First Nation's Health Development:
Tools for Program Planning and Evaluation
Research Project

METHODS

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A. Introduction

Background

In the process of conducting the 2002 evaluation of transferred health services from First Nations and Inuit Health Branch (FNIHB) to the Prince Albert Grand Council (PAGC) in Saskatchewan, PAGC health managers expressed a desire to address questions beyond the scope and capacity of the evaluation but that they feel are relevant to the ongoing development of health services in their member communities. They were especially interested in the issue of the health effects of other human services (i.e. social development and recreation programs) on community wellness and capacity. PAGC health managers were especially interested in determining what information communities could collect to track and monitor their progress in the areas of community health and capacity outcomes.

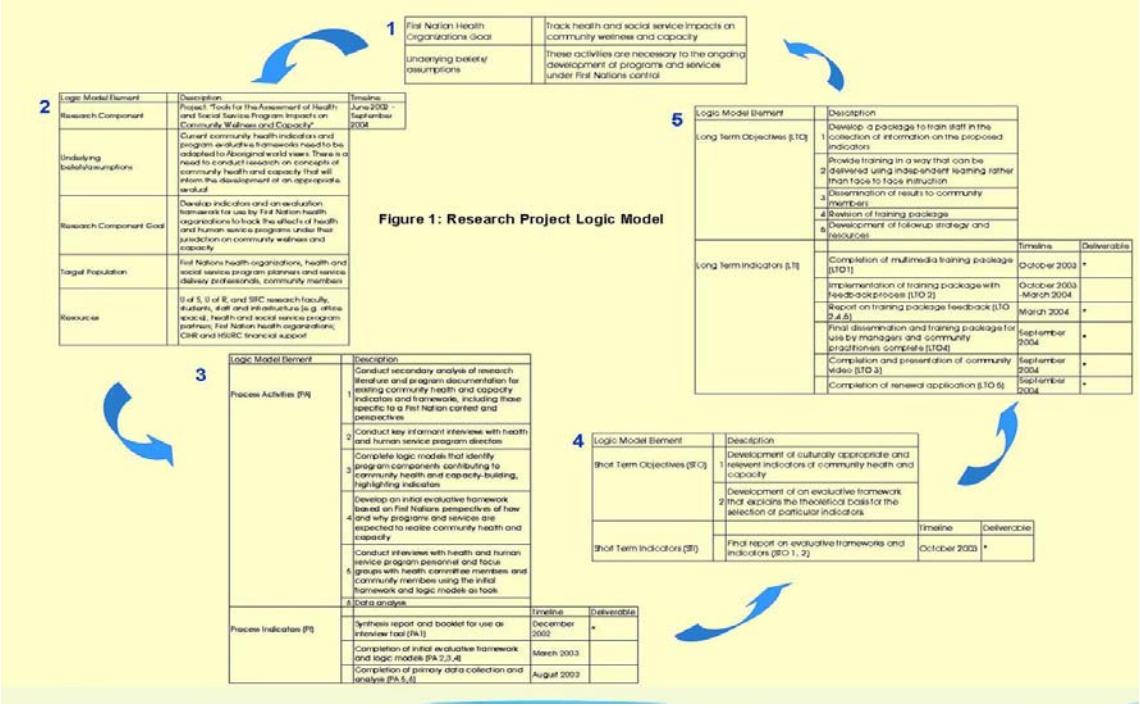
This project, the First Nation's Health Development: Tools for Program Planning and Evaluation, builds on the 2002 evaluation to consider these issues. Here we describe the processes and activities undertaken between October 2002 and October 2005 to conduct the research.

Project Objectives

The objectives of this research project were to develop an evaluation framework and indicators for use by First Nations health organizations to track the effects of health and human service programs under their jurisdiction. Underlying the identification of appropriate indicators was the need to conduct research on local level concepts of community health and capacity to inform the development of an appropriate evaluative framework within which to situation programs, activities and indicators (see Figure 1).

Figure 1

Research Project Logic Model



Location

The research took place in communities selected by the community partners within the Prince Albert Grand Council district in the northern geographic area of Saskatchewan (see Appendix A). The PAGC communities included in this project were: Wahpeton Dakota Nation, Cumberland House Cree Nation, Red Earth Cree Nation, Fond du Lac Denesuline Nation, Black Lake Denesuline Nation and Hatchet Lake Denesuline Nation. During the time of this project, the newly formed Athabasca Health Authority (AHA), assumed responsibility for health service delivery in the Athabasca region (i.e., Black, Lake, Fond du Lac) and at the request of the Chief Executive Officer, we also included the three provincial communities serviced by AHA. These communities, with a significant population of First Nations and Aboriginal people, are Stony Rapids, Camsell Portage and Uranium City.

