

Health and Wellness Planning: A Toolkit for BC First Nations



First Nations Health Authority
Health through wellness



Acknowledgments

Our journey to transform health and wellness planning supports was directly guided by the wisdom of British Columbia (BC) First Nations. Feedback kindly shared over time through Regional Caucuses, Gathering Wisdom for a Shared Journey VI, First Nations Health Directors Association (FNHDA) sessions, regional engagement sessions and other direct engagements with leaders and community Health Directors has brought us to where we are today.

We raise our hands to all those who have shared their wisdom, time and experience in the creation of the Toolkit:

- ⊕ Members of the FNHDA;
- ⊕ The FNHDA Planning and Reporting Committee;
- ⊕ Those who shared their health and wellness planning stories;
- ⊕ Finally, we acknowledge all individuals and First Nations in BC who provided input into our ongoing conversation about health and wellness planning transformation at a variety of engagement events held since 2012.

We are committed to evolving and improving our processes by learning from your feedback after using this Toolkit.

To provide feedback, contact community.development@fnha.ca.



First Nations Health Authority
Health through wellness

© 2019

Copyright for this publication is held
by First Nations Health Authority.



Health and Wellness Planning Toolkit Overview

Purpose of the Toolkit:

- ③ To support the development of Health and Wellness Plans;
- ③ To introduce Planning, Reporting and Evaluation Standards;
- ③ To share planning tools, templates, resources and stories; and
- ③ To support our plans in First Nations health and wellness to speak to each other, enabling greater collaboration, co-ordination and quality of services.

Who is this Toolkit for?

This Toolkit is for those working through a health and wellness planning process, such as community/Nation Health Directors, leadership, staff, health organization staff or regions as well as other health and wellness partners and champions.

How can this Toolkit be used?

This Toolkit is designed to be adaptable to suit a variety of needs. Whether you are new to planning or a seasoned planner — or whether you are planning for a small community or large Nation — you will find something in this Toolkit to support your planning process.



What We Heard

What should planning, reporting and evaluation look like? Themes gathered since 2012 include:

Reporting back to members on milestones to foster ongoing community ownership of the plan



Reflecting community defined wellness



Grounded plans and processes in culture



Wholistic Wellness

Evaluation and Reporting

Culture

Community-Driven

Data Ownership

Partnership-Based

Tools

Simplify Planning

Supporting decision making with First Nations data governance and two-way information sharing with the FNHA



Setting priorities collectively to foster a shared sense of ownership of health and wellness



Having practical tools to simplify planning



Forging meaningful collaborations between internal departments and with external partners



Clarifying roles, timelines and approaches for different agreement holders



ECOSYSTEM of HEALTH and WELLNESS



Table of Contents



Flip here to: Learn about what a plan is for, and to understand how planning is grounded in First Nations teachings.

8 **SECTION 1. WHAT IS A HEALTH AND WELLNESS PLAN?**

This section describes the purpose of a Health and Wellness Plan.

12 **SECTION 2. HEALTH AND WELLNESS PLANNING FOUNDATIONS**

This section describes some building blocks for health and wellness planning in BC, including our Shared Vision, 7 Directives, First Nations planning approach and the BC First Nations Perspective on Health and Wellness.



Flip here to: Learn more about planning based on standards.

20 **SECTION 3. PLANNING, REPORTING AND EVALUATION STANDARDS**

This section introduces Planning, Reporting and Evaluation Standards and how to plan through standards across our health ecosystem.



Flip here to: See a plan template and any required content.

64 **SECTION 4. HEALTH AND WELLNESS PLAN CONTENT**

This section shows the content of a Health and Wellness Plan and tips for how to build it.



Flip here to: See some practical planning tools.

90 **SECTION 5. TOOLS AND TEMPLATES**

This section offers planning tools and templates.

Planning Process	92	Health and Wellness Survey Considerations	128
Sample Planning Process	94	Developing Health and Wellness Goals, Objectives and Initiatives	134
Planning Mentorship	98	Enhancing Health Care Safety Standards	138
Planning Champions	100	Communicable Disease Emergency Planning Considerations	142
Celebrating Culture	102	Mental Health and Wellness Considerations	144
Engagement and Communications Planning	104	Linking a Health and Wellness Plan to Other Plans	148
Sample Engagement and Communications Plan	108	Sample Implementation Work Plan Tool	153
Sample Health and Wellness Profile	112	Collaborating with Others in Planning	156
Sample Strengths, Weaknesses, Opportunities and Challenges (SWOC) Analysis Template	116	Sample Approval Template	158
Integrating Appreciative Inquiry	120	Monitoring, Evaluation and Sharing Results	160
Data Privacy	124	Sample Evaluation Table	165

170 **CONTACTS AND RESOURCES**

This section provides links to additional planning resources and contact information for various FNHA teams.



Look for this symbol throughout the toolkit for links to relevant Planning, Reporting and Evaluation Tools and Templates



As a health and wellness partner, we're pleased to offer this Planning Toolkit to support BC First Nations as they embark on their health and wellness planning.

As a result of the health governance structure that BC First Nations have implemented, planning and engagement processes are changing. More and more communities and Nations are thinking holistically and looking at planning from a broad perspective, considering partnerships, mentorship opportunities and looking to each other's successes as working models.

This Toolkit provides direct supports and wise practices — including regional stories, templates and checklists — to support First Nations at the community, Nation and regional levels, in addition to providing guidance on provincial partnership planning. However, this Toolkit is not meant to be prescriptive. Our hope is that there is something here for everyone: from those embarking on planning for the first time, to experienced planning teams looking to enhance their processes. The Toolkit is intended to provide support to your community or Nation where you are at.

It is an honour to walk this journey with First Nations across the province, and to recognize and support their journey to self-determination through the efficiency and effectiveness of new and innovative health and wellness planning, reporting and evaluation methods.

— Joe Gallagher, Kwunuhmen

Tla'amin Nation
CEO, FNHA

Introduction

In 2011, BC First Nations made a historic decision to create a new First Nations health governance structure and to assume responsibility for the design and delivery of former federal health programs and services and advance partnership and integration with the mainstream health system. This work is grounded in the First Nations Perspective on Health and Wellness — a wholistic and shared perspective on health and wellness.

Today, BC First Nations have the opportunity to collectively exercise authority and thereby improve the quality of health and wellness services. Together, the entities of the First Nations health governance structure — the FNHA, the FNHDA and the First Nations Health Council (FNHC) — are on a shared journey, working together to achieve our Shared Vision of healthy, self-determining and vibrant BC First Nations Children, Families and Communities.

We are guided on this journey by our 7 Directives developed by BC First Nations, which describe fundamental standards and instructions for the new health governance relationship. The

journey forward is an ongoing opportunity to focus on quality improvements in our health and wellness ecosystem and to do things differently based on our own priorities, knowledge and approaches as BC First Nations.

The wisdom and resilience of First Nations is powerful. Community-driven, Nation-based planning processes are bringing together and uniting common visions of health and wellness for generations to come.

This Health and Wellness Planning Toolkit is offered as a tool to support First Nations-driven planning journeys and the development of Health and Wellness Plans.



Foundations



SECTION 1

WHAT IS A HEALTH AND WELLNESS PLAN?

Built by a community or Nation, a Health and Wellness Plan is like a pathway guiding the way forward. A Health and Wellness Plan is grounded in community values, culture and traditions, and charts community or Nation practices moving forward to enhance health and well-being.

The plan may include an assessment of existing community or Nation health and wellness status, challenges, strengths and opportunities as well as future goals or priorities. It can also include associated time frames and budgets. **Flip to section 4, (p.65), for outline of plan template.**

Reach out to the FNHA to learn about:

- ➞ Opportunities to align existing community or Nation plans with Health and Wellness Plans;
- ➞ What can be adjusted in your Health and Wellness Plan if you have an existing plan (e.g., Comprehensive Plan, Strategic Plan, etc.); and
- ➞ How an existing community or Nation plan can meet any FNHA planning requirements or standards.





The spiral, as it was described by grandfather and uncle, is the timeline.

The way my grandfather described it is that there are many realms around us: the physical realm and other realms. As we go through life, we wind up tight like a coil and when we pass we unwind — the physical and spirit world are closely connected. That's why we look after the ones in the spirit realm. We are human but once we put on our regalia, we sing the songs, we become the spirit. The transformation from the physical to the spiritual shows us how close the other side is.

Life is short, physical life.

When we look at time we say we are a blip, and only see a glimpse of time as human beings. Everything that we have, we hang onto for future generations. The air, water, trees, mountains, medicines, songs and ceremonies: everything we have is sacred. We only hold onto them a little while for the next generation. We must ensure that seven generations have the same thing.

We believe in reincarnation and that you never fully go to the other side until your job here is done. When a new baby is born, the matriarchs would see the baby to see who is coming back, and to see what gift they bring as everyone is born with a gift. When a baby is really new and pure and innocent, you can see the gift clearly and you can see who they are. The Elders will hold the baby and say, "That is so and so," and sure enough, later in life they will have some of the same mannerisms and will get the same name. It is said that our people will keep coming back and carrying on until they complete their work.

There are over 200 rock paintings and five stone people in Sts'ailes territory. Every pictograph has stories and teachings and, more importantly, moral teachings to go with them. Taken together they are our instruction... our inheritance. We are fortunate as First Nations. We have such a strong culture, a beautiful culture to guide us through life; we are the spirit having a human experience.

— Willie Charlie, Chaquawet

Sts'ailes

First Nations Health Council, Fraser Salish representative



SECTION 2

HEALTH AND WELLNESS PLANNING FOUNDATIONS

This section shares a set of building blocks to help ground health and wellness planning.

7 Directives

First Nations in BC developed the 7 Directives to describe the fundamental standards and instructions for the new health governance relationship.

- ④ Community-Driven, Nation-Based
- ④ Increase First Nations Decision-Making and Control
- ④ Improve Services
- ④ Foster Meaningful Collaboration and Partnership
- ④ Develop Human and Economic Capacity
- ④ Be Without Prejudice to First Nations Interests
- ④ Function at a High Operational Standard





FNHA, FNHC, FNHDA SHARED VISION >> Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

7 DIRECTIVES

Shared by the FNHA | FNHC | FNHDA

DIRECTIVE #1 COMMUNITY-DRIVEN, NATION-BASED

- The Community-Driven, Nation-Based principle is overarching and foundational to the entire health governance arrangement.
- Program, service and policy development must be informed and driven by the grassroots level.
- First Nations community health agreements and programs must be protected and enhanced.
- Autonomy and authority of First Nations will not be compromised.

DIRECTIVE #2 INCREASE FIRST NATIONS DECISION- MAKING AND CONTROL

- Increase First Nations influence in health program and service philosophy, design and delivery at the local, regional, provincial, national and international levels.
- Develop a wellness approach to health including prioritizing health promotion and disease and injury prevention.
- Implement greater local control over community-level health services.
- Involve First Nations in federal and provincial decision-making about health services for First Nations at the highest levels.
- Increase community-level flexibility in spending decisions to meet their own needs and priorities.
- Implement the OCAP (ownership, control, access and possession) principle regarding First Nations health data, including leading First Nations health reporting.
- Recognize the authority of individual BC First Nations in their governance of health services in their communities and devolve the delivery of programs to local and regional levels as much as possible and when appropriate and feasible.

DIRECTIVE #3 IMPROVE SERVICES

- Protect, incorporate and promote First Nations knowledge, beliefs, values, practices, medicines and models of health and healing into all health programs and services that serve BC First Nations.
- Improve and revitalize the Non-Insured Benefits program.
- Increase access to primary care, physicians, nurses, dental care and other allied health care by First Nations communities.
- Through the creation of a First Nations Health Authority and supporting a First Nations population health approach, First Nations will work collectively to improve all health services accessed by First Nations.
- Support health and wellness planning and the development of health program and service delivery models at local and regional levels.

DIRECTIVE #4 FOSTER MEANINGFUL COLLABORATION AND PARTNERSHIP

- Collaborate with other First Nations and non-First Nations organization and governments to address social and environmental determinants of First Nations health (e.g. poverty, water quality, housing, etc.).
- Partnerships are critical to our collective success. First Nations will create opportunities through working collaboratively with federal, provincial, and regional partners.
- Foster collaboration in research and reporting at all levels.
- Support community engagement hubs.
- Enable relationship-building between First Nations and the regional health authorities and the First Nations Health Authority with the goal of aligning health care with First Nations priorities and community health plans where applicable.

DIRECTIVE #5 DEVELOP HUMAN AND ECONOMIC CAPACITY

- Develop current and future health professionals at all levels through a variety of education and training methods and opportunities.
- Result in opportunities to leverage additional funding and investment and services from federal and provincial sources for First Nations in BC.
- Result in economic opportunities to generate additional resources for First Nations health programs.

DIRECTIVE #6 BE WITHOUT PREJUDICE TO FIRST NATIONS INTERESTS

- Not impact on Aboriginal Title and Rights or the treaty rights of First Nations, and be without prejudice to any self-government agreements or court proceedings.
- Not impact on the fiduciary duty of the Crown.
- Not impact on existing federal funding agreement with individual First Nations, unless First Nations want the agreements to change.

DIRECTIVE #7 FUNCTION AT A HIGH OPERATIONAL STANDARD

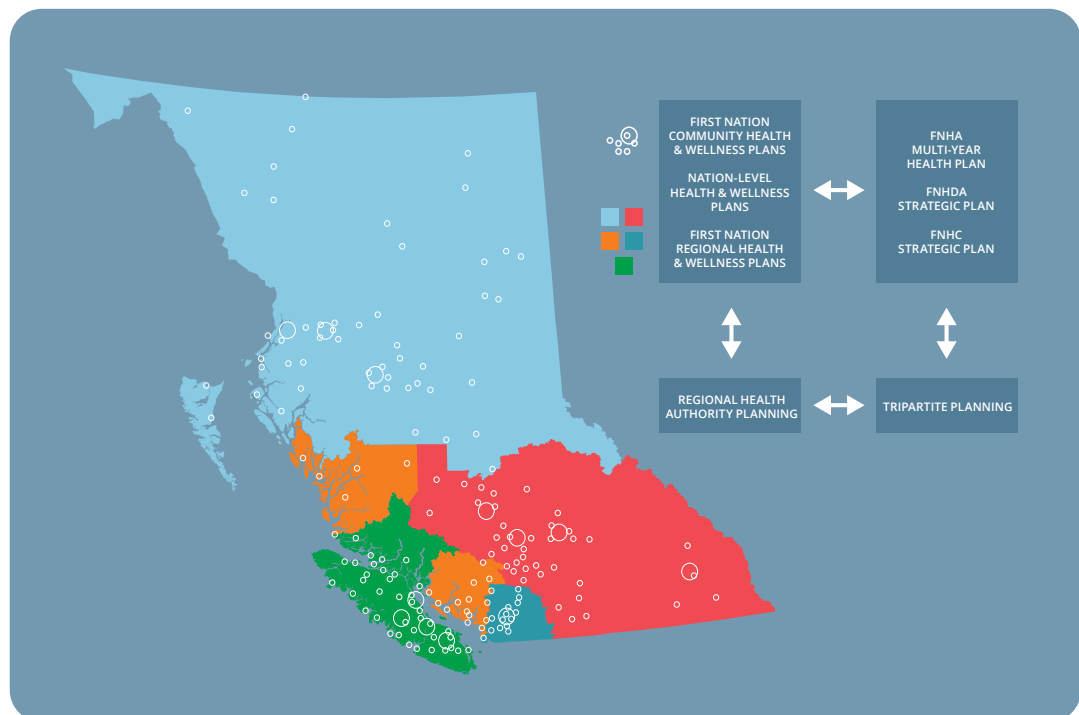
- Be accountable, including through clear, regular and transparent reporting.
- Make best and prudent use of available resources.
- Implement appropriate competencies for key roles and responsibilities at all levels.
- Operate with clear governance documents, policies, and procedures, including for conflict of interest and dispute resolution.

First Nations Planning Approach

Since time immemorial, First Nations have planned for the health and wellness of their families and communities, grounded in and guided by First Nations traditions and culture. The BC First Nations planning approach respects community-, Nation- and regionally driven processes and is a ground-up planning model and ecosystem-based approach. Community or Nation Health and Wellness Plans inform Regional Health and Wellness Plans, which in turn inform FNHA plans.

Our approach supports complementary activities at all levels and is built on the 7 Directives, our accompanying set of Planning, Reporting and Evaluation Standards as well as the BC First Nations Perspective on Health and Wellness to honour the voices and direction of communities. The intent is to create a more integrated health system based on logical, transparent and synchronized planning with clearly defined service standards at each level.

Creating our own planning approach, and investing in planning from the ground up, will ensure that the priorities, goals and perspectives expressed by BC First Nations in their Health and Wellness Plans collectively inform and guide the FNHA's Multi-Year Health Plan and the plans of our governance partners, regionally and provincially.



First Nations Planning Approach



First Nations Perspective on Health and Wellness

Since time immemorial, healthy, self-determining and vibrant First Nations individuals, families and communities thrived throughout what is now known as BC. A common thread across these diverse First Nations cultures was, and is, a wholistic perspective on health and wellness reflective of the interconnectedness of the mental, physical, emotional and spiritual facets of life. The First Nations Perspective on Health and Wellness aims to visually depict and describe our Shared Vision: Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities. It aims to create a shared understanding of a wholistic vision of health and wellness and is intended to serve as a starting point for discussion by First Nations communities regarding their concepts of wellness for themselves and the FNHA.

The **Centre Circle** of the Perspective represents individual human beings. Wellness starts with each of us as individuals taking responsibility for our own health and wellness (whether we are First Nations or not).

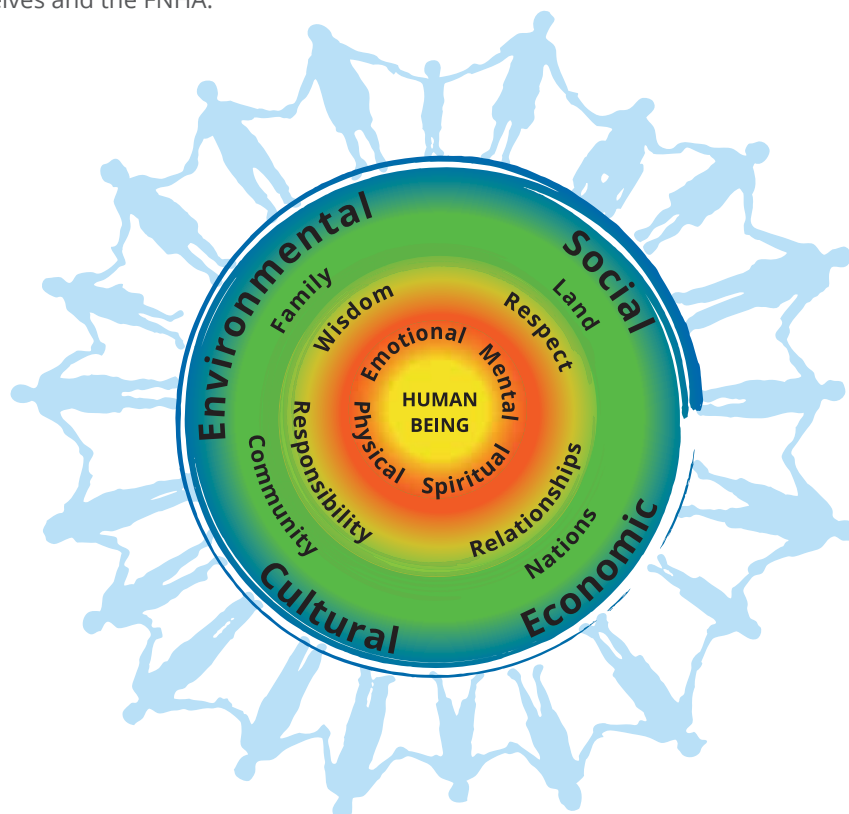
The **Second Circle** illustrates the importance of mental, emotional, spiritual and physical facets of a healthy, well and balanced life. It is critically important that there is balance between these aspects of wellness and that they are all nurtured together to create a wholistic level of well-being in which all four areas are strong and healthy.

THE FIRST NATIONS PERSPECTIVE ON HEALTH AND WELLNESS:

The way it always has been.

Passed down from our Elders and traditional healers.

Wellness belongs to every human being and their reflection of this perspective will be unique.





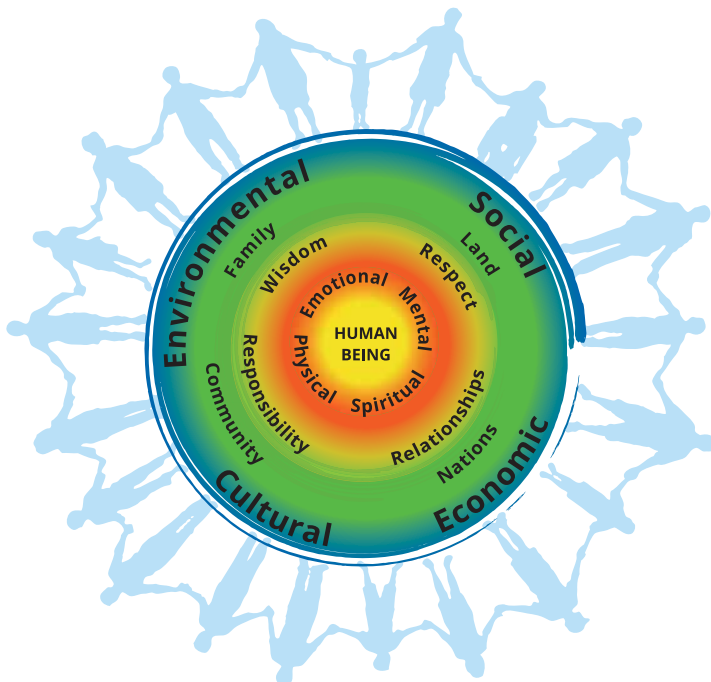
The **Third Circle** represents the overarching values that support and uphold wellness: respect, wisdom, responsibility and relationships. All other values are in some way essential to these four, as is shown below:

Respect is about honouring where we come from: our cultures, traditions and ourselves. Respect is intergenerational. It is passed on through our communities and families. It is the driving force of the community because it impacts all of our life experiences, including our relationships, health and work. It is defined as consideration of and appreciation for others, but there is also recognition that respect is so much more in First Nations communities. It entails a much higher standard of care, consideration, appreciation and honour and is fundamental to the health and well-being of our people. There is an intuitive aspect to respect, because it involves knowing how to be with oneself and with others.

Wisdom includes knowledge of language, traditions, culture and medicine. Like respect, wisdom is an understanding that is passed on by our ancestors from generation to generation and has existed since time immemorial. It is sacred in nature and difficult to define.

Responsibility is something we all have: to ourselves, our families, our communities and the land. Responsibility extends not just to those with whom we come into contact with or relate to — but also to the roles we play within our families, our work and our experiences in the world. Responsibility intersects with many areas of our lives, and also entails mutual accountability and reciprocity. It involves maintaining a healthy, balanced life as well as showing leadership through demonstrating wellness and healthy behaviours.

Relationships sustain us. Relationships and responsibility go hand in hand. Like responsibility, relationships involve mutual accountability and reciprocity. Relationships are about togetherness, team-building, capacity building, nurturing, sharing, strength and love. Relationships must be maintained both within oneself and with those around us.





The Fourth Circle depicts the people who surround us and the places from which we come: Nations, family, community and land are all critical components of our healthy experiences as human beings.

Land is what sustains us physically, emotionally, spiritually and mentally. We use the land for hunting, fishing and gathering. The land is where we come from and is our identity. It is more than just the earth. It includes the ocean, air, food, medicines and all of nature. We have a responsibility to care for the land and to share knowledge of the land with our people. Land and health are closely intertwined because land is the ultimate nurturer of people. It provides not only physical but emotional and spiritual sustenance, because it inspires and provides beauty; it nurtures our souls.

Community represents the people where we live, where we come from and where we work. There are many different communities: communities of place, knowledge, interests, experiences and values. These all have roles in our health.

Family is our support base and is where we come from. There are many different kinds of families that surround us, including our immediate and extended families. For First Nations people, family is often seen as much broader than many Western perspectives. Our immediate and extended families are often interchangeable, so Western descriptions and definitions don't always apply. Our families may also include who we care for, support systems and traditional systems in addition to (or instead of) simply bloodlines. It is important to recognize the diversity that exists across BC, and that there are different family systems that exist (e.g., matrilineal).

Nations include the broader communities outside of our immediate and extended families and communities. In essence, Nation is an inclusive term representing the various Nations that comprise your world.

The Fifth Circle depicts the social, cultural, economic and environmental determinants of our health and well-being.

Social determinants such as security, housing, food, prevention, promotion, education, health awareness and outreach supports are all critical aspects of our health and well-being.

Environmental determinants include the land, air, water, food, housing and other resources that need to be cared for and considered in order to sustain healthy children, families and communities. Safety and emergency preparedness are critical components.

Cultural determinants include language, spirituality, ceremonies, traditional foods and medicines, teachings and a sense of belonging.

Economic determinants include resources that we have a responsibility to manage, share and sustain for future generations. There is a need to create balance in how we use our resources and a need for good leadership to help us create this balance.

The people who make up the Outer Circle represent strong children, families, Elders and people in communities. The people are holding hands to demonstrate togetherness, respect and relationships, which in the words of a respected BC Elder can be stated as "one heart, one mind." Children are included in the drawing because they are the heart of our communities and they connect us to who we are and to our health.



Planning, Reporting and Evaluation Standards



SECTION 3

PLANNING, REPORTING AND EVALUATION STANDARDS

First Nations in BC developed the 7 Directives to describe the fundamental standards and instructions for the new health governance relationship. This section introduces a set of Planning, Reporting and Evaluation Standards built from and aligned with the 7 Directives we have all agreed to as BC First Nations.



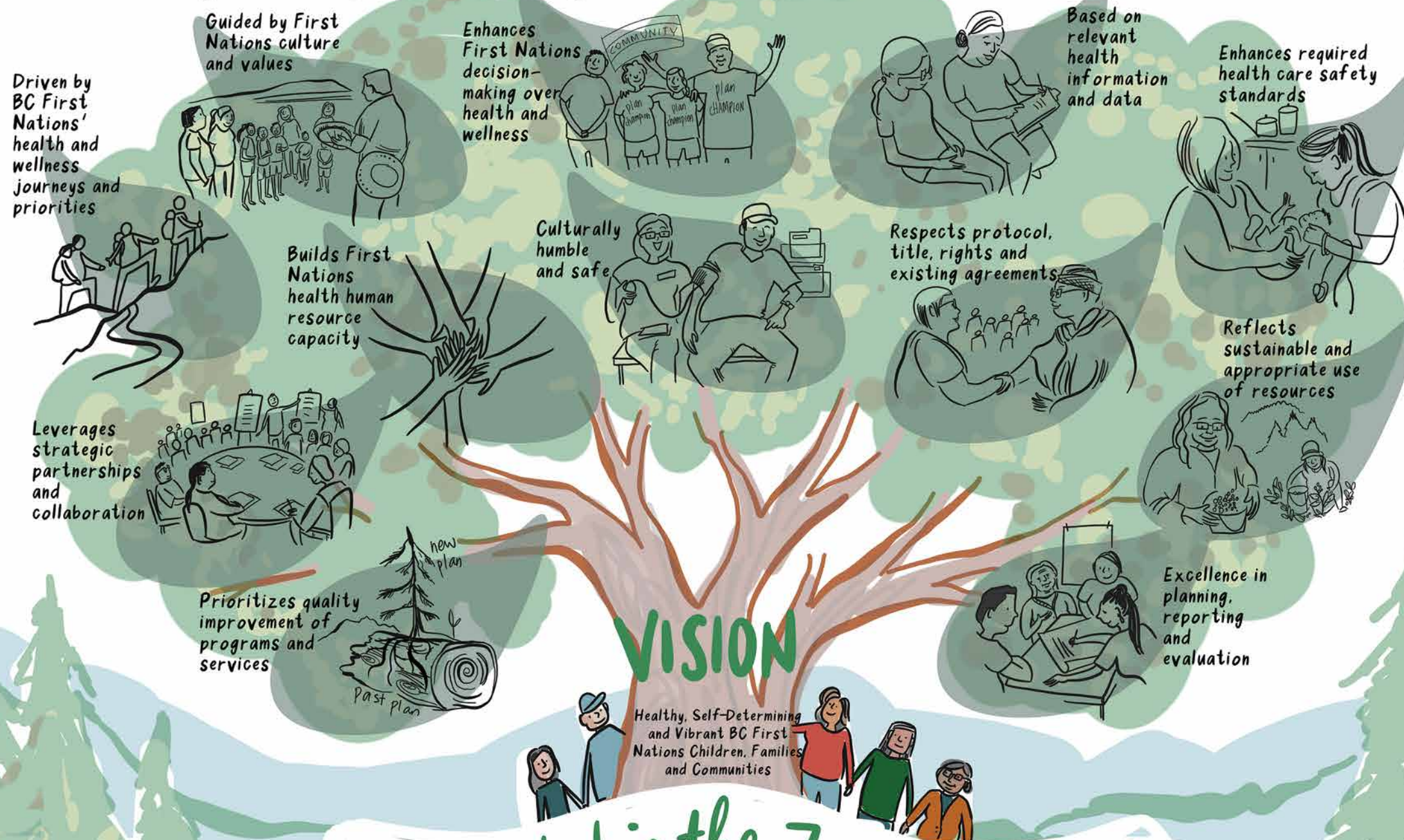
"Nation rebuilding is about redefining the standards for human behaviour (how we treat each other and how we treat the land) and embedding those standards in policy or law and then, operationally, holding each other accountable for maintaining these standards that provide protection of our people, land and cultures.

