



Indigenous Health Navigator Project

FNHMA

FNHMA INDIGENOUS HEALTH NAVIGATOR (IHN) PROJECT INVITATION TO PARTICIPATE IN SHAPING THE FUTURE OF IHN CERTIFICATION

Thank you for your interest in helping FNHMA create the national curriculum and training framework for the Indigenous Health Navigator (IHN) profession. Your lived experience, wisdom, and expertise are the foundation of this vital work.

We are currently recruiting participants for the next stage of our project: **Regional Sessions, Focus Groups, Interviews, and Surveys** to inform the curriculum's core competencies, content, ethical standards and training pedagogies.

Section 1: Contact Information (Required)

Please provide your details so we can connect with you regarding participation opportunities and the mailing out of traditional gifts and honourariums.

Full Name:

Preferred Pronouns:

Email Address:

Phone Number:

Mailing Address:

Section 2: Your Current Role and Experience

This helps us organize focused discussions based on professional background and setting.

2A. Your Connection to the IHN Role

Please check the statement(s) that best describe your current or past connection to Indigenous Health Navigation (or equivalent roles):

- ☐ I am currently working as an IHN / IPN / Advocate / Liaison / Coordinator.
- ☐ I have worked in an IHN or equivalent role in the past.
- ☐ I am a First Nations Health Manager (FNHM) that oversees this or similar roles.
- ☐ I am a Supervisor / Manager of IHN programs or staff.
- ☐ I am a Healthcare Provider (e.g., Nurse, Physician, Social Worker) who works closely with IHNs.
- ☐ I am an Elder / Knowledge Keeper / Traditional Healer who works with IHNs and patients.
- ☐ I am a Patient / Family Member who has utilized IHN services.
- ☐ Other (please describe):

2B. Distinctions and Geography

To ensure regional and distinctions-based representation, please provide:

Your primary connection: (Check all that apply)

- ☐ First Nations
- ☐ Métis
- ☐ Inuit
- ☐ Other Identity:

Province/Territory where you primarily work or live:

- ☐ Urban (Large City)
- ☐ Rural (Town/Village)
- ☐ Remote/Fly-in Community
- ☐ Institutional (e.g., Hospital, University)
- ☐ Other (please describe):

Section 3: Participant Expertise

We value your time and want to ensure we engage you in a way that works best for you.

3A. Engagement Session Selection

Please choose the engagement session you would like to attend:

	Session	Date	Time (EST)
	South (ON & QC)	January 20	9:00 AM - 2:00 PM
	Central (MB, SK, & AB)	January 21	11:00 AM - 4:00 PM
	West (BC, YT, NT)	January 22	12:00 PM - 5:00 PM
	East (NL, NB, PEI, NS)	January 27	7:30 AM - 12:30 PM

3B. Expertise

Please indicate your level of expertise in the following key areas.

Key

***1 = not comfortable in this area at all THROUGH TO 3 = Somewhat Comfortable in this area
THROUGH TO 5 = very comfortable in this area***

Area of Expertise	1	2	3	4	5
Cultural Teachings					
Traditional Healing					
System Literacy (e.g., NIHB, Policy)					
Advocacy & Interrupting Racism					
Professional Sustainability & Self-Care					
Curriculum & Training Design					
Other. Please describe.					

Section 4: Recognition for Your Expertise

We recognize that your participation represents a significant contribution of time and invaluable professional and cultural knowledge. As a mark of respect and appreciation for the expertise you are sharing to shape this national project:

- **Indigenous Gifts** and/or **Honourariums** will be provided to all participants for **each** level of involvement in recognition of the high value of their lived experience and professional contributions.

Section 5: Consent and Confidentiality

Your privacy and comfort are our top priority. All project stages will be conducted under the highest ethical standards.

By signing below, I acknowledge and consent to the following:

1. I have received information about the FNHMA Indigenous Health Navigator Project.
2. I agree to be contacted by the FNHMA IHN team to discuss potential participation in the regional sessions, focus groups, interviews, and/or surveys.
3. I understand that my participation is voluntary and that I may withdraw at any time without penalty.

Signature:

Date:

Thank you for your invaluable contribution to this national effort! Please submit this completed form to the FNHMA Special Projects Lead, Andrea Aiabens at andrea.aiabens@fnhma.ca or by mail to Head Office:

211 Akwesasne International Rd.

Akwesasne, ON K6H 0G5

Attn: Andrea Aiabens, IHN Special Projects Lead

Telephone: 613-599-6070

Toll-free: 1-844-218-0440

Fax: 613-319-8092