Partners in Health

“What We Heard” Report

December 16 and 17, 2025

Thunder Bay, ON

Best Western Plus Nor’Wester Hotel & Conference Centre

Purpose:

The NAN Partners in Health Meeting was convened to bring together NAN leadership, Health Directors, Tribal Councils, health authorities, service providers, and government partners to align on priority health system issues affecting NAN communities and to identify practical pathways for improvement. Across both days, the focus was on strengthening shared understanding of key programs and system pressures, creating space for communities to raise urgent issues directly, and advancing Health Transformation work through discussion on the Agreement in Principle (AIP), innovation strategies, service mapping, and data sharing.

Format:

Day One – Presentations and shared understanding of key issues and supports

Day 1 opened with prayer led by Elder Sam Achneepineskum and drumming by the Young Thunder Drum Group. The agenda then focused on presentations that provided updates on current programs and supports, and how they connect to community priorities:

- Health Equity Fund (HEF) through Indigenous Services Canada (ISC): overview of funding support for Indigenous led approaches to quality and culturally safe health services (Kelsey Fanset and Joshua Payer, ISC).
- Ontario Renal Network (Ontario Health): overview of how the renal care system works, the issues being addressed, and the approach to improving renal care (Marc Hébert, Ontario Health, and Ramsey Broennle, Thunder Bay Regional Health Sciences Centre Renal Department).
- Chiefs of Ontario (COO) Non-insured Health Benefits (NIHB) Navigators: overview of the services offered by NIHB Navigators and the NIHB table they coordinate (Brenda Owl, COO).
- Indigenous Rehab Assistance Program: presentation on the program (Wendy Arsenault, NAN).
- Timmins “recap”: a presentation to carry forward key points from the Timmins Partners in Health meeting discussions (Ken Miller, NAN).

Day 2: Health Transformation focus, innovation, and planning work

Day 2 opened with prayer and included a recap of Day 1. The remainder of the day was structured around moving from information sharing toward system planning and action:

- Agreement in Principle (ISC): discussion on what the AIP is and what it is intended to achieve (Tara Jane Hayward, ISC), with Grand Chief Doug Kelly leading portions of the discussion.
- Innovation strategy: discussion on how to address the current state of health in communities while working toward meaningful change (Grand Chief Doug Kelly).
- Urgent issues in communities: dedicated space for First Nations and Tribal Council Health Directors to speak directly to issues they are experiencing, alongside health authorities and service providers (Ken Miller, NAN).
- Service mapping and proposed data sharing agreements: discussion on what services need to be mapped and what information would be helpful to support planning and coordination, with participation from First Nations, Tribal Councils, health authorities, and service providers (Ken Miller, NAN).

The meeting closed with prayer led by Elder Sam Achneepineskum and drumming from the Young Thunder Drum Group.

What We Heard

In the sections that follow, this report highlights what was shared and what emerged during each major agenda item over the two-day meeting. For each presentation, we summarize the key messages brought forward by presenters, then capture the questions, concerns, and priorities raised by Chiefs and Health Directors in response. We also note what health partners and service providers added based on their roles and mandates, and we identify where community and partner perspectives aligned. This structure is intended to show not only what information was presented, but how it was received, tested against community realities, and translated into shared priorities for practical next steps.

Health Equity Fund

ISC introduced the HEF as a flexible, needs-based funding approach meant to support Indigenous-led priorities that improve the quality and cultural safety of health services. The presentation focused on helping communities understand the intent of the fund, what types of activities it can support, and how communities can access it through an implementation plan and budget. ISC emphasized that the process is meant to be practical and supported rather than overly burdensome, and they walked through expectations related to funding flow, planning, reporting, and carry forward. This created space for participants to test the information against real community realities and raise questions about how the fund will work in practice across NAN communities.

What Chiefs and Health Directors Raised

- Clarity on amounts and flow: Chiefs and Health Directors asked direct questions about how much each community receives and the 50 percent then 50 percent approach.
- Carry forward vs “use it or lose it”: A Health Director raised concern they were told unused funds would be lost by March and sought confirmation about whether funds can be carried forward.
- Real world barriers to using funding: Community leadership emphasized that even when funds exist, infrastructure realities (hydro, accommodations, ability to host visiting teams) can prevent services from happening and can force Nations to cover costs out of pocket.
- Equity and formulas: A question was raised about whether the remoteness factor/ formula reflects NAN realities and newer work in this area.

