



Report on the
Assembly of First Nations:

Seven Generations Continuum of Care

Virtual Forum • May 10-12, 2022





Report on The Assembly of First Nations:
Seven Generations Continuum of Care
Virtual Forum • May 10-12, 2022

Day 1:

Exploring a Seven Generations Continuum of Care Approach
May 10, 2022

Day 2:

Following the Natural Circular Path of Life
May 11, 2022

Day 3:

Seven Generations Continuum of Care in Action
May 12, 2022



Report authored by Naut'sa mawt Tribal Council
on behalf of the Assembly of First Nations

Table of Contents

INTRODUCTION	3
OBJECTIVES	3
ENGAGEMENT STRUCTURE AND OVERVIEW	3
Day 1 – Exploring a Seven Generations Continuum of Care Approach.....	4
Day 2 – Following the Natural Circular Path of Life.....	5
Day 3 – Seven Generations Continuum of Care in Action.....	6
PERSPECTIVES OF INDIGENOUS PARTNERS	7
Day 1 – Exploring a Seven Generations Continuum of Care Approach.....	7
Day 2 – Following the Natural Circular Path of Life.....	13
Day 3 – Seven Generations Continuum of Care in Action.....	18
APPENDIX 1	23
Participants	23
APPENDIX 2	25
Agendas	25
APPENDIX 3	28
Speaker Bios.....	28
APPENDIX 4	31
Survey Results	31
APPENDIX 5	36
Compendium of Recommendations	36

INTRODUCTION

In May 2022, the Assembly of First Nations (AFN) convened a virtual forum titled *Seven Generations Continuum of Care*. This series was conducted over three sessions and involved AFN staff, various Knowledge Keepers, and numerous representatives of First Nations organizations, governments, and communities from across the country. A full list is available in the Appendices. The event was also supported by a technical team from Aspen Films and staff from Naut'sa mawt Tribal Council.

The AFN is the national advocacy organization that works to advance the collective aspirations of First Nations Peoples, which includes more than 900,000 individuals living in over 600 First Nation communities, cities, and towns across Canada, on matters of national or international concern. The AFN is guided by an Executive Committee, which consists of an elected National Chief, along with Regional Chiefs from every province and territory. Representatives from five national councils (Knowledge Keepers, Youth, Veterans, 2SLGBTQIA+, and Women) support and guide the decisions of the Executive Committee.

OBJECTIVES

The goal of the virtual forum was to bring together community members, regional and national First Nations organizations and speakers to showcase their current work in wellness initiatives and their culturally grounded solutions, while reflecting the Seven Generations Principle of a holistic continuum of care approach. This involves health, social, and economic services that follow the health and well-being of First Nations through pregnancy, childhood, adulthood, and senior years, which are reflective of a wellness approach that follows the individual as they grow and their needs for care change throughout their lifespan.

ENGAGEMENT STRUCTURE AND OVERVIEW

To meet the objectives, the AFN designed a virtual forum with three meetings, each addressing its own distinct topic related to the continuum of care. Every day began with a welcome from Forum Chair Cedric Gray Lehoux, followed by a land acknowledgement and the introduction of a Knowledge Keeper, who would share some remarks, open the session with a prayer, and then provide a cultural reflection. This was followed by the first set of presentations for the day, either from individual speakers or a panel of experts. Participants were then given a short health break and a musical interlude, before the session resumed with the second set of presentations. Afterwards, closing remarks were given by Cedric Gray Lehoux, and participants were thanked for their attendance and contributions to the discussion. The sessions were officially wrapped up at the end of Day Three, and a Knowledge Keeper was invited to share some final remarks and then close the forum with a prayer.

Day 1 – Exploring a Seven Generations Continuum of Care Approach

The first day of the virtual forum focused on the Seven Generations approach to the continuum of care, and it included the following presentations:

- 1. *Cultural Reflection*** by Knowledge Keeper Oscar Kistabish
 - Elder Oscar Kistabish's opening remarks emphasized the interconnectedness of everything, and one's responsibility for passing down cultural knowledge.
 - 2. *Exploring the Realities and Potentials in First Nations Wellness*** by Jonathan Luke Dunn, Senior Policy Analyst of the AFN Health Sector
 - Jonathan's presentation focused on setting the context for the current health care landscape, provided AFN's working definition of the Seven Generations Continuum of Care and identified the objectives for the three-day forum.
 - 3. *A Journey through the Health Care System*** by Vanessa Tait, a Two-Spirit Cree Woman
 - This presentation centered around the speaker's own personal experience with helping her late father navigate the healthcare system, and then honouring his life by sharing his story and outlining where the system fell short.
 - 4. *What does a Seven Generations Continuum of Care Look Like – Panel***, which featured discussions from two experts around the current healthcare system and areas that it could improve. Panelists included:
 - Dr. Alika Lafontaine, President-Elect of the Canadian Medical Association
 - Dr. Josée Lavoie, Professor and Director of Ongomiizwin Research Indigenous Institute of Health and Healing
- Powwow Workout Activity** with Instructor Amanda Fox
- 5. *Integrating Priority Populations – Panel***, which featured expert discussions on how a Continuum of Care approach could incorporate a more wholistic perspective and be inclusive for First Nations Peoples. Panelists included:
 - Albert William McLeod, Two-Spirit First Nations Human Rights Activist
 - Nakuset, Director of the Native Women's Shelter of Montreal

Day 2 – Following the Natural Circular Path of Life

The second day of the virtual forum focused on the natural circular path of life, and included the following presentations:

1. **Cultural Reflection** by Knowledge Keeper Lyndon Linklater

- Elder Lyndon Linklater opened the day by outlining the four components of one's being, along with the circle of life that begins with birth and later leads to a rejoining with the Spirit World.

2. **Birth and Childhood Care – Panel**, which focused on discussions around the various needs of Indigenous children and unborn infants. Panelists included:

- Alisha Julien Reid, Co-Chair of the National Aboriginal Council of Midwives
- Michelle McLean and Tara Little, Director of Health Services and Health Services Coordinator of Lennox Island First Nations Health Services
- Chief Cadmus Delorme, Chief of Cowessess First Nations

Musical Interlude by Aysanabee

3. **Adult and Senior Care – Panel**, which focused on sharing and discussing the health needs of adults and seniors. Panelists included:

- Dr. Ojistoh Horn, Family Physician, Akwesasne Medical Clinic
- Lorraine McLeod, Associate Director of the Diabetes Integration Project, FNHSSM
- Holly Prince, Project Manager and Co-Investigator at Lakehead University's Centre for Education and Research on Aging & Health

4. **The Journey to Mino Bimaadiziwin**, by Ryan McMahon, an Ojibway Comedian

- This presentation centered around *Mino Bimaadiziwin*, a phrase from the Ojibway language that means 'the good life', and how it intersects with the current understanding of health and how the inclusion of an Indigenous perspective could help to reset this understanding and the expectations that go with it.

Day 3 – Seven Generations Continuum of Care in Action

The third day of the virtual forum focused on cases of the Seven Generations Continuum of Care in action, and included the following presentations:

1. *Cultural Reflection* by Knowledge Keeper Barb Brant

- Elder Barb Brant opened the final day by highlighting the importance of grassroots movements and emphasizing the different Indigenous people who have mentored her throughout her life.

2. *Developing a Continuum of Care Workforce – Panel*, which included discussions around how to support individuals and their communities while also maintaining a Continuum of Care workforce. Panelists included:

- Kelly Holley, Jordan's Principle Unama'ki Manager
- Felix Walker, CEO of the Nisichawayasihk Cree Nation Family and Community Wellness Centre
- Marion Crowe, CEO of the First Nations Health Managers Association

Musical Interlude by Fawn Wood

3. *Existing Continuum of Care Systems – Panel*, which focused on discussions of how existing Continuum of Care systems encapsulate wellness for the individual and community through health, social, and economic services. Panelists included:

- James Morris, Executive Director of the Sioux Lookout First Nations Health Authority
- William David, Director of the AFN Economic Development Sector
- Sonia Isaac-Mann, Vice President of the First Nations Health Authority's Community Health and Wellness Programs and Services

4. *What to do with all this Knowledge*, by Dr. Carol Hopkins, the Executive Director of the Thunderbird Partnership Foundation

- This final presentation centered around what the next steps could look like in taking a Seven Generations approach to the Continuum of Care.

Closing Prayer by Knowledge Keeper Elder Ed Sackaney

PERSPECTIVES OF INDIGENOUS PARTNERS

This section provides some background on the cultural reflections by Knowledge Keepers and the presentations by individual speakers and panelists, along with the key issues and recommendations that they raised throughout the three-day virtual forum.

Day 1 – Exploring a Seven Generations Continuum of Care Approach

1. Cultural Reflection – Knowledge Keeper Oscar Kistabish

The cultural reflection began with an emphasis that there was a change coming, and there was a reason that everyone had gathered together. The Knowledge Keeper spoke about the need to take care of the water, the fire, the animals, the trees, and everything in the bush – we must respect all that we have been given because it is all interconnected. He emphasized that we have to take care of everything today, because yesterday was now a memory and tomorrow had not happened yet. He acknowledged the seven generations that came before him, and the fact that his language, culture, knowledge, way of life, etc., were passed down by them. He also spoke about being in the middle of a cycle of seven generations – there were three before him, and three after, and the responsibility that he and his generation had to transmit this culture and knowledge to future generations. However, he acknowledged that culture is also evolving and what is passed down has already changed between when he was a child and how his great grandchildren were now being raised. He closed by remarking that it was important to listen, watch, and pay attention to the world around us. Each person has a responsibility to learn from the older generations, but it was also their responsibility to then teach and pass on the knowledge to those younger than them. These gifts must be shared and cannot be kept to ourselves.

