Summit Summary

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Hosted by:
the Sioux Lookout First Nations Health Authority (SLFNHA) – June 7-9, 2022 ● Thunder Bay

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OVERVIEW

On June 7-9, 2022, the Sioux Lookout First Nations Health Authority (SLFNHA) hosted the Kanawenimitisoowin: Honouring Community Voices Summit. The theme of the conference was to honour community voices as we design a health system based on *kanawenimitisoowin* (looking after ourselves in our own way).

The main objective of the meeting was to seek direction on a proposed extensive community engagement project to engage communities on how they want the regional health system to look like. Feedback from participants was sought on:

a) Whether such a project was possible
b) What it would look like
c) The best way to involve communities in the design of the regional service system based on the community voices.

Additionally, SLFNHA set out to hear feedback from communities on the Hospital Without Border project and health care innovations as well as ways to support community health planning processes.

Over the course of the three day Summit, there was representation from 21 of the 33 communities that SLFNHA serves, six tribal councils, as well as other health and governmental organizations. Among the attendees, there were a wide range of professions, including (but not limited to) Health Directors, Chief and Council, Elders, Crisis Coordinators, and managers.

AGENDA

The meeting was chaired by Wallace McKay. With a goal of hearing from the communities as much as possible, the summit was organized into three parts:

1) Coming together to design an engagement process
2) Coordinating Health Transformation processes
3) Community directed health care planning and innovation

Day 1: Tuesday, June 7, 2022

Day 1 of the Summit opened with comments from Chief David Masakeyash of Mishkeegogamang First Nation and Chief Donny Morris of Kitchenuhmaykoosib Inninuwug as representatives for the Chiefs Council on Health.

The keynote speakers were James Morris, CEO & President of SLFNHA, and Donna Galbreath, Senior Medical Director of Quality Assurance at Southcentral Foundation in Alaska. Their talks both served to set up the context of the summit by outlining the goals of the gathering and providing examples of how we might get there. Following this, Tribal Councils provided updates on health transformation. This included updates from Independent First Nations Alliance, Keewaytinook Okimakanak, Matawa First Nations Management, Shibogama First Nations Council, and Windigo First Nations Council.

Lastly, a plenary session on principles of community engagement was hosted by James Morris and Dr. Lana Ray, Associate Professor and Research Chair in Decolonial Futures, Indigenous Learning at Lakehead University. Following this was the first breakout session of the summit with an evening banquet to celebrate the champions that made change and set out the early vision of an Anishinaabe-led health system (Hunger strike, Scott-McKay-Bain, 4 party negotiations).

The Day 1 breakout session theme was *Feedback on Proposed Community Engagement Process* which consisted of two questions:

- How do we do community engagement in all 33 communities in one year? Is it possible?
- What do we need to keep in mind to run a community engagement process?

All comments from this breakout session can be found in Appendix A.

Day 2: Wednesday, June 8, 2022

Day 2 of the summit opened with a plenary session chaired by MPP Sol Mamakwa, representative for the Kiiwetinoong Riding, and Dr. Michael Kirlew (virtual), a physician who worked in the Sioux Lookout region for several years before relocating to the James Bay coast where he continues to practice rural medicine. Following the plenary session was a panel on NAN Health Transformation. The panelists included Deputy Grand Chief Victor H. Linklater; Alvin Fiddler, NAN Health Transformation Lead; Assistant Deputy Minister Patrick Boucher (virtual), Indigenous Services Canada; and Deputy Minister Shawn Batiste, Indigenous Affairs Ontario.

There were two breakout sessions during Day 2 of the summit. The first breakout session asked *How do we talk to 25 000 people about health transformation* with two further questions:

- What does community engagement look like in your community?
- What are the different methods that can be used in your community to talk with people (Elders, parents, adults, children, youth)?

All comments from this breakout session can be found in Appendix B.

The second breakout session of Day 2 was titled *Health Service Innovation: Mii nwah chi keh win*. Two questions were posed to breakout participants:

- What are the top three hospital-type services that you would like to offer in your community?

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- What are other hospital-type services that you would like community members to have access to in the remote North – either in your own or in another First Nations community?

All comments from this breakout session can be found in Appendix C.

Day 3: Thursday, June 9, 2022

On the final day of the Summit, there was a plenary session, breakout session, and community forum. The plenary session was hosted by SLFNHA CEO & President, James Morris, and was titled *Health Care Planning – Community-based Solutions*. The breakout session shared the same title as the plenary session, with two questions posed to participants:

- What are the community priorities?
- What would your community health plan include?

All comments from this breakout session can be found in Appendix D.

The Summit concluded with the community forum titled *How do we move forward in a good way?* During this forum, a statement was developed to summarize the next steps and to direct SLFNHA and other organizations to move ahead in coordination to honour the community voices to come. The statement can be found at the end of the Summit Summary and discussion points from the forum can be found in Appendix E.

THEMES

The comments from the various breakout sessions through the three days are organized in the following themes:

1) COMMUNITY CONTROL AND THE NEED FOR HEALTH TRANSFORMATION

The overarching theme throughout the summit was community control over the health system and the steps to getting there including community control over engagement and the processes to designing a new health system.

In taking First Nations control over the health system, James Morris described that phase one was setting up the hospital and health authority and phase two is to happen at the community level. He further described that we have transferred services but not the control over funding and policy – that's not health transformation.

Colonial Systems

Participants and guests described the oppression and inequity happening for many years, we see it in action every day. For example, Neskatanga First Nation is coming on 10,000th day of boil water advisory. This would not be tolerated in a city like Thunder Bay. The history of broken promises continues as long term care in Sioux Lookout was promised many years ago – it has still not happened.

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The system continues to be shaped and molded by the ongoing effects of colonialism. “The system is not broken it is doing what it was intended to do” (MPP Sol Mamakwa). Oppression extinguishes hope and we need to believe in change that equity and justice is possible. We need to fundamentally change the way we do things - we can’t keep doing the same thing and expecting different outcomes.

Racism

Stories of racism in the current colonial system were common threads throughout the three days including: misdiagnosis based on racist assumptions, poor and unsafe treatment including rudeness and negligence as well as colonial policies and procedures that fail to meet the needs of individuals.

A common theme to address poor treatment at the Sioux Lookout Meno Ya Win Health Centre (SLMHC) was to take back control over the hospital – the current governance system is not working and perpetuates a power imbalance.

Concepts in the Language:

Participants emphasized that the need for concept in the language. By using the colonial language the concepts don’t have meaning – taking back the system means taking back the language and terminology to work with concepts that are ours. Examples include: “community Engagement”, “Hospital without Borders”, “nursing station” “hospital”, etc. Also discussed was the name “SLFNHA” as lacking meaning that communities can connect with.

2) <u>COMMUNITY ENGAGEMENT</u>

In seeking community direction on a community engagement process, several questions were posed: feedback on whether the community engagement process should proceed, and if it would be possible to be completed in one year and what communities would like to the process to look like.

Terminology

The need for concepts and terminology in the language was highlighted throughout the process including at the very beginning in naming the process. The term “consultation” or “engagement” were described as problematic as engagement and consultation have become negative concepts because they have been done by government (or fund organizations to do it on tight timelines) but the comments and feedback aren’t being listened to – they still do it their way. Also the concept of engagement does not translate – the term “visiting” was suggested as an alternative.

Education and awareness of Current System

Many participants highlighted the need for wide education and awareness of the current system prior so that community members can provide fully informed feedback and direction. It was suggested that a user-friendly binder or booklet be developed to provide this information. This should include awareness of the role of SLFNHA and the services that the organization provides.

Principles

Participants described the need to start off with a framework to explain how it is going to work and how it will benefit and also to develop a priority list, process and timelines. Participants provided the following:

- Protecting the Treaty Right to Health is critical and we need to raise Treaty awareness with community members to make sure Treaty and inherent rights are fully protected.
- Community-driven - Can't be a top down approach – each community has a process and a way which needs to be supported. "It's ok to have 33 different processes."
- Guided by Elders and knowledge keepers.
- Engagement needs to be done in the language.
- Local custom must be respected and followed.
- Work through Chief and Council and involve them throughout.
- Flexible hours
- Advance notice is important - need to provide information and notice to be able to share community perspectives.
- Engage all ages and have different approaches for each (eg. youth talk to youth)
- Food is how we connect.
- Skills of analyzing should be developed in the community – not handed off to an organization
- Collection and use of data must respect Ownership Control Access and Possession (OCAP) principles.
- Include off-reserve membership
- We need to learn from history and Elders.
- Good lines of communication.

Timeline:

Many participants said it was impossible to do in a year and that it would take 2 or 3 years; while others believed it could be in in one year with good training and if we all work together. Comments were made about getting it done so that we can move forward on action. The need to evaluate the process was raised to gauge where we are at.

Methods:

A variety of methods was described with many participants highlighting the need to hire from the community and for communities develop their own questions and to have open-ended questions to talk about their experiences based on stories.

The need for multiple workers per community was commonly raised as a way of ensuring people feel comfortable with whomever they are speaking to. For example, Elders should be part of the engagement team, front lines workers can ask questions because they already have relationships with their clients and peers should engage peers (Elders, women, youth, children).

Communities emphasized the need for capacity building in many ways, including capacity building to do the community engagement process, health planning and analyzing data. Education and training on these skills will strengthen the community.

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The need for engagement to take place in the language was heard throughout the summit. Suggested methods included: collective translated videos, newsletters in syllabics. It was explained that the people doing the engagement need to speak the language and have the understanding of how Elders use stories and have skill to get the key elements from the stories.

