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Overview Of Health Transformation

Nishnawbe Aski Nation (NAN) First Nations continue to be failed by policies, service delivery and funding models resulting in a broken health “system”, extremely poor social determinants of health and deplorable health outcomes.

In February 2016, the NAN Executive Council and the Sioux Lookout Area Chiefs Committee on Health (CCOH) issued a Declaration of Health and Public Health Emergency in NAN Territory and the Sioux Lookout Region. In response to this declaration a trilateral commitment to transform the health system in NAN territory was developed between NAN, Ontario and Canada. To mark their commitment and set out a vision for change, the parties signed the The Charter of Relationship Principles Governing Health System Transformation in NAN Territory.

NAN therefore developed the Health Transformation process in order to develop and oversee transformative change in First Nations health for NAN citizens. This process sets out a vision for system wide change whereby First Nations have equitable access to care delivered within their community. This involves disbanding from the current colonial system and exercising self-determination by bringing back accountability, responsibility and resource allocation to our communities. The goal of NAN Health Transformation is to build a First Nations Health and Wellness system that includes:

- An Operations Model
- A Fiscal Model
- A Governance Model

What each of these components will look like and how the system is organized is yet to be determined. The goal of NAN Health Transformation is to have communities as decision makers with the system designed based on community needs. The NAN Health Transformation process is based on community wishes; the system will be made up of both regional and NAN-wide components and service delivery models.

In order to achieve self-determination and develop a NAN Health and Wellness system, the work of the Health Transformation team is guided by the following five pillars:

- 1) Community Participation
- 2) Immediate Needs
- 3) Fiscal Framework
- 4) Legislative and Policy Review
- 5) Indigenous Law Reclamation

In May 2019, the NAN Chiefs in Assembly passed Resolution 19/10 Nishnawbe Aski Nation Health Self-Determination directing NAN to proceed with Health Self-Determination and develop a wholistic health framework that would form a NAN health system outside of the provincial system. A NAN-wide entity such as a “commission” is being explored and will be presented to the NAN Chiefs in Assembly in the Spring of 2020. This entity would support the NAN-wide system and would be the vehicle to carry the ongoing process of health transformation forward.



About Nishnawbe Aski Nation

Mandate and Background of NAN

Nishnawbe Aski Nation (known as Grand Council Treaty No. 9 until 1983) was established in 1973. It represents the legitimate, socioeconomic, and political aspirations of its First Nation members of Northern Ontario to all levels of government in order to allow local self-determination while establishing spiritual, cultural, social, and economic independence. In 1977, Grand Council Treaty No. 9 made a public declaration of the rights and principles of Nishnawbe Aski.

NAN's objectives are:

- Implementing advocacy and policy directives from NAN Chiefs-in-Assembly
- Advocating to improve the quality of life for the people in areas of education, lands and resources, health, governance, and justice
- Improving the awareness and sustainability of traditions, culture, and language of the people through unity and nationhood
- Developing and implementing policies which reflect the aspirations and betterment of the people
- Developing strong partnerships with other organizations

NAN is a political territorial organization representing 49 First Nation communities within northern Ontario with the total population of membership (on and off reserve) estimated around 45,000 people. NAN encompasses James Bay Treaty No. 9 and Ontario's portion of Treaty No. 5 and has a total land-mass covering two-thirds of the province of Ontario spanning 210,000 square miles. The people traditionally speak four languages: Oji-Cree in the west, Ojibway in the central-south area, and Cree and Algonquin in the east.

Treaty Right to Health for NAN First Nations

NAN First Nations have always asserted a Treaty Right to health care. Ontario was a direct signatory to Treaty No. 9; as such, NAN First Nations and Ontario are regarded as having a government-to-government relationship as Treaty partners. The signatories of Treaty No. 5 and No. 9 (and its adhesion) understood that the Treaty contained a promise of health care. In fact, in 1905 and 1906, a physician who performed medical exams and assistance was part of the Treaty. This created a reasonable understanding and expectation that the Treaty included the provision of indefinite, quality health care.

First Nations Right to Self-Determination

NAN First Nations have a right to self-determination, including the right and responsibility to have their own health and wellness programs and services, which includes the inherent right to lead a First Nations health system.

Ensuring equitable access to health care requires the removal of jurisdictional barriers through the development of trilateral partnerships that do not abrogate or derogate from Aboriginal or Treaty Rights protected under section 35 of the Constitution Act, 1982.



Nishnawbe Aski Nation

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NAN Declaration of Health and Public Health Emergency

Mandated by NAN Resolution 16/04 Call for Declaration of Public Health Emergency, the Sioux Lookout Chiefs Committee on Health (CCOH) and the NAN Executive Council declared a Health and Public Health Emergency for First Nations across NAN territory. The Declaration is an assertion of the inherent Treaty rights of NAN members to equal opportunities for health, including access to appropriate, timely, high-quality health care, regardless of where they live, what they have, or who they are.

A History of Crisis

The Declaration of Health and Public Health Emergency was not made lightly. It was forced into existence by decades of perpetual crisis and persistent health care inequities faced by NAN members at the community level.

- **May 1973:** the National Indian Brotherhood (NIB) pass a resolution calling on the federal government to return control of Indian health to the Department of Indian Affairs, reversing the 1945 transfer to Health and Welfare. The NIB Resolution criticizes the Department of Health and Welfare for refusing to recognize Treaty rights to health care as a matter of departmental policy and for the Department's history of non-consultation with First Nation people and their imposition of arbitrary decisions onto First Nations.
- **July 1980:** Grand Council Treaty #9 Chiefs pass various resolutions related to health matters, including an appeal to the federal government to monitor water quality in the communities and establish potable running water and sewage disposal systems in all homes in Treaty #9 communities as soon as possible.
- **March 1981:** Community Health Representatives (CHRs) present a report to the Chiefs of Grand Council Treaty #9 providing details of the inadequate state of health care services in the area. The Chiefs respond with a Resolution calling on federal Health and Welfare to establish local Health Committees.
- **August 1981:** The Chiefs of Grand Council Treaty #9 pass a resolution expressing concerns about various health issues including the quality and quantity of staff provided by Health Services and the effectiveness of the air ambulance service. The same Resolution authorizes NAN to begin compiling a report on current health problems.
- **August 1983:** NAN Chiefs support a request by James Bay area Chiefs for an inquiry into the operation and administration of the Moose Factory General Hospital because of the Chiefs concerns about the quality of the health and medical care offered at the facility.
- **July 1987:** NAN Chiefs pass a resolution calling on the Sioux Lookout Zone Hospital to re-open one of two wards closed due to cost-cutting measures.
- **October 1987:** NAN Chiefs, Elders and Tribal Council Chairs agree on a joint resolution mandating the NAN Executive to initiate a full-scale inquiry into the delivery of health services in the Nishnawbe-Aski territory.



NAN Declaration of Health and Public Health Emergency Continued...

- **January 1988:** Josias Fiddler, Peter Goodman, Peter Fiddler, Luke Mamakeesic and Allan Meekis hold a fast at the Sioux Lookout Zone Hospital to protest the deplorable health conditions of First Nations in NAN. As a result, the Scott/McKay/Bain Health is established and mandated to investigate health care services and also look into potential models for future health care service delivery in the Sioux Lookout Zone. The report was released in May 1989. Major findings include:
 - 1) The lack of Aboriginal empowerment to develop policies, plan for health care, make decisions, deliver services and accept community and individual responsibility for health.
 - 2) The lack of community infrastructure and economic development required to support and promote health.
 - 3) The weakening of the traditional extended family due to exposure to western culture and the loss of spiritual values which has resulted in alcohol and substance abuse, family violence, suicide and other serious mental health problems, along with a sense of helplessness and hopelessness.
 - 4) The failure of communication between the two cultures involved in providing and receiving health care which has led to lack of knowledge about health care, unrealistic expectations and a health care delivery system that is not always culturally appropriate.
 - 5) The focus of current health care services is on treating illness rather than promoting health.
- **March 1988:** NAN Chiefs pass a resolution endorsing principles that must be followed in any transfer of services from the federal government. The resolution says that the "Government of Canada is attempting to actually reduce its costs and avoid its fiduciary and treaty obligations under the guise of self-government!"
- **May 1988:** NAN makes a presentation to the Standing Committee on Health and Welfare Canada at the House of Commons in Ottawa indicating the lack of accessibility by First Nations in the NAN area to the same comprehensive health services enjoyed by other Canadians.
- **May 1991:** NAN sends a letter to Federal Minister of Health Benoit Bouchard requesting support for a proposal for community focused healing and suicide prevention strategies. The minister responds "no" to NAN's request and further states an external review should be completed first on the NODIN mental health program based in Sioux Lookout. This review was completed in 1992 and called on Ottawa to provide the program with an additional \$1.7 million per year to be effective.
- **June 1991:** NAN Chiefs pass a resolution calling for a Commission of Inquiry into Youth Issues. Chiefs cite completed suicides and suicide attempts among young people as the rationale. The NAN Executive is also mandated to assist First Nations who have suffered losses from suicide, suicide attempts and emotional trauma by negotiating for funding for the implementation of community-focused healing and suicide prevention programs.
- **September 1992:** NAN Chiefs pass a resolution declaring state of emergency due to high number of suicides; a copy of the resolution is sent to Health Minister Bouchard.
- **February 1996:** NAN Chiefs pass a resolution calling for a Non-Insured Health Benefits (NIHB) mental health moratorium to be imposed on program changes and funding reductions to the Medical Services Branch of the NIHB Program, specifically on mental health, as suicide rates escalate in NAN.
- **March 2006:** NAN Chiefs pass a resolution opposing Ontario's unilateral establishment of the Local Health Integration Networks (LHINs) and its failure to consult with First Nations before changing the health planning system.
- **2006:** Matawa First Nations Council declares a State of Emergency on prescription drug abuse/misuse in their communities.
- **August 2008:** NAN Chiefs pass a resolution calling on Health Canada to develop a policy on prescription drug abuse (PDA) and establish treatment programs and services including aftercare programming.



