



**ALL NATIONS**  
HEALTH PARTNERS

# All Nations Health Partners Patient Family & Elder Advisory Committee Application Form

The Patient Family and Elder Advisory Committee (PFEAC) for the All Nations Health Partners Ontario Health Team (ANHP OHT) provides advice and input to the ANHP OHT Steering Committee and Leadership on issues affecting the experience of health system users served by the All Nations Health Partners.

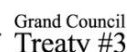
The Patient Family and Elder Advisory Committee comprise 10 to 12 permanent residents of the area served by the All Nations Health Partners. At the time of their appointment, Advisory members will have experience within the past year as a patient or a family member or caregiver of a patient who has received services from the ANHP OHT or one of its current or potential future member or affiliate agencies.

Please complete this application if you would like to be a member of the PFEAC. For Anishnaabamowin, contact Kathy Kishiqueb at [kathy.kishiqueb@kenorachiefs.org](mailto:kathy.kishiqueb@kenorachiefs.org) or 807-276-8956.

Applicant Information			
Full Name:			
Home Address:			
City/Town/Community:		Postal Code:	
Home Phone #:		Cell Phone #:	
Work Phone #:		Email Address:	
Preferred Method of Contact:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Email		

**We are asking everyone the questions below to ensure a diverse group of people on the PFEAC.**

1. Which best describes you?		
<input type="checkbox"/> Service user / Client / Patient	<input type="checkbox"/> A family member of a service user	<input type="checkbox"/> Caregiver/Trustee/POA (Age of person you are caring for _____)



**2. What health and community services such as hospitals, family health teams, mental health and addiction services, and community supports have you or your family member used in the past year? (select all that apply)**

<input type="checkbox"/> Hospitals	<input type="checkbox"/> Family Health Teams	<input type="checkbox"/> Mental Health & Addictions Services
<input type="checkbox"/> Community Supports (i.e. home care): _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**3. How old are you?**

<input type="checkbox"/> 16 – 30	<input type="checkbox"/> 31 – 50	<input type="checkbox"/> 51 – 65	<input type="checkbox"/> 66 – 75	<input type="checkbox"/> 75+
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**4. Do you identify as (check all that apply):**

<input type="checkbox"/> Caucasian	<input type="checkbox"/> First Nations	<input type="checkbox"/> Métis	<input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Prefer not to answer
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**5. How do you define your gender?**

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Prefer not to answer
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**6. How do you define your sexual orientation?**

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Homosexual	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other (asexual, fluid, etc.) _____	<input type="checkbox"/> Prefer not to answer
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**7. What is your highest level of education?**

<input type="checkbox"/> Less than a High School Diploma <input type="checkbox"/> High School Diploma or equivalent <input type="checkbox"/> Some Post-Secondary <input type="checkbox"/> Trade Certificate/Diploma <input type="checkbox"/> College Diploma/Certificate	<input type="checkbox"/> Some University <input type="checkbox"/> Bachelor Degree from a University <input type="checkbox"/> University Degree above Bachelor level <input type="checkbox"/> Cultural Knowledge <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to answer
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**8. What is your approximate household income per year (before taxes)?**

<input type="checkbox"/> \$0-\$20,000	<input type="checkbox"/> \$60,000-\$79,999	<input type="checkbox"/> \$120,000-\$139,999
<input type="checkbox"/> \$20,000-\$39,999	<input type="checkbox"/> \$80,000-\$99,999	<input type="checkbox"/> \$140,000+
<input type="checkbox"/> \$40,000-\$59,999	<input type="checkbox"/> \$100,000-\$119,999	<input type="checkbox"/> Prefer not to answer



**9. Why would you like to serve as a member of the Patient Family & Elder Advisory Committee?**

**10. What skills and experience do you have that will support the mission, vision and values of the Patient Family & Elder Advisory Committee? (See last page of this document.)**

**11. What supports could we provide to you so that you can participate fully in the PFEAC? This support might include travel expenses/escort, family care support, dietary needs, translator, or any accommodations for a disability according to the *Accessibility for Ontarians with Disabilities Act (AODA)*.**

**12. We recognize that our PFEAC advisors have busy lives. How much time are you able to commit to being an advisor?**

- once a week
- twice a month
- once a month
- other \_\_\_\_\_



**13. If you wish to provide more information, please use the space below to describe any special training, work history, interests, hobbies or experiences you feel could be valuable to your work as a Patient Family Advisor.**

**14. The Truth and Reconciliation Commission's Executive Summary Report ([www.trc.ca/assets/pdf/Honouring the Truth Reconciling for the Future July 23 2015.pdf](http://www.trc.ca/assets/pdf/Honouring%20the%20Truth%20Reconciling%20for%20the%20Future%20July%2023%202015.pdf)), and Calls to Action ([www.trc.ca/assets/pdf/Calls to Action English2.pdf](http://www.trc.ca/assets/pdf/Calls%20to%20Action%20English2.pdf)) will be an important part of the vision of this committee. Please indicate that you have read it, or will commit to reading it and support the recommendations in the report.**

