FINAL REPORT ON THE MUSHKIKIW WIICHIHIITIIWIN HEALTH TRANSFORMATION GATHERING

May 13, 2019

Nishnawbe Aski Nation

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HEALTH TRANSFORMATION

MENOUHYOW MAMENUHCHIKEWIN

MENO' AYAWIN MAMIINOJIGEWIN

MINOPIMATISIWIN EHACHINAGOTANIWUK

Mushkikiw Wiichihiitiiwin Gathering

March 6th - 7th, 2019

Final Report

Prepared by All My Relations Inc.

March 6th – 7th, 2019
Nishnawbe Aski Nation
Mushkikiw Wiichihiitiiwin Gathering

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Tell your stories
We will be able to build something we need to have and can call our own
Think together – Bring our thoughts together – Work together with respect
Be mindful of the needs of others always
It is them that we provide service to who will benefit from what we have done

So began the Mushkikiw Wiichihiitiiwin Gathering with the guiding words of Elder Helen Cromarty, Sachigo Lake First Nation, in her opening prayer seeking the Creator's guidance and wisdom.

That Gathering, held on Treaty #5 lands in Winnipeg on March 6th and 7th, 2019 brought together over 100 participants representing community members, Elders, Nishnawbe Aski Nation (NAN) First Nations' leaders and health care related organizations, frontline health care providers from NAN First Nations, government representatives, and other affiliated organizations and individuals interested or involved in developing and managing health care systems and services in NAN First Nations.

Chaired by James Ransom, Mohawk Nation at Akwesasne, the Gathering included plenary sessions with the Elder Helen Cromarty, Sachigo Lake First Nation, and Elder Barney Batise, Matachewan First Nation offering opening and closing prayers and comments and NAN Drum offering welcoming and closing songs. Plenary Session speakers included:

- Chief Ignace Gull, Attawapiskat First Nation
- Ovide Mercredi, Lead & Negotiator, Nishnawbe Aski Nation
- John Cutfeet, Former Internal Lead, Nishnawbe Aski Nation
- Dr. Roger Strasser, Dean, Professor of Rural Health, Northern Ontario School of Medicine
- Dr. Marlyn Cook, Ongomiizwin Health Services, University of Manitoba
- Deputy Grand Chief Derek Fox, Nishnawbe Aski Nation

The Gathering also included three different workshop sessions.

- Three panels during which physicians, nurses and community health representatives, working in NAN First Nations, offered their personal and professional insights into their experiences working in NAN Territory
- A Knowledge Exchange comprised of five groups in workshops through which participants shared their individual and collective knowledge, expertise and experiences to provide insights, feedback and opinions on what Health Transformation means to them individually and their communities and organizations

- Three workshops (three groups per workshop) during which participants explored health transformation issues from the perspective of health care professionals

Eight themes areas were identified from the Gathering's plenary presentations and workshops.

1. Everybody has the right to wellness, good health and happiness.
2. Good health and happiness require a balance of spiritual, physical, emotional, economic and environmental well-being.
3. The structure, composition and delivery of health care services in NAN First Nations has been in a crisis situation for generations and the cumulative impact of those many years of crisis has reached an untenable and indefensible level.
4. NAN has called out that crisis to government and Canadians at large and is taking action to transform the health care system and services to better serve NAN.
5. Health care is contextual, rooted in historical circumstances that have led to contemporary practices.
6. NAN First Nations, Canada and Ontario, under the 2017 Charter of Relationships, have agreed to NAN Health Transformation as a means to move from the existing health crisis to NAN controlled health care systems and programs that lead to true wellness and effective health care activities by blending the best of traditional and western concepts of health management.
7. NAN Health Transformation is built upon five pillars.
8. The Mushkikiw Wiichihiitiiwin Gathering is part of a process of listening to key partners representing health care providers and the learnings, insights, questions and suggestions arising out of the Gathering must be considered and followed through on as part of further collaborative discussions and actions.

The goal of the Gathering was to engage, inform, learn from, empower and build alliances with health care providers who will act as advisers and advocates for NAN Health Transformation. Gathering participants identified a wide range of strengths, challenges, opportunities and barriers related to the design, development and delivery of health transformation initiatives and activities at governance, operational, community and individual levels throughout NAN territory. A wide range of issues and suggestions for general activities and specific actions for moving NAN Transformation forward were discussed during the Gathering.

In general, suggestions focused on placing the client at the centre of the process, addressing health determinants, blending traditional and western health practices, respecting Indigenous culture, improving health care services and infrastructure in NAN First Nations, making health care professionals welcome and productive in their work in the communities, ensuring NAN Health Transformation is designed, developed and delivered by NAN First Nations, returning members of those First Nations to health and wellness at individual and collective levels and bringing back happiness in their lives.

Gathering discussions have been documented in a report of its proceedings that will help guide NAN Health Transformation through further consultations and actions as health transformation is developed and rolled out. Elder Barney Batise offered guidance for undertaking those activities and fulfilling the promise of NAN Health Transformation. In his closing comment and prayer, Elder Batise shared his mother's words that have guided him throughout his life and are as relevant to those involved in health transformation as they have been to him.

Watch you don't lose the way you were taught – you guard that well
The Creator gave you that – it is yours – yours to keep
Whatever you build – build it right

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Mushkikiw Wiichihiitiiwin Gathering Purpose

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So began the Mushkikiw Wiichihiitiiwin Gathering with the guiding words of Elder Helen Cromarty, Sachigo Lake First Nation, in her opening prayer seeking the Creator's guidance and wisdom.

That Gathering was held in Winnipeg on March 6th and 7th, 2019 on Treaty #5 lands and in the Homeland of the Metis Nation. It brought together over 100 participants representing community members, Elders, Nishnawbe Aski Nation (NAN) First Nations' leaders and health care related organizations, frontline health care providers from NAN First Nations, government representatives, and other affiliated organizations and individuals interested or involved in developing and managing health care systems and services in NAN First Nations.

The Mushkikiw Wiichihiitiiwin Gathering was part of a collection of collaborative and cooperative activities through which health transformation is being undertaken throughout NAN territory. The Gathering was mandated under the NAN Health Transformation framework that promotes an alignment process to bring decision-makers, practitioners and other involved parties and individuals together to move NAN Health Transformation forward in a structured, purposeful and iterative manner. As such, it is part of a multi-year continuum of collaborative consultations comprised of conferences, gatherings, meetings and discussions taking place in support of health transformation in NAN First Nations and other locales.

The intent of this highly participatory, collaborative dialogue is to engage and involve key parties who are directly and indirectly involved in providing health care to NAN First Nations. The general focus of this mutually beneficial process has been developed to transform health care systems for NAN First Nations and their members from crisis mode to a culturally appropriate, community-based, patient-centred, outcomes-focused, highly functioning system under the control and direction of NAN First Nations.

Changes of that magnitude will require the development of new, along with the review and revision of existing, foundational philosophies, fundamental principles, guiding policies, operational processes, on-the-ground practices, supporting infrastructure and sources of human and financial resources and their allocation.

The NAN Health Transformation process acknowledges the importance and many benefits of soliciting input from those affected by, directly involved with and aligned to the current health care system now serving NAN First Nation members. At the same time, it provides opportunities for those individuals and entities to learn from and educate existing health care providers at the institutional and individual levels to ensure the transformation is founded on the best information and advice possible from all involved parties.

That process of listening, learning and educating will support sound decision-making and the ultimate "buy-in" of those parties who will both implement and utilize the system and services arising out of the NAN Health Transformation initiative.

Mushkikiw Wiichihiitiiwin Gathering Process

The Gathering gave voice to NAN and non-NAN front line health care professionals including physicians, nurses, community health representatives, Indigenous and non-Indigenous organizations, governments and affiliated parties through two days of plenary presentations along with discussions and dialogue in workgroups. Their perceptions, ideas, suggestions and questions were documented and will be addressed through internal reviews and a public report on the Gathering will form the basis for ongoing discussions between the parties through future gatherings, meetings and face-to-face conversations.

Following opening songs by the NAN Drum and Elder Cromarty's prayer and comments, the Gathering Chair, James Ransom, Mohawk Nation at Akwesasne, outlined the Gathering's general process of plenary speakers, panels and small group workshops.

