First Nations Toolkit for Health System Change

Applying the Framework for Health Adaptation and the Collaborative Strategic Action Plan

Collaborative Action Networks:
First Nation Health Services Integration in Action

A Health Services Integration Fund Project
Southern Chiefs' Organization

Acknowledgements

The Southern Chiefs' Organization acknowledges the direct and indirect contributions of many.

Southern First Nations health managers and experts shared knowledge with the Southern Chiefs' Organization during the development of this Toolkit. Meetings were held in First Nations and in rural and urban centers throughout southern Manitoba.

Collaborative Action Network partners identified at the outset of the SCO's HSIF project to apply the *Framework for Health Adaptation* and the *Collaborative Strategic Action Plan* in facilitating adaptation and integration - Dakota Tipi First Nation Health Centre, KeKiNan Centre, Winnipeg Regional Health Authority, Manitoba Keewatinowi Okimakanak, and Southeast Resource Development Council.

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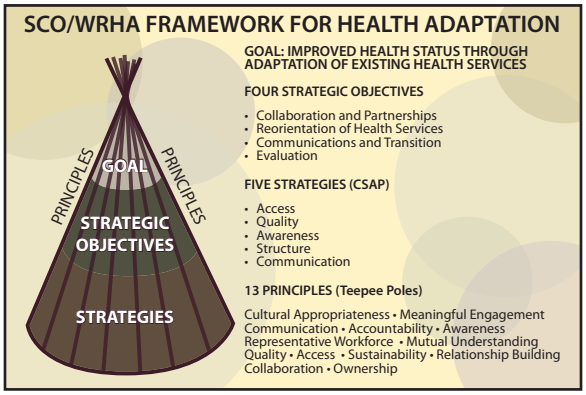
Advisory Partnership Committees to the SCO/WRHA AHTF and SCO HSIF projects:

- Elders Paul Daniels & Bertha Fontaine (HSIF)
- Elders George Matthew Courchene, Esther Cameron-Laporte, & Allan Cochrane (AHTF)
- Sandy Bay First Nation
- Fisher River Cree Nation Health Centre
- Dakota Tipi First Nation Health Centre
- Southern Chiefs' Organization
- Manitoba Keewatinowi Okimakanak
- Assembly of Manitoba Chiefs
- Dakota Ojibway Tribal Council / Health Services
- Interlake Reserves Tribal Council
- Southeast Resource Development Council
- West Region Tribal Council / Health Department
- Four Arrows Regional Health Authority
- Winnipeg Regional Health Authority
- Manitoba Health



This Toolkit was funded by Health Canada's Health Services Integration Fund (HSIF).

Message from the Southern Chiefs' Organization

The Southern Chiefs' Organization (SCO) is committed to a strong, supportive and collaborative relationship with the Southern First Nations as directed or requested by the First Nations themselves. As health leaders you understand your First Nation's strengths and health related needs more than anyone else can.

Within this Toolkit you will find collaborative health planning tools and references to customizing these tools to suit your First Nation. Customizing is important – it's about continuing to take the lead in health matters affecting your First Nation. You are already planning by engaging with your membership. You are already health experts. You are already integrating.

First Nation health leaders must continue to lead integration and collaboration with external partners. Within the limits of what a health system can do, when change is led by First Nations the system eventually follows. Funded positions for traditional healing wouldn't exist if First Nation health leaders didn't first advocate for them.

Jurisdictional ambiguity, funding, equitable access to services and benefits, control over our own health services and programs - these all continue to require focused and unified advocacy efforts.

The Southern Chiefs' Organization is committed to supporting you through the efforts of our political leadership and through an established health unit. The health unit has two new positions:

The ***Health Research & Engagement Liaison*** provides service related to advocacy, advisory, communications, policy development, research, Non-Insured Health Benefits and knowledge transfer matters.

The ***Health Benefits Navigator / Advocate*** provides assistance to Southern First Nations members who are experiencing difficulties accessing the Non-Insured Health Benefits Program or relevant provincial programs and services.

The Southern Chiefs' Organization acknowledges the hard work and achievements of the many First Nation health leaders in caring for the people in your communities.

We look forward to supporting you.

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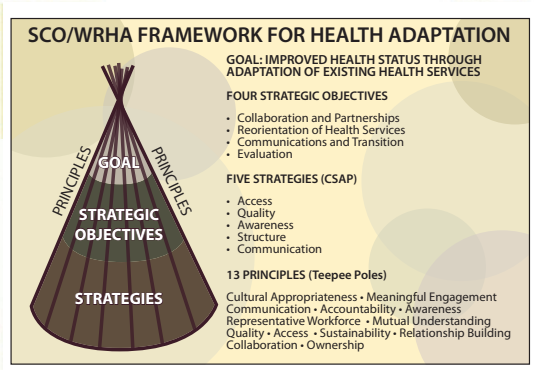


Introduction

This toolkit is meant to inspire First Nations health leaders and decision-makers in collaborative strategic action planning. You will find tools developed specifically for this Toolkit as well as information shared by Southern First Nations health experts and others. You will also find information and tools based on document reviews and web-based searches. Sources are indicated throughout.

Sections 1 to 3 provide tools that will enable you to customize the ***Framework for Health Adaptation*** and the ***Collaborative Strategic Action Plan*** to meet your First Nation's health related goals.

Sections 4 to 6 provide additional tools and information on relevant health planning topics such as community engagement and the mechanics of collaboration.

Purpose of the Toolkit

This Toolkit has been designed primarily for First Nation health leaders and decision-makers for use in collaborative strategic action planning based on a model of health services adaptation developed by First Nations. The ***Framework for Health Adaptation (FFHA)*** and the ***Collaborative Strategic Action Plan (CSAP)*** are the foundational documents of the model.

The Toolkit may also benefit non-First Nation stakeholders / health system leaders who seek to collaborate with First Nations in developing plans or agreements to improve integration of the health care system and outcomes for First Nation people.

Toolkit Tip - Toolkit users will want to review the ***FFHA*** and ***CSAP*** documents and can access them at http://scoinc.mb.ca/aboriginal-health-transition-fund.

Toolkit Background: A Model for First Nations Health Services Adaptation

This Toolkit was developed for the Southern Chiefs' Organization (SCO) Health Services Integration Fund (HSIF) project, **Collaborative Action Networks: First Nation Health Services Integration in Action.**

The primary focus of the three year SCO HSIF project was to continue with the promotion of the model for change outlined in the ***Framework for Health Adaptation (FFHA)*** and the ***Collaborative Strategic Action Plan (CSAP)*** while encouraging the formation of related **Collaborative Action Networks (CANs)**. The model is to be used for collaborative visioning and strategic planning.

This toolkit provides a supplemental set of tools to complement the FFHA and CSAP as the model's foundational documents.

The model outlined in the FFHA and CSAP documents was developed during a prior collaborative project of the Southern Chiefs' Organization (SCO) in partnership with the Winnipeg Regional Health Authority (WRHA). The project engaged First Nations Elders, stakeholders and health providers and was guided by an Advisory Partnership Committee with representation from Manitoba's Provincial / Territorial Organizations, Tribal Councils, Independent First Nations, Manitoba Health and First Nations and Inuit Health. The project was funded under Health Canada's Aboriginal Health Transition Fund (AHTF) with additional financial support provided by Manitoba Health and the Winnipeg Regional Health Authority.

Within the SCO HSIF Project Proposal

The FFHA and CSAP offer a vision and a foundation from which a health system can be integrated to better meet the needs of First Nations people. It lays out the basic parts of the foundation, and through this outline it is theorized that positive, collaborative change can happen.

The Framework is broken down into five key result areas, or areas in which strategies can be developed toward a desired result. The five (5) areas are:

- Increased ***access*** to health services
- Increased ***quality*** of health services
- Increased ***awareness*** of health services
- Building ***structural*** supports
- Increased ***communication*** involving health services

The CSAP contains more comprehensive and specific strategies, by breaking down each result area into general yet focused strategies that can be used to guide future discussions between partners. Both the FFHA and CSAP were not meant to provide specific actions or steps that would be taken to achieve a desired result. Rather, what

these tools offer are an outline through which a dialogue can begin if the model is being applied in a new setting with new partners or where dialogue can continue for the AHTF partners. The next steps would be more detailed Work Plans that contain the specific actions towards desired results or outcomes.

SCO's HSIF Project Vision

Through the development of existing and emerging Collaborative Action Networks (CANs), this project will utilize the FFHA model to assist grassroots First Nation and tribal groups to develop tripartite/multi-party relationships to plan and implement changes that will improve their health service delivery. The FFHA and CSAP will and has been used as guides in project development for systems change. The CAN work plans and logic models provide the details for how the change and reorientation will occur.

It is envisioned that this will lead to improved reorientation of health services with the involvement and collaboration of First Nations, which will lead to integration improvements of federal and provincially/territorially funded health services.

The overall and long term goal of both projects has been to improve the health status of First Nations people living on and off reserves.

Toolkit Tip – The FFHA/CSAP model and this Toolkit are meant to inspire collaborative action planning towards adaptation of health services and improved integration. They are not meant to prescribe particular actions.

Section One Appendix 1

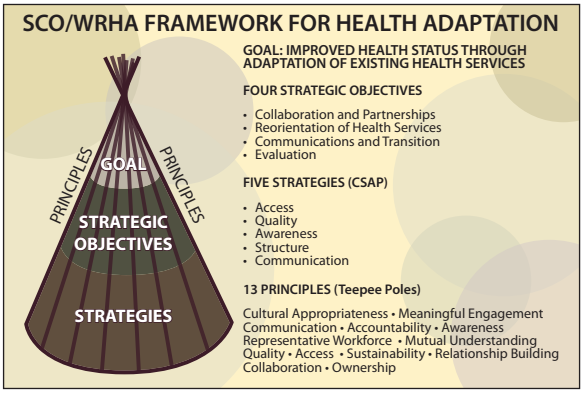
Framework for Health Adaptation

Framework for Health Adaptation (FFHA)

The FFHA is the first of two foundational documents outlining a model for adaptation of health care services developed by First Nations for First Nations. The results-based FFHA is meant to provide an overarching structure under which strategic plans can be developed.

The FFHA incorporates the key findings of a collaborative project of the Southern Chiefs' Organization (SCO) and the Winnipeg Regional Health Authority (WRHA) which engaged First Nations Elders, stakeholders and organizations; Manitoba Health; and First Nations and Inuit Health. This project was funded under Health Canada's Aboriginal Health Transition Fund with additional financial support provided by Manitoba Health and the Winnipeg Regional Health Authority.

Launched in 2008 the SCO/WRHA project explored and defined the experiences of health care from various stakeholders. A literature review was conducted. The themes, challenges and principles identified by stakeholders were compiled and analyzed. From there the results-based Framework was developed to help guide collaborative action leading eventually to "improved health status through adaptation of existing health services" as the long term goal.



The graphical representation of the Framework is a Teepee – the poles of the Teepee represent agreed upon **principles** with the three layers of the teepee representing the agreed upon **goal** (at the top) followed by the **strategic objectives** and then the **strategies**. Collaborative strategic action plans are to be developed from the agreed upon strategies.

Toolkit tip – Postcards (4" x 6") with the graphical representation of the FFHA are available upon request from the Southern Chiefs' Organization. They can assist in communicating about the model in advance of using or adapting it for planning.

The SCO/WRHA Framework outlines the goal of "improved health status through adaptation of existing services" and the related strategic objectives, strategy areas and guiding principles:

4 Objectives

- Collaboration and Partnerships
- Reorientation of Health Services
- Communications and Transition
- Evaluation

5 Strategies

- Access
- Quality
- Awareness
- Structure
- Communication

13 Principles

- Cultural Appropriateness
- Meaningful Engagement
- Communication
- Accountability
- Representative Workforce
- Awareness
- Mutual Understanding
- Relationship Building
- Quality
- Access
- Collaboration
- Ownership
- Sustainability

The Framework model as applied to the SCO / WRHA project was based on the project findings. When reviewing the FFHA and CSAP documents, it is likely that Toolkit users will identify with the findings - the themes, challenges and principles brought forward by Elders, clients and health care providers.

Toolkit Tip - The Framework and model are meant to inspire collaborative planning led by First Nations. The Framework itself is meant to be portable, adaptable and customizable based on new goals, new collaborations and new planning. The SCO / WRHA project's application of the Framework provides a good example of how to use it but not the only example. Customization of the FFHA to suit your First Nation's specific health goals, objectives, and values is encouraged. Toolkit Section Two contains Framework validation and customization tools. Toolkit Section Three provides examples of other 'Real Life' applications of the Framework and model.

Section One Appendix 2

Collaborative Strategic Action Plan

Collaborative Strategic Action Plan (CSAP)

The CSAP is the second of two foundational documents outlining a model for adaptation of health care services developed by First Nations for First Nations. Where the SCO/WRHA Framework for Health Adaptation is meant to provide an overarching structure under which strategic plans can be developed – the CSAP takes the next steps by further defining the "strategies from the Framework that might facilitate change at various levels. The strategies are broken down in this Collaborative Strategic Action Plan as guiding points for further development."

Toolkit Tip – The CSAP is "designed to be adaptable to the environment and context where partners will operationalize goals and objectives and related activities." Toolkit users may choose to focus on one of the strategy areas indicated however your collaborative strategic planning and actions may differ from the strategic actions included as examples within the CSAP.

Although based on the findings of the SCO/WRHA project - the themes, challenges and principles identified by First Nation Elders, clients and health care providers - the CSAP contains an additional rationale for having chosen the specific strategy areas from which to build strategic plans: "Effective programs select evidence-based interventions, meaning services or behaviors known to have an impact on health status. The five broad evidence-based strategies are: **Access, Quality, Awareness, Structure and Communications**."

Strategy Areas Described in the CSAP

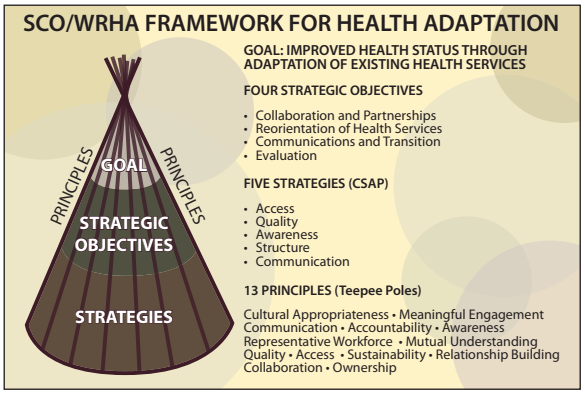
Access – "Access and availability refer to the likelihood that the health consumer and a service will actually meet and that the necessary programs and services will be available. Access extends beyond geographic challenges and can encompass the social determinants of health, such as income, education and social networks, that impact on health status and pose challenges to health care."

Quality – "The concept of quality is complex and refers not only to the technical quality of the services but also to patients' perceptions of quality and acceptability. Quality explores results aimed at assuring safety and security of all involved including the practitioner and patients."

Awareness – "Increased awareness of health services implies that once strategic actions are implemented, patients will be aware of the services available to them regardless of where they reside. Patients will also have the improved knowledge about the system and service overall to be able to confidently access when they need it."

Structure – "Structural enhancement addresses the range of issues identified from the project in the research phase and examines methods and undertakings that might adapt the structures under which future health systems can operate."

Communications – "At every step in the process, a defined communication system that ensures a dynamic and constant exchange of information between the partners should be in place."



Within the Teepee structure the strategies are included in the bottom section. Collaborative strategic action plans are to be developed from these agreed upon strategies.

"The CSAP lays out a broad foundation that establishes broad strategies for which more specific strategic actions can be defined through mutual work plans developed through collaborative efforts of all stakeholders."

Toolkit Tip – Toolkit users may want to utilize the Logic Model and Work Plan Templates developed for the SCO's HSIF Collaborative Action Network project. These templates are included in Section Two – Tools for Applying the FFHA.

Section One Appendix 3

Definitions and Acronyms

Framework for Health Adaptation (FFHA)
The FFHA is the first of two foundational documents outlining a model for adaptation of health care services developed by First Nations for First Nations. The results-based FFHA is meant to provide an overarching structure under which strategic plans can be developed. The graphical representation of the Framework is a Teepee.

Collaborative Strategic Action Plan (CSAP)
The CSAP is the second of two foundational documents outlining a model for adaptation of health care services developed by First Nations for First Nations. Where the Framework for Health Adaptation is meant to provide an overarching structure under which strategic plans can be developed – the CSAP takes the next steps by further defining the strategies from the Framework that might facilitate change at various levels. The strategies are broken down in this Collaborative Strategic Action Plan as guiding points for further development.

Goal
To be identified and agreed upon in the collaborative process based on issue(s) identification. The goal should be measurable and achievable. The goal is placed in the top layer of the Teepee. *For the SCO / WRHA project, the agreed upon goal was "Improved Health Status through adaptation of existing health services".*

Objectives
Strategic objectives are the most influential statements towards a result that can reasonably affect a program or project and for which an implementing organization would be held accountable. Objectives are placed on the middle layer of the Teepee.

Strategy(s)
These are the strategy areas from which actionable tasks can be identified. Strategies are placed on the bottom layer of the Teepee. *For the SCO / WRHA project, the CSAP was based on the strategies.*

Results Based Principles
Agreed upon values which serve as roots or parts of a foundation, on which a health system adaptation can be built and through which stakeholders take ownership. The Teepee poles of the Framework represent the principles.