When we work together in our Nation groups in setting standards through a community-driven and Nation-based approach, we are self-governing.

Historically we had confederacies; our cultures hold our history and our history informs our future."

— **Gwen Phillips**, Director of Governance Transition, Ktunaxa Nation Council

Planning, Reporting and Evaluation Standards





The 7 Directives reflect the roots of a health and wellness planning tree. The Directives keep our planning work grounded.

The Standards represent the tree's branches, which are interconnected and help to support quality and excellence in planning, reporting and evaluation across our health and wellness ecosystem (represented as the tree).

The Standards are shared as a guidepost for planning, reporting or evaluation processes, applicable across all planning work in our health and wellness ecosystem.

The Standards ensure that together, we reach quality outcomes and uphold excellence at all levels of planning, including community, Nation, regional or province-wide planning.



Seven Directives: Planning, Reporting and Evaluation Standards

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
1 Community-Driven, Nation-Based	<ul style="list-style-type: none"> > Driven by BC First Nations' health and wellness journeys and priorities. > Guided by First Nations culture and values.
2 Increase First Nations Decision-Making and Control	<ul style="list-style-type: none"> > Enhances First Nations decision-making over health and wellness. > Based on relevant health information and data.
3 Improve Services	<ul style="list-style-type: none"> > Enhances required health care safety standards. > Prioritizes quality improvement of programs and services.
4 Foster Meaningful Collaboration and Partnership	<ul style="list-style-type: none"> > Leverages strategic partnerships and collaboration.
5 Develop Human and Economic Capacity	<ul style="list-style-type: none"> > Builds First Nations health human resource capacity. > Culturally humble and safe.
6 Be Without Prejudice to First Nations Interests	<ul style="list-style-type: none"> > Respects protocol, title, rights and existing agreements.
7 Function at a High Operational Standard	<ul style="list-style-type: none"> > Reflects sustainable and appropriate use of resources. > Excellence in planning, reporting and evaluation.

Each Standard is built upon a Directive, but with a bit more focus on what it means in a planning, reporting and evaluation context.

Considering Standards when planning helps promote co-ordinated approaches, leaving no one behind along the way. Standards can bring everyone along in a planning journey, while making sure community- or Nation-led planning processes and plan development use an approach that works best for them. By planning through Standards, First Nations lead the process in a way that reflects their cultures, realities and priorities, while supporting quality and good governance at all levels.

First Nations can apply these Standards to implement their own planning processes and build plans using approaches that make sense to them, rather than following prescribed templates.

Standards may be used to support reciprocal accountability conversations between the FNHA, Nations and communities on Community Health and Wellness Plans and funding considerations.

The Standards are offered to support, not replace, other existing community or Nation standards and approaches. Standards are relevant at any point in planning, reporting or evaluation; they can be a continuous quality



improvement lens. Working through Standards also ensures we are true to the outcomes we want to have for our health system and our people.

Upholding Standards across our health and wellness ecosystem helps planning processes to be driven by community engagement and input, leading to plans that are approved by leadership or governance bodies. Standards can also help plans and planning processes to:

- ➔ Be culturally appropriate, reflecting First Nations priorities and issues and a holistic approach;
- ➔ Integrate First Nations knowledge and perspectives and honour members' knowledge, culture and values;
- ➔ Provide flexibility to foster community and Nation-relevant health and wellness approaches;
- ➔ Meet members where they are at;
- ➔ Build a health and wellness movement;
- ➔ Develop innovative partnerships and quality improvement opportunities;
- ➔ Be grounded in quality data;
- ➔ Support healthy and safe programs and services for BC First Nations; and
- ➔ Deliver quality services to members and focus on relevant health outcomes.



Standard: Driven by BC First Nations' health and wellness journeys and priorities

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

1 Community-Driven, Nation-Based

➤ Driven by BC First Nations' health and wellness journeys and priorities.

GROUNDED IN COMMUNITY

Community and Nation-level Health and Wellness Plans are created for and by members. They are built around community values and priorities. Engagement helps ensure members are part of the journey.

WHO'S INVOLVED?

This Standard involves a community and/or Nation as a whole, including leadership, Elders, youth, families and staff.

Why this Standard?

First Nations health and wellness journeys are ongoing and collective. Ensuring planning processes are centred around individuals, families, community and/or Nations and driven by the experiences and priorities of members is a way to ensure plans are truly community-driven and Nation-based.

Overview

Building plans from a community perspective may involve a common vision, built from common interests, priorities and perspectives, traditions, history and strengths. Relevant engagement approaches can help people feel connected to the planning process and want to be involved in the journey. A community engagement process can build a shared health and wellness vision, increase connection to a plan and build momentum to implement the plan together as a community or Nation.

Checklist – Uphold this Standard by:

➔ **Building a plan from a community-driven process.** An engagement and communication plan identifies who to involve in planning as well as how and when to engage along the way. The plan can describe culturally appropriate and creative engagement ideas and can help increase participation in planning, ensuring many voices are heard and considered.



See Sample Engagement and Communications Plan Tool (p.108): A template to identify who, how and when to engage.

➔ **Remembering the perspectives of clients and members.** Keeping those you serve front and centre of mind grounds the work in the reality of individuals and families and helps set the future direction.

➔ **Reflecting the community's or Nation's future vision in a plan.** The journey of coming together to plan and set a vision for the future is as important as the plan itself. The community's or Nation's ownership of the plan is critical to its lasting impact. Does the plan reflect the diversity of voices in the community or Nation?



"Listen to the membership, their ideas and goals, really listen. This is where you gain their trust and respect."

— Terrie Davidson, Health Director, Boothroyd First Nation



- **Ensuring community priorities lead decision-making and development of the plan.** Community feedback is the foundation for setting a vision, identifying priorities, building the plan and implementing the plan. Other work (e.g., previous Health Plans, Comprehensive Community Planning, Land Use Plans, quality improvement plans, team work plans, surveys, etc.) can be reviewed early on in planning to make sure previous community priorities, thinking and approaches are considered.



See Developing Health and Wellness Goals, Objectives and Initiatives Tool (p.134): A tool to help define, organize and prioritize health and wellness goals, objectives and initiatives.

- **Keeping the plan adaptable and responsive.** Priorities change and evolve, particularly as plans achieve what they set out to do. A plan stays relevant and connected to community priorities when updated or adjusted as priorities change and plan objectives are accomplished. Updating members on any progress against a plan and adapting priorities along the way ensures the plan stays current with health and wellness journeys.



"We thought that everyone knows what we do but we learned that they don't. People don't engage or come to the health centre unless they absolutely have to. We are looking at this differently now. In our community, there is a small group of people in the health centre and community services, and we call them our "Wellness Team". They are the first to know of needs and issues in the community because they have the pulse of the community. Every year they go to camp for seven days to offer land-based programming in different areas of the territory. Programming focuses on local culture, food and medicine gathering, stories, songs and familial connections. This brings our staff and leaders closer to our community members and strengthens relationships. This camp has been a great success. People plan their holidays around their participation in the camp and really look forward to it. When it comes to community engagement, keep in mind, different things click with people at different times. If something stops working, find something else that clicks. People and interests change and we need to adapt to that."

— Georgia Cook, Health Administrator, 'Namgis First Nation



Standard: Guided by First Nations culture and values

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

1 Community-Driven, Nation-Based

➤ Guided by First Nations culture and values.

CULTURE AND VALUES

Health and wellness planning is led by local culture and values.

WHO'S INVOLVED?

This Standard involves a community or Nation as a whole, including Knowledge Keepers, Elders, cultural leaders and hereditary leaders.

Why this Standard?

Plans and planning processes guided by First Nations culture and values build ownership of the plan and ensure a plan is both culturally relevant and community-driven.

Overview

A Health and Wellness Plan guided by culture and values reflects community protocols, traditions, traditional healing and wellness practices and other cultural protocols. Drawing from cultural practices while planning can help to refine a culturally relevant vision for the future, help with healing and help bring people along in the planning journey.

Checklist –

Uphold this Standard by:

- ➔ **Reflecting community values in planning and service delivery.** Involving members in quality improvement thinking can help align local values and culture with priority setting. The BC First Nations Perspective on Health and Wellness articulates a wholistic vision of wellness and could help community conversations about design and delivery of health and wellness programs and services.
- ➔ **Considering traditional language, healing, wellness approaches and knowledge.** Remembering where you come from and the resilience of your community along the way is important in a planning process and in the plan itself. This is a way to lead with culture.



See Celebrating Culture Tool (p.102): Ideas to honour culture through planning



"We have regained some of our cultural ways throughout the planning process, such as sharing circles and candlelight grieving, because we use these ways to help us in planning and program and service delivery."

— Terrie Davidson, Health Director, Boothroyd First Nation

➞ **Including Elders and other traditional Knowledge Keepers.** Involving Knowledge Keepers, traditional healers, Elders and other community cultural leaders infuses the plan with traditional wisdom from those who carry it.

➤ **Storytelling.** Stories can support planning. Consider collaborating with storytellers and other Knowledge Keepers to translate their wisdom into the plan.



“When you are first starting planning, you tend to be guided by the old plans or ways of doing things, but ... we need to get the message out to all Health Directors that health planning traditionally was our way ... we were preventative. We knew we needed to look after our ways.”

— **Rosemary Stager**, Health Director, Southern Stl'atl'imx Health Society





Standard: Enhances First Nations decision-making over health and wellness

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

2 Increase First Nations Decision-Making and Control

➤ Enhances First Nations decision-making over health and wellness.

COMMUNITY-LED

BC First Nations develop and implement their own Health and Wellness Plans based on community priorities and values.

WHO'S INVOLVED?

This Standard involves the community or Nation as a whole, including leadership, Elders, youth and families.

Why this Standard?

Health and wellness are key components of overall community well-being. Under previous federal models, there was little First Nations control over programs and services. First Nations decision-making over health and wellness **through planning and service delivery** is critical to upholding Directive 2 — ensuring First Nations are able to be in control of their own health and wellness journeys.

Overview

Since time immemorial, First Nations people have planned together following their own approaches. Today, communities are continuing these traditions, building health and wellness services based on what is important to them. Planning involves coming together on a healing and health and wellness journey, deciding what health and wellness services best serve the

community/Nation. Prioritizing and decision-making driven by community can help highlight which targets to track and measure. A plan is a reflection of community direction and decision-making. A plan can also be how health and wellness priorities are shared with other Nation members, regional health authorities, the FNHA and other partners.

Checklist – Uphold this Standard by:

- ➔ **Considering the governance practices and structures that support plan implementation.** A solid plan considers not only program and service delivery but also the practices and structures that are in place, or that may need to be established, to support plan implementation. Health service governance and oversight practices vary widely across communities, with some delivering services directly and others through a health service organization. Each presents unique strengths, opportunities and challenges and each will benefit from ongoing examination of the structures supporting service delivery and plan implementation. An assessment during the community's ongoing reporting and evaluation cycles may benefit from



"Our staff are good at getting community involvement. They do kitchen table meetings, bannock and tea open houses, they bring in students to showcase their work. They are effective in building relationships and capitalizing on the community's interest and investment in planning. We had our strategic plan that gave us a vision. It helps us have something in mind that we are working for and make decisions based on. The plan supports the community's vision. To ensure the plan reflects community voices, my strategy is to find out who are the most outspoken people, those that might be hesitant or resistant to change and pull them into the planning stages as early as possible. Sometimes these are the voices we tend not to listen to but they are leaders in their own way. By incorporating their voices there is more support for planning and change overall. We look for the go-to people that will help us build these relationships. We also make sure we have the right people around the table. We are deliberate, inviting people that can speak to many sides of the issue. People with traditional knowledge are spread throughout the process to speak to traditional values."

— Heather McDonald, Health Policy and Quality Officer, Seabird Island Band

also considering the health governance structure, plan oversight and renewal and/or administration of the health programs and services delivered by the community. Over the lifespan of the plan and in particular in the evaluation phase, it can be helpful to look at how well these are working and whether any improvements may need to be made.

- ③ **Including a health and wellness vision in the plan.** A vision shares what future health and wellness looks like. A vision draws on your community's values, knowledge, practices and models of health and wellness and healing. A vision can be whatever works for your community or Nation — a statement, an image, a symbol, a ceremony or song, etc. It is an inspiring expression of shared health and wellness for individuals, families and community. A vision can help start conversations

with other health and wellness partners. The most important part of a vision is a community coming together to discuss what the vision should be — the conversation is key.

- ④ **Explaining the planning process used to develop the plan.** Sharing the story of how a community or Nation came together within the plan highlights that it is a community-owned plan.
- ⑤ **Reflecting community discussions and priorities.** Community engagement will show what health and wellness priorities and values are most important and why. Feedback can also guide budgeting, design and delivery of services and programming. Values and priorities that come from community discussions can also help staff and leadership evaluate program and service options going forward.



"If we are truly going to be healthy and empower our people, they need to be involved. By asking our citizens what they need, that will bring our people back to a healthy place. They need to be engaged, involved and heard in the planning process."

— Lauren Brown, Health Director, Skidegate Health Centre





Standard: Based on relevant health information and data

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

2 Increase First Nations Decision-Making and Control

➤ Based on relevant health information and data.

INFORMED BY DATA

Health and Wellness Plans, programs and services are built based on available health and wellness data and information.

WHO'S INVOLVED?

This Standard involves community staff and local partners (e.g., others within a Nation, neighbouring communities, the FNHA and regional health authorities).

Why this Standard?

Putting relevant health information and data, decision-making and control in the hands of BC First Nations can help with planning, monitoring/evaluating and being able to achieve intended health and wellness outcomes.

Overview

Data can take many forms, such as traditional information or data collected through surveys or the delivery of services. Collecting data to track and report on health and wellness status and key issues helps highlight progress and areas that may need attention. Data can be a powerful driver of decision-making within a community or Nation. Knowing and tracking what is happening for community members and the services available for them can help identify areas for improvement and drive decision-making based on relevant facts tracked over time.

Good data also helps identify partnership opportunities outside a community or Nation. For example, when coming together with other First Nations, you may find that there are similar data trends emerging (e.g., the need for nursing or dental therapy support). Planning together could create shared solutions or cost savings that might not be possible individually. Data can drive innovation and keep the focus on what is needed.

Community-level data can also support sub-regional-, Nation- and regional-level planning. In turn, this information can help align FNHA-funded services with on-the-ground realities.



“Doing successful planning that will lead to successful operations is based on timely access and use of information. Stale information leads to bad decisions and misjudgment of how you are doing against your plan.”

— Jim Adams, Executive Director, Scw'exmx Community Health Services Society

Checklist – Uphold this Standard by:

- ➔ **Following OCAP® Principles.** The First Nations Principles of Ownership, Control, Access and Possession, known as OCAP®, are a set of ground rules that describe how First Nations information should be collected, protected, used or shared.



See Data Privacy Tool (p.124): Ideas to ensure individual and community privacy when collecting, storing and using health information.

- ➔ **Identifying both qualitative and quantitative data sources.** Data can come in many forms, ranging from stories and teachings passed down by Elders to health and wellness data collected through community-led surveys. What sources of data are you aware of? What qualitative data can you access, such as art, images, video or storytelling? What quantitative data can you access, such as survey results, service usage or service/program satisfaction rates? How can they be used together to tell a story of health and wellness in your community?

- ➔ **Thinking about relevant data outside of community.** Whether you are undertaking a community or Nation-level plan, considering data at a larger scale (e.g., at the Nation or regional level) could help guide your progress.

- ➔ **Creating a plan that responds to what the data is saying.** What are the health and wellness trends and issues? What programs and services are in place and what is missing? This approach helps identify gaps and can help focus what questions to engage on.



See Sample Health and Wellness Profile Tool (p.112): Helps create a community/Nation profile, including existing programs and services and baseline health and wellness information.

- ➔ **Identifying priorities based on data.** Data about what is happening in community helps focus priorities. Collecting information early on in the planning process can help with engagement discussions. Ongoing data collection can also keep a plan relevant over time.



See Health and Wellness Survey Considerations Tool (p.128): Provides considerations and tips for creating a health and wellness survey.

- ➔ **Continuing to collect data and monitor trends after the plan is done.** Tracking indicators based on community priorities and interests can help to see if programs and services are doing what they are supposed to. Tracking various data sources helps with reporting and evaluation.



See Monitoring, Evaluation and Sharing Results Tool (p.160): Tips and resources to support Health and Wellness Plan monitoring, evaluation and sharing results.

The FNHA is your partner in planning—we will share any data we have available that helps with planning, monitoring, evaluating and reporting. Contact the FNHA to see what we may have.



Ideas

Community Survey

The 2015 First Nations Community Survey was deployed nationally by the First Nations Information Governance Centre. In BC, the FNHA launched the survey as a regional partner. The purpose of the Community Survey was to collect information about community-level services and resources that will contribute to planning efforts for future programs for communities.

Survey questions address the following:

- External Environment
- Housing
- Employment and Economic Development
- Education
- Health Services
- First Nations Identity
- Shelter and Infrastructure
- Food and Nutrition
- Early Childhood Development
- Justice and Safety
- Social Services
- First Nations Governance

To see if your community participated in the survey please contact FNHA at RHS@fnha.ca.

BC First Nations Data Governance Initiative

This First Nations organization equips First Nations with technological and human resource capacity to govern and own their communities' data to support health and wellness planning and monitoring. See these helpful resources:

- Measuring Wellness: An Indicator Development Guide for First Nations – A comprehensive guide to the development and use of First Nations community-identified indicators.
- Data Governance Framework: Privacy and Security Policy Manual – Contains Privacy and Security policies, procedures and tools related to the management and protection of Nation data and privacy compliance.
- Data Governance Framework: Data Governance Policy Manual – Contains data governance policies, procedures and tools that communities can adopt to govern their Nation's data.

See www.bcfndgi.com for more information.





Standard: Enhances required health care safety standards

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

3 Improve Services

› Enhances required health care safety standards.

WHO'S INVOLVED

The FNHA, your regional health authority, and possibly other community-based services beyond health. If another organization is delivering a core program, the plan will need to indicate the provider and note the community role in delivery.

Why this Standard?

Health care safety standards set the bar for providing health and wellness services that protect the health and safety of community members. Upholding these standards can help improve services offered by keeping the focus on consistent and excellent service delivery with a quality improvement lens.

Overview

Health care safety standards can include:

- ➔ Standards developed by communities (e.g., Client Care and Safety Plans);
- ➔ Existing standards across a profession (e.g., regulated nursing licensing requirements), in a partner organization (e.g., a hospital or health authority) or across an industry; and
- ➔ Health services accreditation standards.

As your health and wellness partner, the FNHA can work with you to help ensure required health care safety standards are enhanced, particularly:

- ➔ Mental Health and Wellness priorities, including the restoration of our communities; and

➔ Core programs:

- › Clinical and Client Care;
- › Communicable Disease Control;
- › Home and Community Care; and
- › Environmental Public Health.

Strong relationships, collaboration and clarity on community needs and roles and responsibilities are important. If your community or organization takes responsibility for core programs, it may be helpful to outline key activities to uphold health care safety standards in the plan as they are required by the contribution agreement.

Checklist – Uphold this Standard by:

- ➔ **Upholding core program standards and service requirements.** Your contribution agreement describes requirements for core programs. For more information, contact the FNHA.



See Enhancing Health Care Safety Standards Tool (p.138): A tool to support the enhancement of health care safety standards in the delivery of health and wellness programs and services.



Supports Safety and Service Standards

The core programs are FNHA-funded programs with particular requirements, as outlined in your contribution agreement:

- ➔ **Clinical and Client Care;**
- ➔ **Home and Community Care; and**
- ➔ **Communicable Disease Control;**
- ➔ **Environmental Public Health.**

Plans may describe how safety and service standards will be upheld if these programs are running in your community. This applies whether you choose to deliver core programs directly or through another service provider. It is important to keep these components up to date to support community safety.

- ➔ **Understanding the role of the FNHA in supporting the enhancement of health care safety standards.** As your health and wellness partner, the FNHA can offer a variety of supports and consultation services for program planning and service delivery. See the Resources section for a complete list of the FNHA departments and resources that can work with your community/Nation to uphold and enhance health care safety standards.

- ➔ **Understanding health care staff members' professional scope of practice.** Many core programs have specific requirements for professional credentials. The ability of a health care professional (e.g., a registered nurse or licensed practical nurse) to provide specific services depends on a number of factors such as the permitted scope of practice, personal competency, training and experience. For more information, see the Registered Nurse (RN) or Licensed

Practical Nurse (LPN) College Scope of Practice and BC Communicable Disease Control guidelines or contact FNHA Nursing Services.

- ➔ **Having a Communicable Disease Emergency Plan in place.** A Communicable Disease Emergency Plan (formerly "Pandemic Plan") must be submitted to the FNHA with your Community Health and Wellness Plan. When refreshing your Communicable Disease Emergency Plan, it can also be helpful to involve staff in tabletop exercises to address simulated emergency situations.



See Communicable Disease Emergency Planning Considerations Tool (p.142): A tool to support the development or renewal of a Communicable Disease Emergency Plan for your community or Nation.



Standard: Prioritizes quality improvement of programs and services

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

3 Improve Services

› Prioritizes quality improvement of programs and services.

STRENGTHENED BY QUALITY

You can use a quality-focused plan to discuss priorities and interests with the FNHA and other partners.

Quality improvement can be a co-ordinated approach to ongoing cycles of measurement, analysis and improvement. It is an opportunity to assess, monitor and implement identified and needed improvement projects for better system and process performance as well as people development.

Why this Standard?

Defining quality and prioritizing improvement to services holds the potential to transform the health and wellness ecosystem for BC First Nations. On both a community or Nation scale, identifying quality improvement areas in a plan and following through with monitoring and evaluation can ensure leadership, staff and partners are providing culturally safe, responsive and accountable services.

Overview

Plans can serve as the guide or path for how to work together on improving health and wellness programs and services. Quality improvement ideas can come from community conversations about “what quality means to us.” Ideas can help inform actions to enhance service delivery, cultural safety and wellness for youth, parents, Elders and future generations. The FNHA and FNHDA are available to offer quality improvement ideas and share planning resources with your community or Nation.

Checklist – Uphold this Standard by:

- ➔ **Listening to quality improvement priorities from community.** Consider community-identified strengths and improvement areas. Listening to community members through a planning process helps to spark quality improvement ideas, define what quality means, celebrate what is working and consider what needs attention.
- ➔ **Considering safety and service standards.** Review relevant safety and service standards including service requirements described for core programs in your contribution agreement as well as any existing community-driven quality service considerations. Service standards clearly define what quality means (and what is important to the community). They provide accountability mechanisms for the services and initiatives provided. Standards also guide service planning and delivery. Thinking about service standards and pursuing quality improvement processes like accreditation can help outline the necessary staff, policies and procedures or partnerships to ensure safety and quality are upheld in programs and services.



“Don’t be afraid to ask questions and share your thoughts. There are a lot of people out there that want to help and to move forward in a collective and positive way, but it takes an individual to reach out and start the work that is needed.”

— Terrie Davidson, Health Director, Boothroyd First Nation

- ➔ **Building a plan for ongoing monitoring, reporting and evaluation.** Includes continuous cycles of monitoring, evaluation and reporting progress on a plan. Regular monitoring of program effectiveness along with evaluating and measuring change through improvement methods and tools can help show what’s working and what’s not.



See Monitoring, Evaluation and Sharing Results Tool (p.160): Tips and resources to support Health and Wellness Plan monitoring, evaluation and sharing results.

- ➔ **Identifying opportunities to partner on quality improvement.** Having quality improvement targets in your plan is a way to start conversations with partners (such as other Nation members, neighbouring communities, health authorities and the FNHA). These conversations could address how the community or Nation’s traditions and teachings could inform plans and quality practices in the broader health care system, or what a wellness approach to shared quality program and service delivery might look like.

- ➔ **Considering how to keep innovation going over time.** Consider how the plan and programs, services and initiatives will evolve over time. Thinking about how innovation can continue to occur during plan implementation is part of quality improvement thinking. How can community members, staff and partners contribute to innovation? Are there opportunities to align with other service considerations and activities (e.g., occupational health and safety priorities or risk management strategies)?

- ➔ **Remembering existing community strengths and wellness champions.** Honour the capacity of all community members, leadership and staff to be wellness and quality improvement champions throughout the lifespan of a plan. How can the planning process kick-start conversations about wellness and health literacy in day-to-day lives? How might Planning Champions in community support others in their ongoing health and wellness journeys? What programs or initiatives might support or amplify the impact of individual, family or workplace wellness activities?

WHO’S INVOLVED?

This Standard involves community members, leadership and staff, and can include other partners such as the FNHA, accrediting bodies and professional associations.



"When we began to engage with the Haida citizens, I realized they had to have confidence in me and my commitment to the change to lead the planning work. I realized how vulnerable I was in leading that change. I had to really step into my confidence in health care and as a leader in my community. This was a first step. I was scared but I knew I had to take that leap. Sometimes you might leap and land on the floor but you will have to pick yourself up and be stubborn and try again."

— **Lauren Brown**, Health Director, Skidegate Health Centre



Health and Wellness Services Accreditation and Quality Improvement

The FNHA Community Accreditation and Quality Improvement (CAQI) Program and the FNHA Quality Improvement and Safety (QIS) Network are your health and wellness partners. Staff can provide ongoing support, resources, learning opportunities and mentorship to communities that are currently participating in or interested in accreditation and quality improvement efforts.

For more information, contact quality@fnha.ca.



Standard: Leverages strategic partnerships and collaboration

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

4 Foster Meaningful Collaboration and Partnership

› Leverages strategic partnerships and collaboration.

PLANNING TOGETHER

Working together creates opportunities for communities to leverage limited resources, be creative with partners and support innovation initiatives. Planning together can help enhance health and wellness programs and services for your community.

Why this Standard?

Leveraging strategic partnerships is a way to expand existing collaborations or make new partners along a health and wellness journey. Working with others can lead to innovative ideas to meet health and wellness objectives or create new approaches or relationships not thought of before. Pausing to think about what opportunities are achievable only by working with others can maximize resources, share wisdom and have a lasting impact.

Overview

Any point in the planning process is a time to think about partners. During engagement, think about who could be engaged besides community members. During planning, think about who else is providing services within the community or nearby, who might have important data to think about, or what priorities might be shared with others within your Nation or region.

Plans provide a strong tool for collaboration and shared investments across First Nations communities, organizations and others in the health and wellness ecosystem. Plans explain a community's or Nation's vision, goals, priorities and services and can be shared with partners as a basis for discussion. Once a community or Nation-level plan is completed, it can be a starting point for a conversation around shared priorities and strategic engagement with others within a Nation, at the regional level or with partners in the broader health and wellness ecosystem.



“Figure out how your partners work and get to know them well and their operations well. Then make yourself visible and known to them. Be honest around the needs of the community and don’t be afraid to communicate those needs to your partners. Trust your voice in communicating.”

— Georgia Cook, Health Administrator, ‘Namgis First Nation

Collaboration can lead to opportunities to pool resources (such as nurses, training or healing programs, knowledge, etc.). Sharing service delivery may help address resource gaps or create opportunities to have access to services that one community could not have alone. Leveraging strategic partnerships and planning together can also help promote greater seamlessness and culturally safe and continuous care experiences for individuals navigating different care providers within the health care system.

Collaboration, partnerships and shared investments with other First Nations communities or organizations can enable investments to address the priorities and needs of more than one First Nation at a time. Coming together at the Nation level to leverage strategic partnerships and collaboration can contribute to Nation rebuilding, something that is currently happening across BC. Finding opportunities to share approaches, initiatives and services across programs within your community, or within a Nation or region, are worth considering along the planning journey and when implementing a plan.