Honouring all Voices
The importance of reaching everyone was described as being critical to having it be a grassroots process that everyone can get behind. Everybody's voice matters and we have to find ways to reach everyone including off-reserve membership. The importance of lived experiences as being more valuable than western education was also emphasized as those lived experiences will be used to shape the new system.

Relationships
Participants described how relationships and continuity is very important to an engagement process, including having a consistent group of people and the need to build trust after a history of broken promises. We all need to develop trust amongst each other and build one another up as community based workers need to support each other. Communities can also support one another by having the opportunities for inter-community sharing.

3) COORDINATING HEALTH TRANSFORMATION PROCESSES
Participants expressed confusion regarding how the different Health Transformation processes fit together and identified the need for coordination between all process and that organizations need to support community processes as "communities have to lead the way and we walk beside them".

On the first day of the summit, Tribal Councils presented on their processes. It was evident that each have approached in different ways and have done excellent work that we need to build upon.

The challenges that have been faced in implementing health transformation were also described. Sol Mamakwa suggested organizing better around themes and all having common targets (eg. eliminate suicide in 30 years, eliminate diabetes, eliminate amputations).

The need for reviewing the current governance and management structures was identified including a review of SLFNHA (organizational review) and a review of the Four Party Agreement to see whether it has moved things forward and restructuring the governance and management of Meno Ya Win Health Centre including exploring the amalgamation of the SLFNHA and Meno Ya Win Board of Directors.

NAN presented on Health Transformation, including the following key points:
- Partnership and collaboration are key.
- The pandemic has impacted the work and we need to review our work and how we can do it differently.

- The Charter of Relationship Principle on Health Transformation continues to be the foundational document guiding the process.
- Re-organizing the work into three pathways: Immediate Needs, Transforming the system and reconciliation and reclaiming our own laws.
- We need to honour the stories and not having them do it over again.

Senior ADM, Patrick Boucher of Indigenous Services Canada (ISC) and Deputy Minister Batise of Indigenous Affairs Ontario described their support for NAN Health Transformation. ISC described a collaborative process to build capacity and then assume the full control of federal services including the ability to prioritize, redesign and re-create health programs and services in culturally appropriate ways. Indigenous Affairs Ontario spoke to lessons learned from the pandemic where we saw the collaboration that occurred which was Indigenous led demonstrating the strength and capacity of communities. The priority areas for Ontario to support NAN Health Transformation are: dialysis, SLFNHA public health system and long term care.

4) HEALTH CARE PLANNING AND HEATLH CARE INNOVATION

Hospital without borders & Health Care Innovation

An update on the Hospital Without Borders project was provided to the participants. There was much discussion throughout the summit about what the term Hospital Without Borders actually means. James Morris clarified that it is about looking at what would go into a hospital and taking those pieces and putting them into communities in the north. Looking at all the different procedures, technologies and services that could instead be done in community. Wally McKay also highlighted the need to think about Anishinabe concepts and that ideas of nursing stations and hospitals are western concepts and that participants should re-imagine the entire model and describe what is needed for their community based on their ways.

Nuka Primary Care Model

Dr Galbreath from Southcentral Foundation in Alaska described how the Nuka Primary Health Care model involved Alaska Natives taking the medical model and changing it into their culture and values with a foundation based on relationships and shared responsibility. In this model, all parts of the primary care system are working together to provide immediate, coordinated and wholistic care. The idea of ownership over their own system is key, as they paid for with their land and resources.

Community Health Planning

James Morris also presented on the importance of community health planning where communities develop their plans based on their needs (not government requirements) and organizations then build their plans around this. James described the Pikangikum health plan called “Our Healing Journey” as a model as it involved an extensive engagement process and has helped the community to take control of their community health system. He encouraged every community to develop a comprehensive and wholistic health plan that serves their community well and if they choose to share it with SLFNHA then SLFNHA can shape its planning around the community plans.

Participants spoke about moving away from a reactive approach and ensuring that quality health services are planned from the start and are provided throughout the full continuum including after care and follow up in all areas. Health planning means communities taking back caring for our own and having our own authority over health care. One suggestion was to have a community liaison in each community that is paid well and they will be the contact for the external health providers.

Participants described that planning must be based on the Treaty Right to health care and that relationships are based on Treaty relationships. This means dismantling the colonial system that has imposed artificial boundaries and has resulted in division between us "we cannot heal when our house is divided". One suggestion was to develop a Treaty Right to Health template.

Another suggestion was to develop an education package on Indigenous rights (understanding the impact of the Indian Act, etc) Understanding the current system, including having cost analyses done (transportation, patient costs, etc) is essential to inform future planning.

Priorities

Discussion on priorities for Hospital Without Borders and discussions on priorities for community health planning were interconnected. These are summarized below:

Governance

Support communities to develop governance models that work for them and support sharing of best practices in governance. One suggestion was for communities to have health boards similar to the education boards in communities.

Funding

Adequate and flexible needs-based funding is essential to allowing communities to develop their own solutions based on their needs.

Infrastructure & Technology

- Ultrasound
- Better health care facilities and expansion of buildings.
- Housing, water and power need to be addressed.
- Accommodations and work space for community health workers.
- Space for prevention services is always overlooked – programs put in hallways with no space for programming.

Capacity Building

We need to invest in our people as communities build themselves up to inspire and empower front-line workers and continue to support them and provide relief to prevent burn out. Other comments made regarding capacity building include:

- Mentor community health care professionals from the beginning of their health career (eg. a PSW could be supported to become a nurse and then become a physician).
- Hands on training for community health workers
- SLFNHA to support communities in proposal writing and other skill building.
- Empowerment and awareness of the current skills in the community is important to see the value in the gifts that each person has.
- Debriefing at the community level.

Evaluation & Accountability

- Accountability and transparency at all levels
- Follow through of program objectives
- Re-evaluate existing programs.

Public Health, Prevention and Wholistic Approaches

- Cancer care screening
- Traditional practices of land and rejuvenation – healing from the land.
- Awareness of alternatives to medication.
- Wholistic community healing approaches.
- Relationships and continuity of health care plan
- Expand use of GeneXpert and Abbott ID Now machines with certification as they can be used to detect influenza and other communicable diseases.
- Data collection and statistics are needed and must be in line with OCAP.

Mental Wellness, Healing and Trauma-Informed Care

- Mental wellness and detox
- Supports for victims of sexual assault
- Review Suboxone program to develop a new model that includes after care support.
- Treatment facilities
- Family approaches to healing

Chronic Care & Rehabilitative Services

- Diabetes Care
- Chiropractor and Massage Therapy
- Arthritis Care
- Dialysis – including social work and case management and aftercare.
- Foot Care

Increased Access to Services

- Immediate access to doctors in person
- Maternal health, including midwifery, doulas, birthing centres, and gynecology
- Developmental services: FASD screening

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- Elder Care: palliative care, elder care homes in community,
- Emergency Care: trained, certified, and funded first responders in community
- Increased access to specialized services, such as dental, psychiatry, pediatrics, and pharmacy

NEXT STEPS

The Summit concluded with a large group discussion to develop a statement that summarizes the next steps and directs SLFNHA and other organizations to move ahead in coordination to honour the community voices and direction.

STATEMENT

Kanawenimitisoowin – The Next Steps

We the people, come together in unity to honour community voices to take control of our health care system by fundamentally changing and transforming the way things are done. We will move forward in developing a health care system that will work for our people based on our culture and values. We come together as Anishinabe people in collaboration as we design our destiny and define the steps along the way. We will continue to assert our inherent and Treaty rights to look after the health of our people.

We honour the community voices and recognize that change will be done by the people and others will support. In moving forward with the community engagement process for the communities served by the Sioux Lookout First Nations Health Authority (SLFNHA) we direct the following:

Coordinated Engagement Process with Clear Communication
Clear communication and coordination of various processes is essential to ensure the full understanding and participation of all community members. This process will be guided by Elders to oversee the process and pass on their knowledge. We will move forward while being mindful of our history and previous leaders. The process must have a spiritual connection. The process will have Anishinabe engagement approaches. Youth will be involved throughout the process.

We direct all organizations involved in Health Transformation initiatives to coordinate and develop a united community engagement process.

Control of Health and take back the health of Our People.
We must move now, to take control of our health and health governance including structural change of governance and management of the Sioux Lookout Meno Ya

Win Health Centre to reset the First Nations governance. We request Tribal Council Chairs to take direct action to address this issue.

We continue to assert our Treaty and inherent rights over health to move forward in asserting control over our system and dismantling systems based on racism and colonialism. We need to ensure the western health system is held accountable and that our members are empowered and supported through advocacy and navigation. We need to examine other health delivery systems. We need adequate resources with full authority and control over resource allocation and policies.

We will ensure community members are aware of the services that are provided by SLFNHA, the ability to provide input and that the name and other terms used are based on community concepts and terminology.

Investing in Our People
Change will be achieved by the community members and others will support. We all will work together to support careers in health and guide youth to achieve their full potential. Funding to support community workers to have full training and skill building is critical to achieving change and wellness.

Wholistic Care
Focus on prevention and healthy living through wholistic ways to ensure a full continuum of care based on Anishinabe culture, values and traditions.

We hereby request the Sioux Lookout Area Chiefs Council on Health (CCOH)/SLFNHA initiate and work with the Nishnawbe Aski Nation and Tribal Councils to coordinate on the implementation of the above items, allocate action items and resources, and report back to the members.

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Appendices

Appendix A – Breakout: Feedback on proposed community engagement

Question 1: How do we do community engagement in all 33 communities in one year? Is it possible?