B. RESEARCH DESIGN

1) Participatory Design

A participatory research design was used with a team that included university researchers and managers of three First Nations health organizations: the Prince Albert Grand Council (PAGC), the Athabasca Health Authority and the Northern Inter-Tribal Health Authority.

Individual communities were consulted prior to interviews to confirm their interest and participation in the project, and meetings were held throughout the duration of the project to provide regular updates to the First Nation research partners and community Health Directors.

Significant effort was made to keep the research process iterative, both by the strategies employed in data collection and analysis and by the participation process of the research communities. Community Health Directors and First Nations research partners provided advice and feedback at key points in the project, including reviewing focus group questions prior to their introduction in community meetings, and critiquing several iterations of the draft framework, indicators

2) Negotiating Community Consent

It was important to first introduce the project to potential participant communities before beginning data collection at any level. Because the Health Directors in each of the six First Nation communities had been identified as the key informants and community level contacts, a project presentation was made to a meeting of the Prince Albert Grand Council (PAGC) Health and Social Development Working Group (HSDWG), a forum in which all PAGC Health Directors participate. This group remained the main communication conduit for the participating communities. Meetings were also held with senior managers of PAGC, AHA and NITHA early on in the project.

In addition to the individual consent process for interviews and focus groups, we also negotiated community consent with the leadership of each of the participating First Nation communities. A Memorandum of Agreement to Participate (Appendix B) was developed for Health Directors to take to their leadership for review and approval. This document outlined both the assistance to be provided by the Health Directors to the project and the products the researchers and the project would return to the community.

Measures to ensure confidentiality were outlined in the ethics application approved by the university and communicated to the communities and research partners during the development of the Memorandum of Agreement to Participate, as well as during individual interviews and focus groups. Measures included a Confidentiality Declaration form signed by research team members and staff who would have access to the interview data. Confidentiality issues related to the small number of key informants were managed by ensuring that comments of individual participants would not be identifiable in reported findings. Interview data is kept in a locked cabinet at the SPHERU Prince Albert office. Interviews and focus group discussions were taped using digital recording equipment. We ensured that copies of digital files, both actual interview audio files and transcription files were deleted from any computers they may have been placed on for working purposes. A set of digital files is stored password-protected in the locked cabinet along with the interview transcriptions.

3) Data Collection & Analysis

The project included three levels of data collection:

- Collection and analysis of secondary data to create program logic models, and informal interviews with program managers to confirm logic model accuracy;
- Key informant interviews with Health Directors in each First Nation community;
- Focus groups with community members in six First Nation and three provincial communities to validate and expand the draft framework and indicators.

Development of Logic Models

The first step in the data collection involved obtaining information on health and human service programs delivered at the community level in order to build program logic models[1]. This was done both to help the researchers understand the community based programs and to provide an evaluation and planning tool to the program managers. A detailed description of a logic model is contained in Appendix C.

Although there were nine communities involved in the project, six First Nation and three provincial communities, logic models were created only for the programs delivered in the

[1] A logic model is a summarized graphical representation of the goals, objectives, resources, activities and anticipated outcomes of a program. It is normally displayed on one page and is used to assist with both the understanding and evaluation of programs.

First Nation communities. At the time that the logic models were created, nursing and professional health services (and other social program) were provided to the participating First Nation communities through the Prince Albert Grand Council and Bands provided para-professional health services.[2] Therefore, a level of autonomy exists around program design and spending for program managers at the local level. At this point in the process program information was collected at the Prince Albert Grand Council level (second level[3]) and later verified at the community level.

Program data was first collected through an examination of secondary data, or currently existing documentation, related to the Health, Social Development, Education, Justice and Economic Development programs. Second level service managers, who oversee the delivery of programs to the community, were contacted to inform them of the project and request program documentation. Materials such as organization charts, annual reports, program manuals, publications and pamphlets, work plans and daily activity logs were examined and from them the goals, resources, activities, and short- and long-term objectives of the programs were determined.

Unstructured interviews were held with second-level program managers to clarify and confirm our understanding of the programs. Drafts of the logic models were then returned to these managers who were asked to provide feedback to ensure they accurately reflected the programs. Revisions were made and a final set of logic models was created of all the programs that were delivered in each of the communities. A set of generic logic models, without community variation, was provided to the First Nation research partners; Prince Albert Grand Council (PAGC) the Athabasca Health Authority (AHA) and Northern Inter-Tribal Health Authority (NITHA).

