

PROGRESS ON NAN HEALTH TRANSFORMATION

November 2017 – November 2018

November 8, 2018



Nishnawbe Aski Nation

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Part One: Health Transformation Process

Background

Mandated by Nishnawbe Aski Nation (NAN) Resolution 16/04 *Call for Declaration of Public Health Emergency*, the Sioux Lookout Chiefs Committee on Health and the NAN Executive declared a Health and Public Health Emergency for First Nations across NAN territory. This Declaration was not made lightly. It was forced into existence by decades of perpetual crisis and persistent health care inequities at the NAN community level. The Declaration is an assertion of the inherent Treaty rights of NAN members to equal opportunities for health, including access to appropriate, timely, high-quality health care, regardless of where they live, what they have or who they are.

In order to exercise our self-determination over health we need to bring back **accountability**, **responsibility** and **resource allocation** to our communities. This involves changing the current colonial system to a new system that is based on the needs and priorities of our communities.

Following the Declaration, a meeting took place on March 31, 2016 between First Nation leadership and the Ontario Minister of Health and the Federal Minister of Health. The parties agreed to continue with an on-going relationship to develop and oversee transformative change in First Nations health with a focus on NAN communities. This led to the execution of a trilateral commitment document: *The Charter of Relationship Principles Governing Health System Transformation in NAN Territory* (the Charter) which was mandated by NAN Resolution 17/21. The Charter was signed by the Parties (Grand Chief Alvin Fiddler, Minister Jane Philpott and Minister Eric Hoskins) on July 24, 2017.

The Charter marks the commitment of the Parties to a NAN process towards health transformation. In addition to outlining the guiding principles, it sets out the following vision for system-wide change whereby First Nations have equitable access to care delivered within their community. It ensures that communities will be engaged at all levels so that their voices are heard and incorporated into community-based programming.

In order to support the NAN Health Transformation process, the governments agreed to several actions, including:

- Developing new approaches to improve the health and health access, including access at the community level.
- Supporting the ability of First Nations communities and organizations to deliver their own services.
- Proposing policy reform and exploring legislative changes to design a new health system for NAN territory, including sustainable funding models and decision-making structures.
- Removing barriers caused by jurisdiction, funding, policy, culture and structures so that First Nations can deliver better plan, design and manage their own services.

NAN Health Transformation Timeline

SEPTEMBER 17, 2015

SLFNHA Resolution 15/23 *Call for Declaration of Public Health Emergency.*

JANUARY 21, 2016

NAN Resolution 16/04 *Call for Declaration of Public Health Emergency* due to the deplorable state of health in the NAN territory.

FEBRUARY 24, 2016

Declaration of a Health and Public Health Emergency in NAN Territory and the Sioux Lookout Region.

MARCH 31, 2016

A meeting was held between First Nation leadership and the Ontario Minister of Health and the Federal Minister of Health., and it was agreed to continue to with an ongoing relationship to develop and oversee transformative change in First Nations health with a focus on NAN communities.

The parties agreed to establish a process, the Joint Action Table, monitored by a senior-level committee comprised of NAN leadership and senior Associate Deputy Minister from Health Canada and the Ministry of Health and Long-Term Care, that would work on a long-term process to work towards solutions that will consider urgent, immediate and long-term needs.

MAY 19, 2016

NAN Resolution 16/44 *Exploration of Health System Transformation Models and Processes.*

JULY 13, 2016

Meeting with Minister Bennett to discuss health transformation at the AFN Summer Assembly in Niagara Falls.

DECEMBER 8, 2016

Motion to support health transformation is passed at the AFN Winter Assembly.

JANUARY 18, 2017

In light of the youth suicides, a letter was sent to Prime Minister Justin Trudeau emphasizing the need to fund the health transformation process.

FEBRUARY 28, 2017

NAN Resolution 17/21 *Charter of Relationship Principles Governing Health System Transformation in NAN Territory.*

MARCH 22, 2017

Budget 2017 is released with no health transformation funding.

JULY 24, 2017

Ontario, Canada, and NAN signed the *Charter of Relationship Principles Governing Health System Transformation in the NAN Territory* with political commitments to develop and sustain a renewed relationship to transform the existing health system.

November 8, 2018

NOVEMBER 14, 2017

Ovide Mercredi was appointed as the NAN Health Transformation Lead and Negotiator.

The NAN Health Transformation Advisory Council (HTAC) and the Chiefs Council on Health Transformation (CCHT) were created to guide the NAN Health Transformation process.

NOVEMBER 16, 2017

NAN hosted a Health Summit on November 16 & 17, 2017 in Timmins, ON. The purpose of the Summit was to identify a pathway to achieving a First Nations health and wellness system for NAN territory.

It was deemed imperative that the government partners show their commitment by:

1. Properly and adequately resourcing the process at all levels.
2. Addressing immediate needs on an urgent basis.
3. Immediately addressing gaps in services.
4. Elevating the negotiations to a very high level (bypassing bureaucratic processes).
 - a. The establishment of a Federal and Provincial Political Table is required.

JANUARY 17, 2018

A revised terms of reference to the Charter was submitted to Ontario and Canada. The Joint Health System Transformation Table terms of reference laid out the new role of the Joint Action Technical Table (JATT) and the addition of the Main Political Table.

Overview of the NAN Health Transformation Process

NAN hosted a Health Summit on November 16 & 17, 2017 in Timmins, ON. The purpose of the Summit was to identify a pathway to achieving a First Nations health and wellness system for NAN territory. The intention was to discuss the development of a process of creating a new health system that will benefit generations to come.

"We can't just fix the system the way it currently is, we need to dismantle these systems because they are old and colonial in nature. They are not working, and they are putting our lives at risk."

Grand Chief Alvin Fiddler

The Chiefs and delegates provided NAN with the following directives for moving forward and for developing the process:

- 1) Guided by the Creator
- 2) Legislative framework based on the recognition of Aboriginal and Treaty Rights
- 3) Reconciliation through a Nation-to-Nation relationship
- 4) Rooted in cultures and traditional ways
- 5) Community driven and First Nations controlled
- 6) Recognize diversity and protect existing processes
- 7) Nation-to-Nation fiscal framework
- 8) Collaboration and partnership
- 9) Prevention, health promotion and social determinants of health
- 10) Community capacity building

In addition to the directives, the Chiefs and delegates made it abundantly clear that there needs to be a commitment to addressing the immediate needs and solutions as we work through the longer health transformation process.

The NAN Health Transformation Team is under the direct portfolio of Grand Chief Alvin Fiddler. In November 2017, Ovide Mercredi was appointed as the Health Transformation Lead & Negotiator. NAN Health Transformation will be a First Nation-led with process and operations oversight from the CCHT with guidance from the HTAC, alongside the Health Transformation Team internally at NAN.

