

## ALL NATIONS HEALTH PARTNERS ONTARIO HEALTH TEAM - Kenora Area



*The All Nations Health Partners evolved from the Kenora Area Health Care Working Group, which formed in 2015 to address a critical doctor shortage and cross-border issues.*

*The All Nations Health Partners (ANHP) include Indigenous, municipal and health care leaders who signed a Resolution in ceremony in 2017, to work towards the development of a seamless, patient-centered health care system. The ANHP aim to provide the right service, at the right time, in the right setting, for everyone in the Kenora region. Cultural safety will allow the blending of traditional and mainstream medicines for wholistic healing.*

*In 2019, the ANHP became one of the first Ontario Health Teams, as well as the first from the North, the smallest, and the only team with full Indigenous and community partners.*

### CALL TO ARTISTS: ANHP LOGO CREATION

The All Nations Health Partners Ontario Health Team would like to have a logo created by a local artist(s) which would represent the partnership, the values and the goals of this unique collaboration.

The logo would ideally depict ANHP's focus as a people-centered approach to care. Improving health care access, equity and outcomes in the Kenora region requires a new way of thinking about the delivery of health services. Our vision is an integrated model of health care which ...

- Places people at the center
- Supports community well-being
- Celebrates Indigenous healing and governance
- Nurtures local health providers
- Strengthens partnership among organizations

The logo would also

- Align with the All Nations Hospital Project branding (ie: fonts, colors) (Attachment A);
- Resonate when photocopied or put through a fax machine (ie: limited shading and fine detail);

**ANHP Call to Artists, Closes 4:00 pm 06/05/20**

- Depict inclusivity: First Nations and Metis populations and all people regardless of race, age, social status and sexual orientation;
- Be simplistic while still representing the values, goals and partnership of the All Nations Health Partners;
- Consider some or all of the following values: Honesty, Truth, Respect, Bravery, Love, Humility, Wisdom;
- Be provided in high resolution digital format (color version and black and white version);
- Be provided as a .PSD, minimum 2000 px x 2000 px and
- Will become the sole property of All Nations Health Partners.

The artist will:

- Provide in writing, a brief summary of experience, vision, timeline to create a logo and cost;
- Provide samples of previous work if available and
- Consider input from a Council of Elders when creating the logo.

The ANHP Communications Committee will review all submissions and consider estimates factoring in cost and alignment with the ANHP brand when choosing an artist(s). Preference may be given to local artists, Indigenous artists and/or those with graphic design capabilities. Should the selected artist not have the ability to also provide a digital version, ANHP would contract a graphic designer independent of this process to recreate a digital version if necessary. ANHP reserves the right to decline any and all applicants.

- Remuneration will be provided as per an agreement set out with the artist
- A logo usage guideline will be created for the partners

For more information please contact:

Charlene Kissick, Community Project Planner  
 Lake of the Wood District Hospital  
 All Nations Hospital Project  
 807-464-1941  
 ckissick@lwdh.on.ca

Kathy Kishiqueb, Community Project Planner  
 Kenora Chiefs Advisory  
 All Nations Hospital Project  
 807-267-8956  
 kathy.kishiqueb@kenorachiefs.ca

**Entries should be submitted to [ANH@lwdh.on.ca](mailto:ANH@lwdh.on.ca) before 4:00 pm on Friday, June 5<sup>th</sup>.**

**Attachment A:  
ALL NATIONS HOSPITAL BRAND**

# ALL NATIONS HOSPITAL

All Nations Hospital text:  
Kozuka Gothic Pr6N H,  
all CAPS  
Steel Blue

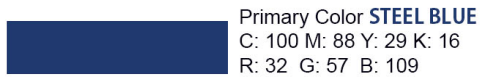
We are at a historic juncture for Indigenous and...  
Paragraph Body:  
Kozuko Gothic Pro R  
Paragraph Line Spacing (Word): Exactly +6

**Upcoming Presentations:**

Subhead 1:  
Kozuka Gothic Pr6N B

## Community Engagement Sessions

Sub-heading 2:  
Kokuka Gothic Pr6N R  
Steel Blue



Secondary Color 1: **BURNING RED**  
C: 24 M: 96 Y: 68 K: 13  
R: 171 G: 43 B: 68



Secondary Color 2: **EVENING SUN**  
C: 16 M: 0 Y: 68 K: 0  
R: 223 G: 242 B: 114



Secondary Color 3: **SKY BLUE**  
C: 50 M: 8 Y: 0 K: 0  
R: 116 G: 193 B: 237

# KENORA DISTRICT COVID-19 UPDATES



**ALL NATIONS  
HEALTH PARTNERS  
MAY 4, 2020**

The All Nations Health Partners are working together to share information throughout the COVID-19 pandemic. This update will be published daily at 3:00 pm and shared to the **All Nations Health Partners facebook** and website (**ANHP.net**) for as long as necessary to keep the public informed of services, closures, advisories, etc.

