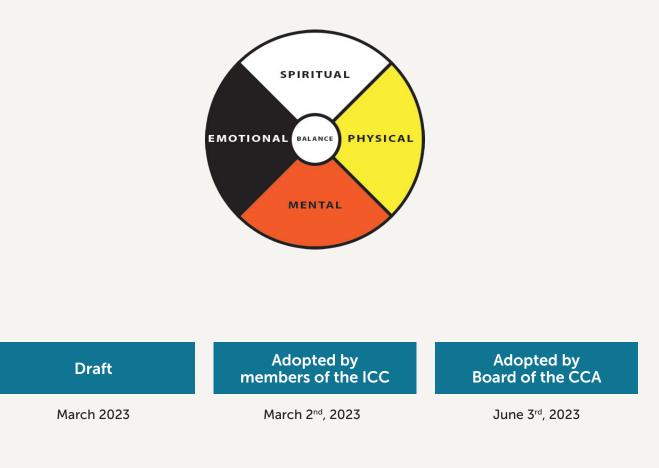


Indigenous Chiropractic Caucus (ICC) Terms of Reference.



Definitions

- CCA Canadian Chiropractic Association
- CEO Canadian Chiropractic Association's Chief Executive Officer
- CMCC Canadian Memorial Chiropractic College
- ICC Indigenous Chiropractic Caucus
- NMSK Neuro-musculoskeletal health
- SCCA Student Canadian Chiropractic Association

1.0 Mission

The mission of the Indigenous Chiropractic Caucus is to facilitate dialogue within the Canadian Indigenous chiropractic community focused on meeting the neuro-musculoskeletal health needs of Indigenous peoples and increase access to chiropractic care across Canada.

2.0 Mandate

The mandate of the ICC is to bring the Canadian Indigenous chiropractic community together to develop resources to help address the health inequities faced by First Nations, Métis, and Inuit peoples across Canada, promote chiropractic as a viable option for NMSK health and as a career of choice amongst Indigenous peoples.

3.0 Vision

Support the diversity of priorities that exist among Indigenous communities across Canada and increase Indigenous peoples' access to high-quality, holistic, and culturally relevant health services, particularly in the area of NMSK health.

4.0 Objectives

The scope of activities of the ICC may include, but is not limited to:

- 4.1 Supporting the implementation of the Truth and Reconciliation Commission of Canada's Calls to Action within the chiropractic profession. Providing a forum for professional development, resource sharing and creation, and mutual support of Indigenous chiropractors.
- 4.2 Foster and support cultural competency and cultural safety among the chiropractic profession, including promoting understanding of the unique healthcare needs of Indigenous peoples.

- 4.3 Promoting the benefits and opportunities of chiropractic care in treating NMSK conditions to Indigenous communities.
- 4.4 Identify, understand, and develop plans to address barriers for young Indigenous people to consider chiropractic as a career of choice. This may include mentorship, awareness, financial assistance, and social support.
 - Creating partnerships with training institutions and relevant bodies, and developing resources supporting the recruitment and retention of more Indigenous peoples into chiropractic.
- 4.5 Foster and support cultural competency and cultural safety within chiropractic educational institutions, and training programs.
- 4.6 Advocating for improved access to chiropractic care for Indigenous peoples to provide more options for the treatment of pain and MSK conditions.
 - Reinstate and increase coverage of chiropractic under the Non-Insured Health Benefits (NIHB) program.
- 4.7 Conducting and support research on Indigenous health practices and knowledge and the intersection with chiropractic care.
- 4.8 Serve as a resource in providing and advancing an Indigenous approach to healthcare and chiropractic care to stakeholders, inside and outside the chiropractic profession.

5.0 Term

The ICC is constituted by the CCA to operate indefinitely. The ICC can be dissolved by the CCA, or at the recommendation from the members of the caucus.

6.0 Organizational Structure, Membership and Chairs

- 6.1 Membership in the ICC is voluntary and without fees.
- 6.2 Any member in good standing with the CCA or SCCA who self-identifies as Indigenous (First Nation, Metis, Inuit) are eligible to be members of the ICC.
 - So as to ensure the opportunity to participate from prospective members, the CCA will

consider requests for special dispensation from current students who have cited financial barriers to membership in the SCCA.