In interviews with community Health Directors, the generic logic models were reviewed and revised to create a set of community-specific logic models, which included variations in program functioning specific to individual communities. Each community was provided with their set of logic models, along with a summary sheet highlighting program delivery information specific to their community.

[2] During the time that the study was conducted, the newly formed Athabasca Health Authority began to provide nursing and professional health services to the two First Nation communities (Fond du Lac, Black Lake) and provided all health services to the provincial communities of Stony Rapids, Camsell Portage and Uranium City. The two Bands continue to provide para-professional health services in these First Nation communities.

[3] First level services are those delivered at the community level by community-based staff; second level services refer to the overall management of programs provided by the Prince Albert Grand Council to member communities.

A list of the programs that logic models were developed for is attached as Appendix D; Appendix E lists the source documents upon which the logic models were created. A set of generic logic models is included as Appendix F.

Key Informant Interviews with Health Directors

Phase I of the research strategy also involved collecting data from Health Directors in the six First Nation communities. Interview questions were developed by the research team (see Appendix G) and researchers travelled to the communities to conduct the interviews.

Part A of the interview questionnaire was designed to discover the major health issues within communities; how the concepts community wellness and community health are understood; how the concept of community capacity is understood and how it is seen to relate to community health; and to determine which domains of community health and capacity currently defined in the literature are relevant to First Nation communities, and if any new domains exist. Part B of the interview questions related to the logic models, which were reviewed and revised by Health Directors to reflect program delivery at the community level. Questions also addressed how the programs were seen to contribute to community health and capacity. Parts A and B were separated into two interview sessions.

Interview data were transcribed verbatim and the transcripts were mailed back to the participants for review and release. Transcripts were then revised if required, and analyzed using a grounded theory approach (Charmaz, 2000). Using a grounded theory approach means that interpretations are grounded in the experiences of those being interviewed, with the researcher consciously limiting preconceived notions about what the data might or should say. Grounded theory is especially useful in uncovering unanticipated themes and relationships. Grounded theory begins with assigning codes to text segments and initiates the interpretation or creation of themes. Coding can be done line-by-line or in blocks of text (Charmaz, 2000). Coding for this project was done in blocks of text in order to retain the context in which comments were made. A qualitative data analysis software package, Atlas.ti (versions 4.2 and 5.0) was used to support data management and analysis. Atlas.ti is a widely used program based on grounded theory (Barry, 1998) and is especially useful for managing the coding, analysis, and dissemination processes.

A preliminary analysis was completed for each community interview, beginning with the themes introduced by interview participants followed by themes drawn from the interview schedule. These summaries were then combined into one analytical document. From the

combined interview data, we created a draft framework, consisting of two diagrams that captured participant perspectives on the concepts of community health/wellness and capacity.

It was important that the framework be validated by the community-based Health Directors prior to presenting them at community focus groups, so a meeting was held to review the initial draft framework. From the feedback received at this meeting, revisions were made to the framework and a second meeting was held with Health Directors to approve this version.

Appendix H contains the final draft evaluative indicators framework created for presentation to the focus groups:

Diagram 1 – Concepts of Community Health and Community Wellness

Diagram 2 – Key Domains of Community Health and Community Wellness

Focus Groups with Community Members

Focus groups were held in each of the First Nation research communities as well as in the three provincial communities of Stony Rapids, Uranium City and Camsell Portage. In each instance community representatives (Health Directors in the First Nations communities) were contacted to assist with identifying participants and organizing the focus group meeting.

A total of 59 community members took part in ten (10) focus groups, with the number of participants in each ranging from a minimum of two to a maximum of ten (see Table 1).

Table 1
Focus Group Participants

Community Focus Groups	Participants N=59
Stony Rapids (AHA)	10
Stony Rapids (community)	7
Uranium City	3
Camsell Portage	4
Fond du Lac	9
Black Lake	8
Hatchet Lake	7
Cumberland House	5
Red Earth	3
Wahpeton	3
Totals:	59

Focus group participants were presented with the draft evaluative framework and were asked to respond with their views of community health and wellness (focus group questions are in Appendix I). Participants were also asked to express these views as additions or deletions to draft framework. As part of the discussion on each domain and issue, community-relevant indicators were often suggested by participants.

Focus group participants were also asked to comment on the presentation of the framework, and for their suggestions for appropriate graphics to use.

Interview data were transcribed verbatim and the transcripts were mailed back to the participants for review and release. Each participant was asked to edit only their comments, and not those of others in the group. Transcripts were then revised if required, and analyzed, again using a grounded theory approach.