Collaborative Action Network (CAN)
A group of individuals interested in working on a specific issue or strategic plan using the FFHA and CSAP.

CAN Logic Model
"A logic model is a planning tool to clarify and graphically display what your project intends to do and what it hopes to accomplish and ***impact***. After you have defined your project goals, outputs and outcomes, it will be relatively easy for you to develop a program logic model." *Source: http://nnlm.gov/outreach/community/logicmodel.html*

CAN Work Plan
"An action plan is a manager's guide for running the project. It shows, often through a set of program objectives and a timeline or task outline, what staff or others need to do to implement a project." *Source: http://nnlm.gov/outreach/community/logicmodel.html*

Toolkit tip - When forming a collaborative action network, you may find it useful to adapt the CAN Logic Model and Work Plan templates in Section Two – Tools to Apply the FFHA. They are to provide the details for how changes to improve health service delivery will occur. They can also be used as communications tools for CAN partners.

CAN Algorithm
Definitions found at http://medical-dictionary.thefreedictionary.com/algorithm:

- "A step-by-step procedure for reaching a decision when choosing among multiple alternative options, linked to each other by a decision tree."
- "A systematic process consisting of an ordered sequence of steps, each step depending on the outcome of the previous one."
- "A model for making decisions."

Aboriginal Health Transition Fund (AHTF)
Health Canada website – "Announced in 2005, the Aboriginal Health Transition Fund (AHTF) is a $200 million initiative aimed at addressing the gap in health status between Aboriginal and non-Aboriginal Canadians by improving access to existing health services.

The Aboriginal Health Transition Fund supports:

- First Nations and Inuit communities in identifying and implementing projects that promote the integration of federally-funded health services within First Nation and Inuit communities, with those funded by provincial and territorial governments;
- Provinces and territories in adapting their health services to better meet the needs of Aboriginal Canadians, including First Nations living on and off reserve, Inuit and Métis; and
- Aboriginal people's participation in the design, delivery and evaluation of health programs and services."

Health Services Integration Fund (HSIF)
Health Canada website: "Announced in 2010, the Health Services Integration Fund (HSIF) is a five-year initiative supporting collaborative planning and multi-year projects aimed at better meeting the health-care needs of First Nations and Inuit.

Through HSIF, Health Canada is working with other Provincial, Territorial and First Nations and Inuit organizations to:

- improve the integration of federally-funded health services in First Nations and Inuit communities with those funded by the provinces and territories;
- build multi-party partnerships to advance health service integration;
- improve First Nations and Inuit access to health services; and
- increase the participation of First Nations and Inuit in the design, delivery, and evaluation of health programs and services."

Integrated Service Delivery
"Communities have a health system that supports seamless, coordinated transitions between health care providers during a person's continuum of care needs. Health care organizations and provider are organized, connected and work with other health care partners to provide high quality health care." ***First Nations Health Managers - Governance, Strategy, Policy and Decision-Making Toolbox***

Tripartite Agreements

Refers to any agreement involving three parties. Agreements made between a First Nation(s), a Province and Canada can be referred to as tripartite agreements.

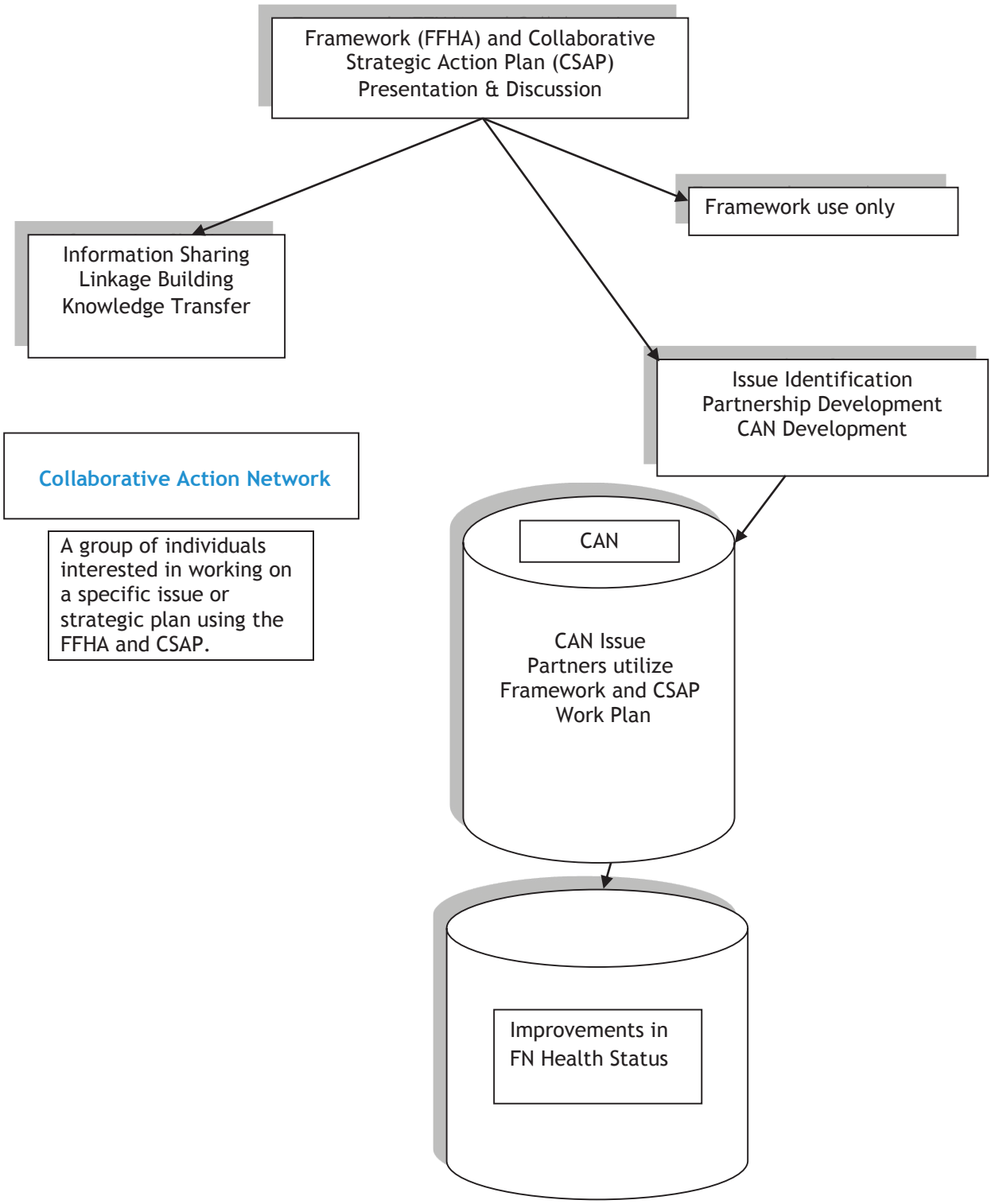
First Nations in BC have successfully negotiated the transfer of authority over health to a new BC First Nations structure. *Review the* ***British Columbia Tripartite Framework Agreement on First Nation Health Governance*** *at* http://www.fnhc.ca/pdf/framework-accord-cadre-eng1.pdf

In Manitoba, Sioux Valley Dakota Nation and Canada began negotiations in 1991 and in 2013 signed the **Sioux Valley Dakota Nation Governance Agreement and Tripartite Governance Agreement** which includes reference to a corresponding agreement with Manitoba. The agreement includes references to Sioux Valley Dakota Nation health law making; their jurisdiction over the promotion of public health and the provision of health services; and the practice of traditional medicine. *The agreement is available to review at*

http://www.aadnc-aandc.gc.ca/eng/1385741084467/1385741171067

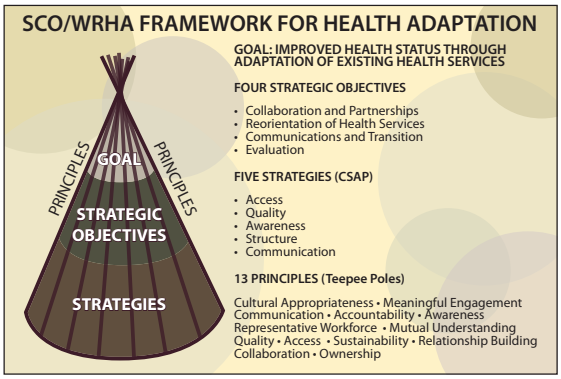
Section One Appendix 4

Collaborative Action Network (CAN) Algorithm



First Nations Toolkit for Health System Change

Toolkit Section Two



Tools for Applying the Framework for Health Adaptation

This section is intended to help Toolkit users to: (1) determine the validity of the Framework for Health Adaptation for their specific purpose and need; (2) help customize its contents for different community users; (3) help community users apply a validated and customized Framework; and (4) to establish a Collaborative Action Network whereby the community can work with relevant partners to operationalize Framework goals, objectives and activities.

This section seeks to help users answer the following questions:

- *Is this Framework a relevant and appropriate model for my community and what it wants to achieve in the area of health and health care services?*
- *What does the Framework look like for my specific community considering our perspectives and need?*
- *How should my community go about applying the Framework?*
- *How can my community put the Framework into use with partners?*

Framework Validation

The following validation exercise allows users to validate, assess, or determine the relevancy and suitability of the Framework for their purpose and need by providing critical questions related to each key component of the Framework.

This validation exercise also contributes to users customizing the Framework to meet their situation, needs and aspirations. Those overlapping components of the validation and customization exercises are highlighted.

It is important to note that community engagement is critical to the Framework for Health Adaptation. Therefore, such engagement is strongly encouraged throughout this and all other exercises in this toolkit. Please see the "Community Engagement" section of this Toolkit for more information.

Framework Validation Exercise

Instructions: Please complete the following and compare your answers to the commentary that follows these questions to validate the relevancy and appropriateness of the Framework for your community's purpose and need.

1. What is our community vision for health and health care services? (Please write.)

2. In thinking about this vision, does it or can it include the goal of "improved health status through adaptation of existing health services"? (Please check one.)

   ☐ Yes ☐ No

3. Does working towards realizing this vision and any associated goals involve the need to engage other jurisdictions? (Please check one.)

   ☐ Yes ☐ No

4. (a) In thinking about your community's vision for health and health care services, are you seeking to identify strategic objectives to realize this vision? (Please check one.)

   ☐ Yes ☐ No

   (b) If "yes" above, please indicate which of the following you feel are relevant strategic objectives for the work you would need to do to realize this vision by putting an "x" in the appropriate box, and adding "other" objectives as necessary:

Strategic Objective	Examples[1]	Relevant	NOT Relevant
Collaboration & Partnerships	New Linkages, collaboration, and partnerships between health systems & at multiple levels that are achievable (i.e. Government, RHA's, Non-profit, Lobbying (PTO), agencies, communities).		

[1] Please see the Southern Chiefs' Organization and Winnipeg Regional Health Authority's "Framework for Health Adaptation" document for additional examples and descriptions of these principles.

Strategic Objective	Examples[1]	Relevant	NOT Relevant
Reorientation of Health Services	Adjustments to meet the needs of First Nations patients.		
Communication & Transition	Transition planning towards sustainable best practice or promising practice model in each of the three areas – discharge planning, advocacy & cultural programs.		
Evaluation	To collect baseline data information & monitor for outcome results.		
Other Strategic Objectives:	*Please describe or provide examples of these "Other Strategic Objectives" here:*		

5. (a) In undertaking collaborative work with other jurisdictions to realize this vision, goals and strategic objectives, are you seeking to develop strategies and actionable tasks?

☐ Yes ☐ No

(b) If "yes" above, please indicate which of the following you feel are relevant strategies and actions for the work you would need to do to realize your community vision, goals and objectives, by putting an "x" in the appropriate box, and adding "other" strategies and actions as necessary:

Strategies	Strategic Action Examples[2]	Relevant	NOT Relevant
Access to and availability of health services where links to health services are increased	• Community based services • Joint community/system based case management • Service access and delivery points		
Quality of health services improved	• Improvement in health care provider capacity • Strengthen service delivery • Effective linkages between First Nations community and health system • Develop a quality "culture"		

[2] Ibid.

Strategies	Strategic Action Examples[2]	Relevant	NOT Relevant
	• Ensure acceptability and respect for the difference in cultural norms •		
Increased awareness of health services	• Community mobilization and increased awareness • Behaviour change communication		
Structure	• Advocacy • Governance/Policy • Community Capacity • Leveraging of resources • Partnering mechanisms • Organizational development		
Communication	• Applied technologies • Improved interpreter services		
Other Strategies:	*Please describe or provide examples of these "Other Strategic Actions" here:*		

6. (a) In undertaking this collaborative work with other jurisdictions, are you also seeking to identify principles to guide and ensure effectiveness at all levels, including the individual, community, organizations and system overall?

☐ Yes ☐ No

(b) If "yes" above, please check any the following you feel are relevant principles for the work you would need to do to realize this vision, and add any other relevant principles:

Principles	Examples[3]	Relevant	NOT Relevant
Cultural Appropriateness	Culturally appropriate care can include: avoidance of stereotyping; &importance of communication & understanding non-verbal cues & behaviours.		
Communication	Communication implies more than language, written & spoken work; it encompasses not only process or dialogue, but overlaps with other matters for consideration such as different cultural		

[3] Ibid.

Principles	Examples[3]	Relevant	NOT Relevant
	groups & populations, such as youth & Elders.		
Awareness	Involves creating awareness of existing health services offered, including by effectively engaging all stakeholders with relevant information and updates on the status of existing and future health programs and services.		
Mutual Understandings	Mutual understanding of health policies, political & socio-economic environmental challenges is a requirement to link to the broader health care & health planning systems with First Nations communities & health centres.		
Access	Being responsive to community will, including through First Nations as partners in developing & providing quality health care – not just as consumers or recipients of health care services.		
Relationship Building	Recognition that systems have to come together to explore overlapping issues impacting similar service populations, and that optimal solutions cannot be found working in isolation of one another.		
Meaningful Engagement	Development & implementation of First Nations community health plans that provide direction & vision, set priorities & target community resources are key in engaging policy- & decision-makers.		
Accountability	Continued collaboration, consultation & sharing throughout the process including in evaluation, & informing health care policy development & changes, etc.		
Representative Workforce	Common cohesive action amongst stakeholders to ensure the health work force is sufficient, skilled & competent.		
Quality	Implies that all facets of the care continuum have been examined & that practice reflects consideration of the varied health indicators among First Nations populations.		
Sustainability	As the system adapts to strategic actions taken in a collaborative approach, efforts		

Principles	Examples[3]	Relevant	NOT Relevant
	will be made along the way to ensure that outcomes or successes are maintained for the long term, regardless of the status of a project or other factors.		
Collaboration	Support of effective lines of communication & to build relationships based on trust, that allows for the pooling & leveraging of existing & future human resources, etc.		
Ownership	Vested interest by individuals into the system that they are a part of, including that patients are owners of their personal health, as an example.		
Other Principles:	*Please describe or provide examples of these "Other Principles" here:*		

Assessment: If you checked "yes" for questions 2-4(a), 5 and 6, AND either checked "relevant" for at least one "Strategic Objective" and "Principle" 4(b) and 6(b) OR provided "Other Strategic Objectives" and "Other Principles", this Framework is a valid model for your community's purpose and need. If this exercise resulted in validation of the Framework, please proceed to the "Framework Customization Exercise". If this exercise resulted in invalidation of the Framework, you may want to consider other models for your specific purpose and need.

Once the validation exercise has been completed and finalized (i.e. agreed upon internally and/or with partners), users should complete the following Framework Customization Exercise, which enables users to revise the Framework to reflect community perspectives, situation and to tailor for community use.

Framework Customization

A critical first step in customizing the Framework is to identify goals, objectives and strategies that align with and can help achieve the community vision for health and health care services identified through the Framework Validation Exercise above.

A "goal"[4] can be described as "a broad statement of a desired condition that is potentially attainable, though not necessarily easily or within a short time frame. Goals

[4] Government of Ontario. "Mental health Accountability Framework". Available at http://www.health.gov.on.ca/en/common/ministry/publications/reports/mh_accountability/mh_accountability_e.pdf. Accessed on February 20, 2015.

convey the policy direction or strategic aims of an organization". Goals indicate where a community or organization is going rather than how you will get there, and are typically a broad statement that indicates where your efforts are directed.

"Objectives" can be described as "specific, measureable statements of intent". Stated another way, an objective is a measureable milestone that must be achieved to reach the goal.

A "strategy" can be described as a plan of action designed to achieve an objective.

As an example, the SCO/WRHA Framework for Health Adaptation included as its vision, goal and objectives:

SCO/WRHA FRAMEWORK FOR HEALTH ADAPTATION		
Goal (Example)	**Strategic Objective (Example)**	**Strategies (Example)**
Improved health status through adaptation of existing programs and services.	Reorientation of health services (E.g. adjustments to meet the needs of First Nations patients.)	Quality of health services improved (through such strategic actions as: ensuring acceptability and respect for the differences in cultural norms).

