

Honouring Voices

A Mixed-Methods Evaluation of the
February 2025 Health Directors Meeting

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Executive Summary

Over the February 2025 three-day Health Directors meeting, participant feedback was overwhelmingly positive, with consistently high satisfaction ratings each day. Across 30–33 respondents per day (approximately one-third SLFNHA staff and two-thirds community Health Directors or partner members), virtually all session evaluations were rated “Satisfied” or “Very Satisfied”. The overall conference satisfaction averaged 4.7 out of 5, indicating that the event met or exceeded expectations for most attendees. No session on any day received an average below 4 out of 5, and over 90% of all responses were in the top two rating categories (4 or 5) each day. Participants particularly praised the quality of content and presentations, the engaging format, and the networking opportunities provided. *“Found all the presentations very informative and was satisfied overall,”* noted one community Health Director, echoing a common sentiment. Attendees from communities valued learning new information and making connections, while SLFNHA staff appreciated the collaborative environment and insight into community needs.

Each day’s qualitative feedback revealed recurring themes: participants valued Engagement & Interaction, Content & Presentations, and Organization & Logistics, while also offering Further Learning & Suggestions for future topics and noting how they planned to apply the knowledge (Impact). These themes persisted throughout the conference, though their emphasis evolved. For example, *interactive activities and networking* were praised every day, but by Day 3 some participants stressed a desire for even more community voices and interaction in the program. Content-wise, enthusiasm for certain topics emerged uniquely each day (e.g. mental health on Day 1, immunization and diabetes on Day 2, autism on Day 3), reflecting the agenda’s focus. Logistical feedback improved over time – minor audio/visual (A/V) or food issues mentioned on Day 1, however by Day 3, no significant complaints were reported. Meanwhile, participants’ requests for additional content grew more extensive by the final day, culminating in numerous suggestions for future conferences (e.g. more mental health, midwifery, and capacity-building topics). Many attendees also expressed commitment to applying what they learned. *“I gained more knowledge on how to better serve my people in the community,”* wrote one participant, and others described plans to share information with colleagues or initiate programs locally in

communities. Not a single respondent across the three days said the training was not useful – the feedback ranged from “good” to “very useful – thank you for the presentations.”

In summary, the conference was highly successful, achieving an average satisfaction of 4.5+ out of 5 for virtually all sessions and aspects. Table 1 below provides a brief overview of key metrics by day. Participants’ open-ended comments further highlighted the conference’s strengths (engaging format, relevant content, strong organization) and provided constructive ideas to make future events even more impactful. These findings inform several actionable recommendations: continue the interactive, informative approach; expand content depth in high-demand areas; increase opportunities for community-led dialogue; fine-tune logistics (A/V, scheduling); and offer follow-up resources to help communities implement new knowledge. By building on this feedback, future conferences can sustain the high satisfaction levels and address the few areas for improvement identified.

Table 1. Summary of Participant Feedback by Day

Day & Respondents	Day 1 (N=30)	Day 2 (N=31)	Day 3 (N=30)	Overall Conference (N=33)
SLFNHA Staff : External (%)	40% : 60%	35% : 65%	33% : 67%	36% : 64%
Average Overall Satisfaction (5-point scale)	4.4	4.5	4.4	4.7
% Ratings “4” or “5”	94% (0% below 3)	94% (one “2” rating, no “1” rating)	91% (one “2” rating, no “1” rating)	99% (0.9% below 4)

Highest Rated Aspect	Logistics (venue/meals), 4.6	Immunization & Diabetes sessions, 4.5	Autism session, 4.6	Printed materials, 4.7
Lowest Rated Aspect	Infectious Diseases update, 4.3	Engagement/Partnerships session, 4.3	NIHB/Navigation update, 4.1	Venue/meals, 4.4
Common Positives	• Networking • Interactive games • Informative presentations • Well-run organization	• Interactive breakouts • Very informative content (immunizations, food security, diabetes) • Good facilitation	• Networking • Important topics (autism, midwifery, cancer) • Smooth logistics	• Networking • Informative, relevant content • Good organization & hospitality
Main Improvement Suggestions	• Better audio • More program areas included • More small-group discussions • More on mental health/addictions	• More info on key topics (diabetes, mental health, immunization) • Provide handouts/visual aids • Slightly slower pace for some talks	• More community sharing time • Distribute dense info across days • Deeper dives into autism, NIHB • Help communities implement ideas	• More mental health & family health content • Add community health training (evaluation, planning) • Even more interactive formats (panels, circles) • Minor A/V and scheduling tweaks

Introduction

This report provides a comprehensive evaluation of the three-day Health Directors meeting hosted by SLFNHA in February 2025. The evaluation draws on participant feedback collected through four separate surveys administered on Day 1, Day 2, and Day 3, and a fourth, overall (post-conference) evaluation survey distributed on the final day (Day 3) at the conclusion of the event. Approximately 30 individuals participated in the feedback process each day, comprising a mix of SLFNHA staff and community representatives. The surveys included both quantitative satisfaction ratings and open-ended qualitative questions.

Overall, the response from attendees was overwhelmingly positive. Virtually all participants rated the conference as either “Satisfied” or “Very Satisfied” across the three days and in the overall (post-conference) evaluation. The overall score was based on a broader evaluation (based on post-conference evaluation form) covering logistics, materials, and general impressions, while the daily forms focused more narrowly on session-specific content.

The sections that follow provide detailed insights from each day of the conference, along with an analysis of the overall feedback. Charts and tables are included to visually represent the quantitative results, while thematic summaries highlight the key messages from qualitative responses. To support easy reference, the appendix contains a consolidated table summarizing key themes and subthemes from the entire feedback dataset.

Background and Objectives of Health Directors Meeting

The Health Directors meeting is part of Sioux Lookout First Nations Health Authority’s (SLFNHA) Approaches to Community Wellbeing (ACW) initiative, which facilitates regular gatherings of health and nursing leaders across the region. These meetings aim to strengthen leadership, build local capacity, and respond to evolving community health needs.

The February 2025 meeting was guided by several key objectives. It provided community health leadership with updates on ACW programs and initiatives, particularly those addressing pressing wellness challenges. The meeting prioritized sharing recent research findings and data on regional health trends, especially in mental health, substance use, and cancer—areas of ongoing concern.

Another objective was to increase awareness of available services, such as maternal and child health, immunization, fentanyl testing, and the Non-Insured Health Benefits (NIHB) program, to enhance community health responses.

The gathering created space for dialogue, peer learning, and exchanging strategies among health leaders, emphasizing the value of collaboration and shared experience. It also aimed to strengthen coordination and relationships among community health leadership, Tribal Councils, and SLFNHA, supporting an integrated approach to service delivery.

Finally, the meeting provided an opportunity for community leaders to offer guidance to SLFNHA and the ACW department, ensuring that support aligns with community-defined priorities and needs. These periodic gatherings foster mutual learning and reinforce the shared commitment to serving First Nations communities respectfully and responsively.

Participant Overview and Survey Completion Rates

This February 2025 meeting saw the participation of 49 individuals representing various roles within the health system. These included community Health Directors, Assistant Health Directors, Tribal Council Health and Nursing Directors, Community Wellbeing Facilitators, and SLFNHA staff. Among the attendees were sixteen community Health Directors, one delegate from a Band Council, four Tribal Council Health Directors, one Tribal Council Nursing Director, and one Community Wellbeing Facilitator.

While a total of 49 individuals registered for the event, not all participants attended every day of the three-day conference.

On Day 1, 40 participants were present, with 30 completing the feedback survey, resulting in a 75 percent completion rate. Day 2 saw a slightly higher attendance, with 44 participants and 31

completing the survey, yielding a 70.4 percent completion rate. On Day 3, 39 individuals participated, and 30 completed the survey, amounting to a 76.9 percent response rate.

The overall (post-conference survey) was completed by 33 of the 49 participants, which represents a 67.3 percent completion rate.

Survey engagement was strong throughout the event, consistently exceeding a 70 percent response rate on each day of the conference. The slightly lower response rate for the overall post-conference survey may be attributed to a number of factors. Some participants may have chosen not to complete the final survey, while others may have attended only portions of the conference or did not receive the form. Among those who did respond to surveys, the rate of missing responses to individual quantitative questions was minimal—under five percent in most cases.

Day 1 Evaluation: Quantitative Analysis

Participant Overview:

A total of 30 participants provided feedback for Day 1 (12 SLFNHA staff and 18 community or partner representatives). Participants reported high satisfaction with all Day 1 sessions. No ratings below “3” were given on the 5-point scale, and the vast majority of responses were “4” or “5,” indicating very positive experiences across all sessions. The overall satisfaction average for Day 1 was about 4.4 out of 5, reflecting a successful start to the conference.

Satisfaction Ratings by Group:

Both SLFNHA staff and external participants rated Day 1 sessions very positively. SLFNHA staff tended to give slightly higher scores on average (often around 4.6 versus ~4.3 for community attendees). For example, the Preventing Infectious Diseases update was rated 4.6/5 by staff compared to 4.1/5 by others. Despite these small differences, both groups agreed on which sessions were the strongest—their top-rated sessions were the same.