Checklist – Uphold this Standard by:

- ➔ **Partnering within your community or Nation.** Consider partnering with another department internally (e.g., social development or early childhood program).
- ➔ **Thinking about existing Nation-level or Regional Health and Wellness Plans and initiatives.** Being aware of the Nation or regional context and existing Regional Health and Wellness Plans can inform community and Nation-level planning. Contact the FNHA to ask for a copy.
- ➔ **Thinking about future services from a broader partnership perspective.** Identifying existing gaps and potential shared innovative initiatives (such as cost sharing and/or shared employees) can start partnership conversations.

WHO’S INVOLVED?

This Standard can involve more than just your community or Nation. Partners may include other communities within your Nation, other sub-regional partners, neighbouring communities, regional health authorities, and the FNHA.

- ➔ **Thinking about potential partners.** Talk to leadership or the FNHA to learn about resources and opportunities for innovative initiatives, partnerships and regional service delivery models. Partnership examples to consider include:
 - Teaming up with neighbouring First Nations to plan together and pool resources. Pooling shared services such as nursing, maternal and child health and mental wellness services may provide more support in your community than working alone. Partnering can happen at the Nation level or even in the broader regional area. The FNHA can let you know about collective funding opportunities.
 - Partnering with neighbouring Nations for ideas, resources and mentorship when working on quality improvement and accreditation goals.
 - Working with other regional and provincial partners (the FNHA, your local regional health authority or local municipality) to develop region-specific initiatives.
- ➔ **Learning more about the role of your regional health authority in delivery of core programs.** Regional health authorities are key partners in service delivery. Talk to the FNHA to learn more about the roles and responsibilities of the regional health authority.
- ➔ **Developing a partnership work plan or process.** Consider developing a work plan specific to establishing partnerships with local and regional partners.



See Collaborating with Others in Planning Tool (p.156): Ideas for planning in partnership with others (First Nations communities, regional health authority and other health and wellness partners).



See Linking a Health and Wellness Plan to other Plans Tool (p.148): Ideas to integrate or align a health and wellness plan to other plans.



Planning together at the regional level

Health and wellness planning is an opportunity to consider planning with partners in your region. Joint investment planning leading to co-ordinated health services can help better support local and regional health and wellness needs.

Once a Health and Wellness Plan and common goals are completed, implementation projects can be developed in partnership with other First Nations, regional health authorities, the FNHA and local organizations.



"Relationships with partners and potential partners are key. We'd have a visual of linkages and relationships and know who everyone is working with. Each plan or program can have multiple partnerships and linkages, such as the RCMP, banks, dental, mental health, nurses, doctors, social services. It is important to maintain strong relationships with these partners to implement plans and begin new programs. In the Interior region we had set some strategic goals derived out of understanding and conversations around mental health. The Nation took on those regional goals and whenever I came across an opportunity to meet those goals I was able to pursue it. Strategic goals and directions can be just as good as a formal written plan for creating change and moving organizations ahead. I was aware of the aspirations of the Chiefs but also of the aspirations of the Region to meet those goals. Focusing on the goals as guidance rather than a specific plan provided a foundation to pursue mental health capacity opportunities that has now resulted in the creation of six mental health positions in the Nation to date."

— **Jim Adams**, Executive Director, Scw'exmx Community Health Services Society



What is "Reciprocal Accountability"?

First Nations traditional social systems were founded on the concept of reciprocal accountability — that each member of the community was accountable for their decisions and actions, and for their contributions to the community's wellness as a whole. These ancestral teachings underpin our understanding of reciprocal accountability, which we have defined as a shared responsibility — among First Nations, and between First Nations and federal and provincial government partners — to achieve common goals. Each individual or organization involved in the process or partnership must be responsible for their commitments and for the effective operation of their part of the system, recognizing that each part is interdependent and interconnected.

The concept of reciprocal accountability can apply in a planning context when working with partners — specifically the concept of shared responsibility to achieve common goals set out in plans.





Standard: Builds First Nations health and human resource capacity

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

5 Develop Human and Economic Capacity

› Builds First Nations health human resource capacity.

STRENGTHS BUILDING

Planning provides opportunities to enhance the strengths of people working within a community or Nation on health and wellness.

Why this Standard?

Growing health human resource capacity (the people) within an organization is a key part of developing overall staff capacity and being able to deliver on a plan. Health Director turnover remains a challenge in BC. Strengthening capacity to support health and wellness planning is critical.

Overview

The planning process is an opportunity to take stock of health and wellness workforce needs and start conversations to ensure there are staff members on hand to deliver on the plan. Planning and implementing together takes skills and knowledge in a range of areas, many of which probably already exist within your community or Nation. Planning processes are also a great method of increasing understanding about existing health and wellness practices and core issues, as well as identifying people who may be future health staff within the community or Nation. A Health and Wellness Plan itself should consider appropriate workforce needs to implement a plan, including any required recruitment, such as professionals, training and mentorship.

Planning can also help find a person in the community who is a great Planning Champion and can help build planning momentum and encourage members to participate in implementing the plan. If there is a need to recruit professionals from outside the community or Nation, there may be cultural safety and humility training to consider.

Checklist – Uphold this Standard by:

➔ Recognizing existing strengths and skills.

Finding out about existing knowledge and expertise gives people opportunities to learn from others. Opportunities to fill skills gaps through joint training or partnerships might emerge (with other communities, within the Nation level, etc.). You may, for example, have a Planning Champion within your community or Nation who could benefit from learning from a mentor or help with the health and wellness planning process or engagement.



See Planning Mentorship Tool (p.98): A tool about mentorship in the planning process.



See Planning Champions Tool (p.100): A tool about the role that Planning Champions can play in a health and wellness planning process.



“We are aligning the planning and engagement process with efforts to support our planning for youth involvement in career preparation and planning. Our current focus is on trauma-informed practice and relationship-based opportunities. We go to the schools and high schools to offer career fair type of events [...] We have adjusted the design to reach and engage our youth.”

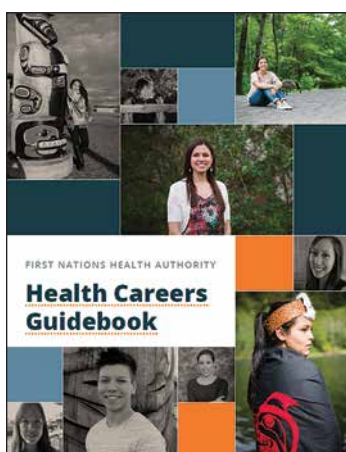
— Georgia Cook, Health Administrator, ‘Namgis First Nation

- ➔ **Considering future staff needed to implement the plan.** Thinking in advance about who is available to fill health and wellness roles and providing them with relevant training can be important. For example, if there are members who are interested in becoming Health Care Assistants, they may be able to take the required six to eight months of training in order to fill new positions created in plan implementation.
- ➔ **Supporting workforce needs in plan implementation.** Helping professional health services providers, such as Licensed Practical Nurses or Registered Nurses, succeed can include ensuring they are supported to work within their scope of practice. For other roles, such as Health Care Assistants, support includes ensuring they have appropriate supervision from a nurse.

- ➔ **Supporting health literacy.** Participating in planning can increase health literacy across the community, meaning people have a better understanding of basic health information and services. Planning is a learning opportunity for health care staff and partners to understand what health and wellness means from First Nations perspectives and how social determinants such as education, housing, poverty and intergenerational trauma can influence a person’s health.
- ➔ **Involving youth.** Including youth in the planning and implementation of plans can build future leaders and health and wellness champions.

WHO’S INVOLVED?

This Standard involves the community or Nation as a whole: community staff, leaders and members.



Health Careers

Community health and wellness planning can raise awareness of health career opportunities for your members.

The FNHA Health Careers Guidebook profiles a wide variety of health careers that may be of interest to your members.

See www.fnha.ca for more information.



Standard: Culturally humble and safe

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

5 Develop Human and Economic Capacity

› Culturally humble and safe.

RESPECTFUL AND RECIPROCAL

Planning can be an opportunity to practice cultural safety and humility as well as open conversations with health care staff and partners about delivering culturally safe health and wellness services. The aim with cultural safety is to build a relationship that is respectful and reciprocal, acknowledges differences and creates a safe way to interact.

WHO'S INVOLVED

This Standard involves the entire community (staff, leadership, and community members) as well as other planning and health care service partners such as regional health authorities and the FNHA.

Why this Standard?

First Nations continue to ask for a culturally safe and humble experience when navigating the health care system. Culturally safe interactions, whether in planning or health care delivery, aim to build a relationship that is respectful, reciprocal and acknowledges differences. Interacting with culturally humble health care professionals can help create culturally safe care. This is a wholistic approach to care that takes into account historical and current power imbalances as well as cultural background.

Overview

The planning process is an opportunity to demonstrate cultural safety and humility. Part of planning is providing a safe and culturally relevant space for community members to come together and plan. Plans can include cultural safety and humility as well. If there is a need to recruit certain professionals, there may be some cultural safety and humility training and mentorship prioritization within a plan.

Checklist – Uphold this Standard by:

- ➔ **Supporting cultural safety and humility in the planning and engagement processes.** Culturally safe planning can support community members to feel comfortable to share their experiences and priorities when participating in meetings. Consider involving Elders and traditional Knowledge Keepers who can provide guidance on community engagement or offer cultural advice to those leading planning.



See Celebrating Culture Tool (p.102): Ideas to honour culture through planning.



See Sample Engagement and Communications Plan Tool (p.108): A template to identify who, how and when to engage.

- ➔ **Considering culturally safe care.** Define what culturally safe care looks like in your community or Nation. The First Nations Perspective on Health and Wellness may be a helpful starting point. What does culturally safe care mean for the types of programs, services and initiatives that will be delivered? What about staff delivering services? What about the spaces and environment where services are delivered?



“Have a conversation. Ask, who are the cultural leaders? The Knowledge Keepers? And listen to their input.”

— Jim Adams, Executive Director, Scw'exmx Community Health Services Society

➔ **Fostering cultural safety and humility with staff and partners.** Cultural safety and humility training, First Nations recruitment and retention initiatives and change leadership can support improved health literacy among health care service partners and staff, laying the foundation for two-way conversations between health care professionals and the clients they serve.

➤ **See the Cultural Safety and Humility pledge campaign:** To take the first step in contributing to a culturally safe health care system, complete a pledge card or share it with health care partners (available at www.fnha.ca). This commitment to cultural humility can be shared on social media with the hashtag #itstartswithme.



“IT STARTS WITH ME”

System-wide change begins with every individual who works in health by implementing the protocol of cultural safety and humility. First Nations are a part of system-wide change by taking ownership of their own health and wellness journeys. The phrase “It starts with me,” signifies how everyone, whether a health care professional, staff member, manager, leader, First Nations person or family member, can be a part of achieving the vision of a culturally safe health care system for First Nations in BC.

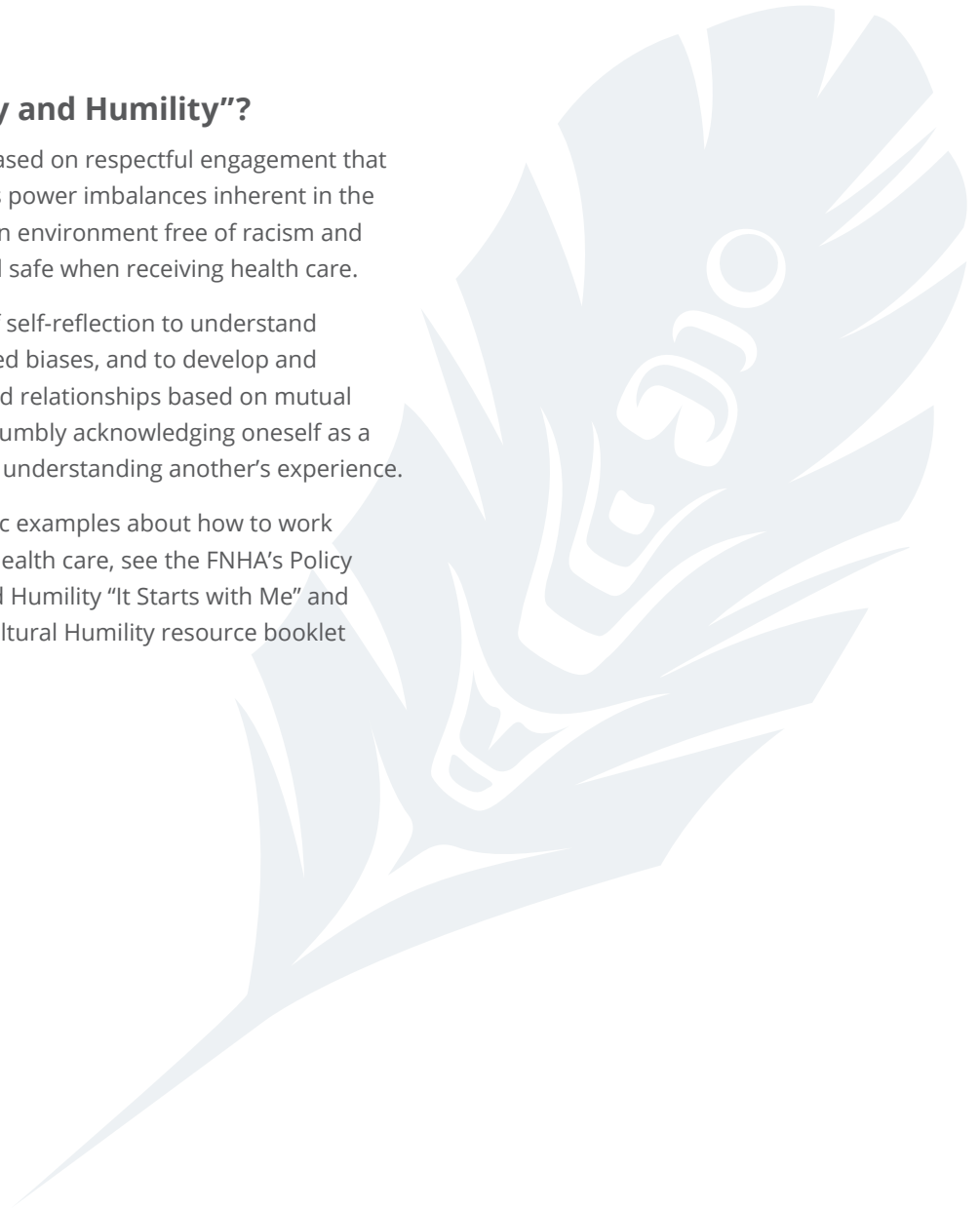


What is “Cultural Safety and Humility”?

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a lifelong learner when it comes to understanding another’s experience.

For more information and specific examples about how to work with partners for culturally safe health care, see the FNHA’s Policy Statement On Cultural Safety and Humility “It Starts with Me” and Creating a Climate for Change Cultural Humility resource booklet at www.fnha.ca.







Standard: Respects protocol, title, rights and existing agreements

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

6 Be Without Prejudice to First Nations Interests

> Respects protocol, title, rights and existing agreements.

GUIDED BY PROTOCOLS

A Community Health and Wellness Plan is carried out according to a community's governance protocols and includes active involvement from leadership.

WHO'S INVOLVED?

This Standard primarily involves elected and traditional leadership and other community leaders and champions.

Why this Standard?

Planning approaches and plans developed while respecting protocols, title, rights and existing agreements are without prejudice to First Nations interests. Remembering to consider what exists is important to ensuring that Directive 6 is upheld through planning.

Overview

Planning needs the support of leadership such as elected leaders, hereditary leaders and Elders. Effective planning respects existing governance protocols and contexts.

Involving leaders or an established governance body early on in planning and seeking their endorsement or approval of the plan at the end of the process helps to ensure that it reflects cultural protocols and honours existing agreements and approaches. Some wellness champions might also emerge through this approach.

Checklist – Uphold this Standard by:

➔ **Using culturally relevant planning protocols.** Build a planning team that respects community protocols, rights and title. The team could include health staff and other community groups, including leadership, youth, Elders or other departments (e.g., housing or education).

➔ **Considering any existing data governance protocols.** Are there any formal or informal data governance protocols that specify how individual or collective information and knowledge is collected, protected, used or shared?



See Data Privacy Tool (p.124): This tool provides some tips to protect individual privacy when collecting personal information as well as recommendations for protecting collective knowledge and information with external parties (e.g., research partners).



“We get very good support from Chief and council, they [...] provide support, review and approval for us in making changes to programs and planning. They are generally supportive and have very good questions for discussion. Our cultural researchers on staff are very good resources as well. We often refer to these individuals to see what information we can use in our programming and planning. This is becoming a big component of our planning.”

— Peter Tallio, Health Director, Nuxalk Nation

- ③ **Building the plan through formal endorsement.** Ask leadership or an established governance body to formally endorse the planning process at the outset and the plan once completed (e.g., through a Band Council Resolution leadership statement, project charter or other relevant mechanism). This helps update leaders on planning and is another way of updating community members.



See Sample Approval Template Tool (p.158): A sample template to initiate a health and wellness planning process and/or adopt a Health and Wellness Plan.

- ③ **Appropriately engaging members and others in planning.** When identifying who to engage in the development or implementation of a plan, consider leadership (traditional/hereditary or elected leaders, Elders, etc.). Consider an Elders Advisory Committee or inviting leadership to be part of a planning team.



“[When planning], four Haida laws guided us from the very beginning. These are: ‘Yahguudang’ — all acts must be done with respect; ‘Ad kyaanang tlaagang’ — all acts must be done with consent; ‘Tllyahda’ — when an act is not done with respect or consent, or is witnessed, you must make it right; and ‘Gina ‘waadluuxan gud ad kwagid’ — everything depends on everything else.”

— Lauren Brown, Health Director, Skidegate Health Centre

Standard: Reflects sustainable and appropriate use of resources

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

7 Function at a High Operational Standard

➤ Reflects sustainable and appropriate use of resources.

SEVEN GENERATIONS

Planning for future generations involves understanding available resources and spending sustainably.

WHO'S INVOLVED?

This Standard involves staff and leaders, and may include the planning team, community and external partners.

Why this Standard?

Planning for sustainable and appropriate use of resources is a key component of functioning at a high operational standard. Health and Wellness Plan implementation often faces challenges with prioritization and limited resources. Preparing for the best use of available resources is a way to uphold Directive 7 in planning.

Overview

First Nations have planned for the well-being of future generations since time immemorial. For planning, this means supporting sustainable plans, health and wellness program and service delivery, and operations. Creativity and collaboration can help manage limited resources (funding, people, facilities and time). Collaborating with other department staff, community leaders and external partners can help make the best use of available resources.



"Often the fiscal component is missed. If you are looking to reach a goal or target and forget to analyze the fiscal needs or impacts, then you may miss an opportunity when you are presented with the question, 'how much?' Many opportunities have been lost because a fiscal answer was not readily available."

— **Jim Adams**, Executive Director, Scw'exmx Community Health Services Society



“Find out what other planning is happening in your community and build on that work so you are not doing it alone or duplicating efforts. We partner with many communities to achieve economies of scale; for example, we might share a full-time nurse between communities. We share the work and learn from each other.”

— Heather McDonald, Health Policy and Quality Officer, Seabird Island Band

Checklist – Uphold this Standard by:

- ➔ **Aligning the plan with other planning work.** For example, many Comprehensive Community Plans reflect sustainable and appropriate use of resources.

- ➔ **Including a health and wellness element.** Your vision might also be the same in both plans. Building on and incorporating this information may be helpful.

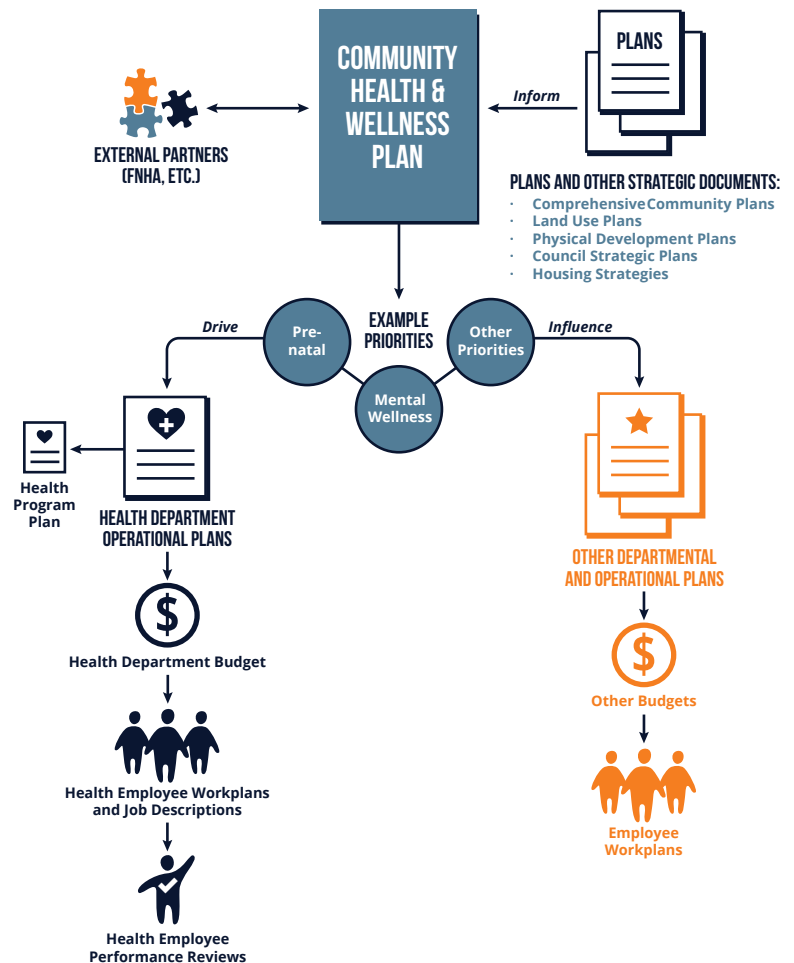


See Linking a Health and Wellness Plan to other Plans Tool (p.148): Ideas to integrate or align a Health and Wellness Plan to other plans.

- ➔ **Identifying efficiencies and partnerships with other community/organizational departments.** Working closely with other community/organizational departments (or at the Nation level) can help share costs and resources.
- ➔ **Including a prioritized work plan.** What realistically needs to be done and should be prioritized? What is a lower priority? Who can best support the work? What’s the timeline? How much will everything cost? Consider these questions while planning and developing priorities and strategies.
- ➔ **Including a budget and possible financial partnerships.** Knowing your available resources builds a realistic budget. Finding external partnership opportunities can help with services and program delivery that may be beyond a single community’s budget.

➤ **Budgeting:** The FNHDA has more information on budgeting. www.fnhda.ca

HOW A COMMUNITY HEALTH AND WELLNESS PLAN CAN LINK TO OTHER PLANS





Standard: Excellence in planning, reporting and evaluation

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

7 Function at a High Operational Standard

➤ Excellence in planning, reporting and evaluation.

REFLECTING AND REVISING

Community priorities change over time. Coming together to reflect, monitor and adjust your plan helps ensure that community programs and services stay relevant and quality focused.

WHO'S INVOLVED?

This Standard primarily involves staff, leadership, planning partners, service providers, any related accrediting bodies and the FNHA.

Why this Standard?

Planning, reporting and evaluation excellence are key components of functioning at a high operational standard and pursuing continuous quality improvement. Knowing and documenting priorities in the form of a plan (or multiple plans), tracking progress over time and continuing to focus on whether the planned outcomes are achieved helps ensure planning practices are sound.

Overview

Upholding excellence in planning, reporting and evaluation keeps day-to-day health and wellness service delivery linked to long-term objectives and vision. Taken together, planning, reporting and evaluation help make informed and forward-looking decisions about where to allocate time and resources as the needs and priorities of the community or Nation evolve.

Planning helps prioritize initiatives by looking to a desired future of wellness. Reporting and evaluation provide regular guideposts for looking back and measuring the outcomes of initiatives and progress over time, adjusting activities along the way to ensure they continue to address evolving and emerging needs and priorities.

Monitoring can also help track if shared partnership initiatives are moving forward by partners. For example, are service providers providing culturally safe services? Is it working to have someone else provide services? Is this approach meeting the needs of community members?

Checklist – Uphold this Standard by:

- ➔ **Using a planning process that works for the community.** Considerations may include: who could lead the work, whether you need outside support, what time frames make sense considering cultural events, and any additional factors needed for the planning process to move forward in a good way.
- **See the adjacent figure showing a Sample Health and Wellness Planning Process:** The life cycle of a tree illustrates one approach to a planning process. When starting planning, a seed is planted. Through the stages of planning, the seed starts to grow into a tree (the plan). The plan is rooted in the 7 Directives and Planning, Reporting and Evaluation Standards branches grow from there. Like a tree, plans are evergreen, and evolve with the seasons and over time.

Sample Health and Wellness Planning Process

Where are we now?

- › Gathering people
- › Assessing planning readiness/
capacity
- › Relationships and working
together
- › Organizing time
and resources
- › Collecting health
and wellness
information
- › Thinking about
the health and
wellness path forward
and partners



Where do we want to go?

- › What health and wellness looks
like to our community/Nation
- › Identifying/prioritizing health
and wellness goals



What have we learned?

- › Reflecting on our practices
- › Checking on progress and
making adjustments
- › Keeping members and partners
engaged and informed

How will we get there?

- › Preparing a health and wellness
plan for the future and the
generations to come



See Planning Process Tool (p.92): A sample outline of the planning process, linking planning, reporting and evaluation.

- ➔ **Considering engagement.** Thinking about how community members will be engaged in the planning process is a way to bring the community along on the journey. Engagement may help find Planning Champions — people who want to lead the process from the ground up.



See Sample Engagement and Communications Plan Tool (p.108): Ideas of how to identify who, how and when to engage.

- ➔ **Considering Planning Standards throughout planning.** Standards can be a guidepost for planning processes. Standards help health and wellness champions, staff members and planners focus on quality outcomes and know that work is done to the highest standard possible. Are planning standards upheld through the planning process and plan implementation?
- ➔ **Including SMART goals, objectives or initiatives.** Does the plan identify priority health and wellness goals and objectives? Are they SMART: specific, measurable, attainable, realistic and based on a time frame?

- ➔ **Aligning the plan with other plans.**

Does the plan speak to or build from prior community or Nation plans? Is the plan aligned with Regional Health and Wellness Plans or plans developed by the local health authorities or other health and wellness organizations? Does it inform staff and department work plans?



See Sample Implementation Work Plan Tool (p.153): A sample template to help translate a health and wellness plan to an action plan.

- ➔ **Continuing to ask questions.** Are the plan objectives being met over time? Is the data changing over time (e.g., community members more active, self-reported wellness increasing)? Are current governance structures and partnerships working efficiently and effectively? Are new partners emerging?
- ➔ **Sharing results regularly.** Keeping members and leadership informed on progress helps with continued commitment to direction and helps keep a focus on whether a community is able to achieve the goals set out. Reporting can be a way to hold leadership and others accountable. Reporting also helps celebrate successes and can contribute to keeping momentum going on priorities.

➔ **Monitoring and evaluation: reflections and revisions.** Plans are living documents — initiatives can evolve along the way. Monitoring and evaluation can inform ongoing reflection and plan adjustment. Are there new circumstances and priorities emerging? How should the plan evolve to reach the vision? Are community goals and objectives still relevant and measurable? Is relevant information and data available or is new data collection necessary? How well is the plan working and are there opportunities for changes and improvement?

➔ **Tracking indicators and measures.** Indicators are qualitative or quantitative measures that allow you to assess progress, performance and change. To develop relevant indicators, consider the questions you have about the plan and what would help answer these questions. For example, if you want to know whether implementation is on track, you might measure the percentage of planned services being delivered. When choosing indicators, consider up front the time and resources that would be required to collect the proposed data.



See Sample Evaluation Table Tool (p.165): A sample template that can be used to identify indicators and make a plan for data collection.



"We, as Ktunaxa, were planners and policy makers for thousands of years, but when we first began planning as a modern government we were trying to learn how to do things from the outside in, rather than from the inside out! Now, we focus on putting the individuals and families in the middle and understand that our job is to create positive environments so people's circumstances change and their behaviour changes as well. Today, more people are participating because what they are doing is valued. Everyone has a role but sometimes we don't have a stage for their performance. People who were shy now lead conversations on things they know a lot about. Really, everyone is a planning mentor, just at different stages of involvement. Everyone has something to offer, but sometimes it's not even known that a person has a gift or interest. By creative involvement and acknowledgment, people become mentors. During planning, we'd meet people in environments that they were comfortable with. Butchering an elk is a good place to talk about planning for food security, land use, environmental monitoring. As we dig into our culture, we understand how we did these things before and it gets easier to legitimize the activity of planning."

— **Gwen Phillips**, Director of Governance Transition, Ktunaxa Nation Council



BC First Nations Data Governance Initiative: Standards in planning and reporting

The BC First Nations Data Governance Initiative has developed a guide to planning and reporting standards that are emerging in First Nations communities in BC. The seven core standards are meant to be foundational to planning and reporting in First Nations communities, not prescriptive.