- It's possible – if we all work together, we can do it. Concern for elders and children. As long as we work together, communicate, and have a clear plan, it is possible.
- Community engagement has started – about four communities have been visited. When we answer this question, we have to consider the effects of COVID. It is not over yet. Would love to complete this in one year but doesn't see it as possible, maybe not even two years. Also need to consider how long it takes to analyze data that we receive from communities. Might be lucky to do one per month considering time needed for analysis.
- Not sure if it could be done in one year. Community engagement with one community took more than one year. Important to focus on the children. Need someone who is proactive with a good line of communication to attract crowds. Good presenters are needed to make this a reality.
- Will depend on how well we plan each session because each community will be different. Some are 300 people and some are 3000. Needs to be carefully planned. Glad to hear James [Morris] say that there will be a person right in the community rather than going in and out. Also, events in community, like accidents, fire season, and COVID outbreaks, brings communities to a standstill.
- Lots to consider, such as fire season, flood, hunting season, Christmas. Have to do that data analysis right away as if you wait to do it, you'll lose the knowledge.
- Yesterday on the flight here, I managed to read those documents on what SLFNHA wants to do. Most people in community do not know what SLFNHA is. These are the people asking us to do this community engagement. I'm also reading about Health Transformation from NAN. No where in the NAN presentation did I see mention of the Treaty right to health. I don't know what this is all about. We are talking about health and we do have a treaty right to health. In the agreement that Alvin Fiddler signed when he was Grand Chief, there is a small mention of the treaty. Back to what James [Morris] said, that right now if you go to my community, I can tell you that not too many people would know what SLFNHA is. I thought that SLFNHA owned SLMHC. We have people from Treaty 3 and 5. I have never read Treaty 3 or 4 but I have read Treaty 9 all of the way through. I know what that Treaty is. That is my responsibility, I teach a lot about Treaties and Treaty relationships. What I see is reacting to programs by Ontario or reacting to programs from Canada. Always program based, always policies. What is Health Transformation? Want a word, like the word Tikinagan. I know the work that they do. Can I come up with a word? How do I call, what word deo I use when I want to talk to our people about Health Transformation? Right now I don't have a term that our people can understand. If you want me to engage them and I don't even have a term that people understand, it won't be too successful. Treaties are the vehicle that we have.
- Be cognizant of the fact that many are dealing with addictions and won't care about this issue.
- Yes it is possible, if you plug away at it.
- Yes, whoever you are going to hire inside the community, make it fast and make sure they know the community.
- It can be done – when advertising for the position, advertise for someone who knows both languages. There is no sense with someone who only speaks English. Hire within the community

and hire youth. Cannot handpick, advertise and screen who can do the job. Train them first before we send them to the wolves. Teach them to control their responses – they need to be aware of negative comments they may experience or that they may be ignored in the community. Teach them about what not to do. You also need a person that is diverse and that can work with elders, kids, and adults. Include all ages in the engagement. Kids can draw pictures.

- Health Directors have to be on board – they have to be the ones making sure how to gauge where the community is at. Can't expect someone to jump into the community.
- Someone from KO or IFNA should be able to apply for these jobs, not just your own kind [SLFNHA].
- There should be training sessions for all the workers in the community, "Champions of the Communities".
- Small community of Muskrat Dam with one worker can be done in one year.
- I would like to know what exactly engagement means in a community? Is it an English word?
- I think the communities need to know what SLFNHA provides, what kind of services they have, because most of them don't know, especially in our community. There has to be an awareness of the services offered.
- If you want to engage the community, in every process of engagement there is always a framework. We need to start off with a framework, explain to the people how it is going to work and how it will benefit and put a priority list on the things we need to engage the community to understand the process of what SLFNHA is trying to implement. That way we can get input…. things that are lacking at the community level. Looking at the framework, how it is going to work, and how it is going to benefit. Explain to the people so they can have proper input. Implement a process and timelines, how many times how many visits. With the engagement, probably….it takes a long time to engage the community to make them understand and to get the proper direction from the community at the community level. In one year… you'll probably need 5 or 10. Need to implement a team, people from SLFNHA and community to organize the engagement. Age groups and different categories and prioritize what the different topics are going to be, as decided by the community because it is their process, it has to be a community-driven process. If it comes from…funding from the government... it is always a top-down approach. Things we have to look out for. Elders sometimes say, the systems built for us were always meant to fail us. That's why we fail when we strategize or implement. When we asked the community how long this would take, the Elders said it would take two years. How do we get the children and youth out? How do we create a foundation of trust? Have them do activities, explain to them, list out the wants and needs assessment at thew same time as doing activities. By doing this, they started participating more.
- The task we are looking for going into the meeting is we have breakout group, and the task we need…bring the knowledge from the community. That's the thing that needs to be implemented, a year or couple months' notice of the meeting time to bring all the information from the community. We can't do it if we come to meeting and then do something afterwards [perspective that we can't be asked without notice to share community perspectives but need time to prepare to gather the information before coming to a meeting to discuss]. In our community we have our annual Festival where everyone comes together, different community members come.
- Start from the school.
- You know how hard it is even to have a general meeting? No one wants to come. Need to develop a rapport with the community, developing a rapport is always with miichim, food, a

feast. Another thing that we can utilize in engagement is the radio – mostly every community has their own radio station.

- Community gathering for kids, fitness and dancing, the young ones had some really good answers. Followed by that we had a movie night, there was really good turnout, food was a very good way to gather everybody. People took food back to their place.
- Hire or designate someone to advocate or navigate the health care system in the community, could be at the nursing station.
- See what other organizations are doing too on their engagement process and ask, how are they engaged with your community. Question is 33 communities in the year, could be possible. Sometimes things happen, communities might have a death, so have to have a plan in place as to how that year will work. Let the communities know the plan ahead of time.
- We need to have more involvement from the Chief and Council, what I mean by that is back in our community, we hardly ever hear from band council on anything.
- Have door prizes to get people involved.
- Instead of having community members in one place, hard to gather people in one place, have to go to the schools, Elders homes, have to go to places where your audience is and educate them, and if that doesn't work have to go door to door and ask them their point of view.
- I think what you need to do, I've been thinking a lot of this, the Elders are the knowledge keepers, you need to have your Elders with you. They are the ones that have lived it. I should say me, I'm not young, but I'm not saying I'm wise either. But we lived it. We need our Elders here. They lived the life, we need to be able to talk in our language. It is so important that we use our language. It is very important we hang on to that.
- We have to identify at the community level how we are going to proceed, we could do a framework, or list out the asks from the community. Need to identify what are the wants, how do you want to improve, like dialysis, mental health, diabetes, to improve our health care system. Could be a framework or make booklets for engagement. Two facilitators plus 2-3 technical supports, 5 in a team, so that when you have community engagement you have a process in place that can be fast tracked. Utilize frontline staff. Organize the strategy on how you will improve that engagement.
- The amount of information we receive, it's a big pile, and they just sit. They come in, nobody picks up the pamphlets, there has to be another way. It is a waste of money. My community is less than 300 and we get stacks of papers – more samples than we have people in the community.
- Frustration with terms consultation and engagement because the government does it but then they still go and do it the way that they want.
- It's impossible – we've been at it for over a year and a half with our six communities. To get people to speak is difficult. They will only talk about what they see and experience – we need to go beyond that. WE need to do a lot of promotion and community awareness. That's the only way you'll get the regular Joe to give solutions. The only way was if each household, 2 people to a house, and they have the same info package and the same simple questions… with people that can speak the language. We tried to hire people from each community but it was difficult. We came up with 20 teams who travel. WE have the Elders and the community people, systems of infrastructure from different people. And some of it doesn't fit in the language.
- If we do all the households, I did consultation before and was able to do 25-30 questions. I think they're right, it can't be done in a year. And you need to have finances ready.

- Do it from the community – they develop their questions and their own process. With decisions from community and a set of questions, then that research that goes to an organization, but those are all soft skills.
- From the grassroots level, as long as there's direction, and if we have a community-based worker/s depending on the size of the community. Small – 1, larger – 2-3. Having a team from a community who is committed to that work and focus on retrieving the data from each household, and then putting them through a training session. I've trained about 20 people in incident management systems, and they are able to commit themselves to their jobs.
- There will be people who won't like the person, so there should be more than one worker.
- You will probably need some questions for when things are quiet, but having open ended questions where they can talk about their healthcare experience. Stories are part of the culture.
- Consider the geographic layout of the community
- Not all communities will buy in, some might want to do their own engagement.
- Educational awareness – hire regular people to do engagement, not just the educated when doing house-to-house engagement.
- Keep in mind that COVID and community protocols may hinder engagements.
- Do it and do it fast so we can move on.

Question 2: What do we need to keep in mind to run a community engagement process?

- Respect for local customs
- Participation of all age groups
- Same interpretation for all age groups
- Advance notice of what, when, where, and why
- Communications
- The summit is to find out how community engagement is going to be. NAN Health Transformation apparently went to 3 communities, will need to visit the other two.
- It's confusing because NAN has given us funding and we picked the things that are realistic. NAN is the head of transformation, the question needs to be clear. All the tribal councils were given funding to do what we were given.
- Should have flexible hours, not just 9-5. Community engagement can be during the evening by a fire.
- We need to engage with our members who are in cities. How do we contact them? Through zoom, social media, etc.
- Provinces don't look after all reserve people, different than off reserve.
- If they are on the band list, we should not exclude them.
- Not all people in the community speak the language, we need speakers who can speak both languages.
- Elders representing wisdom and history, adults representing responsibility, and youth representing our future. Kids represent everything. The kids made pictures, never underestimate them. Give them the same attention as Elders.
- When this kicks in, we need to let the communities know what is happening. Communities are getting together and doing the layout of the future of health.
- Conflicting engagements on Health Transformations (tribal councils, NAN, community)
- People are traumatized with suicides and mental health. Need to be careful not to re-traumatize or trigger more grief. Also important to keep in mind addictions at the community level.
- Health services vs Health transformation – the latter is hard to explain and there are inconsistent definitions.