NAN Declaration of Health and Public Health Emergency Continued...

- **November 2009:** NAN Chiefs pass a resolution declaring a prescription drug abuse state of emergency and call on both levels of government to respond immediately. In 2010, the NAN PDA Framework is created for which NAN receives no funding from either level of government for implementation.
- **July 2014:** The United Nations Special Rapporteur on the Rights of First Nation Peoples confirmed there is a health crisis affecting First Nation people in Canada and that significant improvements in funding and policy change are desperately needed.
- **April 2015:** The Auditor General of Canada releases a report entitled Access to Health Services for Remote First Nations Communities which finds that First Nations living in remote communities in northern Ontario and northern Manitoba did not have comparable access to clinical and client care services as other provincial residents living in similar geographic locations. It was also concluded that Health Canada had not assessed whether each nursing station could provide essential health services and also that Health Canada did not take into account community health needs when allocating its support. Other findings by the Auditor General of Canada include that Health Canada:
 - 1) Did not ensure that nurses had completed mandatory training courses.
 - 2) Had not put in place supporting mechanisms for nurses who performed some activities beyond their legislated scope of practice.
 - 3) Could not demonstrate whether it had addressed nursing station deficiencies related to health and safety requirements or building codes.
 - 4) Had not assessed the capacity of nursing stations to provide essential health services.
 - 5) Did not sufficiently document the administration of medical transportation benefits.
 - 6) Has a practice that First Nation individuals who had not registered are ineligible for Health Canada's medical transportation benefits.
 - 7) Committees designed to resolve inter-jurisdictional challenges have generally not been effective.
- **September 2015:** SLFNHA Chiefs passed a Resolution calling for a declaration of a public health emergency. In January 2016, the NAN Chiefs-in-Assembly passed a similar Resolution.
- **December 2015:** The Final Report of the Truth and Reconciliation Commission calls for Canadians and governments to play a role in healing and reconciliation in order to close the gaps in the quality of life between First Nations and other Canadians.
- **January 2016:** NAN chiefs pass a resolution NAN Suicide Crisis Response and Need for Comprehensive Mental Health and Addictions Funding calling on Health Canada and Ontario for increased funding for community-based PDA programs.
- **January 2016:** Mushkegowuk Council releases the report Nobody Wants to Die: They Want to Stop the Pain – The People's Inquiry into our Suicide Pandemic. The NAN chiefs pass a resolution Special Emergency Task Force on Suicide and call on Ontario and Canada to help establish the task force to address the growing suicide epidemic.



We are in Crisis – the Stories of Our Peoples

The First Nations health care system is in everlasting crisis. In issuing the Declaration of Health and Public Health Emergency Grand Chief Fiddler stated: “The chronic failure of the health care system for First Nations across NAN territory has left our communities in a state of crisis” (...) “Children are dying, and lives are at risk. The fact that many First Nations still lack access to even the most basic health services is nothing short of a national tragedy. The many urgent and long-standing health issues that plague our communities are well documented and the time for action is now. We are calling on all levels of government to commit to a plan of action to begin to address this crisis.”

“We’re not asking for more than what the normal Canadian gets for health care... we’re losing people needlessly.”

- Bart Meekis, Chief Of Sandy Lake

“The old system is not working... for our young ones, for the Elders, for the adult population in terms of accessing quality care based on their needs.”

- Norman Shewaybick, Webequie First Nation

Losing Breath: ‘She Didn’t Have To Die’

Laura Shewaybick had been struggling to breathe. It was a cool night in Webequie First Nation. She and her husband Norman were desperately waiting for medevac.

Norman decided she needed to go back to the nursing station. On their way, Laura fainted twice. The oxygen tank that had been alleviating some of her distress had emptied. Other tanks sat empty in the hallway of the nursing station, operated by Health Canada.

“Why is this happening?” her aunt pleaded after being told there was no more oxygen.

Paramedics arrived 15 minutes later. Laura was flown to Thunder Bay. She was sedated and remained unconscious for the first two days in the intensive care unit (ICU). She spent a few weeks there until she was transferred out of the ICU.

With the move, the quality of her care dropped dramatically. Norman quietly sat beside his wife’s bed as the nurse pushed the monitor near his face and told him, “There’s nothing wrong with her.”

Laura stood up then and collapsed into her husband’s arms.

“I watched her run, that nurse, watched her use her little radio: ‘Code blue! Code blue! Code blue!’

Then everybody showed up, he recounted with a grimace. “They tried to revive her.” “I lost my wife,” he said. “She wasn’t supposed to die. She fought hard to stay alive.”

*In memory of Laura Shewaybick,
Webequie First Nation*



I Am A Change Maker.

My grandfather told me 'There's going to be a day, a time, we must make a statement about who we really are. And there'll be a time when you will be pushed too far. You'll know who you are.'

"I am change maker."

After losing his wife, Norman believes his role is to help improve the quality of health care delivered to First Nation communities. He doesn't want anyone else to experience what he did.

"Look at our reserves. There are mould problems – that's a big health problem. Look at the Elders losing their loved ones, their wives or their husbands. I know that feeling. It's like half of yourself is gone."

Norman said First Nation community members shouldn't have to leave their homes to access health care, such as those who are forced to move away for dialysis treatment.

"It's the system that's got to change," he said. *In honour of Norman Shewaybick,
Webequie First Nation*

Is That Too Much to Hope for?

These issues have been studied for years, and government decisions about what is best for Mushkegowuk People are simply not working. The gap in services is wider, and more harm is being done than good.

As Provincial Minister of Health Dr. Eric Hoskins puts it 'we have failed you. We have failed the north. We have known this all along and for too long. The current policies and legislation have marginalized First Nations.

Program after program have been studied. Process after process to study a department has gone on for far too long. We have read research after research of the demographics. By putting aside, the real tangible solutions, we are taking a very high risk, if status quo is the only option.

Government decisions on what's best for Mushkegowuk Ininiwuk is not working. Instead, the gap in services is getting wider and wider; causing more harm than good.

Now is the time to roll up our sleeves and put aside political stripes. We must begin moving the yardsticks forward. We must begin a plan that is sustainable and viable. We must approach this crisis as Nation-to-Nation.

I have been overwhelmed by the outpouring of support from people across Canada and around the world who are saddened by the situation of the Mushkegowuk Ininiwuk.

They expect this government to step up to the plate and work with us. They want my people to live with hope and certainty without despair and hopelessness. They want my people to have optimism. They want my people to thrive.
Is that too much to hope for?

*- Jonathon Solomon, Grand Chief of Mushkegowuk Council, from presentation to the
Standing Committee on Aboriginal Affairs and Northern Development, April 14, 2011*

The System Failed My Son

Brody Meekis and his siblings came home from school in Sandy Lake First Nation with fevers and sore throats. Their father took the children to the nursing station and the nurse advised him to give the boys Tylenol and to rub their chests with Vicks VapoRub.

While the siblings slowly returned to health, Brody did not, and his health continued to worsen. His father attempted to take him back to the nursing station for a follow-up but was told there were no available appointments for at least a week.

A few days later Brody woke up early because he was feeling very sick. His father immediately called for a medical vehicle to take him straight to the nursing station. Five-year-old Brody Meekis later died of strep throat - a common bacterial infection that is easily cured with antibiotics when properly diagnosed and treated.

"I just remember being so angry, I was just in shock," said his mother.

Many things went wrong in the treatment of Brody Meekis, many of them related to a shortage of medical resources in the remote community. Brody wasn't the only First Nations child to die in the past few years of strep.

*In memory of Brody Meekis,
Sandy Lake First Nation*



A New Trilateral Nation-To-Nation Relationship

Charter of Relationship Principles

The Charter of Relationship Principles (See Appendix) marks the trilateral commitment to move towards creating a NAN-specific approach to health system operations and management. In addition to outlining the guiding principles, it sets out the following vision:

This system-wide change would see First Nations have equitable access to quality care delivered within their community, in NAN territory, as a priority. The Parties intend the system to include wholistic models of care, focusing on wellness planning, population health and health determinants. The system would be patient centred, responsive to community and patient voices, and ensure that health care providers funded by federal and provincial governments would have the skills required to provide responsive, effective and culturally safe care. Communities would be engaged at all levels (community workers, Elders and youth) so that their voices are heard and incorporated into community based programming.