Together, goals, objectives, and strategies enable a community to clearly articulate what you're doing and how you're doing it. The "how you're going to do it" also enables a community to develop a work plan, and in fact, these comprise critical parts of a work plan, along with other components such as "who's going to do what" (Responsibility) and "by when" (Timeline/deadlines). To assist communities in implementing their customized Framework, this section ends with a suggested approach to developing a work plan.

The following customization exercise enables users to identify and develop any necessary changes to key Framework components, including:

- Goals
- Objectives
- Strategies for Achieving Goals & Objectives
- Principles

Users will be able to build off of the validation exercise previously completed to identify any necessary revisions to the Framework, but also to consider revisions required to reflect community perspectives, situations and intended purpose of this tool.

As goals, objectives, and strategies enable a community to clearly express what they're doing and how they're doing it. The "how you're going to do it" also enables a community to develop a work plan, and in fact, these comprise critical parts of a work plan, along with other components such as "who's going to do what" (Responsibility)

and "by when" (Timeline/deadlines). To assist communities in implementing their customized Framework, this section concludes with a work plan matrix and possible approaches to identifying and developing components of that work plan.

See the attached for the Framework Customization Process Sheet for a graphic outline of the exercise that follows, which may be used in lieu or in addition to the following step-by-step narrative for greater understanding of the exercise. Attached documents necessary for all exercises in this section are the: Community Framework Customization Exercise Worksheet; and the Community Framework Work Plan Matrix. Additional attachments include the Adapted SMART Goal-Setting Worksheet.

Framework Customization Exercise

Instructions: In customizing the Framework for Health Adaptation, it is helpful to refer to the SCO/WRHA Framework document, review each component and consider whether the components themselves and their descriptions are relevant and appropriate for your community's use and need. The following questions are intended to facilitate discussion in determining what changes or revisions to the Framework are necessary to fit the community.

Step 1: Goal-Setting

1. Re-write my community's vision for health and health services identified in question 1 of the Framework Validation Framework above here:

2. In question 2 of that same exercise (Framework Validation), it was indicated that this vision, my community's vision, can include the Framework goal of "improved health status through adaptation of existing health services".

In thinking about customizing the Framework for my community, does this particular goal require either of the following?

(a) A change or revision to the Framework goal of "improved health status through adaptation of existing health services"? If "yes", what changes need to be made and why? (Please write.) If "no", please add to the "Goals" column in the *Community Framework Customization Exercise Worksheet*.
(b) The identification of additional goals? If "yes", what are these additional goals? (Please write.)

Instructions: Please write all the identified goals above in the "Goals" column in the Community Framework Customization Exercise Worksheet.

NOTE: An Adapted SMART Goal-Setting Worksheet is attached as another approach to this step, which is more detailed and is recommended for those who do not have fully-

developed goals already developed, would like to ensure existing goals are as strong as they can be, or for those with little or no experience. A brief description of this goal-setting approach can be found in the "Framework Application" sub-section.

Step 2: Identifying Objectives

In question 4(b) of that same exercise (Framework Validation), some or all of those Strategic Objectives were determined to be relevant.

1. In thinking about customizing the Framework for my community, do these Strategic Objectives (of the SCO/WRHA Framework) require either of the following:

   (a) A change or revision to the Framework objectives? If "yes", what changes need to be made and why? (Please write.) If "no", please add to the "Objectives" column in the *Community Framework Customization Exercise Worksheet*.

   (b) The identification of additional objectives? If "yes", what are these additional objectives? (Please write.)

Instructions: Once this review, analysis, confirmation and additional development has been completed, write the agreed upon Strategic Objectives in the Community Framework Customization Worksheet.

Step 3: Determining Strategies for Achieving Goals & Objectives

In question 5(b) of that same exercise (Framework Validation), some or all of those Strategies and Strategic Actions were determined to be relevant.

1. In thinking about customizing the Framework for my community, do these Strategies and Strategic Actions (of the SCO/WRHA Framework) require either of the following:
   (a) A change or revision to fit? If "yes", what changes need to be made and why? (Please write.) If "no", please add to the "Strategies" and "Strategic Actions" column in the *Community Framework Customization Exercise Worksheet*.
   (b) The identification of additional "Strategies" and "Strategic Actions"? If "yes", what are these additional objectives? (Please write.)

Instructions: Once this review, analysis, confirmation and additional development has been completed, write the agreed upon Strategies and Strategic Actions in the Community Framework Customization Worksheet.

Step 4: Agreeing on Principles

In question 6(b) of that same exercise (Framework Validation), some or all of those Strategies and Strategic Actions were determined to be relevant.

1. In thinking about customizing the Framework for my community, do these principles (of the SCO/WRHA Framework) require either of the following:

   (c) A change or revision to fit? If "yes", what changes need to be made and why? (Please write.) If "no", please add to the "Principles" column in the *Community Framework Customization Exercise Worksheet*.

   (d) The identification of additional "Principles"? If "yes", what are these additional objectives? (Please write.)

Instructions: Once this review, analysis, confirmation and additional development has been completed, write the agreed upon Principles in the Community Framework Customization Worksheet.

Framework Application

Once the Framework has been validated and customized, the user of this Toolkit can utilize the following attached "Community Framework Work Plan Matrix" for application of this tool. This is just one suggested approach to developing a work plan, as many exist. As well, there are a number of analysis and/or planning tools that can be undertaken to compliment the analysis and decision-making process in determining what should populate or be included in this work plan matrix. These tools include:

- SMART (Specific, Measureable, Attainable, Realistic, Timely) Goal-Setting: This goal-setting tool can be used at a number of different levels, from the individual to the organizational and community levels. The SMART acronym sets out a criteria to keep in mind when setting goals, and includes:[5]

  Specific: A specific goal addresses as many descriptor questions as possible (Who, What, When, Where, Why and How). It has a greater chance of being met if a specific plan is made for its completion.

[5] University of Alberta, Education, web site at: http://www.educ.ualberta.ca/staff/olenka.bilash/best%20of%20bilash/SMART%20goals.html. Accessed on February 20, 2015.

http://www.ryerson.ca/~kjensen/strategic_planning/swot.html

http://www.docstoc.com/docs/34656698/Path-Process-color.

Operationalizing the Framework with Partners

Once the Framework and its work plan have been developed, users will want to consider how to operationalize, or put into use, this tool with partners. In doing this, users can refer to the SCO/WRHA Collaborative Strategic Action Plan (CSAP), which is a plan identifying and facilitating change at various levels. Using the CSAP approach necessarily involves the formation of Collaborative Action Networks (CANs), which is a term used to refer to those partners who form a network around a strategic action that they have a stake in or the different component of the CSAP that relates to them.

The advantage of undertaking the previous exercises and developments in this section is that they identify the strategic actions required, along with who should be responsible for this, and what resources and time frames are needed to undertake this work, to put it into use. While the Work Plan Matrix outlines this critical strategic planning fields and can be used for the purposes of operationalizing the Framework with partners, users can also utilize the attached "Health Services Integration Fund (HSIF) Work Plan" and "HSIF Logic Model" as alternative sample approaches, which also includes critical components for identifying strategic actions and engaging partners to carrying these actions out.

When consensus is reached by the user and partners as to the content of the Framework and the related Work Plan Matrix, it is recommended that discussion and agreement surrounding evaluation and monitoring. The CSAP document provides that,

> Drawing from a results-based viewpoint, it is important to demonstrate that actions can be tied to results and that results can be measured to demonstrate things like effectiveness, efficiency, relevancy and practicality and ultimately sustainability considerations, such as program continuation, program investments or adaptation needs. (CSAP, 10)

Additional suggestions regarding the nature of evaluation and monitoring are provided, including as examples:

- At the planning stage, benchmarks of implementation are identified for each strategic area so that all stakeholders know what to expect.
- Goals and strategic objectives are clearly and mutually agreed to, activities are defined, and resources earmarked and expectations and assumptions are disclosed for greater certainty.

There are various evaluation and monitoring approaches and tools, and the user and the community should jointly review, assess, and decide on which best fits their need. The following are links to demonstrate the various types of evaluation approaches that users and their partners may consider:

- "Development Evaluation" at BetterEvaluation website: http://betterevaluation.org/plan/approach/developmental_evaluation.
- "Participatory Evaluation" at University of Washington website: https://depts.washington.edu/ccph/pdf_files/Evaluation.pdf.

- "Empowerment Evaluation: Collaboration, Action Research, and a Case Example" by Fetterman, D. at Regional Platform for Evaluation Capacity Building in Latin America and the Caribbean website at: http://preval.org/files/Fetterman.pdf

"A Guide to Evaluation in Health Research" by Sarah Bowen, PhD, provides an overview of some of the considerations and processes that go into deciding on and designing an evaluation, and can be found at: http://www.cihr-irsc.gc.ca/e/45336.html

Community Framework Customization Process Sheet

STEP 1: GOAL-SETTING

- IDENTIFY COMMUNITY VISION
- DETERMINE GOALS - REVIEW SCO/WRHA FRAMEWORK & DETERMINE:
  - WHICH TO USE IN COMMUNITY FRAMEWORK
  - WHICH NEED REVISION
  - ANY ADDITIONAL GOALS

For Consideration: Use of "Adapted SMART Goal-Setting Worksheet".

STEP 2: IDENTIFYING OBJECTIVES

- REVIEW SCO/WRHA FRAMEWORK & DETERMINE:
  - WHICH TO USE IN COMMUNITY FRAMEWORK
  - WHICH NEED REVISION
  - ANY ADDITIONAL OBJECTIVES

STEP 3: DETERMINING STRATEGIES FOR ACHIEVING GOALS & OBJECTIVES

- REVIEW SCO/WRHA FRAMEWORK & DETERMINE:
  - WHICH TO USE IN COMMUNITY FRAMEWORK
  - WHICH NEED REVISION
  - ANY ADDITIONAL STRATEGIES

STEP 4: AGREEING ON PRINCIPLES

- REVIEW SCO/WRHA FRAMEWORK & DETERMINE:
  - WHICH TO USE IN COMMUNITY FRAMEWORK
  - WHICH NEED REVISION
  - ANY ADDITIONAL PRINCIPLES

Community Framework Customization Exercise Worksheet

VISION (for health and health care services) (Please Write.):		
Goals – *What is/are the expected or desired outcome(s) related to the community vision?*	**Strategic Objectives** – *What are the measurable results or targets necessary to achieve the goal(s)?*	**Strategic Actions** – *What are the specific steps in achieving the objectives?*

ADAPTED SMART GOAL-SETTING WORKSHEET[6]

STEP 1: Write down the goal for your community health and health services in as few words as possible:

The goal of our community health and health services is to:

STEP 2: Make the goal detailed and SPECIFIC, answering who, what, where, how and when.

How will my community reach this goal? List at least 3-5 specific actions or steps you will take:

1.

2.

3.

4.

5.

STEP 3: Make sure the goal is MEASURABLE, by adding details, measurements and tracking details:

We will measure/track our goal for community health and health services by using the following numbers or methods:

We will know we've reached our goal when:

STEP 4: Make sure the goal is ATTAINABLE, by determining what additional resources are need for success:

Resources needed to achieve this goal:

Time needed to achieve this goal, including time commitment required by all stakeholders:

Things we need to learn or know more about in order to achieve this goal:

[6] This SMART Goal-Setting Worksheet is adapted from that developed by, and available at, Sparkpeople.com website: http://www.sparkpeople.com/resource/SMARTgoalsWS-NN.pdf. Accessed on February 18, 2015.

Persons, programs, and others, who can provide support to achieve this goal:

STEP 5: Make sure the community goal is RELEVANT by listing why your community wants to reach this goal:

STEP 6: Make sure the goal is TIMELY by identifying a deadline to achieve your goal and set some benchmarks to ensure you're progressing towards that goal:

We will reach our goal by (date):

Our halfway measurement will be (write concrete benchmark/milestone) on (date).

Additional benchmarks/milestones and associated dates we are aiming for in achieving this goal are:

Community Framework Work Plan Matrix

Goal(s):[7]	**Strategic Objectives:**[8]	**Strategic Actions:**[9]	**Resources Required** - *What financial, human & other resources are required to achieve this?*	**Responsibility** - *Who will do what?*	**Time frame** – *When will this be achieved?*	**Status** – *What is the status of this component?*

[7] Insert "Goal(s)" identified in the "Community Framework Customization Exercise Worksheet".
[8] Insert "Objectives" identified in the "Community Framework Customization Exercise Worksheet".
[9] Insert "Strategic Actions" identified in the "Community Framework Customization Exercise Worksheet".

Collaborative Action Network (CAN) Logic Model Template

GOAL	**SCO HSIF Project Goal Statement**: The Goal of this project is to improve the health status of First Nation people by facilitating collaboration and partnerships; the reorientation of existing resources and services, the promotion of effective communication; and the evaluation of the processes.			
BENEFICIARIES (Target Population)	**SCO HSIF Project Beneficiaries:** First Nation Citizens RHA Health Professionals/Providers Health Care system (Manitoba Health/Health Canada-First Nation & Inuit Health Branch)			
OBJECTIVES	**COLLABORATION & PARTNERSHIPS**	**REORIENTATION OF HEALTH SERVICES (Change Management Activities / Policies Alignment)**	**COMMUNICATION & TRANSITION**	**EVALUATION (PROCESS, STRUCTURE, & OUTCOMES FOCUS)**
ACTIVITIES	Samples of SCO's planned activities: ■ Continued collaboration with existing CANs ■ The development of secondary CAN's seek to develop integrated networks/governance structures for creating, implementing, evaluating, and sustaining re-oriented First Nation health services ■ Ongoing collaboration with the Advisory Partnership Committee (APC)	Samples of SCO's planned activities: ■ Identify component that will lead to successful meaningful partnerships ■ Established CANs have created several new tri party and multi-party partnerships. These CANs will work to improve service integration, including access which will improve health outcomes for First Nation people.	Samples of SCO's planned activities: ■ Over the next 3 years the project coordinator will continue to promote the use of CANs through use of the FFHA and CSAP ■ Project coordinator will complete and present for approval the FFHA implementation guide	Samples of SCO planned activities: ■ A Project evaluation and evaluation framework will be developed from the onset of the project. ■ CANs will be evaluated as part of the project and the results will be distributed to the stakeholders including project outcomes, and best or promising practices.
SUSTAINABILITY	■ SCO HSIF Sample: It is anticipated that these CAN groups will, with minimal support, use the FFHA Implementation Guide and strategies of the CSAP.			
SHORT TERM RESULTS	Samples of SCO HSIF short term results statements: ■ Improved health service integration activities between and within jurisdictions ■ Improved access to health services on and off reserve ■ Improved communication amongst First Nation communities and relevant stakeholders/governments		**LONG TERM RESULTS (IMPACT)**	Samples of SCO HSIF long term results statements: ■ Build multi-party partnerships to advance the integration of health services that are better-suited to the health needs of Aboriginal people ■ Improve access to health services

Collaborative Action Network (CAN) Work Plan Template

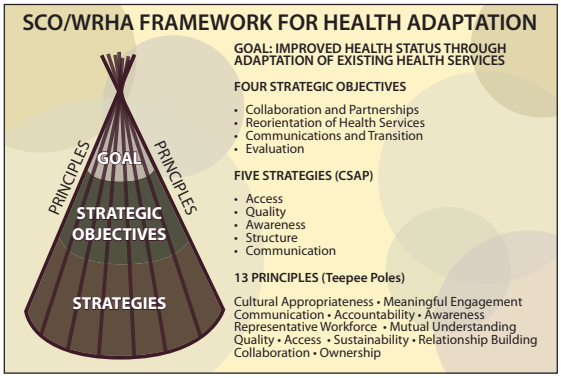
Project Manager: Chief of Staff
Community/Organization: Southern Chief's Organization
Fiscal year: April 1, 2014 – March 31, 2015

Goal of the Initiative/Project: The Goal of this project is to improve the health status of First Nations living on and off reserves by facilitating collaboration and partnerships; the reorientation of existing resources and services; the promotion of effective communication; and the evaluation of the processes

Specific Objectives (What do you propose to do?)	**Activities** (How do you propose to achieve the objective?)	**Timeline**	**Person and/or Organization Responsible**	**Anticipated Outcomes/Milestones** (What do you expect to change if you accomplish the objective? How will this benefit? What are the Short / Medium / Long term outcomes?)	**Outcome Achieved (Y/N) & Description** (e.g. when; product developed; change in health status; etc)
1. Development of new CANs	a) Assist in partnership development and establishing linkages b) Assist in creating logic models and work plans with new CAN's	Apr, 2014-Mar, 2015	Project Coordinator	a) Increase number of CANs b) Project oversight/governance/planning tools created for the new CAN's	☐ Yes ☐ No
2. Ongoing Collaboration and support of new CANs	a) Familiarize CANs with FFHAII implementation Guide b) Assist CANs on an ongoing and requested basis	Ongoing	Project Coordinator & APC as required	a) Successful development of new CANs b) CAN Capacity building	☐ Yes ☐ No
3. Communication Strategy	a) Conduct FFHAI & CSAP presentation to interested Governments and health service providers/stakeholders b) Southern/Northern/Regional Health Technician updates	Ongoing	Project Coordinator	a) Increased interest in CAN development b) Increased communication and interest of CAN developments amongst First Nations communities and stakeholders	☐ Yes ☐ No

First Nations Toolkit for Health System Change

Toolkit Section Three



Applications of the FFHA and the CSAP

This section provides information on 'real life' applications of the ***Framework for Health Adaptation*** and the ***Collaborative Strategic Action Plan*** as an adaptation model. Toolkit users will find it helpful to refer to the FFHA / CSAP documents and the logic model and work plan templates in Section Two when reviewing this section.