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- Be mindful of what support each community can give.
- Wise practices vs best practices – it is okay to have 33 different engagement processes.
- Reach out to communities for ideal locations on the land.

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Appendix B – Breakout: How do we talk to 25 000 people about Health Transformation?

Question 1: What does community engagement look like in your community?

- Community to hire within the community for the year. SLFNHA to hire Health Directors for each community.
- We have lots of community meetings and we do talk on the radio on what's happening in community. Do open houses to try and get people involved, but with COVID it has slowed down a lot. We do take advantage of the warm weather. Nice place to have community meetings in an open area.
- Community meetings are a starting point. This is my first year on council, I have never been to a general meeting. The importance of getting the word out on information to get them to engage more on health transformation.
- We do have meetings to inform the meetings. A lot of members are outside in urban areas. Try to have a meeting once a year, gathering and working together to let them know what's going on.
- Group meetings – ALL ages community meetings. Not everyone attends. We need to do group meetings, like a youth group, smaller groups. Another thing we do is work with education, health, social services to gather what we are trying to from the people for the topic. We would have to work with all groups. The person doing the engagement needs tobe outspoken in both languages and not afraid to ask for assistance and work with Chief & Council.
- Meet with Chief & Council first before coming to the community. Have a feast while presenting. Do presentations first and go outside for a feast afterwards and/or cookout. One time we did surveys door-to-door. We had separate surveys for in and off community members. Use food or bingo.
- My community is always individual. Meetings are the same 13-15 people when the population is 230+ meetings. Try to go out and engage people individually.
- Same 30 people show up to meetings. Elders we think about are not there anymore. WE are resorting to jr. Elders, 55+. Gen X Elders.
- We also have the teachers in our community to help teach the children. Teachers usually ask to speak to the children and this could be a part of their history as we make these changes – they will be involved. Ask their parents about things, and if they already know about it, they can be a part of the conversation. My community has radio where we talk together about issues. Need a base radio and/or walkie talkies. Especially for community meetings, they are always looking for door prizes, money, or food. Use Facebook for community issues – but I find that it is more complaining than encouraging.
- A lot of community events, such as Mother's Day/Father's Day. A lot of things that come from the Health Centre. Try to talk about the issues at that time. We use a Question Box. Most of our events come out of our health programs. Sometimes we have nurses who come out, set up a booth, and talk about different things.
- I go to different reserves and cannot get appointments in other band offices. I operate heavy equipment. Tries not to speak on issues as he is not a band member. Try not to offend either. Come here to listen.
- Coming together with other people and talking about whatever you want to talk about, getting to know each other, supporting each other with whatever you are talking about, know you're there for them and they're there for them.
- Elder: I used to see groups of people visiting each other or talking about things, and another group I'd see Elders smoking their pipes and someone say something and they would say "Mmm…" then there would be mothers and babies in Tikinagan. That's what I saw in the old

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times, they were talking about what would come, the sickness that would come. They all gathered in Lansdowne House, people who migrated from Summer Beaver and Webequie and some from Fort Hope. They came by canoe, maybe once in awhile there would be a plane, but people didn't want to get on it, they thought it would see. Elders like to tell stories, and you younger people have to figure out what they are saying.

- Excitement, this should be a positive thing, not “oh this is another thing” or “oh no, not that again” let's be excited that there might be changes, let's be optimistic.
- It is not a one-time thing. Can't come into a community to talk about one thing one time. People need time to reflect. Talk to people over coffee. Excited to keep talking about it.
- Find creative ways of finding people and having conversations
- As Indigenous people we need that time to reflect.
- Elder: in my community, didn't have big schooling out there, learned from my elders. Have to be very careful, what you see on your journey in the working world, observe but respect, learn to be loving. Seven grandfather teachings are what helped us get by. Lived in families. In this day and age people think they are better than everyone else, but in the eyes of the creator we are all the same
- Participation, Discussion, Listening, and Leadership – need those four components to engage people. If you don't listen your outcome won't work, if you don't have leadership you won't be able to move the ideas through. The problem we have is there is a big disconnect between the people trying to help health transformation…sometimes I watch it happen, a person came in to see their partner in the hospital, told you can't sleep here, there is a policy, went to SLFNHA, can't accommodate you because NIHB has a policy. That person almost entered on the street. Two agencies, SLFNHA and SLMHC couldn't help. Spoke to the floor manager and was able to let them stay. I listened and helped. We have policies, SLFNHA has policies that other people make, that don't help, it really frustrates me. Was worried about the health of her partner and sad to see no one could help. What's the system about if it can't help you. Where is advocacy in this process?
- Community engagement, to me it is the first step in building relationships, the importance of building relationships is the first step, you have to build that trust. If you want to know about our communities come to our community. Our Chief, whenever asked about their community, they always say come to the community and see. Whoever is doing the community engagement should be spending a lot of time in the community, getting to know the people, doing the things in the community. Coming together, it is a gathering of people as well. It is a lot of things. One of the important ones I want to say is building relationships, positive relationships, energetic relationships.
- People need to believe in it. Need to build trust in the process and in the people that are doing it, so is it best that the people in the community run their own community engagement
- Anishinabemowin is the number one thing in each community [followed by comments in the language].
- I was a program manager in Sioux Lookout and then in Thunder Bay. I always said it was a 5-7 year investment in time, it wasn't just business, it would be sitting and having a cup of tea while people made Bannock in the kitchen or going for drives around the community. So they understand you, but as someone from the outside coming in they know how the community engagement works.
- If someone from outside is coming in, that person has to be consistent.
- Targeting your audience, if talking about a specific group of people….I'll take addictions, there are a few people in your core group that have gone through that. Need to have at least 3 or 4

people who have gone through that experience, so they understand what you have gone through.

- And you feel so good when you have your leadership come to the summits and conferences we have. I feel so [blessed] because I see my chief here every day, and they want to here for their community
- Health transformation in the long term, what the role of health authority will be, are we going to develop structures at home to meet the health needs or still sending people out, how will that look?
- When talking about Treaty rights we talk about the federal system and we forget about the provincial system. Once people leave the North they fall under the provincial system eventually and they struggle even more. We have an inherent right to healthcare whether it is federal or provincial and it is time the provincial system respects that.
- People need to receive information ahead of time to be able to engage in this type of endeavor. When we had the pandemic, COVID crisis, information was really important to encourage people to get the vaccine, in their language, and at the community level. This is important to us as leaders. Also important is that before engagement happens, you have to inform people on the ground about treaties and Treaty rights to healthcare. From there will come community entitlements. In terms of engaging community members, think you have to be in each community for at least a week. Have to give them time for them to make meaningful comments.
- There are new ways, social media, etc. Find new ways and positive ways to get the message out. Remembers hearing negativity about the system (healothcare, justice, etc). Don't stay in a negative state, don't stay in that cycle. The cycle of silence. Move to a new state of mind, using new ways to get the message out. Have to learn new ways to build capacity with people who have addictions. I was one of those people. People didn't give up on me, and that is why I am here to give these ideas.
- Building relationships with community through feasts, communication, the same people building these relationships – consistency.
- Leaders to introduce the process to the community members. Leaders being able to understand information in order to relay info to community members is important.
- Provide transportation
- Be accommodating – provide space to listen to others who don't like to speak in public forums.
- Have a clear concept and terminology when talking to community members.
- Challenging to get turn out
- Need to account for different learning styles
- The impact that trauma has on people being able to respond.
- A YouTube page would be helpful in having consistent messages but we have to be careful about making it public.
- 25 000 is impossible – have targets by age group. During the hunger strike, the community hall was filled. Today, for consultation through hydro grid, the hall is practically empty. The way we did it was having a percentage of the population and divide them into categories.
- Champions – each community to identify 5-10 people that lead the process and are trained.
- Chief & Council to make engagement mandatory for band employees.
- Health Directors and Chief & Council to play important roles.
- Somebody to announce the notice for at least one month and go door to door and give them a week to review questions and then follow up.
- Important to have one person from outside the community on the team.
- Leadership support will be very important.