- 6.3 New members may be welcomed at any time.
- 6.4 Non-Indigenous members may be invited to participate in meetings and make recommendations, but will not play a decisionmaking role.
- 6.5 ICC's leadership structure will be selfdetermined by its members. Currently, the caucus is constituted with two Co-Chairs appointed by the CCA for a period of 2 years at which time ICC members will have the opportunity to either reappoint the Co-Chairs or appoint new ones. This process will repeat every two years.

7.0 Decision Making

- 7.1 Members will be invited to submit items for meeting agendas which will be circulated two weeks in advance of meetings.
- 7.2 All efforts will be made to ensure decisions are arrived at by consensus. Decisions will be made by consensus of those in attendance.
- 7.3 There are no quorum requirements for meeting decision making, however the (Co)Chairs may postpone decisions to achieve broader input.
- 7.4 If consensus cannot be reached, the co-chairs may opt to make decisions by way of a simple majority vote.
- 7.5 The CCA CEO may identify certain public action items as requiring approval from the CCA board before proceeding. In these cases, CCA staff will make every effort to expedite board review and approval.

8.0 Frequency of Meetings

The ICC will meet twice a year, with the goal of once virtually and once in-person. Additional discussions may be continued via email, and additional meetings will be scheduled at an ad-hoc basis.

These terms of reference will be reviewed every twoyears, and updates approved by the ICC membership and the CCA board.

9.0 Reporting

- 9.1 Copies of the ICC meeting minutes will be retained by the secretariat (CCA staff). Meeting minutes will be circulated to members and CCA leadership, ideally, within three weeks of a meeting.
- 9.2 The Indigenous Chiropractic Caucus may request to present an agenda item or issue to the CCA board or executive. As well, the ICC may be asked to provide an update on activities to the CCA board.

10.0 Relationship with the CCA

Spokespersons for the ICC may be recognized as representing the views and opinions of the CCA, and as such are required to operate within its code of conduct and bylaws.

The CCA has the obligation to ensure that all interactions, materials, and services are conducted in a culturally competent, informed, and safe manner.

The CCA is recognized as the secretariate for the ICC, and as such agrees to support the ICC through:

- Convening meetings and gathering materials.
- Providing physical and technical infrastructure for meetings and activities.
- Marketing and communications support as needed.
- Advocacy and government relations support.
- Support scheduling and participating in external opportunities.
- Other administrative functions as mutually agreed upon.

11.0 Budget

The CCA will cover budgetary expenses at an amount agreed upon by the CCA and ICC at the beginning on the CCA's fiscal year.

12.0 Digital Assets

- 12.1 The CCA will coordinate a repository for the ease of accessing documents, reports and materials.
- 12.2 The ICC may choose to create a webpage or a website dedicated to ICC's work to facilitate greater visibility.

13.0 Confidentiality

ICC members may have access to sensitive and confidential information relating to CCA activities and products in development. The disclosure of such information could be detrimental to the interests of the project, the CCA, and individuals whose information has been entrusted to the CCA. ICC members are expected to exercise due diligence in the protection of confidential information which is under their control or to which they have access in order to prevent its unauthorized disclosure. ICC members contacted by the media should inform the CCA which will provide support.

14.0 Contract Renewal

The CCA and the ICC are both in agreeance that this Terms of Reference can be revisited and redrafted if deemed appropriate or necessary by both entities.

Upon which time, a motion to adopt the Terms of Reference will be undertaken by the CCA Board of Directors first, and once passed, a secondary motion to adopt the Terms of Reference will be undertaken by the ICC.

This Terms of Reference is signed on the ____

Canadian Chiropractic Association

Dr. Judy Forrester Chair

Dr. Ayla Azad CCA CEO

Indigenous Chiropractic Caucus

2023

Dr. Jennifer Ward Co-Chair

27 day of November

Dr. David Peeace Co-Chair