Rating Distributions:

Day 1 ratings were overwhelmingly positive, with approximately 94% of all responses marked as “4” or “5” and none below “3.” The highest-rated aspect was the conference logistics—including the venue, meals, and breaks—which received an average score of approximately 4.6 out of 5 and the most “Excellent (5)” ratings. Among the content sessions, the Opening & Icebreaker and the Mental Health Model presentations were the most highly rated, each averaging around 4.5. The lowest-rated session was Preventing Infectious Diseases, which received an average score of about 4.3, primarily due to a few neutral (“3”) ratings. This was followed closely by the Preventing Chronic Diseases and Roots for Community Wellbeing updates. Importantly, no session received a “Poor” rating, and even the lowest-scoring sessions were rated well above 4, reflecting strong and consistent satisfaction. The narrow range between the highest and lowest average scores (4.6 to 4.3) underscores the overall effectiveness and quality of the Day 1 program.

Graph 1: Average Satisfaction Ratings (1–5) for Each Day 1 Session, Comparing SLFNHA Staff (green) versus Non-SLFNHA Participants (yellow).

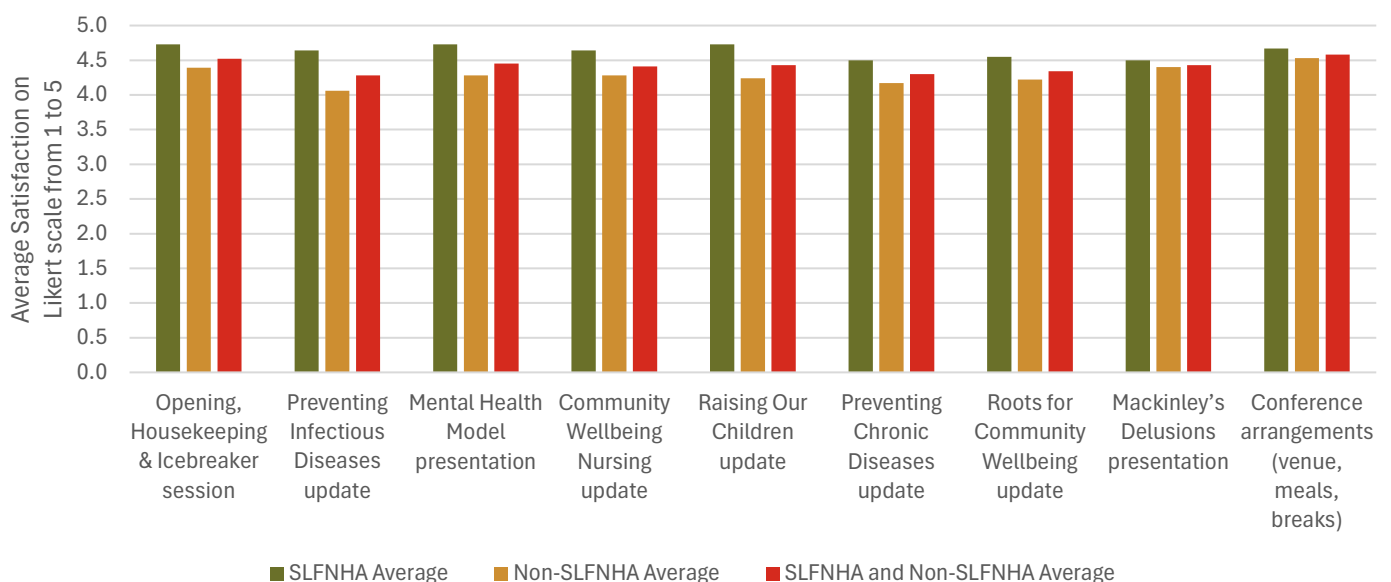


Table 2: Day 1 Survey Items and Average Satisfaction Ratings (5-Point Scale).

Day 1 Survey Item	SLFNHA Average	Non-SLFNHA Average	Combined Rating (SLFNHA and Non-SLFNHA)
Opening, Housekeeping, & Icebreaker session	4.7	4.4	4.5
Preventing Infectious Diseases update	4.6	4.1	4.3
Mental Health Model presentation	4.7	4.3	4.5
Community Wellbeing Nursing update	4.6	4.3	4.4
Raising Our Children update	4.7	4.2	4.4
Preventing Chronic Diseases update	4.5	4.2	4.3
Roots for Community Wellbeing update	4.6	4.2	4.3
Mackinley's Delusions presentation	4.5	4.4	4.4
Conference arrangements (venue, meals, breaks)	4.7	4.5	4.6

Day 1 Qualitative Analysis

Participants' open-ended feedback for Day 1 coalesced into several key themes, which were similar to those observed on subsequent days. Major themes included Engagement & Interaction, Content & Presentations, Organization & Logistics, Further Learning & Suggestions, and Application & Impact. Below is a summary of the Day 1 qualitative feedback, with representative examples from participants' comments (SLFNHA staff and community participants).

Engagement & Interaction:

Many respondents valued the opportunity to connect with colleagues and actively participate in Day 1 activities. Networking was highlighted as a key benefit – for example, *“Meeting HDs in*

person” (Health Directors) was cited by one SLFNHA staff member as a memorable aspect of the day. Participants also enjoyed the interactive format of the sessions, frequently mentioning the icebreakers and group games. *“How everyone participated in [ice]breakers and other games”* stood out to one community attendee, illustrating the high level of involvement by participants. There was widespread appreciation for the inclusion of community voices during discussions; a non-SLFNHA participant noted it was *“very encouraging that community members were engaging, asking questions.”* This theme of active engagement was common across both groups. SLFNHA staff tended to emphasize the value of networking with community leadership (e.g., meeting Health Directors), while community members simply appreciated the overall interaction and chance to participate.

Content & Presentations:

Participants from all backgrounds found Day 1’s session content informative and interesting. Many comments praised specific presentations. For instance, the Mental Health Model presentation was frequently mentioned as a highlight (one SLFNHA staff wrote that *“Mental Health Model presentation”* was a top standout of the day). Others remarked that *“All topics were informative and interesting”* and offered *“Great presentations,”* indicating general satisfaction with the quality of information and the speakers. Both SLFNHA and non-SLFNHA respondents appreciated learning about new initiatives. One staff member noted the *“very interesting initiatives occurring in all teams, [and] significant potential of collaboration between teams,”* linking the content to inter-team collaboration opportunities. Overall, the breadth of topics and the expertise of the presenters were well-received by everyone, and participants felt they gained valuable knowledge about a range of health programs and updates.

Organization & Logistics:

Numerous participants complimented the organization of Day 1, though a few noted minor areas for improvement. On the positive side, a SLFNHA staff member commented that Day 1 was *“very well run and organized,”* and a community attendee appreciated *“the attendance, [and] good hospitality.”* The smooth logistics (venue, scheduling, breaks) contributed to a positive experience for many. However, some logistical issues did arise, mostly pointed out by

SLFNHA staff. For example, one staff member frankly wrote *“sad food choices for lunch,”* indicating disappointment with the meal options provided. Another mentioned that while they *“liked the activities,”* *“sound quality was a little low... difficult to hear sometimes.”* These audio/visual issues (microphone volume and venue acoustics) were echoed by a few others, especially in their suggestions for improvement. Additionally, one SLFNHA respondent *“wished there were other programs present,”* indicating a desire for representation from other departments in the day's agenda. These comments show that while the event was well-managed overall, improvements in the A/V setup (microphones, sound system) and catering could further enhance the participant experience. Notably, SLFNHA staff were more likely to voice these logistical critiques, whereas non-SLFNHA participants mainly focused on the content of sessions (indeed, few external attendees mentioned the sound issue, and none commented negatively on the food).

Further Learning & Suggestions:

When asked what they wanted to learn more about or what could be improved, participants provided a range of ideas for additional content and changes to the format. The most common request (especially among community participants) was for more information on specific health topics. For example, multiple non-SLFNHA respondents wanted deeper dives into *“Mental Health and Addictions,”* and one wanted more on *“Roots for Community Wellbeing”*. Others asked for follow-up on maternal health programs – e.g., a SLFNHA staff member wondered about *“future plans after Doula training – are there plans to implement a Doula program?”* – and for more local health data (one person asked about *“studies on cancer rates in communities”*). Another notable theme was the desire for capacity-building and practical skills; one community member wrote they’d like more on *“building capacity... training & practical skills in leadership, report writing, program evaluation, HR/recruitment.”*

In terms of session format, participants suggested incorporating more small-group discussions and greater involvement of community leadership in future sessions. A SLFNHA staff member suggested having *“more small group discussions based on topic of interest,”* and another said, *“hearing from community leadership would be awesome.”* These ideas point to an interest in even more interactive learning opportunities and in incorporating community voices more

prominently. Conversely, a few participants (all non-SLFNHA) felt Day 1 already met their needs and had no additional requests, responding that *“No, they were all informative”* or *“Not sure yet,”* indicating they did not see any further topics or changes needed at that time. In summary, external (community) participants provided most of the content-related requests – signaling eagerness for more knowledge in certain areas – while SLFNHA staff suggestions tended to focus on session format improvements and ensuring all relevant programs and voices are included in the future.