Model Validation

Some First Nation and other health leaders have used the model or are advocating for its usage. Some are aware of the model but have been waiting for the tools to assist them in applying it. Others were previously unaware of the model but have validated the goal, objectives, strategy areas and principles – even without having deliberately applied the model within a formalized 'Collaborative Action Network'.

It is recognized that it is not the only change model however as Southern First Nation health experts have suggested:

- "I like the Framework and that you can redefine the tools and make your own teepee – build it again. I would add it to the other tools we have for planning."
- "I read the FFHA and CSAP. We are looking at the same strategies and the same issues in our strategic planning."
- "I agree with the principles, the Teepee poles."
- "I learned about the model when it was being developed under the AHTF project. It's great work and a good model but needs facilitators who really know the model to guide people through the process."
- "In applying the FFHA, we are not necessarily taking a step-wise approach but we are trying to formalize it in our own way – a more organic, holistic approach."

Health Authority Aboriginal Health Programs 5 Year Strategic Plan

The Winnipeg Regional Health Authority (WRHA) was a strategic partner with the Southern Chiefs' Organization on the Aboriginal Health Transition Fund project which produced the ***Framework for Health Adaptation*** and ***Collaborative Strategic Action Plan***.

The ***Collaborative Strategic Action Plan*** outlines five actionable evidence-based strategy areas and provides examples of appropriate strategic actions; "Effective programs select evidence-based interventions, meaning services or behaviors *known to have an impact on health status*."[1]

The five actionable strategy areas are: **Access, Quality, Awareness, Structure and Communications.**

Strategic action examples listed under **Access** include:

- **Community based services**
- Joint community / system based case management
- Service access and delivery points

Strategic action examples under **Quality** include:

- Improvement in health care provider capacity
- Strengthen service delivery
- **Effective linkages between First Nations community and health system**
- Ensure acceptability and respect for the differences in cultural norms
- Develop a quality "culture"

The WRHA incorporated many elements of the model within their Aboriginal Health Programs, ***Moving Forward Together: Aboriginal Health Programs Strategy 2011-2016***.[2]

As one example, **Community Based Services** is a focus area of action under the WRHA Aboriginal Health Programs strategic priority **1 Enhance Patient Experience and Access:**

> Through collaborative action and shared knowledge, community based services can be improved particularly in areas of discharge coordination and continuum of care. Through strengthened linkages with Aboriginal stakeholders, partners can work towards improved access to health services in areas most in need.

[1] Collaborative Strategic Action Plan, Southern Chiefs' Organization & Winnipeg Regional Health Authority, retrieved on March 25, 2015 from scoinc.mb.ca/wp-content/uploads/2014/04/attach-2001frameworkweb.pdf

[2] Moving Forward Together: Aboriginal Health Programs Strategy 2011-2016, retrieved on March 25, 2015 from www.wrha.mb.ca/aboriginalhealth/files/AHPStrategy_2011-16.pdf

Additionally consultations and support can be offered to Aboriginal Health Liaisons connected to Regional Health Authorities to help evaluate and improve community based service delivery to Aboriginal patients.

As another example, **Effective Linkages between First Nations Community and Health Services** is a focus area under strategic priority **2 Improve Quality & Integration***:*

> Particular program-specific strategies will be identified to help strengthen and enhance continuum of care between programs and communities. As well, a comprehensive collection of quality health resources can be developed by Aboriginal communities through stakeholder partnership for use with Aboriginal communities that identify specific quality measures of care.

Moving Forward Together: Implementation of the Strategic Plan

Moving Forward Together makes reference to an implementation plan that includes the development of annual action plans by role and how they should address / achieve the Strategic priorities. This aspect of their plan aligns well with the FFHA and CSAP as a results-based model.

On March 4, 2015 the WRHA Aboriginal Health Programs management team shared about the process of integrating the ***FFHA*** and the ***CSAP*** within their ***Moving Forward Together Strategy*** and the implementation plan.

Statements around the accomplishments or benefits due to this planning:

- "This is the first time that Aboriginal Health Programs developed a Strategic Plan."
- "It is the go-to document when developing our annual work plans. Our organizational structure is built off of it."
- "It helps us to make informed decisions."
- "As a leadership team we look at the Strategy to measure where we are."
- "We designed a template that staff can use for reporting on the strategic areas."
- "Great to build off of at a macro level or at a micro level."
- "It is inherent in what we do. It defines employee functions and informs employee performance."
- "The Strategy is good for sharing with stakeholders. Even though services have been available for a long time, some are not aware of what we do. This helps to educate."
- "Lots of literature shows what we do but this document provides a 'birds-eye view' and a more wholistic view of the three focus areas of Health Education, Workforce Development and Aboriginal Health Programs – the philosophy of why we're here."

The timeline of the Strategy is 2011-2016. Statements around next steps:

- "We will be evaluating how we've done. The Strategy will help to establish an evaluation 'go-forward' starting this year and continuing throughout the year."
- "Next plan is to collaborate with the team, the WRHA and other stakeholders by following the pillars, asking 'are we there yet?' and incorporating their feedback."
- "50% of our staff are frontline – the strategic planning has to involve them too."
- "The Strategy provides a springboard for our Accreditation process."

Re the Strategy and its influence on WRHA policy:

- "Yes – it gets referenced within policy and informs it."

Re Integration successes and collaboration with First Nations communities increasing or improving as a result of incorporating the FFHA and CSAP into their Strategy:

- "We now have a dedicated position of **Integration Manager**. This position is two years old now and stems directly from the Strategy." For information on the activities related to the position, please see ***Appendix*** at the end of this Section.
- "Yes, it has increased and improved."
- "We are part of a collaboration involving First Nations and the Interlake Eastman Regional Health Authority. They follow the same principles of the FFHA."
- "A Collaborative Action Network formed around an emergency made up of an interdisciplinary team to address the flood evacuation. This was based on the ***FFHA*** although it happened more naturally."
- "We've moved from a time when we were initiating engagement with First Nations…it's evolved to the point where First Nations are inviting us rather than the process being directed or requested by us. This shift has occurred over the last few years."

Re whether or not the *FFHA* and the *CSAP* worked well for the WRHA AHP and their Strategy?

- "Yes, absolutely."
- "We will use the model when we need to call upon stakeholders. It underscores our commitment to community engagement."
- "Key performance indicators were improved upon because of the strategic plan. We have developed measurement tools for staff and these tools help them by simplifying it. The reporting by staff will be incorporated within the Annual Report."

Re what WRHA AHP management wants First Nations to know about the FFHA and the CSAP:

- "It's not meant to be prescriptive. It is to be adapted based on your needs."
- "The model puts a Framework around what you already know and do."
- "You can see collaborative action networks in so much of the work being done. The model labels what you already do so well. Our health leaders are so innovative."
- "It is inherent in how we, as Aboriginal people, are already collaborating and being creative in how we pull things together."
- "There may be parts of the system that don't know how to engage. The model shows external partners what they can do and how the Framework works. For new people and new programs, this model could be very valuable."

Patient Resources are available on the WRHA website:

- Patient Handbook
- Guide to Health and Social Services
- Culture of Well-Being: A Guide for Mental Health Resources

Services available include:

- Interpreter Services
- Discharge Planning
- Spiritual/Cultural Care
- Advocacy

For more information, contact WRHA Aboriginal Health Programs at 1-877-940-8880.

Dakota Tipi First Nation Applies the Model with the Goal to Strengthen their Comprehensive Community Planning Committee and Increase Health Outcomes and Community Involvement

Dakota Tipi First Nation was identified as a **Collaborative Action Network** in partnership with the Southern Chiefs' Organization for the Health Services Integration Fund project, **Collaborative Action Networks: First Nations Health Services Integration in Action**. Using the FFHA Logic Model and Work Plan templates, the Dakota Tipi First Nation health team set out to customize their usage of the FFHA by incorporating their Community Health Planning goal, building the logic model and developing a two year work plan.

Customized Goal Statement

"To strengthen the Comprehensive Community Planning Committee in order to increase transparency, communication and economic development opportunities fostering increased health outcomes and community involvement." This goal aligns with the overall FFHA goal of "improved health status".

Logic Model Alignment with the Four Strategic Objectives of the FFHA

After identifying the target beneficiaries of the project - community members, RHA, FNIHB, service providers, traditional healers, other First Nations - the strategic objectives of the FFHA were used to build a customized set of strategic actions.

FFHA Strategic Objective 1 - Collaboration and Partnerships

Related Action Statements within their Logic Model:

- Establish and support linkages with traditional healers and / or alternative medicines (holistic)
- Identify health service providers that are willing to provide services within the community
- Investigate partnership to improve patient discharge planning
- Youth mentorship programming
- Establish partnership with RHA (formal or informal to be determined)

FFHA Strategic Objective 2 - Reorientation of Health Services

Related Action Statements within their Logic Model:

- Reorient focus to prevention, education and self-awareness programming
- Traditional medicine approach
- Develop community tool for patient discharge

FFHA Strategic Objective 3 – Communication and Transition

Related Action Statements within their Logic Model:

- By family group model
- Training for CCP committee
- Mentorship for health

FFHA Strategic Objective 4 – Evaluation

Related Action Statements within their Logic Model:

- Evaluate Focus Group effectiveness
- Evaluation of western and traditional 'access'

The Logic Model also includes identified sustainability factors and the anticipated short and long term results. Long term results anticipated by Dakota Tipi First Nation include:

- Traditional medicine clinic established
- In-community health services established
- Increased Access to health services which would lead to improved health outcomes
- Medicine gathering knowledge held by community
- Community champions to develop traditional medicines
- Increased unity between families

These planned outcomes are unique to this First Nation although they align well with the FFHA goal, strategic objectives, strategy areas and principles.

Toolkit tip - Stemming from the Logic Model, the FFHA Work Plan template includes space for activities, timeline, person / group / organization responsible, anticipated outcomes and whether or not the planned outcomes were achieved.

These templates are meant to assist Toolkit users when organizing / forming a Collaborative Action Network(s) to achieve an agreed upon goal. See Section Two.

In December of 2014 Dakota Tipi Health Centre management shared about the FFHA/CSAP model, their community health planning, and integration successes and challenges.

Dakota Tipi First Nation experienced challenges and successes during the community health planning process and in forming their own Collaborative Action Network. As explained, "Gaining the trust of the people involved was a challenge but now that we have the plan the next steps are the implementation."

The Dakota Tipi Health Centre is incorporated and is working towards achieving Accreditation. They have completed most of the work involved including policy manual development, asset mapping, needs assessment, gaps analysis, and multi-year work plans. They have an integrated Board that includes Elders and Youth. Their goal is to address all the determinants of health including housing.

> *Anticipated benefits to having a Community Health Plan, "Our community health plan is ready. Once the Accreditation process is completed, there will be potential for further funding and the ability to protect the programs and services we currently have in place."*

Engagement and Partnerships

- Band meetings
- Focus groups for youth
- Involvement of stakeholders in setting priorities
- Tribal Council
- RHA
- Manitoba Health
- FNIHB
- MFNHTN
- Child welfare, education, health

Integration / Collaboration Successes and Challenges

Successes indicated include:

- Community Health Plan developed
- Case management is well integrated amongst stakeholders and service providers within Dakota Tipi – there are regular meetings involving the School, CFS, HCC, parents, and the Health Centre
- Intertribal united approach works well re sharing of resources, access to training, and information sharing / networking on health and wellness related topics such as bullying, family violence prevention, ASIST / suicide prevention, and lateral violence.

Challenges indicated include:

- funding - seen as the 'cornerstone' of successful collaboration
- scheduling meetings - health professionals, managers, and decision-makers are busy
- overburden – leading to compromised capacity

Validating the FFHA / CSAP Model

Statements recommending use of the FFHA / CSAP, "The model is usable in the health field. It is good for managing health programs and services and for accountability. It has assisted in the development of our community health plan and in evaluating what we do and how to improve."

Regarding standards and quality health care services for First Nations, "I think the FFHA/CSAP could become part of the Accreditation program requirements" and "It (or something similar) should become part of the education system for all Health Canada workers."

Recommendations re Standing Priorities

- **Funding and access to funding**
  - AANDC having assigned a First Nation to third party management status under their Default Prevention and Management Policy should not impact health services and access to new funding
  - reciprocal accountability needed amongst Canada's health funding organizations
- **Governance** - clear role differentiation between elected leadership and health center governance and management team. More capacity building needed for governance.
- **Jordan's Principle** – putting the legislation into practice remains a challenge. There is a need for an education process for off-reserve Health Care providers / systems.
- **First Nations Health Care Models** – must be practical & relevant, need more opportunities to network with other First Nations, develop an inventory of alternative First Nations health care models, and move towards First Nations Health Authorities

Adapting the Framework for a First Nation's Strategic Planning

Manitoba Keewatinowi Okimakanak (MKO) was identified to form a **Collaborative Action Network** in partnership with the Southern Chiefs' Organization for the Health Services Integration Fund project, **Collaborative Action Networks: First Nations Health Services Integration in Action**.

MKO prepared a logic model and a two year work plan around the goals of developing a research framework for standardizing reporting, building research capacity for identified northern First Nation communities, and integrated service delivery plans. It was hoped that the building of a **Collaborative Strategic Research Action Plan** would result in the establishment of tripartite relationships, access to other funding sources, and increased community capacity and awareness in the area of health research.

Work Plan Changes and an Exciting New Development

They were unable to establish the necessary linkages with stakeholders to focus on building research capacity. The direction then changed to a project involving homelessness and the social determinants of health. Over the course of their two year involvement, organizational changes and limited staff resources meant that follow through on the project was not as planned.

Toolkit Tips

1. Expect changes in direction and work plans.
2. Collaborative planning has value as a 'look back at where we were and wanted to go', even if not implemented.
3. The Framework (teepee) can be taken down and rebuilt for new planning.

In December 2014, MKO's CAN lead Inez Vstrycil-Spence shared about these challenges, the model and an exciting new adaptation for a First Nation collaborative strategic action plan. Inez has expert knowledge of the model and was involved in the development of the FFHA and CSAP as the model's foundational documents. Due to her expertise, Inez was contracted under her company name IVS Consulting and Development to facilitate the development of a First Nation strategic plan.

On the Model

User-friendly or difficult to apply?

"Applying the model does require a reflective mindset. It is meant to be simple and shouldn't get over-complicated."

"It is meant to help with 'buy-in' and validating the issues that come out of a collaborative planning process. It provides a systematic way of organizing issues."

"The goal or goals of an adapted Framework need to be kept basic, general and achievable for the three layers to work. If you need more layers break it down within the layer."

"The way the model is built is so that planning can be taken to the next level which is action - build the Framework first then a Collaborative Strategic Action Plan."

The Framework was meant to be usable for a 'range of strategies at individual, community, and organizational levels'. Large systems are difficult to change. System workers can feel that they must do only what they are assigned to maintain system order and functions. Can individuals who are not health care leaders or decision-makers create adaptation or integration using this model?

"It is recommended for use by planners and administrators. There is limited relevance for front-line workers to take the lead in adaptation or integration planning although they should be brought in as part of the planning process."

"In a highly structured system, it may be more challenging…but for a First Nation strategic planning process, this (model) was a useful tool."

The model's foundational documents may be vulnerable to strict interpretations of use and accountability. How would you advise health leaders who want to incorporate the Framework into action?

"The Framework is based in part on the concept of decolonizing embedded within Paulo Freire's work which led to the development of Participatory Action Research models. Using the Framework solely as a tool of accountability is not the right spirit."

Participatory Action Research (PAR) - sees participants as "experts due to their lived experiences related to the research topic, ensuring that relevant issues are being studied. By involving participants in the research process, PAR promotes changes desired by the group in the form of policy, program, or research developments. The overall goal of PAR is to use research findings to influence social change."[3]

What helps in obtaining buy-in for applying the model? What are the success factors?

"That it was built by First Nations for First Nations".

"You have to trust - and build trust - that this collaborative process will work."

"Have the members of your First Nation apply it. The process may not have been as trusted if applied by external consultants."

"Trust in the information the collaborative process will bring. In conducting a literature review during the development of the model, we found that *culture* and *communication*

[3] Participatory Action Research: An educational tool for citizen-uses of community mental health services, 2010, J. Watters, S. Comeau & G. Restall, University of Manitoba, retrieved on March 27, 2015 from http://www.umanitoba.ca/medrehab/media/par_manual.pdf

stood out as critical – the information shared by First Nations Elders and health leaders validated this finding."

"Share the need-to-know and keep it simple. Build your own communications tools."

"Keep the momentum - follow through with back to back meetings."

"Measurable outcomes and improvements are critical. We need a process. Just by going through this process we will gain improved systems, communications, and capacity building."

What about other tools?

"Incorporate other planning tools." In adapting the model for a First Nation strategic plan SWOT analysis, Asset Mapping, and Dotmocracy were also used.