Chief Ignace Gull, Chief of Attawapiskat First Nation, officially welcomed participants to the Gathering and spoke to the struggles (housing, water, infrastructure, drugs, poverty, lack of control over their own affairs) faced by his own and other First Nation communities from a community and territorial perspective that created the need for the NAN Health Transformation and the purpose of the Gathering to seek input, advice and guidance from its participants for moving health transformation forward from their perspective.

In his opening comments, Ovide Mercredi, Lead and Negotiator, Health Transformation, NAN, spoke to the historical circumstances arising out of colonialism, the failure of Canada to honour the Treaties, the attempted subjugation of Indigenous cultures and assimilation of First Nations through legislative, bureaucratic and societal measures founded on racism and greed for lands and resources. He noted how those conditions have given rise to the general unhappiness, depression and despair in many First Nation communities that affect so many health determinants of First Nation people. He remarked on how the First Nations have survived and are fighting to regain their cultures, happiness and good health through their resilience and courage of convitions.

Mr. Mecredi reviewed the development of NAN Health Transformation, its goals and objectives and the processes through which it will be designed, developed and implemented. He affirmed that consultations and ongoing dialogues, such as those undertaken through the Gathering, were crucial to the success of NAN Health Transformation. He spoke specifically to the value of medical professionals and representatives of the communities sharing their experiences and expertise to help shape health transformation and their important roles in serving the members of the communities in which they work.

John Cutfeet, former Health Transformation Internal Lead, NAN, outlined the purpose and process for NAN Health Transformation starting with the leadership at NAN determining that their health care system was in a state of crisis and it was up to the NAN First Nations themselves to change the existing "crisis-response system" to an "outcome-based" wellness system. He described the main elements of NAN Health Transformation including the November 2017 Directives, NAN Health Transformation Internal Process Model, NAN Territory First Nations Health and Wellness System, partnership develoment, community participation activities and negotiations between NAN and the Canadian and Ontario governments to improve health service delivery and outcomes.

Dr. Marlyn Cook, Ongomiizwin Health Services, University of Manitoba, outlined her own journey as a health professional and lessons learned from her experiences. She noted the importance of traditional health and the involvement of Elders in healing the body, mind and spirit through "womb to tomb care" and traditional rites of passage ceremonies including traditional birthing supports, midwifery programs and death doulas. She identified specific health problems and the need for health transformation to address the impacts of colonization and culture-wide multiple traumas that result in suicides, lateral violence, addictions and reliance on Western medicine and medication, along with specific illnesses like diabetes.

Dr. Cook described the seven natural ways of healing (talking, crying, laughing, dancing, sweating, yawning and yelling) and traditional healing programs and the need to reintegrate and reinforce them in health transformation initiatives. She observed that the Truth and Reconciliation Commission Calls to Action concluded that the health conditions in Aboriginal communities result from the experiences of Aboriginal peoples since first contact and that Aboriginal healing centres are needed to address harms caused by those circumstances through providing healing programs and processes.

Deputy Grand Chief Derek Fox, NAN, spoke to the need for First Nations people to know how to walk in two worlds through learning traditional activities like hunting and fishing and western education. He noted that many health problems like abuse and addictions were directly related to the impacts of intergenerational trauma for First Nation people. He affirmed that successful health transformation requires engaging with indviduals and entities throughout the health care system to understand how they envision health transformation happening and what it will look like in the end. He noted that talking to people is important to the process, regardless of whether or not they agree with the leaderships' approaches or decisions.

Dr. Roger Strasser, Dean, Northern Ontario School of Medicine, presented an overview of the Northern Ontario School of Medicine and its social accountability mandate. He explained that the mandate obligated medical schools to seek to address the priority health concerns of the community, region, and/or nation they serve through their education, research and service activities. He noted that the Northern Ontario School of Medicine sought to fulfill that mandate through academic initiatives and activities, support of community engaged learning through general partnerships with Indigenous peoples and communities, and specific activities such as its Remote First Nations Residency Program, Health Careers Camps and supporting students to undertake their residencies in northern Ontario. He welcomed the opportunity for the school to work with various health care partners and NAN and its First Nations on health transformation initatives.

A number of workgroup sessions were held throughout the Gathering starting with three plenary panel discussions (Physicians Panel, Nurses Panel and Community Health Representatives Panel). Each Panel included representatives of each area of practice working in NAN First Nations who offered their personal and professional insights into their experiences working in NAN Territory. Their discussions focused on challenges and successes they have experienced in their role in providing health care to First Nations and what supports they require when providing that care.

Physicians Panel Key Issues

Panelists:

Key issues discussed during the Physicians Panel included:

- health is holistic
- western medicine may be narrow in its focus on “treating the individual”
- integrated traditional medicine and western medicine should be available for those who want or need it
- social determinants of health (housing, water, food/nutrition) must be addressed
- health transformation will help address the racism patients face on a regular basis
- need to change approaches to health from a colonialization approach to an Indigenous which was designed to distinguish the rights of Indigenous people patient-centred approach
- strong families and communities are examples of the impact of Indigenous resilience
- Elders can help in responses to community traumas
- physicians who come to a community to work need to feel welcome
- health care professionals from outside the community need community support
- generally, good health is a balance of emotional, physical, spiritual and mental wellness
- communities need an opportunity to define and control what happiness and health is
- communities need to define their own health care priorities and approaches
- health care providers in First Nation’s communities may need cultural sensitivity training

- physicians require more support staff in order to provide higher quality care to patients
- some physicians leave due to an overwhelming community feeling of hopelessness
- good salaries can be an important recruitment tool
- retention of health care providers is better when there is a strong connection to community
- ongoing lack of human resources (i.e. nurses, physicians, etc.) to provide care to patients
- difficult for individuals to access specialized health services they need within their region
- area of success is health care providers working in their own home communities
- community-led programs have greatest chance of success
- need more health care infrastructure (hospitals, health centres, clinics, equipment) in the communities and regions
- Electronic medical record (EMR) systems utilized by hospitals, nursing stations, community workers and health services often lack appropriate coordination
- comprehensive patient centred, team-based care should be available as close to home as possible
- community-based addictions programs are more beneficial
- some innovative programs involving youth are making a difference
- communities need more access to child development resources
- ongoing meetings of community health care teams can help share valuable experiences

Physicians Panel Suggestions

Key suggestions identified by the Physicians Panel included:

- ask each community what it needs and listen and act on what it tells you
- let each community determine and define its own priorities
- balance integrated traditional and western health care practices
- honour the Medicine Wheel
- stress can impact well-being – access to mental health care supports are needed
- integrate and support the self-determination of First Nation through NAN Health Transformation
- identify, analyze and address impacts of health determinants as part of NAN Health Transformation
- include physicians and other health care providers in NAN Health Transformation at all levels
- make non-community health care providers feel welcomed and supported by the community

- develop clinical services in the community including examinations, test follow-ups and access to specialized medical professionals
- assign a RPN from each community to clinics in order to support follow up
- direct initial efforts towards the most vulnerable
- recognize and deal with possible vicarious trauma suffered by health care providers
- build community capacity by training community members to become health care providers
- disengage and disband Non-Insured Health Benefits (NIHB)

Nurses Panel Key Issues

Panelists:

Key issues discussed during the Nurses Panel included:

- importance of understanding and respecting cultural aspects of health and wellness
- need to balance traditional and western approaches to health and wellness
- how cultural approaches and traditional activities can help lift people out of poverty and depression and return them to health and happiness
- roles of nurses and other health care providers in NAN Health Transformation
- existing and possible roles of nurses in providing health services in NAN First Nations
- importance and value of strong working relationships between nurses, doctors and community health representatives in providing health care at the community level
- how programs like the "Choose Life" program and Jordan's Principle can address health determinants affecting the health of individuals and communities
- need for more nurses and other health care providers in NAN First Nations
- need to encourage and enable community members to become health care professionals and serve their own and other First Nation communities
- need for more nurses and physicians from the community who can act as role models in local communities
- lack of adequate health care infrastructure (facilities and equipment) in the communities
- need to improve health care facilities including health centres, space for health related programs and housing for health care professionals stationed in the community
- investments in training nurses providing general and specialized care are often lost to communities when nurses are transferred or personally choose to leave the community
- nurses stay longer in communities that welcome them and encourage them to become part of that community
- nurses and other health care providers can experience various forms of trauma as part of their service – it is important to address those circumstances so affected individuals can continue to provide care