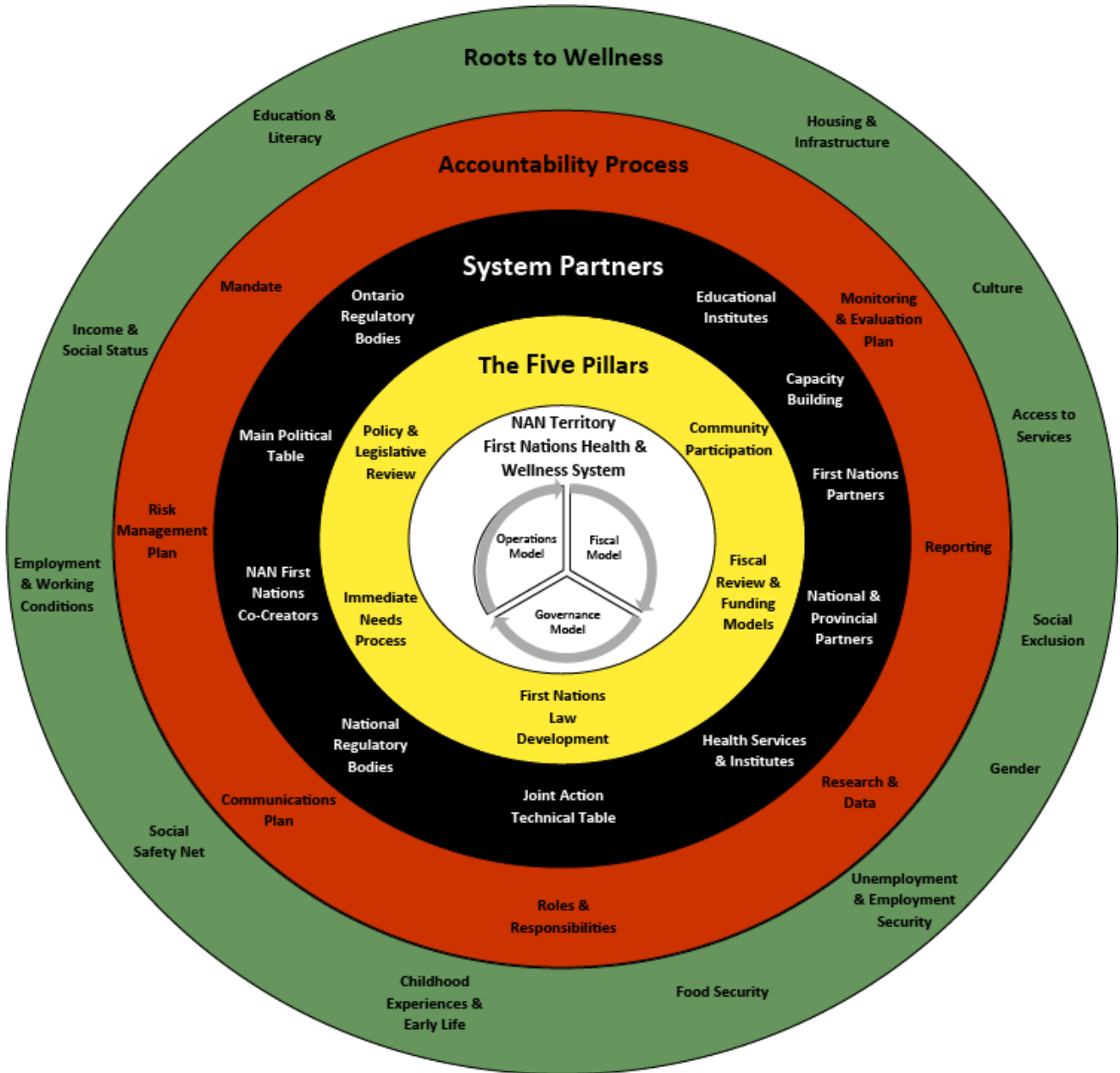
Chiefs Council on Health Transformation
<ul style="list-style-type: none"> ➤ Chief Ignace Gull, Attawapiskat First Nation ➤ Chief Clifford Bull, Lac Seul First Nation ➤ Chief Ellen Vontane-Keno, McDowell Lake First Nation ➤ Chief Alex Batisse, Matachewan First Nation ➤ Chief Titus Tait, Sachigo Lake First Nation ➤ Chief Eno H. Anderson, Kasabonika Lake First Nation
NAN Health Transformation Team
<ul style="list-style-type: none"> ➤ Ovide Mercredi, Lead & Negotiator ➤ John Cutfeet, Internal Lead ➤ Catherine Cheechoo, Manager ➤ Natalie Hansen, Senior Policy Analyst ➤ Paula Vangel, Policy Analyst & Negotiation Support ➤ Wendy McKay, Community Participation Coordinator ➤ Jenna Johns, Research Lead ➤ Leona Kakepetum, Project Assistant
Health Transformation Advisory Group
<ul style="list-style-type: none"> ➤ Teri Fiddler ➤ Helen Cromarty ➤ Dr. Doris Mitchell ➤ Mae Katt ➤ Dr. Mike Kirlew ➤ Ennis Fiddler ➤ Natasha Sugarhead, Youth ➤ NAN Health Advisory Group Members <ul style="list-style-type: none"> ➤ Janet Gordon, Sioux Lookout First Nations Health Authority ➤ Francine Pellerin, Matawa Tribal Council ➤ Jean Lemieux, Wabun Tribal Council

Guided by the above Chiefs’ directives and the feedback from the over 45 meetings and gatherings on what the process should look like and how community participation should occur, five pillars have been identified. The five pillars will serve as the NAN Health Transformation internal process model.

NAN HEALTH TRANSFORMATION INTERNAL PROCESS MODEL

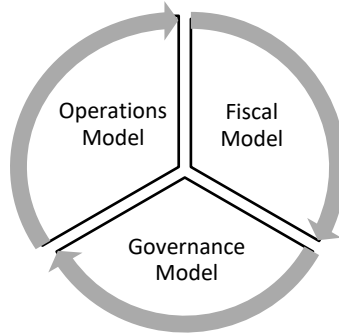
The NAN Health Transformation internal process model will serve as a tool for completing deliverables. The NAN Health Transformation internal staff will continually seek guidance and confirm all work done reflects the mandate of the Charter by maintaining accountability to the CCHT, HTAC and the NAN Chiefs.

Figure 1 - Internal Process Model



NAN Territory First Nations Health and Wellness System

Figure 2 - NAN Territory First Nations Health and Wellness System



The goal of NAN Health Transformation is to build a First Nations Health and Wellness System which will include:

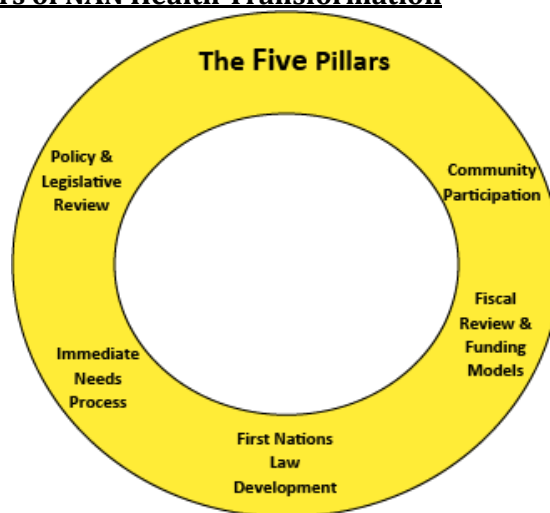
- An operations model,
- A fiscal model; and
- A governance model.