Day 2 Evaluation: Quantitative Analysis

Participant Overview:

A total of 31 participants provided feedback for Day 2, including 11 SLFNHA staff and 20 community or Tribal Council Health Directors, nurses, Elders, and other community representatives. Overall satisfaction with the Day 2 sessions was very high. Nearly all respondents rated the sessions positively on the 5-point scale: approximately 47% selected “5 – Very Satisfied,” 46% chose “4 – Satisfied,” and about 7% were neutral. Only one respondent gave a “2 – Unsatisfied” rating, and no participants selected “1 – Very Unsatisfied,” and there was virtually no negative feedback (only one single instance of a “2 – Unsatisfied,” and no “1 – Very Unsatisfied” ratings across all sessions). In other words, nearly all participants found the Day 2 sessions to be good or excellent.

Satisfaction Ratings by Group:

Both groups were extremely satisfied on Day 2, with only minor differences. SLFNHA staff selected the highest rating (“5”) more frequently (roughly 73% of the time, vs ~33% for community participants), resulting in about 96% of staff responses being 4 or 5, compared to ~90% for others. One area where staff were slightly less satisfied than community attendees was conference logistics (venue/meals): staff averaged ~4.1 on that item vs ~4.4 from community. Even so, both groups rated all aspects well above 4 on average.

Rating Distributions:

Across the seven session-specific satisfaction questions on Day 2, all average ratings were above 4 out of 5. The highest-rated sessions were the Immunization Reports & Strategy Development and Diabetes Prevention (Children and Youth Engagement) sessions, each with an average around 4.5/5. These were closely followed by the Food Affordability Study Update. The lowest-rated session of the day was the Engagement and Partnerships session, with an average of about 4.2/5 –indicating a generally positive reception. Other sessions – such as the Harm Reduction Update and Safe Communities Update – were rated around 4.3–4.4 on average. Even this “lowest” score (~4.2) reflects a favorable evaluation, suggesting no major issues with any particular session. The conference arrangements (venue, meals, breaks) on Day 2 received an overall average of roughly 4.3/5. In summary, Day 2 sessions were very well received by participants, with both SLFNHA staff and non-staff attendees rating nearly all aspects highly.

Graph 2: Average Satisfaction Ratings for Each Day 2 Session, Comparing SLFNHA Staff (green) versus Non-SLFNHA Participants (yellow).

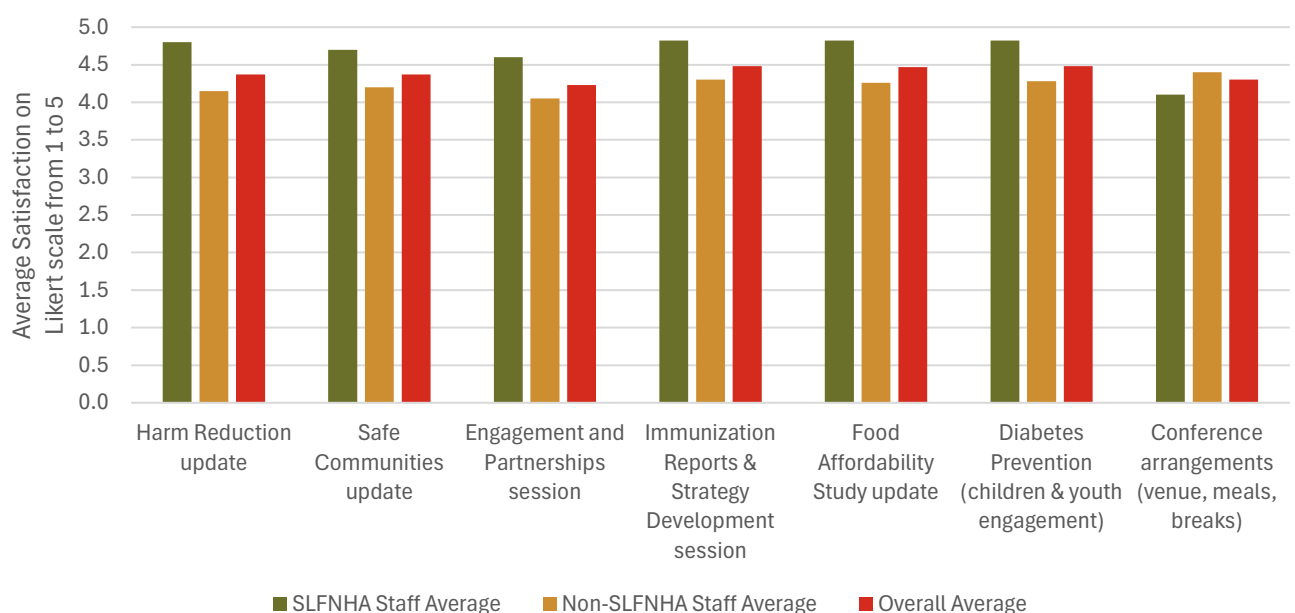


Table 3: Day 2 Survey Items and Average Satisfaction Ratings (5-point scale).

Day 2 Survey Item	SLFNHA Average	Non-SLFNHA Average	Overall Average
Q1. Harm Reduction Update	4.8	4.2	4.4
Q2. Safe Communities Update	4.7	4.2	4.4
Q3. Engagement and Partnerships session	4.6	4.1	4.2
Q4. Immunization Reports & Strategy Development session	4.8	4.3	4.5
Q5. Food Affordability Study Update	4.8	4.3	4.5
Q6. Diabetes Prevention (Children & Youth Engagement)	4.8	4.3	4.5
Q7. Conference arrangements (venue, meals, breaks)	4.1	4.4	4.3

Day 2 Qualitative Analysis

Three open-ended questions were included in the Day 2 evaluation, asking participants: (1) what stood out from the day's sessions, (2) if there was anything they wanted to learn more about, and (3) how useful the sessions were to their role. A thematic analysis of the responses revealed several key themes, which were generally consistent with Day 1: participants highlighted informative content and engaging format as positives, and they offered a few suggestions for additional topics or resources to enhance future sessions. Overall, the qualitative comments for Day 2 were largely favorable.

Engagement and Interaction

Participants praised the engaging format and delivery of the Day 2 sessions. They enjoyed the opportunities for interaction and active participation. Several respondents specifically mentioned the breakout discussions and group activities as a highlight. *"I loved the activities, sharing information,"* said one non-SLFNHA participant, referring to the interactive portions that

allowed attendees to discuss and learn from each other. Another attendee noted *“the breakouts where there were 3 tables with different questions about engagement”* and liked being able to rotate and hear various perspectives. This interactive approach was seen as refreshing and effective for engagement. Participants also complimented the quality of the facilitation and presentations overall. Comments like *“Excellent presentations”* (from a SLFNHA staff participant) and *“Presenters are good resource people for our communities”* (from a non-SLFNHA participant) indicate that the speakers were knowledgeable and that their delivery was well-received. These positive remarks suggest that the mix of informative content with interactive, well-facilitated activities was a successful formula on Day 2.

Content & Presentations:

Participants consistently emphasized that the Day 2 sessions were highly informative and relevant. Many respondents highlighted specific content areas that they found especially valuable. For instance, updates on immunization and communicable diseases were frequently mentioned – one non-SLFNHA attendee noted the *“Measles immunization update was interesting”*, and others appreciated learning about outbreak preparedness efforts. Updates on food security and affordability also stood out to multiple participants; several pointed to the insights from the Food Affordability Study, with one person calling attention to *“the cost of food up north compared to the south”* and how that information was eye-opening. Diabetes prevention was another topic that resonated, as participants found the information on engaging children and youth in diabetes prevention meaningful. In general, attendees described the presentations as *“very informative”*, giving them new knowledge to take back home. *“All sessions were very informative,”* remarked one community Health Director, which captured the sentiment that the Day 2 content was useful and educational. Both SLFNHA staff and community members valued the breadth of information shared on Day 2.

Organization & Logistics:

In terms of session pacing, a few respondents noted that some presentations felt a bit rushed. A SLFNHA staff member observed that *“some presentations seemed to go by too quickly,”* hinting that certain topics could have used more time for discussion or Q&A. This feedback suggests

that, for future events, organizers might consider balancing the agenda to ensure each presenter has adequate time, or incorporating more time for questions so that participants can get the detail they are looking for.

Despite these suggestions, it should be noted that many of these ideas shared by audience were about enhancing an already positive experience. Participants were not identifying major problems, but rather expressing interest in *more* of certain content or small tweaks that could improve learning and engagement even further.

