



# Implementing Our Health and Wellness Plan: An Overview

## NORTHERN FIRST NATIONS HEALTH PARTNERSHIP COMMITTEE

March 2014

*The First Nations Health Council: Northern Regional Health Caucus, Northern Health (NH) and First Nations Health Authority (FNHA) entered into a Northern Partnership Accord, May 2012. This partnership is committed to **improving the health outcomes of First Nations peoples residing in the North Region.**<sup>1</sup> To achieve this goal the signatories agreed to establish the Northern First Nations Health Partnership Committee that would collaboratively develop and oversee the implementation of a Northern First Nations Health and Wellness Plan.*

### WHO DO WE SERVE?

The *Northern First Nations Health and Wellness Plan* is designed to serve the First Nations individuals and communities of Northern BC and support those who design and deliver the programs and services.

### HOW WE DO OUR WORK

The values and principles<sup>2</sup> that guide our decisions and actions are:

1. Respecting *cultural diversity*
2. Supporting *Community-Driven, Nation-Based* local and regional health planning
3. Ensuring *inclusive participation* in decisions about planning, implementation and evaluation of health programs and services
4. Increasing *understanding and respect* for the rights, responsibilities and roles of all parties
5. Ensuring *mutual support and accountability* in everything we do
6. Supporting service delivery that is *culturally responsive*, safe and effective
7. Willingness to be *innovative and integrative* to increase the impact on the health and wellbeing of First Nations peoples in the North
8. Developing *capacity* in communities and within Northern Health (NH)

<sup>1</sup> Northern Partnership Accord, 2012.

<sup>2</sup> These values and principles have been gleaned from First Nations Health Partnership Committee meetings and have not been formally approved.



First Nations Health Authority  
Health through wellness



northern health  
the northern way of caring



First Nations  
Health Council

## WHAT ARE WE GOING TO DO?

The Northern First Nations Health Partnership Committee identified four broad themes containing 14 goals that form the foundation for development of specific objectives and implementation activities. These themes and goals align with the Health Actions identified in the Tripartite First Nations Health Plan and at times overlap and support each other. The Partnership Committee also identified four other themes for us to consider. These themes cut across all the goals and objectives.

### A. PROGRAMS AND SERVICES

The goals in this theme are designed to promote effective, accessible, coordinated, person-centred, relevant, and culturally safe programs and services for First Nations peoples residing in Northern BC.

#### GOAL A1. CULTURAL COMPETENCY

Enhance cultural competency and safety in the delivery of programs and services

**Objective A1.1** NH will participate in Indigenous Cultural Competency (ICC) training (as set forth in the Transformative Change Accord: First Nations Health Plan (2006))

**Objective A1.2** Support and enhance the Aboriginal Patient Liaison initiative

**Objective A1.3** Develop cultural competency resources that reflect Northern First Nations

**Objective A1.4** Identify and create local learning opportunities focused on cultural competency and safety for NH professionals and paraprofessionals, administrators, and staff

#### GOAL A2. PRIMARY HEALTH CARE

Improve accessibility to high quality primary health care services

**Objective A2.1** Undertake an inventory (service mapping) of primary care services for First Nations communities including palliative care

**Objective A2.2** Establish a common understanding of 'primary health care' in the context of a First Nations community

**Objective A2.3** Enhance coordination and alignment between Northern Health Divisions of Family Practice, Primary Care Physicians and Northern First Nations in planning and implementing primary health care services

**Objective A2.4** Identify and support opportunities for improving accessibility of primary care services for Northern First Nations communities and peoples



#### GOAL A3. PUBLIC AND POPULATION HEALTH

Undertake and participate in specific population and public health initiatives utilizing health promotion and injury prevention strategies and by incorporating First Nations wellness approaches

**Objective A3.1** Undertake an inventory (asset map) of population and public health activities currently underway with First Nations individuals and communities

**Objective A3.2** Consider the social determinants of health in planning and implementing population and public health activities

**Objective A3.3** Incorporate a holistic approach to public and population health activities

**Objective A3.4** Engage and collaborate with First Nations communities in the development and implementation of population and public health activities

#### GOAL A4. MENTAL WELLNESS AND SUBSTANCE USE

Support enhanced mental wellness and reduced harmful substance use

**Objective A4.1** Partner with FNHA in their regional initiative related to Mental Wellness and Substance Use

**Objective A4.2** Facilitate partnerships and collaborations between NH's Mental Health and Addictions Program and FNHA Mental Wellness and Substance Use team

#### GOAL A5. ENVIRONMENTAL HEALTH

Champion safe indoor and outdoor environments that promote health and wellness

**Objective A5.1** Collaborate with community, and FNHA and NH Environmental Health officers to develop guidelines around supporting healthy environments

**Objective A5.2** Develop recommendations for improving environmental health considering spiritual, mental, emotional and physical health





## B. OPERATIONS AND INFRASTRUCTURE

The goals in this theme focus on the operations and development of infrastructure intended to support the health and well-being of First Nations peoples residing in Northern BC.