In order to support the NAN Health Transformation process, the three parties committed to several actions, including:

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

Negotiation Table and Joint Action Technical Table (JATT)

It was recognized that in order for true transformation to occur, negotiations at the highest level would be required. Therefore the parties committed to developing a Main Political (Negotiation) Table made up of the NAN Grand Chief, the Minister of Health and the Minister of Indigenous Services Canada. Each party would then appoint their lead negotiator. NAN's lead negotiator, Ovide Mercredi was appointed in November 2017 and the Federal Negotiator was appointed in 2018. Although the province, under the new PC government, has formally committed to continuing the NAN Health Transformation process, the province has yet to appoint a negotiator.

The Joint Action Technical Table (JATT) is responsible for addressing immediate needs and implementation as directed by the Main Political Table. This trilateral table is comprised of: NAN, Ministry of Health, Indigenous Services Canada, Sioux Lookout First Nations Health Authority (SLFNHA), Weeneebayko Area Health Authority (WAHA), Matawa Health Co-op, Wabun Tribal Council and Mushkegowuk Tribal Council.

After year-long hiatus following the election of the PC government in Ontario, the JATT resumed discussions in March 2019 and has identified the following priority area with "quick win" action items:

- Mental Health and Addictions
- Identification (Birth Certificate, Health Card, Status Cards)
- Dialysis and Diabetes
- Emergency Services
- Long Term Care
- Public Health Legislation

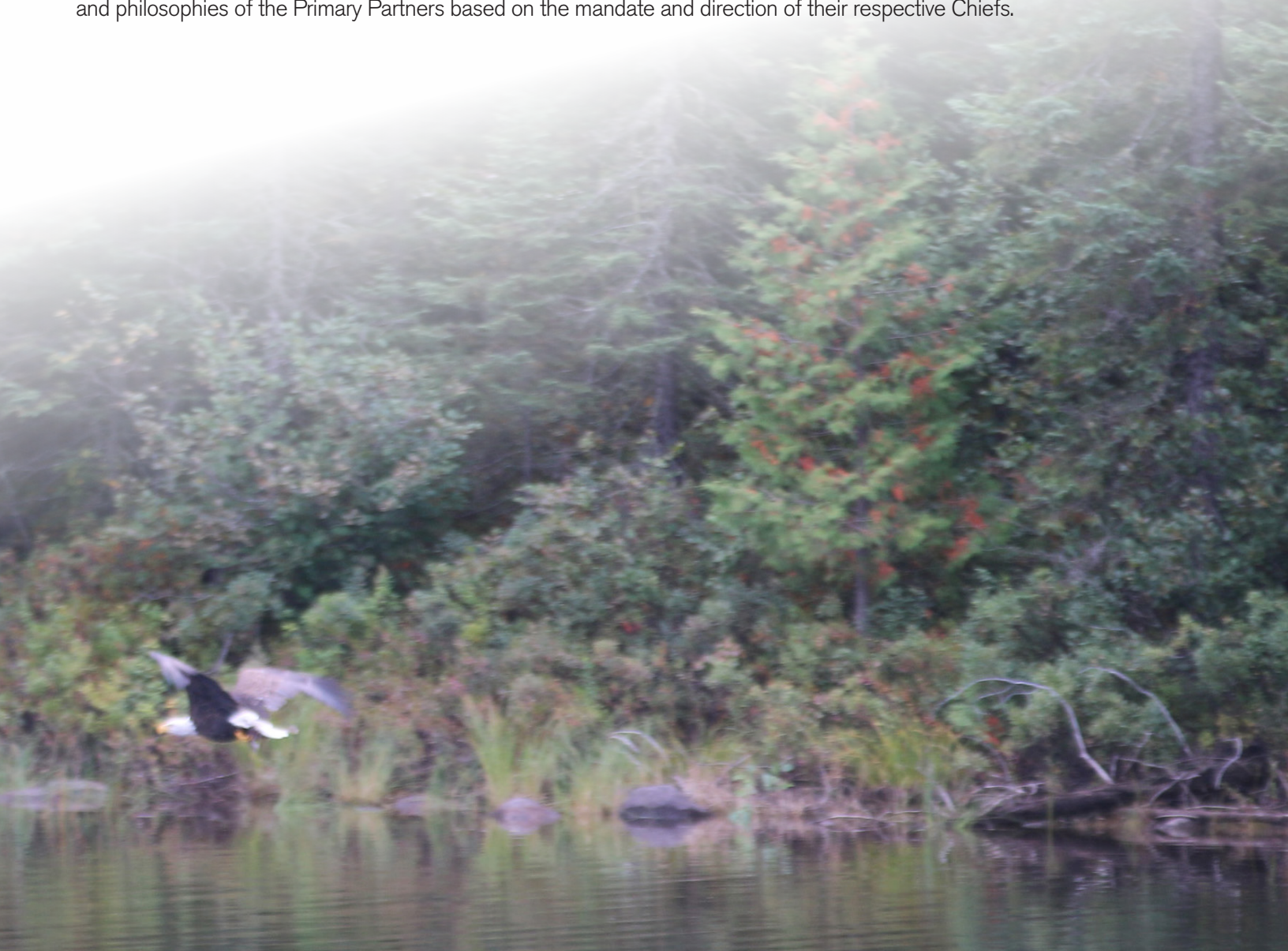
NAN's Response to the People's Health Care Act, 2019

The Progressive Conservative Party of Ontario (PC) introduced the People's Health Care Act, 2019 (Bill 74) which proposes changes to the way health care is managed, funded and delivered in Ontario. The Bill was developed with no engagement of First Nations. NAN's first (and only) opportunity to voice their concerns with the Bill was by appearing before the Standing Committee on Social Policy.

On May 7, 2019, the NAN Chiefs-in-Assembly passed Resolution 19/10 Nishnawbe Aski Nation Health Self-Determination rejecting the application of the People's Health Care Act, 2019 (the Act) and collectively declaring non-cooperation with the Act. It is NAN's position that the Act disregards First Nations Treaty and inherent rights to health and health self-determination.

Furthermore, it is NAN's position that the new Ontario health care regime will do nothing to fix the broken system and the policies, service delivery and funding mechanisms that have continued to fail our people. The new Ontario system is simply a reorganization of a broken system and fails to close the gaps in services needed to address the immediate needs of our people and communities.

In exercising our right to health self-determination, the NAN Chiefs reaffirm the commitment outlined in the Charter of Relationship Principles to represent the foundation of all work related to health that NAN and its Treaty partners to together. NAN has been mandated by the Chiefs to develop a NAN specific approach as an alternative to the Ontario Health Teams process. This process will involve developing a wholistic framework that will address the health disparities in NAN territory. This framework will be developed by the Primary Partners made up of NAN First Nations, Tribal Councils, Health Authorities and other First Nations health entities within NAN territory. The wholistic framework will be build upon on the plans, models and philosophies of the Primary Partners based on the mandate and direction of their respective Chiefs.



Health Transformation Process

Mandate and Directives

Following the Declaration of Health and Public Health Emergency, the NAN Chiefs in Assembly mandated the NAN Executive to execute Charter of Relationship Principles and proceed with Ontario and Canada in developing a transformative health and wellness system for NAN citizens.

The NAN Health Transformation Team was developed and is under the direct portfolio of Grand Chief Fiddler. In November 2017, Ovide Mercredi was appointed as the Health Transformation Lead & Negotiator. NAN Health Transformation is a First Nation-led process with oversight from the Chiefs Council on Health Transformation (CCHT) and guidance from the Health Transformation Advisory Council (HTAC).

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

In November 2017 NAN hosted a Health Summit in Timmins, Ontario. The purpose of the Summit was to identify a pathway to achieving a First Nations health and wellness system for NAN territory. The intention was to discuss the development of a process of creating a new health system that will benefit generations to come. The Chiefs and delegates provided NAN with the following directives for moving forward and for developing the process:

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

In addition to the directives, the Chiefs and delegates made it abundantly clear that there needs to be a commitment to addressing the immediate needs and solutions as we work through the longer health transformation process. An immediate needs process was developed in order to bring about change to the current health delivery system at the community, regional and NAN levels. This involves building on existing initiatives and supporting the critical work done by First Nations, Tribal Councils and Health Authorities.

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

-Grand Chief Alvin Fiddler

NAN Health Transformation Timeline

SEPTEMBER 17, 2015

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

JANUARY 21, 2016

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

FEBRUARY 24, 2016

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

MARCH 31, 2016

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

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

MAY 19, 2016

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

JULY 13, 2016

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

DECEMBER 8, 2016

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

JANUARY 18, 2017

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

FEBRUARY 28, 2017

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

MARCH 22, 2017

Budget 2017 is released with no health transformation funding.

JULY 24, 2017

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

NOVEMBER 14, 2017

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

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

NOVEMBER 16, 2017

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

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

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

JANUARY 17, 2018

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

JANUARY 29-30, 2018

Health Directors Meeting on Health Transformation took place in Thunder Bay. The purpose of this meeting to update NAN-territory health directors on the work of the health transformation process and gathering feedback on identification and prioritization of immediate issues, the meaning of transformation, and how to move forward, with special focus on how engagement and communication should occur.

APRIL 25-26 2018

Youth & Elders Gathering on Health Transformation was hosted in Thunder Bay to gain perspective and guidance on moving forward with NAN Health Transformation.