**The All Nations Health Partners take COVID-19 very seriously. This is a fluid situation; please take the time to read this and all communications related to COVID-19. Each of us has a civic duty to remain up to date and informed, and comply with, the details of this evolving situation.**

## NORTHWESTERN HEALTH UNIT

COVID-19: GUIDANCE FOR COMMUNITY GARDENS: As of April 25, 2020 the Ontario government is allowing the use of allotment and community gardens for food production, across Ontario, provided that guidelines are followed. Until further notice, community gardens are not a recreational space or place for social gatherings. In-person events, workshops or potlucks are strictly prohibited. A document providing guidelines from the acting Medical Officer of Health of the Northwestern Health Unit for community garden co-ordinators and community garden members can be found at [www.nwhu.ca](http://www.nwhu.ca). This document adds to existing provincial recommendations, which still must be adhered to including:

- No more than 5 people may be gathered at a time.
- Everyone must maintain physical distancing of 2 metres (6 feet) unless they are from the same household.
- Practice personal preventive measures such as hand hygiene, avoid touching eyes, nose and mouth and cough or sneeze into bent elbow or tissue.

Mask use is recommended for use in public when physical distancing cannot be maintained. Because it is essential that community gardens comply with measures to maintain physical distance, mask use in community gardens is not required though can protect others, if used properly. You should not go to the garden if you:

- Have symptoms of COVID-19 (fever, cough, difficulty breathing, muscle aches, fatigue, headache, sore throat and/or runny nose). If you have symptoms, call the NWHU to COVID19 hotline to be referred for testing.
- Have been in contact with a confirmed case of COVID-19 in the past 14 days.
- Have been told to self-isolate.

For full guidelines please visit [www.nwhu.ca](http://www.nwhu.ca).

## COVID-19 TESTING UPDATE: MAY 4, 2020

Area	Positive Cases	Negative Tests	Pending	Resolved	Deaths
Thunder Bay <sup>1</sup>	74	4636	N/A	56	1
Kenora <sup>2</sup>	2	352	96	2	0
Dryden <sup>2</sup>	4	179	56	4	0
Red Lake <sup>2</sup>	2	73	9	2	0
Sioux Lookout <sup>2</sup>	1	139	116	1	0
Rainy River <sup>2</sup>	1	35	39	1	0
Emo <sup>2</sup>	0	7	31	0	0
Fort Frances <sup>2</sup>	1	345	315	1	0
Atikokan <sup>2</sup>	4	106	122	4	0
Manitoba <sup>3</sup>	281	N/A	N/A	238	6

Currently, it takes up to 48 hours for tests to arrive in Toronto (Monday through Friday), and tests are taking five (5) to seven (7) days to process. The National Microbiology Lab in Winnipeg will also receive tests from Kenora. This will improve turn-around time.

### SOURCES:

- 1 Thunder Bay District Health Unit (COVID-19 Current Status Report May 3, 2020 at 4:30 pm)
- 2 Northwestern Health Unit website, [PHIS](http://PHIS), May 4, 2020 update
- 3 Province of Manitoba website (Current Situation Update, COVID-19 Bulletin #71, May 4, 2020)



# ALL NATIONS HEALTH PARTNERS

## Ontario Health Team

Creating an All Nations Health Care System  
for the Kenora Region

**Please help STOP the  
spread of COVID-19.**  
Keep away from others and  
wash your hands frequently.

Questions about COVID-19 or what services are still  
available, including Mental Health? Need help  
finding food for your family? Call our helplines:



**HELPLINE**  
**807-444-2219**



**HELPLINE in**  
**ANISHINAABEMOWIN**  
**807-464-3588**

Daily bulletins & resources:  
**[www.ANHP.net](http://www.ANHP.net)**

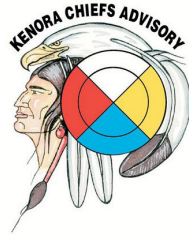


**Attachment D:  
ALL NATIONS HEALTH PARTNERS VISIONING BRIEF**



Creating an  
**All Nations Health Care System**  
for the Kenora Region





Kenora Métis Council  
Métis Nation  
of Ontario 



Association canadienne  
pour la santé mentale  
Kenora  
*La santé mentale pour tous*



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### Local First Nations

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Niisaachewan  
Naotkamegwanning  
Wauzhushk Onigum

Shoal Lake 40  
Wabaseemoong  
Iskatewizaagegan  
Obashkaandagaang

Northwest Angle 33  
Animakee Wa Zhing 37  
Asubpeechoseewagong  
Kenora Métis Council



**The All Nations Health Partners** are a coalition of leaders in Indigenous and mainstream health services in the Kenora Region.

We are working to improve the health system to focus on people first and better serve the unique needs of our northern communities. We are developing a regionally specific, culturally appropriate and responsive health system for all nations.

Our approach is collaborative and holistic, rooted in both traditional healing practices and the best aspects of the modern health system.

*"For over a decade, much work by our Chiefs, our Elders, and our youth have guided and directed a clear message for our partnerships to focus on a holistic approach to healthcare. Kenora Chiefs Advisory is proud to be moving forward with the All Nations Health Partners in transforming the health care system in our homeland. Working together, we aim to deliver culturally appropriate health care services from hospital to home no matter who you are or where you live in the region. What we see now is the beginning of our vision coming true."*

- Chief Lorraine Cobiness, Kenora Chiefs Advisory Board President



Photo by Tim Armstrong



# A People-Centred Approach to Care

Improving health care access, equity and outcomes in the Kenora region requires a new way of thinking about the delivery of health services. Our vision is an integrated model of health care that...



... places people at the centre



... supports community well-being



... celebrates Indigenous healing and governance



... nurtures local health providers



... strengthens partnerships among organizations

## Goals / Outcomes

- Improved health care services for everyone
- Responsive to the needs of Indigenous communities
- Seamless continuum of care across all health providers
- Access to health services closer to home
- Health outcomes that exceed Provincial standards
- Supportive environments for health care providers
- Building an All Nations Hospital and Campus

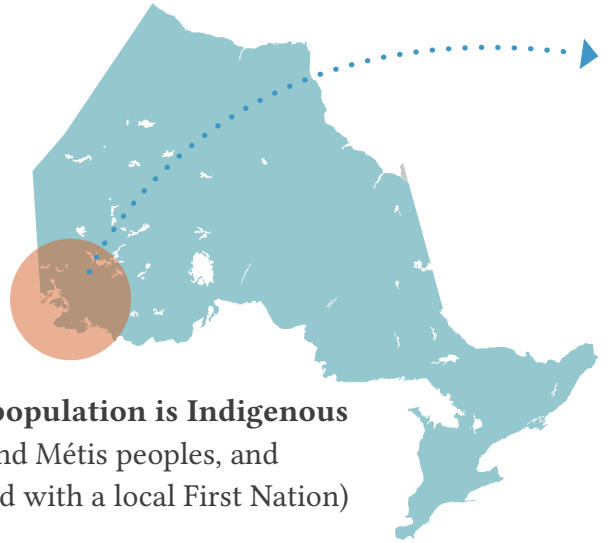


PARTNERSHIPS AMONG ORGANIZATIONS



# All Nations Health Partners Region

The All Nations Health Partners region includes the urban and rural communities of Kenora and Sioux Narrows-Nestor Falls, local First Nations, Kenora Métis, seasonal residents and visitors.



The District of Kenora population is roughly **45,000**  
Seasonal residents are estimated to be about **15,000**



**More than one-third of the population is Indigenous** (including status First Nation and Métis peoples, and Indigenous peoples not affiliated with a local First Nation)

Nearly 17% of the population speak Ojibway, Oji-Cree or Cree as their mother tongue.



More than half of the population lives in rural areas.

53% live in areas with a weak link to an urban centre, and 20% live in remote regions.