2. Exploring the Realities and Potentials for First Nations Wellness – Jonathan Luke Dunn

Jonathan's presentation commenced with a reminder that balance existed in First Nations communities prior to colonization, and how the languages, lands, knowledge, and cultures have been fragmented, stifled and controlled by foreign entities ever since. He then spoke about how this also applies to the healthcare system and pointed out the current imbalance that exists for First Nations Peoples seeking care, and how there needs to be more inclusion of a wholistic wellness model that is treating clients, rather than patients. He then gave a brief overview of the eventual development of AFN's Seven Generations Continuum of Care resolution and shared the AFN's working definition of a Continuum of Care approach, being 'a wholistic model which is accessible across all dimensions, built around the individual and community, governed by First Nations, collaborative and integrated into the broader health care system, ensures health, social and economic wellbeing, culturally safe, embeds traditional medicine as an integral aspect of care, maintainable and sustainable for the following generations, and has the data and information needed to effectively manage and evaluate services.' Jonathan concluded his presentation identifying the forum's anticipated objectives and goals.

3. Journey Through the Healthcare System – Vanessa Tait

The presentation began with some context for the short documentary, *Gift to Give*, that was shared. The documentary centered around her and her father's journey through the healthcare system to get treatment for his kidney disease. Following this, she moved into a slideshow presentation and highlighted the issues that they faced while trying to get him a kidney transplant, along with the broader challenges that Indigenous communities must overcome in terms of healthcare.

The key issues she shared were as follows. Both she and her father faced numerous instances of racism, lack of cultural competency and compassion, along with inequitable care during his time in the healthcare system. She had to strongly advocate and pressure doctors into allowing her to donate one of her kidneys to her father so that he could return to his community. Doctors did not see the value of him returning home, or in her giving one of her kidneys to a man who was terminally ill. Finally, Vanessa and her father, like many Indigenous Peoples, were expected to travel great distances for healthcare, potentially for extended periods of time. This additional financial burden, and being disconnected from one's community, can have a significant impact on an individual's physical and mental health.

Recommendations:

Vanessa Tait listed the following recommendations for community-based, patient-centered services in First Nations communities:

- **Greater Powers to On-Site Staff** – Nurse practitioners being able to refer a client to a specialist, rather than waiting for a referral from a visiting doctor who may only be in the community once a month, or sometimes even less.
- **More Supporting Staff** – Ensure communities have healthcare aids and other supporting medical staff, along with palliative care, so that community members can receive equitable health care and end-of-life support without leaving their homes.
- **Access to Specialized Equipment** – Have dialysis equipment on site, or at least closer to home.
- **Bring Community to the City** – Set up urban facilities for First Nations members required to leave their communities for healthcare. These can be a supportive place where First Nations can be situated while receiving treatment and allow them to be connected with their community and have culturally safe care.

4. What a Seven Generations Continuum of Care Looks Like – Panel

This panel included presentations and a Q&A period with two medical doctors, Dr. Alika Lafontaine and Dr. Josée Lavoie

Dr. Lafontaine (Canadian Medical Association) highlighted the ways in which the healthcare system handles different rights. He explained that human rights are something everyone gets, whereas jurisdictional rights mean that you get the same thing as the other people around you, and finally treaty rights are negotiated. He clarified further by saying that “if it’s not clear what the negotiated rights are, then there can be an absence of care.” These various rights are also directly connected with the social determinants of health, all of which impact a person’s well-being, some of which are directly associated with healthcare. Anti-Indigenous racism is deeply associated with health care provisions/providers as one example. Geography, social exclusion, anti-Indigenous racism, and language for example determine one’s ability to access to care. Food insecurity, housing, employment and education, to name a few, impact one’s health outcomes.

Dr. Lafontaine concluded that if you are either an individual who comes from a rural/remote community, who has no connections with anyone in healthcare, or are just someone who is supporting an immediate or extended family member, if racialization is present, it impacts the quality of care.

Dr. Lavoie (Ongomiizwin Research Indigenous Institute of Health and Healing, University of Manitoba) spoke of how there should be a way for First Nations families and individuals to call upon professional colleges, such as the College of Physicians and Surgeons, to hold their professionals accountable for their mistreatment of Indigenous patients. Without this accountability for their actions towards Indigenous patients, racism within healthcare structures and systems will continue. She continued by highlighting that Canada likes to compare itself to the US and feel superior for having a better healthcare system yet refuses to learn from other healthcare systems that could greatly increase our quality of care.

Dr. Lavoie described Canada’s current healthcare system as a patchwork structure, which operates in silos, and shows how disjointed the system is and how much a patient must advocate for themselves or loved ones. Dr. Lavoie noted that medical charts on-reserve are not transferred with a patient to provincial facilities, which makes it such that the patient needs to repeat their medical history and fight to be heard by healthcare professionals. She emphasized that this system can be resolved, but there has not been enough pressure and demand from the public or government, therefore the separation and lack of communication between on-reserve and provincial systems remains.

Importantly, the agility and creativity within First Nations communities, however stifled by bureaucracy, jurisdictional barriers, and a lack of funding, can serve as an example for other people.

Recommendations:

- The subject of healthcare needs to incorporate the realities of racism, discrimination, colonization, and the normalization of mistreating Indigenous Peoples, people of colour, immigrants, and those of lower socioeconomic backgrounds.
- There needs to be a separation and distinction between addressing racism and addressing the harm from racism, and that you do not have to eliminate racism in order to eliminate the harm from it. It was further stated that changing the influence of colonialism is a multi-year, generational task, whereas changing someone's actions is something that can be done immediately. It would have an immediate impact on someone's healthcare, rather than focusing on the intent behind those actions, which could take years to change.
- There needs to be more accountability incorporated into the healthcare system, especially from professional colleges like the College of Physicians and Surgeons and the College of Nurses, whose professionals are not being held accountable for their problematic treatment of Indigenous patients.
- The concept of remoteness for First Nations communities needs to be challenged, especially as it relates to receiving inadequate healthcare, because remoteness is a colonial construct. These Indigenous communities used to all be interconnected and were hubs of activity when rivers were used as the main avenue of transportation, but then cities were established close to the border or based on economic convenience, which suddenly cut off these communities from their traditional networks and decreased their access to healthcare.

Recommendations for Health System Change:

- Patients should not be responsible for changing the healthcare system as they are trying to navigate it and receive proper care. Likewise, it is unfair for the burden to speak up to always fall upon affected communities and First Nations groups, but it is difficult to say what an alternative may be that would lead to change.
- There needs to be more focus put on resources and medical staff, which are currently strained from the COVID-19 pandemic. Due to this strain, specifically staff burnout, if a patient does not advocate for themselves, they will receive inadequate care.
- There needs to be formal legislation that outlines what access to medical care is required for First Nations on-reserve. Understanding policies is also important, especially for being able to self-advocate for the care a patient is entitled to.
- The government needs to stop avoiding its responsibility to change the healthcare system by stating that it is a provincial issue, rather than a federal one, and therefore out of their hands.
- Any push for accountability needs to incorporate relevant data, which can then drive change that helps Indigenous Peoples, once policy makers have access to the data and feel pressure to make necessary changes to the healthcare system.

5. Integrating Priority Populations – Panel

This panel included presentations from Albert William McLeod and Nakuset, followed by a period for Q&A.

Albert William McLeod (Two-Spirit First Nations Human Rights Activist) highlighted the following key issues. When it comes to decolonization and reconciliation, there needs to be an understanding of the damage that has been done to Indigenous languages and the loss of words and concepts to express gender diversity. For example, the term *agookwe* means 'a hidden woman' in Ojibwe and *nadleh* means 'transforming one' in Navajo. Colonialism and forced assimilation damaged and disrupted gender diversity that existed within traditional Indigenous knowledge systems and replaced this diversity with the restrictive and polarized binary of male and female. It was also stated that the rigidity of that gender binary is directly connected with gender-based violence.

Nakuset (Native Women's Shelter of Montreal, QC) asserted that Indigenous Peoples must create their own services and solutions sometimes, rather than waiting for others to do this. It is the only way to ensure that services and solutions are moved upon. For example, although a warming tent was donated by the city, the cost of food, staff, and all other expenses fell on the shoulders of Resilience Montreal at an approximate cost of \$100,000 per month. This amount was covered through fundraising, but it was still a significant and unsustainable financial burden on Resilience Montreal. There is still no responsibility being taken by the city, provincial, or federal governments for the homeless crisis in Montreal, because no one is taking responsibility and offering support for a long-term solution.

Recommendations:

- There needs to be equity in services and greater acceptance for 2SLGBTQQIA peoples, just as there are with their cisgender, heterosexual counterparts.
- Future generations need to work to counteract colonialism and reinforce the fact that Two-Spirit and Indigenous women hold special places in the country, both currently and in moving forward. Lessons learned from Two-Spirit Peoples' experiences in navigating HIV/AIDS, can be useful for navigating through the COVID-19 pandemic.
- Other recommendations for inclusion and support included: tracking regional participation of Two-Spirits and allies to connect with or emulate, harness your political power, write letters to key players and influencers, build a social media network, submit abstracts to conferences (especially health or housing), make contacts with local TV and radio media outlets, include Two-Spirits in events, affirm Two-Spirit identities and rites of passage, support Two-Spirit gatherings, etc.

Following the presentations, the floor was opened for a Q&A period:

“What kind of shift, and how do we shift the lens that we look and work through to change the system and the policies in place in both your fields?”

- **Albert McLeod** pushed for the creation of a Two-Spirit council at the AFN, because only Two-Spirit Peoples can speak for themselves. At the time of this forum, there was a standing commitment from National Chief RoseAnne Archibald to create one within the AFN network, pending its passage in a vote later this year to change the AFN Charter. It is about having Two-Spirit Peoples represented at the table and being able to use their skills and experiences to the greater benefit of First Nations.
- **Nakuset** noted that it seems like all changes come from the hard work of First Nations themselves who are doing the fundraising, advocacy, and even creating programming to help support Indigenous populations. No one thus far has acted upon or implemented the countless recommendations from reports that have already been filed regarding homelessness, because no one seems to be required to listen or implement them.

“What would a continuum of care, which is inclusive of the populations you are representing look like? What kinds of services can we set into place? What are the things that we have to go towards to really have a wholistic approach in our wellness and care?”