- Follow up support request: A Health Director asked ISC to attend an upcoming regional Health Directors meeting so communities who were not in the room could still get the same information and support.

What Health Partners Added

- ISC emphasized their role in supporting communities to complete plans and navigate requirements with less administrative burden.
- Partners reinforced that HEF is meant to be community directed, with flexibility, while still needing planning, reporting, and clear description of what funds will achieve.
- The discussion acknowledged that some community priorities touch infrastructure or capital realities, and that communities often need help translating real needs into fundable categories.

Shared Understanding and Common Ground

- Less administrative burden, more practical support: Both sides agreed communities need hands-on support to get plans done and access funds without excessive paperwork.
- Flexibility matters: There was shared agreement that funding needs to be flexible enough to match local priorities and realities.
- Infrastructure constraints are a blocker: Both community voices and partners recognized that basic infrastructure issues can prevent services from being delivered, even when funding exists.
- Clear communication and consistent guidance: Everyone benefited from clarity on the rules (carry forward, timelines, eligible costs) and consistent interpretation.

Ontario Renal Network

Ontario Health partners provided an overview of how the renal care system works and what is being done to improve kidney care access for NAN citizens, with a focus on screening, planning, and expanding options for care closer to home. The presentation highlighted that earlier detection and better support pathways can reduce crisis driven care and improve outcomes, and it set the stage for a practical discussion about what it takes to safely deliver dialysis outside of urban centres. This led participants to connect the presentation directly to community realities like housing, water, hydro, staffing, and the strain placed on families when care is far from home.

What Chiefs and Health Directors Raised

- Safety and reliability concerns: Leaders raised concerns about equipment malfunction and what happens when problems occur, especially when repairs or support are delayed and the impacts are serious.
- Infrastructure barriers to home dialysis: Health Directors emphasized that home dialysis depends on stable housing conditions, reliable water, hydro, and space, which many communities struggle with due to overcrowding or infrastructure instability.
- Facility based options in community: Leaders discussed interest in alternatives to home setups, including renovated or designated community spaces that could support dialysis and allow members to remain in community.
- Training and workforce support: Health Directors raised the need for local training and backup staffing, so families are not carrying care responsibilities alone and there are supports during emergencies or when caregivers need relief.
- Mobility and access solutions: Questions were raised about whether mobile dialysis approaches could be explored to support remote communities.
- Data and forecasting for planning: Health Directors asked for better access to data on current and projected dialysis needs to support planning and service design.

What Health Partners Added

- Screening and early detection focus: Partners emphasized accessible screening and early detection as a key pathway for prevention and improved outcomes.
- Supports needed to deliver care closer to home: Partners reinforced that dialysis closer to home requires readiness factors such as water, electricity, training, and ongoing monitoring supports.
- System planning and partnership approach: Partners acknowledged infrastructure challenges and emphasized working with communities and health partners to identify barriers and improve access through planning and coordination.

Shared Understanding and Common Ground

- Care closer to home is the goal, but it must be safe: Both community voices and partners said that care closer to home is important, but only if safety, reliability, and emergency backup are built into the model.
- Infrastructure is a defining constraint: There was strong shared recognition that housing, water, hydro, and space determine what is possible and must be addressed as part of any solution.
- Families cannot be left carrying the burden: Participants aligned that training, respite, and workforce supports are essential, so dialysis does not fall entirely on family caregivers.
- Planning needs better information: Both sides recognized that better data and forecasting would support earlier planning, stronger coordination, and more responsive services.

Chiefs of Ontario Non-Insured Health Benefits Navigators

COO presented on the NIHB Navigator supports available to First Nations, including how Navigators help community members and health teams work through approvals, billing processes, reimbursements, appeals, and the day-to-day barriers that often delay care. The presentation also described the broader NIHB advocacy work underway through an Ontario-focused table approach, intended to bring recurring issues forward in a more organized way. This set up a direct and practical discussion about where the NIHB system is failing people, how inconsistent decisions are affecting communities, and what needs to change to reduce the burden being downloaded onto First Nations.