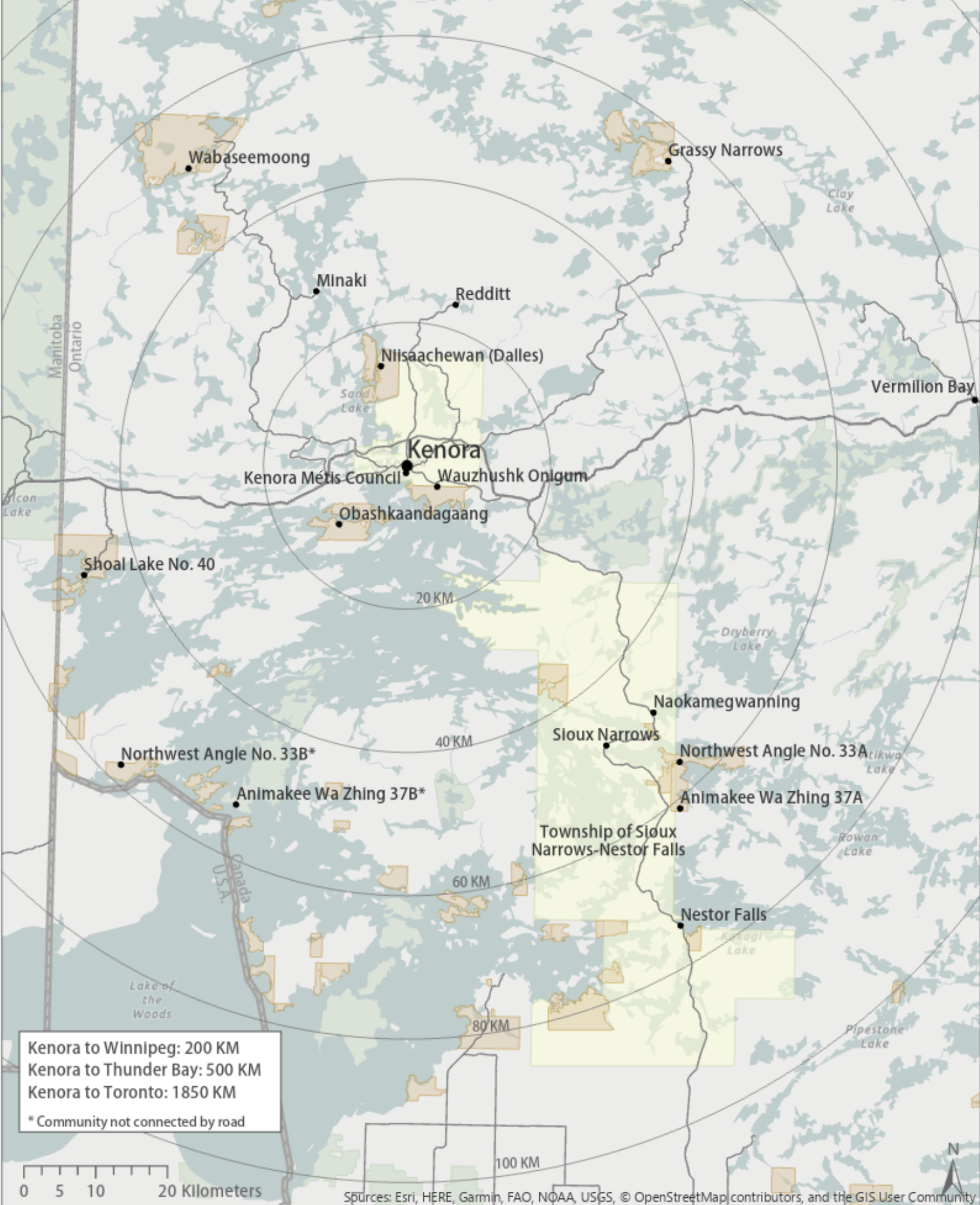
**The Kenora region is getting older.** The share of seniors is expected to grow from 12.6% in 2013 to 23% in 2041.

**The number of working age Indigenous people** between the ages of 20 to 64 is also expected to increase from 28.8% in 2013 to 43.5% in 2041.