- nurses do not necessarily become good nurses only because of what they learned in school – they also learn from experience and the time spent in the community

Nurses Panel Suggestions

Key suggestions identified by the Nurses Panel included:

- prioritize improving health determinants as part of NAN Health Transformation
- NAN First Nations should hire their own nurses with a sufficient remuneration package and opportunities for specialized training
- take young people hunting, fishing, trapping and gathering to encourage them to reconnect with the land
- help young people pursue a career in nursing through job placement programs, supporting co-op programs at high school and pre-health programs (with housing supports, etc.)
- have health care providers from various disciplines come to the community to inform students about health care professions that they can consider
- invest in nurses through intensive training and education that is provided free of charge
- NAN should provide local-specific training on culture and traditions for health care providers working in NAN First Nations
- include cultural mindfulness training as part of professional development for health care providers
- encourage and assist nurses to learn about grief counselling and working with mental health and addictions programs
- provide nurses with access to tools required to assist patients in need including medication for depression, anxiety, PTSD and psychosis
- provide nurses with training in midwifery
- increase patient access to specialized services at an early age

Community Health Representatives Panel Key Issues

Panelists:

Key issues discussed during the Community Health Representatives Panel (CHR) included:

- CHRs are dedicated to public education (i.e. prenatal, diabetes education)
- CHRs provide diverse and important health care services at the community level
- CHRs often must provide a wide range of services despite a lack of qualifications and training
- CHRs do a lot of work outside their training
- CHRs develop close relationships with the community members through their work
- CHRs start with general knowledge, but learn new skills quickly out of necessity
- CHRs are having to serve multiple communities and lack the same community connection

- physician visits to communities are often too short – they rush in and out of the community
- providing patients with medication can be a challenge, particularly for elderly patients
- a centralized medical record system is needed (EMR)
- better medical equipment is needed to treat patients particularly in critical condition
- community based mental health workers are needed
- health care is needed for people who have experienced an overdose and suboxone treatment
- children and youth are not being taught about changes they will experience as they enter adolescence and adulthood
- some CHRs are unaware of NAN Health Transformation

Community Health Representatives Panel Suggestions

Key suggestions identified by the Community Health Representatives Panel included:

- address the needs of community members from their perspective
- heal from the grassroots up through bottom up holistic measures
- consider what "health transformation" ultimately will look like
- should constantly pursue better health systems for communities and shouldn't give up
- include all applicable community health workers in the transition
- communicate what NAN Health Transformation is and what is being done in clear language
- encourage "connectivity with people" throughout the NAN Health Transformation process
- reinforce community ownership of its health care system, services, programs and activities
- support recruitment and retention through outreach, information and ensuring health care providers feel wanted, welcomed and engaged with the community
- address immediate disparities while considering and acting on the more global aspects of Health Transformation
- pick focused priorities (may vary by community)
- define and document timelines and tangibles for acting on Health Transformation options to ensure ideas are not lost
- ensure the health care system, programs and activities are flexible enough to meet the community members' needs, regardless of where they are living
- develop an inventory of available health care programs, services and activities for each NAN First Nation
- ensure community-based access to pediatric medical professionals and services for each community

- develop a centralized medical record system (EMR) to better support patients' needs within and outside the community
- address mental health needs including infrastructure and capacity needed to support patients

Knowledge Exchange Discussions

The Gathering included a Knowledge Exchange comprised of five group workshops through which participants shared their individual and collective knowledge, expertise and experiences to provide insights, feedback and opinions on what NAN Health Transformation means to them individually, their communities and organizations. They also identified what other information they needed to know to participate in NAN Health Transformation and what specific types of information would be beneficial in that regard.

Workshop Discussions

On the second day of the Gathering, a series of three facilitated workshops (three groups for each workshop) explored NAN Health Transformation from the perspective of participating health care professionals. Workshop discussions focused on identifying possible barriers to providing equitable health care in NAN First Nations, how health transformation can create opportunities for improved health care by removing those barriers, challenges that may prevent health care professionals from remaining in the communities long-term, how to support recruitment and retention of required professionals, and how health care professionals can participate in and support health transformation and how they think it will look in the future.

Knowledge Exchange and Workshop Discussion Issues, Actions and Outcomes

Participant comments from the Knowledge Exchannge and Workshop discussions identified the following range of health transformation issue areas, suggested actions and possible outcomes.

Fundamental Issues

Issue Area: Colonialism and Racism

- impacts of colonization are still being felt
- culture underlies the success of health transformation as its foundation
- need to constantly explain to others why "Native people are the way they are"
- when settlers come, they don't come to leave – they come to set up home and to displace others
- system is set up for the settler and not for the person who is displaced

Actions:

- know who we are and where we come from as part of our identity
- identify and confront impacts of systemic, institutional and personal racism, prejudice and bias

- dispute impacts of colonization and find out how to preserve culture and traditions
- educate the people on how to deal with racism
- debunk racist comments
- dismantle this settler system
- push to keep our language and have information in our language
- never lose our language because it identifies who we are

Outcomes:
- going back to what the Creator has asked Indigenous people to do
- recognition of our traditional and core values and fit pieces together as part of a larger puzzle

Issue Area: Traditional and Customary Health Care
- culture as a foundation of good health care
- western medicine programs and practices have been forced on the communities
- western medicine models are replacing traditional and customary medicine practices
- the western medicine focused system is built around a nurse health care provider model
- there is a place for using and respecting both western and traditional health approaches
- need to understand traditional laws

Actions:
- hear from and listen to the knowledge keepers and rights holders
- reteach ourselves and others that our culture will heal us
- others should stop others doing things for Indigenous people and get out of the way
- allow Indigenous peoples to do what the Creator has asked them to do
- say what we want and what is important in our culture
- combine western medicine and traditional healing
- ensure care providers coming in are respecting western and traditional medicine
- ensure that traditional medicines are used in healing and health
- integrate traditional healers with western medicine as a foundation for transformation work
- invest in traditional medicine and local traditional centres
- make traditional healing and land-based activities a part of the system focused on happiness
- transform the system from western medicine acute care to a blended holistic system
- practice, recognize and collaborate in bringing in traditional methods to western medicine
- practice, recognize, educate and collaborate to bring traditional methods to western practices

- traditional healers gathering: their role is important and how to integrate them
- review Treaty 6 Medicine Chest clause and how it plays in to transformation now
- do more aftercare with traditional teachings
- be facilitators and educators to bring traditional models into western medicine and practices
- invest in people, knowledge keepers and traditional medicine

Outcomes:
- blended system of western medicine and traditional care with Indigenous ways of knowing
- traditional medicine and healing and western medicine working in combination and collaboration

Issue Area: Health and Wellness
- we are losing so many of our people and we need to take action
- what we're doing isn't producing the results we want
- day in and day out we are failing our communities
- people used to live in health and harmony despite not having running water
- didn't used to get sick like we do now – knew how to deal with illness with our own medicines
- how we think about health today is narrow
- health doesn't necessarily mean medication, it can also mean going out in the land
- we didn't see Indigenous Elders in Winnipeg before needing services because they used to be helped by community members in their community
- we didn't used to see Indigenous women not knowing how to care for their newborns
- something happened and changed to create these dependencies on these services
- assets within communities are not recognized as valuable to the government
- need strategies with an emphasis on bringing people out of poverty

Actions:
- undertake a holistic approach focused on the whole being
- understand traditional laws – we often forget what health means for us
- health transformation
- change what we value and what we see as valuable that is tied to our own world view
- identify resources currently in use or that are available that can be accessed
- ensure knowledge is passed on from the Elders who have the experience and the knowledge

Outcomes:
- improved health outcomes

- improved health and wellness for community members

Issue Area: Truth and Reconciliation Call to Action

- there is an assumption we have to participate in the Truth and Reconciliation Calls to Action

Actions:

- analyze and understand the Calls to Action and determine if engagement is meaningful

Outcomes:

- appropriate responses to Calls to Action

Institutional Issues

Issue Area: Jurisdictions

- complicated because we have a private health sector, a federal health sector, etc.
- people are falling through jurisdictional cracks
- Public Health Acts don't promote public health services for First Nations people – those services do not exist
- Ontario *Health Promotion and Protection Act* doesn't have provisions to help Indigenous peoples
- feds are funders, provinces are doers, then they argue and First Nations fall through the cracks
- services that others are already doing are duplicated – communication is a big issue
- we get territorial over the amount of money we get – results in a lack of trust in one another
- services are fragmented – need one funnel to go to Council and another to go to designated health director role

Actions:

- address issues with the bureaucracy
- be clear on the expectations on what the Federal government offers
- eliminate jurisdictional issues

Outcomes:

- clear lines of authority
- targeted, integrated programs, services and activities
- jurisdictional traps where people fall through the gaps are minimized

Situation: Health Care Approaches

- Indigenous people are the experts and those who think they know best are barriers
- public health is often removed from primary care
- health disease is seen as a commodity – need to flip to invest into people, knowledge keepers and traditional medicine

- balance of power within the system currently rests with external health care systems and providers

Actions:
- affirm First Nation control over their own health care models and system
- identify and promote the benefits of First Nation controlled health system

Outcomes:
- more relevant health care programs and services
- improved health outcomes

Health Transformation Process

Issue Area: Understanding of NAN Health Transformation

- people need to know and understand what is happening with NAN
- we do not know what we do not know
- assumptions about successes and failures are barriers
- change has to come from bottom up
- people need to start within themselves to want change
- medical transformation framework will have big impacts on people in the north
- can't affect the change on the legislative pieces if we don't understand them
- always top to bottom, but it needs to be from bottom to top
- communication is critical
- gaps in communication about health transformation
- our people are wondering when we are going to stop talking and are going to see action
- not moving in a way that is fluid, open, and trusting each other
- will health transformation affect other initiatives and discussions already taking place
- non-insured health benefits are a priority area – can they be a part of health transformation
- cannot keep NAN Health Transformation so vague
- feels really big with lots of layers – policies, legislation and from a community point of view; Where do we begin with this process? What is possible? What is involved?
- transformation goes two ways and we need to ensure we are all understanding it at all levels
- need to change some policies and health
- transformation can improve the transfer of control – accountability is key
- there can be a lack of communication going to the Chiefs and Councils
- strengths in the different types of leadership – regional leaders can do some things like implement electronic methods, IT support
- top management needs to be connected to lower level system

Actions:

- describe the Vision behind the transformation and how this is going to look
- come up with a common understanding for the people of what health transformation is
- understand what the barriers are
- understand the levels of transformation: policy, regulatory and legislation
- use this opportunity to change things and surprise people
- identify what health transformation means to/for each person from individual perspective
- determine how our priorities shift as we move through this transformation
- make certain that NAN is communicating what health transformation is all about
- make information available at as many levels as possible

Outcomes:

- understanding of, and commitment to, NAN Health Transformation
- more efficient and effective health transformation process

Issue Area: Participation in NAN Health Transformation Development

- Tribal Councils need to be more involved
- at NAN, how are we going to inform people
- build trust up again and repair relationships because right now we are failing
- see nurses that work in communities at the Gathering, but have not heard from nurses in the hospitals
- missing other professionals at the Gathering
- as a member from one of the two worlds, I may be able to be an ally for the community in the western world
- some political urgency due to potential changes with government

Actions:

- get the people involved
- meet with other people, not just the people that are at the Gathering – mental health, specialists, community-based workers, primary care, public health, allied health, traditional medicine, health managers
- develop an integrated team
- team-based approach incorporated right from the beginning
- support relationship building and communications
- NAN Chiefs and Health Directors should meet and keep lines of communication open
- consider the different goals and needs of nursing stations: primary care, emergency care, etc.
- continue to have the same nurses and staff in the transition team

- include nurses in hospitals in the process
- communicate at all levels and respect interconnectedness between teams (directors)
- talk to partners, Elders, nurses, doctors, community members about: What information do they have? What are the barriers? What are the assets/gaps?
- show patience in terms of teaching and learning and working together as a team
- commit to working together as part of one larger initiative
- examine ourselves and ask if we are the barriers – do I think I know best because I have been in school for a long time
- have government and outside agencies sit with the community as appropriate at consultations
- build strong relationships with non-Indigenous partners and universities
- anticipate and adjust so that there are new partners at the provincial and federal level
- look at each other as friends, working together, rather than in terms of designations
- all work together and stop talking about working at different levels
- identify how each person can help
- learn how to be better again

Outcomes:

- fuller review of, and input on, NAN Health Transformation and related activities
- stronger "buy-in" and commitment to NAN Health Transformation

Issue Area: NAN Health Transformation Implementation

- don't act "for, to, by, with" but "as" – no one is doing anything for, to or with Indigenous people
- power currently rests with health care providers, government, and outside agencies
- power should be with the community
- important to have more Indigenous input, say, control and decision making
- Pan-Indigenous model won't work – there is no "one size fits all" solution
- not able to quickly make changes
- tell it to me, I can be the voice and bring it forward to provincial and federal health officials
- transition within the next year can be a 'quick win' for health transformation
- NAN communities will need a list of what they will need in their workforce in terms of nurses; How many are retiring? We need that data collection
- health transformation will be unique to different groups, communities and individuals
- integrate these discussions, so we are all going in the same direction
- reduce tensions for other conversations/groups that are looking for similar resources
- NAN is the planning body, not the governing body

- timelines, milestones, priorities, deliverables and tangible goals are needed in order to not lose momentum for the initiative
- health transformation activities will require sufficient funding to be successful
- regional health authorities not running great, but systems are being developed

Actions:

- consider the next generation in all plans
- have steps to achieve each and every goal in place
- recognize uniqueness as we build this
- look at what we have now, blow it up and do what the communities need/want
- look to areas where transformation has already occurred and understand what happened
- clearly define a structure to identify where health transformation is going
- address immediate disparity and pick your priorities
- focus on where we get our strengths from different leaderships
- identify roles and responsibilities
- be cautious about unexpected outcomes or consequences – change isn't always positive
- work on and present a well-developed model
- emphasize existing strengths and build on what we know already
- identify what we can transform while we are preparing for transfer
- pressure government to allocate funds as needed under direction of Indigenous organizations
- know what you would like the government to do prior to a transfer of services
- ensure we are clear on the link between transfer and transformation
- look at a realistic approach, not an idealistic approach, for health transformation
- recognize when something is not working so you can make changes to make it work
- remember where we have come from and recognize our achievements and successes
- report an issue when you see an issue
- roll out everything in one community or one program in all communities
- utilize a strengths-based and resiliency-based approach

Outcomes:

- holistic and culturally appropriate actions to heal soul wounds and address mental health issues
- successful implementation of NAN Health Transformation

Health and Wellness

Issue Area: Impacts of Health Determinants

- need to address the determinants of health

- barriers are connected to health determinants in terms of housing and infrastructure
- determinants of health – the basic issues: food, education, housing, water
- access to healthy and traditional foods is limited in the communities
- physical education opportunities are limited in communities
- resistance is a determinant of health – those who know themselves have better health

Actions:
- navigate youth towards success
- understand the gaps – what does it cost to eat healthy in First Nations versus urban setting
- identify health determinants and incorporate measures to address in health transformation

Outcomes:
- a focus on roots of health care needs in the communities

Issue Area: Health Promotion and Care Approaches
- a more preventative approach is needed
- involve Elders in establishing community-developed treatment centres on the land; utilize traditional healers, medicines and practices
- many traditional medicines are verified as being useful – should use traditional medicines more
- the wilderness offers healing grounded in Indigenous ways of knowing and being

Actions:
- education and support for communities to promote healthy lives
- integration of western and traditional health systems
- encourage local long-term care
- mental health needs to be addressed including infrastructure and capacity is needed to support patients with mental health issues
- more emphasis on preventative care and education, and not only acute care
- more focus on prevention
- emphasize the importance of prevention, promotion, and education
- preventative care, healing, and going back to the basics of care
- pursue traditional and cultural ways of healing
- training related to improving health especially with the young generation
- recognize happiness as both a medical treatment and a health outcome
- incorporate information in educational programs
- encourage healthy eating, etc. at the front end to promote health

- education on prevention and healthy living provided to community, specifically youth
- consider alternate approaches that involve a shared approach
- take the time and sit and talk to people – give knowledge instead of pills
- traditional land-based healing treatments
- train youth peers on healthy practices
- overhaul the system in a manner that achieves benefits for everyone from prenatal to palliative, while recognizing traditional and western medicines

Outcomes:

- more culturally appropriate health care
- better health care outcomes

Consultation

Issue Area: Engaging Communities

- real consultation is crucial to the success of NAN Health Transformation
- listening is not enough – it is not action and is not enough
- people feel unheard
- communities feel like they do not have a voice
- consultations need to be inclusive and respectful
- know what direction you are going in with each community and what direction each community wants to take
- need to be clear about what health transformation is all about
- need to find out what other involved parties think
- there are missing people at these meetings (i.e. community-based workers, other providers such as specialists)
- need to meet with other people, not just the people that are at the Gathering – mental health, specialists, community-based workers, primary care, public health, allied health, traditional medicine, health managers, etc.