Dotmocracy has been defined as "a participatory and equal opportunity large group decision making process. Participants put dots (traditionally stickers) next to a variety of written ideas to show which ones they prefer. The final result is a graph-like visual representation of the group's collective preferences. The dotting process generally does not produce a final decision, but rather provides clear guidance and insight that final decision makers can use to inform and direct their creation of a plan."[4]

Adapting the Framework for a First Nation

When approached by a First Nation to assist in facilitating a strategic planning process, Inez thought first about how to begin. What came to mind? The FFHA / CSAP model because of its adaptability, familiarity with the model, and because it was built by First Nations for First Nations.

Validating the use of the Model

Following initial discussions with the First Nation leadership, customized communications tools were developed. A **pamphlet** and a **presentation** facilitated the sharing of information about the model and their proposed collaborative strategic planning process.

"It took 45 minutes to explain and everyone 'got it'."

The teepee as a graphical representation was helpful. "People were very excited to see the Teepee. This was good validation."

First steps

While in the early stages of applying the model they completed these first steps: 1) **identification of the issues** and 2) **adaptation of the Framework**.

[4] Dotmacracy Handbook, 2006, Official Co-op Tools (J. Diceman), retrieved on March 23, 2015 from http://www.dotmocracy.org/download/cooptools_dotmocracy_handbook_1-00.pdf

Collaborating on issues identification

They formed three different groups; “the issues to be identified had to come from the Chief and Council, the managers, and the people. Each group must be given a voice.” It was noted that seeking issues identification from only one source would not have been enough. The groups contributed many and varied suggestions.

Another important note on collaborating and community engagement; “the more you engage with the groups, the more ‘buy-in’ you will get. All groups agreed that this is our way – the First Nations way. Culture and customs are based on community involvement.”

Data was collected via social media (Facebook) and through meetings with the three groups.

Formulating goals, themes and principles from the collected data

The information was organized into four goals and nine theme areas. Because of the large number of collected suggestions, it was helpful to have a basic understanding of research:

- Identify the problem
- Understand the problem / collect the data
- Analyze and interpret the data
- Make recommendations / conclusions

They incorporated other methodology such as SWOT analysis in order to “apply a different lens. The themes captured the issues. We needed to look at strengths.”

Goals must be realistic and achievable

Four realistic and achievable goals emerged from the data analysis; “We knew to identify them because of the Framework model”.

Themes and Principles

“We picked out nine themes & highlighted principles. Our principles are culturally-based and so with the four key elements, we placed culture at the top.”

Use of the CAN Logic Model Template and Other Tools

The CAN logic model template was used as part of their planning process along with other tools such as SWOT analysis, Asset Mapping and Dotmatrix.

Timing for adapting the model

The process is ongoing. Seven months is the estimated time frame from initiating the planning process in phase 1 to the beginning of plan implementation in phase 3.

Planning milestones, phases and next steps

Phase 1 – Framework completed

They have achieved agreement on an adapted Framework with the goals and the basic strategy areas or themes.

Phase 2 – Collaborative Strategic Action Plan in progress

Work is in progress on the collaborative strategic action plan. Managers will then develop more detailed multi-year work plans. The plan is to have the strategy / theme areas embedded in all programs.

“We are working on the strategies now – building a table and the narrative background on what has been discussed.”

All will be taken back to the community for feedback before implementation can begin.

Phase 3 – Plan implementation will begin once phase 2 is completed

Phase 4 - Monitoring and evaluation

Appendix – WRHA Aboriginal Health Programs Integration Manager

Under the direction of the Regional Director, Aboriginal Health Programs, the Integration Manager will collaborate with key stakeholders inside and outside the health system to choose and implement strategies based on current research and effectiveness literature, as well as the appropriateness and acceptability of the strategies that support and enhance culturally appropriate services for Aboriginal people.

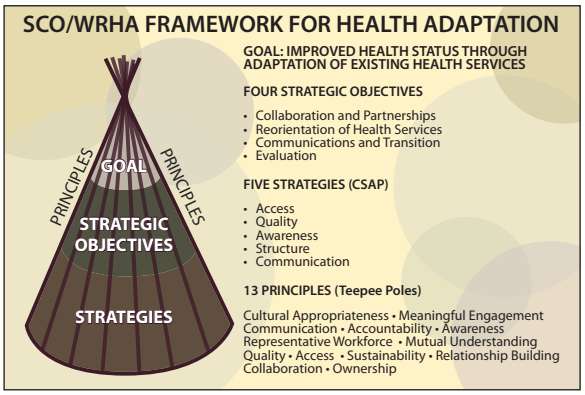
Roles and Responsibilities:

In collaboration with regional integration and strategic planning teams, the Integration Manager will provide facilitation of regional submissions for program development and regional health plans with the various programs involved in Aboriginal health. The Integration Manager will:

- Support collaborative working relationships between partners
- Foster effective linkages across programs, relevant networks and collaborative strategies in Aboriginal health
- Meet with program managers and other relevant partners to facilitate communication assist in the resolution of issues and provide on-going support as needed
- Provide leadership in Aboriginal health quality and risk management strategies
- Utilize appropriate surveillance data to inform program planning and identifies gaps in surveillance information and develops strategies in partnership with other team members and partners to address those gaps
- Conduct regular reviews of existing programming to ensure it is based on best practice and identifies opportunities to introduce new programs / enhance or revise existing programs
- Participate in regional Aboriginal health research or evaluation initiatives
- Develop effective systems for communicating results of program monitoring and evaluation including development of reports, briefing notes and presentations
- Seek research and funding opportunities and supports team members in their efforts to seek research and funding opportunities
- Facilitate inter-professional and cross-continuum practice and program development
- Support an environment of excellence including a focus on patient/client safety
- Assist with the planning process for Aboriginal Health Programs using the strategic directions; prepares the program's regional and operational plans
- Contribute information and support for urgent, short and long-term planning in response to issues
- Plan, manage and evaluate regional and Aboriginal health programs policies to improve quality of services and to mitigate risk
- Ensures that accreditation standards are met or exceeded

First Nations Toolkit for Health System Change

Toolkit Section Four



First Nations 'Sharing Circle'

Change happens because our health leaders care and are experts on the ground. First Nations health leaders are creative, adaptive and already integrating. This section provides information shared by Southern First Nations health experts on health related successes and challenges.

As in a **Sharing Circle**, it is hoped that this section will encourage peer support, knowledge exchange and continued collaborative action.

Sharing Circles

"In a research setting, although both the focus group and the sharing circle are concerned with gaining knowledge through discussion, the principles behind a sharing circle are quite different. Circles are acts of sharing all aspects of the individual—heart, mind, body, and spirit—and permission is given to the facilitator to report on the discussions…The circle is nonjudgmental, helpful, and supportive. Respect is important, and this includes listening to others. Sometimes people speak as they are seated in the circle, either going in a clockwise or counter clockwise direction and hold an object such as a talking stick or eagle feather. Circles begin with a smudging ceremony to rid the circle and people of negativity. Items may be placed in the centre of the circle, depending on the purpose."[1]

Shared by Southern First Nations Health Experts

Collected over the six month period ending in March of 2015, below are thoughts and suggestions shared by Southern First Nations health experts.

Jurisdiction and Access remain as major challenges – this was shared by many, on separate occasions, and without prompting. "People are being turned away."

Strong Political Leadership Needed re Health Advocacy Issues like Funding - "We already know what we're doing. We are already strong health leaders and advocates. But no matter what we explain – we don't get anywhere. We get the same budget and

[1] Practical Application of an Indigenous Research Framework and Two Qualitative Indigenous Research Methods: Sharing Circles and Anishinaabe Symbol-Based Reflection, 2009, L.F. Lavallee, retrieved on March 18, 2015 from www.ryerson.ca/asbr/projectsasbr_files/Indigenous%20Research%20Framework%20and%20Methods.pdf

are making do. We manage on what we have to meet the needs. We have become real go-getters in finding other ways to address community needs."

Cultural Reclamation – "Most important, to get better…to fix what was broken we have to get back to our own culture - the way we used to be as Anishinabe. The residential school system…the government knew what they were doing." Recommend cultural camps & language programs. Loss of Elders seen as having a major impact.

Continue to Address Bias & Racism - through mandatory cultural competency education for non-First Nations health professionals. "I see how people are treated but things are getting better through education."

Role Differentiation: First Nation Political Leadership and Health Services – "there needs to be a line." It was suggested that Accreditation and policy writing can help, "These issues don't happen when policies are in place." Another related suggestion, "I recommend separate Health Board Governance for every First Nation."

Perspectives on Collaboration re the RHA Amalgamation:

- "We work well with the new health authority. There is a First Nations Nursing Strategy and frequent and regular meetings. They recognize our population and that there are gaps in services such as Mental Health programming." *First Nation health expert*
- There are trust issues around promises made and the perception that there is reluctance to 'hear' on the part of the health care system - "Reactions are strong and this can make us want to work on our own." *First Nation health expert*
- New RHA addresses trust through communications - recognizing that there was very little trust between the RHA and the First Nations and that trust requires knowledge, they set out to start "talking to each other" using a variety of mechanisms (face to face/services to services meetings, monthly newsletters). A few years after initiating this knowledge exchange, First Nations are now regularly initiating contact with the RHA. *RHA representative*
- There should be "one purpose" among RHAs re indigenous cultural awareness and issues, eg. a shared website, resources, programs. *RHA representative*
- Partnerships are needed, "We can't be an island. We have to partner with the RHA." *First Nation health expert*
- More services should be provided at First Nation Health Centers, "If our health centers provided more health services, maybe the stats on chronic diseases would go down. We need to set-up a service system based on our needs and create partnerships with the RHA to do that." *First Nation health expert*
- Message to the Regional Health Authorities – "First Nation Health Centers function as medical facilities. We could help you but you need to communicate with us. An open dialogue is needed." *First Nation health expert*

Integration of the 'New' Takes Time – "We have a traditional nurse and it has been a challenge for her in dealing with existing structures. People are resistant to change. When we try to bring in new ideas like the Teepee (FFHA), people at first fight against the change…but it will slowly integrate into the community."

Evaluation is Important - "We need evaluation so that we can change if needed but also because it points out what we are doing is right – it's working."

Change Doesn't Always Mean Better - "Change in system priorities sometimes equals loss of good programs". Programs proven to be effective are at risk, "Maternal child health program – we are in danger of losing it. The numbers prove that it is needed."

Wrap-Around Committee – collaborative case management between First Nation services – eg school, child and family services, policing and health. This community level integration works well.

First Nation Health Centers as Health System '1st Point of Contact' – to better monitor patients if and when they need to leave the community for services.

Communications and 'Closer Connections' to Community Members – in order to improve service, build relationships, and share information about services and programs. Need for funding to establish First Nation infrastructure for communications.

Health System Dependency Think Tank – to develop creative ways to reduce health system dependency and over-usage.

Funding for Comprehensive Health Planning – seek information on available funding for this type of planning.

First Nations are Unique – needs are different.

Technology – outdated computers, 'how-to' of technology / training needs, high-speed internet in First Nations

Access to Dialysis – Political leadership should continue advocating for First Nations in this area. "We are told, 'People should be moving closer to services'."

Diabetes - Continued focused attention, resources and advocacy needed.

Health Access Centre – Long term goal to bring services closer to the First Nations.

Traditional Food Source & Food Security – "Not many hunters left. With less of this alternative source of food…this matters when people are living in poverty."

First Nations Health Governance – "The Government has its priorities. We can't wait for approval to reach our goals, our vision. We have to say 'it's our community. Let's do it on our own regardless of the lack of funding.' We can work around it."

First Nations Health Authorities – "We need to move towards (establishment of) First Nations Health Authorities".

Jurisdiction & Access re Mental Health Supports and Programs for Clients with Developmental Disabilities:

- "We would like easier access to psychologists and psychiatrists."
- "Clients have to leave the community and have an address outside of the community to access programs."

Role of PTOs

Advocacy and Action on Health Resolutions – "This seems to take time and we don't always hear updates on what is being done."

Communications Hub – Regular communications needed re advocacy efforts and status, meetings, events/conferences/training, networking opportunities, and health information updates. The methods and communications should be edited, organized and tailored. One health expert described a deluge of daily emails from a variety of sources (PTOs, Tribal Councils, RHAs, FNIHB) and that their preference would be for in-person meetings in their community or, at the very least, regular phone-calls and teleconferences.

Knowledge Exchange Opportunities with other First Nations – facilitate in-community or virtual visits with other First Nation health centers and healing lodges; knowledge exchange re policies & procedures, staffing, tracking, managing, etc.

Health Planning, Policies & Procedures – Assist with templates & Toolkits like this.

Toolkit tip – The thoughts and suggestions shared by Southern First Nations health experts fit naturally within the FFHA's strategic objectives, strategy areas and principles. They also provide an informal validation of the findings of the previous SCO/WRHA AHTF project. Simply put, the FFHA/CSAP model puts a framework around the work First Nation health planners like you are already doing and provides one way to organize findings and build a collaborative strategic action plan around them.

Reclaiming and Renewing the Central Role of the Family: a Traditional Approach to Healing in Roseau River Anishinabe Nation

In the spring of 2015, the health team at Ginew Wellness Centre shared about their traditional approach to healing based on renewing the strength of the traditional family structure.

“All things start with the family. There has been a loss of this traditional family structure due to the residential school system. When the role of the family was strong mental wellness supports were there. We are still redeveloping the family structures that were there before.”

Accessing supports available through systems (CFS, legal, health) requires that families ask for help, “A lot of the responsibility is on the family to ask for help. Families reconcile and have to live together.” It is difficult to ask for help but if they don’t ask, healing can be a challenge.

The Ginew Wellness Centre incorporates the family first approach within healing programs. They assess a family’s readiness for healing - “How do we start in working with a family that might be dealing with addictions, child and family services issues or other issues? Find a person in the family who is ready and begin with them.”

“When we find out where families are at, we find out where our community is at.”

Families are also central to their traditional governance structure, “Custom council still has a role to play. Each family (clan) is represented.”

Employment is seen as an important factor in wellness related to having an active role in community life and in being able to contribute to the financial support of family; “There is a high level of unemployment here in Roseau River. There is more incentive to improve our lives when we are working.”

Success in Renewing Their Family Focused Traditions

The renewal and reclaiming of their traditional family structure has made a significant difference.

Family groups come together to support each other and the staff who provide services in the community. Traditional practices are naturally interwoven in their approach to community and individual healing but are offered as teachings rather than forced. As an example, in response to a crisis an “Elders Debriefing Meeting” was quickly pulled together. Their suggestions included a mix of traditional and non-traditional activities that would bring families and the community together during the time of crisis:

- Sweat lodge
- Breast plate making
- Sewing/knitting

- Picking plants
- Planting a tree
- Keeping the fireplace
- Drug and alcohol awareness
- Tie water Drum and story telling
- Dance – expression of self
- Regalia making
- Ribbon shirt / ceremonial-traditional shirt
- Ojibway Moccasin games
- Karaoke

In the past, medicine picking, ceremonies and cultural practices were part of everyday life for families. This is being revived today, "We have 10 sweat lodges here. They are open to the kids. We promote the parents' role and the role of the family during the ceremonies. Elders speak about teachings such as berry fasting to the parents and children."

Their traditional customs and teachings have become "part of the response we have specific to our First Nation culture – this follows the FFHA."

Regarding the sometimes competing belief systems within First Nations – the spiritual divide between Christianity and traditional Anishinabe beliefs: "Yes, there are some who are divided and some who marry the two. But everyone does come together."

Pinaymootang First Nation Health Centre Achieves Accreditation

Gwen Traverse, Executive Health Director of Pinaymootang Health Centre recommends that First Nations take on the challenge of Accreditation, "Pinaymootang has improved drastically over the five years it has taken to become accredited. It was a challenge but a good challenge and well worth it. We found that we were already doing a lot of what was required for Accreditation but just hadn't been documenting it."

Gwen validated the ***Framework for Health Adaptation*** and suggested that they have been following it without being aware of it. She stated further that their Accreditation planning process and the results align well with the goal, objectives, strategy areas and principles of the ***Framework***. When asked if they would consider applying the ***FFHA*** and the ***CSAP*** in their collaborative health planning, her answer was "yes, we will be planning again in the fall and will look at using the model."

An Accreditation Canada report released in 2015, ***The Value and Impact of Health Care Accreditation: A Literature Review***, provides a list of evidence-based benefits for accredited organizations:

- Provides a framework to help create and implement systems and processes that improve operational effectiveness and advance positive health outcomes
- Improves communication and collaboration internally and with external stakeholders
- Strengthens interdisciplinary team effectiveness
- Demonstrates credibility and a commitment to quality and accountability
- Decreases liability costs and identifies areas for additional funding for health care organizations and provides a platform for negotiating this funding
- Mitigates the risk of adverse events
- Sustains improvements in quality and organizational performance
- Supports the efficient and effective use of resources in health care services
- Enables on-going self-analysis of performance in relation to standards
- Ensures an acceptable level of quality among health care providers[2]

[2] The Value and Impact of Health Care Accreditation: A Literature Review, retrieved on March 16, 2015 from http://www.accreditation.ca/sites/default/files/value-and-impact-en.pdf

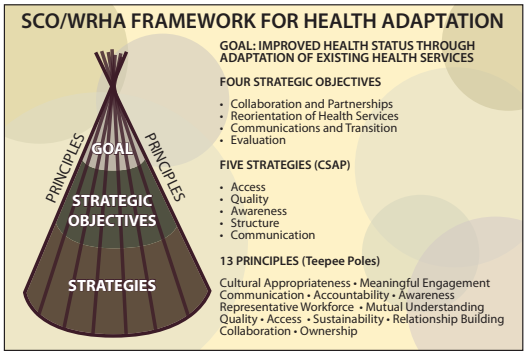
In valuing the Accreditation process, Gwen spoke highly of the team work that has developed; the positive work environment at the Health Centre; the good relationship with Chief and Council and the Health Advisory Committee; and the community as a whole that initiated a Networking Committee which has representation from all community programs such as the Health Centre, the School, Child and Family Services, and the Band Office. This committee meets monthly to share work plans ensuring no duplication of efforts and to seek collaborative cost-sharing opportunities to bring programs in. This provides a wonderful example of in-community collaborative service integration.