Further Learning and Suggestions:

While the feedback was overwhelmingly positive, participants did have some suggestions for further learning or improvements based on Day 2. A number of attendees wanted more detail or follow-up on certain subjects that were touched on during the day. For example, there were requests for additional information on immunization strategies – one SLFNHA staff member asked for “*strategies to improve immunizations*” (indicating interest in how to increase vaccine uptake and coverage). Others wanted to delve deeper into diabetes (for instance, discussing youth and gestational diabetes in more depth) and harm reduction (seeking updates on the Harm Reduction program). Interest in healthy eating and nutrition was also noted – a community participant wondered “*How to make healthy eating more accessible*” in the communities, building on the food affordability discussions. Additionally, mental health came up (as it did in Day 1); a couple of participants expressed a desire for more content on community mental health supports or special needs services.

Day 3 Evaluation: Quantitative Analysis

Participant Overview:

A total of 30 participants provided feedback for Day 3 (10 SLFNHA staff and 20 community representatives, a similar mix to earlier days). Overall, participants reported very high satisfaction with Day 3 sessions. Only one rating below “3” was given (and no “1 – Very Unsatisfied” scores at all), and the vast majority of responses were “4” or “5.” The overall Day 3 satisfaction average was around 4.4 out of 5, indicating another successful day.

Satisfaction Ratings by Group:

Both SLFNHA staff and community attendees gave high marks on Day 3, with SLFNHA staff again tending to give higher scores. For example, the Autism presentation received a perfect 5.0 average from staff vs about 4.4 from others, and the NIHB/Patient Navigation update was rated ~4.6 by staff vs ~3.8 by others. Despite these differences in absolute scores, both groups identified the same sessions as the most outstanding (Autism) and the relatively lowest-rated (NIHB update), and both groups still rated all sessions well above 4/5 on average.

Rating Distributions:

Day 3's ratings were highly positive: about 47% of responses were "5 – Very Satisfied" and 44% were "4 – Satisfied," with around 9% "3 - Neutral". Only one instance of "2 – Unsatisfied" was recorded (no "1" ratings), meaning over 90% of responses were 4 or 5. A few sessions drew some neutral scores—for example, Training & Capacity Building for Health Workers had four "3" ratings, and the NIHB/Patient Navigation update received three "3"s and the single "2" (from a community attendee). Still, most participants rated sessions as good or excellent.

All aspects of Day 3 were rated well above 4. The Autism presentation and Cancer Health Status Report were among the highest-rated (~4.5 each), followed closely by Indigenous Midwifery (~4.4). Logistics—including venue, meals, and breaks—also averaged ~4.5. The lowest-rated session, NIHB/Patient Navigation, still averaged ~4.1, with Training & Capacity Building and FIT Kit/Cancer Screening updates around 4.3. These figures reflect consistently strong feedback across all sessions, with only slight variation—community attendees tended to rate a few sessions slightly lower than staff.

Graph 3: Average Satisfaction Ratings for Each Day 3 Session, Comparing SLFNHA Staff (green) versus Non-SLFNHA Participants (yellow).

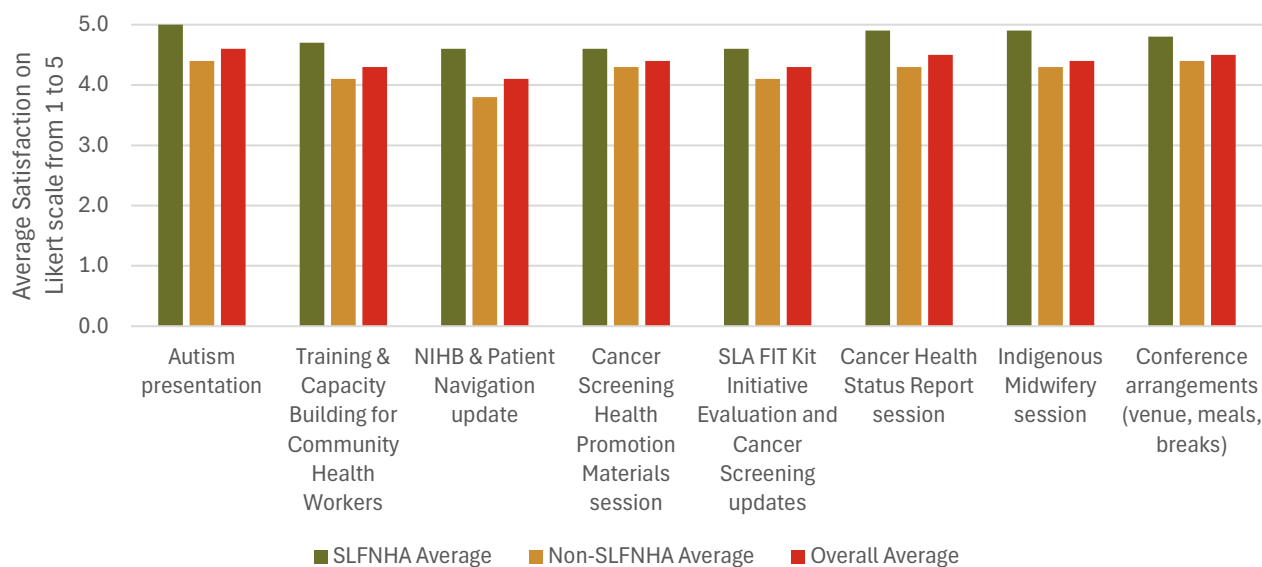


Table 4: Day 3 Survey Items and Average Satisfaction Ratings (5-Point Scale).

Day 3 Survey Item	SLFNHA Average	Non-SLFNHA Average	Overall Average
Q1. Autism presentation	5.0	4.4	4.6
Q2. Training & Capacity Building for Community Health Workers	4.7	4.1	4.3
Q3. Non-Insured Health Benefits & Patient Navigation update	4.6	3.8	4.1
Q4. Cancer Screening Promotion Materials session	4.6	4.3	4.4
Q5. SLA FIT Kit Initiative & Cancer Screening Updates	4.6	4.1	4.3
Q6. Cancer Health Status Report	4.9	4.3	4.5
Q7. Indigenous Midwifery session	4.9	4.3	4.4
Q8. Conference arrangements (venue, meals, breaks)	4.8	4.4	4.5

Day 3 Qualitative Analysis

Open-ended feedback on Day 3 revealed key themes that largely echoed those from the previous days. The main themes identified were Engagement & Interaction, Content & Presentations, Organization & Logistics, Further Learning & Suggestions, and Application & Impact. Below is a summary of Day 3 participants' qualitative feedback, with examples to illustrate each theme.

Engagement & Interaction:

Many respondents valued the opportunities for engagement on Day 3 and even expressed a desire for more interaction. Both SLFNHA staff and community attendees appreciated networking and hands-on participation. Several highlighted the networking aspect as a key benefit – for example, one SLFNHA staff member said, *“I made lots of good connections and re-connected with several people,”* underscoring the value of face-to-face interactions on the final day. A community attendee noted *“Active listening this morning,”* referring to an interactive exercise or activity that stood out to them and got people involved. These comments illustrate the high level of involvement and networking that took place, even as the conference was concluding on Day 3. Additionally, there was a clear desire for even more community voices and representation during the sessions. One SLFNHA staff member wondered how to get more First Nations representation in these gatherings and suggested incorporating *“more informative conversation and group work,”* including a *“sharing circle”* at the beginning and end of the meeting to ensure everyone could contribute. This feedback indicates that while engagement was strong, participants are eager to see the conference provide an even bigger platform for community members to share their experiences and knowledge.

Content & Presentations:

Day 3's content was widely praised and found to be very valuable. Participants pointed out specific sessions and pieces of information that stood out to them. The Autism awareness presentation was one clear highlight – as one SLFNHA staff put it, they *“loved the presentation on Autism,”* which many found enlightening and important. Another example was the new data presented on cancer screening and health status; a community participant shared, *“I enjoyed*

learning about the statistics of cancer screening in our region,” indicating that these evidence-based updates were appreciated. The inclusion of other health topics was also noted positively – *“Great to see Indigenous Midwifery highlighted,”* said one non-SLFNHA attendee, referring to the session on Indigenous midwifery practices. Overall, the breadth of Day 3’s content – covering clinical updates (like cancer and autism), program initiatives (like NIHB navigation), and midwifery – was seen as informative and relevant. A few participants did raise questions indicating they wanted to learn even more, for instance seeking *“more clarity on NIHB coverage”* (suggesting that while the NIHB session was useful, some details may need further explanation). In general, though, Day 3’s presentations were seen as informative, diverse, and engaging, and they spurred participants to think about how these insights apply to their communities.

Organization & Logistics:

Participants generally felt that Day 3 was well-organized, and by the third day of the conference they continued to express appreciation for the event’s logistics. There were no major logistical complaints recorded in the Day 3 feedback. In fact, the high rating for venue and breaks on Day 3 (as seen in the quantitative results) reinforces that the conference arrangements remained strong throughout. There were, however, a couple of comments related to how the sessions were structured. One SLFNHA staff member wished a certain speaker or session had more time – *“Wish the speaker had more time to present,”* they noted, implying that one or more presentations felt a bit rushed. This points to a session pacing issue similar to what was noted in Day 2. Another staff comment suggested using the event as a *“platform for community workers to share their projects,”* which is less about logistics and more about format (ensuring the agenda includes community-led components). In summary, logistics on Day 3 (timing, venue, meals) were well handled and appreciated, with just minor feedback about giving some speakers more time or adjusting the agenda flow to maximize sharing and participation. These are suggestions in adjustments in format that could be considered for future events, rather than criticisms of the Day 3 logistics operation itself.