Actions:

- ask what they need and develop information for them to allow for informed decision making
- at these meetings, where are our Elders – they should be invited
- include youth at Gatherings, they are the future and should be involved from the beginning
- show people how to get involved to provide their information and opinion

Outcomes:

- consultations will include the widest possible audiences
- key parties to NAN Health Transformation will be involved in the process

Issue Area: Conducting Consultations

- communications will be different based on each location
- timing is up to the Chiefs, and often members are not informed or invited
- there are established organizations within communities that need to be consulted
- a lot of discussions going on in different service groups at the same time

Actions:

- audio recording is important
- all NAN meetings should have translation technology and microphones available to ensure everyone hears and can understand
- ask questions about what will make a difference, how can we be involved and how can we make a difference
- during consultations we interact with both languages
- gather success stories on how others have successfully transformed health to get a true understanding of what is happening
- apply OCAP principles to those stories
- properly store all these stories
- take into consideration cultural ceremonies and traditional needs during consultations
- get input and wisdom from the people living in the communities
- go to different communities to seek out what specific priorities of different communities are
- ensure service providers outside of communities are invited to conversations
- invite someone who has the language
- improve communications when gathering information – be aware of hearing deficits
- some consultative activities could be done by CHRs

Outcomes:

- greater involvement of different parties in shaping NAN Health Transformation
- fuller review of, and input on, NAN Health Transformation and related activities
- stronger “buy-in” and commitment to NAN Health Transformation

Issue Area: Reporting on Consultations

- we do not have a respectfully or properly set communication system
- not all community members are informed or on social media
- communication systems are fragmented
- part of engagement is reporting back to communities and we did so in the form of a newsletter
- pictures make a big difference

- it is very important to have the work translated to the language that people are comfortable reading and understanding

Community Involvement and Control

Issue Area: Community Control

- these discussions always take place around barriers at the policy level
- need to learn about barriers from the community grassroots level
- community ownership is important – they should be able to take care of their own system and build their own health care system
- the most effective communities have strong working relationships and rapport with leadership
- consultations must be based on authentic relationships with the community
- communities have to be proactive in their own communities – how to do so
- about information sharing, do all communities know about NAN Health Transformation
- transformation is going to take some time, but while it is happening we need to mentor youth to become health care profession
- utilize the knowledge and skills that are in the community
- need communication at the national level so that I can take it to FNIHB and say that this is what the communities are dealing with

Actions:

- communities need to be firm with what they need and will receive
- build ongoing and lasting relationships with community members
- translate what health transformation means to community organizations and members so the services are relevant to the communities, not just to the agencies
- strengthen the ability of communities to set priorities for health
- balance the dynamic of the real community ownership with the aspects of the system (needing regional leadership and community leadership)

Outcomes:

- engaged communities
- healing communities
- best practices developed and delivered in the community
- respect for community ownership and regional aspects
- federal government will be accountable to communities, rather than only the communities being accountable to the government
- have full control of their health rather than the paternalistic colonized approach
- health care systems to be able to meet our community needs
- community model developed at the community level

Issue Area: Community Challenges

- we have barriers in terms of working together at the community level
- we have talked about immediate needs, educating our people about the government systems, but the real need is at the community level and the need for people to start working together
- my community is underrepresented and not all leaders are honest, and they need to consult with their people
- syllabics are not always recognizable to everyone
- problems with translation because dialects vary so much between communities
- the focus should be on fly-in communities as we know they need help
- each community is unique with both some similarities and differences with each other
- need to build health transformation together
- critical to ensure there is cohesion with communities

Actions:

- listen and work with the communities on what they need, providing assistance and friendship
- be an ally with the western world
- be a health transformation champion on the ground to be the lead in the community
- conduct consultations in the language(s) of participants

Outcomes:

- consultations will recognize and respect the uniqueness of each community

Issue Area: Community Consultations Process

- first voice is the voice of the community – need to hear directly from communities themselves
- meet with communities first and then service providers to get information directly from them
- ensure local leadership fully understand NAN communications – language plays a pivotal role
- language/dialects/translation must be considered
- problem solving skills are already inherent in communities
- important to build on strengths that are already in each community

Actions:

- inform communities and key people and service providers about engagement sessions
- inform communities of dates that health transformation teams are coming to them
- include everyone at the community level including those who have been working in the area for a long time
- listen and take direction from the community

- conduct inventories of what is available in each community
- develop a structure to get information out to the community (i.e. radio announcements, etc.)
- carry message to the community so all members are informed about health transformation in order to provide their opinions – households, young people, Elders, knowledge keepers
- hear community concerns and implement community-specific initiatives
- recognize the unique needs of each community
- determine which aspects of the system are best managed at community versus regional levels
- develop a model that fits the needs of the communities that is flexible enough to work in each community to fit their different priorities and needs
- address needs identified by communities
- get rid of the silos and different levels of government in the communities

Outcomes:

- open and ongoing communication across all levels including leadership in the communities, medical professionals (inter-disciplinary, staff in other communities, hospitals), and community members
- communication maintained on all levels, from leadership communicating to members, between health care providers, agencies, etc.

Service Needs and Gaps

Issue Area: Service Levels

- gaps in services exist at the community and service level
- medical transportation information on who needs to travel where to access care is often lacking
- NAN communities are underserviced
- communication systems are fragmented
- current barriers include communication, infrastructure, capital funding and bureaucracy
- discharge paperwork miscommunication creates difficulties for patient and care providers
- resourcing of services at the ground level is inadequate
- organizing transportation for members is a big issue in communities
- sick of doing “band-aid treatment”
- we are currently ‘managing our own misery’ at the nursing stations
- are most vulnerable when they are ready to help themselves – it is up to all of us to provide the care that they need
- there are significant gap in terms of supports – better staff, emails and equipment that works

- need to know how we can help as well as what that help will look like in the future when delivering physician services to First Nations communities
- communities are not always fully communicating their service needs to decision-makers
- need to understand and document gaps between services in order to negotiate with governments
- we don't know where all the gaps are – every service probably has a gap
- need people who can translate for patients – trained and funded interpreters who are not just the housekeeper who may or may not know the patient's dialect
- need discussions around how we expect to be treated in health care
- working in silos creates gaps – service organizations must work together to help communities

Actions:
- provide greater access to prescription eyeglasses, etc.
- promote teamwork in service delivery – particularly in isolated communities
- tighten up services if fewer parties are involved
- make sure people can access care in their language of choice
- use and add to community capacities that already exist

Outcomes:
- collaboration and cooperation on resources
- more cohesive delivery of coordinated services

Issue Area: Direct Service Delivery
- accessing specialized health services is a priority area
- more allied and specialized health services are needed
- with people coming to the hostel there are some safety concerns for employees around drug use
- communities want to address the opioid crisis
- need to find ways to keep drugs out of communities
- we have a telemedicine initiative but province does not to want fund human resources for running the programs
- we need more communication with the patient, and more with the whole network
- we need to be creative in the delivery of services
- daily public health needs are not being fully met
- patients need to access services earlier for quicker screening and assessments
- amalgamating dental care into health care as a whole is needed
- we need a lot of help in the area of mental health, this should be a big priority

- inclusion of mental health services along with the physical health aspect of health services is insufficient – it isn't just physicians, nurses and CHRs providing services – we need a holistic approach service to the people
- need to acknowledge and address hard issues like lateral violence
- non-traditional approaches may be needed
- First Nations should be taking services over but not in their current state
- need discussions around how we expect to be treated in health care and education – is this supposed to be education in how they are treated or how they are treated in health care and education (as a program)?