Coding of the focus group data was done in blocks of text in order to retain the context in which comments were made. Each community's focus group transcript was analyzed for additions or deletions to the community health and capacity domains, and for new issues and indicators. A table listing the revisions was created for each community. From the tables, community-specific framework diagrams were created and returned to each community. A second level of analysis created a general framework which incorporated the domains, issues, and indicators common to all communities.

C. Development of Community Health Framework & Indicators

Development of the comprehensive community health and wellness indicators framework began with reviewing each domain description and making any necessary revisions to ensure each one reflected the community definition of the domain. A set of indicator categories was then identified within each of the domains, and issues and indicators related to each area, as described by participants, were summarized. The next step was to search for existing data sources that would potentially be available at the community level. The components of the community health indicators framework are *domain, indicator categories, identified issues, community-proposed indicators* and *existing data sources*, as illustrated in Table 2, using Healthy Lifestyles (Self-Care) as an example.

Table 2
Community Health Indicators Framework – Components

Domain	Indicator Categories	Identified Issues	Community-proposed Indicators	Existing Data Sources
Healthy Lifestyles	Self-care	Healthy eating		RHS Adult/Adolescent/Child Survey – Questions 59/29/50 Health Canada 2003 Nutrition Survey – Questions 21 & 22
		Healthy socializing		
		Healthy self-image	girls saying no to sex	
		Medical treatment	taking medication as prescribed	no indicator source (confidentiality issues)
			attendance at support groups	local survey of health and social agencies offering support groups
			# of medical appointments kept/missed	no indicator source (confidentiality issues)
			comfort with disclosing health issues	no indicator source
		Healthy home	keeping regular bedtime hours	no indicator source
			limiting TV/video game use	RHS Child/Adolescent Survey – Questions 57& 69
		Hygiene		
	Participation	Social activities		
		Physical activities		
		Elders & youth		
		Programming		
	Motivation	Promotion		
		Environmental conditions		
		Affordability		
		Early engagement		
		Nutrition/fitness awareness		

To create the toolkit for use at the community level, the information above was revised into a more user-friendly format and organized in a binder for easy reference. The web addresses of possible data sources were identified and referenced in the toolkit. Due to the fact that web addresses can change without notice, we have sometimes referenced the web source at the source level (i.e. Statistics Canada specific survey) rather than at the document level. A student from the Indian Communication Arts Program at First Nations University created a stylized community health and wellness indicators framework diagram, incorporating the appropriate colours and shapes identified by our partners and community participants (see Appendix J). An example of the user friendly format in the toolkit is provided in Appendix K, where Indicator # 27 from the Services and Infrastructure domain, Service Delivery indicator category is presented.

D. Pilot Testing the Framework & Indicators

The toolkit was piloted to test the framework design, format, and layout, and to assess the availability of indicator data at the community level. A pilot community was selected at the September 20, 2004 project meeting with community Health Directors. The choice of community was primarily based on the availability of indicator data from Statistics Canada for the community; due to in part to its size and its participation in recent surveys. A university research team member travelled to the community and worked with a community member to review the framework and the toolkit, and search for data on selected indicators. Additionally, in April 2005 the draft Community Health Indicators Framework was presented to the health director in the pilot community, community representatives, and representatives from the Athabasca Health Authority, for their review and comments. The experience of conducting the pilot and the feedback received from the pilot community was incorporated into the final revision of the tool kit. A second phase of the project, which would see the implementation of the toolkit in participating communities, is planned.