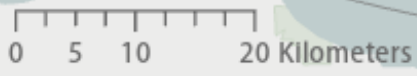
## ANHP Community Populations and Driving Distance

First Nations Communities	Population			KM (return trip to Kenora hospital)
	Total	On reserve	Off reserve	
Wauzhushk Onigum (Rat Portage)	777	383	394	10
Obashkaandagaang (Washagamis Bay)	329	173	156	25
Niisaachewan (Dalles)	465	185	280	45
Shoal Lake 40	646	302	344	165
Iskatewizaagegan (Shoal Lake 39)	652	361	291	160
Wabaseemoong (Whitedog)	1,985	996	989	225
Asubpeechooseewagong (Grassy Narrows)	1,597	1,018	579	205
Naotkamegwanning (Whitefish Bay)	1,282	781	501	180
Animakee Wa Zhing 37A	592	404	188	180
Animakee Wa Zhing 37B				375
Other Communities	Population		Summer Pop.	KM (return trip to Kenora hospital)
Sioux Narrows	600		1450	150
Nestor Falls				240
Minaki	175	900	110	
Redditt	150	250	60	





Kenora to Winnipeg: 200 KM  
 Kenora to Thunder Bay: 500 KM  
 Kenora to Toronto: 1850 KM  
 \* Community not connected by road



Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

# Our Region Has Unique Health Care Needs

While southern Ontario fights to end “hallway medicine” in overcrowded hospitals, in the Kenora region we struggle to get services out to the people and communities who need them. Our region faces unique challenges in health care including:



Widely distributed population; some remote communities with limited road access.



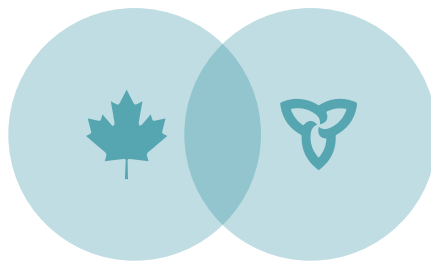
Lack of public transportation in the region; patients face costly travel to access services.



Travelling to access services separates families, further jeopardizing health outcomes.



Inconsistent access to health services in communities across the region.



Limited coordination of federal and provincial health services on and off reserve.



Recruiting and retaining skilled health care professionals is a challenge.

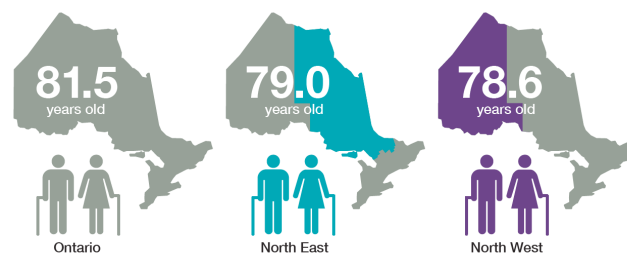




2014 Canadian Community Health Survey data shows that residents in Northwestern Ontario experience different health outcomes than the provincial average:

- A lower life expectancy at birth
- Poorer perceived general health
- Higher proportion of heavy drinkers
- Higher rates of obesity
- Higher rates of daily smokers
- A lower proportion of individuals with a doctor
- A stronger sense of community belonging

FIGURE 2  
Life expectancy at birth, by LHIN region, 2007–2009



Data Source: Statistics Canada, Canadian Vital Statistics, Death Database and Demography Division, CANSIM table 102-4315, CANSIM table 102-4307.

Table 2: Health Status and Health Behaviours

	NW LHIN	ONTARIO
<b>Self-Reported Health Status (Age 12+)<sup>1</sup></b>		
Perceived mental health as excellent or very good	62.8%	70.4%
Participation or activity limitation, sometimes or often	42.5%	31.9%
Sense of community belonging, somewhat strong or very strong	75.4%	68.1%
Overweight or obese (adults age 18+)	62.0%	52.6%
<b>Self-Reported Health Behaviours (Age 12+)<sup>2</sup></b>		
Smoking, daily or occasional	23.4%	17.4%
Heavy drinking	23.7%	16.2%
Leisure-time physical activity, active or moderately active	55.5%	52.7%
Has a regular medical doctor	86.0%	92.5%