What each of these components will look like and how the system is organized is yet to be determined. The goal of NAN Health Transformation is to have communities as decision makers and the system designed based on community needs. Through the NAN Health Transformation process and based on communities' wishes, the system will be made up of both regional and NAN-wide components and service delivery models. Communities will decide how their services are delivered and where services should be located.

Five Pillars of NAN Health Transformation

The Five Pillars will serve as the NAN Health Transformation internal process model:

Figure 3 - Five Pillars of NAN Health Transformation



1) Action-Based Community Participation

The community participation model was developed from the feedback from Chiefs, Health Directors, Youth and Elders and ongoing discussions. It will be an ongoing process for community members to share stories and experiences of the current system and to share insight and perspectives for moving forward in designing a new First Nations health system. Communities will identify their own priorities and will identify how and if they would like support in moving them forward.

The feedback NAN received, made it clear that the community participation should be done by NAN members who know the communities and who speak the language. The following roles were therefore created.

Title	Role	Status
25 Health Transformation Advocates	<ul style="list-style-type: none"> • 5 teams of 5 Health Transformation Advocates will be hired to conduct the community participation sessions • To build long-term capacity, the 25 individuals will be trained in health management and administration so once the new First Nations controlled health and wellness system is place, we will have the expertise to operate it 	<ul style="list-style-type: none"> • Secure funding: Proposals submitted to Indigenous Services Canada & Crown – Indigenous Relations and Northern Affairs • Geographical location of teams to be determined • Administrative arrangement (e.g. flow through or direct hire) to be determined • Positions to be posted
Community Outreach & Participation Coordinators	<ul style="list-style-type: none"> • Each Tribal Council has been funded to hire a Coordinator¹ to work with communities to organize health transformation participation sessions and provide information on health transformation • Two NAN Community Participation Coordinators will work with Independent First Nations and will also work with Tribal Councils • Coordinators will be the main point of contact at the Tribal Council level to ensure timely communication and coordination 	<ul style="list-style-type: none"> • One Community Participation Coordinator has begun confirming and scheduling community visits • NAN and Tribal Councils will work together to coordinate First Nation visits
Community Logistics Coordinator	<ul style="list-style-type: none"> • Chief and Council will select a community member to coordinate logistics for community participation sessions, supported by the Tribal Council Coordinators 	<ul style="list-style-type: none"> • Logistics coordinators are working with NAN as First Nation visits are confirmed

¹ One Tribal Council has opted to call their coordinator a “Community Outreach & Communications Coordinator”.

The initial community visits will be conducted by the NAN Health Transformation Team until the Health Transformation Advocate Teams are in place. Once a team has three members, they will be able to conduct the visits on their own.

Community Participation Process

Community visits will occur in the following phases:

- **Initial Community Visit**
 - Information sharing with the community on the NAN Health Transformation process and getting to know the community and its' community members
- **Second Community Visit**
 - A community participation session will involve at least three full days (or more for larger communities) with Chief and Council, health staff, nurses, physicians and community members
 - As many people as possible will be engaged in as many ways as possible (including home visits, focus groups, etc.)
 - Each community will define their own health priorities and what they would like to see in a new health and wellness system
- **Third Community Visit**
 - The third visit will be used to validate what was heard during the second community visit and to assist the community with developing and/or building upon existing community wellness plans
- **Urban Community Participation**
 - Gatherings will be hosted in urban centers for NAN First Nations to be able to share their stories and provide input into what they would like to see in a new health and wellness system

2) First Nations Law Development

Communities will be supported in the exercise of their jurisdiction over health and the development of their own laws. This will include building upon traditional laws as well as developing contemporary laws.

A working group of First Nations legal scholars and traditional knowledge holders will be established to support communities. Options for a legislative basis to establish a legally embedded system in NAN territory will also be explored.

3) Policy and Legislative Review

A policy and legislative review will be conducted to determine First Nations entitlements to health services, including holding the government accountable to providing legal obligations and Treaty health rights.

A working group with the appropriate expertise will be developed to conduct this work. The review will be used as a tool to compare existing services and concretely identify equitable

entitlements to health services. Further, it will be used to address jurisdictional ambiguity and serve as basis for the negotiation of a new system under First Nations jurisdiction.

4) Fiscal Review & Funding Model

Options will be explored in order to create a funding model for NAN First Nations that is flexible, reflective of need and provides community control over distribution of resources and that is founded upon Treaty and Aboriginal Rights.

A working group with the appropriate expertise will be developed to conduct this work. The working group will complete a fiscal review to determine First Nations entitlements to health services, including holding government accountable to providing legal obligations and Treaty rights to health. All NAN First Nations should be receiving the same level and quality of care at home that all other Ontarians are receiving.

5) Immediate Needs Process

An ongoing process to address the immediate needs and policy changes to improve the current health delivery system has been established. The immediate needs are vast and cross over into various sectors. It is important that all actions and efforts are coordinated.

In addition to recent health transformation meetings, NAN has multiple reports and resolutions identifying many immediate needs and the barriers to safe and equitable care. These will be added to and further detailed as the NAN Health Transformation Team hears about the experiences people have with the system and as communities identify their priorities for moving forward towards wellness in their own community.

The immediate needs will be categorized into the following:

➤ **Case Specific Issues**

Case specific issues are incidences where an individual requires immediate assistance in accessing equitable and respectful services. NAN will utilize its advocacy role to work with service providers to advocate on behalf of a specific client where necessary. Once the issues are resolved it will be brought to the Immediate Needs Working Group who will look at the barriers to care that existed in order to address underlying issues in the health system and prevent re-occurrence.

➤ **Barriers to Safe and Effective Care (Immediate Needs Working Group)**

The Immediate Needs Working Group will be made up of health professionals working in NAN territory that have an intimate knowledge of the policy and practice barriers that prevent safe and effective care. They will present solutions to these problems to the JATT where the Parties (NAN, Ontario and Canada) will work to implement the solutions in a timely manner. If resolution is not available at that level it will be elevated to the Main Political Table where it will form part of the negotiation agenda.

➤ **Advocacy and Strategy Development Across Sectors**

Many of the issues that have been identified require long-term approaches that involve various sectors, partners and governments.

Top priorities identified by Health Directors (January 29 - 30, 2018)	Immediate Issues Identified at 2017 NAN Health Summit
<ul style="list-style-type: none"> • Mental health and addictions (youth and family treatment and aftercare) • Infrastructure (water, housing, space to provide services) • Elder care and long-term care • Addressing NIHB issues • Funding mechanisms 	<ul style="list-style-type: none"> • Mental health • Suicide • Addictions • Increased access to primary care and urgent and emergent care • Investments in infrastructure (at the community level) • Revising the nursing model • Development of Standards of Care • Improvements to travel and escort models • Increase resources for home and community care and long-term care • Funding and reporting flexibility • Supports for communities to prepare for the impact of legalization of cannabis (development of bylaws, prevention, etc.)