Further Learning & Suggestions:

As with previous days, Day 3 attendees provided suggestions for further learning and topics they'd like to delve into more. Some participants requested additional details on topics presented. For example, the NIHB/Patient Navigation session piqued interest such that one non-SLFNHA participant said *"More explanation on the NIHB process would be useful."* Others wanted to explore related areas that weren't fully covered: an SLFNHA staff member noted they *"would love to learn more about how trauma impacts people and how to better support them,"* tying into mental health and trauma-informed care as an area for further training. There was also a suggestion for broader training opportunities – a non-SLFNHA participant expressed that *"a training session on leadership for Health Directors would be helpful,"* indicating interest in capacity-building topics for community health leaders. In terms of format, echoing earlier feedback, Day 3 participants also suggested incorporating mechanisms like a sharing circle or extended group discussions to ensure everyone's voice is heard (as mentioned under Engagement & Interaction). Taken together, these suggestions indicate that even on the final day, participants remained eager for more knowledge on certain subjects (NIHB, trauma and mental health, leadership skills) and had ideas on how to enrich the conference format (more time for discussion, community-led sharing) to maximize learning.

Overall (Post-Conference) Evaluation

Quantitative Analysis

Participant Overview:

On the final day of the conference, participants completed an overall evaluation of the entire event. A total of 33 participants filled out this overall conference evaluation. Among them, 12 (36%) were SLFNHA staff and 21 (64%) were community representatives, a similar composition to the daily evaluations. Overall, participants reported extremely high satisfaction with the conference. No rating lower than "2" was given on any 5-point satisfaction item in the evaluation, and virtually all responses were "4 – Satisfied" or "5 – Very Satisfied". The average

overall satisfaction with the meeting (a key summary question) was approximately 4.7 out of 5, reflecting a very successful event.

Satisfaction Ratings by Group:

Both SLFNHA staff and non-SLFNHA participants rated the conference very positively, with only slight differences between the two groups. On a few specific items, SLFNHA staff gave marginally higher ratings (around 4.6–4.7 out of 5) compared to community attendees (around 4.5–4.6). For example, SLFNHA staff rated the networking opportunities and the helpfulness of printout materials slightly higher (averaging roughly 4.7–4.8) than non-SLFNHA participants did (around 4.4–4.6). Conversely, community attendees gave a slightly higher average score for the overall meeting satisfaction itself (4.7 vs 4.6 for staff). These minor variations aside, both groups' scores were uniformly high on all aspects.

Rating Distributions:

The distribution of ratings highlights how positive the feedback was. Across all respondents and overall evaluation questions, nearly all ratings were “4” or “5.” Over half (55%) were “5 – Very Satisfied,” and about 44% were “4 – Satisfied.” Only two ratings (out of 218) fell below “4”: one “3 – Neutral” and one “2 – Unsatisfied.” No one gave a “1 – Very Unsatisfied.” In other words, virtually all participants were satisfied or very satisfied. SLFNHA staff tended to give “5” slightly more often than others—for instance, several staff gave top marks across most or all items. The two lower ratings came from community participants and were related to the venue/meals. Still, about 99% of responses from both groups were in the top two categories, underscoring consistently high satisfaction.

All seven aspects evaluated were very well-received. The highest-rated was the helpfulness of printout materials, averaging about 4.7/5. Many valued having resources like handouts, agendas, and slides. Overall meeting satisfaction was also high (4.7). Presentation clarity (Q2), speaker knowledge (Q3), and networking opportunities (Q7) averaged 4.5–4.6, showing strong approval of content and format. The relatively lower-rated aspect was the venue and meals (Q5), averaging about 4.4, slightly lowered by one or two “Fair” ratings. Even so, 4.4 is still very

positive. The narrow range of averages (4.7 to 4.4) shows uniformly positive feedback across all aspects.

In summary, the overall evaluation results reflect the strong satisfaction trends seen on Days 1, 2, and 3.

Graph 4: Average Satisfaction Ratings for Overall Conference Evaluation Items, Comparing SLFNHA Staff (green) versus Non-SLFNHA Participants (yellow).

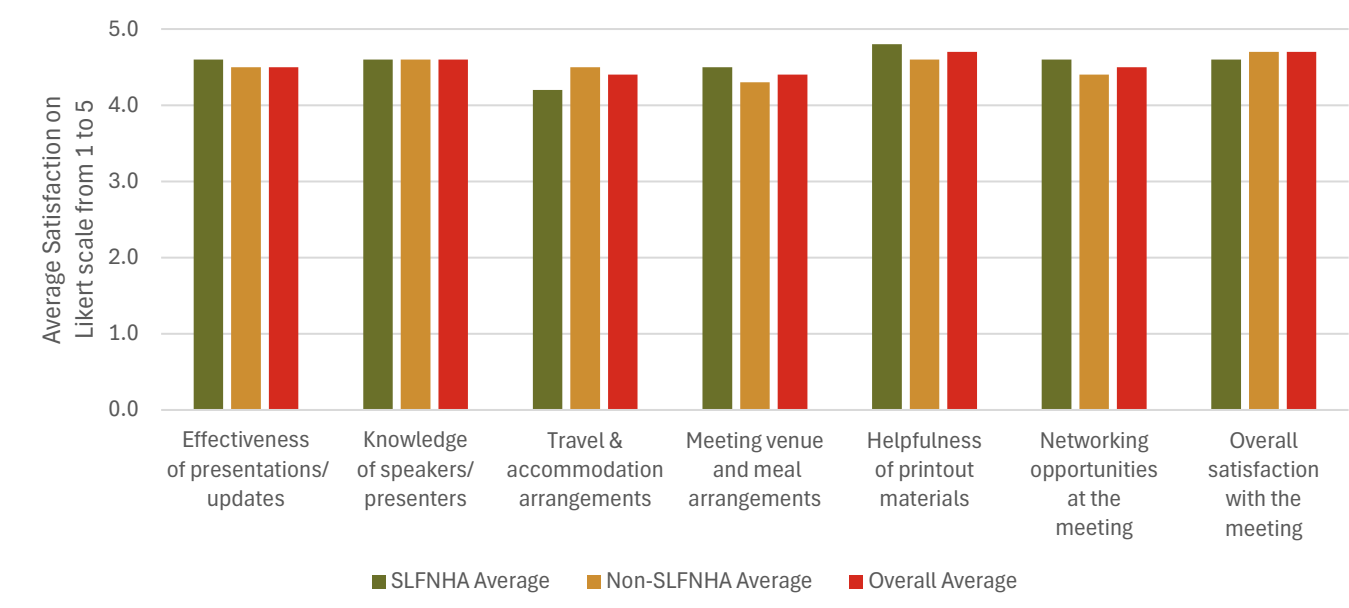


Table 5: Overall (Post-Conference) Evaluation – Average Satisfaction Ratings (5-Point Scale).

Overall Survey Item (Conference-wide)	SLFNHA Average	Non-SLFNHA Average	Overall Average
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Q2. Effectiveness of presentations/updates	4.6	4.5	4.5
Q3. Knowledge of speakers/presenters	4.6	4.6	4.6
Q4. Travel & accommodation arrangements	4.2	4.5	4.4
Q5. Meeting venue and meal arrangements	4.5	4.3	4.4
Q6. Helpfulness of printout materials	4.8	4.6	4.7
Q7. Networking opportunities at the meeting	4.6	4.4	4.5
Q8. Overall satisfaction with the meeting	4.6	4.7	4.7

Overall (Post-Conference) Evaluation Qualitative Analysis

The open-ended feedback in the overall conference evaluation echoed the key themes that had emerged from the daily evaluations. Participants' comments in this final survey reinforced the positive experiences and also provided some overarching suggestions and reflections. The main themes in the overall feedback included Engagement & Interaction, Content & Presentations, Organization & Logistics, Further Learning & Suggestions, and Application & Impact. Below is a summary of the overall qualitative feedback:

Engagement & Interaction

Participants praised the conference for enabling engagement and networking, and many felt the event fostered strong interactions among attendees. At the same time, there was a clear message that participants want even more opportunities for interaction in future gatherings. For example, one participant wondered *"how to get more First Nations representation/participation in these gatherings,"* indicating a desire for greater community presence and voice at the conference. This is an important observation, especially considering

that conflicting events (such as the Chiefs of Ontario health gathering) affected attendance. Better scheduling could have increased participation from community members.