Actions:

- change delivery of services approaches, programs and activities
- assist communities to take ownership over their services
- coordinate emergency services
- drugs – address the issues, not the symptoms
- improve on the services – places where they can go – the whole system
- timely access to transport
- inventory of land-based services
- inventory of services that exist
- share information, people work in silos
- relationship building with the community, inter-disciplinary medical teams, as well as relationships with our colleagues in other communities
- relationships are also needed with managers in the systems

Outcomes:

- enhanced delivery of community-based services
- better health care at the community level
- greater community ownership and control over services delivered in each community

Infrastructure – Facilities and Equipment

Issue Area: Nursing Stations

- when nursing stations were first established in the 1950s, the government considered two factors: population and remoteness – as issues change this approach needs to change
- previously only a community with a population of 500 community members warranted a nursing station
- years ago nursing stations only had a radio for communications
- need to consider the objective of nursing stations: primary care, emergency care, etc.
- space to provide health care is needed – as programs grow, the space needs to accommodate to support their delivery

- clinical nursing station is small and we received approval for a new nursing station, but could only build to a certain number of rooms based on the number of nurses
- it often takes a long time to get funding for medical equipment for the community
- treatment centres with holistic healing methods are needed in our communities
- important to define the purpose of the facilities you have and identify your immediate needs
- with change and growth comes a lack of space
- community-based safe places (not governed by the Child Protection Services) may be a benefit over lengthy waits to get people to a psychiatrist
- more patients coming in are violent, physically and verbally abusive and putting staff at risk

Actions:

- adequate equipment at nursing stations
- designing a space and infrastructure that is going to work for people and the communities
- enhanced tools such as ultrasounds, along with the infrastructure and space to do the work (bigger exam rooms, diagnostic testing)
- physical spaces where people will access services and ensuring the spaces will support services being used there
- matching nursing station staff with community needs
- need infrastructure so that we can all work together so that we can each do our jobs
- starting and pushing for women's shelters and treatment shelters, need community support to implement and maintain
- use schools as additional nursing stations doing screening tests like hearing, vision tests
- renovate existing space to enable the transformation

Outcomes:

- improved health care community facilities like hospitals, housing, palliative/hospice care, home care
- more security in nursing stations
- safe spaces for health care services in the communities
- less need to travel out of the community to access health care services
- more equitable access to health care services in the community

Prioritization and Allocation of Resources

Issue Area: Funding Levels

- amount of funding to run programs is inadequate
- communities need to be able to define their needs in a realistic budget that meets their needs

- can get funding for a program but the community is expected to come up with capital funding
- our organizations compete for limited dollars
- more resources for mental health care and access to psychiatrists are needed
- funding for travel and equipment cannot be shifted easily
- government has put a hold on some infrastructure plans that are priorities for communities
- the requirements of funders can create challenges to the ways we collect and report activities
- there are too many disconnections between health care provider priorities and patient priorities
- funding/support system is needed to identify needs for community-based programs and workers

Actions:

- stop reinventing the wheel and have centralized funding
- review population numbers to develop an actual reflection of true population numbers
- get the most out of resources and reduce competition for funding through a one-agency approach

Outcomes:

- more realistic funding levels for enhanced programs and services
- more efficient use of funding

Information

Issue Area: Access to Data

- people own their own information about them
- have to struggle to access our information and data (due to privacy constraints)
- the lack of understanding around engagement protocols is a barrier
- other parties take the knowledge from our information and data and walk away with it
- Tried and True (a database of Indigenous stories) is an example of information gathering
- others should only be able to gather data in a community if they share that information with the community and if that data will benefit and enhance the community in some way
- caregivers in a patient's circle of care need access to centralized patient records (i.e. EMRs)
- currently some information and data are kept in separate systems that don't mesh with each other
- the paternalistic attitude of FNIHB makes it difficult to get data from FNIHB

- need to consider insurance liabilities when collecting personal information

Actions:

- develop protocols for collecting and using information and data from community members
- develop agreements to facilitate the reciprocity of information and data
- negotiate data sharing agreements with all stakeholders
- conduct risk assessments to protect the sanctity of the personal data

Outcomes:

- being able to capitalize on community information and data
- purchasing, collections, and research at the regional level
- improved medical record system (i.e. access to one common EMR for physicians, nurses and all health care professionals across NAN)
- better collection, storage and use of information and data

Issue Area: Collection of Information and Data

- need to work and collaborate with other stakeholders in the data collection process
- review Partnerships with First Nations Information Governance Committee (FNIGC) for data procurement and management
- census information for the communities is poor as its collection was not previously mandatory
- don't have mechanisms in the hospitals where self-identification is available
- a lot of thinking and programming is around observations, but sometimes observations could be supported and enhanced by more data
- NAN communities need to better connect and communicate with each other to share knowledge
- patient profiles should also include cultural components (i.e. does this person speak English as a first language) as this will impact the way treatment is administered
- when a physician is filling in the patient profile, they are looking for basic information, but this information should reflect First Nations or community specific needs
- physicians require a central place to access medical records before they go into a community
- technology gaps are very clear, but research is missing such as what communities are doing well, what is working for them and what can we build upon
- CHRs could be getting the primary data in order to maximize services in an effective manner
- access to patient information should be connected to counterparts in order to share a patient's medical information

Actions:

- use different information and data technology and systems to enhance programs and services
- promote simplified and consistent record systems
- minimize and streamline patient record requirements

Outcomes:

- up to date census assessment to gather accurate population information
- respectful and open communication systems in place where all medical areas can connect

Issue Area: Technology

- present infrastructure is not fully conducive to streaming and more technology-based communications and virtual access
- improved technology is needed
- need to determine how tele-health can work in each community
- five communities with low bandwidth internet access do not have adequate access to telemedicine

Actions:

- use different technology and systems to enhance programs and services
- use technology to support health care for tele-health to reduce the need for some travel
- connect provincial and local information systems through technology
- improve on the modern technology

Outcomes:

- more streamlined communication systems
- enhanced use of technological solutions for health care needs

Human Resources

Issue Area: Staffing Levels

- more health care professionals and support staff are required in the communities
- staffing seems to be an issue in each community
- government should not take a health care professional away from a community just to provide a new health care professional
- new workers brought to communities may not have office space to deliver health care services
- more administrative support is needed
- we have more community resource workers now and they need to work together because we all have the same goal – to better the health of the people in our community
- need an integrated team but we're missing a lot of other professionals

- need to change the model for physicians in remote locations
- inter-disciplinary teams should be expanded to include other areas of medicine
- interpreters need to explain to the patients what they are going through
- need to enhance the community component of community workers

Actions:
- specify if you are not receiving sufficient health care professionals
- have a group of doctors (multi-disciplinary) who rotate through the community
- consider a shiftwork system to be able to provide 24/7 healthcare access
- consider an integrated team of trained CHRs, community members, Elders and youth
- place all staff under the same employer working toward the same goals with the same rules and policies
- establish knowledgeable teams (doctors, nurses, translators, interpreters) that can rotate through communities
- Elders should be remunerated for involvement as health care providers
- Land-based health care providers should be included in the health care team
- long-term CHRs and other health care providers missing the action here
- employ nurse practitioners in all NAN communities
- have people working in nursing stations, physicians and transportation personnel tell us what they specifically need to do their jobs
- train community health workers to provide more services

Outcomes:
- additional staff to provide more health care services in the community
- less turnover of health care providers in the communities
- more access to community-based health care programs and activities

Issue Area: Human Resources – Competencies
- some health care providers are not prepared for the complexity of their jobs
- some communities, for example Sandy Lake, had 130 different nurses last year on a temporary basis and many nurses lacked a primary care background
- more capacity development and skills training funding is needed
- when you live in a community you do not stay just in a specific role – you do everything else
- lots of time is spent training on training health care personnel in the community
- many temporary nurses arrive to First Nations communities unaware of what to expect
- nurses are not always encouraged in their role as part of a broader team
- no one can work well in isolation in the communities
- need people to advocate for health care providers in the community