***Thank you for applying.***

**Please submit your application by Tuesday, August 31, 2021 at 4:00pm to:**

ANHP OHT Patient Family & Elder Advisory Committee

Attn: Kathy Kishiqueb & Rita Boutette

c/o 1-35 Wolsley Street, Kenora, Ontario, P9N 0H8

[info@anhp.net](mailto:info@anhp.net)

Fax 1-807-467-2656 c/o Kenora Chiefs Advisory

*(If emailing/faxing your application, please put in the subject line:*

*"ANHP OHT Patient Family & Elder Advisory Committee")*

**Any questions or request for additional information, please contact:**

Kathy Kishiqueb

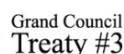
Email: [kathy.kishiqueb@kenorachiefs.org](mailto:kathy.kishiqueb@kenorachiefs.org)

Phone: 807-276-8956

Rita Boutette

Email: [boutette@shaw.ca](mailto:boutette@shaw.ca)

Phone: 807-407-1067



**Honesty** – speak openly and truthfully always.

**Truth** – Focus on facts; be prepared to accept information you may not want to hear

**Respect** – Everyone has value, and should be treated with respect. Being on time, listening and speaking humbly, and respecting personal boundaries are all way in which respect is demonstrated.

**Bravery** – Take risks; move toward your vision despite fears of unknowns. Have the courage to engage in sensitive or difficult conversations.

**Love** – Love describes the good life – minobimaadiziwin. It is given and received through life, earth, people, choices and opinions.

**Humility** – No one person or community is more important than the other; we are all equal. Everyone has a voice, and all contributions have value. We all have gifts as well as limitations.

**Wisdom** – We constantly learn by listening, hearing and applying what we learn – especially from our elders – in a never ending process.

**Resolution:**  
**Our People, Our Leaders, Our Collective Voice**  
**Developing an All Nations Health Care System and Hospital**

**WHEREAS:** The Grand Council Treaty # 3, The City Of Kenora, the Township of Sioux Narrows-Nestor Falls, the Kenora area First Nations, and the Kenora Metis Council / Métis Nation of Ontario, represent their respective populations within the Territory of Treaty # 3;

**AND WHEREAS** concerned citizens and health care providers have brought to our attention that the local health care system is in a state of crisis, with recruitment and retention of health care professionals and timely access to appropriate health care areas of urgent concern. Many citizens are sent great distances to address serious health issues, separating families and jeopardizing health outcomes;

**AND WHEREAS** working in partnership we have initiated a recruitment strategy to begin bringing health care professionals into our areas, and begun to address accessing specialized services closer to home;

**AND WHEREAS** the existing Lake of the Woods District Hospital does not have the capacity to meet the current and growing complex healthcare needs of the current population. The existing facility is past useful life and in need of costly repairs and replacement;


**AND WHEREAS** the Government of Canada has a responsibility to the improvements in community health system infrastructure and facilities;


**THEREFORE BE IT RESOLVED** that all parties agree to work together in partnership in the development an *All Nations Health Care System* including the construction of an *All Nations Hospital and Campus* with the express purpose of improving health outcomes for all people of the region it serves;

**BE IT RESOLVED** an *All Nations Hospital and Campus* will provide a health care service model built on a partnership between First Nations, Métis, and non-First Nations governments. An *All Nations Hospital and Campus* will provide an improved health care system that reflects the specific needs and costs of the north.


In the spirit of true partnership this resolution will be signed and witnessed in ceremony.

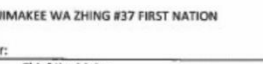
CITY OF KENORA  
Per:   
Mayor Dave Campbell


Township of Sioux Narrows-Nestor Falls  
Per:   
Mayor Jerry O'Leary

Kenora Chiefs' Advisory  
Per:   
Chief Lorraine Cobiness, on behalf of:  
Ochiichagwe'babig'oring First Nation  
Obashkaandagaang First Nation  
Wauzhushk Onigum First Nation  
Wabaseemoong First Nation  
Asubpeeschoseewagong First Nation  
Northwest Angle 33 First Nation  
Naotkamegwaning First Nation  
Shoal Lake 40 First Nation

GRAND COUNCIL TREATY#3  
Per:   
Ogichidaa Francis Kavanaugh

ISKATEWIZAAGEGAN NO.39 INDEPENDENT FIRST NATION  
Per:   
Chief Gerald Lewis

ANIMAKEE WA ZHING #37 FIRST NATION  
Per:   
Chief Jim Major

KENORA MÉTIS COUNCIL / MÉTIS NATION OF ONTARIO  
Per:   
Joel Hendry, President