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- Commitment to timeframe with number of visits – make sure what is set out actually happens (eg. NAN process was not able to visit all communities).
- Don't fly in for day trips – stay at least 2-3 nights.
- Need to work with Knowledge Keepers from community. They know the history. We cannot stick with the same cycle. Leadership is not always supportive; we keep each-other down (lateral violence); tearing each other apart and down. So we need to break this cycle. Feel blessed when SLFNHA leaderships, James, reaches out directly to leaders in community to say, "we want you here", like at this conference. We need to make sure that young leaders are also invited to these, b/c us older leaders need to pass on our knowledge and what we've learned in our leadership b/c the young people will be the future leaders
- Community outlook towards being part of "white man's world" has not necessarily changed; we're just now beginning to break out of that circle of living as "reserve people". Maybe only a few people from my generation are still living. Even me, after living in "white man's world" for many years, still like the idea of how people on-reserve live. We still have managed to live the lifestyle with electricity, etc. But it is true, how much harder it is for people who live in the north who are isolated from everyday interactions of the white man's world, to bridge the gap between their world and the white man's world.
    - We've reached a point where we're educated enough. What it means to be educated on reserve, is not the same as how white man's world may contextualize "being educated".
    - What does it mean to be an Indian in a white man's world? Seeking education should now result in you forgetting what you lived on-reserve, and that knowledge
    - Education is often tethered to having a career; white man's world holds career with high prestige. All of us here today, we're all living in white man's world, but we still have our ancestry mentality; and I think we should maintain that mentality, but it's hard when we're talking about these concepts like HT. Do we want to transfer from this point to another point of thinking?
- HT has to be more than just explaining what HT means to community members. It's a way of life, and way of thinking. We need to get away from idea that Transformation is going to be understood by people who live on reserve, who've lived their lives on reserve. Many people live and die their lives in a small circle, not necessarily travelling far to understand their lives.
- Young people are still "stuck with us" b/c they're unsure what to do after graduation. Are they supposed to leave the reserve? Go on? Of course, we don't want to see them go, but they need to make a life of their own, somehow, how they choose
- We will lose another two generations of young people, who will be lost, who won't go beyond the reserve life, and way of thinking. It's sad b/c it seems like we're educating them for no reason other than to finish school. But then what happens after they finish? Maybe a few will go on, though most will stay on-reserve, unsure what they're going to do.
    - It's for them to live their life, their decisions
    - When trying to do HT, we have to start again at a very young age in the schools. Need to take the thinking, how we want the kids to think and start teaching that at kindergarten.
    - We need to start thinking about the future generations, instead of asking these questions to people who've never thought that way
- People need to realize that change is inevitable, it's coming, and we need to find our own way to manage; we need transformation from our own people saying how we want to do health, education, their way of life in the next 20yrs
- Voices need to be heard; how do we create the time, space, energy to hear the voices?

- All kinds of programs have workers, different kinds of workers. Maybe they need to go house to house, door to door, those who can speak the language. Go visit, talk. Develop a trust, and believe what you're saying. Can't just stay in their offices, and write reports. Need to see them, and talk about health

- We have HD, health workers, NAN Health Transformation councils—need to get these groups together, collaborate, for community awareness. We need to get that going again. When we were doing this before, people came. Conferences, youth conferences, they're huge, and that's maybe where we could reach the youth
  - Could we do community awareness on community-radio stations; b/c elders cannot always go to community gatherings where there are community discussions. Some elders can listen from their radios, and then they can call in to share their opinions.
  - Like "black radio"—good way to communicate that's used by elders
  - Community visits (spear-headed by NAN, tribal councils etc) similar to ORI \These worked when promoting the vaccine, clearly outlined dates were identified earlier (about when people were coming in), and so communities could prepare for/be in control of visits

Question 2: What are the different methods that can be used in your community to talk with people (Elders, parents, adults, youth, children)?

- Elders:
  - For some people who can't speak the language, rides
  - Person needs to speak English, Ojibwe, Oji-Cree, Cree. They need to do home visits
  - There are a couple of elders who can hunt, feed them, fish with them.
  - Visits their elders – barely any landlines in their community. Surprised that they are on Facebook.
  - Radios, extensions from the church, elders will have a meal there and socialize.
  - It would be nice to have a video with the different languages for the elders. They would like to watch a movie in their language. Sometimes find clips on facebook that are humorous.
  - Need assurances that history won't be repeated
  - Food! Food!
  - Ask for legends related to healing
- Youth:
  - Facebook in the community? Do kids have it on the reserve? Researchers could use chat rooms safe for youth.
  - We can use events and sports/recreation. Has to be 15 minutes. Have to be creative. With youth you need to interact with them. Work with the leadership on everything. Youth look up to the leaders. You need to work with them in the health department and education department. Engage everybody in the community. You need to do the homework and know what you're going to do in one year.
  - They like to draw and make posters and show the people what they have learned about this conversation.
  - Prizes
  - Land-based activities
  - Canoe trips, camping
  - Lots of games
  - They need to understand the stories of where we came from and why we are
  - Language to be developed around health and personal responsibility

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- Kids/Children
    - Could do day camps. Educate them on ways to make the hospital less scary.
    - Cook outs outside at the school and cultural activities. They like to have a fire. You can go and ask them and they will tell you.
    - What about winter time? Every child was given a computer (health issue – learning disability). A lot of these kids don't go out and play – they stay home. A lot of them are computer savvy.
    - Youtube
    - What kind of money do we have for these programs? What is the priority here? Technology.
    - What I see is that you have to teach the parent to get the children 12 and under – how are you going to do that? You need to get the parents involved
    - Children need to understand about where there parents came from, where their grandparents and great-grandparents came from.
    - Themed play sessions/events
    - Play games with them and during break talk to them
    - Use storytelling
    - Colouring book to identify programs
    - Include in school curriculum
    - Play games with them and the during breaks, talk to them.
- Adults
    - Bingo, bingo, bingo! Distribute questionnaires at the game.
    - Groups and facebook
    - Simplify surveys. A lot of what was said for the previous groups. Use focus programs.
    - Use target groups and do home visits. We did vaccine clinics. SLFNHA was a part of them. Our community is spread out – had to go to each home. More private; a lot of people are not outspoken.
    - Get them thinking before the event. Use TV or radio.
    - Advertise what the meeting is about.
    - You need to target the quiet ones. It's for everyone. Go to each person after the meeting or the next day and see what they say. It's not a 9-4 job. Youre going to need a team within the community.
    - Use a hotline or email. They don't want to use the health system. To share more privately alone.
    - Use contests.
    - Empower parents to take responsibility of family's health
    - Have an event, eg. Cooking
    - Separate men and women when talking
    - Don't silence voices
    - Babysitting services
- General
    - Utilizing service providers who have relationships with various groups in community
    - Community responsibility to take action for community health and care

Appendix C – Breakout: Health Service Innovation: Mii nwah chi keh win

Question 1: What are the top 3 hospital-type services that you would like to offer in your community?

- 1) Palliative Care – we have an elder and she's very sick and can't go to the clinic. We've been working on getting nurses to go with her but they can't leave the nursing station. Before restrictions, they could go out and assist. 2) Pharmacy – people are not getting their meds on time and they suffer. 3) Mental health – especially throughout COVID.
- Palliative care, mental wellness, dialysis
- Dental. Shocked on how it was like – no dentist. Tried to call to make an appointment. Palliative care is very important. We have to do that for my husband. Took care of her husband for the last two years and it's hard to get any help. Really burnt out. Asked for respite care – she got a call from LTC and said that they would take him but only for respite. He only lasted a month. If someone is taking care of someone in their home, it's a lot of work, both mental and physical.
- Lab services – encountered this with their first daughter. Back home, they don't get the results right away. They wait for bloodwork and that can take up to a week. Lost their daughter to cancer. Had a lot of trouble with health services getting daughter out of Lansdowne. They did not send their daughter out for three weeks. They knew their daughter was sick and took her to the clinic a lot in that time. They didn't do what they needed to do. They asked if she bumped her head and that was it. Once they got to Sioux Lookout, they sent her to Winnipeg – there was no support and I mainly alone for so long – until I understood what cancer was. I thought that's how it was. They got her into treatment and chemo, asked me to sign whatever they asked me to sign. Later on my husband, took her to traditional for a months. 8 months old she walked. Something happened, she got fever at home. Called the nursing station asked about Tylenol. They said they couldn't help her. Why, I asked. Until you sign her off to get the chemo, we won't help you and your baby. I hung up and tried to get her fever down and couldn't. I called back, they said no- can't help you. This is my own experience with the medical. So she got to Winnipeg and got chemo, but she was okay with the traditional. Then I got really sick 5-6 year ago. I went to traditional healer – I didn't know what to do. I didn't want to do the chemo/radiation. That's how I learned - I choose the traditional. I had to do with what the Elder told me to do.
  The hospital or whoever was controlling and wouldn't let my daughter use the traditional meds. I am still here, laughing and believing the traditional medicine works. It's important to have labs services quickly in reserve. For my daughter it was too late when they got to Sioux Lookout. She was sick within 3 weeks- the nurse did not help. Nurse asked if she was being abused. I said no, this is my daughter. It wasn't right. I made a big decision to go to court to do something about it. I didn't want to carry that anger around for my daughter. When somebody is on treatment, you can't go home – no family members came. Right now, I see family members go with someone who is sick, which is good. But I didn't have anyone. A learning stage too. Being alone not knowing what is going and understanding. No navigators in Winnipeg too. Could be useful for my community. Other one is Mental Health – almost lost my granddaughter – committed herself at 13. Lots of mental health issues, when she lost her dad to suicide. These issues affecting our communities, our grandchildren. The only thing I could do is pray. Try to get our community with better services.
- 1) Elders Care – Long term care – pushing for the nursing station to have this to bring our Elders home. Study is being done, hope to be successful. Can't complain about doctors, they come every month. 2) Dental /Optometry – small things to take over. Our sister sitting here, young moms. Choose Life counselling – need professionals and bring the in-depth things out. He went through a leave of absence from Tikinagan for 2 years – knows abuse exists. Incest – need real counsellors. Not the police right away- we need to do it right away . Our old nursing station was

renovated and converted to a mini hospital. It was a hospital for many communities, now with technology our communities can adapt, using laptops with the doctors– think outside the box – its about time. 3)Pharmacy. Our Facility has two snowmachines, boats. Aiming small and building on it. Cancer Care issues – we know we can't do that in the community. That's what I know we are doing – small and growing. We have three students that dropped out of nursing, so we need to go back and talk to them, encourage them and help them. Revisit and find out why they dropped out so we can figure out how we can support them. Community Nurse – have issues regarding physical privacy. I see her and walk back out. Will see another nurse [laughs].