- **Albert McLeod** emphasized that orientation, education, and awareness are crucial to wellness and care services. For example, there is an entire glossary of language and terms that parents, caregivers and leadership need to learn regarding transgender youth. This includes the language of equity, cultural safety, and understanding of how people identify and want to be seen.
- **Nakuset** stated that there need to be services that target all issues related to people experiencing homelessness. Shelters in Montreal do not admit homeless people who are under the influence of substances or have serious mental health issues, yet these are the most vulnerable subsets of the homeless population. These are the people who fall through the cracks and are most in need of services. It is important to work with people as they are. There also need to be more services for people aging out of the youth system as they are even more prone to homelessness.

“What would be the strength-based indicators of success?”

- **Albert McLeod** stated that it is the job of all educators to support Indigenous students to overcome difficulties so that they can graduate from high school or a post-secondary institution. It is their job to solve those issues so that these students can graduate with their diploma, have a career, and contribute.

- **Nakuset** highlighted that the name *Resilience Montreal* acknowledges the hardships, strength and resiliency of homeless populations. The goal is to break down barriers and help each person become successful, which can look different for each individual. It could be finding a community that is kind to them, accessing good food, showers, clean clothes, and shelter. It is important to accept people as they are, understand where they are coming from, and then build from that. Kindness can open so many doors and make a meaningful difference in people's lives.

Day 2 – Following the Natural Circular Path of Life

Cultural Reflection – Knowledge Keeper Lyndon Linklater

The second day's cultural reflection began with some background on how Knowledge Keeper Lyndon Linklater's parents met, their cultural backgrounds, and their experiences with residential school. He noted how his mother's decision to run away and avoid returning to residential school allowed her to retain a lot of Indigenous Knowledge and traditional teachings on parenting, which significantly impacted his upbringing. He contrasted this by sharing that because of his father's experience with residential school, he ended up developing PTSD and an addiction to alcohol, which resulted in a dysfunctional family environment. Even though his father eventually became sober, both he and his brothers followed in their father's footsteps, becoming addicted to alcohol and sober years later. Following this, he emphasized the impacts of prayer, emotions, and choices on the four components of someone's being: mind, emotions, body, and spirit. These components are important and play a role before conception and during birth. He shared a story of how when a baby is born, a small hole is cut at the heels of the moccasins so that the spirit is able to pass through, supporting the infant's connection to the Spirit World. This ties into their journey on the circle of life. When someone passes on, it is also a ceremonial practice to cut a hole in the heel of their moccasins, just as when they were born, to complete that circle back to the Spirit World.

1. Birth and Childhood Care – Panel

This panel included presentations and a Q&A period with Alisha Julien Reid, Michelle McLean and Tara Little, Chief Cadmus Delorme.

Alisha Julien Reid (National Aboriginal Council of Midwives) explained that an important part of Indigenous midwifery is the desire to bring back traditional teachings around childbirth and parenting, and to decolonize birth practices. All of these are pieces of the traditional circle of life that has been disrupted through the removal of Indigenous women from their communities to give birth in hospitals rather than in their communities.

Michelle McLean and Tara Little (Lennox Island First Nations Health Services, PEI) gave an overview of what Lennox Island First Nations Health Services provides the community with: children's programming alongside the Healthy Child Development Team, whose goals are to maintain ongoing support and involvement, identify gaps and prevent duplication of services; as well as provide support, guidance, and resources necessary to empower parents as the most important people in their children's lives.

Chief Cadmus Delorme (Cowessess First Nations, SK) then explained the Cree concept of *miyo pimatisowin* which translates to striving for a good life. The emphasis of Chief Delorme's presentation was that we must ensure that Indigenous children and youth are able to have mental, physical, emotional, and spiritual balance.

Recommendations:

- It is important to create Indigenous birth centers and bring back bleeding on the land, which was traditionally achieved by hunting, Indigenous women menstruating, and birth practices and ceremonies like burying the placenta, all of which helps ground the child to the land and their traditional territory.
- Indigenous Peoples need to get to a place where they are practicing their inherent rights and decolonizing birth practices and can combine their political strength into an agenda that moves past strictly administrative things.
- The warrior spirit is sleeping and needs to be woken up. Traditionally, a warrior was victorious through battle, but the modern warrior's goal must be to establish peace and find mental, physical, emotional, and spiritual balance.

Following the presentations, the floor was opened for a Q&A period:

"What would be some of the indicators of success to measure the quality-of-life improvement for First Nations, from your perspective?"

- An indicator of success would be keeping children in their communities. Positive birth experiences, involving partners, breastfeeding, and encouraging bonding practices, like skin-to-skin contact, would also be indicators of success.
- It is crucial that service providers encourage individuals to access the services and programs that are available to them. Having a good connection with a provider, along with wrap-around services, makes families much more trusting of the organization and more likely to take advantage of opportunities offered.
- Creating a safe place where Indigenous youth can fully understand and trust the information that is being presented to them. Youth need to be met where they are at. There is a need to create an environment where uncomfortable conversations can be had, as not everyone is going to approach such conversations from a positive place. However, uncomfortable conversations are necessary to get at the truth.

“How does a community provide the support, and how do organizations provide support during those difficult times [such as postpartum depression]?”

- A pillar of midwifery is informed discussions with families so that they are aware of what is happening in the medical field around healthcare provisions related to childbirth. People are often told what is going to happen to them without being a part of that decision, which can leave them feeling harmed or traumatized by their experience. This can be reduced by involving the patient in decision-making throughout the stages of pre-natal, pregnancy, birth, and post-natal.

“What was the process like for making your own childcare law, and how long has Cowessess First Nation had theirs? How long were the growing pains?”

- Cowessess First Nation is 14 months into having full jurisdiction over their own children, care, and prevention services. Although this was challenging and there was a significant amount of mistrust between the Crown and Indigenous Peoples, it was still worth doing.

“With the wholistic mindset of prevention, intervention, and postvention, what are the biggest needs that you see in your communities for childcare?”

- Due to Jordan’s Principle, they have been able to address most of the prevention, intervention, and postvention needs in the past few years. Now it is really the practical day-to-day need of how to put the resources into play in an appropriate way. The biggest challenge was coordination, and trying to manage the expectations and concerns of the families with their ability to meet those needs, and being humble enough to admit when a challenge is beyond the scope of what they can offer.

A follow up question was asked about how their community addresses the problem with aging out and falling through the cracks when a child turns 18.

- The Pre-Employment Skills Program was highlighted, which helps people on their way to aging out. It can be frustrating at times to not be able to do everything possible within the Jordan’s Principle Program, however they still try to work with clients to help them access services they might need once they turn 18 and age out. It is important to work with people throughout all the stages of their life, including adulthood and into the senior years.

“What is everyone’s approach to addressing family violence and women’s wellness within that spectrum?”

- One panelist offered a story of a man who attended the birth of his son, and the importance of involving partners in the birthing process. He broke down in tears at seeing the strength of his partner during the delivery of their baby. The panelist then emphasized that if more people were involved in the birthing process of their children and could see the strength of their partners, it could decrease family violence.

2. Adult & Senior Care – Panel

This panel included presentations and a Q&A period with Dr. Ojistoh Horn, Lorraine McLeod, Holly Prince.

Dr. Ojistoh Horn (Akwasasne Medical Clinic, ON) began by explaining how Elders are facing many illnesses and challenges in assisted living facilities, nursing lodges, and in long-term or palliative care, such as depression, schizophrenia, cancers, etc. Reserves were never designed to be places where First Nation people and communities could flourish. For example, the continued lack of consistent access to safe drinking water, missing and murdered Indigenous women and girls, poor housing, environmental pollution, substance abuse, etc. These are all challenges that Elders have lived through and are still being affected by. Environmental pollutants, such as elevated mercury in the water, are leading to early dementia and other illnesses, along with toxic contaminants found in the air, soils, wildlife, and even breastmilk, that have physical impacts on every stage of life. Colonization is the root cause of many problems that communities face – which is why self-determination and Indigenous leadership, along with principles of cultural safety, humility and trauma-informed care, need to be incorporated.

Lorraine McLeod (Diabetes Integration Project, MB) spoke of how The Diabetes Integration Project is First Nation directed and run. It places an emphasis on culturally safe and client-centered care, a wholistic understanding of health, a non-deficit approach, and a recognition and understanding of the many determinants that influence the health of individuals, families, and communities as a whole.

Holly Prince (Lakehead University's Centre for Education and Research on Aging & Health, ON) spoke of how Indigenous Peoples want to receive care from First Nations healthcare providers while staying in their own communities. There are situations where First Nations need to leave their community to receive treatment and at times die in urban centres and hospitals. When this happens, it conflicts with how First Nations communities view and treat death – as a sacred event. Death is also a social event and being out of community presents a challenge for important end-of-life rituals that help a person's spirit be at peace and ensure it is strong enough to complete that circle and return to the Spirit World and the Creator. Palliative care is a Western concept and there is no cultural translation within Indigenous Knowledge because Indigenous practices are about ensuring the highest quality of living until someone passes on, which has benefits for all stages of life, not just Elders.

Recommendations:

- Elders have a wealth of value and wisdom that is not being tapped into yet, so it is vital that they be consulted and included in discussions of how to move forward to improve care. We all need to work together to enact meaningful change.
- There need to be more Indigenous nurses as they can serve as a bridge between West-ern-based medicine and traditional health and healing practices.

- Communities would benefit from taking a palliative approach much earlier on to increase quality of life, especially with diseases like diabetes. Increasing education and focusing on capacity building in communities would also be very beneficial.

Following the presentations, the floor was opened for a Q&A period:

“Does the province support the provision of newer diabetic tools?”

- The Diabetes Integration Project is funded through Health Canada’s Aboriginal Diabetes Initiative, but the equipment that they use was purchased by First Nations. For quality assurance and accuracy of results, they relied on an external laboratory in British Columbia. First Nations control will also be instrumental in bridging the fragmented gaps created by the different provincial, federal, and community systems.

“How could the government learn from First Nations approaches to these kinds of situations [COVID and long-term care centers]?”

- The panelist stated that they were the only full-time doctor working for a community of 10,000 people during the pandemic. As such, she had to triage those most desperately needing to be seen, which tended to be the community Elders. One of their 50-bed care centers also had an outbreak and 50% of the patients were infected, of which half passed away. They required the help of the Red Cross for assistance with this situation. The problem was the top-down approach that was used, with doctors at the top and support staff, such as cleaner and kitchen workers, at the bottom. They have the crucial task of maintaining the facility, and the top-down approach does not acknowledge their importance. They need to be made to feel like they are part of the team and vital to the facility’s success, and receive education related to current health crises (such as COVID-19). This top-down approach negatively impacted their ability to cope with the pandemic, which is why a traditional team-based approach should be used, where everyone is equally important and included in the efforts to handle a crisis.