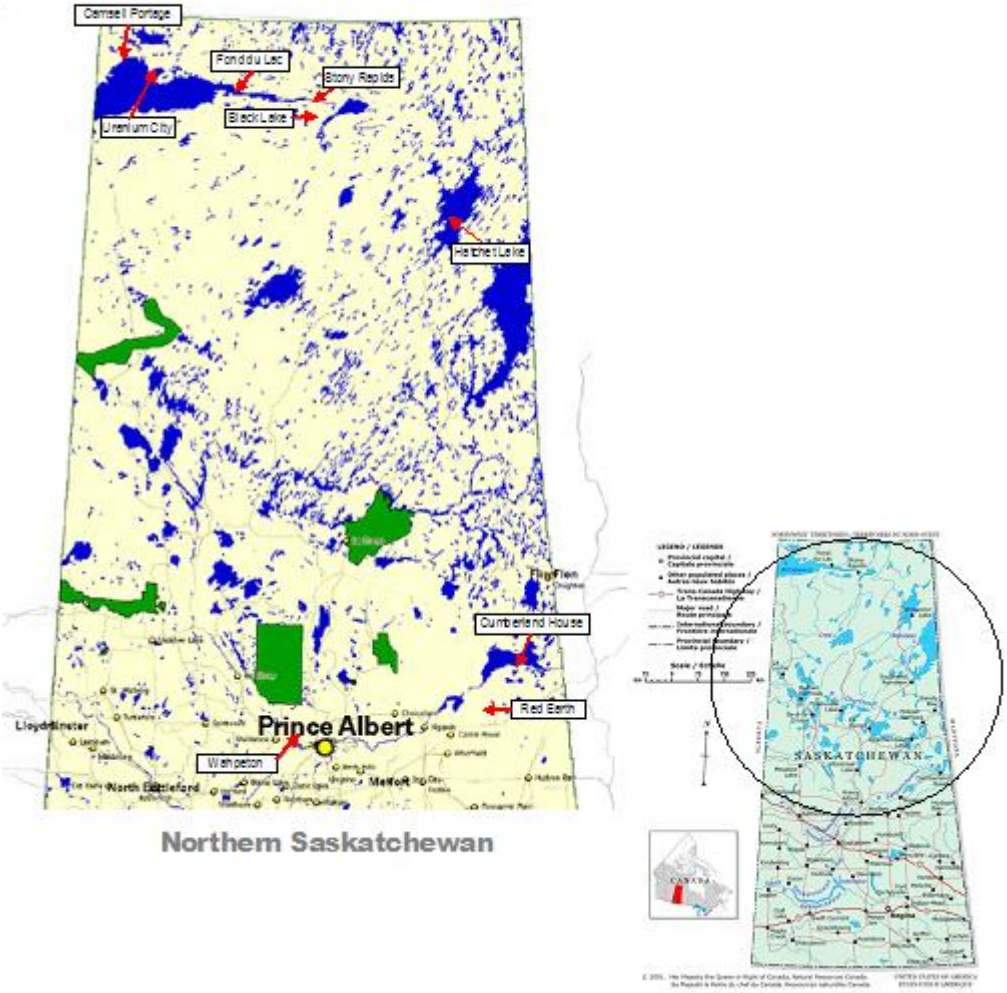
References

Barry, C.A. (1998). Choosing qualitative data analysis software: Atlas/ti and Nudist compared. *Sociological Research Online*, 3. (Available at: http://www.socresonline.org.uk/socresonline/3/3/4.html)

Charmaz, Kathy. (2000). "Grounded Theory: Objectivist and Constructivist Methods", in Norman K. Denzin and Yvonne S. Lincoln (Eds.). *Handbook of Qualitative Research*. Thousand Oaks, California: Sage Productions. 509-53

APPENDICES

Communities Participating in the
First Nation's Health Development Project



Northern Saskatchewan

MEMORANDUM OF AGREEMENT TO PARTICIPATE

Project Title: **First Nation's Health Development: Tools for Program Planning and Evaluation**

The purpose of this memorandum is to provide the terms under which each community agrees to participate in the above project. The memorandum outlines the assistance provided by the community contact person and the products the researchers will return to the community.

For the purposes of this project, the community contact will be the Health Director in each First Nation community and the local leadership (or designate) in the provincial communities in the Athabasca region.

Primary Research Team:
Dr. Bonnie Jeffery, University of Regina
Dr. Sylvia Abonyi, University of Regina
Colleen Hamilton, Project Coordinator
Shawn Ahenakew, Project Assistant
Ernie Sauve, Prince Albert Grand Council
Anne Unsworth, Prince Albert Grand Council
Georgina MacDonald, Athabasca Health Authority
Lionel Bird, Northern Inter Tribal Health Authority

The community contact agrees to:

- Assist the researchers with setting up meetings to interview key informants in the community
- Assist the researchers with setting up focus groups with Health Committee members and with community members
- Assist the researchers in identifying a community member who will be hired and trained to conduct interviews and assist with focus groups in the community
- Provide advice to the researchers on the appropriate methods of involving their community in this project
- Participate in periodic research team meetings to review the deliverables developed throughout the project
- Review information specific to their community to ensure that it accurately reflects their program information

The researchers agree to:

- Provide a document reviewing the literature in the area of Aboriginal health and capacity building
- Hire and provide training for any community members who may be selected to assist with interviews and focus groups
- Provide community specific models of each program delivered in the community that relate to health
- Provide a copy of the deliverables for review and comments
- Provide a manual suggesting the types of information that could be collected to assist with program planning and evaluation
- Provide ongoing updates on the project work through access to a web-site Where accessing a web-site is difficult, a CD-ROM of all the information will be provided at regular intervals
- At all times, the researchers will maintain confidentiality of information gathered from individual interviews and community focus groups

This document describes the terms of reference for community agreement to participate in this project. Individual informed written consent will be obtained from those who agree to participate in the interviews and focus groups.