Similarly, SLFNHA staff suggestions included incorporating more interactive discussions; one staff member proposed adding *“more informative conversation and group work,”* such as a *“sharing circle at the beginning and at the end of the meeting”* to ensure everyone has a chance to speak and contribute. These comments suggest that while the networking and engagement were appreciated, attendees are interested in broadening the participation – especially by involving more community members in active roles – and in having structured opportunities (like sharing circles) to engage even more deeply with one another.

Content & Presentations

The content of the conference and the quality of the presentations were very well received overall. Participants described the presentations as informative, relevant, and thought-provoking. Many commented that the range of topics covered was valuable and aligned with their interests. There was an appreciation for the clarity and effectiveness of the presentations (reflected by the high rating for presentation effectiveness). The speakers were also praised for their expertise (as seen in the perfect ratings for speaker knowledge). In the open-ended remarks, people noted that they learned a lot of new information and particularly valued content that was directly applicable to their communities. The feedback also indicated that participants were left eager for even deeper coverage on some subjects, which is a testament to how engaging the content was. In other words, rather than any dissatisfaction with what was presented, attendees simply wanted more time or information on the topics. Overall, the comments confirmed that the breadth and depth of content were excellent, and participants felt the conference delivered on providing meaningful knowledge.

Organization & Logistics:

Conference logistics and organization received high marks, and the overall comments reflected that the event was well-run. Many participants complimented the coordination of the meeting, travel, venue, and accommodations. Only a few minor critiques were mentioned. For instance, as noted earlier, a couple of attendees suggested improvements to the audio/visual setup: one

staff member suggested utilizing the organization's communications team for A/V support next time to ensure technical clarity (implying that there might have been some related issues at points), and another person suggested improving the sound system as a general point.

Beyond audio concerns, some participants offered suggestions to improve the overall atmosphere. One attendee proposed using real flowers for centerpieces on the tables to enhance the setting, and another recommended playing light background music during breaks to help maintain energy and create a more pleasant environment. These remarks indicate that, overall, logistics (venue, travel, meals) were handled well – the fact that suggestions focused on things like centerpieces and background music shows that there were no serious complaints. Participants were essentially brainstorming small ways to make the environment even more enjoyable. In summary, the organizational aspects of the conference were very solid, and only minor enhancements (better A/V, ambiance touches) were noted.

Further Learning & Suggestions:

In the overall evaluation, participants provided a rich array of suggestions for future meetings and topics. A major theme in these suggestions was the request for specific topics to be covered in subsequent gatherings. Many respondents – especially community health leaders – offered ideas for additional content they would like to see. These included various health issues and building on what was learned this time. There was also a desire for practical skill development to accompany the content; some participants indicated interest in training that would help them in their roles (echoing the Day 1 and Day 3 feedback about leadership and capacity-building). In addition to topic suggestions, participants proposed various format and structure improvements for future conferences. Several people urged having even more interactive formats (echoing the Engagement theme) and even some fun elements to keep things lively. For example, one attendee suggested to *“have more games or ice breakers throughout the meeting”* as a way to make the event more entertaining and energizing. Others emphasized balancing the schedule: they asked for shorter lecture segments and *“more activities and ice breakers”* to maintain engagement. The idea of incorporating more breakout sessions and panel discussions and sharing circles was also brought up, aligning with the desire for more community participation. It's worth noting that a number of participants had no additional

suggestions – some wrote comments like “no comments” or “not right now,” implying that they were satisfied with the conference as it was and didn’t see a need for changes. In summary, the feedback for future improvement centered on expanding content breadth (covering more topics of interest), and enhancing the interactive experience (ensuring a dynamic format with plenty of participation and not too much lecture). The suggestions were constructive and aimed at making a great conference even better.

Limitations

A few points should be noted for transparency. Participation in the surveys was voluntary, and while response rates were strong, not all attendees submitted feedback. As a result, the perspectives captured may not fully represent all participants.

Moreover, the meeting was hosted and fully sponsored by SLFNHA—including travel, accommodation, meals, and hospitality for both community representatives and SLFNHA staff—which may have created a generally positive atmosphere. In some cases, participants may have felt inclined to respond favorably, whether out of appreciation or awareness of the setting. For SLFNHA staff, there may have been a degree of caution in providing critical feedback due to perceived limits on anonymity (e.g., handwriting, response patterns, or being observed while completing the forms). These are common dynamics in organizational evaluations and do not undermine the responses, but they are worth considering when interpreting the overall tone of the feedback.

From an academic standpoint, collecting evaluation data during a fully sponsored event can introduce certain limitations in terms of perceived objectivity. However, the in-person, end-of-day approach was the most practical and effective option in this context. Post-event surveys conducted at a later date tend to result in much lower response rates, potentially limiting both the quantity and quality of feedback.

Finally, satisfaction ratings were collected using a 5-point Likert scale arranged from high to low (e.g., 5 = Very Satisfied to 1 = Very Unsatisfied). While the format was clearly labeled and

methodologically sound, the order of options may have had an unintended subtle influence on responses.

These points are shared primarily in the spirit of transparency and contextual understanding, rather than as substantive limitations, and they do not compromise the overall integrity or usefulness of the findings.

Discussion

The conference received consistently high satisfaction ratings across all three days, with participants describing the sessions as informative, engaging, and well-organized. Each day offered distinct content highlights that resonated with the audience – for example, mental health discussions on Day 1, updates on immunization and diabetes prevention on Day 2, and sessions on autism awareness and Indigenous midwifery on Day 3 were all singled out as valuable. Attendees frequently praised the breadth and relevance of the content. *“All sessions were very informative,”* remarked one community Health Director on Day 2, reflecting a common sentiment.

Participants valued the chance to engage actively rather than passively listen. On Day 2, breakout discussions were particularly well-received. *“I loved the activities, sharing information,”* said one community participant, referring to the rotating table format that encouraged diverse perspectives. Many found these interactive elements refreshing and effective for learning. Networking opportunities were also highly appreciated, with attendees connecting across communities and with SLFNHA staff. These interactions laid the groundwork for future collaboration and stronger community–SLFNHA networks. Overall, the engagement aspect – including interactive exercises and cross-community networking – was extremely successful.

Both SLFNHA staff and community participants shared in the positive experience, though they emphasized different aspects. Staff often highlighted internal insights and cross-departmental learning. One noted, “Nice to learn more about other ACW programs, especially regarding future collaborations” (Day 1). Staff were also more likely to comment on logistics, such as audio

quality and room acoustics, and suggested improvements. In contrast, community-based participants focused on the relevance of content and its applicability to their local work, often requesting further information on health topics.

Despite these different perspectives, both groups expressed strong satisfaction, reflecting a shared sense of value and engagement throughout the conference.

Suggestions for Improvement

One of the strongest themes across all days was an eagerness for further learning and content expansion – participants didn't just absorb the material presented; they actively thought about what else they wanted to learn next. Many offered ideas for topics to explore in future meetings or follow-up sessions. For instance, mental health and addictions was a topic several attendees wanted to delve into more deeply (this first came up in Day 1 feedback and resurfaced by Day 3). On Day 2, after a detailed immunization update, an SLFNHA staff member expressed interest in concrete *"strategies to improve immunizations"*, indicating a desire to go beyond the overview into practical planning for increasing vaccine uptake. Similarly, others asked for continued focus on diabetes prevention (especially youth and gestational diabetes, building on Day 2's session) and for more updates on harm reduction programming. By Day 3, new areas of interest emerged as well: the Non-Insured Health Benefits (NIHB) patient navigation presentation prompted at least one attendee to ask for *"more explanation on the NIHB process"* (Day 3), suggesting that while the topic was appreciated, there was appetite for even clearer guidance or more time on it. Participants were also thinking about capacity-building and leadership. On Day 1, a community member hoped for training in *"leadership, report writing, program evaluation, HR/recruitment,"* and later, in the overall conference evaluation, another person echoed that need by suggesting *"a training session on leadership for Health Directors would be helpful."* This desire for practical skill development accompanied the content-related suggestions and shows that attendees were looking to the conference not only for information but also for tools to strengthen their work.

In terms of format, participants also proposed more interactive elements, such as additional breakout groups, panel discussions, or even games and icebreakers, to keep the energy high.

The idea of incorporating sharing circles or giving community members dedicated time to present their own projects (raised on Day 3) aligns with making the conference even more participatory. Notably, a number of respondents had no further suggestions at all – some wrote “no comments” or “not right now” – which implies their expectations were met. Those who did suggest improvements were focused on expanding content and engagement opportunities rather than addressing any problems, underscoring that the event was already very successful in their eyes.