“What are some of the concerns that First Nations face when seeking end-of-life care? Are there things that are specific to First Nations communities?”

- Since colonization has had such a significant impact on First Nations communities and the way caregiving is viewed, it is important to recognize that dying is a social event rather than a medicalized event. The Western healthcare system has not been designed by First Nations and so they continue to experience poorer health and care. As such, there should be a focus on bringing back care to the community so that Indigenous knowledge and quality of care can be incorporated into treatment, especially for the end-of-life stage. This requires the development of processes to identify what is key to success for each community.

3. The Journey to Mino Bimaadiziwin – Ryan McMahon

A presentation on living a good life and what is needed to understand the concept of true health.

Ryan McMahon's presentation centered around what he believes to be the fundamental tenants of health and living the good life, which is known as *mino bimaadiziwin* in the Ojibway language, and how the incorporation of an Indigenous perspective is necessary to understand what true health is. He explained that, due to the shortfalls of the current government, the issue of decolonization has now fallen on the shoulders of children and younger generations. They have the burden of learning about the past, while also looking ahead and thinking about how to enact change moving a forward. A crucial issue is that reconciliation is optional – one can believe in their heart and mind that it is a good concept and the right way to move forward as a country, but it is a choice. The government has fallen short by not making it a formal requirement to engage in reconciliation. There is no clear path forward, which is why the work now falls on the shoulders of younger generations to accomplish in the years ahead.

McMahon emphasized that we need to begin telling better stories about this country, ones that include everyone, especially Indigenous Peoples. Storytelling is the pathway forward. There is immense value in sharing time, stories, and understanding with one another. This was highlighted by the Ojibway term *diibajimowinan*, which translates to 'a sharing of spirit to unite.' The term *biiska-baaying*, or 'looking back to look forward,' can be viewed as being true reconciliation. However, he then stated that decolonization is more valuable than reconciliation since colonization is what broke the relationship between the Indigenous Spirit and the land. Whereas reconciliation falls short of correcting the damage that colonization has done and continues to do.

A return to love is fundamental to moving forward and gets us to where we need to be. It has been broken through time, such as through residential schools and the separation of children from families, parents, and communities, and has had intergenerational effects that need to be repaired. The pathway forward needs to be rooted in spirit, land, law, and the notion that what you put in is what you get out. The relationship we have to the world around us is reciprocal, it is forever, and the spirit is intricately connected to the land, and vice versa. Therefore, the journey to *mino bimaadiziwin* is all about connecting these three understandings.

Day 3 – Seven Generations Continuum of Care in Action

Cultural Reflection – Knowledge Keeper Barb Brant

The cultural reflection began by welcoming everyone to the final session. Knowledge Keeper Barb Brant provided some background on herself and her life. She then spoke about the late Elder Elmer Courchene, who was a member of the AFN's Elders Council and the lessons that he taught her, including the gift of fire blessing. The importance of grassroots movements in continuing care were emphasized, and that the only way to make sure that care continues is to keep the fires burning in First Nations communities, both in terms of medicines and connections with one another. She also spoke about the different grandmothers and Indigenous people who have mentored her and have done, or are currently doing, important work for Indigenous Peoples. She believes that the essence of the continuum of care is to be kind to oneself first and then extend this kindness to others.

1. *Developing a First Nations Continuum of Care Workforce – Panel*

This panel included presentations and a Q&A period with Kelly Holley, Felix Walker, and Marion Crowe.

Kelly Holley (Jordan's Principle, NS) highlighted five main challenges they have faced in connection with a continuum of care: 1) cash management; 2) lack of service providers; 3) case management service; 4) clients aging out of Jordan's Principle; and 5) working in silos. Solutions to these challenges include arranging supports through equipment sourcing; having proper funding; streamlining data management through the hiring of a software administrator; utilizing Circle of Care assessments; creating and executing care plans for individuals aging out of care; and partnering with other groups to avoid working in silos.

Felix Walker (Nisichawayasihk Cree Nation Family & Community Wellness Centre, MB) then went on to highlight that the core values of the centre are social justice, self-reliance, intrinsic worth of people, sustainability, cooperation, and community wellness. After implementing new strategic directions in 2002, they have been able to reduce the number of children in care, lower infant mortality rates, increase life expectancy, raise staff retention numbers, engage in succession planning, and ensure that more families are accessing programming.

Marion Crowe (First Nations Health Managers Association) explained that a foundational part of FNHMA's purpose is to empower people with competencies relating to leadership and governance, partnerships, advocacy, financial management, human resources, health services delivery, etc. Moving forward, their goal is to support other organizations that align with their 'by us, for us' ambitions. An example of this was their partnership with the First Nation Education Administrators Association.

Following the presentations, the floor was opened for a Q&A period:

"With this unsustainable funding that communities receive, how do you produce the spirit of care for your workforce and for your community needs?"

- It is important to have partners. This is the only way Jordan's Principle has been able to operate and expand their reach.
- It is also important to have long-term projections of what a community's needs are going to be into the future, so that they can ensure they fit into their budget and can also accommodate staffing needs. He also said that sometimes you just have to commit and do it, invest in your own people, and get it done.
- Sustainability planning is also vital and needs to be established, along with prioritizing own-source revenue. While government funding can be a necessary form of support, it is important that any community or organization has own-source revenue to fall back on if funding were to ever drop.

2. Existing Continuum of Care Systems – Panel

This panel included presentations and a Q&A period with James Morris, William David, and Sonia Isaac-Mann.

James Morris (Sioux Lookout First Nations Health Authority, ON) spoke on how the SLFNHA serves 33 First Nation communities, totalling over 40,000 individuals, and offers numerous services. In order to take a more wholistic approach to health and wellness, they adopted the Nishnawbe Aski Nation Chiefs Model, which is circular and supports the principles of local control, community participation, and local decision-making for the design of community health programs.

William David (AFN Economic Development Sector) expressed that he challenged, within the context of resource extraction and natural resource development: 1) improved economic outcomes drive better health, social, and environmental conditions; and 2) the assumption that healthy economies are linked with healthy communities.

Sonia Isaac-Mann (First Nations Health Authority's Community Health and Wellness Programs and Services, BC) explained how the First Nations Health Authority has partnerships across all sectors of the health system and a tripartite funding agreement with provincial and federal partners. The vision of the organization is for healthy, self-determining, and vibrant BC First Nations children, families, and communities. There has been an emphasis on wrap-around supports and a more wholistic model of care, along with the need to transform the current system and its Western-based approach.

Recommendations:

- Some strength-based approaches to care include honouring community voices through meaningful engagement, community, and client-centered approaches, building and supporting community capacity, human health resources training and support, and transforming services to provide culturally sensitive responses.
- There are economic development and infrastructure funding opportunities that are available and can be used by First Nations to subsidize construction projects, such as health centres. The really successful initiatives from Indigenous communities come from a higher level of integration and from working across multiple sectors, which is critical to ensure that First Nations economic views are being incorporated and Indigenous communities are being served.
- Care needs to incorporate healing and wellness to be successful. There must be a shift from trauma-informed to trauma-based care that addresses the root causes across all stages of life, rather than the symptoms.

Following the presentations, the floor was opened for a Q&A period:

“When covering a large region with many communities, some being remote, what are the challenges and some solutions to be able to offer these services? How can the grassroots initiatives be included in this?”

- There is below-average care that remote communities receive. Quite often they do not have a hospital, pharmacy, long-term care homes, or a health access centre. They rely on nursing stations and on the rotation of health professionals, usually on a two-weeks-in, two-weeks-out basis. There is the need to begin training community members as nurses and doctors who would stay and provide care in the community.
- The issue of red tape was acknowledged, and that one strength of the FNHA is its ability to be flexible and quickly pivot as needed. They are not confined by the bureaucracy of the government. COVID-19 highlighted the gaps in BC’s health system which enabled the FNHA to influence the Province in creating a Rural and Remote Indigenous framework to address gaps including transportation, housing, primary care physicians coming in and out of communities, dentists, nurses, etc. Current projects underway include the use of drones to drop pharmacy supplies into communities as well as partnering with a helicopter company if evacuations are required or supplies are needed to be brought in.

“Knowing that there’s a direct link between economic development and health, but it’s often overlooked, so how should we work to promote the socioeconomic lens and the links with wellness and health?”

- It is critical for First Nations to think in an integrated fashion about economic development and the continuum of health. He said that for some communities that might mean a focus on market-based space, while for others economy might not really mean anything – after all, it is a new, invented concept that was introduced by Europeans.

3. What to do with all this Knowledge – Dr. Carol Hopkins

Dr. Carol Hopkins (Executive Director of the Thunderbird Partnership Foundation) presentation focused on strengths-based data approaches, and how they can be incorporated into planning next steps for the Seven Generations Continuum of Care.

The concept of Seven Generations is an important part of Indigenous languages, stories, teachings, and also when it comes to measuring First Nations progress. The goal is to ensure that younger generations have a future that aligns with the traditional values of the generations that came before them. This is often measured by strengths-based data, which is influenced by world view, language, and different indicators. Dr. Hopkins provided a brief counterinterview to strengths-based data, raising the questions: what are we really measuring, and why are we so focused on measuring deficits? She stated that when we concentrate on measuring the deficits, then they become the only thing we ever see, leading us to miss potential solutions because our vision is guided by that deficit mentality.

The focus of the presentation then shifted to how the government measures quality of life, how such data is used, and how it ultimately impacts First Nations. It was highlighted that the majority of Canadians agree that health, safety, and environment are all important factors to consider when making decisions. Dr. Hopkins referred to these factors as universal domains, as they benefit First Nations too. However, these factors have different outcomes for Indigenous Peoples, and it is crucial to know how that data is being used to support reconciliation, advance collective rights, increase self-determination, and close socioeconomic gaps. She emphasized that determinants of health, such as food insecurity and unstable housing, have a direct impact on the rates of substance abuse in communities. This is why people need move away from blaming the individual for the challenges that they face, and also shift away from a deficit approach to how these individuals can be supported.