Known as the 7 Cs, these standards are:

1. Culture and languages
2. Community-driven, Nation-based
3. Community engagement
4. Communication
5. Collaboration
6. Connection
7. Commitment

They can be used in any planning or reporting context, including health and wellness, and are intended for use by both communities as well as organizations who support and partner with First Nations communities. The health and wellness Planning, Reporting and Evaluation Standards in this FNHA Toolkit are a practical application of these broader standards in a health and wellness context.

For more information, see “The 7 Cs: A First Nations’ Guide to Planning and Reporting Standards,” a BC First Nations Data Governance Initiative partnership project at www.bcfndgi.com.





Section Notes

Dotted lines for writing notes.



Plan Content

SECTION 4

HEALTH AND WELLNESS PLAN CONTENT

This section provides a tool to support the planning process. Sample contents of a Health and Wellness Plan are noted and ideas and tips for how to develop each section of the plan are provided. Visit fnha.ca for an online fillable template of the health and wellness plan content outlined on the adjacent page.

WHAT TO INCLUDE IN YOUR PLAN

1. Introduction
2. Health and Wellness Vision
3. Health and Wellness Context, Goals, Objectives and Initiatives
4. Budget
5. Health and Wellness Monitoring, Evaluation and Sharing Results

How to use the template:

- ➞ Review the [Getting Ready to Plan section](#) – ideas to begin health and wellness planning (p.66).
- ➞ Review all detailed sections of the [Health and Wellness Plan Content](#) in the following pages, beginning (p.68).
- ➞ While working through each section, look back at the related Standard in [Section 3: Planning, Reporting and Evaluation Standards](#) and review the associated **Checklist**.
- ➞ Review the Tip List for each Template section in [Section 4: Health and Wellness Plan Content](#) for ideas on how to get started and consider if you want to use the related **Tools** and/or add any of the **Optional Content** noted into a plan, if it makes sense for your community.
- ➞ **Develop your plan** by filling out the template or use your own format.



Required Health and Wellness Plan Content

Introduction

Introduces the Health and Wellness Plan.
Generally describes the purpose and scope of the Plan.
Insert your own text here.

Health and Wellness Vision

Describes the health and wellness vision for the future.
Insert your own text, image, song, or story here.

Health and Wellness Context, Goals, Objectives and Initiatives

Describes overall health and wellness goals, context, objectives and initiatives identified through a planning process.

Goal 1

*Example: Support mental health and wellness
and reduced substance use among our people.*

Context:

Objectives:

*Example: Initiate wellness and
culture-based healing.*

Initiatives:

*Example: Partner with other communities
within a Nation in our region to hold multi-day
land-based healing retreats.*

Goal 2

Context:

Objectives:

Initiatives:

Goal 3

Context:

Objectives:

Initiatives:

Budget

Describes budget associated with the plan.

Health and Wellness Monitoring, Evaluation and Sharing Results

Describes monitoring, evaluation and reporting on
the plan and can also describe how information will be
collected to measure progress.
Insert your own text here.

Getting ready to plan – ideas to begin health and wellness planning:

Reviewing existing community or Nation health and wellness plan(s). Are you due for a community health and wellness plan update? Do members and leadership feel a new community- or Nation-level health and wellness plan is needed? How is progress going? Are you due for funding support to update the community health and wellness plan?

Collecting existing health and wellness information. What is the current community/Nation health and wellness status? What are the strengths of the community or Nation? What are the pressing health and wellness challenges? Where is current data available? Have you collated the data you gathered?



See: [Health and Wellness Survey Considerations Tool \(p.128\)](#)



See: [Data Privacy Tool \(p.124\)](#)

Reviewing any other existing plans and considering potential alignment. What health planning materials, past plans or other community planning projects exist that align with health and wellness planning? Is there anything to combine, such as comprehensive community planning or an engagement process?



See: [Linking a Health and Wellness Plan to Other Plans Tool \(p.148\)](#)

Considering relevant plans at other levels. How are you connected to shared planning with other communities in the Nation/Nations in the Region? Are there joint plans to consider (such as health actions, Regional Health and Wellness Plans, primary care or Joint Project Board investments)?

Considering ways of making the planning process your own. How could the planning approach celebrate and draw on your community's distinct culture, ceremonies and teaching?



See: [Celebrating Culture Tool \(p.102\)](#)

Leadership approval. What is the protocol to start a planning process (e.g., Band Council Resolution, Council Agreement)?



See: [Sample Approval Template Tool \(p.158\)](#)

Reviewing your FNHA Contribution Agreement. What is your current health and wellness budget? Have FNHA requirements been considered?



See: [Budget Tips \(p.81\)](#)

CONTINUED >>>



Considering a core planning group. Who can help co-ordinate plan development? Would it be health department staff, a Council member, previous community planners, Elders, youth or others?



See: Planning Champions Tool ([p.100](#))

Considering any broader advisors. Who else besides a core planning group will be helpful in the process to provide focused advice along the way? Members could include: Elders, youth, Council members, staff, away-from-home individuals, family/hereditary representatives, someone with a health background or accreditation specialists, etc.



See: Planning Mentorship Tool ([p.98](#))



See: Engagement and Communications Planning Tool ([p.104](#))



See: Sample Engagement and Communications Plan Tool ([p.108](#))

Building relationships to support planning. Who will be involved throughout the planning process and how (e.g., community members, community planning committee, mentors, the FNHA or anyone from the Nation)? Will you have targeted engagement groups? When would be a good time to reach out?



See: Collaborating with Others in Planning Tool ([p.156](#))



See: Planning Champions Tool ([p.100](#))

Mental Health and Wellness along the way. Does the planning approach consider the potential impacts of trauma?



See: Mental Health and Wellness Considerations Tool ([p.144](#))

Mapping out a “plan to plan” and any associated resources. What is the scope of the planning process? Are there any specific deliverables, timelines, resources and costs of developing the plan? What tasks will be involved in the planning process and when? Are there other planning processes that could be linked?



See: Planning Process Tool ([p.92](#))

Developing an engagement plan. How will you engage the community members (home and/or away-from-home) and other stakeholders? Are there cultural protocols in place? How will community members' privacy be protected?



See: Engagement and Communications Planning Tool ([p.104](#))



See: Sample Engagement and Communications Plan Tool ([p.108](#))



Health and Wellness Plan Content: What to include in your plan

1. Introduction

What is it?

This section introduces your Health and Wellness Plan and describes its purpose and scope.

Description

The introduction:

- ➞ Summarizes the purpose of your Health and Wellness Plan.
- ➞ Provides an overview of the contents and scope of your plan.
- ➞ Describes how your plan is going to be used.
- ➞ Describes the duration of your plan (such as five or 10 years).
- ➞ Describes the subjects covered in your plan (such as mental health and wellness, wellness initiatives, primary care, home and community care, community projects, etc.).

How is this section helpful?

- ➞ Community members see themselves reflected in the plan from the beginning.
- ➞ Wording can be used for future discussions with your community and partners.

OPTIONAL CONTENT

- Overview of your community and/or Nation and history.
 - Main health and wellness goals and priorities in the plan.
 - How your plan was developed.
 - Highlights of the community or Nation's health and wellness journey.
 - Who was involved in the planning process, including any partners.
 - How the plan will be kept alive and continue to inform ongoing community decision-making.
-



Applicable Standards (remember to review the Checklist under each Standards section for additional ideas):

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
1 Community-Driven, Nation-Based	<ul style="list-style-type: none"> > Driven by BC First Nations' health and wellness journeys and priorities. > Guided by First Nations culture and values.
6 Be Without Prejudice to First Nations Interests	<ul style="list-style-type: none"> > Respects protocol, title, rights and existing agreements.

Tips to develop the introduction:

- ➔ It can be helpful to write the introduction after the other sections of the plan are drafted. This may help you to consider how to summarize what the plan says overall.
- ➔ Review the full scope of the plan and any feedback on scope from engagement sessions conducted during planning.
- ➔ Consider reflections or quotes from leadership, health and wellness champions or those involved in the planning journey. How has the planning process impacted your community or Nation? Are there any stories you would like to share or highlight?
- ➔ Consider if there are existing community wellness images, quotes or visuals that could be used.



Tool to Support Developing the Introduction:



Sample Health and Wellness Profile
(p.112)



Health and Wellness Plan Content: What to include in your plan

2. Health and Wellness Vision

What is it?

This section describes your community's or Nation's health and wellness vision or aspirations for the future.

Description

A vision:

- ➔ Guides the planning process and the development and implementation of the plan.
- ➔ Can be in any format that works for your community or Nation. For example, it could be a statement, song, story or image that shares a collective vision of health and wellness for the future.

Your community or Nation may already have a vision that can be the basis for a Health and Wellness Plan.

How is this section helpful?

- ➔ A vision guides planning decisions and gives your community or Nation a common focus or source of inspiration to work toward.
- ➔ A vision helps bring people together and is a good starting point for engagement.
- ➔ A vision centres planning on the bigger picture of the wellness journey your community or Nation is on.
- ➔ A vision is something to share with partners to explain where you are going and what matters to community members.

OPTIONAL CONTENT

Consider other community guiding elements to include, such as:

- Cultural beliefs
 - Mission
 - Values
 - History
-



Applicable Standards (remember to review the Checklist under each Standards section for additional ideas):

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

1 Community-Driven, Nation-Based

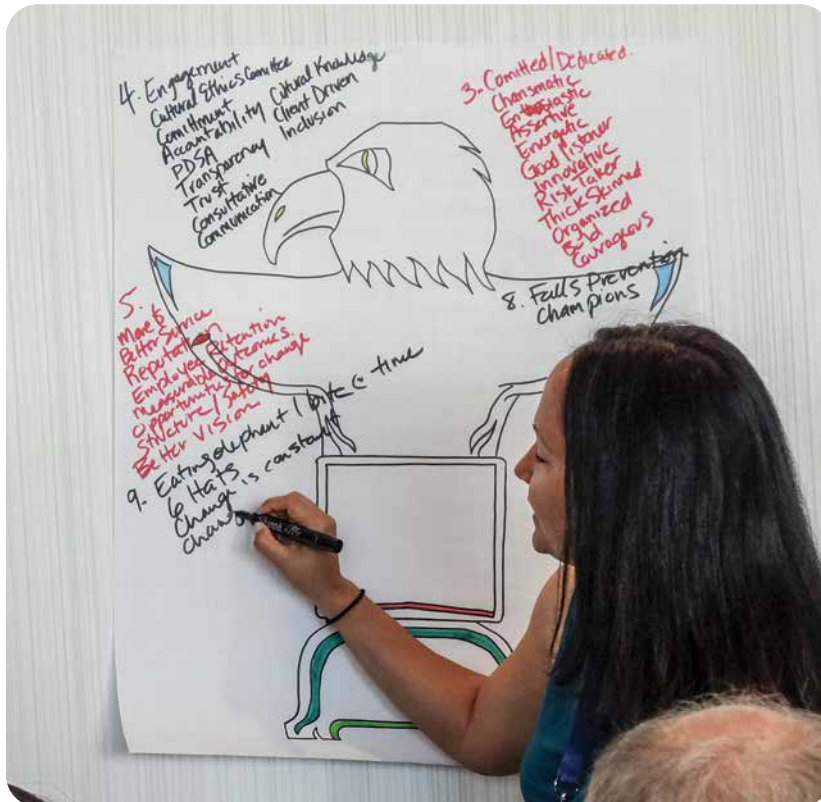
- › Driven by BC First Nations' health and wellness journeys and priorities.
- › Guided by First Nations culture and values.

2 Increase First Nations Decision-Making and Control

- › Enhances First Nations decision-making over health and wellness.
- › Based on relevant health information and data.

4 Foster Meaningful Collaboration and Partnership

- › Leverages strategic partnerships and collaboration.



Tips to develop a vision:

- ➔ **Build on what has come before:** Is there an existing community or Nation vision? Is there a broader community vision statement that can be adapted for a health and wellness context (such as from a comprehensive community plan)?
- ➔ **Discuss a vision early on in planning:** Bringing people together to think about a health and wellness vision early on in the planning process can help build excitement about what the plan can do and help acknowledge where you have come from.
- ➔ **Think about how best to bring people together to build a vision:** How will Elders, youth, Council members, staff, family representatives or home and away-from-home community members be involved in visioning? How will they be engaged (e.g., home visits, social media campaigns, phone calls, community meetings, other types of workshops)? What engagement approaches will be used (e.g., discussions, World Café, Open Space, graphic facilitation, surveys, discussions, etc.)?
- ➔ **First Nations Perspective on Health and Wellness:** If helpful, consider the First Nations Perspective on Health and Wellness as a starting point for community discussions on health and wellness.
- ➔ **Build visioning questions:** What questions might spark discussion in a culturally safe way? Examples could include: in the past, how did our people stay well? What does health and wellness look like according to our youth? Our Elders? What do we want our community's/Nation's future to be like for generations to come?
- ➔ **Be creative:** How can a vision be captured in ways that make sense for your community? Is it something visual that uses traditional imagery and pictures, or could it include stories, dance, traditional words, etc.? What are some creative ways to encourage various members to share ideas or document the vision?

Tools to Support Visioning:



Engagement and Communications Planning ([p.104](#))



Sample Engagement and Communications Plan ([p.108](#))



Planning Process – see Where do we want to go section ([p.95](#))



Linking a Health and Wellness Plan to Other Plans ([p.148](#))



Health and Wellness Plan Content: What to include in your plan

3. Health and Wellness Context, Goals, Objectives and Initiatives

What is it?

This section describes your Health and Wellness context, goals, objectives and initiatives.

Description:

- ③ Context sets the stage for planning, particularly under each goal within the plan.
- ③ Goals, objectives and initiatives are a key focus of the plan, identifying what will be accomplished and setting out a plan for how to get there.
- ③ Quality improvement ideas and/or a quality improvement plan can be referenced or included in this section.
- ③ This is where you specify the goals for any core programs or services that will be developed or delivered. These may include Home and Community Care, Clinical and Client Care, Environmental Public Health, Communicable Disease Control and Mental Health and Wellness.

If your community or organization takes responsibility for Home and Community Care, Clinical and Client Care, Environmental Public Health and/or Communicable Disease

Control, your contribution agreement outlines specific requirements for these core programs. To uphold and enhance these requirements, consider including the following in the goals section:

- > Community goals/priorities for each of the funded core programs; and
- > How the core elements and service requirements will be met.

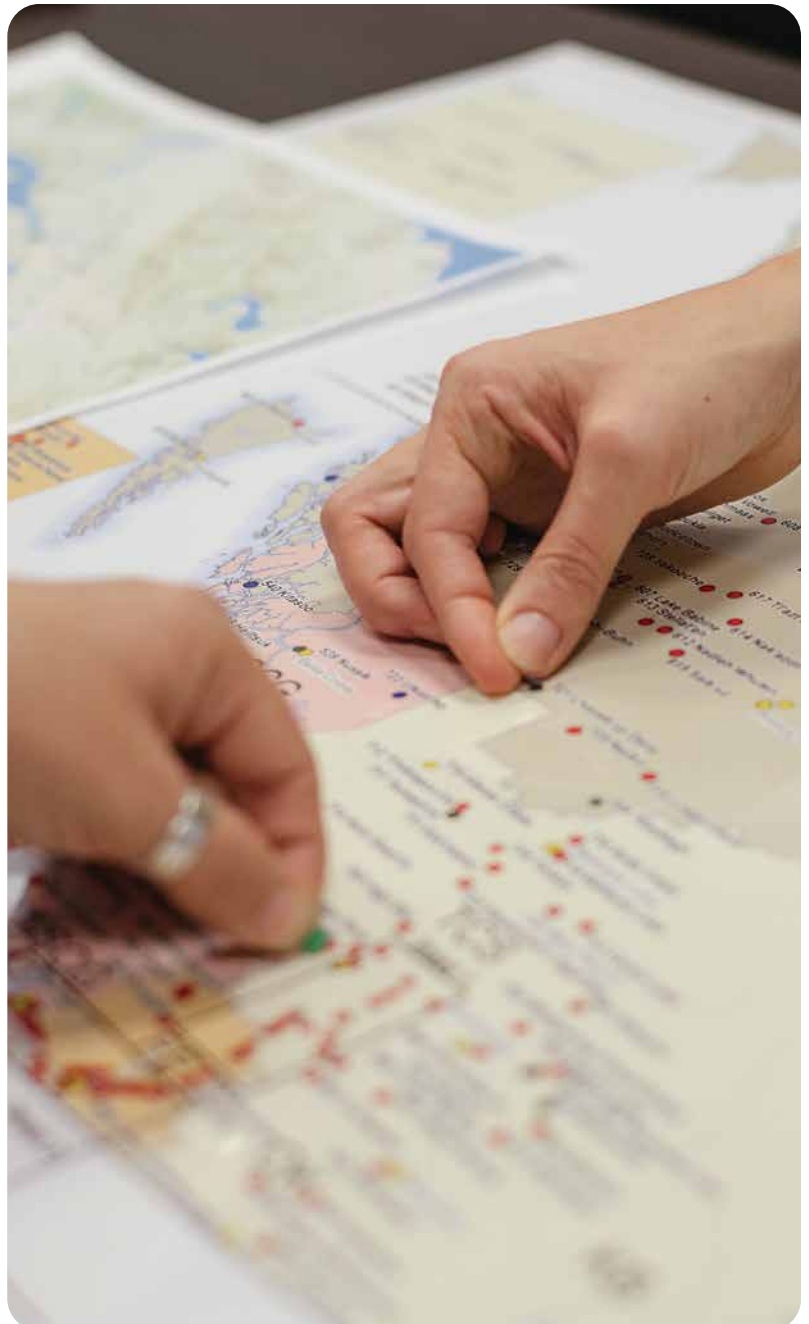
OPTIONAL CONTENT

- **Outcome Statements:** Consider including the outcome your community is striving for when the plan is achieved. Examples include healthy and well people, cultural wellness, relevant programming (such as for youth, mental health and wellness, nursing, benefits, etc.).
 - **Roles and Responsibilities:** Consider including descriptions of the roles and responsibilities of those who will implement the objectives and initiatives in your plan (such as staff, leadership and partners).
 - **Timelines:** Consider including specifics around what will be done and when (e.g., annually, quarterly).
 - **Partnerships:** Are there any partners (current and proposed) that would support work on goals, objectives and initiatives?
-



How is this section helpful?

- ③ Spells out top priorities for improving health and wellness according to your community.
- ③ Gives specifics on moving the plan forward, working toward a vision of health and wellness.
- ③ Identifies areas for quality improvement.
- ③ Helps identify emerging space and infrastructure needs.
- ③ Informs staff, members, leadership, partners and funders about the range of health and wellness services, initiatives and programs delivered and planned in your community or Nation.
- ③ Describes services provided through core initiatives, objectives and programs that will have a direct impact on the health and safety of community members.
- ③ Core programs have a strong clinical component and require that health staff have certain credentials, certification and/or licensing and meet practice standards to ensure quality client care is provided. Describing what the objectives of these programs are helps to clarify what work will happen over time.
- ③ Helps start a conversation on what future skills or jobs may be required from a health human resource perspective.





Applicable Standards (remember to review the Checklist under each Standards section for additional ideas):

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

1 **Community-Driven, Nation-Based**

- › Driven by BC First Nations' health and wellness journeys and priorities.
- › Guided by First Nations culture and values.

2 **Increase First Nations Decision-Making and Control**

- › Enhances First Nations decision-making over health and wellness.
- › Based on relevant health information and data.

3 **Improve Services**

- › Enhances required health care safety standards.
- › Prioritizes quality improvement of programs and services.

4 **Foster Meaningful Collaboration and Partnership**

- › Leverages strategic partnerships and collaboration.

5 **Develop Human and Economic Capacity**

- › Builds First Nations health human resource capacity.
- › Culturally humble and safe.

6 **Be Without Prejudice to First Nations Interests**

- › Respects protocol, title, rights and existing agreements.

7 **Function at a High Operational Standard**

- › Reflects sustainable and appropriate use of resources.
- › Excellence in planning, reporting and evaluation.



Tips to develop your Context, Goals, Objectives and Initiatives:

- ➔ **Review your FNHA Contribution Agreement.** Confirm any core program or service standard requirements.
- ➔ **Start with readily available context information.** Sources could include member surveys, recent health/program evaluation reports, accreditation reports, community or regional health and wellness data or information contained in other community plans or websites. Contact the FNHA to source any health and wellness information available for your community or Nation, such as the Community Health Survey and Regional Health Survey data.
- ➔ **Share context information during engagement.** How can health and wellness trends and other information inform community discussions? Can a visual or graphic summarize current context?
- ➔ **Gather community and staff input on health and wellness context, opportunities and challenges.** Will you collect this input while visioning or separately? Who can help gather information: community members, key cultural knowledge holders, FNHA program leads, service providers or other partner organizations?
- ➔ **Build on strengths.** What can you build on? What are your community, Nation or regional strengths?
 - You might consider framing engagement questions using a SOAR analysis model (Strengths, Opportunities, Aspirations and Results) to help focus on the future. Questions can include, "What is working well?" or "What are you most proud of?"
 - Perhaps you share common objectives with a neighbouring community or Nation and could combine resources to jointly deliver a program.
- ➔ **Think about your community's or Nation's health and wellness needs.** Rank your top priorities and use those to develop goal statements and objectives based on the needs identified.
- ➔ **Consider self-care and community-care needs.** Conversations about mental health and wellness and historical trauma may trigger emotions. Consider providing safe space for conversations: self-care can help you support yourself and others.
- ➔ **Collect information from program or initiative leads.** Program leads can describe health and wellness initiatives and activities.
- ➔ **Analyze gaps.** How are existing initiatives and services meeting or not meeting needs? Where are there gaps? What activities might help to address these?
- ➔ **Explore promising practices.** Have other communities successfully implemented models that are interesting?
- ➔ **Linkages and partnerships.** Could ideas link to the work of other community departments other than the health department? Could initiatives/services be provided through strategic partnerships with health service partners outside of the community/organization?



- ③ **Consider how and when to partner with the FNHA on development of any program-related sections of the Health and Wellness Plan.** If these partnerships don't yet exist, consider establishing relationships with FNHA Program staff including Environmental Health Officers, Home and Community Care Nurses, the Communicable Diseases team, Clinical and Client Care team or Mental Health and Wellness Advisors.

FNHA Program Staff	Partnership Support Available
③ Environmental Health Officers	③ Provide regular inspections, recommendations and advice on public health risks as well as training and education to contribute to a healthy and safe environment.
③ Regional Nursing Managers	③ Available to answer questions when you are developing your plan and to support plan implementation.
③ Community Health Practice	③ Examples of services these staff can provide:
③ Consultants	<ul style="list-style-type: none"> ➢ Sharing resources for nurses and health staff
③ FNHA Nursing Leadership	<ul style="list-style-type: none"> ➢ Supporting the development of community/organization policies and procedures
③ Mental Health and Wellness Advisors	<ul style="list-style-type: none"> ➢ Providing subject matter expertise ➢ Providing assistance with recruitment and orientation for Nursing staff ➢ Providing education on clinical practice services
③ Communicable Disease Public Health Team	<ul style="list-style-type: none"> ③ Supporting the development of communicable disease public health goals and objectives. ③ Examples of services these staff can provide: <ul style="list-style-type: none"> ➢ Sharing resources for nurses and health staff ➢ Supporting the development of community/organization policies and procedures ➢ Providing subject matter and clinical expertise ➢ Providing assistance with orientation, program development and implementation for Nursing staff ➢ Providing education and certification on clinical practice services ➢ Liaison with regional health authority public health programs

- ➔ **Translate issues and opportunities into Goals, Objectives and Initiatives.** When you sort feedback by theme into broad categories, what goals emerge at a high strategic level? What work could happen in the medium term that could form an objective? What specific work can happen on the ground that could form an initiative?
- ➔ **Review any relevant service standards.** How can service standards and essential service elements be upheld? What policies and procedures may need to be established that are not already in place?
- ➔ **Consider the health human resources (the people) needed to support services and initiatives.** Will staff need additional training? Are new hires required? Are there people in your community or Nation who could develop into these roles? What kind of certification is required? Will partnerships or formal agreements be required in order to meet these standards?

- ➔ **Review your Communicable Disease Emergency Plan (formerly “Pandemic Plan”) and Emergency Preparedness Plan.** If these plans are not up to date or if staff are not familiar with them, consider using your health and wellness planning process as a time to refresh these plans. Communicable Disease Emergency Plans must be submitted with Community Health and Wellness Plans.
- ➔ **FNHDA supports.** Does the FNHDA have any available resources or training to support staff working in your community?

Tools to Support Goal, Priority and Initiative Setting:



Developing Health and Wellness Goals, Objectives and Initiatives ([p.134](#))



Sample Health and Wellness Profile ([p.112](#))



Linking a Health and Wellness Plan to Other Plans ([p.148](#))





Health and Wellness Plan Content: What to include in your plan

4. Budget

What is it?

This section describes the budget associated with your Health and Wellness Plan.

Description:

- ➔ Describes the proposed budget to implement the plan over time, including:
 - Total revenue for health and wellness program/initiative delivery (inclusive of all sources of funding support).
 - Estimated health and wellness expenses for objectives, initiatives and service delivery. Budget breakdown could be based on general priority areas such as Mental Health and Wellness, Primary Care, Maternal and Child Health, etc.

How is this section helpful?

- ➔ Supports long-term and annual budget planning and management.
- ➔ Budget planning supports common understanding of available resources.
- ➔ Identifies gaps and where to prioritize investments to best deliver health and wellness services.
- ➔ Supports reciprocal accountability among members and communities/Nations and funders (such as the FNHA).
- ➔ Helps keep priorities and initiatives within spending parameters.
- ➔ Helps identify initiatives that might require additional funding from new sources or partners.



OPTIONAL CONTENT

- Breakdown of program-specific information
 - Funds from external sources (e.g., grants, partnerships)
 - Salaries and benefits
-



Applicable Standards (remember to review the Checklist under each Standards section for additional ideas):



Tips to develop a budget:

- ➔ **Determine any funder budget requirements.** Funders may have particular requirements about when funding is spent, activities that are eligible/ineligible, etc.
- ➔ **Reach out to the FNHA.** For community health and wellness planning, the FNHA can help answer questions about budgeting, available FNHA funding, the Funding Arrangement itself or available funding for the planning process. For Nation health and wellness planning, your regional FNHA team may have suggestions about funding and partnership opportunities, including those with external organizations.
- ➔ **Reach out to your administration.** You may want to talk to key individuals (e.g., the Band Manager/Administrator or organizational leadership) to identify in-house budget considerations and align health and wellness budget planning with other planning such as quality improvement, capital or comprehensive community planning.
- ➔ **Estimate expenses.** What are the anticipated costs of the planned objectives and activities? What are the previous years' budgets in comparison to actual expenditures? Have operational expenses stayed the same year-to-year or will they require new estimates? Your Band Manager/Administrator or health staff leads can also advise on expense estimates based on previous costs.



- ➞ **Align the draft budget with your plan priorities.** Expenses can be broken down into different categories based on the objectives and initiatives in your draft plan. Are there priorities that require more investments? New priorities not costed before? By having a good sense of what your anticipated expenses are, you can begin to prioritize initiatives and identify potential cost-savings opportunities.
- ➞ **Identify revenue sources.** Current revenues can be organized by funding source. Sources may include the FNHA, government, community or other partners. Review allowable expenses for each funding source.
- ➞ **Look for cost savings opportunities.** Consider partnering with other program areas within your community or Nation, such as housing, economic development, social development, etc. Consider partnering with other First Nations within a Nation (or non-First Nations communities/ organizations) to share both services and resources. Pooling resources could enable offering a more diverse range of programs and services.
- ➞ **Confirm budget strategy and principles.** Will a growth percentage be added to the previous years' expenditures? How will overspending/underspending, funding reallocation and shifting spending priorities be handled? For example, you may choose to identify a contingency amount to fund unexpected costs.
- ➞ **Determine level of budget detail.** Will expenses be broken down annually? How much detail is helpful (e.g., operational costs such as initiatives, salaries, Internet, insurance, rent, utilities, etc.)?
- ➞ **Create your budget.** What systems or tools will you use for budgeting (e.g., Excel, etc.)? You may want to use a budget template to keep track of all budget items. Key components include expenses and likely revenue sources/amounts. Does administration have a template that should be used?
- ➞ **Work with your budget.** Reviewing the budget regularly helps keep it up to date. Updates (once a month or once per quarter) will give you an accurate picture of cash flow.

Tools to Support Budgeting:

- FNHDA website www.fnhda.ca
- FNHDA Health Director Certification Program: Module on Financial Management and Budgeting





Health and Wellness Plan Content: What to include in your plan

5. Health and Wellness Monitoring, Evaluation and Sharing Results

WHY TRACK AND ASSESS YOUR PLANNED SERVICES?