The NAN Health Transformation Team and the NAN Health Policy and Advocacy department will work with the various NAN departments, partners and governments to advance NAN specific strategies. A united approach to implementing the strategies and advocacy across sectors will be developed. This will include implementation at the JATT and elevation to the Main Political Table where necessary.

➤ **Community Priorities**

In order to support health transformation and community-based solutions, the NAN Health Transformation Team will be asking communities for their priorities and offering support based on the needs and wishes of the community. This could include helping to support community initiatives or offering negotiation support on large-scale projects such as new health centres or addressing the states of emergency that communities have declared.

Support for some initiatives may involve linkages to other resources and supports, while others may require elevation to the highest levels. Where appropriate, items will form part of the negotiation agenda at the Main Political Table. The NAN Health Transformation process will ensure that the community is at the Main Negotiation Table with NAN supporting and standing behind them based on the community's wishes. However, if a community does not wish to use the Main Negotiation Table for their priority, NAN will support them as directed by the community and ensure that other discussions do not interfere with their process.

➤ **Regional Priorities**

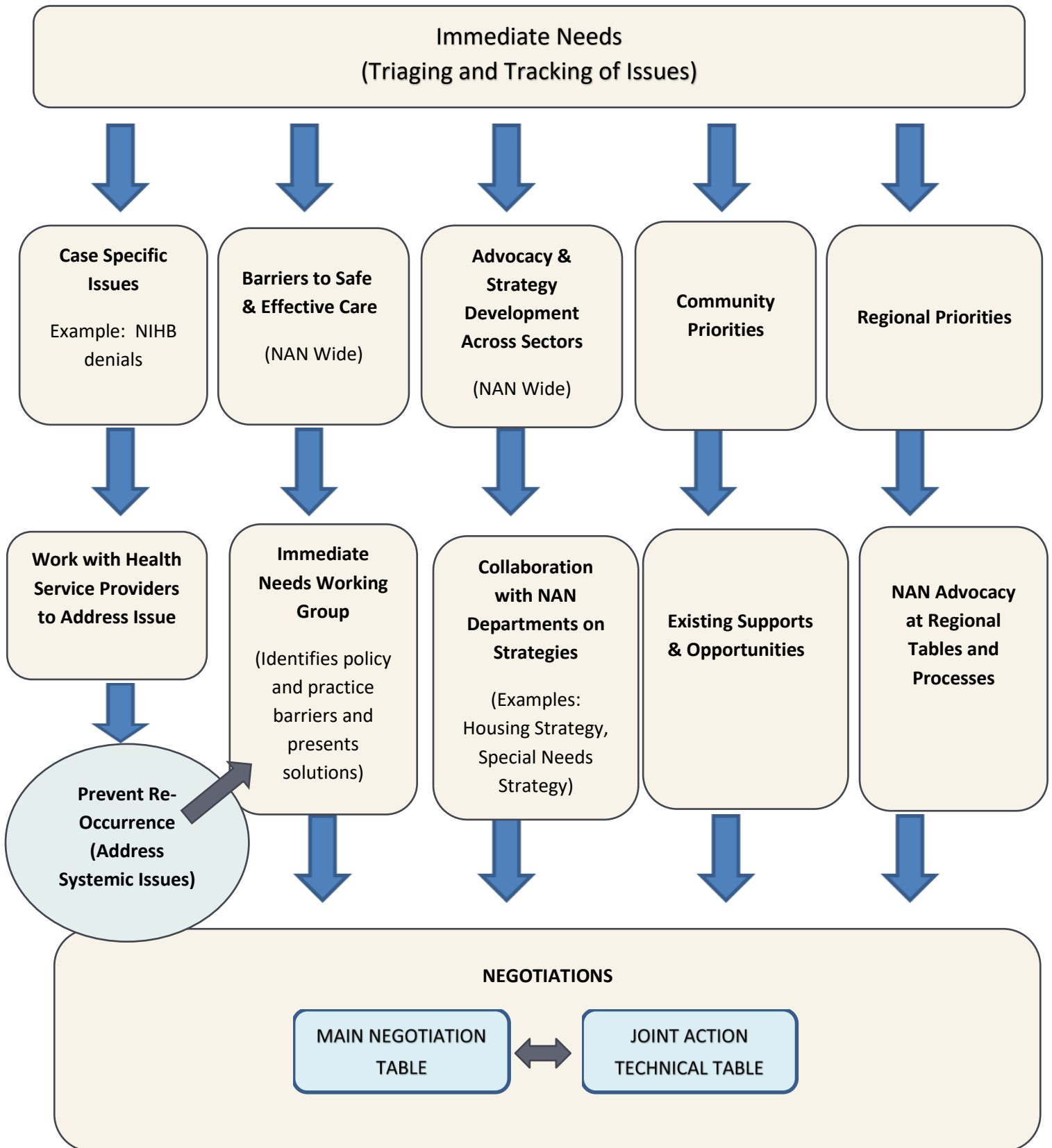
NAN Health Transformation will offer support and advocacy to regional processes. Where resolution of issues is being limited by the constraints of the regional processes, NAN will work with the regions to elevate their issue to the Main Political Table where their item will form part of the negotiation agenda. The NAN Lead & Negotiator will ensure that regional

representation is at the Main Political Table with NAN playing a supportive role as defined by the leadership of that region.

Negotiating Immediate Solutions

In addition to negotiating on broader health transformation, the negotiation agenda will be comprised of immediate needs as identified throughout the process by the various streams (community priorities, regional priorities, barriers to safe and effective care). The intent will be for NAN communities to see immediate improvements to the existing system while larger transformation is taking place. Solutions will be developed at the JATT wherever possible and where issues cannot be resolved or negotiated at that level they will then be escalated to the Main Political Table.

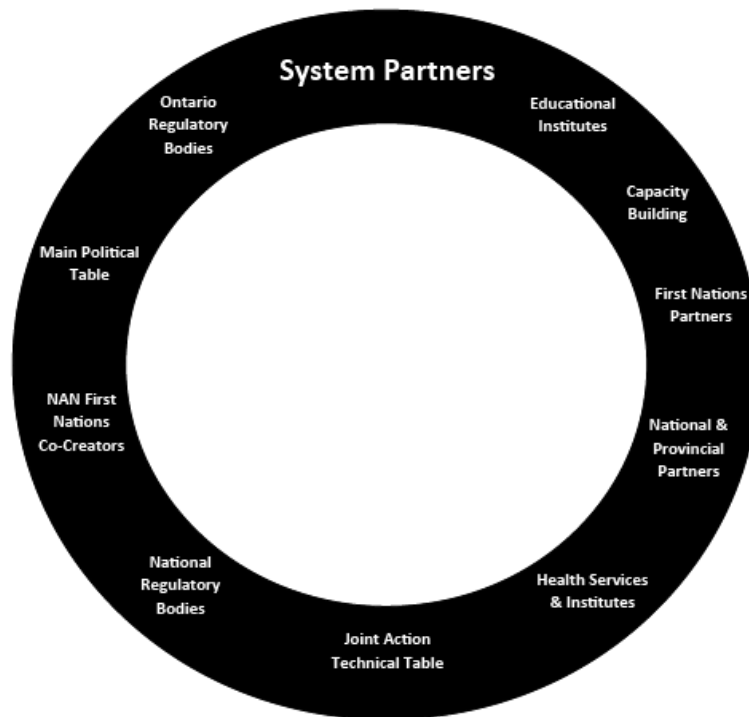
Figure 4 - Immediate Needs Process



System Partners

Implementation of the Five Pillars (above) requires many partnerships. These partnerships are important in designing the system throughout the health transformation process and will be fundamental to the operating of the system on a long-term basis.