Application and Impact

Participants’ feedback also emphasized how they planned to apply the knowledge gained, illustrating the conference’s immediate impact on their work. Attendees repeatedly mentioned that the information was practical and useful for their roles. *“Information gained from today’s sessions can be applied to my area of services,”* wrote one participant at the end of Day 1, highlighting the direct relevance of the content to their job. Many community Health Directors and workers felt empowered to take ideas back home. *“I am happy to bring these informative sessions back to the community,”* one attendee noted (Day 1), capturing the enthusiasm to share lessons with colleagues and community members. This sentiment continued throughout the event. By Day 2, participants were not only thinking of sharing knowledge informally, but also actively finding ways to connect conference resources to their communities – for example, an attendee indicated, *“I would like to invite the Youth presentation to our community”* (Day 2), referring to bringing in the speaker or program on engaging youth in diabetes prevention. Such comments show that attendees saw the sessions as more than theoretical discussions; they were sparking ideas for real community action. SLFNHA staff, for their part, often described the impact in terms of improved collaboration and insight within the organization. Hearing from community voices gave staff a better understanding of on-the-ground needs (*“loved hearing from community members during Q&A session,”* one staff member noted on Day 1) and helped them identify opportunities to work together across departments on shared challenges. In essence, people left each day not only with new knowledge, but with plans and motivation to act on that knowledge – whether by implementing a program, sharing information, or strengthening partnerships.

Along with this intent to act came a recognition that additional support and resources would help sustain the momentum. A recurring piece of feedback was the request for tangible materials or follow-up support to aid in applying what was learned. For instance, one participant suggested having “*more handouts for the immunization update*” (Day 2) so they could easily reference and distribute key points from that session later on. In the overall evaluation, another participant urged organizers to “*share design/materials which can help present in communities in local languages,*” ensuring that important messages from the conference could be effectively conveyed to community members back home. Such suggestions show that attendees were already thinking about how to disseminate knowledge widely and wanted tools to do so. A few participants also acknowledged the challenges of implementing new initiatives in remote or resource-limited settings. As one person candidly put it on Day 3, it is “*so hard to implement [these initiatives] in our community*” without additional support. Rather than a note of despair, this came across as a call to action for continued assistance. For SLFNHA, this feedback signals an opportunity to provide follow-up support – through continued mentorship, additional training sessions, the sharing of presentation slides and toolkits, or ongoing communication – to help bridge the gap between knowledge and practice. Equipping participants with such resources and support would help turn their enthusiasm into concrete outcomes.

Conclusion

In summary, feedback across Day 1, Day 2, Day 3 and the post-conference evaluation was overwhelmingly positive. Participants lauded the event’s relevant content, interactive approach, and strong organization. No major shortcomings were identified; a couple of minor logistical issues were noted but these did little to detract from the high regard for the conference. In fact, the attention to such small details – like audio quality or even table centerpieces – suggests that foundational elements such as the venue, scheduling, and overall coordination were solid, since attendees had the luxury to comment on finer points. The consistency between the daily evaluations and the overall conference evaluation further reinforces that the event met its

objectives: both community members and SLFNHA staff left feeling informed, connected, and motivated.

By the end of Day 3, attendees were not only satisfied with what they had experienced, but were already considering next steps – from continuing collaborations sparked at the meeting to implementing new ideas back home. This level of engagement and commitment is a strong indicator of the conference’s impact. Looking ahead, implementing the thoughtful feedback from participants – such as incorporating more community-led activities, providing deeper dives into high-interest topics, and supporting post-conference knowledge sharing – will help ensure that future Health Directors meetings are even more effective and empowering. The key takeaway is that this conference succeeded in bringing people together, strengthening collaborative networks, delivering valuable knowledge, and inspiring action, which bodes very well for ongoing health initiatives in the region.

APPENDIX:

Summary of Key Themes and Subthemes

The table below provides an overview of the main feedback themes that emerged from Day 1, Day 2, Day 3, and the Overall Conference evaluation (post-conference evaluation), along with the key points raised by participants under each theme for each timeframe.

Table 1: Key Feedback Themes and Subthemes Across Days 1–3 and Overall Evaluation

Theme and Subthemes	Day 1 Feedback (Training Sessions Day 1)	Day 2 Feedback (Training Sessions Day 2)	Day 3 Feedback (Training Sessions Day 3)	Overall Conference (Post-Event Evaluation)
Engagement & Interaction <i>Networking/ Collaboration</i> <i>Interactive Activities</i> <i>Community Participation</i>	- Highly valued networking (SLFNHA staff enjoyed meeting community Health Directors). - Participants loved the interactive games/icebreakers. - Community members actively engaged in discussions (asking questions, participating enthusiastically).	- Enjoyed the interactive format (breakout discussions and group activities were highlights). - Praised the opportunities for sharing and active participation throughout the day.	- Valued networking on the final day (made new connections and re-connected with colleagues). - Appreciated interactive exercises and “active listening”. - Expressed desire for even more community representation and voice in sessions.	- Emphasized networking opportunities and engagement. - Many participants want even more interaction in future (e.g., suggested adding sharing circles). - Desire to increase community participation in these gatherings for broader engagement.

Content & Presentations <i>Session Highlights</i> <i>Overall Content</i> <i>Quality</i>	• Sessions were found very informative. • The Mental Health Model presentation was a major highlight. • All topics were considered interesting and relevant - participants appreciated learning about various program initiatives across teams.	• Presentations were highly informative. • Content on immunization, food security, and youth diabetes prevention stood out as especially valuable. • Speakers were seen as knowledgeable, and the information was relevant to participant needs.	• Content was very well-received (especially the Autism presentation, which was widely praised, and the Indigenous Midwifery session). • Participants appreciated being shown new data and statistics (such as community cancer screening rates), which many found informative and important - overall information was useful and relevant.	• Presentations were clear, engaging, and effective. The breadth of topics was appreciated and deemed valuable. • Participants found the content relevant and thought-provoking, and many were left wanting even more depth on some topics (a sign of strong engagement with the material).
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Organization & Logistics <i>Event Coordination</i> <i>Venue/Food</i> <i>Audio/Visual</i> <i>Agenda Flow</i>	• Day 1 was well-organized and hospitable (many noted it was very well run). • Minor issues were noted by staff – e.g., some had trouble hearing due to sound system issues, and a few didn't like the lunch options. • SLFNHA staff voiced logistical issues more than community participants did.	• Logistics ran smoothly on Day 2. • No major complaints were recorded. • SLFNHA staff gave slightly lower ratings for venue/meals than community members, but generally everyone was satisfied with the arrangements on this day.	• Day 3 logistics were appreciated – the venue, meals, and breaks continued to receive high praise on the final day. • No significant logistical issues were mentioned, aside from one comment wishing a speaker had more time. This likely reflected either a minor pacing issue or that the session was especially well received, with participants wanting more time to engage and learn.	• Conference logistics were handled very well overall (travel arrangements, venue, and meals all got positive ratings). • Only minor suggestions came up: a few attendees suggested improving the A/V sound quality and adding small touches (e.g., real flower centerpieces, background music during breaks) to further enhance the environment. • Overall, the organization and flow of the event were praised.
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Further Learning & Suggestions <i>Topics Requested</i> <i>Format/Structure Suggestions</i> <i>Resources Needed</i>	• Many participants requested more information on specific topics: mental health & addictions, maternal/child health programs (e.g., doula training follow-up), community health data (e.g., local cancer rates). • There were also format suggestions: include more small-group discussions and invite more community leadership to speak. • A few respondents said no additional topics were needed (indicating Day 1 met their needs).	• Participants wanted additional detail on topics like immunization strategies, diabetes (prevention and management in youth, etc.), harm reduction program details, and healthy eating initiatives. • Some asked for more supporting materials (e.g., handouts for the immunization session). • One noted that a couple of presentations felt rushed – suggesting allowing more time/ better pacing/ more time for Q&A.	• Attendees asked for more on specific areas: further explanation of NIHB processes, deeper exploration of trauma and mental health impacts, and even leadership training for Health Directors. • Format suggestions included adding a sharing circle or similar group forum to give everyone a chance to contribute.	• Respondents provided many ideas for future improvements: they suggested covering additional health topics of interest (broadening content scope) and incorporating more interactive or fun elements to the program (more games/icebreakers, shorter lectures with more discussions). • Several emphasized the importance of practical skill-building sessions. • Some participants had no further suggestions – implying their expectations were fully met – while others were focused on enhancements to make a great conference even better.
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Application & Impact <i>Applying Knowledge</i> <i>Usefulness</i> <i>Collaboration</i> <i>Impact</i>	• Community members planned to apply the knowledge gained to improve services in their communities and were excited to share information with others back home. • SLFNHA staff gained insight into other departments and saw opportunities for collaboration across teams. • All participants agreed Day 1 was useful (no one felt it was not valuable).	• Participants indicated that the knowledge from Day 2 was very useful for their roles. • Some expressed intent to bring certain presentations or ideas back to their communities (for instance, inviting speakers to present locally). • The conference content equipped them with new ideas to implement in their work.	• Participants left Day 3 with new knowledge and contacts • Many felt motivated to apply the insights in their work. Some noted challenges in implementation (e.g., limited resources in communities) but still wanted to try. • This highlighted a need for potential follow-up support to help turn Day 3's lessons into action.	• Participants viewed the entire conference as highly valuable and indicated plans to use what they learned in their jobs and communities. • There were suggestions to provide materials (in appropriate languages/formats) to help share the information with others who couldn't attend. • Attendees also saw the conference as a starting point for ongoing collaboration and networking beyond the event, strengthening relationships between communities and SLFNHA.
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Health Directors Meeting Agenda