Evaluation is a quality improvement activity. A well-planned and implemented evaluation process can inform and enhance health and wellness planning, operations, resource allocation and evidence-informed decision-making. Evaluation is not about “proving” but “improving” by identifying solutions to challenges and barriers through honest community dialogue. It creates opportunities for learning, celebrating achievements, capturing stories and leading meaningful change.

What is it?

This section describes how telling the story of progress and change will happen — specifically, how you will document and share the results of your Health and Wellness Plan’s progress, achievements and challenges. How information and stories are collected to measure progress can also be described.

Description

Describes the health and wellness monitoring, reporting and evaluation activities that will be undertaken over the life cycle of the plan. This process is the regular collection and review of information to measure progress toward achieving the goals and objectives in a plan.

If your community or organization takes responsibility for core programs (Environmental Public Health, Home and Community Care, Clinical and Client Care and Communicable Disease Control), the monitoring, evaluation and sharing results section needs to specifically describe how the story of progress and change for each of the funded core programs will be monitored and shared.

- ➔ Monitoring is the routine collection of project information to assess whether objectives, initiatives, services or projects are on track. It is about measuring and tracking the things your community is doing to implement the plan. It compares what is delivered with what was planned.
- ➔ Evaluation is the periodic assessment of the effectiveness and efficiency of your plan and its effects on community/ Nation members. It can also include other questions of interest identified by your community or other stakeholders. Evaluation is about engaging with community members and data to assess the impacts of your plan.
- ➔ Sharing Results is sharing the story of progress on the plan goals, objectives and initiatives. Reporting back to community members can demonstrate accountability and ensure a community-driven approach along the way. Reporting can also be shared with others such as staff, leadership, funders or partners.



OPTIONAL CONTENT

- **Indicators:** Consider including the qualitative and quantitative measures that can assess progress, performance and change. Good indicators are those that are within the scope of the community to influence through plan implementation. A few examples include healthy and well people, cultural wellness, relevant programming (such as for youth, mental health and wellness, nursing, benefits, etc.).
 - **Roles and Responsibilities:** Consider listing those who will collect information and share results (such as staff, leadership and partners).
 - **Timelines:** Consider including specifics around what information will be collected and when (annually, quarterly, monthly).
 - **Partnerships:** Are there any partners (current and proposed) that would support information collection?
-

How is this section helpful?

- ➔ Beginning to monitor early on in the life cycle of the plan can help ensure that information collection is not just an “add on” when it comes time to evaluate. Considering how information will be collected, by whom and with what frequency will help ensure accurate and relevant information is collected.
- ➔ Monitoring helps you track implementation progress over time and determine whether or not activities are being undertaken as planned. It can enable incorporation of feedback from members, staff and others, and support making adjustments or changes to service design and delivery.
- ➔ Monitoring can help you adjust along the way, keeping your plan relevant over time and continually focused on health and wellness.
- ➔ It supports reciprocal accountability among all those who play a role in implementing the plan. Ongoing monitoring helps tell the story of change to community members, funders and partners and collects information that can be used to evaluate your initiatives — helping to modify your next cycle of health and wellness planning.
- ➔ Evaluation activities should align with your health and wellness goals and objectives. Goals identify desired outcomes and evaluation measures whether they are being achieved.
- ➔ Evaluation helps you answer specific questions that you may have about your plan. It can help you determine if the plan is designed to meet your community's health and wellness goals, whether services are being delivered efficiently and effectively, and identify barriers to delivery.
- ➔ Evaluation helps you determine if activities are supporting the intended outcomes (goals) of your plan. It also allows you to identify any unintended effects or outcomes of the plan, promising practices and lessons learned.
- ➔ End-of-plan evaluation helps to assess what you would do differently when building your next Health and Wellness Plan. It can also help you determine if the right resources are in place to ensure sustainability of implemented improvements and activities over time, and it can also create a roadmap for continuous quality improvement.



Applicable Standards (remember to review the Checklist under each Standards section for additional ideas):

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
2 Increase First Nations Decision-Making and Control	<ul style="list-style-type: none"> › Enhances First Nations decision-making over health and wellness. › Based on relevant health information and data.
3 Improve Services	<ul style="list-style-type: none"> › Enhances required health care safety standards. › Prioritizes quality improvement of programs and services.
5 Develop Human and Economic Capacity	<ul style="list-style-type: none"> › Builds First Nations health human resource capacity. › Culturally humble and safe.
7 Function at a High Operational Standard	<ul style="list-style-type: none"> › Reflects sustainable and appropriate use of resources. › Excellence in planning, reporting and evaluation.

Tips to develop monitoring, evaluation and sharing results plans:

- ➞ **Start early.** Thinking about your approach to monitoring and evaluation in the early planning stages can help ensure that you are collecting the right information from the beginning to most effectively tell the story of change over time. Collecting baseline data may allow you to draw conclusions about the effectiveness of a project if you decide to evaluate outcomes following implementation of your plan.
- ➞ **Pick indicators based on what you hope to learn and how to measure it.** Consider what you may hope to learn about your plan through your monitoring and evaluation activities based on the needs of staff, community members, funders and partners. You can begin to identify relevant indicators that support answering the questions that you have about your plan and its initiatives. Indicators are qualitative or quantitative measures that allow you to assess progress, performance and change that is within the scope of your plan to control. Ongoing evaluative thinking includes questions such as:
 - › Are our health programs addressing and strengthening the health and wellness priorities that our community members identified?
 - › Are we providing culturally safe care and quality health services?
 - › How are we ensuring our leadership and organization are successful in achieving our mission and mandates? What are the impacts and benefits of the services we provide?
 - › How do we identify challenges and implement improvements?



- ➔ **Identify resources.** Who will take responsibility for monitoring? How will evaluations be carried out and by whom? What are the implications for your budget? Evaluation can be time consuming; if you are considering using internal resources, it can help to plan ahead to ensure that relevant staff have the time and other resources to complete the evaluation.
- ➔ **Establish a schedule or timeline.** Consider how often you will collect monitoring data. A monitoring schedule may provide a simple format to plan how often indicators will be monitored and by whom. It may be beneficial to develop a timeline for evaluation as well. Identify how evaluation activities will be timed to align with key milestones in your plan's life cycle that can inform changes/adaptations to your plan or provide information to community and stakeholders when needed.
- ➔ **Establish data management principles with research partners.** Have you communicated your expectations up front to partners about how community data will be collected, protected, used or shared? You may find OCAP® (Ownership, Control, Access and Possession) principles helpful for ensuring ownership and control of this data rests with the community.

➔ **Consider data collection ethics for monitoring and evaluation:**

- > Does your data collection approach uphold the rights, values and traditional knowledge of participants and your community?
- > Data Management/Sharing Protocol: How will data be gathered, managed and stored, and for how long? How will existing data be used and reported on?
- > Informed Consent and Voluntary Participation: How will participants be informed of any risks/benefits to make informed decisions on participation? How will you ensure that participants know the process is voluntary and that they can withdraw at any time?
- > Confidentiality and Protection of Personal Information: How will you ensure that personal information is not revealed to others? How will you protect the data you are collecting?

Tools to Support Monitoring, Evaluation and Sharing Results:



Monitoring, Evaluation and Sharing Results (p.160)



Sample Evaluation Table (p.165)



Measuring Wellness: An Indicator Development Guide for First Nations

See "community planning tools" at www.bcfndgi.com.



Tools



SECTION 5

TOOLS AND TEMPLATES



The following sample tools and templates can be adapted to support health and wellness planning:

TOOL/TEMPLATE	OVERVIEW
Planning Process (p.92)	A sample health and wellness planning process tool.
Planning Mentorship (p.98)	A tool about mentorship in the planning process.
Planning Champions (p.100)	A tool about the role that Planning Champions can play in a health and wellness planning process.
Celebrating Culture (p.102)	Ideas to honour culture through planning.
Engagement and Communications Planning (p.104)	Tips on how to build an engagement and communications approach in the planning process.
Sample Engagement and Communications Plan (p.108)	A template to identify who, how and when to engage.
Sample Health and Wellness Profile (p.112)	A sample community/Nation profile and baseline health and wellness information.
Sample Strengths, Weaknesses, Opportunities and Challenges (SWOC) Analysis Template (p.116)	A template to assess the strengths, weaknesses, opportunities and challenges of current health and wellness service delivery.
Integrating Appreciative Inquiry (p.120)	A tool to use appreciative inquiry approaches to identify the community's/Nation's strengths and build a collective commitment to realize goals and vision.
Data Privacy (p.124)	Ideas to ensure individual and community privacy when collecting, storing and using health information.
Health and Wellness Survey Considerations (p.128)	Considerations and tips for creating a health and wellness survey.

CONTINUED >>>



TOOL/TEMPLATE	OVERVIEW
Developing Health and Wellness Goals, Objectives and Initiatives (p.134)	A tool to help define, organize and prioritize health and wellness goals, objectives and initiatives.
Enhancing Health Care Safety Standards (p.138)	A tool to support the enhancement of health care safety standards in the delivery of health and wellness programs and services.
Communicable Disease Emergency Planning Considerations (p.142)	A tool to support the development or renewal of a Communicable Disease Emergency Plan for your community or Nation.
Mental Health and Wellness Considerations (p.144)	A tool to support exploration of mental health and wellness priorities and to help chart a common path to improving mental wellness/services in your community or Nation.
Linking a Health and Wellness Plan to Other Plans (p.148)	Ideas to integrate or align a Health and Wellness Plan to other plans.
Sample Implementation Work Plan Tool (p.153)	A sample template to help translate a Health and Wellness Plan into an action plan.
Collaborating with Others in Planning (p.156)	Ideas for planning in partnership with others (First Nations communities, the regional health authority and other health and wellness partners).
Sample Approval Template (p.158)	A sample template to initiate a health and wellness planning process and/or adopt a Health and Wellness Plan.
Monitoring, Evaluation and Sharing Results (p.160)	Tips and resources to support Health and Wellness Plan monitoring, evaluation and sharing results.
Sample Evaluation Table (p.165)	A sample template that can be used to identify indicators and make a plan for data collection.

Planning Process

A sample health and wellness planning process tool.

Rationale

A planning process helps to develop or update a plan. This tool is adaptable and can help the plan remain a living health and wellness document.

Related Standards

This tool supports all 12 Standards and supports quality planning:



Description

A planning process is about the journey to develop a plan. The life cycle of a tree (below) illustrates one approach to a planning process. When starting planning, a seed is planted. Through the stages of planning, the seed starts to grow into a tree (the plan).

The plan is rooted in the 7 Directives and the Planning, Reporting and Evaluation Standards branches grow from there. Like a tree, plans are evergreen, and evolve with the seasons and over time.

SAMPLE HEALTH AND WELLNESS PLANNING PROCESS

Where are we now?

- › Gathering people
- › Assessing planning readiness/capacity
- › Relationships and working together
- › Organizing time and resources
- › Collecting health and wellness information
- › Thinking about the health and wellness path forward and partners



Where do we want to go?

- › What health and wellness looks like to our community/Nation
- › Identifying/prioritizing health and wellness goals



What have we learned?

- › Reflecting on our practices
- › Checking on progress and making adjustments
- › Keeping members and partners engaged and informed

How will we get there?

- › Preparing a health and wellness plan for the future and the generations to come

Sample Planning Process

Where have we been and where are we now?

- ③ **Planning-to-plan/getting ready.** Gather people. Assess planning capacity. Organize time and resources. Collect available health and wellness information. Consider where you have come from. Build relationships and work together. Think about the path forward, future generations and which partners to engage.

Description

A process can begin by engaging members, remembering where you have come from, and thinking about current health and wellness. Pausing to consider your community's/Nation's health and wellness history and experiences, readiness to plan and the purpose and effectiveness of existing programs and services helps to assess challenges, strengths and needs going forward.

Some Guiding Questions:

- ③ Are we ready to start a planning process?
- ③ Has leadership agreed to start the process?
- ③ What traditions or teachings might inform our approach to planning?
- ③ What might a healing approach to planning look like in our community or Nation?
- ③ Have we considered how self-care and community-care will be addressed throughout the planning process?
- ③ Who needs to be involved and how?
- ③ Is planning process support available from the FNHA or others? Have contribution agreements and health plans been reviewed?
- ③ What is the current state of health and wellness?
- ③ What are the current programs and budgets?
- ③ Have existing plan(s) been reviewed? Is there opportunity for integration and alignment?
- ③ How can staff/members' knowledge about community or Nation health and wellness context be enhanced throughout the planning process?
- ③ What is the best approach to starting to plan with our people, community or Nation?

Where do we want to go?

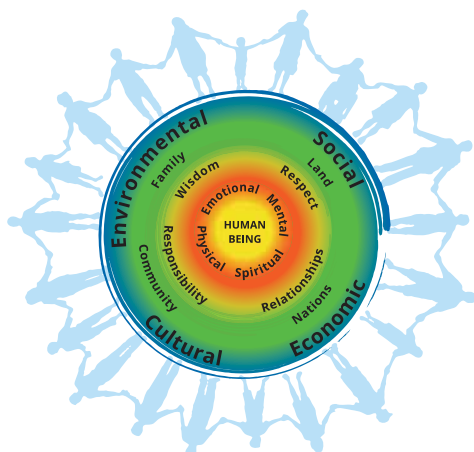
- ➔ **Creating a health and wellness vision and identifying priorities.** Determine what health and wellness looks like for the future. Identify/prioritize health and wellness goals and objectives. This phase is about developing a vision and the goals and objectives for the future.

Description

The process of developing a plan can bring together a community or Nation to think about a future vision and discuss how to bring the vision alive. Involving members in visioning means the vision reflects community/Nation values, traditions, priorities and strengths.

Setting a vision is about defining the wholistic health and wellness future the members want to see. Setting health and wellness goals, objectives and initiatives creates a path to achieve the vision. Visioning can create excitement about the planning process, keep a planning process on track and also help with ongoing implementation.

The BC First Nations Perspective on Health and Wellness (see “Section 2: Health and Wellness Planning Foundations,” (p.12) may help prompt a discussion on vision).



Some Guiding Questions

Future Vision:

- ➔ What traditional and cultural practices should be remembered?
- ➔ What have the Elders taught us?
- ➔ What are the health and wellness issues, challenges, legacies and concerns we are trying to solve?
- ➔ What are health and wellness priorities for our people?
- ➔ What are the greatest strengths in our community or Nation?
- ➔ What does health and wellness look like for our community or Nation and for the seven generations to come?

Goals and Objectives:

- ➔ What big picture priorities are engagement discussions highlighting?
- ➔ What objectives will move us toward the broader goals and vision?
- ➔ What partners should be involved in discussions of goals?

How will we get there?

- ➔ **Planning for the details and preparing to put the plan into action.** Identify timelines, budget and who will be responsible for implementing the ideas in the plan.

Description

This phase is about deciding on and describing the detailed priorities, initiatives and actions that support the health and wellness goals and objectives. It is an opportunity to develop practical, yet innovative, ways to support the vision and future direction.

Some Guiding Questions:

- ➔ What are the detailed initiatives and actions supporting the goals, objectives and initiatives? What initiatives and actions will help meet the goals and objectives?
- ➔ What programs and services do we want?
- ➔ What service standards should be upheld?
- ➔ What resources are needed to do the work?
- ➔ Who needs to do the work?
- ➔ What are the timelines for each initiative?
- ➔ How will the draft plan content be reviewed with membership?
- ➔ What will the final plan need to include?
- ➔ What will the final plan look like?

Have we arrived?

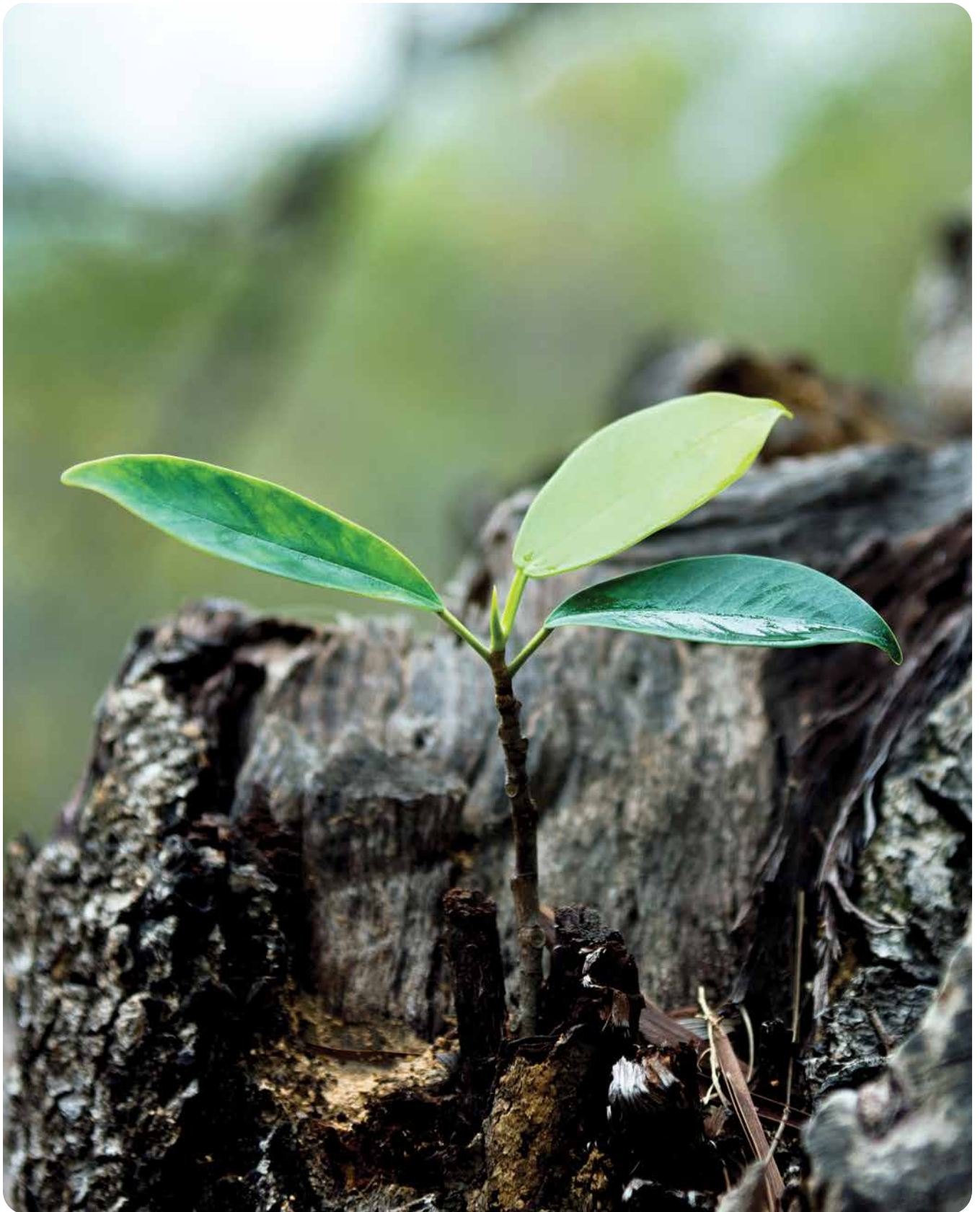
- ➔ **Monitoring, evaluating, sharing results and making adjustments.** Take the time to reflect on how things are going and share wellness stories of progress and/or any challenges or surprises. Adjust along the way, remembering to keep members and partners engaged and informed.

Description

This phase reflects on accomplishments, what changed along the journey and what should be adjusted. Progress is measured, results and stories shared back with members and areas for quality improvement considered.

Some Guiding Questions:

- ➔ Have we accomplished what we set out to do?
- ➔ Are there positive outcomes?
- ➔ What challenges have arisen?
- ➔ Are the right initiatives being worked on?
- ➔ How is sharing results with members going?
- ➔ Are successes celebrated?
- ➔ Are the right things being tracked?



Planning Mentorship

A tool about mentorship in the planning process.

Rationale

Mentors can provide helpful guidance, wisdom and inspiration throughout a health and wellness planning process.

Related Standards



WHAT IS A MENTOR?

Someone with a set of skills, teachings and experience that can be called on for guidance when planning. A mentor is supportive and uses patience and wisdom to guide someone who wants to learn. A mentor can also be a wellness champion.

WHAT IS A MENTEE?

Someone who comes from a perspective of wanting to learn and hear the experiences of a mentor.

Description

A mentor could be someone with experience from your community/Nation, another First Nation or another organization. Mentors may have experience with:

- ➞ Storytelling, cultural protocols, historical knowledge;
- ➞ A planning process;
- ➞ Engagement or facilitation;
- ➞ Developing or implementing a Health and Wellness Plan;
- ➞ Developing or implementing a Comprehensive Community Plan, Quality Improvement Plan or other plan; or
- ➞ Working as a Health Director or other role within the community or Nation.

A mentor could be a Health Director, community planner, Elder, Council member, cultural program co-ordinator or someone with on-the-ground experience and insights into planning. A mentor could provide advice throughout a planning process and after.

If you would like assistance making a connection with a mentor, you can reach out to the FNHDA to learn more about their Mentorship Circles.

Getting Started:

- ➞ Scan your community, Nation and region for a potential Planning Champion or mentor.
- ➞ Identify a planning phase or question to learn more about.
- ➞ Think about some questions for a mentor, such as:
 - › How can we best explore community/ Nation strengths?
 - › How can we best explore health and wellness needs?
 - › What planning approaches work well? What should be avoided?
 - › What engagement approaches work well? What should be avoided?



The FNHDA Mentorship Circles

The FNHDA can offer ideas on how to find a mentor and potentially match you with a mentor and/or share tools and resources for Health Directors.

To learn more:

1. Reach out to the FNHDA if you need help finding a mentor.
2. Access the FNHDA portal planning section as an online forum for knowledge exchange.
3. Consider attending an FNHDA Annual General Meeting, Regional Caucus, Sub-Regional Caucus, Nation Assemblies, learning portal session or workshop, where Health Directors come together to share ideas.

- > Any suggestions for how to host meetings or reach individuals, families or the full community/ Nation? What works best?
- > How can we best maintain members' and leaders' interest in the planning process?
- > Any ideas for culturally relevant planning approaches?
- > Any other sources of planning tools?
- > How did you start your planning process?
- > What did you do mid-process?
- > What are helpful planning tools, templates or resources?
- > What are your best planning tips?
- > What are some lessons learned from your planning experience?
- > What would you do differently?
- > How can we keep momentum going?
- > Any ideas on how to involve youth and Elders?

- ➔ Plan and record your questions.
- ➔ If you are aware of other Health Directors who have common planning interests/ needs, consider forming a small mentorship group and approaching a mentor together.
- ➔ If you, your mentor and/or your mentorship group are in a similar geographic area, consider meeting in person.
- ➔ If you are a long distance away from your potential mentor, consider connecting by phone, email, social media or videoconference.

TIME REQUIRED

Timing depends on the relationship built. How and when connections occur will be personal. It could be monthly or more or less frequently — through email, in person, by phone call or by other methods.

Planning Champions

A tool about the role that Planning Champions can play in a health and wellness planning process.

Rationale

A Planning Champion can support a health and wellness planning process by motivating others, inspiring participation and increasing engagement in a planning process.

Related Standards

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
1 Community-Driven, Nation-Based	<ul style="list-style-type: none"> > Driven by BC First Nations' health and wellness journeys and priorities. > Guided by First Nations culture and values.
5 Develop Human and Economic Capacity	<ul style="list-style-type: none"> > Builds First Nations health human resource capacity. > Culturally humble and safe.

WHO MIGHT BE A PLANNING CHAMPION?

- Chief or Council member
- Health Centre or Band Office staff
- Health care workers
- Youth
- Elders

Description

A health and wellness Planning Champion could be someone who demonstrates commitment to their own health and wellness journey and inspires others. Through their own talents and wisdom, a Champion acts as an ambassador of a vision, plan and planning process.

A Champion may spread the message in relatable ways and can work with those leading planning. They can connect planners with a diverse group of members and inspire others to participate. If budget allows, a Planning Champion could be a funded role. Involving young people as champions is a way to develop the next generation of leaders.

Getting Started

Finding a Planning Champion can begin as simply as sharing information by word of mouth or asking community role models or people who inspire community members to support planning. Suggestions for finding a Champion(s) include:

- ➔ Considering who is a good fit;
- ➔ Asking people who might want to take on this role through various channels, such as posters on message boards, websites or community/Nation newsletters;
- ➔ Talking to Elders and youth; and
- ➔ Having conversations at gatherings or events.

Planning Champions do not need to have planning or formal health and wellness experience. A person who is passionate about creating positive change and leading by example can be inspiration enough. A Champion's work is rooted in relationships, strengthening trust, innovation and culture within a community or Nation. Champions foster spaces where people are comfortable sharing ideas and working together to create solutions. Champions are able to comfortably bring people into the planning conversation.

Some characteristics of a Planning Champion could include:

- ➔ A positive and optimistic attitude;
- ➔ A kind, understanding, patient and empathetic approach;
- ➔ A natural motivator or leader;
- ➔ An ability to make connections across ages, genders, social groups and departments; and
- ➔ A belief in the importance of health and wellness.

ROLES AND RESPONSIBILITIES

Being a Planning Champion is an opportunity to have a positive impact and build on an individual's own capacity and skills. A Planning Champion's role could include:

- ➔ Promoting a planning process for the community or Nation;
- ➔ Gathering knowledge, designing surveys and other engagement materials such as posters, decorations, etc.;
- ➔ Arranging meetings and events;
- ➔ Making sure the process includes all people who could be involved; and
- ➔ Inspiring others during planning and helping bring the plan to life when the plan is complete.

Another option is to create a health and wellness committee made up of a group of Champions representing members (different families, age groups, genders, etc.). The committee can provide guidance, spread the word about events and lighten workloads.



Celebrating Culture

Ideas to honour culture through planning.

Rationale

Health and wellness planning is an opportunity to celebrate and draw on your community's or Nation's distinct culture, ceremonies, teachings and resilience. Culture builds connections with people and is a way to focus on wellness and bring community members into a planning process.

Related Standards

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

1 Community-Driven, Nation-Based

- › Driven by BC First Nations' health and wellness journeys and priorities.
- › Guided by First Nations culture and values.

5 Develop Human and Economic Capacity

- › Builds First Nations health human resource capacity.
- › Culturally humble and safe.



Description

Reflecting on culture when planning can include many things, such as thinking about stories, songs, teachings, values, traditions and traditional planning approaches, etc. A process reflecting culture can make planning more relatable and increase people's connection to a plan. Some questions to consider could include:

POTENTIAL QUESTIONS	WHAT CAN BE DONE
<ul style="list-style-type: none"> • How are decisions made? • How is culture incorporated in discussions? • How are leaders involved? 	<ul style="list-style-type: none"> • Engaging with Elders' committees or social groups, reaching out to hereditary leaders. • Respecting protocols during meetings or engagement sessions.
<ul style="list-style-type: none"> • How are youth and Elders involved in decision-making and discussions? 	<ul style="list-style-type: none"> • Hosting events for youth to come together and share thoughts. • Hosting a luncheon or home visits for Elders.
<ul style="list-style-type: none"> • How can planning reflect cultural values? 	<ul style="list-style-type: none"> • Incorporating cultural values into the vision. • Incorporating cultural values in meetings and engagement processes. • Sharing traditional foods during meetings and engagement processes.
<ul style="list-style-type: none"> • How do traditional healing and wellness approaches apply? 	<ul style="list-style-type: none"> • Incorporating traditional healing and wellness approaches into future wellness approaches.
<ul style="list-style-type: none"> • Who has cultural teachings to share? 	<ul style="list-style-type: none"> • Finding people who are willing to participate and share culture in the planning process (e.g., a Planning Champion or member of a planning committee). • Considering how to support those who may have barriers to involvement (providing transportation, childcare, meals, etc.).
<ul style="list-style-type: none"> • Are there any formal protocols to follow when engaging leadership and/or members? 	<p>Such as:</p> <ul style="list-style-type: none"> • Acknowledging those who have witnessed the planning process. • Formal endorsement for the planning process from hereditary leaders. • Ceremony.
<ul style="list-style-type: none"> • How can engagement be integrated with other health and wellness events? 	<ul style="list-style-type: none"> • Aligning planning engagement with existing wellness practices or events.
<ul style="list-style-type: none"> • How can culture support a wellness movement? 	<ul style="list-style-type: none"> • Finding wellness champions to support the process through culture.
<ul style="list-style-type: none"> • How can the plan celebrate culture? 	<ul style="list-style-type: none"> • Incorporating traditional language and teachings into the plan. • Celebrating people. • Structuring the plan around an image or traditional story.
<ul style="list-style-type: none"> • How can oral traditions and storytelling be incorporated into monitoring and sharing results? 	<ul style="list-style-type: none"> • Conducting interviews, such as one-on-one interviews with program participants. • Holding story circles, including participants sharing their stories. • Conducting oral history interviews with Elders and Knowledge Keepers. • Incorporating art, images and videos.