### GOAL B1. COMMUNICATIONS

Develop and implement a coordinated strategy for collaborative communication activities

**Objective B1.1** Co-create a comprehensive communication strategy for sharing information between FNHA, NH, First Nations communities and externally

**Objective B1.2** Facilitate sub-regional relationship building between First Nation organizations and NH

**Objective B1.3** Foster and support opportunities to share best practices and collectively address challenges

### GOAL B2. ABORIGINAL HEALTH IMPROVEMENT COMMITTEES (AHIC)/HUB COMMITTEES

Facilitate meaningful communication between the First Nations HUBs and Aboriginal Health Improvement Committees (AHICs)

**Objective B2.1** Review mandates and responsibilities of the HUBs and AHICs identifying synergies and differences

**Objective B2.2** Articulate a communication process for sharing issues and successes related to either the AHIC or HUB or both

### GOAL B3. HEALTH HUMAN RESOURCES

Increase the number of working First Nations and Aboriginal health professionals in the North to employ a locally representative workforce

**Objective B3.1** Create recruitment and retention strategies for First Nations and Aboriginal professional and paraprofessional health care employees that are supported by policy

**Objective B3.2** Promote self-identification amongst current and future Northern Health employees

**Objective B3.3** Review, update and make any necessary changes to NH human resource and related policies

**Objective B3.4** Participate in health career promotion activities

**Objective B3.5** Review, update and make any necessary changes to policies and practices in First Nations and Aboriginal Workforce Development

### GOAL B4. HEALTH GATHERINGS

Organize collaborative health gatherings

**Objective B4.1** Collaboration between NH, FNHA and First Nations communities in planning, delivering and evaluating health gatherings based on community needs and regional priorities



## GOAL B5. PROFESSIONAL DEVELOPMENT

Engage with the First Nations Health Directors Association in professional development activities for community health leads

## C. MANAGING INFORMATION

The goals in this theme are aimed at supporting the effective and efficient organization and use of information relative to First Nations health and well-being.

### GOAL C1. INFORMATION TECHNOLOGY (IT)

Use technology to improve access to health care in the North

**Objective C1.1** Conduct an environmental scan of current telehealth and use of other technology employed by NH in the provision of health services

**Objective C1.2** Seek opportunities to bridge and support the existing technological systems where possible

### GOAL C2. SHARED RECORDS MANAGEMENT

Develop a shared records and information management framework between the FNHA, NH and First Nations communities to ensure continuity and improved health care for First Nations peoples of Northern BC

**Objective C2.1** Identify current data sources and data sharing arrangements regionally and provincially including barriers

**Objective C2.2** Respect First Nations Data and Information Governance including policies of *Ownership and Control* of data, and the regulation of *Access and Possession* (OCAP) according to Northern First Nations values and principles, not withstanding legislation

**Objective C2.3** Create and implement 'templates' for sharing data and information between NH and First Nations

**Objective C2.4** Demonstrate leadership and capacity development in the application of technology

## D. MEASURING STATUS AND SUCCESS

The goals in this theme are meant to identify and measure the success of implementation activities.

### GOAL D1. HEALTH STATUS INDICATORS

Identify meaningful health status indicators based on descriptions of "well-being" as described by Northern First Nations

**Objective D1.1** Describe a "well person" and a "well community" using Community-Driven, Nation-Based terms

**Objective D1.2** Identify meaningful, measurable health status indicators

**Objective D1.3** Establish and use health status indicators to evaluate health status against the descriptions of well-being or outcomes

### GOAL D2. EVALUATION

Develop and implement an evaluation strategy

**Objective D2.1** Develop an evaluation framework that includes both qualitative and quantitative methods and measures that are universal to NH and FNHA

**Objective D2.2** Create and implement formative and summative evaluation strategies that are universal to NH and FNHA

## CROSS CUTTING THEMES

Cross cutting themes are to be taken into account in all goals. In some cases specific strategies are developed to ensure attention is given to them. These themes are:

- Urban – away from home
- Regional rural and remoteness factors
- Social determinants of health
- Traditional approaches and practices

## WHEN ARE WE SUCCESSFUL?

The simple answer is “when we have achieved all our goals and objectives.” But how will we know when we have done that? Processes like monitoring and evaluation provide us with ways to track progress, measure success and provide evidence of the impact of action that lead to improved health outcomes for First Nations peoples. An evaluation framework is the skeleton that supports and organizes the monitoring and evaluation activities and identifies indicators of success. The *Northern Partnership Accord* identifies success indicators designed to provide evidence of our progress. They are:

- improved access and cultural competency of health services for Northern First Nations;
- coordination and alignment of planning and service delivery between the Northern First Nations and NH;
- enhance accessibility of health care services for remote and isolated communities;
- increased partnerships between Northern First Nations and NH to improve the quality of health services at the local and regional level;
- stronger linkages between NH and First Nations Health Centers for patient referral and service collaboration and integration;
- improved communication between Northern First Nations and NH;
- increased partnership opportunities between NH, Divisions of Family Practice where these exist in the North, and First Nations communities to incorporate the needs of Northern First Nations in primary care development;
- increased coordination of e-Health initiatives in the North within the Tripartite approach; and
- recruitment and retention of health professionals in the North



## FOR MORE INFORMATION, PLEASE CONTACT:

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Images of Mary Thomas's handmade baskets are courtesy of Margo Greenwood's personal collection.  
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