



Sioux Lookout
First Nations
Health Authority

SUMMARY

*Mii-Nwah-Chi-Keh-Win Community Engagement Session
– Feb 12 & 13, 2020 Thunder Bay*

Context

In September 2019, the Sioux Lookout First Nations Health Authority (SLFNHA) Chiefs in Assembly passed Resolution #19-23 *Mandate for New Hospitals within SLFNHA Member First Nations*, mandating the Nishnawbe Aski Nation (NAN) Health Transformation process to “pursue the establishment of a hospital within one or more of the SLFNHA member First Nations.”

The Mii-Nwah-Chi-Keh-Win community engagement session was held on February 12 & 13, 2020 in Thunder Bay with the objective of hearing from community health directors and other community representatives on how they would like to see hospital services in their communities and what the specific needs and priorities of their community are. The meeting was grounded in the teachings of Mii-Nwah-Chi-Keh-Win meaning to restore things and put them in their proper place. In the context of planning for hospital services and taking control of medical transportation, this is a process of decolonization where the ability to take care of one another and take control of community health is brought back to the community. The meeting was also organized based on the idea of “communities of interest” whereby community partnerships could be formed between communities that share common language, spirituality, customs and traditions.

Summary of Community Engagement

The meeting was organized into the following breakout sessions as follows.

1) Mii-Nwah-Chi-Keh Win

- We need to change and take new approaches to design a new system and we need to be more unified in our approaches and thinking. We need stronger partnerships amongst ourselves.
- We need to look at all the roles and mandates which will be challenging and uncomfortable at times.
- We need to change our mind-set and take control over the system. Change needs to start with the people.
- We need to take back power and authority and define how we are going to do it.



3) Supporting Our Children and Youth

- There is a lack of assessment and school support
- Address the impacts of opioid use in pregnancy and child development.
- Wholistic approach and coordination of services
- Land-based programming – incorporate into school curriculum, life skills, parenting and coaching while on the land, family healing.
- Supports for high-risk youth.
- Family approaches to healing.
- Mentorship and support for youth.
- Mental health supports – all communities need to get together to start planning around mental health.
- Develop our own system based on our jurisdiction and authority.



5) Infrastructure, Technology and Resources

- We need to look at all the technology available and see what procedures can be provided in community.
- We need specialists in technology to work with us to work towards a whole new system.
- Technology should enhance care – not substitute care.
- Space for training and programs.
- Delays in diagnostics.
- Telehealth needs to be used to its full capacity – some specialists are reluctant to use it and there are limitation due to poor internet connections.
- Buildings need to be designed based on new and expanded models of care – we should be planning for mini hospitals rather than nursing stations.
- Standards of care – systems to be held to the same standards as provincial but adapted to meet northern needs.
- Long-term care and senior care – explore different options.



6) Areas that communities can Specialize

As part of the concept of communities supporting one another, there was discussion on communities specializing in certain areas based on the needs and priorities of their community and the ability to offer services to other communities. These areas of specialty include:

- Prevention and public health – strong prevention strategy i.e. diabetes – educators for prevention
- Increase number of CHRs
- Capacity building
- Dialysis
- Endocrinology
- Shelter houses for women
- Hearing screening and testing
- Community-based detox programs
- Paramedicine
- Home births and midwifery.
- Planning specialists – support for communities to write proposals and plan together.
- Pediatric care
- Elder Care
- Traditional medicines
- Support for children with special needs