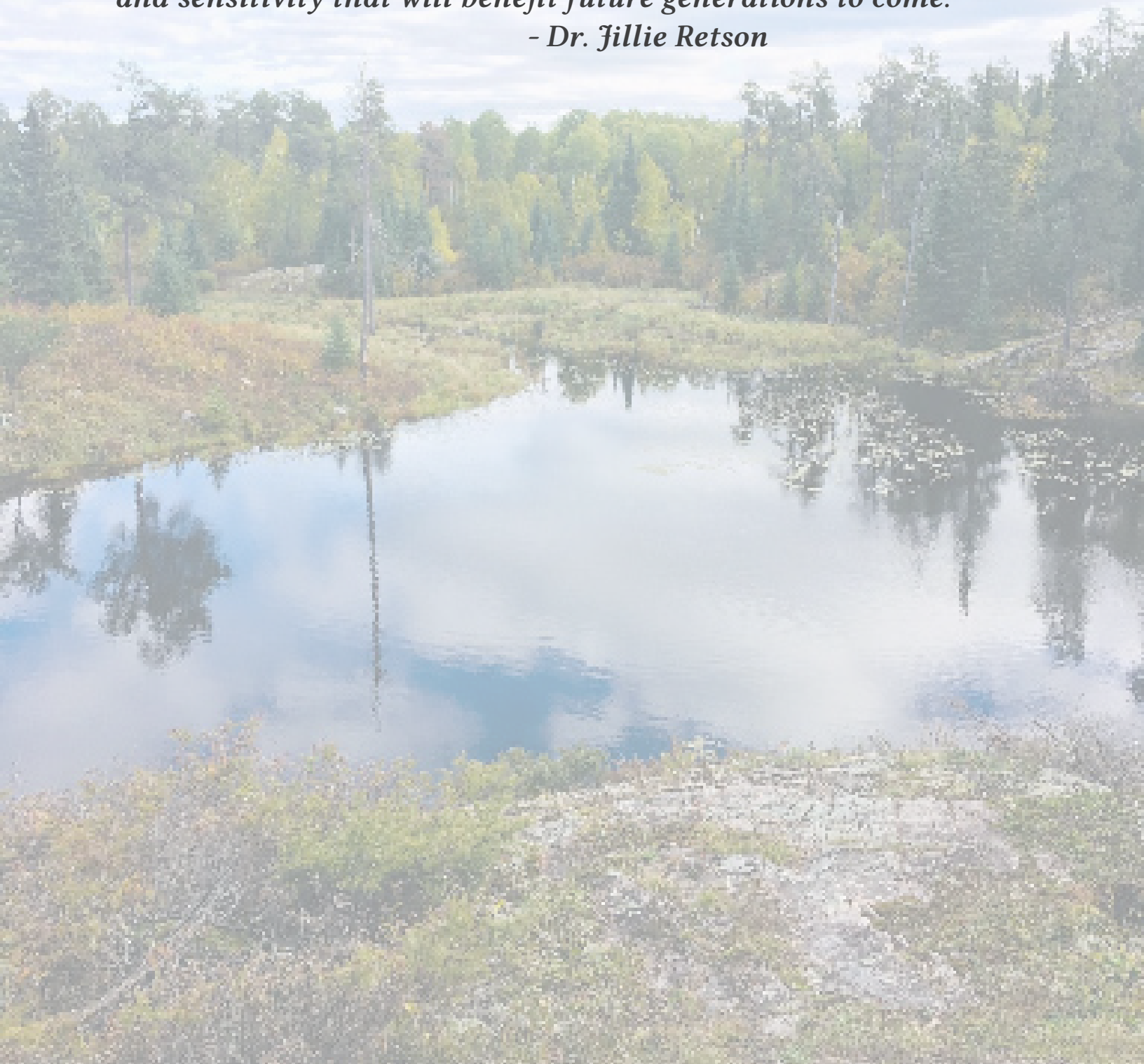
**Sources:**

1. Derived from analysis of the 2014 Canadian Community Health Survey – Ontario Share File

2. Gathered from Canadian Institutes for Health Information [yourhealthsystem.ca](http://yourhealthsystem.ca)

*“This is the most unique and important health system transformation work our region has seen. It will significantly raise the bar in terms of the scope and quality of services delivered and will be a historic step towards reconciliation. We are stronger together and we will not only build a state of the art healthcare system but we will build a legacy of collaboration, inclusiveness, and sensitivity that will benefit future generations to come.”*

*- Dr. Jillie Retson*



# Reconciliation through Health

## The All Nations Health Partners are guided by the Truth and Reconciliation Commission's Health Calls to Action No's. 18-24.

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### Calls to Action

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18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

23. We call upon all levels of government to:

- I. Increase the number of Aboriginal professionals working in the health-care field.
- Ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
- Iii. Provide cultural competency training for all health care professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.