Engagement and Communications Planning

Tips on how to build an engagement and communications approach in the planning process.

Rationale

A Health and Wellness Plan that reflects members' voices and priorities is relevant and meaningful to a community or Nation.

Related Standards

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
1 Community-Driven, Nation-Based	<ul style="list-style-type: none">› Driven by BC First Nations' health and wellness journeys and priorities.› Guided by First Nations culture and values.
2 Increase First Nations Decision-Making and Control	<ul style="list-style-type: none">› Enhances First Nations decision-making over health and wellness.› Based on relevant health information and data.
4 Foster Meaningful Collaboration and Partnership	<ul style="list-style-type: none">› Leverages strategic partnerships and collaboration.
5 Develop Human and Economic Capacity	<ul style="list-style-type: none">› Builds First Nations health human resource capacity.› Culturally humble and safe.
7 Function at a High Operational Standard	<ul style="list-style-type: none">› Reflects sustainable and appropriate use of resources.› Excellence in planning, reporting and evaluation.



Description

Creating a plan to guide engagement helps ensure members' voices are captured in the planning process and are reflected in a Health and Wellness Plan. The Engagement and Communications Plan can reflect the different interests of those who will be involved (such as Elders and youth, staff, members, etc.).

Before building an Engagement and Communications Plan, consider:

- ➔ How will you engage members, including those living away from home and other stakeholders?
- ➔ Are there cultural protocols in place?
- ➔ How will members' privacy be protected?
- ➔ Are there any existing community engagement practices?
- ➔ Was there recently engagement on another topic (e.g., Comprehensive Community Planning)?
- ➔ Are there any upcoming gatherings?
- ➔ Are there any other initiatives happening at the same time?
- ➔ How was the turnout for past planning activities?



ENGAGEMENT AND COMMUNICATIONS PLANNING, CONTINUED

Various groups/partners in and out of a community or Nation will participate differently in engagement approaches. For example, if you are preparing a community-level Health and Wellness Plan, your Council and community members may be highly involved, while other communities within your Nation may have a less active role.

Different levels of engagement are noted below (as used by the International Association for Public Participation, a leading engagement organization):

ENGAGEMENT LEVELS	ENGAGEMENT GOAL	EXAMPLES
PARTNER	Potential partners in working group or acting as advisors	Workshop/open house, Annual General Meeting or Council session, etc.
COLLABORATE	Collaborative generation of ideas, development of alternatives and identifying preferred solutions	Planning meetings (leadership, staff, planning committee, community, neighbouring communities or possibly FNHA and other health partners), etc.
INVOLVE	Consistent, direct engagement throughout process to ensure needs are well understood and considered	Workshops, special focus groups (Elders, youth, health workers), social media, etc.
GATHER	Feedback on specific items to be incorporated into synthesis/final reporting documents	Surveys (online, in person, paper), community meetings, phone, presentations, etc.
INFORM	One-way communication	Newsletter articles, community posters, email blasts, website updates, Health and Wellness Fact Sheets, social media, etc.





Engaging Multiple Communities: Tips for Nations and Health Service Organizations

An Engagement and Communications Plan can be an invaluable tool for Health Service Organizations (such as a health society or Tribal Council). It can help ensure a plan reflects the diverse needs of multiple communities within a Nation. Some examples of what else could be considered include:

- ③ Finding a Planning Champion(s) from each member community to support engagement;
- ③ Identifying engagement partners, goals and methods in the communication plan for each community;
- ③ Matching engagement leads with community leaders, mentors, Planning Champions or others who can guide the process in a good way;
- ③ Discussing previous engagement approaches that have worked with communities; and
- ③ Tracking feedback from each community and recording the process used to translate feedback into goals, objectives or initiatives (including any weighting when prioritizing).

Sample Engagement and Communications Plan

A template to identify who, how and when to engage.

Rationale

Ensuring two-way communication with members when planning builds trust, accountability and ownership. A Health and Wellness Plan that reflects members' voices and priorities is relevant and meaningful to a community or Nation. Reporting back to members is an opportunity to celebrate achievements, acknowledge challenges and adjust to meet priorities if needed.

Related Standards

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
1 Community-Driven, Nation-Based	<ul style="list-style-type: none"> > Driven by BC First Nations' health and wellness journeys and priorities. > Guided by First Nations culture and values.
2 Increase First Nations Decision-Making and Control	<ul style="list-style-type: none"> > Enhances First Nations decision-making over health and wellness. > Based on relevant health information and data.
4 Foster Meaningful Collaboration and Partnership	<ul style="list-style-type: none"> > Leverages strategic partnerships and collaboration.
5 Develop Human and Economic Capacity	<ul style="list-style-type: none"> > Builds First Nations health human resource capacity. > Culturally humble and safe.

Description

An Engagement and Communications Plan shows who will participate in the planning process, and how and when to engage them. The table on the following pages is a sample template of an Engagement and Communications Plan.

Sample Engagement and Communications Plan Sections:

1. PURPOSE: DESCRIBES THE ENGAGEMENT AND COMMUNICATIONS PLAN PURPOSE AND GOALS.

Some sample goals are:

- Involve all members (and some health partners) in the planning process.
- Ensure members have the information needed to provide input.
- Link engagement activities and timelines to key decision points in the planning process to ensure input informs decision-making.
- Tailor communication and engagement approaches to specific groups and/or partners.
- Create approaches and timelines for reporting engagement results back to members.

2. WHO WILL BE ENGAGED AND HOW: DESCRIBES GROUPS OR PARTNERS WHO WILL BE ENGAGED AND THE PURPOSE OF ENGAGEMENT.

- Think about timing: what groups need the most time to gather?
- Do you need to use different methods of communication with different groups?

SAMPLE GROUPS	SAMPLE ENGAGEMENT CONSIDERATIONS	ENGAGEMENT OBJECTIVES	SAMPLE COMMUNICATIONS MATERIALS/ACTIVITIES
General	<ul style="list-style-type: none"> • Consider surveys, suggestion boxes, "placemats" or door prizes at gatherings • Membership newsletters • Consider wellness component during engagement sessions 	<ul style="list-style-type: none"> • To gather input on priorities and interests • To get buy-in • To build health literacy 	<ul style="list-style-type: none"> • Open houses/workshops • Men's/Women's focus groups • Fact sheets • Posters • Website/social media
Chief and Council, Hereditary Leadership	<ul style="list-style-type: none"> • Is there a leader/ Councillor that could be a champion? • Leadership is busy, but want to be kept up to date • Best to keep update materials concise 	<ul style="list-style-type: none"> • To gain leadership champions • To get buy-in and "official" support (e.g., through Band Council Resolution or Board motion) • To build health literacy 	<ul style="list-style-type: none"> • Council- or leadership-specific workshop • Council or leadership briefings • Presentations
Youth	<ul style="list-style-type: none"> • Consider using a mix of social media and other engagement methods • What will motivate youth to get involved? • How do you reach those less likely to attend? • Consider gathering around a meal 	<ul style="list-style-type: none"> • To gain input on priorities and interests • To build health literacy • To better understand what youth need to feel supported 	<ul style="list-style-type: none"> • Open houses/workshops • Youth advisory group • Youth focus group meetings • Fact sheets • Posters • Website/social media

TABLE CONTINUED >>>

SAMPLE ENGAGEMENT AND COMMUNICATIONS PLAN, CONTINUED

SAMPLE GROUPS	SAMPLE ENGAGEMENT CONSIDERATIONS	ENGAGEMENT OBJECTIVES	SAMPLE COMMUNICATIONS MATERIALS/ACTIVITIES
2. WHO WILL BE ENGAGED AND HOW (CONTINUED)			
Elders	<ul style="list-style-type: none"> • May prefer face-to-face • Consider protocols • Consider gathering around a meal 	<ul style="list-style-type: none"> • To gain input on priorities and interests • To learn from their wisdom (i.e., traditional knowledge) • To understand what Elders need to feel supported 	<ul style="list-style-type: none"> • Elders advisory group • Elders focus group meetings • Informal “coffee table” sessions
Other (e.g., family heads, community groups, administration)	<ul style="list-style-type: none"> • Are there existing community groups to involve? • Other programs and staff that should be included? 	<ul style="list-style-type: none"> • To learn from their wisdom • To gain input on priorities and interests • To get buy-in • To build health literacy 	<ul style="list-style-type: none"> • Family meetings • Staff meetings • Presentations to community groups
Away-from-home population	<ul style="list-style-type: none"> • Telephone, mail or email outreach and updates • Targeted outreach • Is there a database to track contact information? 	<ul style="list-style-type: none"> • To gain input on priorities and interests • To get buy-in • To build health literacy • To ensure all members’ voices are heard 	<ul style="list-style-type: none"> • Mobile open houses/workshops • Website/social media • Newsletter • Fact sheets
POTENTIAL PARTNERS			
Neighbouring communities/ First Nations/organizations	<ul style="list-style-type: none"> • Work with leadership to determine if they want to identify opportunities for reaching out 	<ul style="list-style-type: none"> • To build relationships • To identify opportunities for sharing programs and services 	<ul style="list-style-type: none"> • Health department planning sessions, workshops • Joint Council sessions
The FNHA	<ul style="list-style-type: none"> • The FNHA staff may have data or information of relevance as well as ideas from other communities 	<ul style="list-style-type: none"> • To build relationships • To obtain support on an as-needed basis 	<ul style="list-style-type: none"> • Meeting with FNHA team member(s) by phone or in person
The FNHDA	<ul style="list-style-type: none"> • May have training tools and resources or be able to connect you with other examples 	<ul style="list-style-type: none"> • To build relationships • To obtain support on as-needed basis 	<ul style="list-style-type: none"> • Meeting with FNHDA team member(s) by phone or in person
Regional health authority	<ul style="list-style-type: none"> • Regional health authority may be tracking health information/data that could be useful in plan development • Regional health authority can partner in delivery of services you are planning 	<ul style="list-style-type: none"> • To build relationships • To identify opportunities for in-community delivery of programs and services by regional health authority staff 	<ul style="list-style-type: none"> • Meeting with health authority staff member(s) by phone or in person

TABLE CONTINUED >>>

3. ENGAGEMENT AND COMMUNICATIONS WORK PLAN

Once engagement partners and methods are identified, a work plan can describe how and when activities will take place. Consider timing and other community factors (e.g., fishing season, summer vacations, etc.).

WORK PLAN TASK	ENGAGEMENT OBJECTIVES FOR THAT TASK	ENGAGEMENT PARTNERS/ SUBGROUPS	COMMUNICATIONS MATERIALS REQUIRED	ENGAGEMENT ACTIVITIES/EVENTS PLANNED	TIME FRAME
Sample Chief and Council planning workshop	Sample <ul style="list-style-type: none"> • Ensure clarity on planning process and have direction on engagement approach and how to involve other partners 	Sample <ul style="list-style-type: none"> • Chief and Council • Planning Champion 	Sample <ul style="list-style-type: none"> • One-page brief • Engagement Plan and overview presentation 	Sample <ul style="list-style-type: none"> • Work with Council representative to design agenda • Schedule planning workshop(s) 	Sample <ul style="list-style-type: none"> • Month 1 of planning process
Community engagement sessions					
Analysis of feedback					
Reporting back					
Describe any other objectives					

Sample Health and Wellness Profile

A sample community/Nation profile and baseline health and wellness information.

Rationale

A profile can include existing community or Nation health and wellness conditions, assets and strengths to inform developing health and wellness goals, objectives and initiatives. The profile can be used to:

- ➔ Build a plan that responds to member priorities.
- ➔ Track changes over the lifetime of a plan.
- ➔ Evaluate whether a plan is achieving what it set out to do.
- ➔ Identify vulnerable areas that might require additional health and wellness supports.

Related Standards

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
2 Increase First Nations Decision-Making and Control	<ul style="list-style-type: none"> ➤ Enhances First Nations decision-making over health and wellness. ➤ Based on relevant health information and data.
3 Improve Services	<ul style="list-style-type: none"> ➤ Enhances required health care safety standards. ➤ Prioritizes quality improvement of programs and services.
5 Develop Human and Economic Capacity	<ul style="list-style-type: none"> ➤ Builds First Nations health human resource capacity. ➤ Culturally humble and safe.



BC First Nations Community Survey

Sixty-six First Nations communities in BC participated in the 2015 BC First Nations Community Survey, which closed March 31, 2017. The survey was organized into 12 major sections, including one on Health Services. Participating communities received immediate access to their final results. A Community Profile was shared with participating communities electronically.

If your community participated in this survey but you do not have access to a copy of the results, please contact the FNHA at RHS@fnha.ca.



Description

A tool to map the community/Nation health and wellness context, including resources, programs, services or initiatives and the general health and wellness environment. Sources of information could include previous profiles or plans or available data from the Nation or the FNHA. The process of creating a Health and Wellness Profile may include:

- ➔ Identifying the purpose of the profile.
- ➔ Identifying the types of information you wish to include in the profile, based on the questions you are trying to answer. For Health Service Organizations, it may be helpful to include information on each of the member communities in the profile.
- ➔ Collecting health and wellness information that can serve as a baseline for tracking changes over time.
- ➔ Collecting information using a variety of methods, including community meetings, interviews, workshops, surveys or a research exercise.
- ➔ Recording information using a variety of methods, such as a map, chart or visual, or listing information in an inventory.
- ➔ Sharing the profile with those who provided feedback.
- ➔ Incorporating results into the plan.
- ➔ Updating the profile as new information is available and the planning process evolves.

A survey of members might be helpful to fill in information gaps (see “Health and Wellness Survey Considerations,” [p.128](#)).



Health and Wellness Profile information could include:

- ➔ The skills, knowledge and experience of community members and health and wellness staff;
- ➔ Health resources (e.g., staff, individuals who are wellness champions, etc.);
- ➔ External partners (e.g., Aboriginal Friendship Centres, other Nations, regional partners, regional health authorities, the FNHA, etc.);
- ➔ Health and wellness programs, services or initiatives;
- ➔ Other programs and services (e.g., youth programs, on-the-land programs, stewardship programs or language programs);
- ➔ Community organizations;
- ➔ Community facilities and infrastructure (e.g., daycare, community garden, health centre/clinic, school, trails, etc.);
- ➔ Culturally significant sites and areas;
- ➔ Whether your health services are accredited; and
- ➔ Other information of significance to the community or Nation’s wellness.

Sample Health and Wellness Profile Sections

SAMPLE PROFILE SECTIONS	POTENTIAL DATA SOURCES
<p>1. Context and Demographic Profile</p> <p>Specific community/Nation information, such as:</p> <ul style="list-style-type: none"> • Location • Buildings and spaces for service delivery • Broad health and wellness history and trends • Programs, services and initiatives offered <p>Population summary, including:</p> <ul style="list-style-type: none"> • Population by age/gender • Demographic trends relevant to the scope of the plan (e.g., the community or Nation) • Population projections, if available • Other relevant information 	<ul style="list-style-type: none"> • Past community/Nation profiles or asset maps • BC First Nations Community Survey • Community and Nation plans (e.g., Health Plan, Comprehensive Community Plan, Physical Development Plan, Capital Plan, Land Use Plan or Housing Plan) • Department of Indigenous Services Canada Community Profiles • Regional Health and Wellness Plan • Statistics Canada • Other relevant sources
<p>2. Asset Mapping</p> <p>Asset mapping involves collecting and recording information about health and wellness assets.</p> <p>Assets could include people, facilities, skills and/or other resources. The process can build connections and help focus planning on strengths rather than challenges.</p> <p>Depending on the level of engagement, asset mapping typically requires one to two hours per session.</p>	<ul style="list-style-type: none"> • Past community/Nation profiles or asset maps • BC First Nations Community Survey • Community plans (e.g., Health Plan, Comprehensive Community Plan, Physical Development Plan, Capital Plan, Land Use Plan and/or Housing Plan) • The FNHA • Annual reports on health services • Other relevant sources
<p>3. Community/Nation Health and Wellness Profile</p> <p>Specific health and wellness status and trends relevant to the scope of the plan (e.g., that are relevant to the community or Nation) such as:</p> <ul style="list-style-type: none"> • Health and wellness service use and access • Mental health and wellness • Traditional language use • Nutrition/traditional foods • Access to land • Children and youth • Education rates • Housing • Other relevant data <p>While some health and wellness data will be available from sources like the FNHA and other health partners, completing a Community/Nation Health Status Survey to collect information directly from members is an option. (See “Health and Wellness Survey Considerations,” (p.128).</p>	<ul style="list-style-type: none"> • Past health and wellness survey data • Community/Nation/organization health plans • Annual reports on health services • The FNHA, Provincial Health Services Authority and local health authorities • Regional Health and Wellness Plan • First Nations Data Governance Centre • First Nations Regional Health Survey • BC First Nations Community Survey

TABLE CONTINUED >>>

SAMPLE PROFILE SECTIONS

4. Program Analysis

- Inventory of how the community/Nation/organization health and wellness services are organized.
- Strengths, Weaknesses, Opportunities and Challenges analysis can be one way to consider how programs and services are being delivered. (See "Sample Strengths, Weaknesses, Opportunities and Challenges (SWOC) Analysis Template," (p.116))

POTENTIAL DATA SOURCES

- Community/Nation/organization health plans
- Quality Improvement Plan
- Health Budget
- Emergency Management Plan
- Communicable Disease Emergency Plan (formerly "Pandemic Plan")
- Annual Accreditation Report
- Annual Report



Considering Facility Needs

Asset mapping when planning can be a good opportunity to take stock of space and facilities. Can planned services be delivered in existing spaces? Partnerships may help address resource gaps or create opportunities to have access to spaces that your community or Nation could not have alone. Talk to the FNHA to learn more about possible partnerships to address space needs.



Sample Strengths, Weaknesses, Opportunities and Challenges (SWOC) Analysis Template

A template to assess the strengths, weaknesses, opportunities and challenges of current health and wellness service delivery.

Rationale

An analysis of what is working and what could be improved upon can help inform goal-setting for health and wellness. Results can inform a plan or evaluation.

Description

This is a tool to assess the positives and negatives of health and wellness services from an internal and external perspective. It can be conducted as a group exercise with leadership, staff, a planning committee or members.

A SWOC analysis addresses the following:

- ➞ Strengths: What is working well (service delivery, usage and results)?
- ➞ Weaknesses: What is not working well (service delivery, usage and results)?
- ➞ Opportunities: What are the opportunities to expand/enhance services or partner on service delivery with other communities?
- ➞ Challenges: Are there challenges to delivering existing services?

Strengths and weaknesses are generally internal to your community/organization, while opportunities and challenges typically relate to external factors.



Related Standards



Tips for using a SWOC template include:

- ➔ **Providing program, context and demographic information to inform discussion.** What information might help provide background to those participating in a SWOC analysis? Can the information be presented in a visual or summary?
- ➔ **Finding root causes.** If a strength/challenge is identified (e.g., high program participation rates), what is the underlying cause (e.g., timing of event, provision of child care for attendees)?
- ➔ **Discussing differences.** Differences in categorization (e.g., whether an item belongs in the opportunities or weaknesses quadrant), can be a great opportunity to determine underlying values and priorities through group discussion.
- ➔ **Sharing the SWOC results with those who provided feedback.**
- ➔ **Incorporating results into the plan.** What did the SWOC analysis reveal about community/organizational strengths that could be celebrated or further leveraged? What did it reveal about challenges that may need to be addressed?
- ➔ **Conducting the SWOC analysis as new information is available and as the planning process evolves.**

Sample SWOC Template

	HELPFUL TO ACHIEVING OBJECTIVES	HURDLE TO ACHIEVING OBJECTIVES
INTERNAL	<p>Strengths</p> <p>Sample considerations:</p> <ul style="list-style-type: none"> • Culture and traditions • Wellness activities • People: leadership, staff, partners, mentors • Resources • Funding • Plans, policies and procedures • Operational activities <p>How can these strengths be supported/enhanced?</p>	<p>Weaknesses</p> <p>Sample considerations:</p> <ul style="list-style-type: none"> • Strain on: <ul style="list-style-type: none"> > Resources > Staff > Funding • Plans, policies and procedures • Operational activities • Cultural safety and humility <p>What are some potential solutions or alternatives?</p>
EXTERNAL	<p>Opportunities</p> <p>Sample considerations:</p> <ul style="list-style-type: none"> • Partnerships • Governance, political and legal factors • Funding • Environmental <p>How can these opportunities be supported/enhanced?</p>	<p>Challenges</p> <p>Sample considerations:</p> <ul style="list-style-type: none"> • Governance, political and legal factors • Funding • Environmental • Crises <p>What are some potential solutions/alternatives?</p>



Integrating Appreciative Inquiry

A tool to use appreciative inquiry approaches to identify the community's/Nation's strengths and build a collective commitment to realize goals and vision.

Rationale

Building on what is working well is an approach that can resonate with community/Nation members, staff and leaders, and create a shared commitment to health and wellness goals.

Description

Appreciative inquiry is based on two basic ideas:

- ⊕ Engaging groups by exploring strengths-based questions that guide and promote change; and
- ⊕ Shifting focus from challenges and obstacles to strengths and possibilities.

Related Standards

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
1 Community-Driven, Nation-Based	<ul style="list-style-type: none"> > Driven by BC First Nations' health and wellness journeys and priorities. > Guided by First Nations culture and values.
2 Increase First Nations Decision-Making and Control	<ul style="list-style-type: none"> > Enhances First Nations decision-making over health and wellness. > Based on relevant health information and data.
3 Improve Services	<ul style="list-style-type: none"> > Enhances required health care safety standards. > Prioritizes quality improvement of programs and services.
5 Develop Human and Economic Capacity	<ul style="list-style-type: none"> > Builds First Nations health human resource capacity. > Culturally humble and safe.



Sample Appreciative Inquiry Ideas:

- ③ **Engage using open-ended, strengths-focused questions.** Asking positively framed questions is at the heart of the Appreciative Inquiry process. The following sample questions are designed to create opportunities for storytelling. Questions like these can be used to support planning or evaluation activities that involve engaging participants and can be adapted as needed for different activities. For example, such questions could support asset mapping when planning-to-plan or gathering qualitative data when evaluating progress toward plan goals.

Sample appreciative inquiry questions

For community members:

- ③ What does being a wellness champion mean to you? What does wellness look like in your family, community or Nation? How have you personally practiced wellness in your life?
- ③ What is a time when you felt most energized or proud to be a member of the community/Nation?
- ③ What makes the community/Nation special or different from others?
- ③ When you think about the community's/Nation's strengths, what stories come to mind?
- ③ What are some of the gifts that the community/Nation will pass on to future generations?
- ③ Looking back over the last five or 10 years, what successes, big or small, can the community/Nation celebrate? What do you think is at the heart of these successes?
- ③ How can the community's/Nation's successes be sustained?

For staff/leaders:

- ③ What is a time when you felt most energized or proud to be contributing to the community/Nation health and wellness programs and services?
- ③ When did you know a program or service was working? How did you know it?
- ③ Why have these programs and services been successful in the past?
- ③ What do community members expect from the community/Nation/organization?
- ③ Where do you see the community's/Nation's programs and services growing or evolving in the next five or 10 years? What strengths or resources will help you achieve these goals?
- ③ Can you share a bit about the relationship with a partner or funder who is supportive of the community's/Nation's work? What makes that relationship work?
- ③ What part of the community's/Nation's work do you think the members value most?
- ③ How can the community's/Nation's health and wellness successes be sustained?

RESOURCE:

AI Commons: A hub for Appreciative Inquiry resources, stories and networks.

[https://
appreciativeinquiry.
champlain.edu](https://appreciativeinquiry.champlain.edu)

- ② **Look at other ways to collectively explore and celebrate strengths and possibilities.** Ideas include:
 - Celebrating and recognizing different stages of the planning process with ceremony;
 - Gathering community/Nation input into visioning, asset mapping or evaluation through multimedia (e.g., pictures, stories, videos, etc.);
 - Structuring workshops, or individual/group interviews around strengths-based themes; and
 - Creating opportunities for members to both share and respond to positive stories (e.g., newsletters, bulletin boards, social media, posters, podcasts, etc.).
- ② **Use structured analyses to guide engagement.** You might consider framing engagement questions using a structured analysis such as the SOAR analysis model (Strengths, Opportunities, Aspirations and Results). Many more Appreciative Inquiry models and ideas are also available online.





Data Privacy

Ideas to ensure individual and community privacy when collecting, storing and using health information.

Rationale

Data is an important resource and can have a direct impact on the lives of people. It is important to ensure privacy and confidentiality when handling sensitive individual and community/Nation data. Following the principles of OCAP,[®] the right to own, control, access and possess data and information requires governance and data safeguarding.

Description

This tool provides ideas of how to respectfully collect, use, share and steward information. Storage and use of data may already be subject to existing community privacy protocols and/or a code of ethics and program requirements.

Related Standards

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
2 Increase First Nations Decision-Making and Control	<ul style="list-style-type: none"> › Enhances First Nations decision-making over health and wellness. › Based on relevant health information and data.
3 Improve Services	<ul style="list-style-type: none"> › Enhances required health care safety standards. › Prioritizes quality improvement of programs and services.
7 Function at a High Operational Standard	<ul style="list-style-type: none"> › Reflects sustainable and appropriate use of resources. › Excellence in planning, reporting and evaluation.

Tip list

To protect information:

- ➔ **Familiarize yourself and staff with existing confidentiality policies.** Does your community/organization have existing guidelines around consent, data sharing and how to collect, store and use information?
- ➔ **Limit data identifiers.** This means minimizing the collection of information that could be used as direct identifiers, including information points that will identify a person, like names and street addresses. Consider carefully if identifiable information is needed; in many cases it is not.
- ➔ **Ensure consent and awareness of rights.** If you are collecting health information from individuals, obtaining their consent is typically required and can be documented using a consent form at the outset of a survey or interview. A consent form can explain what is being asked for, how the data will be used, any ethical reviews and how information provided will be protected. It also acknowledges voluntary participation and voluntary withdrawal, and asks for an individual's consent to participate and outlines how the information they share can be used.

Sample Health and Wellness Survey Consent Form

_____ [First Nation/organization/Nation] is carrying out a Community Wellness Survey. The purpose of this survey is to inform the development of our Health and Wellness Plan. The purpose of the plan is to identify community needs and priorities and support community health and wellness programs and services.

By agreeing to participate in the Community Wellness Survey, you agree that the information may only be used by _____ [First Nation/organization/Nation] to identify community needs and priorities and support community and individual health and wellness programs and services for _____ [First Nation/organization/Nation].

The information will only be used in a combined format with other information collected. It will not be identified by name or other identifying features. Information from this survey, including this consent form, will be securely stored and only those on a must-know basis will be allowed to review and use the data. Please be aware that all information from this survey will be destroyed on _____ [insert date here].

Your participation in this work is completely voluntary and you may choose to stop participating at any time, for any reason, if you so decide. Your decision to stop participating or to skip answering particular questions will not affect your relationship with the survey organizers or your community.

Date: _____

Participant's Signature: _____ Interviewer's Signature: _____



If there is sensitivity about signing consent forms and/or if people are less willing to participate if they have to sign a form, you can also obtain verbal consent by audio-recording yourself (and your participant). Keep in mind that the participant should be aware they are recorded.

➔ **Take security measures to protect survey data**

➤ Sample safeguards:

- Everyone collecting and analyzing information signs a confidentiality agreement.
- Limit access to personal health information on a need-to-know basis. In the context of health care delivery, this is limited to an individual's "circle of care." For example, a health care provider can share information with another health care provider who is providing treatment to the same person. Health Directors are not normally part of this "circle of care" and thus should not be allowed access to the patient's personal health information.
- Data-sharing agreements between the First Nation and others involved in supporting or reviewing data are signed prior to data access. Let participants know about any data sharing that will take place prior to providing their information.

➤ Technology safeguards:

- Consider measures to protect computers and other electronic devices (e.g., fax, telephones, servers, etc.) used to collect, process, store and send sensitive information.
- Ensure only authorized people access data by implementing authentication measures, such as computer password protection or unique login identification.
- Install special protection for remote electronic access to data.
- Implement virus-checking programs and recovery safeguards, such as regular backups.
- Keep client information confidential when transmitting information electronically.

➤ Physical security:

- Keep computers, servers or files with personal information in a secure (i.e., locked) room and store paper files in locked storage cabinets.
- Consider physical security measures to protect data from hazards such as floods or fire.

- ➔ **Set time limits for retaining personal data.** Retain personal information only as long as needed for the purposes it was collected. After this time, make information anonymous or destroy it.

- ➔ **Develop information for community members that explains how data and privacy practices are upheld.** Keeping community members aware of how data is collected, stored and used may help alleviate concerns with sharing information and feedback.
- ➔ **Share data management principles with research partners or contractors.** Share upfront expectations with partners about how community data will be collected, protected, used or shared.
- ➔ **Consider the need for an ethics review.** Consider if research involving community members conducted by an external party needs an ethic review.