Recommendations:

- Indigenous wellness needs to incorporate the spirit, emotions, mental and physical well-being.
- A decolonizing approach needs to be taken that includes strengths-based methodologies and data. This can counter the dominant deficit-based approach to Indigenous health and well-being.
 - o Strengths-based data is about honouring the problems and strengths together, within the social and behavioural determinants of health, and then asking how that data can be used to inform the steps moving forward and support future generations.
 - o Strengths-based data generates whole-person information and knowledge – such as Indigenous and Spirit-Centered Knowledge – that can be used to improve health outcomes, especially since if it accounts for determinants of health and is considered within the proper context, like the social factors that come from the community.

Closing Prayer – Knowledge Keeper Elder Ed Sackaney

Knowledge Keeper Elder Ed Sackaney was brought back to share final remarks and officially close the forum with a prayer. He emphasized the widespread unresolved trauma and grief that he witnesses every day, and the need for more resources in communities to deal with these issues. Elder Sackaney noted the importance of bringing back Indigenous teachings of trust, openness, honesty, and creating safe spaces within communities so that they can start healing from within, for the sake of children and the generations to come. He stressed that the Chiefs and ancestors from long ago provided First Nations with tools to draw from. First Nations are still here today, despite everything, and that resilience is beautiful.

APPENDIX 1

Participants

Communities & Organizations in Attendance (Days 1-3)

Aamjiwnaang Right to Play	Centre de recherche pour l'inclusion des personnes en situation de handicap	Kwilmu'kw Maw-Klusuaqn Negotiation Office	Samson Cree Nation
Ahtahkakoop Health Centre	Deer Lodge Centre	Laichwiltach Family Life Society	Saskatchewan Health Quality Council
Alberta Health Services	Dene Nation	Little Salmon Carmacks First Nation	Serpent River First Nation
Algonquins of Pikwakanagan First Nation	Dokis Health Centre	London Health Sciences Centre	Shawanaga First Nation Healing Centre
Asikiw Mostos O'pikinawasiwin (AMO) Society	Elizabeth Fry Society of Saskatchewan	Magnetawan First Nation	Sheguiandah First Nation
Anishinabek Nation: Union of Ontario Indians	First Nation Health & Social Secretariat of Manitoba	Mamaweswen, The North Shore Tribal Council	Sheshegwaning First Nation
Anishinaabe Abinoojii Family Services	First Nation Health Authority	Meadow Lake Tribal Council	Sioux Lookout First Nations Health Authority
Anishinabek Educational Institute	First Nations and Inuit Health Branch	Mi'kmaq Confederacy of PEI	Six Nations Health Services
Anishinabek Gamik Pikwakanagan Child & Family Services	First Nations Health Managers Association	Mississauga First Nation	Southern Chiefs' Organization
Anishinabek Nation	First Peoples Wellness Circle	Mississaugas of the Credit First Nation	Stellat'en First Nation
Assembly of First Nations	First Nations Education Steering Committee	MKO MMIWG Liaison Unit	Sturgeon Lake Health Centre
Assembly of Manitoba Chiefs	Fort William First Nation	Mohawk Council of Kahnawake	T'it'q'et First Nation
Atlantic Policy Congress of First Nations Chiefs Secretariat	Fraser Health Authority	Mount Royal University - Health Services	Tajikeimik: Mi'kmaw Health and Wellness
BC Women's Health Foundation	Federation of Sovereign Indigenous Nations	National Collaborating Centre for Indigenous Health	Thessalon First Nation
Biinjitiwabik Zaaging Anishinabek First Nation	Garden River First Nation	National Center for Complementary and Integrative Health	Tr'ondëk Hwëch'in First Nation
Brant County Health Unit	Georgina Island First Nation	NCN Family & Community Wellness Centre	Two Worlds Consulting
Canadian Hearing Services	Grand Conseil de la Nation Waban-Aki	Nogojowanong Friendship Centre	University Health Network
Canadian Mental Health Association – Thames Valley	Health Canada	Ontario Federation of Indigenous Friendships Centres	University of Alberta
Canadian Red Cross	Holland Bloorview Kids Rehabilitation Hospital	Oneida Nation of the Thames	University of Calgary
Catholic Family Services	Indigenous Diabetes Health Circle	Onkwata'karitáhtshera	University of Saskatchewan
Centre Walgwan Center	Independent First Nations Alliance	Ontario Health	Walpole Island First Nation
Chiefs of Ontario	Indigenous Service Canada	Ontario Native Education Counselling Association	West Region Treaty 2&4 Health Services
Chippewas of Kettle and Stony Point	Kahnawake Education Center	PATHWAYS Indigenous Health Collaborations	Wik-Cihpolakon Senior Care Center
Chippewas of the Thames First Nation	Kainai Transition Centre Society	Peter Ballantyne Cree Nation	Winnipeg Regional Health Authority
Clark Builders	Kee Tas Kee Now Tribal Council	Pikangikum Health Authority	
Commission de la Santé et des Services Sociaux des Premières Nations du Québec et du Labrador	Keewaytinook Okimakanak Board of Education	Riverside Community Club	
College of Physicians and Surgeons of BC	KMKNO	Sagamok Anishnawbek First Nation	
Council of Yukon First Nations			

Attendance List – Day 1 (May 10, 2022)

Attendance List – Day 1 (May 10, 2022)

ASSEMBLY OF FIRST NATIONS (AFN)

Cedric Gray Lehoux –
Forum Chair
Andrew Bisson, Director of the
AFN Health Sector
Jonathan Luke Dunn, Senior
Policy Analyst of the AFN
Health Sector

KNOWLEDGE KEEPERS

Oscar Kistabish – Abitibiwinni
First Nation

NAUT'SA MAWT TRIBAL COUNCIL

Caitlin Bergh – Recording
Secretary

GUESTS & SPEAKERS

Albert William McLeod – First
Nations Human Rights Activist
Amanda Fox – Powwow
Workout Instructor
Dr. Alika Lafontaine – Presi-
dent-Elect of the Canadian
Medical Association
Dr. Josée Lavoie – Professor and
Director of Ongomiizwin
Research Indigenous Institute of
Health and Healing
Nakuset – Director of the
Native Women's Shelter of
Montreal
Vanessa Tait – Two Spirit
Cree Woman

Attendance List – Day 2 (May 11, 2022)

ASSEMBLY OF FIRST NATIONS (AFN)

Cedric Gray Lehoux –
Forum Chair

KNOWLEDGE KEEPERS

Lyndon Linklater – Plains Cree,
Treaty 6

NAUT'SA MAWT TRIBAL COUNCIL

Caitlin Bergh – Recording
Secretary

TECH SUPPORT

Aspen Films

GUESTS & SPEAKERS

Alisha Julien Reid – Co-Chair of
the National Aboriginal Council
of Midwives
Aysanabee – Musical Performer
Chief Cadmus Delorme –
Cowessess First Nations
Dr. Ojstoh Horn – Family
Physician, Akwesasne Medical
Clinic
Holly Prince - Project Manager
and Co-Investigator at
Lakehead University's Centre for
Education and Research on
Aging & Health
Lorraine McLeod – Associate
Director of the Diabetes
Integration Project, FNHSSM
Michelle McLean – Director of
Health Services of Lennox
Island First Nations Health
Services

Noodin – Musical Performer
Ryan McMahon – Ojibway
Comedian
Tara Little – Health Services
Coordinator of Lennox Island
First Nations Health Services

Attendance List – Day 3 (May 12, 2022)

ASSEMBLY OF FIRST NATIONS (AFN)

Cedric Gray Lehoux –
Forum Chair
William David – Director of the
AFN Economic Development
Sector

KNOWLEDGE KEEPERS

Barb Brant – Mohawk Nation
Elder Ed Sackaney –
Cree Nation

NAUT'SA MAWT TRIBAL COUNCIL

Caitlin Bergh –
Recording Secretary

TECH SUPPORT

Aspen Films

GUESTS & SPEAKERS

Dr. Carol Hopkins – Executive
Director, Thunderbird
Partnership Foundation
Fawn Wood – Musical
Performer
Felix Walker – CEO, Nisicha-
wayasihk Cree Nation Family
and Community Wellness
Centre

James Morris – Executive
Director, Sioux Lookout First
Nations Health Authority
Kelly Holley – Jordan's Principle,
Unama'ki Manager
Marion Crowe – CEO, First
Nations Health Managers
Association
Sonia Isaac-Mann – Vice
President, First Nations Health
Authority's Community Health
and Wellness Programs and
Services

APPENDIX 2

Agendas

Day 1: Tuesday – 10 May 2022	
Exploring a Seven Generations Continuum of Care Approach	
TIME	ACTIVITY
10:45 – 11:00	Participant Log in
11:00 – 11:05	Welcome/Land Acknowledgement • Cedric Gray Lehoux, Forum Chair
11:05 – 11:10	Opening Prayer • Knowledge Keeper Ed Sackaney
11:10 – 11:15	National Chief’s Welcome Address • National Chief RoseAnne Archibald AFN Health Director’s Message • Andrew Bisson, Director of the AFN Health Sector
11:15 – 11:45	Cultural Reflection • Knowledge Keeper Oscar Kistabish
11:45 – 12:00	Exploring the Realities and Potentials in First Nation Health <i>Opening presentation to set the context of the Seven Generations Continuum of Care and providing the objectives for the three-day Virtual Forum</i> • Jonathan Luke Dunn, Senior Policy Analyst of the AFN Health Sector
12:00 – 12:15	Wellness Break Music Interlude • Nizhwozwe
12:15 – 1:00	A Journey through the Health Care System <i>A patient’s journey from a daughter’s eyes of walking with her Father and honouring his life and his truth by sharing the story of going through the health care system.</i> • Vanessa Tait, Two Spirit Cree Woman
1:00 – 1:50	What does a Seven Generations Continuum of Care look like to you? <i>Panelist sharing and discussing the current health care system and exploring the areas of improvement.</i> • Dr. Alika Lafontaine, President-Elect of the Canadian Medical Association • Dr. Margo Greenwood, Academic Leader of the National Collaborating Centre for Aboriginal Health • Dr. Josée Lavoie, Professor and Director of Ongomiizwin Research Indigenous Institute of Health and Healing
1:50 – 2:15	Integrating Priority Populations <i>Panelist sharing and discussing how a Continuum of Care approach would be holistic and inclusive for all First Nations Peoples.</i> • Albert William McLeod, First Nations Human Rights Activist • Nakuset, Director of the Native Women’s Shelter of Montreal
2:55 – 3:00	Closing of Day One Remarks • Cedric Gray Lehoux, Forum Chair