Figure 5 - System Partners



These are organized into the following partnerships:

1) **NAN First Nations Co-Creators**

NAN Health Transformation will be working closely with First Nations partners including NAN First Nations, Health Authorities, Tribal Councils and other regional First Nations entities. NAN will work with them to build upon their successes and learn from their expertise. In addition to having these partners represented at the JATT, they will inform and guide the Health Transformation process.

2) **Educational Institutes**

NAN will work with education institutes in several different areas:

- Ensure students receive the adequate training and education to provide safe and culturally appropriate care based on the unique needs and circumstances of NAN communities.
- Develop recruitment strategies and placement options to support recruiting and maintaining health care professionals throughout NAN territory.
- Ensure that First Nations students are properly supported and given the opportunities needed to ensure their success.

- NAN is currently working with the Canadian Indigenous Nurses Association (CINA) to develop a partnership. A Relationship Accord between NAN and CINA is being developed to guide this relationship.
- Develop training and skills development plans to increase capacity of community-based workers throughout NAN territory and partnership with Oshki-Wenjack.
 - NAN is currently working with the First Nations Health Managers Association (FNHMA) to identify the skills-development needed throughout NAN, which will also support the NAN Health Transformation Advocates. A Relationship Accord between NAN and FNHMA will be developed to guide this relationship.

3) Capacity Building

In addition to partnerships with educational institutes, NAN Health Transformation will have various aspects of capacity building throughout the process to prepare for managing and running a new system. For example, the NAN Health Transformation Advocates will be trained and supported to manage and administer the new system.

4) First Nations Partners

NAN Health Transformation will work with First Nations partners that include but are not limited to: Assembly of First Nations, Chiefs of Ontario, Grand Council Treaty 3, Cree Board of Health and Social Services of James Bay, British Columbia First Nations Health Authority and Indigenous Physicians Association of Canada.

5) National and Provincial Partners

NAN Health Transformation will work with national and provincial partners that include but are not limited to: Health Quality Ontario, Ministry of Indigenous Affairs, Cancer Care Ontario, Health Canada, Public Health Agency of Canada, Status of Women Canada, Crown Indigenous Relations and Northern Affairs Canada and Partners in Health, Canada.

6) Joint Action Technical Table

The JATT was formed in response to the NAN Declaration of Health and Public Health Emergency. It is a trilateral table comprised of: NAN, Ministry of Health and Long-Term Care, Indigenous Services Canada, Sioux Lookout First Nations Health Authority (SLFNHA), Weeneebayko Area Health Authority (WAHA), Matawa Health Co-Op, Wabun Tribal Council and Mushkegowuk Tribal Council.

The JATT is guided by the Charter and is responsible for addressing immediate needs and for implementation as directed by the Main Political (Negotiation) Table.

7) Main Political (Negotiation) Table

The Main Political Table is a trilateral table made up of Grand Chief Fiddler, the Minister of Health and Long-Term Care and the Minister of Indigenous Services Canada. As signatories to the Charter, they are guided by this document and by the ultimate goal of creating a new First Nations health system for NAN territory.

Each of the Parties is to appoint their lead negotiator to negotiate on their behalf. NAN has appointed Ovide Mercredi as the lead negotiator; however, Ontario and Canada have yet to appoint their negotiators.

8) National and Provincial Regulatory Bodies

The provincial and national regulatory bodies that govern health providers play a vital role in shaping the how these professionals will conduct themselves. Partnerships with these bodies will be developed to ensure the health providers are providing culturally safe care that is based on the needs of our communities.

Accountability Process

Accountability to NAN First Nations is at the core of the health transformation process.

Figure 6 - Accountability Process



To ensure accountability exists throughout the process, the following elements will guide the process:

1) Mandate

The initial mandate for health transformation arose from the NAN Declaration of Health and Public Health Emergency and the Charter. These are supported by resolutions of the NAN Chiefs.

Through regular reporting back, NAN will be held accountable to the First Nations to ensure there is an ongoing mandate to continue and guide the process moving forward.

2) Reporting (back to First Nations)

Although the NAN Health Transformation must report to the governments on the funding, they have received to support the process, the ultimate accountability is to the First Nations. Therefore, NAN will ensure regular reporting to Chiefs in support of the ongoing mandate.

3) Communication Plan

A NAN Health Transformation comprehensive communication plan is being developed, to support ongoing reporting and to ensure that communities and partners throughout the system are well informed of the process. Multiple methods of communication will be used, and communication will be done in the language.

4) Roles and Responsibilities

Clear roles and responsibilities will be in place to ensure clarity of roles throughout the health transformation process. This will be essential as the NAN Health Transformation Team expands and as partnerships develop.

5) Monitoring & Evaluation Plan

Ongoing monitoring and evaluation will be a critical part of assessing the success of the NAN Health Transformation process and will also be used to monitor and evaluate the health system once it is in place.

6) Risk Management Plan

A Risk Management Plan will be used to have an ongoing process of assessing risks and anticipating challenges and how they will be mediated.

7) Research and Data

Research and data are critical to building a system that is based on the population needs of NAN territory. This information will also be used to inform the negotiation of funding and the development of policies that are based on the unique needs and circumstances of NAN citizens.