What Chiefs and Health Directors Raised

- Medical transportation realities and "noncompliance": Chiefs raised that when members miss flights or appointments, NIHB can deny return travel, leaving First Nations to cover costs and manage the fallout, especially when addictions or crisis are part of the situation.
- Inconsistent decisions and lack of accountability: Health Directors raised frustration that outcomes can depend on who answers the phone, with different interpretations and inconsistent approvals, and questioned how accountability is maintained.
- Out of pocket costs and gaps in coverage: Health Directors raised that communities and families often absorb costs for items or supports that are not covered, especially for medical aids and other practical needs.
- Treatment access limitations: Concerns were raised about the limited number of treatment centres covered under NIHB and the real impact of long wait lists on community decision making and safety.
- Cost and reimbursement pressures: Health Directors flagged issues such as high travel costs and low mileage or reimbursement rates, creating additional strain and unfairness.
- Representation at NIHB tables: Chiefs asked who is representing NAN or specific regions at the Ontario NIHB table work, signaling the importance of clear representation and communication back to communities.

What Health Partners Added

- Navigation support functions: COO outlined the practical support navigators provide, including helping with prior approvals, forms, follow ups with providers, direct billing options, appeals, and reimbursements.
- Mental health counselling parameters: Partners clarified how NIHB mental health counselling coverage works, including base hours and circumstances where additional hours may be considered.
- Ontario table approach: COO described the development of Ontario-specific political and technical tables and working groups intended to move issues forward, while noting limits on regional mandate to change national policy quickly.

Shared Understanding and Common Ground

- The system burden is falling on communities: Both community voices and partners recognized that the current NIHB experience often shifts financial and operational burden onto First Nations and front-line health teams.
- Consistency and clarity are urgent needs: There was shared agreement that clearer rules, more consistent interpretation, and more transparent processes would reduce delays and conflict.
- Navigation helps, but it is not the full solution: Participants said that navigation support is valuable in the current system, but broader policy and process change is required to address root causes.
- Organized escalation pathways are needed: Both sides aligned on the value of structured tables and clear pathways to raise recurring issues, track them, and push for improvements over time.

Pediatric Rehabilitation Assistant Program

Presenters introduced the Pediatric Rehabilitation Assistant Program as a developing approach meant to strengthen follow up supports for children and families, especially after a diagnosis, by creating a community-based assistant role that can support progress and report back to professionals. The discussion focused on building a practical workforce model that can improve continuity of care closer to home, reduce gaps between assessment and ongoing support, and strengthen local capacity over time. This created space for participants to connect child and family needs to broader realities like early identification, limited local supports, and the importance of building community-based roles that are sustainable.

What Chiefs and Health Directors Raised

- Early identification and follow up gaps: Health Directors connected the program idea to community concerns about children experiencing delays and behavioural challenges without timely diagnosis and consistent supports.
- Need for community-based capacity: Chiefs and Health Directors emphasized that services cannot rely only on fly-in providers and that communities need more on-the-ground roles that help families day-to-day.
- Prevention and family wellness: Community voices reinforced that child supports need to sit alongside broader prevention priorities, including healthy pregnancies, early childhood wellness, and timely access to support when families are ready.

What Health Partners Added

- Role and function of the program: Partners described the program as addressing follow-up and progress support after diagnosis, with a local assistant role that connects back to professional teams.
- Program development pathway: The program was discussed as being in development, including curriculum and training planning, and partnerships to support implementation.

Shared Understanding and Common Ground

- Follow up support is a system gap: Both community voices and partners aligned that families often receive diagnoses without enough sustained follow-up support, and that this contributes to poor outcomes and stress.
- Community-based roles strengthen continuity of care: There was shared agreement that local capacity roles can reduce service gaps and improve consistency for children and families.
- Building practical workforce models matters: Participants aligned that training and implementation planning are essential to make these roles real and sustainable in communities.

KO NAN Hope

KO NAN Hope was presented as a supplemental, culturally-grounded crisis and wellness support for NAN citizens, providing 24/7 virtual access and the ability to support communities with in-person crisis response when requested. The presentation described how the service can help with de-escalation, counselling, navigation, follow up, and safety checks, and it positioned NAN Hope as an added layer of support rather than a replacement for local teams. This opened a detailed discussion about how virtual crisis services connect to community realities, how to strengthen local integration and visibility, and what is needed to ensure culturally safe and language appropriate support when people are in distress.

What Chiefs and Health Directors Raised

- Visibility and awareness in community: Health Directors raised that people in community may not know the service exists and asked for more on the ground promotion and communication, so members know how to access support.
- Language and cultural safety: Community voices raised that language barriers and culturally inappropriate responses can create harm and emphasized the need for culturally safe supports in the right language.
- Local 24/7 capacity and call centre ideas: Chiefs discussed the idea of community based 24/7 call centre models, including language access, and explored how NAN Hope could connect to or support those approaches.