# All Nations Hospital and Campus



This image is for indicative purposes only to show what a health campus could look like

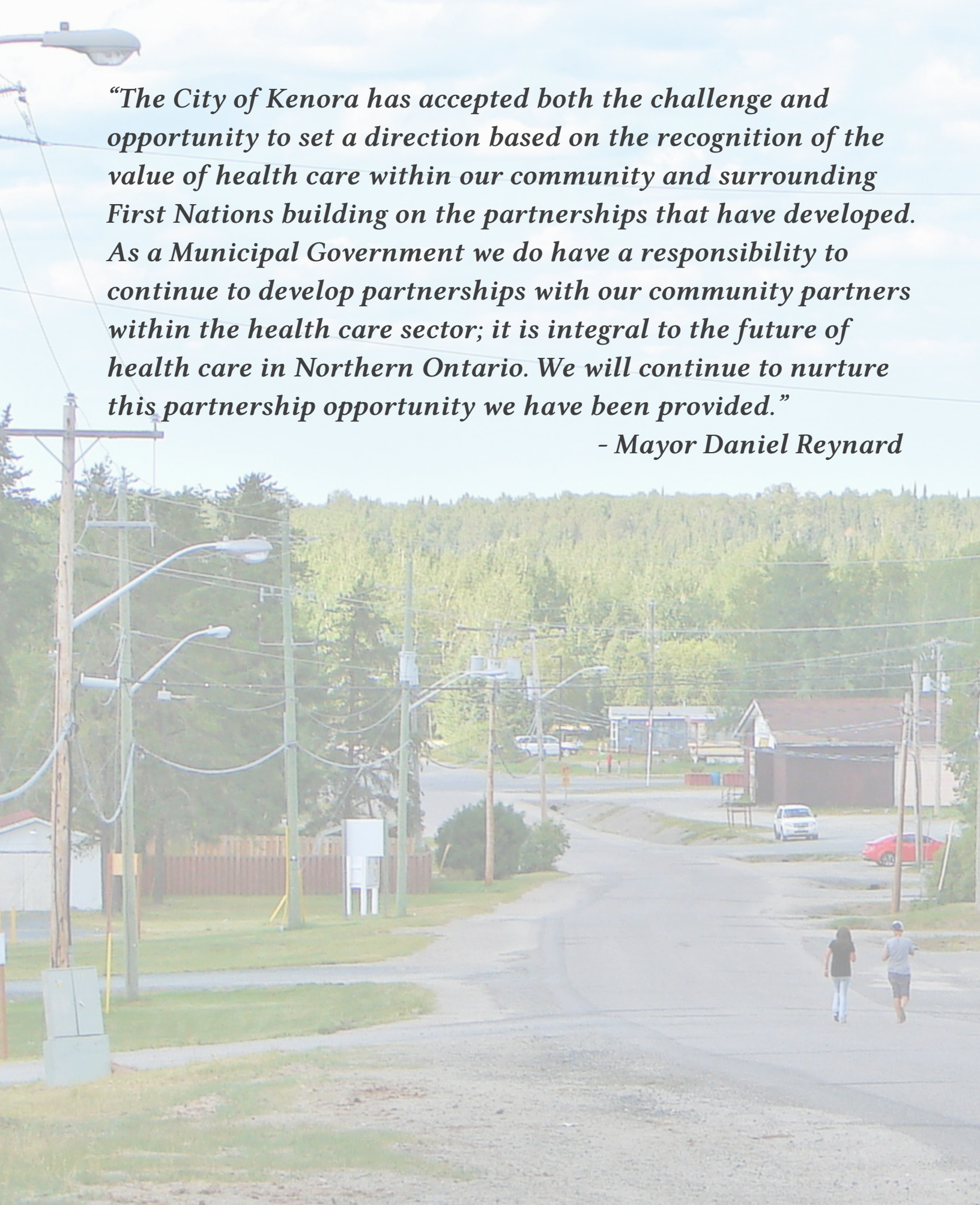
**At the heart of the All Nations Health System is a vision to create a new hospital and healing campus that integrates a range of health services into a state-of-the-art centre that serves the Kenora region.**

The existing Lake of the Woods District Hospital has aged past its useful life span and does not have the capacity to meet the current and growing demands of the communities it serves. The need to update the Hospital presents a unique opportunity to design a new health centre that is aligned with the vision of the All Nations Health System.