- Preventative services that don't require to relocate so they don't have to change their lives and their family's lives.
- LAB & Diagnostic Imagining – Waited 7 years for transplant. Was back and forth. They lost their house from being out of community. Housing issue crisis, no place if they wanted to return.
- Long term Care in Community – to keep the traditional in the community because if they leave tradition is lost.
- Counselling – Seeing different providers over and over – lose the trust. Online – feels different. Are they talking to you as much as they can?
- Through the tribal council: Optometry/dental /SLP – We hire people for those services through Jordan's Principle, Hard to get services up there.
- Mental Wellness – in crisis everywhere. Would benefit from that. The nursing station, doctors burn out. I am first response and tired from the pandemic. Husband is medical driver, always on the go – complete overload.
- Pediatric Care –The child has to leave. Kids don't understand why can't care come to them. It's hard. Small babies. Everything Else too.
- Prenatal Care – Mothers need help. Those mothers that are pregnant who are taking drugs and care, they need special care to bring that child into this world. They don't get the care, they run into too many problems. Many of the children at the school, are not able to talk, they just mumble. Try to understand what they are saying. That's what mothers need; prenatal care – teaching from nurses or resources from community. Working at the school, always encouraging them to finish school and get into a career. Can't always be the people in other cities and towns doing the work. Many of them quit school.
- Long-term Care – The elders need care in the community, they want to stay home and be home.
- Mental Health/Wellness – We FN must needed, ppl who are into the drugs, alcohol, it must come from somewhere to keep on alcohol and drug addictions. Hard to see in the young. I think a lot of times, a lot of our older people get, get kind of left to defend for themselves and the families can't be there to help because they have their own. That would be the most likely ideas that would come from my community.
- Mental & Long-term Care & Palliative Care
- Advance detox – a lot of ppl struggling with both.
- I know in my community, there is a 28 day Choose Life program. Traditional and Counselling. On the Lake by boat or skidoo in winter. They need a medical done. An individual who tried to detox before they go to the bush.
- Like what Sol [Mamakwa] says - that we're always in Crisis mode. We need to learn about preventative areas – like for sexual abuse.

Question 2: What are other hospital-type services that you would like community members to have access to in the remote North – either in your own or another First Nations community?

- Medicine people, western medicine is not always suitable. Offer a combination of the two.

- Immediate access to doctors in person
- Cultural compassionate care – provide cultural competency training for practitioners
- Trauma informed care
- Gender affirming healthcare
- Access to health records – digitize health records for easier access by patients and healthcare providers
- Cancer screening care, timely cancer diagnoses
- Massage therapy, chiropractors
- Maintain wellness as opposed to overcoming sickness
- Language to describe services
- Our ways should be the priority: wholistic healing, midwifery, etc.
- Rehab and physio services
- Pretty much the same. Better and bigger nursing station more access to x-rays, appointments, even more nurses would be very beneficial. Like back home, maybe there's 2 nurses 3 at the most, most of them don't know what they are doing.
- Giving an example. You have to fly people to thunder bay for a 5 minute procedure. It can be done by us.
- Like a CT Scan, Xray services, bloodwork.
- Like strep they send it out and by the time you get it back, you already feel better.
- They delivered wrong meds to my house, because it took too long.
- Addiction services and aftercare. Lab services and diagnostic imaging. One of my cousins had thumbtack in his mouth and swallowed it. Nurse sent him home. Auntie drove him to ER in Sioux and the tack went into his lung and required immediate surgery. Xray in community but only 2 technicians in community, nurses aren't trained.
- Fracture clinics -The north can't do it in community, patient have to be sent out.
- People going to communities should be trained to where they are going. She has to depend on the community to tell her what to do. They have no idea. Community nurse was really good for a community member that had a heart attack. They knew he wasn't going to make it.
- Cultural Sensitivity training
- Need first responders /Ambulance
- Treatment Centres in the North – 3-4 centres. Many people in urban centres have different strategies. Opioid crisis is still a process. People are still on suboxone and not weening off. Made a list of where the nurses and treatment centres are and they are all south.
- My wife and grandkids – Nurses say use Tylenol. All communities should have Head Nurses. It crosses the line where the individual should have been sent out. Head nurse should be talking it out with the individual. They don't know the severity. System needs to be changed.
- Nursing residence is 10 feet away and they can't respond to a call at night.
- Prenatal – Maternal Health Care workers in community should know about autism spectrum disorder (ASD), Healthy Baby Workers, should be in one place to teach expecting mothers – what to expect. They don't know what is happening.
- Currently very hard to work with service providers, and to get help for clients. Many clients are turned away from service providers; "there's nothing wrong" when we know something is wrong.
- Can we provide these health services ourselves? Yes, if we train our younger people to do so; if we encourage a mindset of possibilities, if we support education. We need structure and foundation to deliver

- Why can each community not do their own curriculum. Based on 4 subjects: language, science, math, (and one other)—only need those 4 to be accredited. Otherwise, you can choose all other courses offered. So could offer land-teachings as a course and get a mark for it. Are most bands scared to do that? Are they still scared that Indian Affairs will not fund their education courses? Because Indian Affairs has no authority over what you can/cannot teach. People think that curriculum is something you cannot change; but really, it's something that you decide to deliver (given that the core courses are offered)
- How many people in the community know the Traditional Medicines? Pharmacy is in the forest. How many people in community still have this knowledge, and how to harvest medicines from the land to deliver care? Many people have lost this knowledge and rely entirely on the pharmacy industry vs. using the medicines that surround us.
- Would all services be in every community, or is there opportunity for communities who have relations (sister communities) work together?
- What can we do to have fear out of the way? No government, policies, no status-card needs. Like the Nuka model, customer-owner relation/approach, whereby everyone is around that person/patient. Could this be used given pre-existing health programs in community?
- Better resources to implement better health care at the community level; need to identify readily available heath care.
- Need to de-colonize to overcome, because when we're trying to implement new systems, people are pointing fingers (because colonization taught us to not work together); this could help with better resourcing, and a better healthcare system.
- Earth & natural laws
- Need more prevention – if we keep looking at diseases we will be stuck.
- Own policies that work for each community – right now it is a racist system and we need to remove that. Policies protect practitioners and not the patients. Policies need to work with the services and community people. Example: told we were to use FNHIB policies – says it doesn't apply to transferred health centres – especially privacy policy to acknowledge under PHIPA as well. That is a big policy that opens communities to risk but then doesn't apply to you. You want to be on your own but then don't want to be.
- Follow up – there is no follow up, just a perpetual system of follow up. Previously nurses were in 3-4 months at a time.
- Case management – families case manage. Current structure cripples. Get lost in the structure.
- Paramedicine – many have first response teams but they are limited in what they can do. Cant go off reserve boundaries.
- Dialysis – have noticed that dialysis in community, people have shorter life expectancy than out of community. Need more education. My aunt is on dialysis. There will be a day where we look after ourselves.
- Public health needs to be expanded to include wholistic approach and traditional medicines.
- 2 individuals in a community, one is an Elder that had cancer that went misdiagnosed. Current Health Director – in pain before Christmas and went to the hospital and nursing station to get some kind of test and never got a response. From 2018 – we're still talking about it.
- Illness affects your mental health
- All our own workers – a dream that I walked down the street and saw offices and optometrists and dentists, all native.
- Avoid silos and duplication

- Physiotherapy – in community with training for community people as PTs. There is nothing in our communities and people have to get out of this. We need this in the nursing station and we need a separate building of its own that we will need.
- Fully qualified and certified staff – we have them already but we're not using the services in an effective way. We need extra training dollars.
- Supports for children with disabilities from maternal opioid use – addictions are starting so young.
- Prevention – family services, cultural camps
- Elder care – special physician services that can support and have better understanding
- New hospital – not functioning the way the zone is because I get calls for prayers in their last hours and I scramble to find someone in their language. Take that into consideration – the spiritual aspects of their health care. Spiritual aspect is the most neglected.
- Walking trails – there is so much dust that impacts the communities. Eg. Norway House was able to get paved roads.
- A doctor in each community
- Focus on prevention.

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Appendix D – Breakout: Healthcare planning: Community-based solutions

Question 1: What are the community priorities?

- Take back caring for our own – have autonomy over our own healthcare.
- Wholistic approaches to healing – bring back traditional medicine practices/people/knowledge and traditional dietary teachings.
- Food sovereignty/security, access to traditional and affordable foods. Teaching food preservation, food processing, food distribution. Increased costs and gas are making food inaccessible.
- Medication awareness and alternatives
- Community accountability – community healing and mental health
- Emphasis on preventative care
- More SLFNHA awareness in our communities
- Specialized and expedited services, longer provider visits in community.
- More training for community workers IN the community
- Consider needs of remote communities for health-related travel plans (weather, tiing for flights for access to accommodations and meals)
- Accommodations for providers coming into community
- Training programs for youth, mentor support
- SLFNHA community liaisons and space to provide services
- Advocacy for housing, office space
- Support for prevention services (ie. Choose Life)
- Support for community funding proposals
- Mental wellness – addictions support services. Suboxone program replacement and alternatives to treatment and support.
- Breakdown silos and work together
- Celebrate community champions
- We've gone backwards. Regular visits by MO's, dentists, optometrists are now very sporadic. Bring back these services to community.
- Capacity building and training – hydro, housing, clean water, home dialysis training.