Day 2: Wednesday – 11 May 2022
Following the Natural Circular Path of Life

TIME	ACTIVITY
10:45 – 11:00	Participant Log in
11:00 – 11:10	Welcome • Cedric Gray Lehoux, Forum Chair
11:10 – 11:45	Cultural Reflection • Knowledge Keeper Lyndon Linklater
11:45 – 12:45	Birth and Childhood Care <i>Panelist sharing and discussing the health needs for our children, including our unborn</i> • Alisha Julien Reid , Co-Chair of the National Aboriginal Council of Midwives • Michelle McLean and Tara Little , Director of Health Services and Health Services Coordinator of Lennox Island First Nations Health Services • Chief Cadmus Delorme , Chief of Cowessess First Nations
12:45 – 1:00	Wellness Break
1:00 – 1:15	Music Interlude • Aysanabee
1:15 – 2:15	Adult and Senior Care <i>Panelist sharing and discussing the health needs for adults and seniors</i> • Dr. Ojistoh Horn , Family Physician, Akwesasne Medical Clinic • Lorraine McLeod , Associate Director of the Diabetes Integration Project, FNHSSM • Holly Prince , Project Manager and Co-Investigator at Lakehead University's Centre for Education and Research on Aging & Health
2:15 – 2:50	The Journey to Mino Bimaadiziwin Mino Bimaadiziwin is the Ojibway language phrase that generally means, the good life. In this comedic keynote presentation, Ojibway comedian, Ryan McMahan, will reflect on how this phrase intersects with our understanding of health and how a uniquely Indigenous lens may help us reset our understanding and expectations of what health is • Ryan McMahan , Ojibway Comedian
2:50 – 3:00	Closing of Day Two Remarks • Cedric Gray Lehoux, Forum Chair

Day 3: Thursday – 12 May 2022.
Seven Generations Continuum of Care in Action

TIME	ACTIVITY
10:45 – 11:00	Participant Log in
11:00 – 11:15	Welcome <ul style="list-style-type: none"> • Cedric Gray Lehoux, Forum Chair
11:15 – 11:45	Cultural Reflection <ul style="list-style-type: none"> • Knowledge Keeper Barb Brant
11:45 – 12:45	Developing a First Nations Continuum of Care Workforce <i>Panelists sharing and discussing how to support individuals and communities while maintaining a Continuum of Care workforces</i> <ul style="list-style-type: none"> • Kelly Holley, Jordan's Principle Unama'ki Manager • Felix Walker, CEO of the Nisichawayasihk Cree Nation Family and Community Wellness Centre • Marion Crowe, CEO of the First Nations Health Managers Association
12:45 – 1:00	Wellness Break
1:00 – 1:15	Music Interlude <ul style="list-style-type: none"> • Fawn Wood
1:15 – 2:15	Existing Continuum of Care Systems <i>Sharing and discussing how existing Continuum of Care systems encapsulate wellness for the individual and community, through health, social and economic services.</i> <ul style="list-style-type: none"> • James Morris, Executive Director of the Sioux Lookout First Nations Health Authority • William David, Director of the AFN Economic Development Sector • Sonia Isaac-Mann, Vice President of the First Nations Health Authority's Community Health and Wellness Programs and Services.
2:15 – 2:45	What are we going to do with all this Knowledge? <i>A presentation on the next steps in a Seven Generations Continuum of Care approach</i> <ul style="list-style-type: none"> • Dr. Carol Hopkins, Executive Director of the Thunderbird Partnership Foundation
2:45 – 2:55	Closing Thoughts <ul style="list-style-type: none"> • Cedric Gray Lehoux, Forum Chair
2:55 – 3:00	Closing Prayer <ul style="list-style-type: none"> • Knowledge Keeper Elder Ed Sackaney
3:00	Closing of the Forum

APPENDIX 3

Speaker Bios

Day 1	
Speaker Name	Biography
Vanessa Tait	Vanessa Tait, a Two-Spirit Cree woman from O-pipon-na-piwin Cree Nation, also known as South Indian Lake, Manitoba, has a passion for empowering Indigenous Peoples on their educational journey. She has also worked as an advocate in healthcare and has a background in community and economic development.
Dr. Alike Lafontaine	While currently the president-elect of the Canadian Medical Association, Dr. Alike Lafontaine is also from the Métis Nation of Saskatchewan and has mixed Indigenous ancestry. In addition to being a trained anesthesiologist, he is also passionate about being an advocate in the medical field and using his position to help Indigenous communities work with physicians, politicians and policymakers to improve Indigenous health care.
Dr. Josée Lavoie	Dr. Josée Lavoie is a professor and the Director of the Ongomiizwin Research Indigenous Institute of Health and Healing at the University of Manitoba. The centre engages in partnership-based research with First Nations and has been connecting with communities and organizations for decades.
Albert William McLeod	In addition to being a First Nations Human Rights Activist, Albert William McLeod is a Status Indian with ancestry from Nisichawayasihk Cree Nation and the Métis community of Norway House in northern Manitoba. He has over 30 years of experience and is one of the directors of the Two-Spirited People of Manitoba. He also works as a consultant specializing in Indigenous Peoples, cultural reclamation, and cross-cultural training.
Nakuset	While currently working as the director of the Native Women's Shelter in Montreal, Nakuset is also Cree from Lac la Ronge, Saskatchewan. She is passionate about being an advocate for Indigenous children in care and Indigenous Peoples living in urban areas. In addition to that, she has also run the Cabot Square Project since its inception, along with co-founding Resilience Montreal.

Speaker Bios

Day 2	
Speaker Name	Biography
Alisha Julien Reid	While Co-Chair of the National Aboriginal Council of Midwives, Alisha Julien Reid is also a member of Mi'kmaq First Nations in Nova Scotia, and is a practicing midwife. She is passionate about traditional birth practices and empowering women to make informed choices about their care.
Michelle McLean and Tara Little	Both women are staff members at Lennox Island First Nations Health Services in Prince Edward Island, and work to support clients during the various stages of life.
Chief Cadmus Delorme	Chief Cadmus Delorme is currently serving his second term as the Chief of Cowessess First Nation. In addition to championing a child welfare law, he has focused on improving economic self-sustainability for Cowessess First Nation, including renewable energy, agriculture and efficient land use initiatives.
Dr. Ojistoh Horn	In addition to being a Family Physician at Akwesasne Medical Clinic, Dr. Ojistoh Horn is a Mohawk and Haudenosaunee woman from the community of Kahnawake, Quebec. She currently works with community members and families through all stages of life, and provides community-based teaching to medical students and residents from the schools of McGill, Queens, and the University of Ottawa.
Lorraine McLeod	In her position as the Associate Director of the Diabetes Integration Project, Lorraine McLeod and her team provide diabetes care and treatment services to rural First Nations communities across Manitoba.
Holly Prince	As both the Project Manager and Co-Investigator at Lakehead University's Centre for Education and Research on Aging & Health, Holly Prince is also an Anishinaabekwe from the Red Rock Indian Band in Northwestern Ontario. She is an advocate, researcher and educator working in the field of palliative and end-of-life care.
Ryan McMahon	In addition to being an Ojibway comedian, activist, podcaster, and writer, Ryan McMahon is also a member of Couchiching First Nation. His career has involved numerous stand-up comedy shows, podcasts, and activism – including his documentary titled <i>Colonization Road</i> .

Speaker Bios

Day 3	
Speaker Name	Biography
Kelly Holley	As the Unama'ki Manager of Jordan's Principle, Kelly Holley works on behalf of the Union of Nova Scotia Mi'kmaq to help address the unmet needs of children and youth. The tribal organization has been in operation for over 50 years, and its founding goal was to provide a unified voice for Mi'kmaq People in the province.
Felix Walker	As the CEO of the Nisichawayasihk Cree Nation Family and Community Wellness Centre, Felix Walker works to provide wholistic, community-based and culturally appropriate activities in a safe, respectful, and inclusive environment in Nelson House, MB.
Marion Crowe	As the CEO of the First Nations Health Managers Association, Marion Crowe works with a board of directors to develop and promote quality standards in health management, along with offering numerous services to help expand capacity for their members and First Nations.
James Morris	As the Executive Director of the Sioux Lookout First Nations Health Authority, James Morris works to help coordinate the delivery of essential healthcare services to the Anishinaabe People across the region, along with advocating for clients, providing education, and developing First Nations health policies.
William David	At the Assembly of First Nations, William David is the Director of the Economic Development Sector, which helps implement national resolutions passed by the Chiefs-in-Assembly related to First Nations revenue, investments, trade, wealth creation, and so forth.
Sonia Isaac-Mann	At the First Nations Health Authority, Sonia Isaac-Mann serves as the Vice President of the Community Health and Wellness Programs and Services. She is from Listuguj Mi'gmaq First Nation and provides professional health and wellness advice to BC First Nations, First Nation Health Service Organizations, Health Directors and Regional Directors.
Dr. Carol Hopkins	In addition to being the Executive Director of the Thunderbird Partnership Foundation, Dr. Carol Hopkins is a member of the Lenape Nation at Moravian-town, Ontario. She has also co-chaired numerous national initiatives and has spent more than 20 years in the field of First Nations addictions and mental health.