This memorandum will be reviewed periodically throughout the project to ensure that the project is being conducted in an appropriate manner in each community. Additional points may be added throughout the duration of the project.

_____	_____
Chief	Date
_____	_____
Health Portfolio Councillor	Date
_____	_____
Health Director	Date
_____	_____
Bonnie Jeffery On behalf of the research team	Date

What is a Logic Model?

- A tool used to describe and understand the overall structure and function of a program or service
- Describes how a program **ideally** should function, based on the program theory and goals
- Depicts relationships between the main activities or components of a program and its associated goals, objectives, outcomes and resources
- Can be used as a communication tool to describe a program or service to stakeholders, funders and program staff
- Can be used to assist in program planning and evaluation by:
  - illustrating the link between activities and outcomes
  - identifying differences between how the program should work and how it presently operates

Parts of a Logic Model		Sample Program
Describes what you are trying to achieve with the program and the desired change you want to see happen	**GOAL**	*Prevention of unwanted pregnancy among teens - to decrease incidence of teen pregnancy to 40 per 1,000 by 2008*
The group(s) of people who are the primary focus of the program; the group(s) who will use the program; the group(s) who will benefit from the change	**TARGET GROUP**	*Grade 7 - 9 students; sexually active teens; youth workers; teachers; parents*
What you need to get the work done - includes staff resources, physical resources, other program resources	**RESOURCES**	*NGOs; volunteers; office space; media*
The program activities that fit together as a group	**COMPONENT**	*Health Education*
Activities that need to be implemented to achieve the objectives; steps taken to operationalize strategies	**PROCESS OBJECTIVES (ACTIVITIES)**	*To deliver information and presentations at health fairs, workshops; displays, pamphlets, media campaign*
Measure progress on the objectives, by counting, measuring or observing	**PROCESS INDICATORS**	*# workshops/presentations & attendance; # of pamphlets distributed; # of contacts with target group individuals*
Interim steps taken to achieve the long-term objectives. Can be related to knowledge, awareness, attitutdes, participation, skills, behaviours	**SHORT-TERM OBJECTIVES (OUTCOMES)**	*Increased knowledge of birth control methods and awareness of resources; use of communication strategies to promote healthy relationships and safer sex*
What you will measure or observe to know that your short-term objectives have been accomplished	**SHORT-TERM INDICATORS**	*Questionnaire responses showing percent awareness of birth control methods and resources; perceptions of media and communication campaign*
The desired end results of the programs and activities. They are more specific than the program goal.	**LONG-TERM OBJECTIVES (OUTCOMES)**	*Increased use of birth control methods, including abstinence*
Indicators for each objective that can be measured by observing change or asking others about their observation of change; may include timeframe and degree of change	**LONG-TERM INDICATORS**	*Higher percent of teens reporting use of / using birth control*

PAGC Program Logic Models

Health	Social Development	Education	Justice	Economic Development
Nursing	Brighter Futures	Sports, Culture & Recreation	Justice Program	Community Internet Access
Addictions	Daycare			
Environmental Health	Head Start			
Holistic Health				
Health Promotion				
Diabetes				
Home & Community Care				
Dental Therapy				
Sexual Wellness				
Canadian Prenatal Nutrition Program (CPNP)				

Research Communities:

Prince Albert Grand Council:	Athabasca Health Authority:	Provincial:
Wahpeton Dakota First Nation	Hatchet Lake Denesuline Nation	Stony Rapids
Cumberland House Cree Nation	Black Lake Denesuline Nation	Uranium City
Red Earth Cree Nation	Fond du Lac Denesuline Nation	Camsell Portage