- Connection to local teams and contacts: Health Directors emphasized the need for up-to-date community contact lists and clear pathways so responders can connect callers to local supports quickly.
- Repeat callers and coordinated follow up: Discussion raised the importance of coordinated follow up for people who call repeatedly, including better coordination with local teams when appropriate and the caller has consented.
- Community presentations and training: Health Directors asked for visits, presentations, and support for local teams who are stretched and need after hours coverage.

What Health Partners Added

- Service scope and access: Partners described NAN Hope as available 24/7 through multiple access channels, with no cost to communities, and with a range of supports including crisis response, counselling, navigation, and follow-ups.
- Supplementary role and escalation: Partners emphasized the service is meant to supplement community resources and can support crisis escalation pathways, including safety checks when risk is high.
- Need for community profiles: Partners noted the importance of having updated community profiles, contact lists, and local service information so virtual responders can connect people to the right supports.

Shared Understanding and Common Ground

- Crisis coverage is needed, but connection to community matters: Both community voices and partners aligned that 24/7 supports are important, but effectiveness depends on strong local integration and clear referral pathways.
- Visibility is part of access: There was shared agreement that people cannot use a service they do not know about, and that consistent promotion tools and community level awareness are necessary.
- Cultural and language safety are essential: Participants aligned that crisis response must be culturally and linguistically appropriate to avoid harm and build trust.
- Better coordination improves outcomes: Both sides agreed that updated contact lists, community profiles, and coordinated follow up can improve continuity and reduce repeated crises.

Timmins Partners in Health Meeting - Recap

The Timmins recap was shared to bring forward key messages from the earlier Partners in Health discussion and to carry that input into the Health Directors and Partners meeting. The recap highlighted how partners described the current system as fragmented and hard to navigate, with communities and front-line teams carrying gaps created by unclear roles, rigid funding, and inconsistent access pathways. It also reinforced the need for regular report backs and shared planning, so the conversation moves from identifying issues to building practical solutions. This created a bridge into the Day Two discussions on innovation, service mapping, and data sharing by grounding the work in a shared understanding of the bigger system picture.

What Chiefs and Health Directors Raised

- Need for consistent reporting back and transparency: Chiefs and Health Directors reinforced that partners must report back regularly so communities can see progress, understand decisions, and hold the system accountable.
- System fragmentation shows up as daily operational burden: Community voices linked the Timmins themes directly to what they experience day-to-day, including gaps between services, unclear pathways, and the pressure placed on local teams to coordinate without enough support.
- Priority pressure points remain the same: Leadership continued to point to NIHB's medical transportation service, staffing capacity, and infrastructure barriers as recurring issues that must be addressed alongside long-term transformation.
- Moving from talking to building: Chiefs and Health Directors emphasized the need for practical mechanisms, including clearer tables and structured work, so the same issues are not repeated without change.

What Health Partners Added

- Common understanding of system level barriers: Partners reinforced that many issues are interconnected, including workforce, infrastructure, coordination, and funding structures, and that solutions need to be designed across sectors rather than in silos.
- Planning horizon framing: The recap reinforced looking at both short-term fixes and longer-term milestones, including the role of innovation and system redesign while Health Transformation evolves.

- Shared responsibility across partners: Health partners reinforced that improvements require coordinated action across organizations, including clearer shared roles and stronger collaboration.

Shared Understanding and Common Ground

- The system is fragmented and people fall through gaps: Both community voices and partners said that disconnected services and unclear pathways are producing harm and stress for communities and providers.
- Short-term action and long-term transformation must move together: There was shared agreement that urgent improvements cannot wait, even while longer-term Health Transformation agreements are being developed.
- Coordination and accountability are essential: Participants aligned that regular reporting, shared planning, and clear mechanisms to track progress are needed to rebuild trust and deliver change.

Agreement in Principle (AIP) Discussion

Partners and NAN leadership used this section to clarify the Health Transformation agreement pathway and to ground the conversation in what an Agreement in Principle is meant to accomplish. The discussion focused on how early-stage documents are used to establish a mandate, organize engagements, and assess negotiation readiness, and how a future agreement would eventually define responsibilities, funding approaches, and how services would be governed and delivered. This opened a direct conversation about pace, readiness, community understanding, and how to ensure the negotiation pathway is clear, practical, and shaped by the realities of NAN communities and existing regional work.