Approaches to Community Wellbeing

Health and Nursing Directors Meeting

Thunder Bay – February 25-27, 2025

Tuesday, February 25	Presentation	Presenter
8:30am-9:00am	Breakfast (Provided)	
9:00am-9:30am	Opening Housekeeping and Icebreaker	Debbie Kakagamic- Kanakakeesic Candi Edwards
9:30am-10:15am	Preventing Infectious Diseases Update	Amanda Laverdure
10:15am-10:30am	Break	
10:30am-10:45am	Energizer	Sanskriti Patel
10:45am-11:15am	Mental Health Model	Ashleigh Presenger
11:15am-12:00pm	Community Wellbeing Nursing Update	Karyn Meekis
12:00pm-1:00pm	Lunch (Provided)	
1:00pm-1:15pm	Energizer	Karyn Meekis
1:15pm-2:15pm	Raising our Children Update	April Kakekagumick
2:15pm-2:30pm	Break	
2:30pm-3:30pm	Preventing Chronic Diseases Update	Kelly McIntosh Saralyn Semeniuk
3:30pm-4:25pm	Roots for Community Wellbeing Update	Ahmad Shah Salehi
4:25pm-4:30pm	Closing	Candi Edwards
Wednesday, February 26		Presenter

8:30am-9:00am	Breakfast (Provided) Pink Shirt Day!	
9:00am-9:05am	Opening	Debbie Kakagamic-Kanakakeesic
9:05am-9:10am	Recap from Tuesday	Candi Edwards
9:10am-9:20am	Icebreaker Activity	Karyn Meekis
9:20am-10:15am	Harm Reduction Update	Sanskruti Patel
10:15am-10:30am	Break	
10:30am-11:00am	Safe Communities Update	Diana Kotz
11:00am-12:00pm	Engagement and Partnerships	Bobbie Christink
12:00pm-1:00pm	Lunch (Provided)	
1:00pm-1:15pm	Energizer	Amanda Laverdure
1:15pm-2:30pm	Immunization Reports and Developing a Strategy to Promote Vaccination	Dr. Lloyd Douglas Ahmad Shah Salehi Karyn Meekis Amanda Laverdure
2:30pm-3:00pm	Food Affordability Study Update	Farren Tropea
3:00pm-3:15pm	Break	
3:15pm-4:25pm	Engagement Session: Diabetes Prevention for Children and Youth	Gregor Mulzer Farren Tropea
4:25pm-4:30pm	Closing	Candi Edwards
Thursday, February 27		Presenter
8:30am-9:00am	Breakfast (Provided)	
9:00am-9:10am	Opening	Debbie Kakagamic-Kanakakeesic
9:10am-9:15am	Recap from Wednesday	Candi Edwards
9:15am-10:15am	Autism	Dr. Sean Bryan
10:15am-10:30am	Break	
10:30am-11:15pm	Early Childhood Screening Strategy	Candi Edwards

		Ursula Larsson
11:15am-12:00pm	Update on Non-Insured Health Benefits And Patient Navigation	Wendy McKay
12:00pm-1:00pm	Lunch (Provided)	
1:00pm-1:30pm	Cancer Screening Health Promotion Materials	Pearl Mamakwa
1:30pm-2:15pm	Sioux Lookout and Area (SLA) Fecal Immunochemical Test (FIT) Kit Initiative Evaluation and Cancer Screening Updates	Susan Bale Tarja Heiskanen
2:15pm-3:00pm	Cancer Health Status Report	Ahmad Shah Salehi Dr. Lloyd Douglas
3:00-3:15	Break	
3:15-4:15	Indigenous Midwifery	Elisabeth Hurlen April Kakekagumick
4:15-4:30pm	Recap and Closing	Candi Edwards Debbie Kakagamic- Kanakakeesic

Conference Evaluation Forms

Health and Nursing Directors Meeting, Thunder Bay

Conference Evaluation Form – Day 1

Questions

(Please rate each session based on your satisfaction level)

Questions	Very Satisfied (5)	Satisfied (4)	Neutral (3)	Unsatisfied (2)	Very Unsatisfied (1)
How would you rate your overall satisfaction with the Opening, Housekeeping, and Icebreaker session?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Preventing Infectious Diseases Update?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Mental Health Model presentation?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Community Wellbeing Nursing Update?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Questions	Very Satisfied (5)	Satisfied (4)	Neutral (3)	Unsatisfied (2)	Very Unsatisfied (1)
How would you rate your overall satisfaction with the Raising our Children Update?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Preventing Chronic Diseases Update?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Roots for Community Wellbeing Update?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with Mackinley's Delusions presentation?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate the conference arrangements (venue, meals, breaks)?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Additional Questions:

1. What is something that stood out to you from today's sessions?
2. Was there anything you wanted to learn more about?
3. How useful were today's sessions to your role in your community?

Health and Nursing Directors Meeting ,Thunder Bay

Conference Evaluation Form – Day 2

 Please indicate if you are a Community Health Director, Tribal Council Health Director, Nursing Health Director, SLFNHA staff member, or other (please specify)

Questions

(Please rate each session based on your satisfaction level)

Questions	Very Satisfied (5)	Satisfied (4)	Neutral (3)	Unsatisfied (2)	Very Unsatisfied (1)
How would you rate your overall satisfaction with the Harm Reduction Update?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Safe Communities Update?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Engagement and Partnerships session?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Immunization Reports and Strategy Development session?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Questions	Very Satisfied (5)	Satisfied (4)	Neutral (3)	Unsatisfied (2)	Very Unsatisfied (1)
How would you rate your overall satisfaction with the Food Affordability Study Update?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Diabetes Prevention for Children and Youth Engagement Session?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate the conference arrangements (venue, meals, breaks)?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Additional Questions:

1. What is something that stood out to you from today's sessions?

2. Was there anything you wanted to learn more about?

3. How useful were today's sessions to your role in your community?

Thank you for your participation! Your feedback is important in helping us improve future meetings. Participation is voluntary. All responses will be anonymous and kept confidential.

Health and Nursing Directors Meeting, Thunder Bay

Conference Evaluation Form – Day 3

 Please indicate if you are a Community Health Director, Tribal Council Health Director, Nursing Health Director, SLFNHA staff member, or other (please specify)

Questions

(Please rate each session based on your satisfaction level)

Questions	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
How would you rate your overall satisfaction with the Autism presentation?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Training and Building Capacity for Community Health Workers session?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Update on Non-Insured Health Benefits and Patient Navigation?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
How would you rate your overall satisfaction with the Cancer Screening Health Promotion Materials session?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

How would you rate your overall

satisfaction with the SLA FIT Kit Initiative ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Evaluation and Cancer Screening Updates?

How would you rate your overall

satisfaction with the Cancer Health Status ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Report?

How would you rate your overall

satisfaction with the Indigenous Midwifery ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

session?

How would you rate the conference

arrangements (venue, meals, breaks)? ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1

Additional Questions:

1. What is something that stood out to you from today's sessions?

2. Was there anything you wanted to learn more about?

3. How useful were today's sessions to your role in your community?

Thank you for your participation! Your feedback is important in helping us improve future meetings. Participation is voluntary. All responses will be anonymous and kept confidential.

Health and Nursing Directors Meeting, Thunder Bay

Conference Evaluation Form – Overall (Post-Conference) Evaluation

1. Please choose the option that best describes your role:

- ☐ Community Health Director
- ☐ Tribal Council Health Director
- ☐ Nursing Health Director
- ☐ SLFNHA Staff
- ☐ Other (please specify) _____

2. How effective was the meeting in presenting updates and information clearly?

- ☐ Very effective | ☐ Effective | ☐ Neutral | ☐ Ineffective | ☐ Highly ineffective

3. How knowledgeable were the speakers/presenters?

- ☐ Very knowledgeable | ☐ Knowledgeable | ☐ Neutral | ☐ Unknowledgeable | ☐ Highly
unknowledgeable

4. How satisfied are you with the travel arrangements and accommodation?

☐ Very satisfied | ☐ Satisfied | ☐ Neutral | ☐ Somewhat dissatisfied | ☐ Very dissatisfied

5. How satisfied are you with the meeting venue and the meal arrangements?

☐ Very satisfied | ☐ Satisfied | ☐ Neutral | ☐ Somewhat dissatisfied | ☐ Very dissatisfied

6. How helpful were the printed handouts?

☐ Very helpful | ☐ Helpful | ☐ Neutral | ☐ Not very helpful | ☐ Not helpful at all

7. How satisfied were you with the networking opportunities presented at the meeting?

☐ Very satisfied | ☐ Satisfied | ☐ Neutral | ☐ Dissatisfied | ☐ Very dissatisfied

8. How would you rate your overall satisfaction with the meeting?

☐ Very satisfied | ☐ Satisfied | ☐ Neutral | ☐ Dissatisfied | ☐ Very dissatisfied

9. What other topics would you recommend for future meetings?

10. Do you have any suggestions or additional comments to improve future meetings?