Gathering of Communities to Address Flood Impacts – A Model of Collaborative Action

Gwen also highlighted the importance of a collaborative relationship with other First Nations. Four of the First Nations affected by flooding - Lake St. Martin, Pinaymootang, Little Saskatchewan, and Dauphin River – have been working together to address mental health and other devastating impacts related to the man-made flooding in 2011. The ***Gathering of Communities*** held in Winnipeg on March 16 & 17, 2015 provided the needed 'go-forward' direction to the First Nations' political and health leadership from more than 200 Elders in attendance. This Gathering serves as a model of collaborative action led by First Nations for First Nations. The impacts continue to devastate and further emphasize the need for mechanisms to quickly end jurisdictional ambiguity and impasse.

Elders spoke of the devastating losses of family, community connectedness, cultural and physical ties to their lands; bad and racist treatment since in Winnipeg; diminishing levels of financial aid; young people being kicked out; strict residency rules; and the double-tragedy for community members who had died and without having seen a return to a place they could call home. Many voices were raised in wanting to unite to protest but many too stated that they 'just want to go home'. It has been four years. This is unacceptable. These Elders directed their leaders and health leaders to take action and vowed to stand alongside them in leading a protest.

Toolkit Section Five



First Nations Community Engagement

This section provides a process that Toolkit users can use to develop a Community Engagement Plan for the development and implementation of their own Community Framework for Health Adaptation.

This process is adapted from the ***First Nations Health Managers Association's (FNHMA) Community Engagement Toolkit (2005)***.

The decision to utilize an adapted process drawing upon best practices is based on: (1) the likelihood that First Nations Health Directors are familiar with or have used the ***FNHMA Community Engagement Toolkit***; and (2) best practices provide proven approaches or methods that we can have confidence in drawing upon or using.

What is Community Engagement, and what are its Benefits?

The FNHMA describes community engagement as:[1]

- Community members being involved in the planning and decision-making process on a particular issue.
- Everyone working with each other rather than one group doing the work for or to others.
- Inclusive, because people contribute and have a say in the development, planning and delivery of the program which is done by:
    - Listening – respecting local knowledge
    - Respecting local leadership – both formal and informal
    - Sharing power – identifying benefits to the community, measurements of success, and the advantages.

Later in this section is a process to develop a Community Engagement Plan from validation to customization to implementation of a Community Framework for Health

[1] First Nations Health Managers Association (2005), "Community Engagement Toolkit", available at: http://www.fnhma.ca/media.php?mid=435. Accessed on February 18, 2015.

Adaptation, thereby ensuring the participation of community members throughout use of the Toolkit.

This suggested process also includes a combination of community representatives on the initiative oversight committee, which is intended to ensure consistent involvement of community members throughout and at all aspects of the initiative, as well as broader community involvement through focus groups, as an example.

Inclusivity exists at many levels, from including community alongside program staff and leadership, to inclusivity of differently-situated people based on gender (male and female), age (youth and Elders), employment status, education level, level of traditional knowledge, educational level, frequency of contact with the health system, etc. Listening, respect, and recognition of the diverse contributions that different people in the community are critical to the effectiveness of developing and applying the Framework for Health Adaptation. Additional values suggested in exercising inclusivity in community engagement are: accommodation; the Seven Sacred Values; Traditional cultural Teachings; etc.

The FNHMA states that the importance of community engagement is:[2]

- Improve communication
- Helps to create a common vision of the future
- Includes everyone in the community
- Helps bring the community together
- Makes a community stronger and healthier

Benefits of community engagement to the development and application of the Framework for Health Adaptation are:

- Significant contributes to the validation and customization of the Framework to meet the actual needs and aspirations of community regarding their health and the health care system.
- It helps to create community buy-in and ownership of the Framework.

What is the Process for Developing a Community Engagement Plan for Working towards a Community Framework for Health Adaptation?

The FNHMA developed a ten-step community engagement process for community planning.[3] The proposed community engagement process for the Framework for Health Adaptation is adapted from the FNHMA process and is as follows:

[2] Ibid.
[3] Ibid.

Section 1: Getting Started

Step 1: Get approval from the appropriate community authority to pursue development and implementation of the Framework for Health Adaptation.

- Provide an overview of the Framework for Health Adaptation.
- Highlight the potential use, purpose and benefits of the Framework for the community.
- Highlight the benefits of community engagement in this initiative.

Please note that the use, purpose, and benefits of the Framework and perspectives on community engagement may vary by community.

Step 2: Create a community engagement committee or identify key community representatives to participate on the committee overseeing the development and implementation of the Community Framework.

- Provide a simple and easy-to-understand overview of the Framework for Health Adaptation, and identify a contact person who can answer community members' questions.
- Ensure this overview is communicated in various ways, such as: on the community radio; program newsletter; at community meetings; etc.
- Ensure an open invitation to all interested community members to participate.
- Ensure participating and selected community members represent different groups, perspectives and situations, e.g. men and women, youth and Elders, employed and unemployed, etc.

Step 3: Make a Community Engagement Plan for the development and implementation of the Community Framework for Health Adaptation.

- Identify and commit to a date, time and location to develop the Community Engagement Plan.
- Identify:
    - Goal(s) – *What is it that you want to achieve through the Plan?*
    - Objective(s) – *How are you going to achieve this Plan?*
    - Activities – *What is the most effective and appropriate level and type of community engagement for Framework Validation, Customization and Implementation activities?*
    - Timelines – *When will this work be done?*
    - Status – *Where are we at in realizing this Plan?*
- In developing this plan, it is critical to consider:
    - How a diversity of perspectives and situations will be considered in this Plan and engaged in Community Framework key activities (i.e. validation, customization and implementation).

- The best way to engage the community to get the information you need. For example:
  - *What is the best environment to make community members feel comfortable?*
  - *What information should be provided to community members for ease in understanding, and how should this information be provided?*
  - *What are questions do we need to pose to get the information we need, and how should these questions be phrased?*
  - *How do we optimize turn-out?*
  - *How do we create and ensure community buy-in, ownership and continued participation?*

See attached Sample Draft Agenda to develop a Community Engagement Plan for the Community Framework for Health Adaptation.

Step 4: Communicate the Community Engagement Plan for the Community Framework for Health Adaptation

- Determine the best way to get information about this Plan to all community members.
- Ensure community notice of community engagement activities far in advance of the date of the activities, and include any discussion questions so that they can be prepared for discussion.

Section 2: Community Engagement Activities

Step 5: Community Engagement Activities

- These activities will those identified in Step 4 of this process.
- As indicated in the Sample Community Engagement Plan, it is strongly suggested that these activities include the validation and customization exercises, and implementation activities.
- The FNHMA Toolkit identifies and explains focus groups as one method of engagement. There many others that should be considered according to the community's knowledge of their community, and what works and what doesn't.

Section 3: Reporting

Step 6: The Committee or oversight entity provides an easy-to-understand report on community engagement activities in a timely fashion, the report is validated by the community, and a final report provided to designated community authorities for approval.

Step 7: Next Steps – determined by the findings of the community engagement activity reports, initiative need, and what the community and designated community authorities would like to do.

Section Two: Applying the Framework for Health Adaptation of this Toolkit briefly discusses various planning and decision-making tools, including SMART Goal-Setting, SWOT Analysis, and PATH Planning Process, which can be utilized in developing a Community Engagement Plan for the Community Framework for Health Adaptation.

The following are examples of community engagement approaches:

- Sto:lo Nation Community Engagement Hub at Sto:lo Nation website: http://www.stolonation.bc.ca/services-and-programs/health-services/community-engagement-hub.htm
- Community Engagement at Inter Tribal Health Authority website: http://www.itha.ca/insidepages/programs_services/community_development/community_engagement.html
- Part 3 – A Guide to Community Engagement, British Columbia Assembly of First Nations Governance Toolkit: A Guide to Nation Building, at BCAFN website at: http://www.bcafn.ca/toolkit/
- Community Engagement Planning Worksheet – Small Projects at South West Local Health Integration Network at: http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=14&ved=0CC4QFjADOAo&url=http%3A%2F%2Fwww.lakebabine.com%2Ffiles%2FCommunity%2520Engagement%2520HUB-presentation.pptx&ei=fiT6VPSKL8evggSq3IDoBQ&usg=AFQjCNEDlAT1jg8wrUtsIb44FDyYeQSytw&sig2=bcbubX07bjFPhNr5yTYH6g
- Community Engagement Framework at Fraser Health website: http://www.fraserhealth.ca/media/Community%20Engagement%20Framework.pdf

Sample Draft Agenda to Develop A Community Engagement Plan

9:00 AM Opening Prayer
Opening Remarks

9:15 AM Presentation: Community Framework for Health Adaptation Project/Initiative Overview
Q & A's

9:30 AM Presentation: What is Community Engagement, and Why is it Important for this Project?
Q & A's

10:00 AM Health Break

10:15 AM Discussion 1: Determining the Purpose and Scope

- *What is the purpose of this Engagement Plan for the Community Framework for Health Adaptation?*
- *What is the scope of this Engagement Plan? I.e. What should this Plan involve or cover?*
- *What are the objectives of this Plan?*

11:00 AM Energizer Activity/Health Break

11:15 AM Discussion 2: Community Engagement Principles

- *What principles should guide the Community Engagement Plan?*

12:00 Noon Lunch Break

1:00 PM Discussion 3: Deciding on the Level of Community Engagement and Activities

- *What are the strengths and barriers to community engagement in this project/initiative, including in Toolkit Section 2: Tools for Applying the Framework for Health Adaptation?*
- *Who should be involved, including in Toolkit Section 2: Tools for Applying the Framework for Health Adaptation?*
- *How should they be involved, including in Toolkit Section 2: Tools for Applying the Framework for Health Adaptation?*
- *When should they be involved, including in Toolkit Section 2: Tools for Applying the Framework for Health Adaptation?*

2:00 PM Health Break

2:15 PM Discussion 4: Communication of Community Engagement Plan

- *What information should be provided, to whom, when, and how?*

3:00 PM Energizer Activity/Health Break

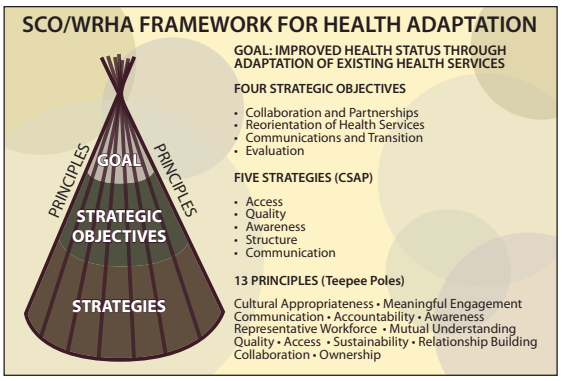
3:15 PM Discussion 5: Evaluation of Community Engagement Plan

- How do we know if we are meeting the purpose and achieving the objectives of this Plan?
  - *What benchmarks or measures can be used?*
  - *When should we assess whether we are progressing or meeting these benchmarks or measures?*
  - *How do will we use evaluation findings?*
  - *How will evaluation findings be communicated, to whom, when and how?*
  - *Who should be responsible for undertaking evaluation of this Plan?*
  - *What are the resources required to undertake this activity?*

4:00 PM Next Steps

4:15 PM Closing Remarks
Closing Prayer
Meeting Adjourned

Toolkit Section Six



Mechanics of Collaboration

This section provides Toolkit users with examples of the mechanics of health collaboration - including a way to create a committee Terms of Reference and a sample policy outlining governance role differentiation between a First Nation Health Advisory Committee and elected Leadership. There is also information on the BC First Nations tripartite planning process and links to comprehensive community planning tools.

Toolkit Tip – The First Nations Health Managers Association (FNHMA) provided electronic copies of selected Tools from their ***Governance, Strategy, Policy and Decision-Making Toolbox*** for use in this Toolkit. Please contact the FNHMA www.fnhma.ca to obtain a complete set.

Mechanics of Collaboration

A collaborative partnership can be relatively simple and short-lived in order to achieve an easily achievable goal or complex and lengthy such as has been the case for the BC First Nations tripartite planning process. In 1991 Sioux Valley Dakota Nation began building the mechanics of their self-government agreement in negotiations with Canada. In 2013 they signed the ***Sioux Valley Dakota Nation Governance Agreement and Tripartite Governance Agreement*** which includes reference to a corresponding agreement with Manitoba. The agreement contains references to Sioux Valley Dakota Nation health law making; their jurisdiction over the promotion of public health and the provision of health services; and the practice of traditional medicine.[1]

How do we collaborate? How will it work? Who do we partner with? What are we planning to accomplish? How will this relationship impact other existing or new partnerships? Will the collaboration be long term? How formal does it need to be? What kind of an agreement are we considering? These are some of the considerations when visualizing the mechanics of a collaborative partnership.

[1] Sioux Valley Dakota Nation Governance Agreement and Tripartite Governance Agreement (2013), retrieved March 4, 2015 from http://www.aadnc-aandc.gc.ca/eng/1385741084467/1385741171067

Mechanics of Collaboration – Appendix 1

Council and Committee Relationship Policy

Below is a sample health governance policy addressing role differentiation between a Health Advisory Committee and elected Chief and Council. *This tool was made available for use in this Toolkit by the First Nations Health Managers Association.*

Council and Committee Relationship Policy

1. OBJECTIVE

The objective of this policy is to ensure that the relationship of Council to its Health Advisory Committee is as clear as possible and promotes good governance in the conduct of the First Nation's affairs.

2. DEFINITIONS

Council refers to the Chief and Councillors of the First Nation

Staff refers to the staff of the First Nation

Band Administrator refers to the Chief Operating Officer of the First Nation

Members refers to all members, including Councillors, Board members and staff, are members of the First Nation

Nation refers to the First Nation

Committee refers to the Nation's Health Advisory Committee

3. POLICY STATEMENT

3.1 Council has established the Health Advisory Committee:

i. to broaden the participation of First Nation members in the governance of the First Nation;
ii. to receive high quality advice and assistance in dealing with complex issues from well-qualified individuals;
iii. to ensure that in certain cases, decision-making is 'localized' within the community.

3.2 The Director of Health and at least one member of Council to be appointed by Council will be members of the Health Advisory Committee.

3.3 Other members of this committee will serve for a minimum of one three-year term. The terms of members will be staggered to ensure on-going continuity of the committees. Members of the Committee need not be members of the Nation. Council may decide to appoint one or more youth members to the Committee.

3.4 Council will establish an appropriate and transparent process for advertising vacancies on this committee and will encourage individuals who meet the

qualifications required by the committee to apply. Council will decide who among applicants is best qualified to serve on this committee.

3.5 In providing honoraria to committee members, there will be no "double dipping". That is, staff in full time positions or members of Council will not be eligible to receive honoraria if their responsibilities on this committee can be met in their regular working hours.

3.6 Members of the Health Advisory Committee, with the exception of youth members, should meet most, if not all, of the following qualifications:

- Possess some formal training in a health-related field
- Be aware of traditional approaches to holistic health
- Have experience serving on a Board
- Be familiar with the Nation's health-related programs
- Be aware and respectful of the Nation's conflict of interest policies
- Possess good written and oral communication skills
- Be well-regarded and respected in the community
- Be honest, fair, respectful, and possess integrity
- Be able to contribute meaningfully to the Committee

4. ROLES AND RESPONSIBILITIES

4.1 Council's responsibilities include:

- Establishing the mandate, member qualifications, honoraria, term of service an reporting requirements of the Health Advisory Committee
- Establishing a transparent process for choosing members of this committee
- Reviewing and approving the annual plan of the Committee
- Reviewing and approving the Committee's annual report

4.2 The Committee's responsibilities include:

- Ensuring that the Committee functions in an efficient and effective manner
- Developing a strategic plan and an annual work plan, where feasible and appropriate
- Implementing the annual plan, once approved by Council
- Accounting for any resources assigned to it by Council
- Developing an annual report on its activities and presenting this to Council
- Assisting the Council in meeting its responsibilities as laid out in Section 4.1 above.

5. PROCESS FOR ADDRESSING COMPLAINTS

5.1 Any member who believes that either the Council or the Committee is not following this policy can direct his or her concerns to the Band Administrator in writing or recorded at the Administration office. The Band Administrator will respond to the complainant within 30 days.