- CHRs are called on to aid nurses, physicians and specialists in many different areas as needed

Actions:
- identify specific competencies required by different health care providers
- provide specific skills and cross training programs to health care providers
- encourage health care workers to provide services as a team
- give information about a community to health care providers before they come to a community

Outcomes:
- more skilled health care providers with greater competencies
- more effective and cost-efficient health care programs and activities
- less turnover in community health care providers

Issue Area: Human Resources – Training
- need to ensure health care providers are trained appropriately
- funding for training for local support staff and for new workers is inadequate
- funding for training for improving local supports is inadequate
- more support for ongoing education to retain nurses and physicians in the north is needed

Actions:
- mandate cultural sensitivity training for health care professionals working in Indigenous communities
- educate and train "home grown" health care professionals
- train CHRs to support them as essential parts of community health care teams
- partner new workers with a community member to mentor them on cultural protocols, language, etc.
- require new health care providers coming to a community to go through an orientation process
- prepare RNs for working in communities through a community-based practicum
- ensure persons working in nursing stations have skills to match their job
- work with all the partners in health care to ensure providers are appropriately trained
- encourage secondary level students to go into a health care profession in the community

Outcomes:
- system of health care providers having multidisciplinary experience for a team approach
- capacity building for community health workers
- better delivery of health care programs and activities in the community
- more community members becoming health care providers in their own communities

Issue Area: Human Resources – Recruitment

- retention and recruitment of health care providers for communities are critical issues
- health care professionals make family sacrifices when they move to small communities
- often nurses are dropped into communities as a last resort
- more nurses, NPs, and other health care providers are needed for the communities
- more administrative and IT staff are needed for the communities
- involvement in the community by health care providers can help keep and attract health staff
- more flexibility in the system to accommodate physicians who do not do it all, but have specialized skills
- paid full week of orientation in the community with an emphasis on networking and relationship building
- less administrative burden and the longer days
- more support for healthcare professional wellness and resilience
- salaries for provincial and federal government staff and workers need to be updated
- medical professionals stay because NAN is progressive with health transformation

Actions:

- encourage community members to work in health care and to come back to the community
- support youth to make it into post-secondary education and possibly go into health care
- offer mentorships to youth in their own community from an early age to encourage them to consider a future career as a health care provider
- students should be guided to take the right courses to qualify them for the proper post-secondary programs
- include activities in the school systems to inform students on health care career options
- review and improve recruitment practices
- provide incentives to support health care professionals in their roles
- increase youth participation (appropriate to skill level) in health care services to encourage their interest working in the health care field
- have a single competitive and standardized salary and compensation package for community health care workers
- formal education should be provided in the community about health care options
- provide mentorship support from physician managers for physicians working in communities
- develop systems to facilitate career pathways instead of piecemeal training for different careers
- enhance partnerships with institutions and enable access to northern health care professionals

Outcomes:

- increased involvement of local members in providing health care services in their communities
- increased health care professionals and staff in the communities
- reduced turnover of community-based health care workers

Issue Area: Human Resources - Retention

- it is easy to recruit but harder to retain
- better homes for health care providers with amenities like internet and satellite help retain workers
- nurses often get comfortable and they like it and then they get sent off to the next place
- people are trained to leave
- some communities are not set up to accommodate extra health care providers
- we hire people and they burn out – stress and burnout of medical practitioners is common
- we hire primary care nurse practitioners to call and respond to emergencies, but many do not have the background for doing so and leave
- nurses do not always have access to supplies, equipment, training they need to do their jobs
- if there were better supports in place, we would retain more workers to these areas
- flexibility in recruiting around hours of work, salary, providing time for work/life balance in order to keep and attract staff
- people stay because of community connection
- welcoming new health staff to a community impacts upon retention
- enhancing community activities will attract others, particularly people with families
- health care professionals need to feel welcomed with a “sense of belonging”
- there are some concerns around the personal safety of staff
- some people feel unsafe walking into certain nursing stations

Actions:

- recognize and acknowledge health care providers’ value to the community
- improve the health care provider’s work/life balance to make it appealing to stay
- ensure health care workers get paid on time, have holidays and receive the basic respect a regular employee receives
- bring health care providers in for a few weeks initially instead of requiring them to be full time without any time off from the first day
- stop having people put in time and training that might not be transitional elsewhere
- encourage health care providers to get out into the community to break down barriers and build relationships with patients so they feel safe to come to community nurses

- onboard health care provider into the community
- teach conflict resolution to assist with any issues related to blending both worlds
- recognize value of health care support staff who assist physicians
- provide physicians with collegial support
- reinstate the Outpost Program (previously offered at Dalhousie University)
- Indigenous Nurses Association can make the commitment to work with the schools of nursing to transform the curriculum to mandate cultural safety education across Canada
- encourage health care providers to participate in events in the community by providing time away from work in order to attend
- change the education system to allow students to assist or work with an experienced worker, like a doctor to help the student decide on a career

Outcomes:

- higher quality health care programs and services in the communities
- less stress and burn-out for health care providers
- increased retention of health care providers

Systems

Issue Area: New and Enhanced Systems

- current system is not great, new system will be community driven and will look very different
- the system that we are moving towards is very different from the current system
- additional systems are needed for the delivery of health care programs
- systems need to be designed to support and retain the health care providers
- more comprehensive administrative systems are needed to engage and support people
- an inventory of programs and funding opportunities is needed
- different way of doing things may lead to less barriers
- systems should support strengths-based and assets-based changes
- systems can help stop working in isolation or compartments
- a more seamless administrative process is needed

Actions:

- develop new systems through a collaborative process involving all parties
- ensure systems' enhancements acknowledge and respond to community realities
- identify silos and implement case management processes for the way we work in our communities
- work together instead of working in silos
- ensure administrative systems support on the ground programs and activities

Outcomes:

- reality-based system approaches
- systems that support NAN Health Transformation processes and initiatives
- case management models that fit with our communities
- simple things like fax machines and emails that work
- enhanced forms: patient profiles that are unique to First Nations
- improved integration of health care activities and other programs
- clearer communication across the board
- increased self-efficacy

Mushkikiw Wiichihiitiiwin Gathering Learnings

The Gathering's collaborative focus and interactive structure and activities generated a valuable dialogue made up of personal stories, professional overviews and opinions, health care provider experiences and expectations, and community perspectives from political leaders, members and organizations. Eight general themes can be derived from the Gathering's presentations and discussions that will help inform and guide the advancement of NAN Health Transformation at all levels.

Theme #1: Everybody has the right to wellness, good health and happiness. The state of health care in NAN First Nations and the underlying dynamics of personal, social, economic and environmental factors (determinants of health) prevent too many NAN members from exercising or enjoying those rights.

Theme #2: Good health and happiness require a balance of spiritual, physical, emotional, economic and environmental well-being that goes beyond just being physically and mentally well.

Theme #3: The structure, composition and delivery of health care services in NAN First Nations has been in a crisis situation for generations and the cumulative impact of those many years of crisis has reached an untenable and indefensible level – the situation today is beyond urgent.

Theme #4: NAN has called out that crisis to government and Canadians at large and is taking action to transform the health care system and services to better serve NAN members through structural, systemic and practical changes to the provision of health care at the community level through NAN Health Transformation.

Theme #5: Health care is contextual, rooted in historical circumstances that have led to contemporary practices.

- Historical Circumstances:
  - Sustainable and workable Indigenous systems of health care served Indigenous peoples before colonization.
  - Those systems were land-based with holistic approaches that recognized, respected and responded to the spiritual, physical,

emotional, economic and environmental aspirations and needs of Indigenous people.