Roots to Wellness (Collaboration Across NAN Strategies)

Figure 7 - Roots to Wellness



NAN views the concept of health and wellness as broad and wholistic. To address the complex array of factors impacting health and wellness, NAN Health Transformation will work in partnership with the many existing and developing NAN strategies and departments. These include, but are not limited to:

- 1) NAN Infrastructure Strategy
- 2) NAN Language Strategy
- 3) NAN Social Assistance Reform
- 4) NAN Women and Youth
- 5) NAN Food Security Strategy
- 6) NAN Education Governance
- 7) NAN Special Needs Strategy
- 8) Seven Youth Inquest
- 9) NAN Mental Health and Addictions Review
- 10) NAN Poverty Reduction Strategy
- 11) NAN Child Welfare Reform
- 12) NAN Health Policy & Advocacy

Funding Commitments

NAN Health Transformation received initial start up funding for the 2017-18 year from Canada and Ontario and further bridge funding was provided to support the initial activities:

- Support the CCHT and the HTAC
- Host the NAN Health Summit
- Host the Health Directors Meeting
- Host the Youth and Elders Gathering
- Hold Meetings & Gatherings with Chiefs, Tribal Councils, Partners etc. (over 45 Meetings held since December 2017 – see page 19 for entire list)

In September 2018, Canada committed to a budget for the next 3 years (up to 2021/22). This amount is insufficient and further lobbying is required to ensure adequate resources are allocated to fully implement the NAN Health Transformation process. Activities over the next 3 years pending required funding allocations include:

- Continuation of the NAN Health Transformation Team
- Annual NAN Health Summits
- Support for CCHT and HTAC
- Support for First Nations representation at JATT and Negotiations Table
- Research and Data Initiatives
- Community Participation
 - Conduct community visits (3 visits per community)
 - Hire 25 Health Transformation Advocates
 - Hire Community Outreach & Participation Coordinators for each Tribal Council
- Establishment of Working Groups
 - Policy and Legislative Working Group
 - First Nations Law Working Group
 - Fiscal Mechanisms Working Group
 - Immediate Needs Working Group

Commitments from Ontario are still pending since the introduction of the Progressive Conservative government. However, the majority of the work will be with Canada and NAN is prepared to proceed on a bilateral basis if need be.

PART TWO: PARTICIPATION TO-DATE

Summary of NAN Health Summit (*Full Report Available*)

NAN hosted a Health Summit on November 16 & 17, 2017 in Timmins, ON. The purpose of the Summit was to identify a pathway to get to a First Nations health system for NAN. The intention was to discuss the development of a process of creating a new health system that will benefit generations to come.

“Health transformation is more than just a transfer, it is about health self-determination whereby communities are involved in making decisions, consistent with our own understandings and beliefs.”

Ovide Mercredi, Lead & Negotiator

Current Barriers & System Failures

Chiefs and delegates held discussions on the current barriers and failures of the system. They are summarized as the following themes:

- Colonial System with Lack of First Nations Control
- Lack of Services and Gaps in Services
- Jurisdictional Barriers and Lack of Intergovernmental Coordination
- Limited Funding
- Inadequate Infrastructure
- Data Collection Challenges

Immediate Action to Address Urgent Needs & Gaps in Service Delivery

The Chiefs and delegates made it abundantly clear that it is imperative that both governments commit to addressing the immediate needs and solutions as we work through health transformation. The following items for change were emphasized:

- Mental health
- Suicide
- Addictions
- Increased access to primary care and urgent and emergent care.
- Investments in infrastructure (at the community level).
- Revising the nursing model
- Development of Standards of Care
- Funding and reporting flexibility
- Improvements to travel and escort models.
- Increase resources for home and community care and long-term care.
- Supports for communities to prepare for the impact of legalization of cannabis (development of bylaws, prevention, etc.)

Health Transformation Directives

The Chiefs and delegates provided NAN with the following directives for moving forward and for developing the process:

- 1) Guided by the Creator

- 2) Legislative framework based on the recognition of Aboriginal and Treaty Rights
- 3) Reconciliation through a Nation-to-Nation relationship
- 4) Rooted in cultures and traditional ways
- 5) Community driven and First Nations controlled
- 6) Honour diversity and protect existing processes
- 7) Nation-to-Nation fiscal framework
- 8) Collaboration and partnership
- 9) Prevention, health promotion and social determinants of health
- 10) Community capacity building

Commitments and Responses from Ministers

Minister Jane Philpott (Indigenous Services Canada) and Minister Eric Hoskins (Ontario Ministry of Health and Long-Term Care) attended the Summit on Day 2. They expressed their commitment to the NAN Health Transformation process. Chiefs and delegates posed questions to the Ministers. Below are the highlights from their responses:

- Commitment to the Charter and to working together towards NAN Self-Determination.
- Commitment to a better system for data, including electronic medical records.
- Commitment to immediate improvements and addressing the states of emergencies within NAN.
- Commitment to exploring legislation to ensure the system is embedded (not subject to one government or part).
- Provincial commitment to long-term care with Indigenous population identified as a priority.
- Federal commitment to carry Choose-Life funding into the 2018-19 year.

Summary of NAN Health Directors Meeting (*Full Report Available*)

NAN held a Health Directors Meeting on Health Transformation in Thunder Bay on January 29 & 30, 2018. Participants included community Health Directors, Tribal Council Health Directors and representatives from the Health Authorities (SLFNHA and WAHA). This meeting was coordinated by NAN with the purpose of:

- Updating the Health Directors on the work of the NAN Health Transformation process;
- Gathering feedback on priorities and how to address them;
- Gathering feedback on how to move forward with health transformation; and
- Gathering feedback on how to engage communities.

Immediate Issues

Priorities can be summarized into the following themes (in no particular order):

- Mental health and addictions
- Access to specialist and allied health professionals
- Access to physicians and nurses
- Diabetes
- Elder care
- Maternal health, early years, child development
- Screening, prevention, early identification and public health
- Case management and client coordination/supports
- Emergency response

- Food security
- Infrastructure
- Data and electronic medical records
- Water, housing and poverty
- Health human resources and capacity building
- NIHB
- Legislation, policy and funding
- Wholistic approach with culture and language as foundation
- Governance and structure of health system (community structure & regional structure)

Prioritization of Immediate Issues

Groups were asked to prioritize their immediate issues. Each group took their own approach to prioritization. There was significant consistency amongst the groups as the following was identified as the top priorities.

- Mental health and addictions (youth and family treatment and aftercare)
- Infrastructure (water, housing, space to provide services)
- Elder care and long-term care
- Addressing NIHB issues
- Funding mechanisms

What does Health Transformation Mean?

Participants were asked “What does Health Transformation Mean to You?” Responses were synthesized into the following themes:

- Healthy Communities and Ownership over Health
- First Nations Self-Determination and Jurisdiction
- Treaty Right to Health and Federal Fiduciary Responsibility
- Community Control
- Capacity Building and Health Human Resource Development
- Equitable Access to Services and New Models of Care
- Wholistic Models of Care and Restoring Community Wellness
- Communication and Coordination

Implementation of Health Transformation

With regards to implementation of Health Transformation, participants provided comments touching upon the following themes:

- Knowledge Translation and Best Practices
- New Models of Care and Increase Access
- Wholistic and Land-Based Models
- Address Funding and Reporting Barriers
- Coordination and Partnership
- Communicating the NAN Health Transformation Process
- Foster Change: Individual and Community Level
- Advocacy and Supports for Patients
- Governance and Jurisdiction
- Build Community Capacity
- Support Existing First Nations Models

Community Participation and Communication

There was consensus that community engagement must be an ongoing process with multiple opportunities to participate and including multiple community visits. Extensive feedback was provided on engagement methods, approaches, considerations and people that should be involved. The overarching message was that as many people as possible should be engaged and that communities should have ongoing involvement, including pre-planning and education on the process.