JANUARY 2019

A NAN Health Summit was held in Thunder Bay, Ontario to share the progress of Health Transformation and provide an opportunity for feedback and direction on moving forward.

MARCH 6 & 7, 2019

Mushkikiw Wiichihiitiwin Gathering was hosted in Winnipeg, Manitoba and consisted of over 100 people interested or involved in developing and managing health care systems and services in NAN First Nations. 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.

APRIL 2019

Submission to Social Policy Standing Committee with Respect to Bill 74.

MAY 2019

NAN Resolution 19/10 *Nishnawbe Aski Nation Health Self-Determination*.



Five Pillars of NAN Health Transformation

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

1) Community Participation

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

The following phases were therefore created:

- Initial Community Visit
 - o Information sharing with the community on the NAN Health Transformation process and getting to know the community and its' community members. NAN members are invited to the communities, meet with Chief and Council First, invite community out for a feast, and then have community participation session where we have the opportunity to gain knowledge and perspective from community members.
- Second Community Visit
 - o A community participation session will involve at least three full days (or more for larger communities) with Chief and Council, health staff, nurses, physicians and community members. Each community will define their own health priorities and what they would like to see in a new health and wellness system.
- Third Community Visit
 - o The third visit will be used to validate what was heard during the second community visit and to assist the community with developing and/or building upon existing community wellness plans.
- Urban Community Participation
 - o Gatherings will be hosted in urban centers for NAN members to be able to share their stories and provide input into what they would like to see in a new health and wellness system.

2) Fiscal Review & Funding Models

NAN is working towards a fiscal relationship and funding mechanisms that are founded upon Treaty and Aboriginal Rights and are reflective of a respectful nation to nation relationship. This will provide communities, Tribal Councils and Health Authorities with funding models that are: flexible, sustainable, based on need and gives communities control over resources. It will ensure that primary accountability is to NAN citizens and that resource allocation will be conducted in a way that best meets the population health needs and supports capacity building at the local level.

NAN is working in partnership with the First Nations Financial Management Board (FNFB) and the British Columbia First Nations Health Authority to review the fiscal process for NAN communities and organizations and to develop options for new funding models to be presented to the NAN Chiefs for consideration.

3) Reclamation of Indigenous Laws

First Nations are sovereign nations with the inherent right to make laws. This includes the right to practice and use traditional sacred laws as well as the right to develop contemporary laws. NAN Health Transformation supports First Nations in exercising their jurisdiction over health and their own health laws.

In addition to supporting community-based law making, NAN, as a nation of 49 communities, is developing the laws that will enable a NAN-wide system to operate and ensure that the system is legally embedded and recognized as an inherent and treaty right.

The Working Group on Reclamation of Indigenous Laws is led by lawyer, Adam Fiddler of Sandy Lake First Nation and is comprised of First Nations legal scholars and traditional knowledge holders.

NAN is hosting Traditional Knowledge Keepers gatherings in order to seek guidance from Elders on how to move forward on gathering existing traditional laws, protocols and guidelines. Direction will be sought on how to capture the laws and how to protect the knowledge while also building a foundation for developing contemporary laws with respect to health. This will include the development of a law making process that would be adopted or adapted by each First Nation. Options for a legislative basis will also be explored in order to establish a legally embedded system in NAN territory. This will ensure longevity and sustainability of the system regardless of changes in governments.

In September 2019, Traditional Knowledge Keepers Gatherings were held. One was held in Fort Albany First Nation and another in Lac Seul First Nation. NAN will build upon these gatherings and host a NAN-wide Governance and Law Making Summit to be held in Spring 2020.

4) Immediate Needs Process

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

- o Develop community-led solutions to the problems they have identified.
- o Items are well researched to produce the best courses of action (at the direction of the community).
- o Ensure that each item has an action plan which is monitored regularly through tracking and triaging.
- o Community-specific issues are linked to larger, NAN-wide issues, which are also researched within a broader context. These are also monitored and linked to the various related departments within NAN.

The immediate needs process identifies 5 sub-categories of Immediate Needs:

- Case-Specific Issues,
- Barriers to Safe & Effective Care
- Advocacy & Strategy Development Across Sectors (NAN-Wide),
- Community Priorities
- Regional Priorities

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

Case Specific Issues

Case specific issues are incidences where an individual requires immediate assistance in accessing equitable and

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

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

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

Advocacy and Strategy Development Across Sectors

Many of the issues that have been identified require long-term approaches that involve various sectors, partners and governments. Governments have committed to working across ministries and departments to ensure that wholistic solutions across sectors. Similarly, cross-sector collaboration across NAN is being strengthened to ensure coordinated approaches are developed.

5) Policy & Legislative Review

All NAN First Nations should receive the same level and quality of care at home that all other Ontarians receive. A policy and legislative review is being conducted to determine the First Nations equitable entitlements to health services and to hold governments accountable to the legal obligation and Treaty health rights of NAN citizens.

The review will be used as a tool to compare existing services and concretely identify equitable entitlements to health services. Further, it will be used to address jurisdictional ambiguity and serve as basis for the negotiation of a new system under First Nations jurisdiction.



Accountability to NAN First Nations is at the core of the health transformation process. To ensure accountability exists throughout the process, the following elements will guide the process:

- 1) Monitoring & Evaluation Plan
 - Ongoing monitoring and evaluation will be a critical part of assessing the success of the NAN Health Transformation process and will also be used to monitor and evaluate the health system once it is in place.
- 2) Reporting (back to First Nations)
 - Although the NAN Health Transformation must report to the governments on the funding, they have received to support the process, the ultimate accountability is to the First Nations. Therefore, NAN will ensure regular reporting to Chiefs in support of the ongoing mandate.
- 3) Research and Data
 - Research and data are critical to building a system that is based on the population needs of NAN territory. This information will also be used to inform the negotiation of funding and the development of policies that are based on the unique needs and circumstances of NAN citizens.
- 4) Roles and Responsibilities
 - Clear roles and responsibilities will be in place to ensure clarity of roles throughout the health transformation process. This will be essential as the NAN Health Transformation Team expands and as partnerships develop.
- 5) Communication Plan
 - A NAN Health Transformation comprehensive communication plan is being developed, to support ongoing reporting and to ensure that communities and partners throughout the system are well informed of the process. Multiple methods of communication will be used, and communication will be done in the language
- 6) Risk Management Plan
 - A Risk Management Plan will be used to have an ongoing process of assessing risks and anticipating challenges and how they will be mediated.
- 7) Mandate
 - The initial mandate for Health Transformation arose from the NAN Declaration of Health and Public Health Emergency and the Charter. These are supported by resolutions of the NAN Chiefs.
 - Through regular reporting back, NAN will be held accountable to the First Nations to ensure there is an ongoing mandate to continue and guide the process moving forward.



Figure 7 - Roots to Wellness

Roots to Wellness (Collaboration Across NAN Strategies)

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

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



Wholistic Health Framework (“NAN Health Commission”)

Resolution 19/10 directs NAN to proceed with Health Self-Determination and to develop a wholistic health framework that would form a NAN health system outside of the provincial system. Further, Resolution 19/10 mandates that the framework is:

- Consistent with the work of the NAN Health Transformation process;
- In partnership with NAN First Nations communities, Tribal Councils and Independent First Nations, Sioux Lookout First Nations Health Authority, Matawa Health Co-op, Wabun Tribal Council Services, Mushkegowuk Council Primary Care and Weeneebayko Area Health Authority;
- Respectful of our inherent right to self-government; and
- Designed to provide services to all of NAN citizens regardless of residence.

A NAN-wide entity such as a “commission” (working title) is being explored and will be presented to the NAN Chiefs in Assembly in the Spring of 2020. This entity would support the NAN-wide system and would be the vehicle to carry the ongoing process of health transformation forward.

The development of the “commission” is being led by Nurse Practitioner, Mae Katt. On July 31 and August 1, 2019, a planning session was held to start discussions on the scope and functions of the “commission”. The session included the Chiefs Council on Health Transformation, the Health Transformation Advisory Committee and representatives from each of the Tribal Councils and Health Authorities. Further discussion and engagement will take place during the November 2019 NAN Health Summit.

Health Transformation Advocates

NAN will be hiring 9 Community Health Transformation Health Advocate (HTA) workers within the NAN communities; this is including remote and road access communities divided up into three sections over all the 7 tribal councils with the NAN territory. The communities selected, factor in location, tribal council and population.

NAN Health Transformation has been working with the First Nations Health Managers Association to design training for members specific to the needs to NAN communities. Upon completion of the one year training program, participants will be designated as Certified First Nations Health Managers (CFNHM).

The goals and objectives for the Health Transformation Advocates include:

- To ensure the process is led by community-driven solutions that are build on community strengths with an emphasis on local control and authority over health care services;
- To ensure the community participation process is streamlined, consistent yet community specific, not duplicating work and an environment that is accepting of all perspectives and stories;
- To ensure as many voices from the 49 NAN communities are heard during the community participation phase of the overall health transformation process, including those living in urban centres; and
- To ideally train 25 individuals (waiting on funding from government) in the health field professions to begin to develop professionals to operate the new First Nations controlled health care and wellness system, upon the completion of health transformation. 7

The five courses required for certification are delivered in an intensive format involving the following three components:

- Pre-reading materials during the four weeks prior to onsite session.
- A four-day onsite intensive session where participants, engage in discussion activities, research, analysis, and completion of assignment one, and work on assignment two.
- Follow up from the session and completion of assignment two.