This vision includes patient-centred care, access to a wide range of health services on site, cooperation between health providers at the hospital and in communities, new equipment and state-of-the-art technology, and improved spaces for patients and staff. The new hospital will also ensure that First Nations communities in the Kenora region have better access to health care and culturally appropriate services.

Planning for the renewal of the hospital is currently underway and is being led by Lake of the Woods District Hospital in partnership with the Kenora Chiefs Advisory under the directive of the Ministry of Health and Long Term Care Capital Planning Guidelines.





*“The City of Kenora has accepted both the challenge and opportunity to set a direction based on the recognition of the value of health care within our community and surrounding First Nations building on the partnerships that have developed. As a Municipal Government we do have a responsibility to continue to develop partnerships with our community partners within the health care sector; it is integral to the future of health care in Northern Ontario. We will continue to nurture this partnership opportunity we have been provided.”*

*- Mayor Daniel Reynard*





# Engagement and Planning

Recent funding announcements from the Provincial and Federal governments will support planning and engagement to advance this vision. Two integrated planning streams will advance over the next several years: one for the All Nations Health System as a whole, and one specifically focused on developing an All Nations Hospital. Planning will ensure broad public engagement, identify gaps in health service delivery and create new pathways of connected care to transform the local health system.

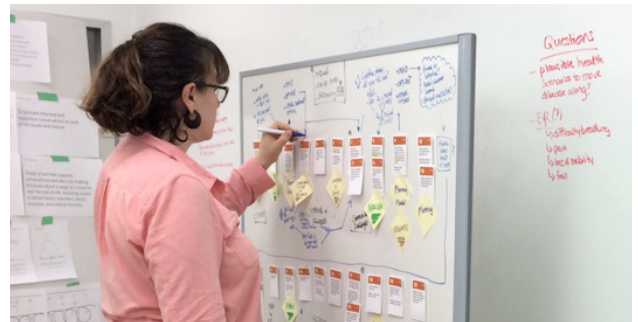
## 1. Broad Public Engagement

- Consult with patients and families, primary and secondary care providers, and advocates
- Build shared understanding of the challenges and opportunities facing the health system
- Strengthen existing partnerships and build new partnerships among stakeholders



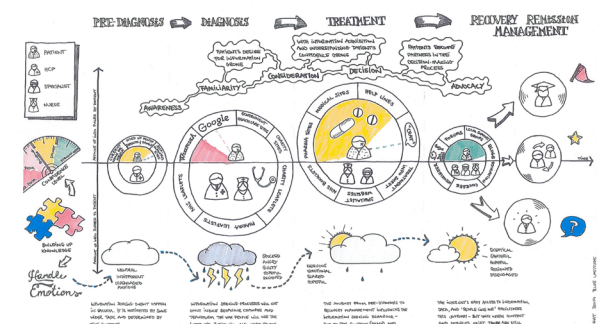
## 2. Identify Gaps in Health Service Delivery

- Map the current health care delivery system to identify shortfalls and gaps
- Understand patient needs and requirements and existing service delivery limitations
- Identify opportunities and priorities to improve patient experiences and health outcomes



## 3. Create new Pathways of Connected Care

- Develop new models for connected care in collaboration with patients and health providers
- Build on best practices and adapt innovations to local needs and requirements.
- Focus on digital innovation to enhance sharing of patient information between health providers.



## 4. Transform the Health Care System

- Plan for the transformation of existing health care practices based on new models.
- Implement training and ongoing monitoring to measure impacts and adjust as necessary.
- Ensure that infrastructure and services work together to deliver improved care.



# We're Creating an All Nations Health Care System for the Kenora Region

## **Imagine a health care system**

where care is patient-centred, integrated and seamless across providers—at the hospital, in the community and at home; a health system welcoming of all people, without prejudice, with wrap-around services that treat the whole person: body, mind and spirit.

## **Imagine a health care system**

that is a leading centre for training health practitioners, with state of the art medical care, enhanced technology and digital services, with health records that travel with you, wherever you access care.

## **Imagine a health care system**

where services are provided by robust interdisciplinary teams reflective of the diverse communities being served; where health care providers are nurtured and supported, leadership is transparent and accountable: guided by reconciliation through healing among all nations.

*For more information and to get involved,  
contact Laura Loohuizen, the ANHP Community  
Coordinator at (807) 467-8144*