What Chiefs and Health Directors Raised

- Need for a clear negotiation package: Chiefs asked for a concise term sheet style list of key negotiation items and a clear Terms of Reference so leadership can understand and approve the pathway toward an AIP.
- One entity concerns and regional realities: Health Directors and leadership raised concerns about a single entity approach and emphasized that multiple streams of work already exist and must be recognized in the pathway forward.

- Readiness and pacing: Questions were raised about how to move at the pace of understanding, whether phased approaches are possible, and what threshold of readiness is needed before moving forward.
- Engagement gaps and community understanding: Health Directors emphasized that communities need plain language materials and direct engagement, so people understand what is being discussed before decisions move too far ahead.
- Accountability and trust: Chiefs emphasized that accountability must be built into the relationship and process, including assurances that communities will not be left carrying crises while negotiations continue.

What Health Partners Added

- Clarifying the agreement pathway: Partners explained the staged approach to agreements and how an AIP fits into moving from early alignment toward a final agreement that details funding models, transfers, and roles.
- Preference for cohesion across communities: Partners raised concerns about fragmentation and emphasized the importance of coordination to avoid splitting approaches that could create inequity or implementation challenges.
- Space for phasing, with complexity: Partners acknowledged there may be room to discuss phasing or sequencing, while noting that funding flow and governance arrangements can become more complex if approaches are split.
- Need for clear engagement planning: Partners reinforced the importance of a written engagement strategy and materials that help communities understand what is changing, why it matters, and how feedback will shape negotiations.

Shared Understanding and Common Ground

- Clarity is required before decisions move forward: Both community voices and partners aligned that the pathway to an AIP must be understandable, structured, and supported by clear materials leaders can bring back to communities.
- Engagement is not optional: There was shared agreement that community understanding and input must shape negotiations, and that plain-language communication is essential.
- Momentum matters, but so does readiness: Participants aligned that work must continue, but not in a way that outpaces community readiness or creates confusion and mistrust.

- The goal is a practical agreement that works in community: Both sides determined that any agreement pathway must reflect real service delivery realities, including infrastructure, workforce pressures, and the need for coordination across partners.

Innovation Strategy Discussion

This section focused on how to improve health outcomes and service delivery now while longer-term Health Transformation negotiations continue. The discussion emphasized that communities cannot wait for final agreements before urgent problems are addressed, and that partners need a structured way to identify what is working, remove barriers, and scale practical solutions across NAN. Participants spoke about the need to create space for in-between work that strengthens coordination, reduces duplication, and improves the day-to-day experience of care, while ensuring innovations remain community-driven and do not get stalled by jurisdictional issues.

What Chiefs and Health Directors Raised

- Urgency of action alongside negotiations: Chiefs and Health Directors emphasized that improvements must continue while agreements evolve, because communities are facing immediate pressures now.
- Keep partners accountable for improvements: Leadership raised concern that partners may defer action by saying issues should wait for NAN control and stressed the need to keep systems improving in the meantime.
- Focus on practical service problems: Chiefs and Health Directors pointed to recurring issues such as NIHB coordination, dental access barriers, clinic operations, and gaps in mental health and addictions services that require immediate attention.
- Inclusive approach across NAN: Leaders emphasized that solutions and innovations must be scalable and relevant across all NAN communities, not limited to one region or pilot site.

What Health Partners Added

- Innovation as a structured mechanism: Health partners emphasized the value of using an innovation table approach to identify promising practices, share learning, and scale solutions across communities.

- Multi-sector collaboration: Partners raised that innovation must include the broader health system, including hospitals and physician services, not just community programs, so fewer people fall through the cracks.
- Linking innovation to planning tools: Partners reinforced that service mapping, environmental scans, and shared data can support innovation by showing what exists and where changes can have the most impact.

Shared Understanding and Common Ground

- Innovation work cannot wait: Both community voices and partners aligned that urgent improvements must move forward in parallel with Health Transformation negotiations.
- Shared learning and scaling matters: There was agreement that innovations should be identified, shared, and adapted so communities are not reinventing solutions in isolation.
- Coordination is the core goal: Participants aligned that the purpose of innovation is to reduce fragmentation, strengthen pathways, and improve real access to care.
- Inclusion across partners and communities is required: Both sides agreed that innovation must be collaborative and inclusive across NAN communities and the wider health system

Urgent Issues Raised by Communities

This section created dedicated space for Chiefs, Health Directors, and community representatives to speak directly about urgent pressures they are dealing with right now, and to test whether current partners and systems are responding in a way that matches community reality. The discussion moved from high level concepts into day-to-day examples that showed how people fall through gaps, how staff are stretched thin, and how communities are forced to fill in system failures with limited resources. The issues raised reinforced that immediate barriers like NIHB, travel, infrastructure, staffing, and continuity of care are not separate from Health Transformation, they are the reason it is needed.