Logic Model Source Documents

Program	Documents
Brighter Futures	• PAGC Brighter Futures documents: coordinator job description; Community Based Funding Package Executive Summary; Annual Workplan – April 1, 1999 to March 31, 2000 • PAGC Annual Report – 2001-2002
Home and Community Care	• Health Canada, 2000 – First Nations and Inuit Home and Community Care Planning Resource Kit – **Service Delivery Plan 3A**. www.hc-sc.gc.ca/msb • Prince Albert Grand Council Health and Social Development – Nursing Program Workplan – April 1, 2002 to March 31, 2003 • Paskawawaskikh First Nation Home & Community Care Service Delivery Plan, April 2001
Justice Program	• PAGC Annual Report – 2001-2002 • PAGC Justice Program and Services document
Headstart	• PAGC – Aboriginal Headstart Proposal and Budget 2000-2001, 2001-2002 • Health Canada Website – First Nations Head Start On Reserve www.hc-sc.gc.ca/fnihb-dgspni/fnihb/cp/fnhsor/introduction.htm • Health Canada Website – Population and Public Health Branch, Alberta/NWT Program/Project Info – Aboriginal Head Start www.hc-sc.gc.ca/hppb/regions/ab-nwt/program/e_ahs.html
Daycare	• PAGC Daycare Package – July 2001, Section 4 – Quality Care • Prince Albert Grand Council Health and Social Development – Daycare Workplan – April 1, 2001 to March 31, 2002 • PAGC Monthly Activity Reports from community daycares (Fond du Lac, Red Earth, Wahpeton,
Sexual Wellness	• Prince Albert Grand Council Health and Social Development – Sexual Wellness Workplan – April 1, 2002 to March 31, 2003 • Prince Albert Grand Council CSHA (Canadian Strategy for HIV/AIDS) Proposal – April 2001 to March 2002
Canadian Prenatal Nutrition Program (CPNP)	• Prince Albert Grand Council Health and Social Development-Canada Prenatal Nutrition Program Proposal Submission Worksheet • Prince Albert Grand Council Health and Social Development Programs and Services • CPNP First Nations and Inuit Component – National Framework for Program Expansion 1999/2000 – April, 2000 • Health Canada website – Population and Public Health Branch, Alberta/NWT Region Project Info – Canada Prenatal Nutrition Program www.hc-sc.gc.ca/hppb/regions/ab-nwt/program/e_cpnp.html
Diabetes	• Prince Albert Grand Council Health and Social Development Services Brochure • Handout: Appendix A Goal for Continuation of the project in order of priority • Handout: Saskatchewan Region Aboriginal Diabetes Initiative-On Reserve Programming and Financial Report for 2000/2001 (6 pages-work plan)

Program	Documents
	• Community Health work plans (Health Transfer Communities) • Health Canada Website – Aboriginal Diabetes Initiative: First Nations and Inuit in Inuit Communities Program. www.hc-sc.gc.ca/fnihb-dgspni/fni…cations/onreserve_program_framework.htm • Diabetes Education Program Timeline April 2001-March 2002 • Prince Albert Grand Council Job Description: Community Diabetes Nurse Educator • PAGC document: Duties/Responsibilities: Diabetes Program Assistant
Education	• meeting with Education program manager – information on non-academic (i.e. social) programs offered through the schools in the communities is only available in the communities • provided with a list of contacts – education coordinators and principals
Community Internet Access	• telephone interview with Information Technology Manager
Dental Therapy	• Prince Albert Grand Council Programs and Services Brochure • Prince Albert Grand Council – Health Social Development Dental therapy Program Work Plan. April 1, 2002 – March 31, 2003. • PAGC Annual Report – 2001-2002 • Prince Albert Grand Council-Health and Social Development Community Work Plans • Prince Albert Grand Council Job Description: Senior Dental therapist/Dental Therapist
Sports, Culture & Recreation	• PAGC Annual Report –2001-2002 • Technical Manual: Saskatchewan First Nation Winter and Summer Games. • Prince Albert Grand Council Sports, Culture and Recreation Association Policies and Procedures Manual

updated 5-Feb-03

Appendix F

Generic Logic Models

Addictions

To support First Nations people and their communities in establishing operating programs aimed at arresting and offsetting high levels of alcohol, other drugs and substance abuse among the target population living on reserves.