Students taking the intensive format will also have access to the course in an online format to complete discussions or sharing of information required outside of the four-day session. These sessions will occur five times throughout the year starting September 16, 2019.

Oshki-Pimache-O-Win: The Wenjack Education Institute will provide learning spaces equipped with smartboards and a large classroom, and tutorial support if required.

System Partners

Implementation of the Five Pillars requires a broad range of partnership and expertise. Certain expertise is required in order to support NAN in designing a new system while other partners are required as service providers to ensure that NAN citizens receive the full complement of services that they are entitled to.

Partnership selection and development will be at the choice of NAN and NAN health entities and will be based on a relationship of respect for NAN citizens and respect for the sovereignty and self-determination of NAN communities. In order to get the relationship right, partnership accords are developed with the partner organizations. This forms the foundation of the relationship whereby the specifics of the work together can be built upon.

Partnership Accords have been signed with the following partners:

- First Nations Health Mangers Association
- Canadian Indigenous Nursing Association
- Partners in Health Canada

Partnership Accords are currently being developed with the following partners:

- First Nations Financial Management Board
- NexJ Health System
- Canadian Red Cross
- Law Commission of Ontario
- University Health Network
- Ornge

Further partnerships throughout the system will be required. These include the following:

1) Educational Institutes

NAN will work with education institutes in several different areas to:

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

2) First Nations Partners

NAN Health Transformation will work with First Nations partners that include but are not limited to: Assembly of First Nations, Chiefs of Ontario, Grand Council Treaty 3, Cree

Board of Health and Social Services of James Bay, British Columbia First Nations Health Authority and Indigenous Physicians Association of Canada.

3) National and Provincial Partners

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

4) Joint Action Table (JATT)

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

5) National Regulatory Bodies

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

6) NAN First Nation Co-Creators

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

7) Main Political (Negotiation) Table

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

Each of the Parties is to appoint their lead negotiator to negotiate on their behalf. NAN has appointed Ovide Mercredi as the lead negotiator, Canada has appointed Roger Jones; however, Ontario has yet to appoint anyone to the role.

8) Ontario Regulatory Bodies

NAN will work closely with Ontario Regulatory Bodies to ensure that appropriate standards and practice guidelines are developed to ensure that NAN citizens receive equitable care and that standards are developed to meet the context of NAN communities.



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

- Ovide Mercredi, Lead & Negotiator



Negotiations

The NAN Health Transformation negotiation process is a participatory and inclusive process which respects the sovereignty of each NAN First Nation and their direct relationship with their Treaty Partners. Through both the Community Participation Process and the Immediate Needs Process, NAN gathers the priorities of each First Nation and the Tribal Councils and Health Authorities. NAN Health Transformation plays a supportive role whereby First Nations and organizations take the lead and identify the support that they require. If the First Nation or First Nation organization wishes to have their item form part of the negotiation agenda, their leadership will be present at the negotiation table and will direct the way in which the issue is addressed.

In addition to First Nation and regional priorities, the negotiation agenda addresses the areas needed for system reform across NAN territory. NAN is currently proceeding with the federal government to negotiate a bilateral framework agreement to form the basis of future negotiations including funding and legislative requirements to ensure that the NAN Health System is legally embedded. Negotiations with the province will follow.

Ongoing Engagement

As part of the initial phase of community participation, the NAN Health Transformation team has met with and provided presentations to over 80 groups/organizations. This included NAN Tribal Councils, NAN First Nations communities, First Nations Health Authorities and Tribal Councils. The purpose of this engagement is to present on the NAN Health Transformation process and gather feedback as it develops and ensure ongoing involvement. The NAN team continues to accept invitations and speak to as many groups as possible.

NAN has also hosted the following NAN-wide gatherings:

- 2017 NAN Health Summit, Timmins, Ontario (See Appendix ___ for summary)
- 2018 NAN Health Directors Meeting, Thunder Bay, Ontario (See Appendix _ for summary)
- 2018 NAN Youth and Elders Gathering, Thunder Bay, Ontario (See Appendix __ for summary)
- 2018 NAN Health Summit, Thunder Bay, Ontario (See Appendix ___ for summary)
- 2019 NAN Muskikiw Wiichihiitwan gathering of health professionals including doctors, nurses, CHRs and health administrators)
- 2019 Health Commission Planning Session

The following upcoming events are currently being planned:

- NAN East Traditional Knowledge Keepers Gathering – Fort Albany, September 2019
- NAN Health Summit – November 2019, Thunder Bay
- NAN Governance and Law Making Gathering – Spring 2020 - date and location TBD



Appendices





Appendix “A” Declaration of A Health and Public Health Emergency in Nishnawbe Aski Nation (NAN) Territory and the Sioux Lookout Region



Nishnawbe Aski Nation
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DECLARATION OF A HEALTH AND PUBLIC HEALTH EMERGENCY IN NISHNAWBE ASKI NATION (NAN) TERRITORY and THE SIOUX LOOKOUT REGION **CODE BLUE**

ORDER

WE

The Sioux Lookout Area Chiefs Committee on Health (CCOH) and Nishnawbe Aski Nation (NAN),

In accordance with the following directives:

Sioux Lookout First Nations Health Authority Chiefs Resolution #15-23 *Call for Declaration of Public Health Emergency.*

Nishnawbe Aski Nation Chiefs Resolution #16-04 *Call for Declaration of Public Health Emergency.*

Hereby declare

That effective, this 24th day of February 2016, the remote First Nation Communities in northern Ontario and the broader NAN Territory are in a state of Health and Public Health Emergency.

There are needless deaths and suffering caused by profoundly poor determinants of health. The people have experienced poor health outcomes and a substandard state of health and well-being as a result of inadequate medical diagnosis and treatment of preventable diseases, including:

- Diabetes
- Hepatitis C
- Rheumatic fever and
- Invasive bacterial diseases (group A strep and methicillin resistant staphylococcus aureus (MRSA))

Communities suffer multigenerational trauma from residential schools, social conditions including the suicide epidemic and high rates of prescription drug abuse.

Health Canada has failed to adequately respond to the *Spring 2015 Auditor General's Report on Access to Health Services for Remote First Nation Communities.*

People continually encounter the effects of federal and provincial jurisdictional squabbling leading to inequitable access to health care. The First Nations people experience a level of health care that would be intolerable to the mainstream population of Ontario.


$$\Delta \sigma \int_{\Omega} V \Delta \varphi \geq P \geq PL \cdot \Delta \sigma$$



Nishnawbe Aski Nation

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100 Back Street, Unit 200 Thunder Bay, ON P7J 1L2
Tel: (807) 623-8228 Fax: (807) 623-7730

RESOLUTION: 16/04 CALL FOR DECLARATION OF PUBLIC HEALTH EMERGENCY

WHEREAS the United Nations Special Rapporteur on the Rights of Indigenous Peoples declared there is a health crisis affecting Indigenous peoples in Canada and that significant improvements in funding and policy change are desperately needed;

WHEREAS Health Canada and many researchers have documented that Indigenous Peoples in Canada face extremely high rates of suicide, mental illness, opiate and other addictions, increasing rates of chronic illnesses such as Type 2 diabetes and other conditions, and high incidence of infectious diseases;

WHEREAS in April 2015 the Auditor General of Canada reported on the state of health care in the remote northern communities of Northwestern Ontario and Manitoba and found deficiencies in facilities, access to training for healthcare workers, and other problems;

WHEREAS the Auditor General also noted that “Health Canada did not have reasonable assurance that eligible First Nations individuals living in remote communities in Manitoba and Ontario had access to clinical and client care services and medical transportation benefits,” which leads to untreated illnesses and injuries, as well as avoidable deaths;

WHEREAS Indian and Northern Affairs Canada (INAC) has a fiduciary responsibility for First Nations people living on-reserve;

THEREFORE BE IT RESOLVED that Nishnawbe Aski Nation (NAN) Chiefs-in-Assembly call on the Office of the Chief Public Health Officer of Canada to declare a public health emergency for First Nations across NAN territory;

FURTHER BE IT RESOLVED that the NAN Executive Council is directed to work with INAC to create an implementation plan to address the recommendations from the Auditor General’s 2014 report on health in First Nation communities;

FURTHER BE IT RESOLVED that Chiefs-in-Assembly also call on the Chief Public Health Officer of Canada to establish a new agency with a clear mandate to address the health gap between Indigenous people and their fellow Canadian citizens, and that this agency will work on the following:

1. increasing access to critical care on-reserve including physician services, nurse practitioners, and other health care providers;
2. ensuring that basic acute care equipment is available in all nursing stations;
3. ensuring that staff have adequate opportunity for training in all necessary health care skills;
4. ensuring the provision of childhood developmental services in the remote communities;
5. enhancing youth mental health services;
6. supporting improvements in both acute care and chronic disease management;
7. reforming all aspects of the Non-Insured Health Benefits program, including medical transportation;
8. obtaining quality drug and other health products, as opposed to generic brands;
9. vastly improving and maintaining community health care facilities and equipment;
10. preventing negligence and addressing malpractice experienced by First Nation patients, and securing independent legal advice to deal with claims; and,
11. improving the social determinants of health;

FURTHER BE IT RESOLVED that INAC should be involved in the declaration of a public health emergency and should work with the new agency to improve the health status of First Nations communities;


FINALLY BE IT RESOLVED that the implementation of the directives of this Resolution will be overseen by the Executive Council, the NAN Chiefs Committee on Health and the NAN Health Advisory Group, and an update will be provided at the next Chiefs Assembly.