5.2 If the member is still not satisfied following the response of the Band Administrator, he or she may direct his or her concerns in writing to the Council, who will respond within 30 days.

6. COMMUNICATING THIS POLICY

This policy requires no special communication procedures beyond what is set out in the First Nation's communications policy.

7. REVIEW AND EVALUATION OF THIS POLICY

Council will review this policy within five years of its adoption and decide whether further evaluative work is necessary. A record of the review will be recorded in writing and attached to the policy.

8. DATE OF ENACTMENT AND SIGNATURES

This policy was adopted by the Council at a duly constituted meeting on this ____ day of _____ 20xx.

Signed:

Chief and Councillors Band Administrator

Mechanics of Collaboration – Appendix 2

Terms of Reference

Terms of Reference address some of the questions raised in the Section introduction. A method for creating Terms of Reference is outlined below. *It was made available for use in this Toolkit by the First Nations Health Managers Association.*

1.1 Creating **Terms of Reference** for a Health Committee or Board

Terms of Reference describe the purpose, structure, scope, membership, roles and deliverables of a group, committee or project. Well-written Terms of Reference provide direction to ensure that committees and groups work under a common expectation and avoid getting off track. In essence, it is a road map that provides direction to the group about what needs to be achieved, by whom and by when.

Elements required for an effective Terms of Reference are explained below. Review all committees involved with your health centre to confirm that there are current Terms of Reference in place which reflect best practices. Productive committees review and update their Terms of Reference annually.

Committee Terms of Reference

Name

Official name of the committee or working group

Goals/Mandate

Primary Goal: What is your key mandate? What does this group wish to accomplish?

Secondary Goal: What is it and how is it aligned with your primary goal?

History

The history is not always included, but it can be helpful either to explain the need for a committee or group, or to provide key background information. It may be helpful to note if this is a revision of previous Terms of Reference.

Members

- Name
- Contact information

- Roles and responsibilities (e.g., chair, secretary, treasurer, secretariat, reporting to the Board, Health Committee, Health Councillor, etc.)
- Some Terms of Reference describe key attributes or functions of the members rather than the actual membership (e.g., representative from the education committee, representative from the housing committee, etc.)
- Are members allowed to send alternates? What is the protocol for alternates?
- How many meetings can members miss?
- How will members report back to their organizations?

Deliverables

What are the outputs required from the group? Describe these in as much detail as possible.

Scope/Jurisdiction

- What is the responsibility of the group?
- What authority does the group have?
- What is within the group's purview and what is outside its mandate?
- What can they make decisions about and upon what must they receive input?
- Is this an advisory group or a decision-making group?
- Are sub-committees required to address specific elements? If so, what is the composition of the sub-committee(s); committee members and/or subject experts? How and when do sub-committees report to the main committee?
- Are there any pre-existing conditions the group must consider (e.g., Organizational requirements for representation from specific community groups)? Are there related policies that have an impact on the group's work?
- What are the relationships with other relevant committees?

Governance

- To whom does the group report? Under which authority is the group established?
- How are decisions made (e.g., consensus, majority vote, etc.)?
- Does the chair have a vote?
- Are there relationships of authority within the group and/or larger organization that must be considered?

Resources and Budget

- Is there a budget for the committee?
- What equipment is required? What is available?
- Where will the committee meet?
- Where will shared information or resources be available?

Timelines

- How long will the group be in existence? Is this an ongoing group or is it 'project-specific'?
- What is the schedule of meetings? How frequently will they be held?
- Are there deadlines for deliverables? Are there milestones?
- How long will each member sit on the group? Is there a limit to the length of time a member can participate?
- When will meeting summaries/minutes be circulated to members?
- When will the Terms of Reference be revisited and updated?

Mechanics of Collaboration – Appendix 3

BC Tripartite Planning Process

Toolkit tip – The BC First Nations health governance model is well-documented and well-communicated by the governing partners involved in the new structure; the First Nations Health Authority, the Tripartite Committee on First Nations Health, First Nations Health Council, and the First Nations Health Directors Association. All of the related agreements listed below are available online at http://fnhc.ca/about-us/governance-partnership.

BC First Nations, the Province of BC and Canada underwent a comprehensive tripartite planning process. The ***BC Tripartite Framework Agreement on First Nation Health Governance*** signed in 2011 is both ground-breaking and the culmination of a process which included many prior building block agreements.

Below is a listing of the major agreements – partners, planning, community engagement and timelines - on the road to a complete transfer of authority over health programs and services to a new BC First Nations structure. As of 2014/2015 the transfer work continues although it is near to completion. The listing points out that a single agreement or accord forms only one part of a set of related agreements when it comes to this type of comprehensive tripartite planning. Some of the mechanics of their collaborations are evident in the descriptions.

The Leadership Accord (2005)

"In 2005 the Union of BC Indian Chiefs, First Nations Summit, and BC Assembly of First Nations signed the BC First Nations Leadership Accord. The Accord, "formalized a cooperative working relationship of the Parties to politically represent the interests of First Nations in British Columbia and develop strategies and actions to bring about significant and substantive changes to government policy that will benefit all First Nations in British Columbia."

The New Relationship (2005)

"Mandated by BC First Nations through the Leadership Accord, the First Nations Leadership Council, comprised of representatives of the Union of BC Indian Chiefs (3), First Nations Summit (3) and BC Assembly of First Nations (1) entered into a New Relationship with the Province of British Columbia. This new relationship committed the Parties to "...Restore, revitalize and strengthen First Nations and their communities and families to eliminate the gap in standards of living with other British Columbians, and substantially improve the circumstances of First Nations people in areas which include: education, children and families, and health, including restoration of habitats to achieve access to traditional foods and medicines."

The First Nations Health Blueprint (2005)

"The First Nations Health Blueprint for British Columbia was developed in 2005. The purpose of the Blueprint was to document First Nations Health priorities and also the disparities that exist between First Nations and other British Columbians. A forum for representatives of British Columbia's First Nations provided detailed input into this Blueprint on June 22, 2005. Although there was a short time frame, the technical team worked with a variety of Chiefs and elders to complete the Blueprint document. While it was completed without the benefit of direct participation of all First Nations leaders, Elders, health workers, advisors, and the users of health services in BC, every attempt was made to ensure that the values, principles and directions of BC First Nations were reflected in the Blueprint document."

The Transformative Change Accord (2005)

"At the First Ministers meeting held in Kelowna in 2005, the First Nations Leadership Council (FNLC), Province of British Columbia (BC) and Government of Canada (Canada) signed the Transformative Change Accord, committing the parties to:

- Establishing a new relationship based on mutual respect and recognition;
- Reconciling Aboriginal title and rights with those of the Crown; and
- Closing the social and economic gap between First Nations and other British Columbians, in the areas of relationships, education, health, housing and infrastructure, and economic opportunities.

The Transformative Change Accord (TCA) called upon the Parties to negotiate a ten-year implementation strategy in each of the 4 areas. In addition, the Premier of BC also agreed to host the next First Minister's meeting on Aboriginal Health in BC."

The Transformative Change Accord: First Nations Health Plan (2006)

"The TCA: First Nations Health Plan was developed between January and November of 2006, through a high level political process drawing from the First Nations Leadership Council's submission on the Ten Year Blueprint for Aboriginal Health which was produced by the Assembly of First Nations, and the Provincial Health Officers report of 2001.

The Transformative Change Accord: First Nations Health Plan was released on November 26, 2006 by the FNLC and BC. This ten-year Plan includes twenty-nine action items in the following four areas (full list of actions can be found on page 9):

- Governance, Relationships and Accountability;
- Health Promotion/Disease and Injury Prevention;
- Health Services; and
- Performance Tracking."

Tripartite Memorandum of Understanding (2006)

"Although the Federal Government had not entered into the original Kelowna commitment in early 2006, it became interested by the summer of 2006. By then, the negotiations for content for the TCA: FNHP between the First Nations Leadership Council and the Province was advanced, and including the Federal Government at that late stage was difficult. It was therefore agreed upon to proceed with completing the TCA: FNHP in order to meet the deadline. The parties also agreed upon a Memorandum of Understanding (MOU) to commit the federal government to work with the province and First Nations to turn the bi-lateral TCA: FNHP into a tripartite plan within six months. The MOU committed the parties to negotiating a set of agreements for inclusion in a tripartite plan and to demonstrate ongoing support for the efforts that had occurred between First Nations and the Province of BC. To this end, a First Nations Health Plan Memorandum of Understanding was signed by the First Nations Leadership Council (FNLC), Canada and BC on November 27, 2006 (a day after the TCA: FNHP release). This document included the same sections and action items as the Transformative Change Accord: First Nations Health Plan and proposed a number of new action items. It required the Parties to develop a Tripartite First Nations Health Plan (TFNHP) by May 27, 2007."

Tripartite First Nations Health Plan (2007)

"In February 2007 the First Nations Health Council was established, thereby implementing one of the agreed actions from the TCA: FNHP. After the release of the Memorandum of Understanding, a tripartite process was established to develop a Tripartite First Nations Health Plan (TFNHP) to build on the TCA: FNHP. An important part of this work was to engage First Nations in the development of the TFNHP and provide communities a chance to review the TCA: FNHP.

The technical team hosted the inaugural "Gathering Wisdom for a Shared Journey" forum in April 2007 to initiate the 10 year conversation with BC First Nations on the TCA: FNHP and the soon to be concluded TFNHP. It was also an important objective of the first Gathering Wisdom forum for the First Nations Health Council to affirm to First Nations communities that this was just the beginning of the dialogue and that it would continue for the 10 year duration of the plan."

Tripartite Basis for a Framework Agreement on Health Governance (2010)

"The signing of the Basis agreement set out the commitment and descriptions of the elements, mutual undertakings and processes that will form the foundation for the negotiations of a British Columbia Tripartite First Nations Framework Agreement on Health Governance (the "Framework Agreement") between the Federal Government and the Province and the First Nations of British Columbia."

BC Tripartite Framework Agreement on First Nation Health Governance (2011)

"The British Columbia Tripartite Framework Agreement on First Nation Health Governance paves the way for the federal government to transfer the planning, design, management and delivery of First Nations health programs to a new First Nations Health Authority over the next two years. The signing of the B.C. Tripartite Framework Agreement on First Nation Health Governance is a key milestone in the Tripartite First Nations Health Plan, which was signed in 2007."

Health Partnership Accord (2012)

"These agreements establish a tripartite commitment to improve the health and well-being of all First Nations in BC through increased First Nations decision-making, enabled by a new First Nations health governance structure and a new health partnership with federal and provincial governments."

Canada Funding Agreement and Sub-Agreements to the Tripartite Framework Agreement on First Nations Health Governance (2013)

"After October 1, 2013, the federal transfer of resources and responsibilities to the First Nations Health Authority (FNHA) will be complete. This is a milestone in the ongoing evolution of the health partnership between First Nations and federal and provincial governments in BC. Health Canada will no longer be responsible for the design, management of delivery of federally-funded health programs or services for First Nations in BC; these roles will be assumed by the FNHA. Overtime, the FNHA will redesign the current First Nations and Inuit Health FNIHB programs, informed by engagement with BC First Nations."

FNHC-FNHA-FNHDA Relationship Agreement (2013)

"The Relationship Agreement builds upon the direction provided by BC First Nations about the mandates Health Governing component and sets our processes to ensure that the FNHC, FNHA, and FNHDA have regular communications and provide mutual respect to one another."

Mechanics of Collaboration – Appendix 4

Comprehensive Community Health Planning

Resources on the 'how to' of comprehensive community planning are accessible online. The New Relationship Trust published a resource in 2009 entitled, ***Sharing Best Practices of First Nations Comprehensive Community Planning***. The Executive Summary contains this definition and description: "a comprehensive community plan is the result of a participatory, community-driven process that articulates a vision and clear way forward. This path is based on the Nation deciding on a set of strategic actions guided by local values, priorities and preferences to bring about desired change. These actions integrate all aspects of a community: culture, economy, governance, leadership, infrastructure, health, education, natural resources and land use."[2]

AANDC published the ***Comprehensive Community Planning (CCP) Handbook*** in 2006. There are useful tools within this resource and many were developed with feedback from First Nations who had gone through the planning process, "Within the CCP HANDBOOK you will find Planning in Action pages, where individual First Nations describe how the planning process evolved in their communities."[3]

Even with these and other tools available to assist First Nations, this type of planning can be costly and time-consuming. So why do it? What are the benefits to health and community wellness for First Nations?

This type of planning allows for expansion beyond the limits of health service and program delivery to include factors affecting community health status such as the First Nation's own identified determinants of health.

These might include cultural continuity factors such as level of self-government and culture and language retention. Chandler and Lalonde studied rates of suicide among BC First Nations and found that "What we already know, at least in the case of BC, is that those 25 communities that have achieved a measure of self-government, that were quick off the mark to litigate for aboriginal title to traditional lands, that promote women in positions of leadership, that have supported the construction of facilities for the preservation of culture, and that have worked to gain control over their own civic lives (i.e., control over health, education, policing, and child-welfare services) have no youth suicides and low to absent adult suicide rates."[4] There are other determinants

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[2] Sharing Best Practices of First Nations Comprehensive Community Planning, 2009, Beringia Planning, retrieved March 3, 2015 from www.newrelationshiptrust.ca/downloads/comprehensive-community-planning-long-version.pdf

[3] Comprehensive Community Planning Handbook, 2004, retrieved March 23, 2015 from www.aadnc-aandc.gc.ca/eng/1100100021972/1100100022090

[4] Cultural Continuity as a Moderator of Suicide Risk Among Canada's First Nations, Chandler and Lalonde, 2004, retrieved March 21, 2015 from http://web.uvic.ca/~lalonde/manuscripts/2004Transformations.pdf.

that might also be considered in comprehensive community health planning such as housing, employment, spirituality, water quality, environment, and the effects of historical trauma and institutionalized racism.

The value of this type of planning is that, similar to the FFHA / CSAP model, it sets out agreed upon goals, objectives, strategies, principles and related action plans – with community engagement and buy-in as its core strength. The plan then becomes the benchmark for implementation and evaluation by all involved in the process.

Goals are long-term and reflect an ideal or vision to work towards.

Peguis First Nation provides one example of a vision based on a 10 Year Comprehensive Community Health Plan; "By 2021, the health outcomes of Peguis people will be as good or better as those of the general population of Manitoba."[5]

Their goals are related to the vision and include:

- access to quality health care by all Peguis people, wherever they live
- democratically elected Health Board
- 2 year community health action plans around 10 key issue areas
- Annual Community Health Report Card on areas of concern such as chronic disease, wellness and addictions and 'are we making improvements?'
- child and youth strategy
- strategy to address the needs of Peguis members who are disabled

The identified "Implementing Partners" include Peguis Health and Wellness, Peguis Education, Al-Care, Peguis Healing Centre, Peguis Child and Family Services, Peguis Housing and Peguis Rec Centre.

A Comprehensive Community Health Plan becomes an important governance document for the First Nation and an excellent communications and negotiating tool when collaborating with external partners.

[5] Peguis Comprehensive Community Plan 2011 to 2021, retrieved on March 18, 2015 from www.peguisfirstnation.ca.

Mechanics of Collaboration – Appendix 5

Policy Development

Below provides one example of 'how-to' in policy development. T*his tool was made available for use in this Toolkit by the First Nations Health Managers Association*.

Developing Policies

Description:

This tool provides a guide to developing policies and a checklist of essential questions.

How it can be used:

Policies are:

- Sets of decisions made by a governing body around a given issue
- Guides that regulate the conduct of board members and their staff
- Frameworks for action presenting goals, how they will be achieved and by whom

One major purpose of policies is to clarify roles and procedures. Although policies do not explain everything that occurs in practice, they do provide guidelines. Organizations adopt policies for various reasons, including saving time, establishing consistency, and minimizing risk and liability. An effective policy clarifies who is responsible for what, establishes a mechanism for appeal or redress in case of complaints, and provides a framework for evaluating progress.

Review the guidelines for comprehensive policy-making below. Do your policies need to be reviewed and refreshed? Do you have policies that govern the key areas of your health centre? Complete the checklist as part of the policy creation process. Be sure to follow up on any 'no' responses.

All policies, regardless of their type, generally contain the following five elements:

1. What the policy is trying to accomplish
2. How the objective will be accomplished
3. Who will implement the policy
4. How complaints will be handled
5. How and when the policy will be evaluated

Policies should be drafted in clear, precise and easily understandable language, yet be able to withstand potential legal challenges. A board should ensure that all its key policies are scrutinized by legal counsel before the policies are passed.

Use the following steps to create or review policies for your health organization.

1. Issue Definition
    a. Recognize the issue
    b. Analyze the situation
    c. Define the issue
    d. Set the priority
2. Goals and Values Clarification
    a. Consider your values and goals
    b. Position the issue within your values and goals
    c. Describe how addressing the issue will support your values and goals
    d. Develop indicators that will demonstrate whether you are addressing the issue
3. Stakeholder Involvement
    a. Consider whether stakeholders are involved
    b. Identify the stakeholders
    c. Establish a forum for input and feedback
    d. Provide stakeholders the opportunity to review and validate their input
4. Option Generation
    a. Develop options and alternatives
    b. Demonstrate how each option will support your values and goals
5. Option Selection
    a. Evaluate the options considering your values and goals
    b. Identify the potential impacts of each option
    c. Consider and discuss alternatives
    d. Choose the most appropriate option
6. Policy Creation
    a. Draft the policy elements
    b. Circulate for comment (if required)
7. Policy Implementation
    a. Determine how to implement policy – with whom, where, when
    b. Assign responsibility for monitoring the implementation and ongoing compliance
    c. Decide on a method for circulating and announcing the policy (if appropriate)
8. Policy Evaluation
    a. Monitor the implementation of the policy and obtain feedback
    b. Assess the results of the policy using the indicators previously identified
    c. Revise the policy if necessary
    d. Review the policy on a regular basis (1-5 years, depending on content of policy)

Ask yourself the following questions and address any that have a 'no' response.