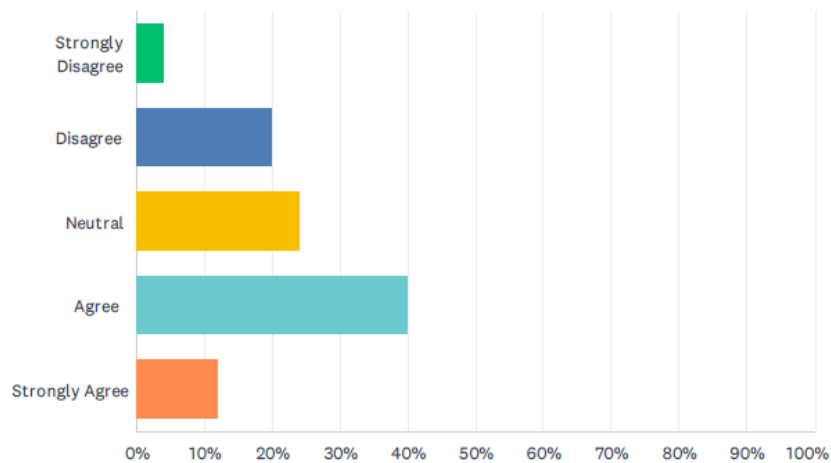
APPENDIX 4

Survey Results

The survey was posted online a week after the forum and was available for six weeks for participants to complete. There was a total of five questions, the first three questions attempted to gauge the audience’s familiarity with the Seven Generations Continuum of Care topic, before and after the forum. The last two questions were multiple choice and the survey’s participants could choose three topics that they wished were elaborated further upon.

Q1 Before attending this forum, were you familiar with the Seven Generations Continuum of Care?

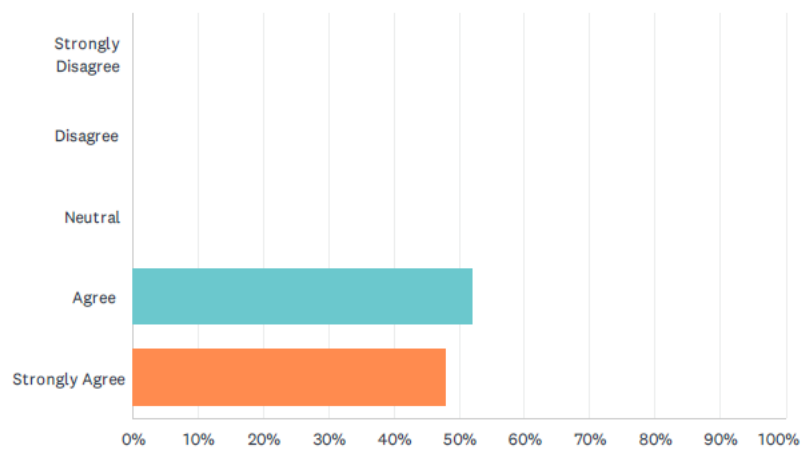
Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Disagree	4.00%	1
Disagree	20.00%	5
Neutral	24.00%	6
Agree	40.00%	10
Strongly Agree	12.00%	3
TOTAL		25

Q2 After attending this forum, do you feel better informed about the Seven Generations Continuum of Care?

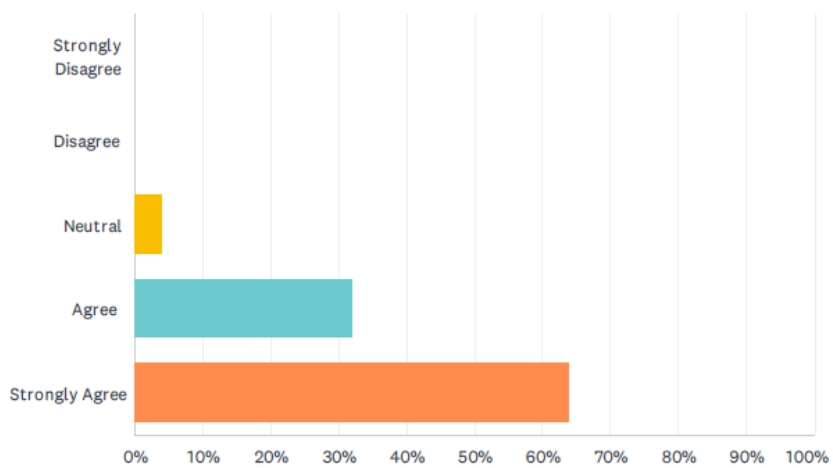
Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Disagree	0.00%	0
Disagree	0.00%	0
Neutral	0.00%	0
Agree	52.00%	13
Strongly Agree	48.00%	12
TOTAL		25

Q3 Do you believe the information shared at this event will help inform a different approach and perspective in your own line of work?

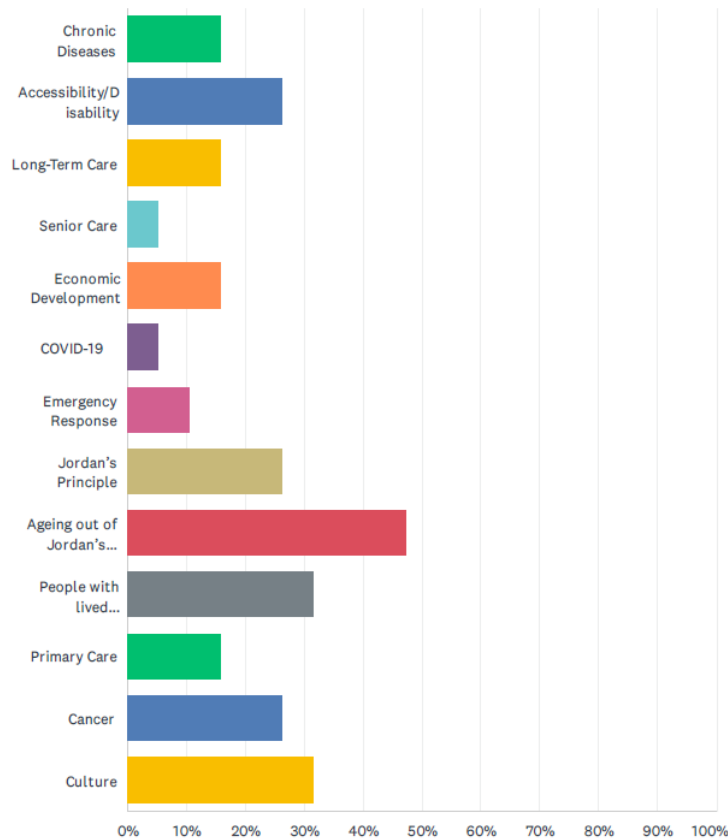
Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly Disagree	0.00%	0
Disagree	0.00%	0
Neutral	4.00%	1
Agree	32.00%	8
Strongly Agree	64.00%	16
TOTAL		25

Q4 In your opinion, please select topics that you felt were missing in the forum (Select no more than three topics)

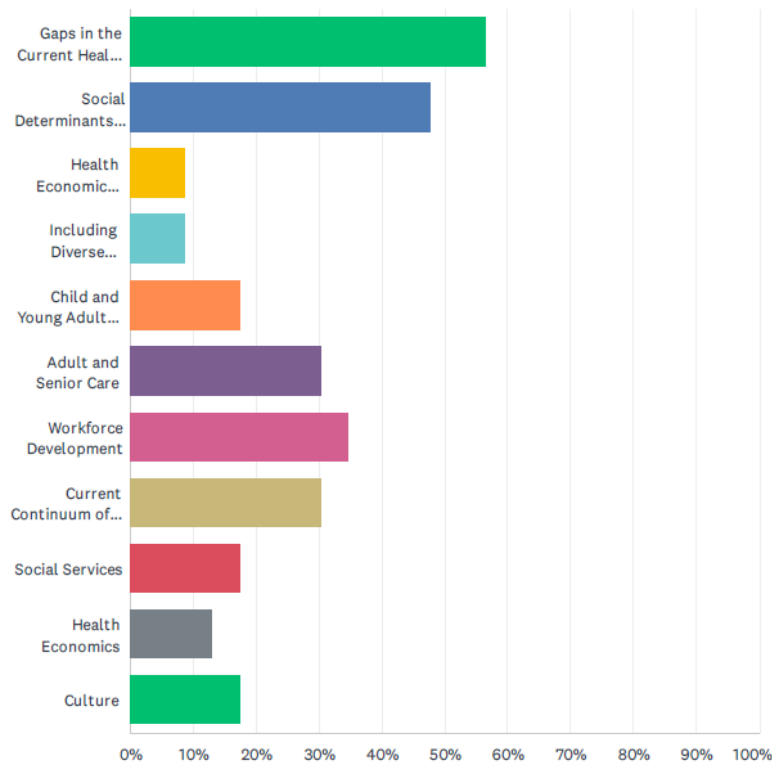
Answered: 19 Skipped: 6



ANSWER CHOICES	RESPONSES	
Chronic Diseases	15.79%	3
Accessibility/Disability	26.32%	5
Long-Term Care	15.79%	3
Senior Care	5.26%	1
Economic Development	15.79%	3
COVID-19	5.26%	1
Emergency Response	10.53%	2
Jordan's Principle	26.32%	5
Ageing out of Jordan's Principle	47.37%	9
People with lived experiences	31.58%	6
Primary Care	15.79%	3
Cancer	26.32%	5
Culture	31.58%	6
Total Respondents: 19		

Q5 In your opinion, please select topics that you felt needed more time to discuss (Select no more than three topics).