DATED AT THUNDER BAY, ONTARIO THIS 21st DAY OF JANUARY 2016.

MOVED BY: Proxy Sol Mamakwa
Kingfisher Lake First Nation

SECONDED BY: Chief Wayne Moonias
Neskantaga First Nation

CARRIED



Grand Chief Alvin Fiddler



Deputy Grand Chief

Appendix “C” NAN Charter of Relationship Principles

CHARTER OF RELATIONSHIP PRINCIPLES GOVERNING HEALTH SYSTEM TRANSFORMATION IN THE NISHNAWBE ASKI NATION (NAN) TERRITORY

-between-

Government of Canada

-and-

Government of Ontario

-and-

Nishnawbe Aski Nation (NAN) on behalf of the First Nations in NAN Territory

(Collectively “the Parties”)

- 1.0 **WHEREAS**, Nishnawbe Aski Nation (“NAN”), the Ministry of Health and Long-Term Care, and Health Canada, jointly recognize the need for First Nations communities, Ontario, and the Federal government to work together to address the need for a new responsive and system-wide approach to health for NAN territory;
- 2.0 **WHEREAS**, this Charter expresses the political commitments of the Parties to develop and sustain a renewed relationship that is a partnership and that the Parties intend to result in immediate, medium, and long-term transformative change to the existing health system at the NAN community level;
- 3.0 **WHEREAS**
 - Nishnawbe Aski Nation (NAN) is a political territorial organization representing 49 First Nation communities within northern Ontario. NAN’s objectives include acting to improve the quality of life for First Nations people residing in its region, including the quality and effectiveness of their health care;
 - Ontario, through the Ministry of Health and Long-Term Care, funds, administers and provides leadership for the delivery of health care services to all residents of Ontario pursuant to the province’s legislative framework and guided by the provisions of the Canada Health Act; and
 - Canada, through the First Nations and Inuit Health Branch of Health Canada, works with First Nations, Inuit and provincial and territorial partners to support healthy First Nations and Inuit individuals, families and communities. Canada also funds or provides a range of community-based health programs, services and non-insured health benefits to improve health outcomes and supports greater control of the health system by First Nations and Inuit.

HISTORICAL CONTEXT

- 4.0 **WHEREAS**, the Sioux Lookout Area Chiefs Committee on Health (CCOH) and the NAN Chiefs issued a Declaration of Health and Public Health Emergency on February 24, 2016. The Declaration called for a meeting between First Nations leadership and Provincial and Federal Health Ministers;
- 5.0 **WHEREAS**, on March 31, 2016, a meeting took place between First Nations leadership and Provincial and Federal Health Ministers. At this meeting, the Parties committed to work in collaboration to jointly identify NAN health priorities and undertake joint health planning and strategy development for health system transformation through direct dialogue by establishing a senior level committee of representatives of the Parties to be monitored by NAN's political leadership, the Federal Minister of Health, and the Ontario Minister of Health and Long-Term Care;
- 6.0 **WHEREAS**, the Truth and Reconciliation Commission Calls to Action call for the Federal and Provincial governments to play a role in closing the gaps in the quality of life and availability of health services between Indigenous Peoples and other Canadians;
- 7.0 **WHEREAS**, the United Nations Special Rapporteur on the Rights of Indigenous Peoples in a 2004 Report on Mission to Canada recommended that emergency measures be taken to address the critical issue of high rates of diabetes, tuberculosis and HIV/AIDS among Indigenous people; and that the suicides of Indigenous persons be addressed as a priority social issue by the relevant public social service and health institutions;
- 8.0 **WHEREAS**, the 2015 Auditor General of Canada's report on Access to Health Services for Remote First Nations Communities recommended that "working with First Nations organizations and communities, and the provinces, Health Canada should play a key role in establishing effective coordinating mechanisms with a mandate to respond to priority health issues and related inter-jurisdictional challenges";
- 9.0 **WHEREAS**, NAN communities have issued and developed numerous declarations, recommendations, resolutions, and studies providing specific and comprehensive solutions to the crises they face; and
- 10.0 **WHEREAS**, previous and existing bilateral and multilateral Agreements (namely, the Sioux Lookout Four Party Hospital Services Agreement, NAN/Canada Bilateral Agreement on Health Care Relationships, and the Weeneebayko Area Health Integration Framework Agreement) have committed to strengthening relationships among the Parties to those agreements, improving health and health care services, balancing health services between prevention and treatment of illness, and integrating services within communities.



INTENT AND MANDATE

The intent of this Charter is to formalize the commitment of the Parties to develop and sustain a renewed relationship, that is a partnership, and to articulate the Parties' support for a new, responsive and system-wide approach to health for the NAN territory.

This is a relationship-strengthening document, and is not intended to create or alter legal obligations on the part of NAN, First Nations, Canada, or Ontario, or to be a treaty, or to create, redefine, impact the interpretation of, prejudice or affect any rights, assertions of right, or jurisdiction of NAN, the First Nations, Canada, or Ontario. Furthermore, this Charter is without prejudice to any claim to a treaty right to health by any First Nation that is a member of the Nishnawbe Aski Nation. The Parties to this Charter commit to respecting the autonomy and diversity of tribal councils and communities. The parties do not intend for any future agreements flowing from this strengthened relationship to derogate from any First Nations' inherent or treaty rights.

This Charter has been created to acknowledge and guide the work of the Joint Action Table (outlined in the Terms of Reference attached to this document as Appendix A), and is not to be used for any other purpose.

GUIDING PRINCIPLES FOR A RENEWED RELATIONSHIP

The Parties therefore commit to a renewed multilateral nation to nation relationship that is guided by a mutual, collaborative approach to health planning in accordance with the following principles:

- 1) Any new approach is intended to address health, and health care service gaps;
- 2) First Nations must have timely access to culturally safe health services and facilities, regardless of where they live and have a right to equitable access to health services that meet the unique needs of the communities of NAN territory;
- 3) Joint strategies are needed to identify and address structural barriers to health care delivery to First Nations;
- 4) Health transformation is a community driven process that engages the expertise of First Nations communities and health care professionals, and collaboratively increases the involvement of First Nations to ensure decision making concerning health services for communities is at the community level;
- 5) Any new approach for addressing health and wellness would be guided by existing health plans and community directions;
- 6) The system is intended to be flexible, efficient and accountable;
- 7) New approaches would build on First Nations' capacities and strengths with an emphasis on local control and authority over health care services;

- 8) Continuous evaluation is important for measuring progress and systematically assessing, evaluating and improving the structure, process and outcomes;
- 9) Governance and management of the system is intended to be guided by clear roles and responsibilities at all levels and incorporate First Nations ways and other best practices;
- 10) Health partners and communities will work together in a coordinated and collaborative manner while respecting the autonomy of tribal councils and communities. Communities will be engaged at all levels (community workers, elders and youth) so that their voices are heard and incorporated into community-based programming;
- 11) First Nations have an inherent right to self-government and that the relationship between Canada, Ontario and the First Nations must be based upon respect for this right; and an inherent right to self-government may be given legal effect by specific rights recognized and affirmed by section 35 of the *Constitution Act, 1982*, or through negotiated agreements and legislation;
- 12) The jurisdiction and legal obligations of the Crown are determined by the Canadian constitutional framework, which includes common law and treaties entered into between First Nations and the Crown;
- 13) The Parties intend to maintain and strengthen a relationship that is based on (a) the special and the fiduciary relationship that exists between Canada and NAN First Nations; and (b) a commitment by Canada and Ontario to uphold the principles of the *Canada Health Act* including the accessibility criteria for First Nations people residing in the NAN Territory; and
- 14) This Charter is intended to strengthen the relationship between Canada, Ontario and NAN and the Parties will strive to ensure that their work together is respectful.

THE VISION: HEALTH SYSTEM TRANSFORMATION

This system-wide change would see First Nations have equitable access to quality care delivered within their community, in NAN territory, as a priority. The Parties intend the system to include holistic models of care, focusing on wellness planning, population health and health determinants. The system would be patient centred, responsive to community and patient voices, and ensure that health care providers funded by federal or provincial governments would have the skills required to provide responsive, effective and culturally safe care. Communities would be engaged at all levels (community workers, Elders, and youth) so that their voices are heard and incorporated into community-based programming.