Essential Questions	Yes	No
Is the policy consistent with our plans and strategic direction?		
Have all the relevant issues and stakeholders been identified?		
Are there prior or similar policies that will need adjustment as a result of the new policy?		
Have we reviewed the possible barriers to implementation of this policy?		
Are the policy objective and implementation procedures clear and do they address the barriers?		
Have those with relevant knowledge been consulted?		
Has a communication plan been developed that will facilitate a successful implementation?		
Is it clear how this policy will be monitored? Have all the accountability aspects been considered?		
Have we benchmarked this type of policy with similar organizations?		
Have we assessed the liability, financial and human resource impacts?		
Will this policy be combined with other policies in an organization policy manual?		
Is the policy in compliance with other statutory requirements (e.g., Band requirements)		
Has a date been identified when the policy will be reviewed?		

Mechanics of Collaboration – Appendix 6

Sample Policy

This sample policy was made available for use in this Toolkit by the First Nations Health Managers Association.

Developing, Approving and Communicating Policies

1. OBJECTIVE

The objective of this policy is to ensure that the Corporation has a well-defined process for developing, approving and communicating policies.

1. DEFINITIONS

1.1. **Corporation** refers to the First Nation Health Corporation or organization
1.2. **Board** refers to the Board of the First Nation Health Corporation
1.3. **Staff** refers to the staff of the Corporation
1.4. **Policy:** a goal-oriented document that provides direction for future action of the Board of Directors, staff of the Corporation, and community members on an issue of importance for the well-being of the community
1.5. **Governance Policy:** a policy that addresses an important element of the decision-making processes of the Corporation and its Board of Directors
1.6. **Program Policy:** a policy that addresses how a program or service of the Corporation for the direct benefit of community citizens will be managed
1.7. **Administrative Policy:** a policy that addresses how a function related to the internal administration of the Corporation will be managed

2. POLICY STATEMENT

2.1. The Corporation believes that policies are an essential tool in its governance. Policies properly conceived will, among other things:

- Ensure fairness
- Avoid litigation
- Ensure fiscal responsibility
- Provide stability
- Clarify responsibilities
- Communicate Council's approach to key matters
- Provide a framework to evaluate progress

2.2. The Corporation will adopt three kinds of policies: governance policies, program policies and administrative policies.

2.3. To ensure an orderly tracking system for Corporation policies, each policy will be given a distinct number to be followed by the year in which the policy was either adopted or last modified.

- Governance policies will start at 1000
- Program policies will start at 2000
- Administrative policies will start at 3000

2.4. A policy will adopt the following template:

- Title
- Number
- Objective
- Definitions
- Policy Statement
- Roles and Responsibilities
- Process for addressing complaints
- Communicating the Policy
- Review and Evaluation
- Date of Enactment and Signatures

2.5. All policies will be available in a manual for review by any community member at the Corporation's and the community's administrative offices during business hours. All policies will also be posted on the section of the community web site with limited access to community members.

3. ROLES AND RESPONSIBILITIES

3.1. The Board, recognizing the constraints imposed by funding arrangements and relevant federal laws, will:

- Decide what policies will be developed, who will be responsible for developing each policy, the resources necessary to develop each policy; and how the community will be engaged in developing each policy
- Approve, modify or rescind all policies
- Decide how policies will be communicated
- Monitor the implementation of policies

3.2. The Executive Director will:

- Present a plan to the Board each fiscal year outlining the policies to be developed or reviewed over a two-year period
- At the request of the Board, prepare a plan for approval on the development or review of a specific policy

- Unless otherwise specified in the approved policy, ensure the effective implementation of the policy

3.3. Citizens of the community will have the opportunity to review and offer comments on a draft of each proposed policy before formal approval by the Board.

4. PROCESS FOR ADDRESSING COMPLAINTS

4.1. Any community member who believes that the Board or staff are not following this policy can direct his or her concerns to the Health/Executive Director in writing at the Health Corporation or Health Councillor's administrative offices. The Health/Executive Director will respond to the complainant within 30 days.

4.2. If the member is still not satisfied following the response of the Health/Executive Director, he or she may direct his or her concerns in writing to the Chair of the Corporation or Health Councillor. The Chair will respond within 30 days.

5. COMMUNICATING THIS POLICY

5.1. This policy requires no special communication procedures other than what is set out in Section 3.5.

6. REVIEW AND EVALUATION OF THIS POLICY

6.1. The Board will review this policy within five years of its adoption and decide whether further evaluative work is necessary. A record of the review will be recorded in writing and attached to the policy.

7. DATE OF ENACTMENT AND SIGNATURES

This policy was adopted by the Board of Directors of the Corporation at a duly constituted meeting on this ____ day of _____ 20xx.

Signed: Chair Executive Director

Epilogue

On Jurisdiction and Health Disparities

Jurisdictional ambiguity and health disparities continue to loom large. In 2015 the Assembly of First Nations published ***without denial, delay, or disruption: Ensuring First Nations children's access to equitable services through Jordan's Principle***. This report of the Jordan's Principle Working Group outlines the current governmental response to Jordan's Principle as "inconsistent with the vision of Jordan's Principle advanced by First Nations and endorsed by the House of Commons" and calls for the government to "systematically identify and address the jurisdictional ambiguities and underfunding that give rise to each Jordan's Principle case."[1] The report provides heart-wrenching examples of Jordan's Principle cases in both health and child welfare. Reading about what these children and their families have faced is difficult.

In 2013, the National Collaborating Center for Aboriginal Health (NCCAH) described health policy and authority over health for Aboriginal people in Canada as a "complicated patchwork of policies, legislation and agreements that delegate responsibility between federal, provincial, municipal and Aboriginal governments in different ways in different parts of the country" and that "In the absence of clear national Aboriginal health policy, jurisdictional gaps and inconsistent levels of funding continue to create barriers for many Aboriginal communities".[2]

With regard to health status disparities between other Canadians and Aboriginal people, the NCCAH listed urgent health issues based on over-representation as: tuberculosis, HIV, Type 2 diabetes and related complications, youth suicide in some communities, violence against women, and environmental contamination.[3]

> As First Nation health experts you work every day to address these challenges by helping community members to navigate the complexities of the system and by disallowing the normalization of jurisdictional conflict and the existing health disparities. You don't accept the status quo but you can't do it alone.

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[1] Without denial, delay, or disruption: Ensuring First Nations children's access to equitable services through Jordan's Principle (2015), Assembly of First Nations, retrieved on March 15, 2015 from http://www.afn.ca/uploads/files/jordans_principle-report.pdf

[2] Setting the Context: An Overview of Aboriginal Health in Canada (2013), National Collaborating Centre for Aboriginal Health, retrieved on March 3, 2015 from http://www.nccah-ccnsa.ca/Publications/Lists/Publications/Attachments/101/abororiginal_health_web.pdf

[3] Ibid.

In today's context, collaboration with external funders and multi-jurisdictional service providers is necessary. It is understood that collaboration can lead to improved communications and relationships, better service coordination, better awareness of available services, more integration, and (it is hoped) less jurisdictional ambiguity.

The SCO's Health Services Integration Fund project proposal includes reference to jurisdictional challenges and how the project might seek to address it through promoting the use of the model - not only for First Nations but also for system stakeholders who want to work collaboratively with First Nations; "Within Manitoba, jurisdiction over health services for First Nations people remains ambiguous and an ongoing debate between the First Nations, the provincial and federal governments."

Outlined within the CSAP document, "Jurisdictional issues" emerged as one of the major theme areas based on the challenges identified during the research phase of the SCO/WRHA collaborative project.

Over the course of the SCO's HSIF project, Southern First Nation health experts expressed frustration over ongoing jurisdictional issues in a variety of contexts.

How will it change? What has to occur? Who should we collaborate with? Who is doing it right?

Toolkit Tip – Toolkit users may want to utilize the FFHA/CSAP to form a Collaborative Action Network to address specific jurisdictional challenges.

On Integrated Service Delivery and Health Funding

Within the FFHA document, "Integration is explored because it considers the unique multi-jurisdictional roles and responsibilities in providing health care to First Nations people." For the SCO's HSIF project, integration was to be addressed through encouraging the formation of Collaborative Action Networks which would ultimately lead to "plans to improve integration of the health care system and outcomes for First Nation people on and off reserve".

In 2008 the World Health Organization defined integrated service delivery within a Technical Brief as "The management and delivery of health services so that clients receive a continuum of preventative and curative services, according to their needs over time and across different levels of the health system."[4]

Included within the same Brief are three learned lessons based on a systematic review of the evidence base for integration which was found to be limited at that time:

1. Supporting integrated services does not mean that everything has to be integrated into one package. In reality, there are many possible permutations.
2. Integration isn't a cure for inadequate resources.

[4] Integrated Health Services – What and Why?, World Health Organization Technical Brief No. 1, 2008, Retrieved on March 4, 2015 from http://www.who.int/healthsystems/service_delivery_techbrief1.pdf

3. There are more examples of policies in favor of integrated services than examples of actual implementation. Managing change may require action at several levels. It requires engagement of health workers and managers, plus a sustained commitment from senior management and policy-makers.[5]

Outlined within the CSAP document, "Funding and lack of resources" emerged as one of the major theme areas based on the challenges identified during the research phase of the SCO/WRHA AHTF project. "Leveraging of resources" is included as a suggested strategic action example under the Structure strategy. Over the course of the SCO's HSIF project, Southern First Nation health experts expressed frustration over "making do" with limited resources. Strong statements were made such as "regardless of funding, we will continue to push for our own Authority".

There are good reasons for health services integration; "Evidence has shown that there is a continuum of integration, ranging from program level coordination (improved communications and reduction of gaps/duplications), to coordination of governance structures (clarifying roles and responsibilities), through to improved policy and planning at the senior management and political levels."[6]

Other than these benefits to First Nations and other health system stakeholders, there are hoped-for system cost controls; "staff shortages, continuing cost inflation and service demand have intensified the call for more effective and efficient use of scarce resources through integrated service delivery models".[7]

Given that First Nations are already "making do" when it comes to meeting community health needs; that integrated service delivery is seen by many as a cost control mechanism; and that world health experts have described the need to proceed with caution especially as it relates to the possibility of already inadequate funding - it is understandable that some may be concerned that health services integration could be used as part of a rationale for cost freezing or cost cutting. When it comes to funding, First Nations may remain cautious while pursuing integration even while appreciating its benefits. First Nations are likely to continue advocating for adequate funding and more and better services, as they should.

Toolkit Tip – Toolkit users may want to utilize the FFHA/CSAP model to form a Collaborative Action Network to address funding issues and in seeking other sources.

[5] Ibid.
[6] Health Services Integration Fund Implementation Guide: A Toolkit for Integration Projects, Health Canada, retrieved on March 15, 2015 from http://www.hnhblhin.on.ca
[7] Ten Key Principles for Successful Health Systems Integration (2010), Suter, Oelke, Adair, & Armitage, retrieved on March 4, 2015 from PubMed Central Canada

Access to Additional Funding Sources

First Nations and Qualified Donee Status
Did you know that First Nations can register to become "Qualified Donees" and would then be eligible to receive grant funding from foundations and other non-governmental funders? What this also means is that First Nations that register with the Canada Revenue Agency (CRA) as Qualified Donees can receive grants or gifts from foundations, corporate and individual donors and can issue tax receipts to those donors. The benefit to First Nations is that you would not need to establish a registered charitable organization in order to receive a grant or tax receipt-able gift. This would aid in accessing funds from foundations and corporations normally only available to charitable organizations.

There is a list of Qualified Donees on the CRA website that anyone can access - including Foundations and non-governmental funders looking for causes and initiatives to support. The list of First Nations across Canada that are registered is not long. Regionally, Brokenhead Ojibway Nation, Buffalo Point First Nation and Peguis First Nation are on this list.

There is a process to become recognized as a First Nation Qualified Donee. For more information please go to:
http://www.cra-arc.gc.ca/chrts-gvng/qlfd-dns/mncplpblcbds-eng.html

Toolkit Tip – For more information on what it means, review the related ***AFOA BC Information Bulletin***: http://www.rhncga.com/upload/Whitepapers/AFOA_BC_Information_Bulletin_2014_07_03_-_Qualfied_Donee.pdf

Do you know about the Dreamcatcher Fund?
"The Dreamcatcher Fund enhances First Nations communities and its people through contributions that will be of benefit socially, culturally, healthfully, and economically in a holistic manner. The foundation accepts grant applications in the areas of sports and recreation, educational support, arts and culture, and **health support**." Go to http://www.dcfund.ca

Do you know about the Circle on Philanthropy and Aboriginal Peoples in Canada?
"An open network to promote giving, sharing, and philanthropy in Aboriginal communities across the country. We connect with and support the empowerment of First Nations, Inuit and Métis nations, communities, and individuals in building a stronger, healthier future." Go to http://www.philanthropyandaboriginalpeoples.ca

System Integration Goal

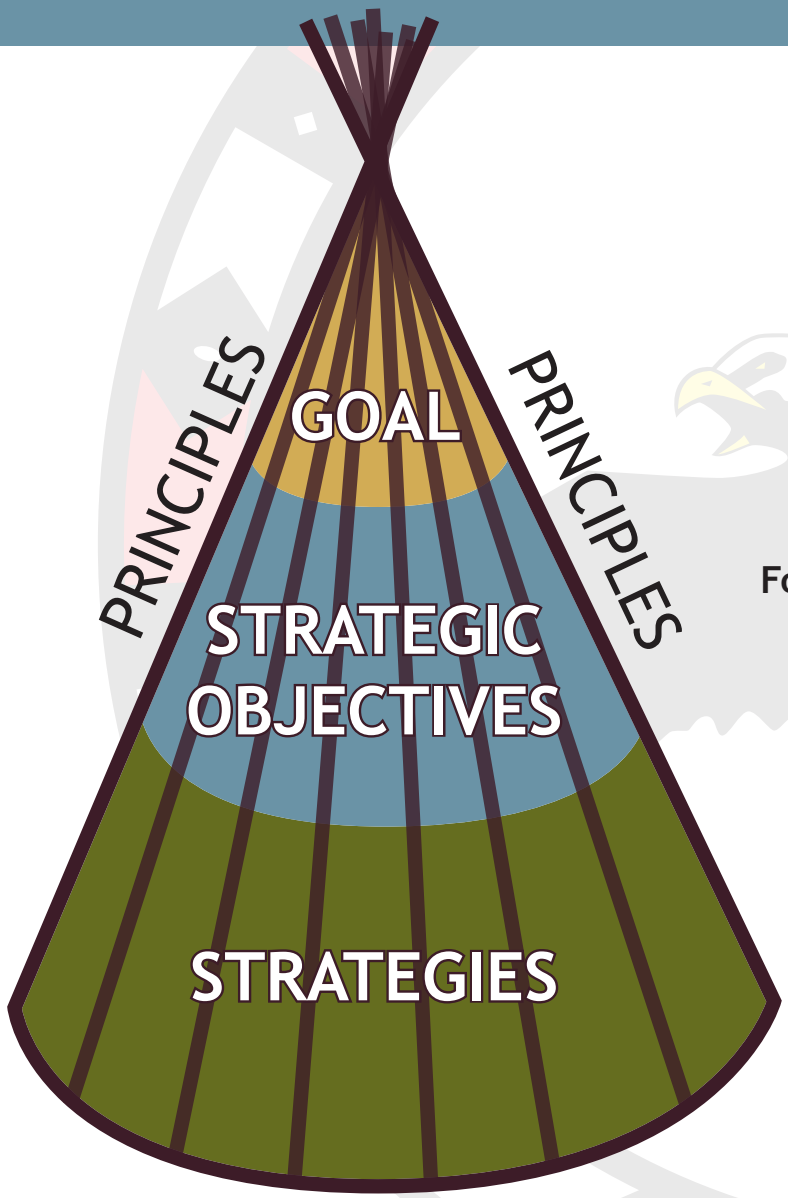
Communities have a health system that supports seamless, coordinated transitions between health care providers during a person's continuum of care needs. Health care organizations and provider are organized, connected and work with other health care partners to provide high quality health care.

System Integration Indicators

- Discharge/transitions
- Avoidable emergency visits
- System performance measures
- Cross-organizational and cross-sectoral partnerships
- Community engagement / participation

First Nations Toolkit for Health System Change

Applying the Framework for Health Adaptation and the Collaborative Strategic Action Plan



For more information on this Toolkit, please contact:

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www.scoinc.mb.ca

Collaborative Action Networks:

First Nation Health Services Integration in Action

A Health Services Integration Fund Project

Southern Chiefs' Organization