Answered: 23 Skipped: 2



ANSWER CHOICES	RESPONSES
Gaps in the Current Health System	56.52% 13
Social Determinants of Health	47.83% 11
Health Economic Services	8.70% 2
Including Diverse Populations	8.70% 2
Child and Young Adult Care	17.39% 4
Adult and Senior Care	30.43% 7
Workforce Development	34.78% 8
Current Continuum of Care Models	30.43% 7
Social Services	17.39% 4
Health Economics	13.04% 3
Culture	17.39% 4
Total Respondents: 23	

APPENDIX 5

Compendium of Recommendations

The Assembly of First Nations Seven Generations Continuum of Care Virtual Forum Compendium of Recommendations	
<p>These recommendations were selected from the invited speakers' oral and written presentations, then paraphrased and assembled into this table to serve as a reference of top actionable priorities concerning a Seven Generations Continuum of Care approach. This table does not function as a complete or absolute list of recommendations concerning the Continuum of Care, however, serves as an overall reflection of highlighted points emphasized by our various speakers, of which were, elders, persons with lived experiences, experts, medical doctors, healthcare workers, service providers, policy analysts, chiefs, and CEOs of regional health authorities. Please note the entities holding the responsibility for each listed actionable item are not assigned as most recommendations were addressed to the federal government, however some could be understood to be within the realm of the provincial / territorial governments, regional health authorities, service providers and/or at the community-level of jurisdiction.</p>	
1.0	Wholistic Perspective in the Continuum of Care - provide wholistic options that promote wellness by addressing the whole person and practice the Two-eyed Seeing approach.
1.1	Change to an All Relations standard when it comes to wellness, consider the individual, family and community needs.
1.2	Transition from a sickness-based model to a wellness promotion model.
1.3	Promote and protect wellness instead of solely managing illnesses.
1.4	Transform the rushed clinic visit assembly line to a human-to-human visit, allowing the patient's voice and needs to be central to the appointment.
1.5	Be inclusive of First Nations traditional healing practices.
1.6	Increase support for First Nations medical staff as they can serve as a bridge between Western-based medicine and traditional health and healing practices.
1.7	Shift from trauma-informed to trauma-based care that addresses the root causes across all stages of life, rather than the symptoms, so that care cultivates healing and wellness.
2.0	Culture is Foundation - increase the community's foundation to augment the cultural and spiritual development in order to achieve improvements in physical, mental, emotional and spiritual well-being.
2.1	First Nations wellness needs to incorporate the spirit, emotions, mental and physical well-being.

**The Assembly of First Nations
Seven Generations Continuum of Care Virtual Forum
Compendium of Recommendations**

2.2	The need for storytelling, that includes everyone, is the pathway forward because there is value in sharing time, stories and understanding with one another that can unite. This is highlighted by the Ojibway term, diibajimowinan, which translates to 'a sharing of spirit to unite.'
2.3	The healing journey forward needs to be rooted in spirit, land, law and the notion that what you put in is what you get out.
3.0	Maternity and Youth Care – garner investments and support services to protect and safekeep our young and unborn within the safety of their families and communities.
3.1	Expand and provide more resources for Indigenous birth centers across the country to bring back bleeding on the land, which was traditionally achieved by Indigenous women menstruating, birth practices and ceremonies such as burying the placenta, all of which helps ground the child to the land and their traditional territory.
3.2	Decolonize birth practices by providing space for First Nations Peoples to exercise their inherent and cultural rights.
3.3	Involve clients in decision-making throughout the stages of prenatal, pregnancy, birth and post-natal. Informing families of the current healthcare provisions to childbirth increases ownership and level of satisfaction in their child-bearing journey.
3.4	Provide resources and support to keep children and youth in their communities.
3.5	Create safe places that embrace culture, promote wellness and healing, and where Indigenous youth have a physical area to gather to discuss challenging topics, receive invited speakers and to engage with community leaders.
4.0	Access to equitable Healthcare – remove physical and invisible colonial structural barriers to improve access to equitable healthcare.
4.1	Challenge the concept of remoteness for First Nations communities as it relates to them receiving inadequate healthcare, because remoteness is a colonial construct.
4.2	Transfer medical equipment (i.e. dialysis equipment) to on-reserve clinics, or situate them closer to reserves, to decrease stress when seeking care outside the comfort of the community.
4.3	Recognize the need for equity in health services and greater acceptance for First Nations priority populations (i.e., 2SLGBTQIA, homeless, disabled, etc.).
5.0	Improving Human Resources Health Capacity - reassess options to increase retention and recruitment of health-related staff and expanding resources for caregivers and community helpers
5.1	Increase on-reserve nurse practitioners' authority to be able to perform duties classically not under their jurisdiction (i.e. refer clients to a specialist), rather than waiting for a doctor' who may visit communities on a limited rotational schedule.
5.2	Provide adequate resources to encourage healthcare worker recruitment and retention to minimize the strains on the medical system, caused by COVID-19 pandemic, that have residual affects both the medical staff and community members' wellness.
5.3	Grant healthcare workers access to professional development and cultural training.

**The Assembly of First Nations
Seven Generations Continuum of Care Virtual Forum
Compendium of Recommendations**

5.4	Support traditional team-based approaches, where all staff of a clinical facility are appreciated, treated equally important and included in the efforts to handle daily activities to crisis-levelled emergencies.
5.5	Advocate for accreditation and training for community members to be medical assistants that could provide care in their community.
6.0	Navigating the Healthcare System - expound on support services that could follow/guide individuals and families through traditional healing programs, provincial and federal health and social care systems.
6.1	Install case managers or medical navigators to assist and advocate for First Nations clients/patients to receive proper equitable care.
6.2	Institute service providers to be transparent and inform their clients/patients of all the services and programs that are available to them to develop a wrap-around service plan.
6.3	Encourage service providers to build healthy connections with their clients/patients to foster trust and increase confidence.
7.0	Combat Anti-Indigenous Racism – recognize the importance of providing policies that can measure accountability and envelope services with cultural safety and humility.
7.1	Acknowledge the realities of racism, discrimination, colonization, and the normalization of mistreating Indigenous Peoples are incorporated into the healthcare system.
7.2	There needs to be a separation and distinction between addressing racism and addressing the harm from racism, and that you do not have to eliminate racism in order to eliminate the harm from it. It was further stated that changing the influence of colonialism is a multi-year, generational task, whereas changing someone's actions is something that can be done immediately. It would have an immediate impact on someone's healthcare, rather than focusing on the intent behind those actions, which could take years to change.
7.3	Implement a mechanism for accountability and assurance into the healthcare system, supported by the professional colleges (i.e. College of Physicians and Surgeons and the College of Nurses) whose professionals are not being held accountable for their problematic treatment of Indigenous patients.
7.4	<i>Direct healthcare workers to attend First Nations approved cultural safety and humility courses that outline, orient, and improves the participant's awareness of First Nations complex relationship with colonialism and the healthcare system.</i>
8.0	Supporting Priority Populations – strengthen resources to ensure our priority populations are uplifted and supported.
8.1	Appreciate and affirm our Two-Spirit companions by advocating for their rights, practicing inclusiveness, and supporting Two-Spirit events and gatherings.

**The Assembly of First Nations
Seven Generations Continuum of Care Virtual Forum
Compendium of Recommendations**

8.2	Support services and programs to target all issues related to people experiencing homelessness (i.e. substance misuse, mental wellness, disability, etc.) to ensure that everyone has a place for support.
8.3	Extend Social Services and supports for First Nations youth, as they age out of the system, they are more prone to homelessness.
8.4	Acknowledge the strength and resiliency of our priority populations and recognize an individual's care needs and journey to wellness will be unique.
9.0	Coordinated Partnerships - determine critical areas of improvement within the fragmented siloed health services between federal and provincial service delivery partners.
9.1	Replace multi-jurisdictional quandaries with First Nations-led systems
9.2	The federal governments should be more accountable in its healthcare responsibilities instead of attributing the lack of improvements to external or past factors, to ensure equitable healthcare and improve coordination with the provincial/territorial governments.
9.3	Drafting clear policies or possible legislation options to outline the medical care required and entitled to for First Nations on and off the reserve.
9.4	Developing partnerships with external healthcare service organizations is paramount to ensure client/patient care needs are met and First Nation communities healthcare operations have the ability to expand and maximize their reach.
10.0	Economic Services – incorporate the shared objectives of economic development and health to improve the overall wellness of individual, family and community.
10.1	Plainly identify economic development and infrastructure funding opportunities that are available and that can be used by First Nations to subsidize construction projects, such as health centres.
10.2	To ensure successful economic initiatives, multiple sectors should be included in deliberations for First Nations economic views to be incorporated and communities appropriately serviced.
11.0	Value Lived-Experience Representation – listen to and honour the many diverse voices within First Nations communities as they offer wisdom.
11.1	Recognize the special roles that Two-Spirit and Indigenous women have in their community and nation.
11.2	Value the diverse and unique lived experiences, as they can offer guidance in challenging situations for the greater benefit of First Nations.
11.3	Honour strength-based approaches to care by including community voices through meaningful engagement, community, and client-centered approaches.

The Assembly of First Nations Seven Generations Continuum of Care Virtual Forum Compendium of Recommendations	
12.0	Health Data - address the need for culturally centered strength-based indicators of wellness, that can guide present and future needs.
12.1	Recognize the importance of collecting real-time, relevant data to apply pressure for necessary changes to the healthcare system.
12.2	Develop strengths-based indicators that honour both the challenges and the strengths, within the social and behavioural determinants of health, while outlining how that strong indicators may be applied to guide steps forward and assist future generations.
12.3	Generate strengths-based data that encapsulates the whole-person, that contextualizes the social determinants of health factors, centered on Indigenous values and knowledge to measure improvements in health outcomes.
13.0	Sustainable Funding – guarantee predictable and sustainable funding to ensure long-term health projections can delivered.
13.1	Arrange sustainable and predictable funding as it is imperative for First Nation communities to develop effective long-term projections of the community's health needs.
13.2	Invest in our own staff to strengthen commitment and inspire action when funding and resources are unpredictable.
13.3	<i>Organize own-source revenue to ensure sustainable planning.</i>
14.0	Develop and Maintain Health Facilities - survey the community's needs for construction and maintenance of Long-term Care facilities on reserve and urban districts.
14.1	Set up urban facilities for First Nations members required to leave their communities for healthcare services. These can be a supportive place where First Nations can be situated while receiving treatment and allow them to be connected with their community and have culturally safe care.
15.0	Palliative Care - increase the accessibility for palliative and hospice care services at the community level.
15.1	Ensure communities have health care aids and other supporting medical staff, along with palliative care, so that community members can receive equitable health care and end-of-life support without leaving their homes.
15.2	Ensure palliative care approaches are taken earlier on to increase quality of life, especially with diseases like diabetes. Increasing education and focusing on capacity building in communities would also be very beneficial.
15.3	Decolonize the way caregiving is viewed. There is a need to identify what is key to success for each community and focus on bringing back care to the community so that Indigenous knowledge and quality of care can be incorporated into treatment.