The Parties intend to take all reasonable steps necessary to support health system transformation for the First Nations in NAN territory, including, but not limited to:

- 1) Supporting an alignment process that would bring decision-makers together to move health transformation forward in a deliberate, planned, and measurable way;



2) Creating a framework that would:

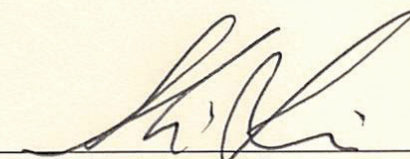
- a) Include an immediate process that would review the urgent health needs identified by NAN and other First Nations health entities within NAN territory, prioritize actions, and implement a joint action plan with an evaluation program for transparency;
 - b) Include a joint review and implementation of commitments made by Health Canada in response to the Auditor General of Canada Spring 2015 Report on Access to Health Services for Remote First Nations Communities that are relevant for the NAN First Nations;
 - c) Include a joint review of the existing health system and funding model, and work towards health system transformation guided by existing system transformation models in the NAN territory that would create new models to improve access to health services;
 - d) Observe the principle that jurisdictional disputes should not prevent the timely provision of services to First Nations children.
- 3) Developing new approaches to improve the health and health access of First Nations people in NAN territory and associated communities, including increasing and improving services and access at the community level;
 - 4) Supporting the ability of communities and First Nations institutions to deliver and plan health services;
 - 5) Proposing policy reform, and considering whether legislative changes may be required, to design a new health care system for First Nations in NAN Territory that includes sustainable funding models within a new fiscal arrangement; decision making structures that provide First Nations with authority, control and oversight; and enable multi-sectoral approaches;
 - 6) Removing barriers caused by jurisdictional, funding, policy, cultural and structural issues that negatively impact First Nations' ability to plan, design, manage and deliver quality health care services in their communities and for their members; and
 - 7) Establishing tri-governmental political oversight such that the actions and decisions of all officials within their organization, Department or Ministry are consistent with the political commitments made by their leaders.

GOING FORWARD

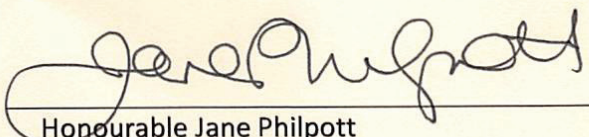
The development of relationship principles between the parties is a component of the health transformation process. These principles are meant to guide discussions among the Parties respecting health system transformation. The Parties intend to identify their leads and the resources for an immediate and ongoing planning process and will finalize a structure and work plan for said planning process, including identifying frequency of meetings, as is outlined in the Terms of Reference and attached as Appendix "A".

As the work proceeds, the parties intend to provide regular written updates (at least once per year) to the Chiefs-in-Assembly of the NAN communities.

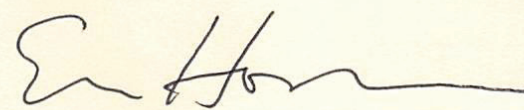
WHEREOF THE PARTIES hereto have executed this Charter of Relationship Principles as set out below, dated this 24th day of July, 2017


Grand Chief Alvin Fiddler
Nishnawbe Aski Nation on behalf of
The First Nations in NAN territory

Date July 24, 2017


Honourable Jane Philpott
Minister of Health on behalf of
Canada

Date July 24, 2017


Honourable Eric Hoskins
Minister of Health and Long Term Care on
behalf of Ontario

Date July 24, 2017



Appendix “D” Resolution 19/10 Nishnawbe Aski Nation Health Self-Determination



RESOLUTION 19/10: NAN HEALTH SELF-DETERMINATION

WHEREAS Ontario Bill 74, *The People’s Health Care Act 2019* (The “Act”), received Royal Assent on April 18, 2019;

WHEREAS the *Act* was drafted without any First Nations consultation or accommodation;

WHEREAS Nishnawbe Aski Nation (NAN) made a submission to the Standing Committee on Social Policy on April 2, 2019, outlining significant concerns with the *Act*;

WHEREAS the *Act* raises numerous concerns, including the following:

- Violations of Section 35 of the *Constitution Act of Canada*;
- Violations of Canadian *Charter of Rights and Freedoms*;
- Breach of Treaty No. 9 and No. 5 obligations and rights;
- Further fragmentation of health care services in NAN communities;
- Devolution of provincial services;
- Further deterioration of First Nations health and social indicators;
- Promotion of privatization of health services;
- Continued decrease in access to quality care;
- Profit-making from NAN First Nations’ poor health and needless deaths;
- Forced integration of our community service providers with other service providers with little or no understanding of health issues in northern and remote communities;
- Continued cultural and safety concerns when NAN First Nations members must travel to urban centers to receive health care;
- Destruction of locally developed and managed programming; and
- Interference with legally binding agreements between our communities and the governments of Canada and Ontario;

WHEREAS the Special Ontario Chiefs Assembly passed a Resolution in April 2019 to reject cooperation with Bill 74;

WHEREAS the *Act* disregards the First Nations’ inherent right to self-government and fails to close gaps in services and fails to address the immediate needs of our people and communities;

WHEREAS the *Act* fails to acknowledge the Truth and Reconciliation Commission Calls to Action, particularly those Calls dealing with health;

WHEREAS the *Act* fails to address the Verdict of the Coroner's Jury - Seven Youth Inquest recommendations, particularly those dealing with health and mental health;

WHEREAS the *Act* does not consider coordination between the provincial and federal governments, and does not guarantee access to health services for NAN First Nations members in or out of the communities;

WHEREAS NAN Chiefs-in-Assembly passed Resolution 16/44: *Exploration of Health System Transformation Models and Processes* in May 2016 to explore options for creating a new health system;

WHEREAS Chiefs-in-Assembly passed Resolution 17/21: *Charter of Relationship Principles Governing Health System Transformation in NAN Territory* in February 2017 approving the Charter of Relationship Principles;

THEREFORE BE IT RESOLVED that Chiefs-in-Assembly hereby reject the application of the *People's Health Care Act*, 2019 within the traditional Treaty territory and collectively declare non-cooperation with this Act;

FURTHER BE IT RESOLVED that Chiefs-in-Assembly reaffirm our commitment to the Charter of Relationship Principles signed by Ontario, Canada and NAN in July 2017;

FURTHER BE IT RESOLVED that Chiefs-in-Assembly direct the NAN Executive Council to release a statement on NAN's position with respect to the *People's Health Care Act*;

FURTHER BE IT RESOLVED that Chiefs-in-Assembly direct the Executive Council to develop a holistic health framework that is consistent with the work on the NAN Health Transformation process in partnership with the NAN First Nations communities, Tribal Councils and Independent First Nations, Sioux Lookout First Nations Health Authority, Matawa Health Co-Operative, Wabun Tribal Council Health Services, Mushkegowuk Council Primary Care and Weeneebayko Area Health Authority, that recognizes our inherent right to self-government, and that provides services to all our citizens regardless of residence;

FURTHER BE IT RESOLVED that Chiefs-in-Assembly direct the Executive Council to complete the draft health framework by January 2020, to be presented for discussion at the tentative NAN Governance Summit or the NAN Chiefs Winter Assembly 2020, followed by final adoption at the NAN Chiefs Spring Assembly 2020;

FINALLY BE IT RESOLVED that the implementation of this Resolution shall be without prejudice to existing and future health care initiatives at the First Nation and Tribal Council levels.



DATED AT TORONTO, ONTARIO, THIS 7TH DAY OF MAY, 2019.

MOVED BY: Chief Leo Metatawabin, Fort Albany First Nation
SECONDED BY: Chief Ignace Gull, Attawapiskat First Nation
DECISION: **CARRIED**



Grand Chief Alvin Fiddler



Deputy Grand Chief

Appendix “E” Summary of NAN 2017 Health Summit

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

Current Barriers & System Failures

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

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

Immediate Action to Address Urgent Needs & Gaps in Service Delivery

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

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



Appendix “F” Summary of NAN Health Directors Meeting - 2018 (Full Report Available)

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

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

Immediate Issues

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

- Mental health and addictions
- Access to specialist and allied health professionals
- Access to physicians and nurses
- Diabetes
- Elder care
- Maternal health, early years, child development
- Screening, prevention, early identification and public health
- Case management and client coordination/supports
- Emergency response
- Food security
- Infrastructure
- Data and electronic medical records
- Water, housing and poverty
- Health human resources and capacity building
- NIHB
- Legislation, policy and funding
- Wholistic approach with culture and language as foundation
- Governance and structure of health system (community structure & regional structure)

Prioritization of Immediate Issues

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

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

What does Health Transformation Mean?

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

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

Implementation of Health Transformation

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

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

Community Participation and Communication

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

Effective use of Existing Resources

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

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

Appendix “G” - Summary of NAN Youth and Elders Gathering (Full Report Available)

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

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

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

Solutions (Identified by Youth) The youth generated many ideas for moving forward and developed a large list of solutions. The following is a summary of their solutions.