- The propagation of colonialism demanded control and the imposition of colonial values over those being colonialized.
- The Treaties between the Crown and Indigenous Nations were primarily advanced as instruments of colonialism by Canada.
- The Treaties between Indigenous Nations and the Crown were primarily advanced as instruments of cooperation by the Indigenous Nations.
- Colonial control measures arising out of Canada's perceptions of the Treaties gave rise to the attempted stripping of Indigenous people of their spirituality – beliefs, values and ceremonies.
- Canada used Parliament and legislative measures against Indigenous people through the actualization of its colonial perceptions of the Treaties.
- This ongoing attack on Indigenous people and the use of their land resulted in environmental damage and economic despair; all of which invariably manifested themselves in poor physical and mental health conditions of Indigenous people and the destruction of the social fabric of their communities.
- The health crisis in NAN First Nations is directly attributable to the colonization of Indigenous people in Canada, underpinned by racism and expressed through the Treaties and subsequent laws made by Parliament to reinforce Canada's self-imposed control over Indigenous lands and people.

- Contemporary Conditions:
  - The colonial based process of the control of Indigenous people through blatant and insidious systemic, organizational and personal racism and widespread discrimination continues to fuel health care crises for Indigenous Nations and communities.
  - The inequity of access to health care services and the impact of health determinants result in, but are not limited to, personal and socio-economic damage and despair that leads to and exacerbates physical and mental health, despair, depression, substance abuse, adversarial, internalized and lateral forms of violence, self-harm and suicide.
  - Multiple determinants of health in NAN First Nations include access to health services, poverty, food security, clean water, housing, community infrastructure, employment, income stability, education, social support networks, environment, geographic locations, gender, culture, and language.
  - After unsuccessfully calling upon Canada to declare and deal with the health care crisis in their communities, NAN First Nations declared

the emergency on its own to force action on addressing the reasons for, and impacts of, the crisis.

Theme #6: NAN First Nations, Canada and Ontario, under the 2017 Charter of Relationship Principles, have agreed to NAN Health Transformation as a means to move from the existing health crisis to NAN controlled health care systems and programs that lead to true wellness and effective health care activities by blending the best of traditional and western concepts of health management.

- NAN Health Transformation is designed to create system-wide change that will close gaps and enhance health care from the ground up through new approaches, policy reform, legislative changes, removing jurisdictional barriers, creating sustainable approaches and models, and increased funding.
- Participants discussed fourteen key principle areas upon which NAN Health Transformation can be founded:
  - Guided by the Creator
  - Supported by Elders
  - Focused on healing the people in pursuit of wellness
  - Patient-centred and responsive to community and individual health
  - Nation-to-Nation process including fiscal relationship
  - Acknowledgment and adherence to NAN First Nation culture and traditional ways
  - Community directed and controlled – transparent, accountable, community-based process that engages community leadership, members and organizations supported by a high-level NAN oversight committee
  - Building community capacity at all levels
  - Respectful of human rights, First Nation and Canadian laws, standards of care, patient rights and needs, and health care provider rights and working conditions
  - Acknowledgment of the diversity of NAN First Nations and their members
  - Work towards the elimination of the collective discrimination of NAN members in the areas of health care
  - NAN First Nations control over positive and transformative changes to the provision of health care in their territory in collaboration with health care providers and affiliated organizations, institutions and individuals
  - Identification, recognition, respect and response to both historic circumstances and present-day conditions in the design,

development and delivery of transformative approaches and community-based services
    - Engagement and involvement of affected and affiliated Indigenous and non-Indigenous entities through collaborative partnerships
- The vision guiding NAN Health Transformation includes system-wide change based on holistic approaches focused on wellness planning, population health and health determinants. That vision envisions patient-centred, community supported, responsive, culturally safe and effective health care that is adequately funded. The vision further notes that NAN communities will be engaged at all levels and their voices will be heard and incorporated into community-based programming.
- To achieve that vision, NAN Health Transformation must go beyond just allowing NAN First Nations to manage their own circumstances through foundational and fundamental system-wide changes to the philosophy, political, policy and practices focused on improving health outcomes through enhancing equitable access to health care services at the community level.
- NAN Health Transformation must capitalize on the "best" of two worlds to be successful. In order to do so, the process must involve and integrate the learnings, experience and expertise of NAN members and external providers of health care services at all levels as champions and advocates.
- NAN First Nations have a responsibility to look after their people in collaboration with external providers of health care services.
- Health care providers must understand and possess cultural as well as clinical competencies.
- Health care providers need to feel respected and relied upon and be allowed to do their jobs without undue interference.
- There is more than just one "right" way to structure health care systems and provide health care services.
- NAN Health Transformation must be kind, truthful and visionary with an ultimate goal of securing happiness through changing health determinants and outcomes.
- Wellness solutions must address social problems and health determinants in NAN communities.
- Health care systems and programs must be controlled by and operated under NAN First Nation jurisdiction.
- Health care initiatives must respect the diversity of the communities and accommodate linguistic, political and cultural factors.

- NAN Health Transformation must not impose upon or take away from existing Indigenous health care programs and activities and will respect and support the progress and achievements already made.
- NAN Health Transformation will enhance and strengthen the capacity within NAN First Nations to design, develop, manage and govern health care activities through skilled and competent people.
- NAN Health Transformation must build on what NAN First Nations and external health care providers can do together.

Theme #7: NAN Health Transformation is built upon five pillars:

- Community participation
- NAN First Nation law development
- Policy and legislative review
- Fiscal review and funding model
- Dealing with immediate needs process

Theme #8: The Mushkikiw Wiichihiitiiwin Gathering is part of a process of listening to key partners representing health care providers and the learnings, insights, questions and suggestions arising out of the Gathering must be considered and followed through on based on further collaborative discussions and actions as required by:

- Preparing a report on the Gathering
- Circulating the report to appropriate parties for information and feedback
- Reviewing feedback on the report and integrating into future deliberations
- Developing further options for actions based on those deliberations
- Amalgamating actions into the overall process of NAN Health Transformation
- Monitoring actions and outcomes and taking action as required
- Evaluating impacts of actions over time and taking action as required

Putting the Gathering's Learnings to Work

In his closing comments, Ovide Mercredi reminded participants that health transformation was based on reviewing the existing circumstances and future activities from a positive perspective. He suggested that health transformation would need to build on what already exists by reinforcing what is working well and overcoming any weaknesses where the system is broken.

That approach, he noted, would require all parties and individuals to take responsibility in order to enable health care professionals to take on greater authority, autonomy and governance related to health matters. At the same time, he noted that the overall health transformation process involves much more than what front-line health care providers can

do on their own – there are responsibilities and obligations from many others with involvement in and influence over how health care services are provided who must act to ensure those services are available to NAN First Nations and their members in a quality manner on an equitable basis.

Mr. Mercredi referenced the many social and economic problems and health determinants that must be addressed as part of NAN Health Transformation. He noted that health transformation must be built upon basic rights – the right of people to take the best possible care of themselves … the right of Indigenous people to have a better and more equitable health care system … the right of Indigenous people and their own institutions to have the authority and capacity to develop and manage their own affairs with regard to health … the right to enjoy the happiness that comes with good health and a good life.

He concluded that the purpose of the Gathering was to engage, listen to, learn from, inform and motivate those present to more fully understand and personally support NAN Health Transformation and thanked those who worked to make the Gathering possible and the Indigenous people in the room for their brilliance.

The voices heard through the Gathering spoke clearly and eloquently to the role that physicians, nurses, community health representatives and other health care professionals and organizations can fulfil as part of NAN Health Transformation. Taking appropriate action on the participants' concerns, questions and suggestions is the key to the success of the Gathering and many more collaborative consultations that are, and will continue to be, the foundation of NAN Health Transformation.

This report on the Gathering is a work in progress, not an end unto itself. The next step is ensuring those voices from the Gathering are heard, listened to and acted upon. Feedback from those involved in the Gathering and others interested and involved in NAN Health Transformation is essential to carrying forward the momentum generated through the hard work and honest, insightful and respectful dialogue that took place through the Gathering.

Ultimately, the work of the Gathering must be coordinated with and integrated into the wide range of other discussions and actions taking place as part of NAN Health Transformation.

The Gathering concluded with Elder Barney Batise offering sound guidance and direction for fulfilling the promise of NAN Health Transformation in his closing comments and prayer. Elder Batise spoke to the words of his mother that have guided him throughout his life and are as relevant to those involved in NAN Health Transformation as they have been to him.

Watch you don't lose the way you were taught
You guard that well
The Creator gave you that
It is yours – yours to keep
Whatever you build – build it right