For more information and useful links about privacy and confidentiality considerations for First Nations communities, email privacy@fnha.ca or call 1-844-364-7748.



First Nations Principles of Ownership, Control, Access and Possession (OCAP®)

The First Nations Principles of OCAP® are a set of ground rules that describe how First Nations information should be collected, protected, used or shared. Upholding OCAP® principles means that First Nations control data collection processes in their communities and that they own, protect and control how this information is used. The principles are designed to ensure that information is used and shared in a way that brings benefit to the community or Nation, while minimizing possible harm. The FNHA supports OCAP® principles regarding First Nations health data.

Visit www.fnigc.ca to learn more about OCAP® principles and online training opportunities.

Health and Wellness Survey Considerations

Considerations and tips for creating a Health and Wellness Survey.

Rationale

Understanding the health status of a community or Nation helps with evidence-based health and wellness planning for the future.

Description

A Health and Wellness Survey is a way to collect information from community members. A survey can help identify information not yet captured, such as:

- ➞ Use of health and wellness facilities (e.g., community gym, Elders' Centre, Youth Centre);
- ➞ Participation levels of health and wellness programs and initiatives (e.g., cultural programs, home and community care, healthy families' programs, early childhood programs, mental wellness programs, wellness programs and initiatives, health protection, etc.);
- ➞ Habits (e.g., diet, exercise, tobacco, wellness activities); and
- ➞ Connectedness to culture/community (e.g., participating in traditional activities).



Related Standards



Ideas to develop a Health and Wellness Survey

GETTING READY TO BUILD A SURVEY:

- ➔ **Consider if a survey is needed, and if yes, what information is sought.**
Determine what information will help you understand the current state of health and wellness. For example, you might want to learn about health and wellness service use, access to land, nutrition/ traditional foods, education rates, housing, commercial tobacco use or the incidence of disease. See if information already exists (e.g., from the health department or administration) or from partners (e.g., Tribal Council, Health Society, the FNHA, government, regional health authority).
- ➔ **Consider who should participate in a survey.** What demographics (i.e., age, location, other factors) should participate so the responses are representative of the population (e.g., Elders, youth, adults, men, women, staff, leadership, etc.)?

Developing questions

Effective survey questions allow participants to respond honestly without being swayed. Effective questions help ensure data collected is useful and that respondents complete surveys as intended, rather than skewing data in the wrong direction.

- ➔ **Ensure data privacy measures are taken whenever possible.** See Data Privacy for suggestions on how to design surveys to protect privacy.
- ➔ **Keep it short.** People are more likely to complete short surveys. A Health and Wellness Survey fills in data gaps and does not need to cover all topics.
- ➔ **Ask clear questions.** Straightforward language, short sentences and clear questions work well. Avoid technical language or jargon.

- ➔ **Ask one question at a time.** Avoid questions within questions such as, “How knowledgeable and friendly are the drop-in health clinic staff?” Such questions can be confusing and the answers may not be useable. Some participants might find the health clinic friendly, but not knowledgeable, or vice versa.
- ➔ **Frame questions positively.** Consider survey questions that focus on positive health factors (e.g., tobacco cessation rates) rather than negative (e.g., smoking rates).
- ➔ **Use response scales when possible.**
 - Response scales (such as a rating scale between 1 and 5) can provide richer data than questions such as “Yes/No,” and take the same amount of time for users to fill out. Yes/No also does not allow a participant to answer in the middle of the scale or neutrally. Example: “Are you satisfied with health and wellness services in the community?” which is a yes or no question, can be reframed as “How satisfied are you with health and wellness services in the community?”
 - Using odd number scales (1 to 5, rather than 1 to 4) allows for a “neutral” option. Scales should be clearly defined, describing what each number means, e.g.:
 1. Very dissatisfied
 2. Somewhat dissatisfied
 3. Neutral (neither satisfied nor dissatisfied)
 4. Somewhat satisfied
 5. Very satisfied

A follow-up question that asks why the participant chose the answer can be included.

- ➔ **Avoid leading questions.** Leading questions sway the reader to one side and can compromise your data. For example:
 - Leading question (poor): Why is transportation to the health centre so difficult?
 - Neutral question (good): How would you describe your experience travelling to the health centre?
- ➔ **Where possible, minimize open-ended questions.** Open-ended questions are those where survey respondents can write whatever answer they choose, such as, “How do you feel about dental care in your community?” Open-ended questions can take a lot of time to analyze and are sometimes skipped by participants who perceive them as being more difficult to answer.
- ➔ **Be aware of sensitive or potentially triggering questions.** Some questions may involve sensitive information. For example, to understand mental health or health station needs in your community, your survey may ask about residential school attendance, traumas or experiences with diseases like cancer. Questions may trigger the participant and cause emotional, physical, mental or spiritual distress.

It is helpful to carefully consider if questions are necessary in the survey. If yes, consider offering support services, such as counselling or trauma supports during and after the survey.



⊕ **Testing a survey.** Testing a survey before collecting data can ensure the right information is captured and resolve unexpected problems. It's a good idea to test the survey on a few people who are representative of survey respondents. Ideas to test a survey include:

- Choosing a focus group of people who were not involved in survey development, as they may have fresh feedback. Testing is an opportunity to also try out the consent process.
- Having topic-specific experts evaluate your survey or conduct focus groups.
- Consider testing the final survey version again.

DELIVERING THE SURVEY

⊕ **Consider how a survey will be delivered.**

- In person, phone, paper and online surveys all have strengths and weaknesses.
- Cost, convenience and response rate (number of people completing your survey) are factors.
- In-person interviews may make people feel more comfortable, but it is also possible that those administering the survey may influence the responses people give (e.g., a participant may not want to hurt the interviewer's feelings or share personal stories with them or even make the interviewer think about them differently).
- For example, if a health provider is administering a survey, people may feel less comfortable sharing negative experiences about local health services. Some communities have youth assist with survey delivery, particularly for door-to-door surveys.



➔ **Consider online tools.**

- Online survey tools can make data collection and analysis easier for both the user and survey administrator. Drop-in sites in the community could be set up (e.g., at the Band Office, Elders' Centre, Youth Centre, etc.) for people to complete surveys either on a computer or, if they are comfortable, with help from a surveyor.
- Online survey tools that are Canadian-based (i.e., private information is hosted on Canadian servers, which is required under BC law) include Simple Survey (www.simplesurvey.com), Hosted in Canada Surveys (www.hostedincanadasurveys.ca) and Checkbox Survey (www.checkbox.com).

- ➔ **Acknowledgment and compensation.** Knowledge gatherers often provide some type of compensation to participants. Depending on the length of the process, types of compensation can vary. Some communities offer small prizes or gift cards, while others enter participants in

a draw for a larger prize at the end of the survey period. Other examples of participant acknowledgment are providing tobacco or local food products or services in gratitude for their participation.

SHARING RESULTS

- ➔ **Analyze survey results, create a summary report and share with participants.** Online survey tools can make data analysis simple, faster and help produce simple reports and tables. Collation could also be done electronically if paper surveys were used through software such as Microsoft Excel to analyze quantitative data. Qualitative data like descriptions or quotes can be useful, but care should be taken to maintain privacy (see "Data Privacy" tool).

For more information, tools and useful links about research and knowledge gathering for First Nations communities, email RKEE@fnha.ca or visit: www.fnha.ca/what-we-do/research-knowledge-exchange-and-evaluation



Developing Health and Wellness Goals, Objectives and Initiatives

A tool to help define, organize and prioritize health and wellness goals, objectives and initiatives.

Rationale

Community-defined goals and objectives outlined in a Health and Wellness Plan are a foundation of planning. They set the direction for health and wellness initiatives and activities and inform the allocation of resources such as time, money and staff. Goals and objectives can also be tied to measures that assess how the plan is progressing.

Description

This tool describes approaches to setting health and wellness goals and objectives built from community input.

Related Standards

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
1 Community-Driven, Nation-Based	<ul style="list-style-type: none"> > Driven by BC First Nations' health and wellness journeys and priorities. > Guided by First Nations culture and values.
2 Increase First Nations Decision-Making and Control	<ul style="list-style-type: none"> > Enhances First Nations decision-making over health and wellness. > Based on relevant health information and data.
3 Improve Services	<ul style="list-style-type: none"> > Enhances required health care safety standards. > Prioritizes quality improvement of programs and services.
7 Function at a High Operational Standard	<ul style="list-style-type: none"> > Reflects sustainable and appropriate use of resources. > Excellence in planning, reporting and evaluation.



"Change takes time, and during planning, we try to be realistic and use 'SMART' objectives, set one or two priorities that are generally things that help to move process along initially. These can become more concrete as the planning evolves. The first objective might just be people coming together in a good way!"

— **Gwen Phillips**, Director of Governance Transition, Ktunaxa Nation Council

Tips for goal-setting practices include:

- ➔ **Review health and wellness conditions** through asset mapping and context-setting exercises (see [\(p.112\)](#) for ideas and examples).
- ➔ **Engage community members on future direction.** Engagement from a wide range of community members along with understanding the current health and wellness context sets the stage for assessing what should be a focus in the future.
- ➔ **Assess and organize community strengths and challenges.** Once you have gathered feedback from a wide range of community members, consider the root causes of any issues identified. To identify root causes, it can help to ask “why” the issue is important several times until arriving at a fundamental goal.

Goal Setting Tree



INITIATIVE

Describes specific health and wellness processes, programs and services, campaigns or other community activities.

Example: Partner with other communities within a Nation in our region to hold multi-day land-based healing retreats.

OBJECTIVE

Like a sub-goal, objectives are more detailed and can describe how each goal will be achieved.

Example: Initiate wellness and culture-based healing.

GOAL

A “big picture” strategic and aspirational statement.

Example: Support mental health and wellness and reduced substance use among our people.

- ➔ **Separate higher-level long-term goals, medium-term objectives and short-term initiatives.** While goals are larger and take longer to achieve, objectives are simpler and more tangible in the medium term. Initiatives are often quite specific and are easier to accomplish within a set time frame. For example, if a goal is to paddle across a river, an objective might be to make a paddle and an initiative would be for a community team to form to start the work. Ideas for developing goals, objectives and initiatives include:
 - Working with your community (using engagement processes) to hold conversations around what common themes are arising, and identifying what can be done in the short, medium and long term.
 - Adding action verbs to the emerging health and wellness themes. This may help you start to build goals/objectives/initiative phrases (e.g., develop, transform, identify, improve, reduce, expand).
- ➔ **Build focused and tight goals/objectives/initiatives.** Are the goals/objectives/initiatives clear and well defined? For example, will it be possible to determine when they have been achieved? Creating SMART goals may be helpful. These are commonly defined as those that are specific, measurable, attainable, realistic and based on a time frame.
- ➔ **Consider if goals/objectives/initiatives align with the community's or Nation's vision.** Do the themes support the vision? Are the draft goals/objectives/initiatives well aligned with those in other community/Nation plans, such as Comprehensive Community Plans?
- ➔ **Consider if goals/objectives/initiatives are focused on health and wellness.** Do the themes support improvement of health outcomes and support wellness journeys? Are they relevant to members' feedback on health and wellness?



Goal Setting with Multiple Communities: Tips for Nations and Health Service Organizations

For Health Service Organizations (such as a health societies or Tribal Councils), developing a common set of goals that reflect member communities' diverse circumstances (e.g., location, size, staffing, state of health and wellness among the people) can help build plan ownership. Some tips for goal setting with multiple communities include:

- ➔ Gathering information on each individual community when conducting surveys or creating a Health and Wellness Profile;
- ➔ Drawing on member communities' existing plans (Comprehensive Community Plans, Strategic Plans, etc.) to seek commonalities among their health and wellness goals and priorities;
- ➔ Tracking feedback from each community and recording the process used to translate feedback into goals, objectives or initiatives; and
- ➔ Holding engagement sessions open to multiple communities to identify common strengths, challenges, and opportunities for coordinated service delivery approaches.

SMART GOALS/OBJECTIVES/INITIATIVES

SMART wording clarifies who is responsible, helps build focused targets and helps you know when you are done. SMART wording keeps the focus on being both ambitious and achievable. By using a SMART checklist, you can evaluate your objectives, create transparency and clarify how ideas came to be.

Example: *The nursing team will achieve a 100 per cent immunization rate of our community members within the next year.*

SMART means:

Specific (well-defined)

Measurable (how will you know when it is achieved?)

Attainable (is the goal something you will be able to achieve?)

Realistic (is it achievable within the constraints of available resources, time and knowledge?)

Time frame (should have a start and end point and fixed duration)

- ➞ **Prioritization.** Once you have a list of options or ideas for goals/objectives/initiatives, collaborative and transparent ranking exercises can help prioritize the options and determine how to allocate limited time and resources to each one. What formats work best for your community/Nation to track and rank community input when priority setting? Ideas include:
 - > Surveys;
 - > Voting or “Dotmocracy” (e.g., voting with dots) exercises;
 - > Facilitated group discussion; and
 - > Ranking options based on defined criteria (e.g., urgency and importance) or using high/medium/low scoring.

- ➞ **Planning for multiple rounds of engagement.** It may require multiple engagement sessions to hone in on a list of goals, objectives and initiatives that have the wide support of members.
- ➞ **Considering partnerships.** Whether you are creating a community- or Nation-level plan, it can help to explore what goals and objectives are shared with other partners in the broader health and wellness system (e.g., other members of your Nation, neighbouring health organizations, regional health authorities, etc.). Are there opportunities to partner together to pool resources or partner on a specific initiative that would not be possible otherwise? Is there a need to ask partners (current or future) what they think of draft themes? (See “Collaborating with Others in Planning,” p.156.)

Enhancing Health Care Safety Standards

A tool to support the enhancement of health care safety standards in the delivery of health and wellness programs and services.

Rationale

Health care safety standards set the bar for providing health and wellness services that protect the health and safety of community members. Upheld by staff and partners, these standards support consistent and excellent service delivery with a quality improvement lens.

Related Standards

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

1 **Community-Driven, Nation-Based**

- > Driven by BC First Nations' health and wellness journeys and priorities.
- > Guided by First Nations culture and values.

4 **Foster Meaningful Collaboration and Partnership**

- > Leverages strategic partnerships and collaboration.

5 **Develop Human and Economic Capacity**

- > Builds First Nations health human resource capacity.
- > Culturally humble and safe.



Description

The following table offers potential activities to help identify and incorporate health care safety considerations in your planning process. Note that many of these activities can be considered throughout the process of setting goals for your plan and will also have implications for plan implementation.

HEALTH CARE SAFETY ACTIVITY	DESCRIPTION
Upholding core program standards and service requirements	Contribution agreements describe service requirements for core programs (Environmental Public Health, Home and Community Care, Clinical and Client Care and Communicable Disease Control). If your community or organization takes responsibility for delivering any of these programs, review your contribution agreement to determine potential implications for planning. For more information, contact the FNHA.
Delivering care in accordance with relevant professional and practice standards	<p>Ensure health care staff work within their professional scope of practice. Many core programs have specific requirements for professional credentials. The ability of a health care professional (e.g., a registered nurse or licensed practical nurse) to provide specific services depends on a number of factors such as the permitted scope of practice, personal competency, certification, training and experience.</p> <p>The following positions are commonly involved in the delivery of core programs in primary care:</p> <ul style="list-style-type: none"> • Registered Nurses (RNs): An RN has a four-year degree in nursing and is qualified to provide health services to a wide breadth of people including those who have complex health issues. RNs are required to deliver community health programs such as Communicable Disease Management and Homecare. • Licensed Practical Nurses (LPNs): An LPN holds a two-year practical nursing diploma. Under their College Scope of Practice, an LPN can provide health services to people with stable health problems who need routine care. LPNs must have access to an RN for deferral for non-routine LPN Scope of Practice work. Their practice is not designed to be autonomous without policies and assurance of competencies in their scope of practice. • Health Care Assistants: Can work only under the supervision of an RN or LPN. Tasks can be assigned or delegated depending on the needs of the client. <p>For more information, see the RN or LPN College Scope of Practice and BC Centre for Disease Control guidelines.</p>

TABLE CONTINUED >>>

ENHANCING HEALTH CARE SAFETY STANDARDS, CONTINUED

HEALTH CARE SAFETY ACTIVITY	DESCRIPTION
Health services accreditation	Pursuing quality improvement processes like accreditation can help to identify and build needed resources, policies, practices and partnerships to ensure safety and quality are upheld in programs and services. These processes celebrate what is working, enable identification of what is not working and support the implementation of new ways to achieve service excellence. For more information, contact the FNHA Community Accreditation and Quality Improvement Program.
Staff training	Is there a process in place to meet the ongoing learning needs of staff and service providers (e.g., trauma-informed care, water-quality monitoring training, communicable disease control certification, etc.)? Talk to the FNHA to learn more about potential staff training and certification opportunities.
Partnerships	Consider what areas need support. Are there priority areas that are best addressed through linkages with other departments in the community/Nation (e.g., schools, childcare)? Are there gaps that cannot be addressed with the current staff you have? Are there clinical practice guidelines, core program standards and service requirements that you need help with? Teaming up with neighbouring First Nations to plan together and pool resources and share services such as nursing, maternal and child health and mental wellness services may provide more support in your community than working alone. Other partners may include sub-regional partners, neighbouring communities, regional health authorities or the FNHA.
Emergency preparedness	Is the community's/Nation's Emergency Preparedness Plan up to date? If not, consider using your health and wellness planning process as a time to refresh this plan. A Communicable Disease Emergency Plan (formerly "Pandemic Plan") must be submitted to the FNHA with your Community Health and Wellness Plan. When refreshing your Communicable Disease Emergency Plan, it can also be helpful to involve staff in tabletop exercises to address simulated emergency situations.
FNHA supports and consultation services	See the Resources section for a complete list of FNHA departments and resources that can work with your community/Nation to uphold and enhance health care safety standards.



Communicable Disease Emergency Planning Considerations

A tool to support the development or renewal of a Communicable Disease Emergency Plan for your community or Nation.

Rationale: Having an up-to-date Communicable Disease Emergency plan (formerly called a “Pandemic Plan”) can help to increase awareness, ensure readiness and minimize illness by improving the effectiveness of Communicable Disease Emergency (CDE) preparedness and response activities. Updating a CDE Plan is part of the Community Health and Wellness Plan.

Related Standards:



Description:

A CDE plan contains information about various communicable disease preparedness areas such as health services, public health measures, vaccines and medications. CDE plans consider risks and vulnerabilities as well as the strategies that can be taken to address them before, during and after a communicable disease emergency.

A CDE plan and Community Health and Wellness Plan are both shared with the FNHA to support reciprocal accountability across the FNHA and with communities/organizations who play a role in implementing these plans. CDE preparedness and response planning may also be included within an emergency preparedness plan which may be shared or developed with federal partners. Talk to the FNHA for more information about how different plans can be aligned and how existing plans can meet FNHA requirements.

The following table offers potential activities to help renew or develop a Communicable Disease Emergency Plan for your community or Nation. Note that many of these activities can be incorporated throughout the process of engaging community and goal-setting for your plan as a whole.

CDE PLANNING ACTIVITY	CONSIDERATIONS
Getting ready to plan for communicable disease emergencies	<ul style="list-style-type: none"> • Reviewing the existing CDE plan. Has it been exercised or updated in the last 12 months? Does it consider communication about CDE risks/responses with community members and external partners? • Gathering information. Are there any new emerging opportunities or potential risks to consider in addressing a communicable disease emergency? Are there existing preparedness and response mechanisms in place that you can build on? • Considering other relevant plans. Related plans may include Emergency Preparedness Plan(s) and business continuity plan(s).
Establishing linkages with emergency preparedness and response partners	<ul style="list-style-type: none"> • Identifying key contacts. Does your community/organization have contact information for the regional health authority medical health officer? Have you provided the FNHA and regional health authority with contact information for the person in your community/organization who will liaise in case of an emergency? • Establishing partnerships. Can you build partnerships with your regional health authority or neighbouring communities to expand your support network, enable coordinated and comprehensive responses, and share resources? Can they be invited to participate in any relevant CDE planning team?
Engaging about communicable disease emergencies prevention and preparedness	<ul style="list-style-type: none"> • Engaging on multiple topics on one occasion. Can you integrate the topic of communicable disease emergency planning into other community engagement processes? • Early and ongoing community engagement. Have you received input on your plan from your health team, community members, leaders, and regional health authority? Has the plan been shared back with them once drafted?
Building the CDE plan	<ul style="list-style-type: none"> • Reflecting on goals and objectives of the CDE plan. Examples include: minimizing serious illness, increasing awareness, ensuring readiness to respond to a CDE, and/or developing a plan that can change to meet future needs. • Specifying roles and responsibilities. Who will assume responsibility for the planning and response stages? • Integrating the CDE plan into the community's Emergency Preparedness Plan and other local plans. Is the CDE Plan's preparedness and response activities complementary to neighbouring communities' plans? • Being aware of CDE tools and templates. Key word search "Communicable Disease Control" at www.fnha.ca to access these resources.
Revising and updating the CDE plan	<ul style="list-style-type: none"> • Assessing the CDE plan at least once a year. Talk to the FNHA about using a table-top exercise to assess and update your plan. This exercise's results can be used to revise the CDE plan so that it remains responsive to needs.

Mental Health and Wellness Considerations

A tool to support exploration of mental health and wellness priorities and to help chart a common path to improving your mental health/wellness services in your community or Nation.

Rationale

A wholistic focus on wellness can be overlooked in the mainstream health care system due to a broader focus on acute care. Exploring and detailing your community's or Nation's mental health and wellness strengths and needs in a plan can help build broader support for these priorities among decision-makers, partners and funders. The planning process itself can be part of a broader healing journey.

Related Standards

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

1 Community-Driven, Nation-Based

- › Driven by BC First Nations' health and wellness journeys and priorities.
- › Guided by First Nations culture and values.

3 Improve Services

- › Enhances required health care safety standards.
- › Prioritizes quality improvement of programs and services.



Description

The following table offers potential activities to help identify and incorporate mental health and wellness in your planning process, in order to build on your community's or Nation's mental health and wellness strengths as well as identify needs. Note that many of these activities can be incorporated throughout the process of setting goals and priorities for your plan as a whole.

MENTAL HEALTH AND WELLNESS ACTIVITY	DESCRIPTION
Making a plan for self-care and community-care	<p>Opening a conversation around mental wellness and historical trauma can be an emotional experience and trigger some strong reactions for you, your team and your community or Nation. Proactively discussing and addressing self-care can help you support yourself and others. You may find the following resources helpful as a starting point:</p> <ul style="list-style-type: none"> • The FNHDA's Head to Heart campaign — self-care tips for Health Directors and their teams. • FNHDA Lateral Violence position statement — includes 13 recommended actions for zero tolerance of lateral violence.
Gathering member and leadership input on mental health and wellness issues, opportunities and needs	<p>Consider how to combine this input with work being undertaken for the broader Health and Wellness Plan (e.g., visioning).</p>
Providing accessible information	<p>Share key community/Nation/regional mental health and wellness trends or other relevant information to support community discussions. Can information be summarized into a simple visual or graphic?</p>
Building on strengths	<p>Are there individual, community or Nation-wide initiatives that can build on the strengths/assets of your community or Nation?</p> <ul style="list-style-type: none"> • For example, if there are members who are actively engaged in traditional healing, you may wish to pair mental health and wellness programs with traditional practices. • Which initiative or activity models have been implemented successfully by other First Nations with similar goals and objectives? Could you combine resources with neighbouring First Nations to jointly deliver a program?
Collecting information from program/initiative leads	<p>Program leads can describe existing health and wellness initiatives and activities that you may want to document to help inform future planning.</p>
Analyzing gaps	<p>How are existing initiatives and services meeting community or Nation mental health and wellness needs? Where are there gaps? What activities might help to address these?</p>

TABLE CONTINUED >>>

MENTAL HEALTH AND WELLNESS CONSIDERATIONS, CONTINUED

MENTAL HEALTH AND WELLNESS ACTIVITY	DESCRIPTION
Working with your members and leadership to identify issues and needs prioritization	Based on your community's or Nation's mental health and wellness needs, rank your top priorities. (See "Developing Health and Wellness Goals, Objectives and Initiatives," p.134.)
Considering protocol when planning and delivering mental health and wellness services	Is there any protocol that can inform who is engaged, how direction is set and who can be involved in services and/or traditional healing practices? Are partners informed of this protocol?
Considering programs that support mental health and wellness and customizing programs to suit your community's or Nation's needs	<ul style="list-style-type: none"> • Living well • Culture and traditional healing • Promotion and prevention • Trauma-informed care • Crisis response • Harm reduction
Exploring partnership opportunities	Are there other programs or organizations in or close to your community/communities that support mental wellness? Could you partner with organizations to offer services/ programs to address your community's or Nation's mental wellness priorities?
Accessing additional FNHA resources	<p>Talk to the FNHA to learn about supported Mental Health and Wellness initiatives, resources and supports including:</p> <ul style="list-style-type: none"> • Hope, Help and Healing: A Planning Toolkit for First Nations and Aboriginal Communities to Prevent and Respond to Suicide. An FNHA Toolkit designed to support community workers in planning and developing a community suicide prevention, intervention and postvention plan. The resource shares promising practices for mental wellness promotion programs/strategies. Helpful planning tools are included as well. • KUU-US Crisis Response Services. A First Nations and Aboriginal-specific crisis line available across the province 24/7, 1-800-588-8717. • Priority Setting: A Future First Nations and Aboriginal People's Mental Wellness and Substance Use Ten-Year Plan. The FNHA gathered wisdom, advice and guidance from First Nations communities between 2007 and 2011 and identified draft Vision, Goals, Strategic Directions and Actions for a future mental wellness and substance use plan. This document shares a tool (sample survey questions) for engaging with stakeholders for feedback. • A Path Forward: BC First Nations and Aboriginal People's Mental Wellness and Substance Use 10 Year Plan: A Provincial Approach to Facilitate Regional and Local Planning and Action. Released in 2014, this marks the first time that a First Nations and Aboriginal People's Mental Wellness and Substance Use Plan has been developed for the province of BC. This plan provides a vision, guiding values, goals and principles to guide mental wellness and substance use health planning over the next decade in BC. You could refer to this document to identify shared priorities between your community or Nation and the province. • Mental Health and Wellness Summit. First held in 2018, the Summit is an opportunity to share wise practices and knowledge on what is working in communities across BC and Canada related to mental health and wellness. Presentations from the Summit can be found by searching "Mental Health and Wellness Summit" at www.fnha.ca



Linking a Health and Wellness Plan to Other Plans

Ideas to integrate or align a Health and Wellness Plan to other plans.

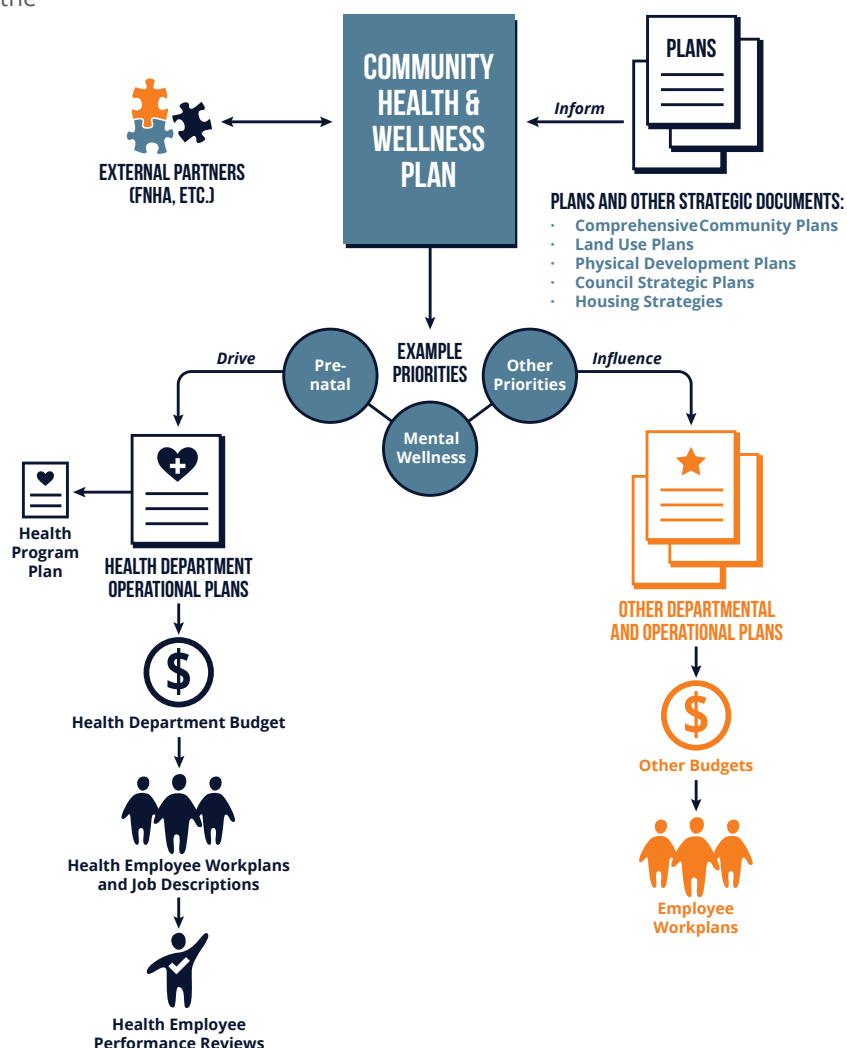
Rationale

There are various possible linkages between a Health and Wellness Plan and other plans at the community and Nation levels. Reviewing other plans and talking to those involved in other community- or Nation-level planning activities can help align plans and reduce duplication. Health and wellness elements may already be included in plans such as a Comprehensive Community Plan; Capital Plan; Land Use, Quality Improvement or Strategic plans; or strategies such as Early Childhood Strategies.