SOLUTIONS	
MENTAL WELLNESS	<ul style="list-style-type: none"> • Increased mental health services and suicide prevention • Getting to the root of problems (healing and breaking cycles) • Education and awareness (bullying, suicide prevention) • Safe, nurturing environments • Organize fundraising and awareness campaigns • Family at front lines, especially regarding suicide • Continued help with addictions – not just one-time programming, treatment centres on reserve • Use land for healing, self-identity and healing circles • We need to fix the way we see each other (diverse beliefs and practices)
INCREASED SUPPORTS FOR CHILDREN & YOUTH	<ul style="list-style-type: none"> • Foster strong spirit with ourselves, our children and others • Use land to help kids dealing with family break-ups • Youth need more supports (teachings from Elders, more mental health programming, language and culture, leadership opportunities, etc.) • Our own resource centre in Thunder Bay to access recreational activities • Sharing circles with kids (encourages bonding, decreased misbehaviour) • New school books and school supplies • Increase number of youth centres, drop-in centres with resources and supports • Sports programs
COMMUNITY WELLNESS	<ul style="list-style-type: none"> • Teach impacts of colonization (know our history – know why we are suffering) • Teach about importance of culture - Be open-minded on diverse beliefs • Communities need to work together • Spring and fall feasts to celebrate good life stories • Address what is happening in our communities • People should find and learn the working lifestyle • Teachers from the community are needed • Children should be encouraged to become doctors and nurses, etc. • Bring back traditional activities to make our communities well again • Community envisioning (gathering community members regularly, talking about pressing issues, economic and community developments) • Starts with individual change (lifestyle, getting involved, fighting for your rights) – “be the change you want to be” • Address mould issues • Build multi-plex houses • Gardening workshops and greenhouses • Food drives and clothing drives • Get parents involved in kid's activities • Increase volunteerism • Community programs and events



HEALTH & WELLNESS

- Build new health centres
- Affordable fruits and vegetables
- Encourage more physical activity for all ages, require exercise machines
- Recreational, sports and family programs
- Self-defence

PREVENTION

- Nutrition and prevention to reduce rate of diabetes
- Food and medicine from the land heals us
- People need to understand more about their diseases (i.e. diabetes)
- Increased awareness of the food we eat and its impacts on our health
- Suicide prevention and awareness
- Harm reduction – training and educating people about the responsibilities that come with using alcohol and drugs on dry reserves
- Teaching children about healthy sexuality, relationships and consent
- Control and stop presence of drugs and alcohol
- Protect against cyber-bullying (parents monitoring and limiting devices)

SERVICES

- Nurses and nursing stations (better services and increased access)
- Need to work together and stop working in isolation
- Equipment and infrastructure
- Community services
- Hospital services (better services, translation, holistic healing, increase supports, etc.)
- Educate service providers about our past and the colonial system
- Cultural training for service providers going into communities (doctors, nurses, etc.)
- Address racism and discrimination
- Doctors, nurses, dentists (Need to be located in the community)

CULTURE & TRADITIONAL HEALING

- Improve connection between healers and doctors
- Seven Grandfather Teachings
- One on one with Elders
- Have an eagle feather for speakers at forums
- Bring native language to the school
- Teach cultural practices (drum making, skirt making, regalia making, drumming and singing, etc.)
- Teach young people about land and medicine and how to harvest from the land
- Care for the land and the health of the land
- Acknowledge the Creator when using land
- Access grants and funding for traditional activities – Build sweat lodges

SELF-DETERMINATION OVER HEALTH

- Need to acknowledge all-natural helpers
- First Nation run health system
- Develop our own policies and procedures that do not restrict our activities.
- Need to adapt policies to better service our people
- Jurisdiction and control (own laws and jurisdiction)
- Fiduciary duty on health care exists but we need to make it a right
- Revenue from mining should be used to support a First Nations system
- Solution are not just about money – there is more that we need to do
- Returning to traditional governance (matriarchy, clan system, etc.)
- Capacity building (training, education, job creation)
- Community based policies (neighbourhood watch, alcohol and substance abuse, etc.)



Elders Comments on Engagement Process

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

- Do not rush the Elders when they speak. It takes time for them to think. Do not limit them when they want to speak
- Many Elders would like to contribute more to the conversation
- Wawatay radio is an effective tool for communication and should be used on a regular basis. Many Elders do not use computers or social media
- We need to look at everything that was given to us by the Creator and use it
- Health transformation is about thinking about our grandchildren, great-grandchildren and future generations
- Urban First Nations should be involved
- We need awareness and understanding of health transformation and time to think about it before doing community engagement
- We do not need permission to exercise our jurisdiction over health. We have it already in ourselves as granted by the Creator. You have the power to do your work
- Gatherings should be inclusive and should include everyone
- An Elder from a Shibogama community suggested that a forum be established in Shibogama to include Elders and youth on how we are going to communicate to people. We need a communication plan; Health Directors need to provide the awareness and the Elders have the knowledge and the history. Not just creating capacity but also create a forum to create awareness
- Anishinabe concepts of mental health are different from the settlers' view. Settlers view as a "box" while we view as a "cycle"

Elders Dialogue on Health Challenges

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

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



Appendix “H” - Summary of NAN Health Summit 2019 (Full Report Available)

A 3-day gathering discussing the progress on Health Transformation where 35 communities within NAN had representation in attendance. Day one the focus was on the NAN Health Transformation process, current state of health in the NAN territory and knowledge exchange. Day one also showcased different health care systems/models across Canada and Alaska. Day two focus was on highlighting programs, initiatives, success and challenges across the NAN territory with a focus on building partnerships. The final day focused on moving forward; beyond the current health care system. Highlights included a keynote on a community healing approach to addressing sexual abuse, health care delivery in a British Columbia community, and presentation from Indigenous Services Canada on Jordan's Principle and community presentations on Choose Life community programs.



Summary of Mushkikiw Wiichihiitiwan Gathering (Full Report Available)

The Mushkikiw Wiichihiitiwan Gathering held in Winnipeg on March 6th and 7th, 2019 called together over 100 participants representing community members, Elders, 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 dealing with health care systems and services in NAN First Nations.

The Mushkikiw Wiichihiitiwan Gathering is part of a larger collaborative and cooperative process through which health transformation is being undertaken. The Gathering was in keeping with the NAN Health Transformation framework that mandates an alignment process that will bring decision-makers, practitioners and other involved parties and individuals together to move 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. A 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 can require the development of new and 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 need to solicit input, learn from, and educate existing health care providers at the institutional and individual level 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 health transformation.

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.

In offering the Opening Prayer and comments for the Gathering, Elder Helen Cromarty asked the Creator for guidance for participants to:

*"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"*

Physicians, Nurses and Community Health Representatives participated in three Panel Discussions during which they offered 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, Nurses and Community Health Representatives participated in three Panel Discussions during which they offered 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.

The Gathering also included a Knowledge Exchange on the first day 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 health transformation means to them individually, their communities and organizations. They also identified what other information they needed to know to participate in health transformation activities and what specific types of information would be beneficial to them in that regard.

On the second day of the Gathering, a series of three workshops (three groups for each workshop) explored health transformation from the perspective of participating health care professionals:

- possible barriers to providing equitable health care in NAN First Nations and how health transformation can create opportunities for improved health care by removing those barriers;
- the challenges facing health care professionals that may prevent them 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.

Mushkikiw Wiichihiitiwin 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 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 colonized.
- The Treaties between the Crown and Indigenous Nations were seen as instruments of colonialism by Canada.
- The Treaties between Indigenous Nations and the Crown were seen 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 socioeconomic damage and despair that leads to and exacerbates physical and mental ill 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 Relationships, have agreed to 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, increased funding.
- Participants discussed fourteen key principle areas upon which NAN Health Transformation can be founded:
 - o Guided by the Creator
 - o Supported by Elders
 - o Focus on healing the people in pursuit of wellness
 - o Patient-centred and responsive to community and individual health
 - o Nation to Nation process including fiscal relationship
 - o Acknowledgment and adherence to NAN First Nation culture and traditional ways
 - o Community directed and controlled – transparent, accountable, community-based process that engages community leadership, members and organizations supported by a high-level NAN oversight committee
 - o Building community capacity at all levels
 - o Respectful of human rights, First Nation and Canadian laws, standards of care, patient rights and needs and health care provider rights and working conditions
 - o Acknowledgment of the diversity of NAN First Nations and their members
 - o Work towards the elimination of the collective discrimination of NAN members in the areas of health care
 - o 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
 - o 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
 - o 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, 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 changes focused on improving health outcomes through enhancing equitable access to health care services at the community level.
- 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.
- 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.
- Health transformation initiatives 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.
- 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.
- 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 Wiichihiitiwin 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 further collaborative discussions and actions as required by:

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

Mushkikiw Wiichihiitiwin Gathering – Participant Suggestions

The Mushkikiw Wiichihiitiwin Gathering gave participants the opportunity to identify, reflect upon and discuss existing health care challenges, successes and options for improving outcomes through health transformation. The proceedings did not allow for the formation of formal recommendations for moving forward in the plenary sessions; however, a significant number of general suggestions for NAN Health Transformation were generated through the panel discussions, knowledge exchange and workgroup sessions. These suggestions can be developed into formal recommendations as part of the follow-up activities for the Gathering.

Physicians Panel Suggestions

- 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
- Integrate and support the self-determination of First Nation through health transformation
- Identify, analyze and address impacts of health determinants as part of health transformation
- Include physicians and other health care providers in 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, tests follow-up and access to specialized medical professionals
- 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 NIHB

Nurses Panel Suggestions

- Prioritize improving health determinants as part of 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 coop 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 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 for 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 Suggestions

- 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
- Include all applicable community workers in the transition.
- Communicate what NAN Health Transformation is and what is being done in clear language
- Encourage “connectivity with people” throughout health transformation processes
- 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 focussed 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 community
- 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











Nishnawbe Aski Nation

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