Question 2: What would your community health plan include?

- Include and incorporate traditional medicines, with knowledge translation of medicines to youth
- Incorporating cost of patient care, transportation, and accommodation in the development of business plan
- Patient cost analysis
- Land-based healing and treatment
- Streamlining current and future health programs and positions
- Translation
- Proactive treatment from community healthcare reps
- Urban healthcare funding and allocation – taking care of the urban community. Also increasing urban engagement and membership to increase their access to programming.
- Addressing gaps in services to people with disabilities, such as homecare and affordability of healthcare.
- Eliminate generic medication to gain access to better medication
- Review of suboxone programming
- Community-specific mission statement/visions/goals/targets/timelines

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- Advocate for access to same level of care as off-reserve and non-Indigenous people
- Plans shared with partners, such as SLMHC. Where does SLMHC fit into the plan? Tribal councils? NIHB?
- Community input
- Include training for healthcare provider roles for youth into health plan.
- History of Indigenous peoples that led to health inequities, cultural awareness.
- Follow up from this engagement. Come back together to move forward. Include youth as well.
- The Anishinaabe way needs to influence government, laws, funding, and policies rather than the other way around. System needs to be built from the bottom up. Plans are all built in Ottawa and we have to keep up with their plan.
- Caregivers need care too.

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Appendix E – Community Forum and Next Steps

Question: How do we move forward in a good way?

Participant (Band Councillor):

- I read over most of the documents that SLFNHA and NAN have produced about the NAN Health Transformation. I'm a translator and I'll tell you this, if I want to talk about Tikinagan (Tik). I know what a Tikinagan is, I was wrapped up in one when I was in a baby. I know what Tik is – Tik Family Services. I do recognize.
- When I talk about SLFNHA , I don't know what that is. I'm one of those people that likes to teach our people and tell our elders. I don't know how to do that.
- The Treaty relationship was born, not with Ontario, not with Canada but with the Crown. With King George the 5th. I hope that the Treaty relationship that we have is maintained. The Treaty spirt and intent is maintained. If you go through SLFNHA documents you will not see that Treaty right we have. They have been around for 32 years, SLFNHA better start learning and better start using this. This project is going down the wrong way. We are being led the wrong way. I asked about this Dr. Douglas, that they want to be given this power. That is not what Treaty 9 says. That is not what the Treaty relationship is all about. If you read the documents there is mention of a Treaty relationship, Nation to Nation relationship. If you want to go down this road a good way I would suggest all of you go back to your people, go back to your communities, teach yourself what it is like to have a Treaty right to health. I am a 2nd generation and I see my great grandchildren; they are the 5th generation. From them there will come the 7th generation, I want the 7th generation to get the same or better service than I get. If you read through the documents, you will see that there is one line there. You will see that it is SLFNHA's job to put a hospital in one or 2 of our communities. Where is that? There are things that have been forgotten by SLFNHA. I don't understand this move to Thunder Bay. I was there in 1990 when talk was happening about SLFNHA. One of the things, we wanted SLFNHA to go into our communities, not further from our people. To strengthen our capacity. You look at our communities and we don't have the capacity. We don't have the services to benefit our people. That is the job that was given to SLFNHA. I was told by the health director what our 46 staff are doing but by the end of my 2 years I will know what they are doing. We are going to work towards community prevention.
- Keep our people away from Meno Ya Win. Deal with Type 2 Diabetes. I don't get the help that I need in my community. We do have a diabetes worker, what she is supposed to do for me I don't know but I am going to find out. That is the work that I want SLFNHA to help with. I don't want them moving further away. I want them coming to my community, to train our staff. If we are going to give credence to our Treaty right to health. Everyone who is here needs to read their Treaty, understand what Treaty is, what the spirit and intent of Treaty 9 is. You need to understand all of this for the 7th generation.
- SLFNHA—what is it? It may require a name change.
- The other aspect of it is, on the statement, we need to look after the health of our people. Treaty rights are not to be left out of the equation of health delivery. It is a Treaty right. SLFNHA should invest into community capacity for community to handle their health services.

Participant:

- How does the collaboration between Treaty areas, how is that structured and how is that going to allow this movement to go forward? There currently protocols in place with other Treaty organizations. Meno Ya Win currently sits on the traditional territory of Grand Council Treaty 3 so I am just wondering how that looks?

SLFNHA CEO & President, James Morris:

- What we are dealing with here is lines drawn by the Canadian government. There was the Sioux Lookout Zone. Their office in Sioux Lookout. The zone included Wabigoon, Eagle Lake, Wabuskang and Lac Seul. There was another one—so when SLFNHA was approved by the Chiefs it included those communities as part of incorporation.
- The 2nd group, in 2002, Tik transferred the children's mental health money from Tik to SLFNHA. In doing so SLFNHA inherited Martin Falls and Aroland. How did Aroland end up with Tikinagan when they are so far east. That is what Aroland wanted. At the time it also included Ginoogaming. They decided not to go with Tikinagan. There had been an imbalance. The Treaty 3 services get their services from Dryden. Except for Lac Seul. Some in Red lake.
- That was an administrative decision made by Health Canada and we inherited it. The only real connection that we have now with those communities, when the decision was made to amalgamate the hospitals, the decision was made that the money for running the zone hospital is given to communities. Around $3.1 million to communities including Wabigoon, Eagle Lake and Wabuskang.
- We've always known that the areas of interest are not the same. The concerns of Aroland and Wabigoon, etc. are not the same as the communities in the north. We are going to be going to the AGM and asking those communities if they want to stay with SLFNHA. Do they want to stay or go to some other group.
- Some of those communities have one foot in two areas. Treaty 3 and Treaty 9. We need to clear that up. Same thing with Martin Falls and Aroland. Do you want to stay with us or find some way of being affiliated with another group. We will be visiting each community, talking with Chief and Council and see what the communities want.

James Morris:

- It's my understanding that the NAN operation, Deputy Grand Chief of NAN is in charge of Health Transformation. He is overseeing everything that is happening in the area. We would ask him to convene a meeting of everyone that is involved in Health Transformation. Discuss how we need to co-ordinate better according to what that document says. We need to streamline whatever processes we have. Whatever arrangement we have, we need to follow it. We need to make sure that what we are doing makes sense to everyone.

Chair, Wally McKay:

- I would like to further add to that. The board membership, the group that framed this out. Talked about it. In Ontario legislation, you cannot pay someone who is a board member –an honorarium. So people come, leave their jobs, and do not get paid to do that. The non-Indigenous people who live in Sioux Lookout go to board meetings and they get paid. That is something we need to restructure. We need to restructure the whole process. Not how to criticize anyone but how do we make it better. That is what we are asking the Tribal Council chairs. How do we make it better?

SLFNHA Board Chair:

- Everyone heard me the first day, the struggles I am facing. My closing comments were, come and talk to me. No one has come and talked to me. How do we get our voice across if our leadership is not going to come and talk to the people. We need to hear the stories of the people who live it every day. How do we change it when we aren't hearing the full story? How do we change it? People think I'm angry. Yes, I am angry. At our government, not our people I

am angry that I have to live this struggle every day. We are talking about Health Transformation. I support it from my heart. I've been doing this job for 20 years. I have stories of my own to share. No. because no one has come to me. Have you heard anyone else's story, no. because no one comes to them. How do you project to the government if no one comes to get the stories? We need to overwhelm the government with our stories, letters, e-mails, so they have to act.

- How long is Health Transformation going to take? We are on our 6th or 7th year. I don't know how NAN took leadership on this when it was brought to SLFNHA to begin with. So do I have to struggle another 6-7-10 years, another generation, before I see change. So, one of the ideas I got from Sol Mamakwa, ask SLFNHA to pay for treatment. Then send that to the government.
- We have to put the accountability back on the government. To do that we need to work together. All of us. When I do this job I am so thankful that I work for Shibogama and I'm not even from there. I am from Aroland. I honour the chiefs and council members of all of those communities that have taken me in. that honours the people. Just because we come from a different tribal council. If we stand up together we will get our way.

Chair, Wally McKay:

- We have to examine alternate health support systems. We don't wait another 10 years what can be done immediately?
- Clarification- Based on the last SLFNHA Chiefs Meeting, there was a lot of discussion about this task. Was there a resolution? If there was a discussion and a resolution tabled, it should have indicated what the goal was. I'm just wondering if there was a resolution or not? It would be easier for us to move forward if we had a clear mandate from our SLFNHA Chiefs.

James Morris:

- The Chiefs passed a resolution directing the SLFNHA board to proceed with a 5 year plan which included the Participatory Research Project. That is the direction that we have.

Participant:

- My late mother was a long term employee of SLFNHA. She was a doer. I like to think of myself to also be a doer. I like this workshop. Moving forward in Health Transformation. The work that we have started will help to achieve transformation. Ensure our future generation will have guidelines to allocate resources, best service standards that are accountable to our communities. By continuing to work together we will create vibrant strong communities. I just want to thank the drum, Elders, Chief and Council that are here.

Participant (Chief):

- I am not one to keep quiet when I go to a conference. What is the point of going to a conference if I don't say what I think? I am not criticizing anyone for not speaking up. I want to thank James Morris for inviting me to be here. I am very honoured about that. I am thinking about our past leaders. They are going. People who were so passionate about what they were doing. When I was a child, Scott Bain came to our community. I don't know what year. '85? At that time we were already addressing all of the social needs that we had at that time. We are still here. I know we have moved forward in many areas. Until we get past the system that has been imposed on us because that is how we operate. We are stuck in what the government has set out for us and it shows in how we treat each other. We have to get past the violence in our home communities. I think it happens in all areas of leadership. We are not happy if we can't

forget about our history. I think it is time we forget about our past. I could talk a long, long time if we were to go back and relive everything that was done to us. Until we can break that cycle we may never be well. That is the way I look at it. I may be wrong. Also, I want to say we have to honour our past leaders. There are lots that have moved on to the spirt world. We are forgetting about the champions that have moved on.