Description

This tool describes approaches to building your health and wellness plan considering other existing plans that include health and wellness elements.

HOW A COMMUNITY HEALTH AND WELLNESS PLAN CAN LINK TO OTHER PLANS



Related Standards



Tip List

When building your Health and Wellness Plan, consider other existing plans:

- ➔ Consider other plans early on in a planning process to support best use of available resources. This can encourage cross-departmental conversations and understanding and reduce repeating similar planning efforts.
- ➔ Look for opportunities to:
 - > See if an existing vision statement is relevant for the Health and Wellness Plan;
 - > Align/co-ordinate health and wellness planning and planning goals with other ongoing community/Nation projects or planning efforts;
 - > Align planning engagement processes;
 - > Access existing data and community/ Nation information;
 - > Maximize efficiencies (e.g., using a single community/Nation survey for multiple plans).

Some plans that may include health and wellness elements include:

- ➔ **Quality Improvement Plans:** These plans identify community/organization definitions of quality and identify areas of focus for quality improvement. While individual plans may vary, they typically define specific expectations for services, establish strategies and timelines, identify people responsible, specify tracking of specific data, and establish performance indicators.
- ➔ **Comprehensive Community Plans:** These are big-picture community plans that set broad goals and priority areas. They may already highlight health and wellness as a priority area and include health and wellness-related objectives and actions.
 - > If a comprehensive plan exists, consider adapting some content for your health and wellness plan, such as a vision, asset mapping, community values, planning principles or health and wellness priorities, etc. Consider what extra details may be needed for core health and wellness programs and FNHA requirements. Consider the plan's time frames.

- 150



Implementing your Plan: Cascading the Health and Wellness Plan into health department planning

➔ Health Department Implementation

Plans: A community or Nation Health and Wellness Plan can guide departmental and employee day-to-day operations. Plans can remain relevant by building a more detailed Implementation Plan for the team(s) that track on-the-ground progress and help identify any areas for improvement and ongoing implementation challenges. (See “Sample Implementation Work Plan,” p.153.) An Implementation Plan may describe/include:

- > Actions or activities;
- > Supporting programs or initiatives;
- > Leads/supports:
- > Timelines;
- > Direct ties to departmental priorities and employee work plans;
- > Related funding or resources; and
- > Tracking of plan progress.

- ➔ Actions can directly connect with individual staff work plans, health centre operations and other day-to-day and operational work plans.
- > Regular review of Implementation Plan progress (e.g., every six months or annually) makes reporting back to members, leaders and partners easier. (See the “Monitoring, Evaluation and Sharing Results,” [p.160](#))



Reach out to the FNHA to learn about:

- ➔ Opportunities to align existing community or Nation plans with Health and Wellness Plans;
- ➔ What can be adjusted in your Health and Wellness Plan if you have an existing plan (e.g., Comprehensive Plan, Strategic Plan, etc.); and
- ➔ How an existing community or Nation plan can meet any of the FNHA planning requirements or standards.





Sample Implementation Work Plan Tool

A sample template to help translate a Health and Wellness Plan into an action plan.

Rationale

A work plan bridges the plan priorities with the specific actions that will be taken to implement these priorities. By identifying specific staff or partners who will take responsibility for actions, it establishes clarity and accountability in delivering on the plan.

Related Standards

SEVEN DIRECTIVES

PLANNING, REPORTING AND EVALUATION STANDARDS

1 Community-Driven, Nation-Based

- › Driven by BC First Nations' health and wellness journeys and priorities.
- › Guided by First Nations culture and values.

2 Increase First Nations Decision-Making and Control

- › Enhances First Nations decision-making over health and wellness.
- › Based on relevant health information and data.

7 Function at a High Operational Standard

- › Reflects sustainable and appropriate use of resources.
- › Excellence in planning, reporting and evaluation.



Description

An implementation work plan shows how the goals and priorities identified in a Health and Wellness Plan will translate into actionable tasks. It also identifies who will carry out these activities and when. Activities may support delivery of programs/services, training or certification of staff, or partnering with/referring to regional health authorities, for example. Talk to the FNHA for additional work plan templates and supports that may be helpful if your community or organization receives funding to deliver core programs (e.g., Home and Community Care/Clinical and Client Care, Environmental Public Health, or Communicable Disease Control).

SAMPLE HEALTH AND WELLNESS PLAN - IMPLEMENTATION WORK PLAN TOOL (ANNUAL OR LONGER TERM)

OBJECTIVE (FROM HEALTH AND WELLNESS PLAN)	ACTION/ACTIVITY DESCRIBES MORE DETAILS TO SUPPORT OBJECTIVE	KEY TASKS WHAT NEEDS TO HAPPEN TO GET THIS ACTION OFF THE GROUND?
GOAL 1: QUALITY IMPROVEMENT OF POPULATION AND PUBLIC HEALTH.		
Develop a comprehensive Communicable Disease Management program: <ul style="list-style-type: none"> • Communicable Disease Control • Vaccine-Preventable Diseases • Infection Prevention Control • Tuberculosis • Sexually Transmitted Blood-Borne Infections • Communicable Disease Emergencies 	Provide and/or support team to receive training/certification to deliver Immunization and Tuberculosis programming	<ul style="list-style-type: none"> • Relevant staff complete FNHA immunization competency certification program • Relevant staff complete FNHA professional education programs
GOAL 2: QUALITY IMPROVEMENT OF DELIVERED PRIMARY CARE SERVICES.		
Improve clinical health services delivery	Hire part-time Nurse Practitioner shared with neighbouring First Nation	Develop job description Conduct hiring process
	Develop and implement a pre-natal program	<ul style="list-style-type: none"> • Research programs elsewhere in region • Connect with young parents to determine priority interest areas • Develop program components (e.g., prenatal nutrition)
GOAL 3: MENTAL WELLNESS INITIATIVES AND SUPPORTS MEETING COMMUNITY/NATION NEEDS.		
Refocus mental wellness initiatives	Review existing mental wellness programs against mental wellness priorities	Implement reorganization of programs based on priority areas

LEAD/SUPPORT WHO ON THE TEAM WILL DO THE WORK?	TIMELINE START/END DATE	PERFORMANCE MEASURE HOW WILL YOU KNOW WHEN YOU HAVE ACHIEVED AN ACTION/ACTIVITY?	PROGRESS STATUS
Lead: Community Health Nurse Support: Community Health Workers/other relevant staff		All Community Health Nurses and other relevant staff have the training, certifications and competencies to deliver Tuberculosis and Immunization programming	Getting Started
Lead: Health Director Support: Nurse		Nurse Practitioner hired within six months	Complete
Lead: Health Director Support: Nurse		# of parents-to-be accessing the program	<ul style="list-style-type: none"> • Complete • Complete • Getting started
Lead: Health Director Supports: Mental Wellness Advisor, Youth Director		# of community/Nation mental health and wellness priorities being met by mental wellness programs	In progress

Collaborating with Others in Planning

Ideas for planning in partnership with others (First Nations communities, regional health authorities and other health and wellness partners).

Rationale

Working with partners and sharing resources can increase the impact, reach and innovative approaches that show up in a Health and Wellness Plan. For small communities, partnerships also help to ensure that quality client care is provided by pooling funds to increase resources, staffing and supports.

Description

Planning together with others involves considering who is the right partner and what topics to collaborate on. It may help to identify barriers to working together as well as quick wins and potential savings that could come about through partnership. Collaborating with others is a chance to identify efficiencies through the principle of “better together.”

Related Standards

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
3 Improve Services	<ul style="list-style-type: none"> › Enhances required health care safety standards. › Prioritizes quality improvement of programs and services.
4 Foster Meaningful Collaboration and Partnership	<ul style="list-style-type: none"> › Leverages strategic partnerships and collaboration.
6 Be Without Prejudice to First Nations Interests	<ul style="list-style-type: none"> › Respects protocol, title, rights and existing agreements.
7 Function at a High Operational Standard	<ul style="list-style-type: none"> › Reflects sustainable and appropriate use of resources. › Excellence in planning, reporting and evaluation.



Some suggestions include:

- ➔ **Starting from within.** Who is supporting health and wellness-related work in your community or at the Nation level? Collaborating on common interests with leadership or staff working in education, infrastructure, early childhood development or social development could be beneficial. Asking others to participate in the planning and engagement process helps build in varying perspectives from the start.
- ➔ **Reviewing any joint plans, including Nation-level or Regional Health and Wellness Plans.** There are five Regional Health and Wellness Plans across BC, which outline regional health and wellness priorities. Reviewing Nation-level or Regional Health and Wellness Plan priorities or reports may highlight potential collaboration opportunities with other First Nations, Nation members, neighbours and other potential planning partners. Are there any other joint plans to consider, such as health actions, primary care or Joint Project Board investments?
- ➔ **Identifying who to partner with.** Which local, sub-regional, Nation and regional neighbours are potential partners on future health and wellness priorities? Are there common areas of interest, such as access to appropriate primary care supports, mental health and wellness projects, accreditation of health services or supporting the away-from-home population? Are there any existing committees/tables/working groups at the Nation or regional level? Consider:
 - Creating contact lists and informal planning networks based on existing relationships with neighbours;
 - Making new connections through venues such as the Regional and Sub-Regional Caucuses; or
 - Contacting the FNHDA or your local FNHA representative for potential contacts.
- ➔ **Targeting partnerships for areas needing support.** How can working with partners support quality client care? Are there gaps that cannot be addressed with the current staff you have? Are there clinical practice guidelines, core program standards and service requirements that you need help with? What partnerships might help to address these gaps?
- ➔ **Learning about partnership opportunities with the local regional health authority.** The FNHA has a Partnership Accord with each regional health authority across the province. Processes vary depending on the region, but each region has:
 - Regional tables: A forum with the regional health authority; and
 - Aboriginal health improvement committee: A forum established by health authorities where community representatives identify health issues and priorities of local importance.

For more information about the health governance structure in your region, visit: www.fnha.ca/about/regions.

The FNHA can provide guidance on potential partnerships.

Sample Approval Template

A sample template to initiate a health and wellness planning process and/or adopt a Health and Wellness Plan.

Rationale

Formal endorsement of a planning process or plan can be a part of the community or organizational approval process that is reviewed by elected or hereditary leadership, a committee, sub-committee or others who have signing authority for budget and resource allocations. For communities using Band Council Resolutions the sample wording below could be adapted for that purpose.

Formally launching planning can help establish planning principles and raise awareness of the project with leadership. Approving a plan demonstrates leadership's commitment to the plan and can identify actions that may require leadership endorsement and/or future involvement.

Description

The adaptable wording below is for 1) launching a planning process to develop/update a Health and Wellness Plan; 2) outlining the proposed planning approach; and 3) adopting a Health and Wellness Plan.

Related Planning Standards

SEVEN DIRECTIVES	PLANNING, REPORTING AND EVALUATION STANDARDS
1 Community-Driven, Nation-Based	<ul style="list-style-type: none"> › Driven by BC First Nations' health and wellness journeys and priorities. › Guided by First Nations culture and values.
2 Increase First Nations Decision-Making and Control	<ul style="list-style-type: none"> › Enhances First Nations decision-making over health and wellness. › Based on relevant health information and data.
7 Function at a High Operational Standard	<ul style="list-style-type: none"> › Reflects sustainable and appropriate use of resources. › Excellence in planning, reporting and evaluation.



[Community/Organization/Nation Name] Health and Wellness Plan Sample Approval Template

Sample wording – Starting a planning process

The _____ First Nation/Organization/Nation wishes to undertake health and wellness planning to:

- ➔ Hear from members about health and wellness issues, challenges and strengths;
- ➔ Identify and prioritize health and wellness opportunities to improve health and wellness outcomes;
- ➔ Develop and/or update existing health and wellness plans;
- ➔ Align health and wellness planning with other planning processes and plans;
- ➔ Other wording as suits...

Sample wording – Proposed planning approach

The health and wellness planning process will:

- ➔ Respect _____ First Nation's/Nation's traditions, values and practices;
- ➔ Direct engagement and input into future health and wellness direction and priorities from members;
- ➔ Ensure community/Nation leadership or community/Nation groups or committees are available to participate;
- ➔ Include providing wellness supports as needed for those participating in the process;
- ➔ Consider how the plan will be implemented and how progress will be shared with the members;
- ➔ Ensure confidentiality of personal information provided by participating members;
- ➔ Other wording as suits....

Sample wording – Approving a Health and Wellness Plan

The _____ First Nation/Organization/Nation Health and Wellness Plan was:

- ➔ Developed through a community and/or Nation-guided planning approach;
- ➔ Sets out a vision and plan for health and wellness;
- ➔ Other wording as suits...

The _____ First Nation/Organization/Nation accepts and endorses the _____ Health and Wellness Plan and will proceed with plan implementation, regularly assessing progress against the plan and reporting progress on the plan to members.



A signing ceremony for a completed Health and Wellness Plan is one way to acknowledge your community's efforts in building the plan and mark the beginning of a renewed wellness journey.

Monitoring, Evaluation and Sharing Results

Tips and resources to support Health and Wellness Plan monitoring, evaluation and sharing results.

Rationale

Monitoring and evaluation can help you see if the plan is being implemented as expected, achieving its goals and objectives, and whether any issues have arisen that require attention. Monitoring and evaluation can help identify when circumstances have changed and the plan might require adjustment. Sharing results with members, leadership and partners can help with continued commitment to the goals set out in the plan.

Description

Common ways to monitor and evaluate the plan:

- ➔ **Process:** Checking if the activities in the plan are being carried out as expected and whether activities are on track to support a plan's intended outcomes.
- ➔ **Outcomes/Effectiveness:** Gauging the results of activities in relation to the plan's goals and objectives.
- ➔ **Efficiency:** Assessing if resources are being used in a way that supports the achievement of intended outcomes in an efficient manner.

This tool describes approaches to developing, tracking and sharing information.



Related Standards



Tip List

Monitoring tips:

- ➞ **Choose your indicators.** Determine how you will measure the changes you are interested in tracking. Good monitoring practice is to choose measures that can be tracked easily with available data and information. These measures can be used to assess progress against goals and objectives over time and indicate when or if a change in course is necessary. (See “Measuring Wellness: An Indicator Development Guide for First Nations” for additional tips on developing indicators.
- ➞ **Use targets or baselines.** Baselines describe where you started from and help measure change by comparing against a starting point over time. An alternative approach is the use of targets, which are based on a goal or future desired state. If you use targets, who will be involved in selecting them? By when do you hope to achieve the targets?
- ➞ **Establish a monitoring schedule.** How will you collect data? How often? Who is responsible for collecting data? How will you analyze data to ensure implementation is on track? These are all helpful questions to consider up front in the planning process. While

some reporting back to the FNHA will be required, data collection should primarily be about supporting your Health and Wellness Plan.

Evaluation tips:

- ➞ **Identify and engage stakeholders.** Involving Health and Wellness Plan stakeholders — including members, health services staff and others — ensures that the evaluation plan developed is informed by the views and needs of stakeholders. It can also help identify resources to develop and implement an evaluation plan.
- ➞ **Consider developing a logic model to create a visual representation of your plan.** A logic model is a visual representation of how your plan is anticipated to support desired outcomes. It depicts the connections between inputs/resources, activities, outputs and outcomes included in your plan.
- ➞ **Identify the scope and design of the evaluation.** Evaluations are designed to answer specific questions that stakeholders or communities have regarding a project or plan being evaluated and should be tied to the goals, objectives

and initiatives outlined in the plan.
Evaluations often assess:

- The design of a project or plan;
- Process (how activities are delivered);
- Relevance to stakeholders or members; and
- Achievement of outcomes among members to whom services are delivered (including efficiency and unintended outcomes).

As you plan an evaluation approach, consider what you are hoping to learn from the evaluation. What decisions or processes will evaluation findings inform? A common evaluation practice is to identify a set of overarching evaluation questions that you hope to answer through information gathered (see “Sample Evaluation Table,” p.165 for examples of evaluation questions).

➤ **Choose your indicators and methods.**

Once you’ve identified the overarching questions of the evaluation, indicators can be identified to help answer these questions. Indicators can be qualitative or quantitative, but do not necessarily need to be tracked over time. Evaluation information can be collected in many different ways. Methods commonly employed include surveys, key informant interviews, focus groups and reviews of relevant documents/records. Additional methods can include storytelling, sharing circles, photography, art-based approaches and journey mapping or any other methods used to gather and share information in your community or Nation.

- **Use an evaluation table to map out your evaluation plan.** An evaluation table describes the indicators, methods and data sources that will be used to answer each evaluation question. (See “Sample Evaluation Table,” p.165.)

- **Plan to gather information.** Determine who will gather which information and ensure that information is gathered in accordance with your data governance, ethics and management protocols.

Monitoring, Evaluation and Sharing Results with Multiple Communities: Tips for Nations and Health Service Organizations

For Health Service Organizations (such as health societies or Tribal Councils), monitoring, evaluation and sharing results can support reciprocal accountability by monitoring health outcomes and enabling members to see how programs and services are benefitting their communities. Evaluation is an opportunity for Health Service Organizations to engage with community members and leadership about service strengths, areas for improvement and ongoing progress towards plan goals and service standards. A Health Service Organization evaluation may include indicators such as:

- Description of new health and wellness activities implemented in each community;
- Per cent of members reporting improved access to health and wellness services in each community; and
- Use of services in each community.

While common measures enable comparison across communities served, working with community members to develop measures of health and wellness that reflect their unique priorities and circumstances can also help to ensure indicators are meaningful at the community scale.

OVERVIEW OF EVALUATION STEPS

1. Review and clarify your plan's goals.
2. Engage members and stakeholders to find out what their priorities are for the evaluation.
3. Identify evaluation resources.
4. Select evaluation questions based on stakeholder and member input and plan goals and objectives.
5. Identify methods and indicators that will answer evaluation questions.
6. Develop a work plan and timeline for the evaluation.
7. Gather information/data.
8. Process information and analyze results.
9. Interpret and disseminate results.
10. Take action: implement recommendations of the evaluation and adjust initiatives or your plan.





Sample Evaluation Table

A sample template that can be used to identify indicators and make a plan for data collection.

Rationale

Early thinking about how you will collect the information needed to answer your evaluation questions helps to ensure that the necessary time and resources are allocated to monitoring progress. This will help you achieve your plan goals and objectives.

Description

This template shows sample evaluation questions, indicators and approaches. Evaluation questions and indicators are directly aligned to Health and Wellness Plan objectives and may address the evaluation needs of your community/Nation. These questions and indicators may also address the evaluation needs of your funders or partners.

Related Standards

SEVEN DIRECTIVES		PLANNING, REPORTING AND EVALUATION STANDARDS	
1	Community-Driven, Nation-Based	>	Driven by BC First Nations' health and wellness journeys and priorities. > Guided by First Nations culture and values.
2	Increase First Nations Decision-Making and Control	>	Enhances First Nations decision-making over health and wellness. > Based on relevant health information and data.
7	Function at a High Operational Standard	>	Reflects sustainable and appropriate use of resources. > Excellence in planning, reporting and evaluation.

SAMPLE EVALUATION TABLE, CONTINUED

GOAL OR OBJECTIVE (FROM HEALTH AND WELLNESS PLAN)	EVALUATION QUESTION WHAT DO YOU WANT TO KNOW ABOUT THE PLAN?	INDICATORS HOW WILL YOU KNOW IT WAS ACHIEVED?
Process evaluation question		
Implementation of plan	Is the plan being implemented as expected?	Description of new health and wellness activities implemented
		Reported level of plan implementation
		Number of new staff employed
Outcome/effectiveness evaluation question		
Availability and access to primary care services have improved	Have members' experiences accessing primary health services improved because of the plan?	Description of changes in experiences
		% of members reporting improved experiences related to access
		Number of members accessing services has increased
Efficiency evaluation question		
Resources used in an efficient manner to support achievement of intended outcomes	Is there any overlap or duplication of services provided?	Use of services
		Perceptions of health staff and members

Data collection

SOURCES/ PARTICIPANTS

WHAT/WHO WILL BE
THE SOURCES OF THIS
INFORMATION?

METHODS

HOW WILL
INFORMATION BE
GATHERED?

TIMING

WHEN WILL
INFORMATION BE
COLLECTED?

LEAD

WHO WILL COLLECT
INFORMATION?

Annual reports

Document review

Health staff

Focus groups or key
informant interviews

Quarterly reports

Document review

Members who have
accessed services

Focus groups or
interviews

Members who have
accessed services

Survey

Members who have
accessed services

Administrative
document review

Data sources/health
survey data

Administrative
document review

Health staff and
members

Focus groups or
interviews



CONTACTS AND RESOURCES

For a copy of any FNHA resource, please contact: resources@fnha.ca

Planning Partners

The First Nations Health Authority

Website: www.fnha.ca

Telephone: 604-693-6500

Toll free: 1-866-913-0033

The FNHA can work with you as a partner based on your needs. As your health and wellness partner, the FNHA takes direction from your health and wellness journey and goals. We can collaborate as requested to support quality service delivery at the community, Nation and regional levels. We are also working to advance relationships with regional health authorities and other partners in order to support quality service delivery at all levels.

The First Nations Health Directors Association

The purpose of the First Nations Health Directors Association is to advance health planning and service delivery on behalf of First Nations in British Columbia. Any individual who is a First Nations Health Director may apply to become a member of the Association.

Website: www.fnhda.ca

Telephone: 604-693-6500

Services and Supports

The following FNHA services and supports may assist in your community or Nation planning process:

Core Program and Priority Areas

Nursing Services

What we do: Provide consultative services on Home and Community Care as well as Clinical and Client Care. Services include:

- ➔ Posting resources for nurses and health staff on Gathering Space and sharing links to relevant external resources.
- ➔ Supporting development of community policies and procedures.
- ➔ Providing subject matter expertise.
- ➔ Providing assistance with recruitment and orientation for Nursing staff.
- ➔ Providing education on clinical practice services.

Contact: homecare@fnha.ca

Communicable Disease Public Health

What we do: Provide support to ensure that community health staff are guided by best practices and have access to the latest information. Services include:

- ➔ Providing regular training and certification for community health nurses and health care providers.



As a planning partner, the FNHA is:

- ➔ Providing communities with health and wellness planning tools and resources;
- ➔ Fostering a Standards-based planning approach—building from the 7 Directives developed by First Nations leadership; and
- ➔ Providing easy access to FNHA staff along the way. We are happy to provide program or service information to support a health and wellness planning journey if needed.

- ➔ Providing advice and support on specific areas of communicable disease management such as tuberculosis, HIV, Hepatitis C, Sexually Transmitted and Blood Borne Infections, immunization and communicable disease emergency response.

Contact: CDC@fnha.ca

Telephone: 1-844-364-2232.

Environmental Public Health

What we do: Work with communities to provide advice, guidance, education, public health assessments and recommendations to First Nations and their leadership to help them prevent and manage public health risks associated with the environment. Services include:

- ➔ Providing routine and requested inspections, assessments and recommendations to minimize public health risks.
- ➔ Partnering with communities to bolster community capacity to achieve a healthy and safe environment through training, education and awareness.
- ➔ Providing an annual report of environmental public health activities and priorities, as well as additional environmental health data, such as drinking water results.
- ➔ Working collaboratively with regional, provincial and federal partners.

Contact: environmental.health@fnha.ca

Mental Health and Wellness

What we do: Regional Mental Health and Wellness advisors and managers work collaboratively with communities to address underlying trauma and promote wellness. Services range from supporting communities experiencing a crisis to championing promising practices for the integration of healing

approaches to First Nations mental health and wellness services.

Contact information for regional teams can be found at www.fnha.ca

Research, Data Gathering, Community Profiles

Contact: rkee@fnha.ca

Overview of the FNHA Research and Knowledge Exchange activities and links to research-related resources available at www.fnha.ca/what-we-do/research-knowledge-exchange-and-evaluation

Contribution Agreements, Budgeting

Contact: Varies by region. See website for an up-to-date listing of community assignments with the funding arrangement advisors and their contact information.

Helpful information on Funding Arrangements available at www.fnha.ca/what-we-do/funding-arrangements

Health Benefits

Contact: healthbenefits@fnha.ca

Information about benefits coverage and contact information for Health Benefits Support representatives available at www.fnha.ca/benefits

Community Accreditation and Quality Improvement

Contact: quality@fnha.ca

Information about FNHA support for Community Accreditation and Quality Improvement available at www.fnha.ca/what-we-do/health-and-wellness-planning/accreditation



Additional Tools

Standards

The 7Cs: A First Nations' Guide to Planning and Reporting Standards

A guide to planning and reporting standards that are emerging in First Nations communities in BC and can be applied in any planning or reporting context.

See “community planning tools” at www.bcfndgi.com

Communicable Disease Emergency Planning

Government of BC's Pandemic Influenza website

Provides information and tips to help individuals, local governments, health sector organizations and businesses plan for an influenza pandemic. Includes education and awareness tools and key contacts.

Key word search Pandemic Influenza at www.gov.bc.ca

Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector

Provides planning guidance to prepare for and respond to an influenza pandemic.

Key word search “influenza preparedness” at www.canada.ca/en

General Emergency Preparedness Planning Resources

A Guide to Business Continuity Planning

Provides summary and general guidelines for development of Business Continuity Plans, which enable critical services or products to be continually delivered to clients.

Key word search “business continuity” at www.publicsafety.gc.ca

Mental Health and Wellness Planning

Hope, Help and Healing: A Planning Toolkit for First Nations and Aboriginal Communities to Prevent and Respond to Suicide

For more information, see www.fnha.ca

Appreciative Inquiry

A model that builds on a group or organization's core strengths to support a shared vision for the future and build commitment for implementation.

See “AI Commons”: A hub for Appreciative Inquiry resources, stories and networks. <https://appreciativeinquiry.champlain.edu>

Indicator Development

Measuring Wellness: An Indicator Development Guide for First Nations

A comprehensive guide to the development and use of First Nations community-identified indicators.

See “community planning tools” at www.bcfndgi.com

Data Governance

First Nations Information Governance Centre

Information about the First Nations Principles of OCAP® (Ownership, Control, Access and Possession) as well as links to online OCAP® training opportunities. www.fnigc.ca

First Nations Financial Management Board

Provides tools and templates including sample policies for governance and information management.

See “tools and templates” at www.fnfmb.com



Cultural Safety and Humility

Creating a Climate for Change: Cultural Safety and Humility Resource Booklet

Offers definitions of key concepts, testimony from clients about racism in the health system and provides a high-level overview of the Declaration of Commitment to Cultural Safety and Humility.

For more information, see www.fnha.ca

Health Human Resources

Health Careers Guidebook

Provides an overview of over 70 health careers.

For more information, see www.fnha.ca

First Nations Health Directors Job Description and Hiring Toolkit

Provides a menu of options for BC First Nations to tailor to their own Health Director hiring process, including job descriptions, interview tips, and orientation considerations.

Contact: fnhda@fnha.ca

Funding Resources

New Relationship Trust

Financial support for BC First Nations in five key capacity development areas: Governance capacity, Education, Language and Culture, Youth and Elders, and Economic development.

www.newrelationshiptrust.ca



Glossary of Acronyms

CDE – Communicable Disease Emergency

FNHA – First Nations Health Authority

FNHC – First Nations Health Council

FNHDA – First Nations Health Directors Association

LPN – Licensed Practical Nurse

OCAP® Principles – Ownership, Control, Access and Possession Principles

RN – Registered Nurse

SWOC – Strengths, Weaknesses, Opportunities and Challenges



First Nations Health Authority
Health through wellness

501 – 100 Park Royal South
West Vancouver, BC
V7T 1A2
Phone: 604.693.6500
Fax: 604.913.2081

info@fnha.ca