What Chiefs and Health Directors Raised

- Accommodation and access barriers: Communities raised that lack of accommodations and infrastructure can prevent providers from coming into community, impacting access to dental care and counselling supports.
- Child and family needs: Community voices stated concerns about children experiencing speech delays and behavioural issues without early diagnosis and ongoing supports and emphasized prevention through healthy pregnancies and healthy children.
- Treatment access and NIHB coverage limits: Health Directors voiced concerns about limited NIHB covered treatment centre options and long wait lists, which can lead communities to pay privately to access care sooner.
- Clinic operations and capacity strain: Health Directors discussed pressure linked to increased service demand, security upgrades, more physician days, and the need for additional administrative and transportation supports.
- Workforce and cultural fit: Concerns were raised about reliance on nursing agencies and whether they are culturally appropriate, alongside interest in having more First Nations influence over agency selection.
- Medical travel barriers and reimbursements: Health Directors spoke of missed appointments, reimbursement barriers, and financial strain tied to travel costs and policy constraints.
- Records and continuity challenges: Discussion raised concerns about health information and records, including the difficulty caused by multiple systems that do not connect and the need for better access to information in emergencies.

What Health Partners Added

- Recognition of system level constraints: Health partners acknowledged that infrastructure, capital, and workforce realities can block service expansion even when service funding is available.
- Connection to broader planning work: Partners reinforced that these urgent issues should feed directly into innovation priorities, service mapping, and Health Transformation negotiations so the agreement pathway reflects what is actually happening on the ground.

- Need for coordination across sectors: Partners emphasized that improvements will require coordination across community services, regional organizations, and provincial systems, including clinical services and referrals.

Shared Understanding and Common Ground

- Urgent pressures are shared across communities: Both community voices and partners aligned that these issues are widespread and recurring, not isolated incidents.
- Infrastructure and workforce are foundational: There was shared recognition that services cannot be delivered reliably without addressing accommodations, clinical spaces, staffing capacity, and cultural safety.
- Continuity of care is a major gap: Participants aligned that treatment, aftercare, and follow up supports need stronger pathways, so people are not left unsupported after transitions.
- These realities must shape the pathway forward: Both sides agreed that Health Transformation and innovation work must be rooted in these on-the-ground realities and respond with practical changes.

Data Sharing and Data Governance Discussion

This section focused on what information needs to be shared to support service mapping, planning, and system improvement, and what safeguards must be in place to ensure data is handled in a way that protects communities and builds trust. Participants emphasized that data sharing is not just a technical issue, it is a governance issue tied to sovereignty, accountability, consent, and the purpose for which information will be used. The discussion centered on setting clear rules, ensuring information is de-identified where needed, and making sure communities understand and agree to how data will support planning without creating risk or unintended consequences.

What Chiefs and Health Directors Raised

- Data sovereignty and control: Chiefs and Health Directors emphasized that communities need clarity on who owns the data, who can access it, and how it will be used, with a strong expectation of community oversight.

- Trust and purpose: Leaders raised the need to be clear about why information is being shared, what decisions it will inform, and how it will benefit communities, not just institutions.
- Funding impact concerns: Concerns were raised that sharing information could be used to adjust or reduce funding, and communities need assurances that sharing data will not create negative consequences.
- Consent and protection: Chiefs and Health Directors emphasized consent, privacy, and safeguards so individuals cannot be tracked, and so communities can share information safely.

What Health Partners Added

- Ownership, control, access and possession (OCAP) principles and governance frameworks: Partners raised the importance of OCAP aligned approaches and referenced broader governance considerations, including privacy rules and the need for a clear governance strategy.
- Need for clear agreements: Health partners emphasized that formal information sharing agreements are necessary to define roles, protections, and permitted uses before data is shared.
- Focused working session approach: A suggestion was raised to hold a dedicated session focused only on data sharing to make practical progress with the right people at the table.
- Involving funders early: Partners noted that funders may need to be involved early to provide clarity and assurances related to how data will be used and how it will not be used.