Effective use of Existing Resources

Participants provided recommendations on how to effectively use existing resources. Discussions touched on the following themes:

- Improve retention and recruitment
- Remove barriers to using resources
- Partnerships and alignment of resources
- Traditional and wholistic approaches

Summary of NAN Youth and Elders Gathering (*Full Report Available*)

The NAN Youth and Elders Gathering on Health Transformation was hosted in Thunder Bay on April 26 & 27, 2018. The event hosted Elders and Youth and provided an opportunity to gain their perspectives and guidance on health transformation.

Health Challenges (Identified by Youth)

Youth identified the following health and health service delivery challenges which are summarized into the themes below:

- Mental Health and Addictions
- Services and Health Care Delivery Challenges
- Nutrition and Food Security
- Community Challenges
- Poverty, Water and Housing

Solutions (Identified by Youth)

The youth generated many ideas for moving forward and developed a large list of solutions. The following is a summary of their solutions.

SOLUTIONS	
MENTAL WELLNESS	<ul style="list-style-type: none">➤ Increased mental health services and suicide prevention➤ Getting to the root of problems (healing and breaking cycles)➤ Education and awareness (bullying, suicide prevention)➤ Safe, nurturing environments➤ Organize fundraising and awareness campaigns➤ Family at front lines, especially regarding suicide➤ Continued help with addictions – not just one-time programming, treatment centres on reserve➤ Use land for healing, self-identity and healing circles➤ We need to fix the way we see each other (diverse beliefs and practices)
INCREASED SUPPORTS FOR	<ul style="list-style-type: none">➤ Foster strong spirit with ourselves, our children and others➤ Use land to help kids dealing with family break-ups

CHILDREN & YOUTH	<ul style="list-style-type: none"> ➤ Youth need more supports (teachings from Elders, more mental health programming, language and culture, leadership opportunities, etc.) ➤ Our own resource centre in Thunder Bay to access recreational activities ➤ Sharing circles with kids (encourages bonding, decreased misbehaviour) ➤ New school books and school supplies ➤ Increase number of youth centres, drop-in centres with resources and supports ➤ Sports programs
COMMUNITY WELLNESS	<ul style="list-style-type: none"> ➤ Teach impacts of colonization (know our history – know why we are suffering) ➤ Teach about importance of culture - Be open-minded on diverse beliefs ➤ Communities need to work together ➤ Spring and fall feasts to celebrate good life stories ➤ Address what is happening in our communities ➤ People should find and learn the working lifestyle ➤ Teachers from the community are needed ➤ Children should be encouraged to become doctors and nurses, etc. ➤ Bring back traditional activities to make our communities well again ➤ Community envisioning (gathering community members regularly, talking about pressing issues, economic and community developments) ➤ Starts with individual change (lifestyle, getting involved, fighting for your rights) – “be the change you want to be” ➤ Address mould issues ➤ Build multi-plex houses ➤ Gardening workshops and greenhouses ➤ Food drives and clothing drives ➤ Get parents involved in kid’s activities ➤ Increase volunteerism ➤ Community programs and events
HEALTH & WELLNESS	<ul style="list-style-type: none"> ➤ Build new health centres ➤ Affordable fruits and vegetables ➤ Encourage more physical activity for all ages, require exercise machines ➤ Recreational, sports and family programs ➤ Self-defence
PREVENTION	<ul style="list-style-type: none"> ➤ Nutrition and prevention to reduce rate of diabetes ➤ Food and medicine from the land heals us ➤ People need to understand more about their diseases (i.e. diabetes) ➤ Increased awareness of the food we eat and its impacts on our health ➤ Suicide prevention and awareness ➤ Harm reduction – training and educating people about the responsibilities that come with using alcohol and drugs on dry reserves ➤ Teaching children about healthy sexuality, relationships and consent ➤ Control and stop presence of drugs and alcohol ➤ Protect against cyber-bullying (parents monitoring and limiting devices)
SERVICES	<ul style="list-style-type: none"> ➤ Nurses and nursing stations (better services and increased access) ➤ Need to work together and stop working in isolation ➤ Equipment and infrastructure ➤ Community services

	<ul style="list-style-type: none"> ➤ Hospital services (better services, translation, holistic healing, increase supports, etc.) ➤ Educate service providers about our past and the colonial system ➤ Cultural training for service providers going into communities (doctors, nurses, etc.) ➤ Address racism and discrimination ➤ Doctors, nurses, dentists (Need to be located in the community)
CULTURE & TRADITIONAL HEALING	<ul style="list-style-type: none"> ➤ Improve connection between healers and doctors ➤ Seven Grandfather Teachings ➤ One on one with Elders ➤ Have an eagle feather for speakers at forums ➤ Bring native language to the school ➤ Teach cultural practices (drum making, skirt making, regalia making, drumming and singing, etc.) ➤ Teach young people about land and medicine and how to harvest from the land ➤ Care for the land and the health of the land ➤ Acknowledge the Creator when using land ➤ Access grants and funding for traditional activities – Build sweat lodges
SELF-DETERMINATION OVER HEALTH	<ul style="list-style-type: none"> ➤ Need to acknowledge all-natural helpers ➤ First Nation run health system ➤ Develop our own policies and procedures that do not restrict our activities. ➤ Need to adapt policies to better service our people ➤ Jurisdiction and control (own laws and jurisdiction) ➤ Fiduciary duty on health care exists but we need to make it a right ➤ Revenue from mining should be used to support a First Nations system ➤ Solution are not just about money – there is more that we need to do ➤ Returning to traditional governance (matriarchy, clan system, etc.) ➤ Capacity building (training, education, job creation) ➤ Community based policies (neighbourhood watch, alcohol and substance abuse, etc.)

Elders Comments on Engagement Process

Elders were asked how they would like to be engaged on health transformation. They provided the following comments:

- Do not rush the Elders when they speak. It takes time for them to think. Do not limit them when they want to speak
- Many Elders would like to contribute more to the conversation
- Wawatay radio is an effective tool for communication and should be used on a regular basis. Many Elders do not use computers or social media
- We need to look at everything that was given to us by the Creator and use it
- Health transformation is about thinking about our grandchildren, great-grandchildren and future generations
- Urban First Nations should be involved
- We need awareness and understanding of health transformation and time to think about it before doing community engagement
- We do not need permission to exercise our jurisdiction over health. We have it already in ourselves as granted by the Creator. You have the power to do your work

- Gatherings should be inclusive and should include everyone
- An Elder from a Shibogama community suggested that a forum be established in Shibogama to include Elders and youth on how we are going to communicate to people. We need a communication plan; Health Directors need to provide the awareness and the Elders have the knowledge and the history. Not just creating capacity but also create a forum to create awareness
- Anishinabe concepts of mental health are different from the settlers' view. Settlers view as a "box" while we view as a "cycle"

Elders Dialogue on Health Challenges

The Elders spoke of the current challenges in health and the health care system as summarized below:

- People are prescribed too many medications and the doses are too high
- Patients are discharged too soon before they are well enough to go home, particularly given the strain of northern winter travel on patients
- We need more Anishinabe people hired to help navigate people through the medical system. People get lost in the system
- Canada Food Guide should be in syllabics
- Hospitals should be using Elders and they should have the same privileges as doctors
- NAN is doing the right thing with health transformation – but we also need to take responsibility as individuals to look after each other and ourselves. The stress from grief and loss affects our eating and lifestyles. Food and what we ingest develops character
- We must understand our past. Youth can become leaders – they have the skills to create and have thoughts. Youth need to have a voice and should have the opportunity to speak and make decisions even if it may not be the right decision
- In the past we used traditional medications and foods to get better. We dealt with emergencies ourselves by using traditional methods
- We need to respect all diversity (spirituality, medicines, communities, etc.)
- Lack of confidentiality
- Need to address transportation issues
- Community structure needs better communication
- Change needs to happen at the grassroots level. We need to be active
- We need to honour the people that went to school and work in the communities
- Redevelop our communities to move towards a better future and to be a role model to other communities
- We want children to learn, to understand, to learn language and train their own people
- We need to develop a pool or list of trained people for communities
- Tear down Crown – Indigenous Relations and Northern Affairs – use our inherent rights

Meetings & Gatherings

The NAN Health Transformation Team has reached out to many groups within and outside of NAN to speak to the NAN Health Transformation process and gather feedback as it develops. The team continues to accept invitations and speak to as many groups as possible. Below is a list of meetings to-date.

Meeting	Location & Date
NAN Health Summit	Timmins – Nov 16-17, 2017
Matawa Chiefs	Thunder Bay – Dec 14, 2017
Shibogama Health Directors	Thunder Bay – Dec 21, 2017
Matawa Health Directors Meeting	Thunder Bay – Jan 9, 2018
Oshkaatisak Council (NAN Youth Council)	Thunder Bay – Jan 29, 2018
NAN Health Directors Meeting	Thunder Bay – Jan 29 & 30, 2018
NAN Chiefs Assembly	Thunder Bay – Jan 31, 2018
Sioux Lookout Chiefs Committee on Health	Sioux Lookout – Feb 6-7, 2018
NAN Youth Gathering	Thunder Bay – Feb 9, 2018
AFN Health Transformation Summit	Toronto – Feb 13-14, 2018
<ul style="list-style-type: none"> • Dr. Chris Ashton & Dr. Sharon Cirone • Ornge, Dr. Homer Tienne • Dr. Dirk Huyer, Chief Coroner • Health Quality Ontario, Joshua Tepper & colleagues • Studer Group 	Toronto – Feb 13-14, 2018
Dennis Franklin Cromarty High School	Thunder Bay – Feb 27, 2018
Northern Ontario School of Medicine	Thunder Bay – Feb 28, 2018
NAN Chiefs Committee on Children, Youth and Families (CCCYF)	Toronto – Feb 26, 2018
Sioux Lookout First Nations Health Authority Board	Thunder Bay – Mar 14, 2018
Mushkegowuk Council Chiefs Meetings	Moose Cree FN – Mar 21, 2018
NAN Education Community Engagement Session	Thunder Bay – Mar 22, 2018
NAN Women's Gathering	Thunder Bay – Mar 25, 2018
British Columbia First Nations Health Authority	Vancouver – Apr 4-5, 2018
SLFNHA and Meno Ya Win Health Centre	Sioux Lookout – Apr 17-18, 2018
Windigo First Nations Council – Frontline Workers	Sioux Lookout – Apr 18, 2018
NAN Youth & Elders Gathering on Health Transformation	Thunder Bay – Apr 26-27, 2018
Health Transformation & CCCYF Visioning Session	Thunder Bay – May 1-3, 2018
NAN Chiefs Spring Assembly	Timmins – May 8-10, 2018
Shibogama Health Directors	Thunder Bay – May 17, 2018
DetermiNATION Summit	Ottawa – May 22-24, 2018
Standing Committee on Indigenous & Northern Affairs, Long-term Care on Reserve Study	Ottawa – Jun 7, 2018
NAN Chiefs Committee on Children Youth and Families	Toronto – June 13, 2018
Support for Gary Sugarhead, Walk for Diabetes	Thunder Bay – Jun 13, 2018
Matawa Health Directors	Thunder Bay – Jun 14, 2018
NAN Health Advisory Group	Thunder Bay – June 19, 2018
Mushkegowuk Council	Toronto – Jul 3, 2018
Tribal Council Executives, Social & Health Meeting	Toronto – Jul 4 & 5, 2018
Health Quality Ontario	Toronto – July 5, 2018
Community Visit– Kasabonika Lake First Nation	July 16 & 17, 2018
Matawa Health Co-Op	Thunder Bay – Jul 18, 2018
Wequedong Lodge Visit	Thunder Bay – Jul 18, 2018
Wabun Tribal Council Chiefs	Timmins – July 31, 2018

Ontario Medical Association (OMA) community visits – North Caribou & Keewaywin	August 1, 2018
Community Visit - Kitchenuhmaykoosib Inninuwug	August 6 – 9, 2018
Canadian Indigenous Nurses Association	Ottawa – August 21, 2018
St. Paul's University	Ottawa – August 22, 2018
Deputy Minister Gina Wilson	Ottawa – August 22, 2018
First Nations Health Managers Association	Ottawa – August 22, 2018
IFNA Family Physicians and Health Services Board	Winnipeg – August 31, 2018
SLFNHA AGM	Lac Seul First Nation – Sep 12, 2018
Matawa Health Co-Op	Thunder Bay – Sep 17, 2018
Joint Action Technical Table	Toronto – Sep 25, 2018
Dennis Franklin Cromarty High School	Thunder Bay – Oct 1, 2018
Minister Philpott	Ottawa – Oct 2, 2018
Wabun AGM	Orillia – Oct 3, 2018
SLFNHA Board Meeting	Thunder Bay – Oct 9, 2018
Cree Board of Health and Social Services of James Bay	Chisasibi, Quebec – Oct 24, 2018
Community Visit – Marten Falls First Nation	October 25 & 26, 2018
Community Visit – North Caribou Lake First Nation	November 6 & 7, 2018

Community Visits

The NAN Health Transformation Team plans to visit communities upon the invitation of the community as part of the Initial Community Visit. To date, the team has visited the First Nations of Kasabonika Lake, Kitchenuhmaykoosib Inninuwug, Marten Falls and North Caribou Lake to provide an overview of the process and hold the introductory meeting. Based on the requests of communities, the community participation schedule has been developed with the goal of visiting 11 communities by the end of December 2018 and as many other communities by March 31, 2018.

PART THREE: SUPPORTING DOCUMENTS

- Declaration of a Health and Public Health Emergency in Nishnawbe Aski Nation (NAN) Territory and the Sioux Lookout Region
- NAN Resolution 16/04 *Call for Declaration of Public Health Emergency*
- SLFNHA Resolution 15/23 *Call for Declaration of Public Health Emergency*
- NAN Resolution 17/21 *Charter of Relationship Principles Governing Health System Transformation in NAN Territory.*
- *Charter of Relationship Principles Governing Health System Transformation in NAN Territory.*