- My late sister had such a passion for our people and she had a dream that things are going to get better. She had a dream that we were going to help with the suicide. She has been gone for 2 years. She left us very suddenly. She didn't finish her work. These are the things we have to keep in mind. We have to remember we are helpers. If you get put in leadership, you have to remember you are a helper. When we put ourselves where we are then we have to do our part. I have been in various meetings. We are trying to improve the healthcare system. We have gone out of our way to have meetings. We need our leaders to stand up with our organization and figure out how to move forward.

Chair McKay: How do we move forward while being mindful of our history?

Participant:

- In the past we have seen these processes going on in our communities and organizations. When they try to improve the services that the First Nations provide in our communities. The Chiefs have been working on. When you think about Elijah Harper, he used the system to defeat the Meech Lake Accord. This transformation process in our area should be entrenched with the government so that if the government changes it keeps going to ensure that this process doesn't die.

Chair:

- This has to be an ongoing process in that it changes.
- I was approached by one of the people here and he shared something very profound. I call upon a participant to share what he shared with me.

Participant:

- One of the things that I mentioned to Wally was that, as we look back in our history, what made our communities very powerful when they decided to do something. They always spoke to someone else. Not the community but they spoke to the Creator. They asked the Creator, "help me". I tell the kids, if you can just say that much, that is a prayer. If we don't do that, then we are just talking amongst ourselves in this room. There is no one leading and guiding us. Someone that loves us. We are looking to find the things that are missing.
- When the white man came to our shores he said, you haven't done anything with the land. But the land was pure. That is what made our people strong. Connection to the Creator and the land. Before anyone had plans to do anything, they sat down, and they prayed. That is something that all our elders, all of the generations behind us and when we do that the communication in this room works a lot better. If they decided to do something after they prayed, then they did it. If you have the Creator working with and guiding us then there should be no fear. We can't forget that. If we don't do that, then whatever is happening in this room, that is all there is? There is nothing else?
- In my community that is what they did. When I came here, walking towards Fort William gardens, something started tingling. The tools that the Creator gave to us. The drum. We have thses tools and we cannot forget that. The youngest brother, the white man. We have 3 parts

[spoke in the language] Mind soul body. White man doesn't use that so he doesn't use his spirit which is where the truth lives so he doesn't have to do anything in a just manner.
- We have to protect ourselves. We protect ourselves via prayer. Give us strength and power that we need to do this in the right way. Our youngest brother the white man, he doesn't know. We have to teach him things. I see some among us and I'm happy to see that, to know that we are on the right path, and this is what we need.

Participant:
- I just want to talk about this presentation.
- The circle inside is us, our communities, our lives, controlled by the governments. That box doesn't move until you move it. The circle inside sits in one place and it doesn't go anywhere—if you are going to move ahead with that, I don't think it will work. What we are saying here, until we build a circle over the box. The circle moves in cycles like the table. If you put it in sideways it will roll and never stop.
- Everything that belongs to government is all boxes and you cannot move it.
- You cannot move it until you make changes. I think you need to change into a moving forward kind…a circle to move forward…like Jerry said. It will give us that protection because the Creator made that for us. He gave us that.
- Our ways-my land is my hospital, my home is my hospital. My teachers are my elders.

Participant:
- I work for the Tribal Council on a short-term basis. I was a Chief in my community for quite a number of years. I have been in on meetings about health issues that we are still dealing with today. To expand on what the other participant said. A lot of people don't like to hear anything religious in a meeting because these are political issues. But we do pray and we have the drum. We should have something like that in our statement that will lead us in a way to make things happen. We are a nation of broken, sick people. Through all of the things that we went through. Through colonialism, through residential schools. I think we need to have more faith in our Creator. When I think about Health Transformation because that is what I am working on in our tribal council. There is a story in the bible - reminds me of what we are trying to do - story of Jesus. He missed 1 person out of 100 that he was leading. There was one lost person. So he gave those 99 people up and went back to find the lost person. I think we are on this journey too. A healing journey. To look at this individual and bring them all together, so that they can be together. We have to make this work. For our communities. For the youth, for the elderly. I just wanted to bring that. I am getting elderly too. When I was much younger I used to be around meetings like this.

Participant:
- It is not clear to me on the statement who is going to do the follow up for all of those things. We have seen a lot of times in meetings. There are a lot of requests, demands, etc. but no one knows who is going to do it. We need to identify the body that will do the follow up. If it is SLFNHA let's say that so we know exactly who is following up.

Participant (Chief):
- I mainly want to tell a story. I as born in and delivered by midwife. None of us ever had to go to hospital. they use a lot of traditional medicine. When the missionaries first came to mu community. The wife of the minister was a nurse. My mom learned how to take vitals etc. she

would make house calls. Nights or days, it doesn't matter. She would go check on people. Often a baby. If the baby got sick then she knew how treat baby. She knew how to keep the baby cool so the temperature doesn't go higher. She knew how to dress cuts, etc. I had to think of my grandfather. He had a dream of becoming a community. When they first settled in my community they weren't recognized as a First Nations people. I knew that there were sometimes that the plane would come in with white people. MNR or something. They were telling him that he should go back to where he came from. The first ones that settled there were my grandfather and my grandfather's side were from North Caribou. They told him he was on Crown land and that he should go back where he came from but he never did. The time came when he was going out, I guess to meetings, to get our band status. This became a dream of his. During that time, we couldn't get full status because of the contamination in our land by Bell Canada when they first came to put up relay towers. The government didn't want to give us any funding because our land was contaminated. We just stayed.

- Soon young people started moving out because they wanted their kids to go to school.

- We go there every summer, since I became Chief I have tried to get back my grandfather's dream, to get our land back and become a reserve. I think it will happen, maybe this summer or next summer. Coming here, I got a lot of information and I had to think of my grandfather because I know what his dream was for Health Transformation. I know what he was trying to do because he told us to stay on the land, not to move, live off the land, maintain it and live in it. For a while we couldn't do that but I think we are getting back to that. I really liked how it was talked about getting our own members, young people, to be involved because they are the ones that know our community the best. I am looking forward to transformation happening. I just wanted to say thank you for the invitation. I am really happy to have attended this meeting.

- When I first came here I was trying to figure out what Health Transformation is. I didn't understand it. One of the things I keeps harping on was us taking over a service, keeping the same policies that was used. We just take over and implement the same policies, that is not good for our communities. The other one was looking at discussions. We need to look at where is the community voice in this process. We always hear about new ways, but we have to integrate the traditions. When we talk about spirituality. When the body hurts the spirit cries out, and we forget about who we are. We listen and try to do what is needed and try to make it healthy again.

- What is the purpose of this document? What does it do and how are we going to use it? Is it going to help or is it going to just sit there? When this document is developed, engagement was being discussed, we don't know methods or results, but in the end we want a plan to take back to the community to show what we have.

Elder:

- My closing Elder comment, it was very nice to hear all the stories and all the things that these young people put out and I hope they work hard to come up with what we need down the road to make our families healthy. That is one of the things my late sister wanted. She was part of Equawuk Womens group. Males misunderstood where she was coming from. As she told her stories over and over again, the Chiefs at NAN and whomever was on top of the political system, understand her more. Now we see, how many healthy families do we have, does anyone know. That is what she wanted. Not women in jail. She wanted a community to start teaching about

being healthy. Now we are still talking about our health. I don't know how many years she has been gone. Sometimes I smile at the memories about what she was trying to do. Maybe if we had listened some of us would be healthy. I would really like to see this work to go through as smoothly as it can go through. People talk about the Creator. Yes, our Creator is an awesome god. I believe that. Of all the hardships I've gone through with my family, all the losses I have had, he is the one that, you see me sitting here, I get the strength from all the good things people do for me, even little things and also praying every day. I had 4 children, now I only have one. Sometimes I get so angry at the legal system. You know after my grandson was murdered, we had to go to trial, and we just finished another trial because this guy changed his verdict. That was so hard. Really hard. You know that drone that flies all over the place. The investigators seeing my grandson left for dead, body and all, that was too much. Too much that this legal system put you through. It was hard on me because I heard his sisters crying, his mother crying, and this guy, sitting in front of us behind the glass. The guy who did it. What would you do. Sometimes you felt like going over and hitting him. That is how it is. When you want to be a perfect citizen. But we need to work together. I had all of the supports that we needed at that time. Thank you. I would like to see, for us as family. When my late brother was murdered, we never said anything to the other side, but this was too much, someone killing my grandson. We remained silent. We cannot undo what was done. But for you we all have to move forward in order to help our people, for the longest time I have worked with people, since I was 16, now I am 72. I have been working side by side with people. Tomorrow, I go back to the school. Sit with the kids. And the lord says to us all, we are all equal. As human beings, we all fight. We fight every day. That is not good. No wonder he brought in COVID. COVID for me I have seen for people to come together, to love together and be closer together. Respect for all. We need our people to be healthy.

Participant:

- I also work with SLFNHA as a youth facilitator. I am wondering under coordinated engagement processes, with clear engagement. Can we have youth added in there? I'm looking at the youth behind the table. Putting this all together with technology. Putting us all online. If we can add youth in there somewhere that would be great.

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