Shared Understanding and Common Ground

- Data sharing must be built on trust and governance: Both community voices and health partners aligned that data sharing must be governed by clear rules and relationships, not informal requests.
- Consent and de-identification are essential: There was shared agreement that safeguards must prevent individual tracking and protect privacy, while still allowing planning level information to be used.

- Clarity reduces fear and improves cooperation: Participants aligned that clear agreements and transparent purpose will support participation and reduce concerns about misuse.
- A focused process is needed to move forward: Both sides agreed that a dedicated, structured session is needed to make progress on agreements, governance, and next steps.

Closing Reflections and Direction

The meeting closed by bringing the discussion back to the purpose that opened the two days, restoring wellness, strengthening systems that reflect First Nations realities, and ensuring the work moves forward in a way that is grounded, coordinated, and practical. Closing reflections reinforced that many of the issues raised are interconnected and cannot be solved through isolated programs or short-term fixes alone. Participants emphasized the importance of maintaining momentum, strengthening shared accountability, and continuing the foundational work needed to support Health Transformation, including clear engagement, service mapping, and strong data governance. The closing also acknowledged the shared commitment in the room and ended in prayer and drumming.

What Chiefs and Health Directors Raised

- Need for practical follow through: Chiefs and Health Directors emphasized that the same issues cannot continue to be repeated without clear follow-up actions and visible progress.
- Keep communities centered: Leaders reinforced that engagement must remain direct and community-driven, with plain-language updates and clear pathways for feedback.
- Move with both urgency and care: Chiefs and Health Directors reinforced that momentum matters, but progress must not outpace community understanding or readiness.

What Health Partners Added

- Commitment to continued coordination: Health partners reinforced the need to keep working together across organizations and sectors, and to use structured mechanisms like mapping, tables, and focused sessions to move from discussion to action.
- Linking next steps to foundational work: Partners emphasized that service mapping and data governance are not separate tasks but core building blocks for planning, accountability, and future agreement development.

Shared Understanding and Common Ground

- The need for action is shared: Both community voices and partners aligned that follow through is essential and that progress must be visible and trackable.
- Community-driven engagement is required: There was shared agreement on the importance of using plain language and continuing direct engagements.
- Foundational work must continue: Participants aligned that service mapping and data governance are necessary next steps to support innovation, planning, and negotiations.
- The work is interconnected: Both sides agreed that NIHB, infrastructure, workforce, and continuity of care are linked system issues and must be addressed in an integrated way.

Conclusion

Across two days of presentations, discussion, and reflection, the meeting made one thing clear: communities are carrying the daily burden of a fragmented system, and the cost of gaps in coordination, infrastructure, and policy is showing up in real time for families, front-line teams, and First Nations leadership. The dialogue reinforced that Health Transformation is not an abstract process. It is a practical response to urgent realities like NIHB and medical travel barriers, limited access to care close to home, and the strain placed on communities when services do not connect. At the same time, the gathering strengthened shared commitment to keep mental wellness and culturally grounded healing at the centre of system change, and to ensure the path forward is community-driven, understandable, and shaped by what people experience on the ground.

The meeting also created momentum toward concrete next steps. Participants confirmed that innovation work cannot wait for final agreements, and that service mapping and strong data governance are foundational tools to move from repeated concerns into organized planning and accountability. By bringing Chiefs, Health Directors, and health partners into the same space, the meeting helped build a clearer shared understanding of what is working, what is failing, and where responsibilities must align to deliver better outcomes. The event closed with a strong sense of direction: keep improving the system now, strengthen coordination and transparency, and continue building the conditions for Health Transformation to be implemented in a way that is safe, practical, and led by NAN communities.

Thank You

Nishnawbe Aski Nation extends sincere thanks to all Chiefs, Health Directors, community representatives, and health partners who participated over the two days and contributed their time, knowledge, and leadership. Your voices and lived experience helped ground the discussions in reality and ensured the conversation stayed focused on what matters most for NAN citizens and communities.

We also acknowledge and thank the presenters and partner organizations who shared information, answered questions, and supported open dialogue. Your willingness to engage directly, listen to community concerns, and work toward practical solutions is essential as we continue this work together.

Special gratitude is extended to the Elders and drum group who opened and closed the meeting in a good way, and to all those who supported the organization and logistics of the gathering. Your contributions helped create a respectful space for discussion, relationship building, and shared direction.


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