Component	1. Youth Addictions	2. Addictions Intervention & Counselling	3. Networking for NAADAP Workers	4. Administrative Support	5. Orientation and Training
Goal	To provide education and prevention programs to youth in the community	To provide alcohol, drug and substance abuse intervention and counselling	To network with other service providers and agencies	To provide administrative support	To assist with orienting and training First Nations addictions workers on program information requirements
Target Group	Youth and other community members	Community members	NNADAP workers	Health committees and NNADAP workers	NNADAP workers
Resources	NNADAP workers, health directors, health committees, Elders, teachers	Addictions and holistic health coordinators, mental health therapists, Elders, Brighter Futures, health directors, health committees	HATT (PAGC), other community service providers, other addictions agencies, health committees, health directors, Elders	PAGC addictions coordinator	SIIT addictions program, Brighter Futures, addictions coordinator; Elders; health directors, health committees
Activities	Objectives: National Drug Awareness week in schools; prevention programming; health fairs; planning healthy community activities for youth; AA meetings, camps, conferences. Indicators: Evidence that these activities have taken place	Objectives: Referrals, counselling and interventions; develop networks of support; team approach; keep records and stats Indicators: AA meetings and roundups are occurring; youth and Elder retreats; stats are tracked	Objectives: Attend meetings with community staff; establish networks with other health agencies and organizations; participate in community development programs Indicators: Evidence that these activities have taken place	Objectives: Work with NNADAP coordinators to produce monthly reports on program activities; provide administrative, supervisory and support activities for community addictions program. Indicators: NNADAP community standards are met; quarterly reports are provided to health directors and Chief and Council	Objectives: Participate in the facilitation of workshops in areas of drugs and alcohol; develop standards of service for NNADAP and ensure they are followed Indicators: Standards of service go to HSDWG for discussion; workshops presented; training opportunities
Short-term Outcomes	Objectives: increased % of youth with positive views on healthy living, who practice responsible behavior, who have knowledge about effects of alcohol, drug and substance abuse Indicators: Increased % of youth in above categories	Objectives: increased % of people with knowledge of effects of alcohol and substance abuse, with positive views on health living, with knowledge of counselling and support services Indicators: Increased % of people in above categories	Objectives: NNADAP has knowledge of the role of other agencies in addictions; NNADAP has positive views of a collaborative approach among service providers Indicators: Increased % of NNADAP workers with knowledge of and positive view of working with other service providers	Objectives: Indicators:	Objectives: NNADAP workers are properly trained in the field of addictions; retention of workers increased Indicators: Increased % of NNADAP workers in above categories
Long-term Outcomes	Objectives: Young people and other community members make responsible decisions regarding alcohol, drug and substance use Indicators: Reduction in # of community members with alcohol and drug problems	Objectives: Assist people to live healthier lives Indicators: Increased % of people living healthier lives	Objectives: To use a holistic and multidisciplinary approach to promote wellness within PAGC Indicators: A holistic and multidisciplinary approach is used	Objectives: Assist First Nations people in operating addictions programs Indicators: High quality addictions programs are in place	Objectives: First Nations addictions workers will be qualified, competent and culturally informed Indicators: NNADAP workers are trained in the field of addictions

Brighter Futures

To manage the Brighter Futures, Building Health Communities and Family Violence initiatives contained within the community-based funding package. To ensure that program strategic elements include the restoration of traditional and cultural values, concept of healing, human resource development, provision of training and development of culturally appropriate prevention/postvention strategies, and to establish intervention resource capabilities.

Component	1. Community Wellness	2. Active Parenting Program	3. Youth Therapeutic Program	4. Suicide Intervention
Goal	Communities have active programs in place that promote community wellness	To teach better parenting skills	Provide programs that enhance traditional and cultural values	To provide suicide education programs which result in community-based caregivers trained in suicide intervention strategies
Target Group	All community members	Parents in the communities	Youth in the community	All community members
Resources	Brighter Futures Coordinator, community members	Active Parenting Canada Program; community members	Brighter Futures Coordinator; youth of the community	ASIST workshop providers; Brighter Futures coordinators
Activities	Objectives: Wellness gatherings, health fairs, family wellness conferences, support groups for men/women; awareness, prevention and education workshops Indicators: # of people attending and participating in gatherings, fairs and support groups; # of workshops held; # of community members attending	Objectives: Communities hold workshops on how to more effectively parent children Indicators: # of parenting skills workshops held; # of parents attending workshops	Objectives: Annual youth conferences, peer support programs and cultural camps; deliver awareness/prevention workshops Indicators: # of youth conferences and cultural camps held and # of youth attending; # of peer support programs in place and # of youth attending	Objectives: Deliver Suicide intervention training workshops Indicators: # of workshops held; # of individuals attending workshops
Short-term Outcomes	Objectives: Community members involved in organizing/attending health conferences; community members attend support groups & encourage others; develop community action plans Indicators: # of conferences organized by/with assistance of community members; # attending conferences and events; # attending events with previous attendees; action plan developed and evaluated	Objectives: Train community members to lead successful parent education groups Indicators: # of community members trained; # of parent education groups facilitated by community members	Objectives: To develop various youth committees and youth councils Indicators: # of youth committees and councils created	Objectives: Caregivers able to recognize and estimate risk and apply effective suicide intervention model; caregivers network with other community resources and link high risk people and affected members to these resources Indicators: # of community-based caregivers skilled in suicide intervention; contacts with other community resource people; # of referrals made
Long-term Outcomes	Objectives: Community members working together to achieve healing objectives of the community Indicators: # of community members involved in achieving healing objectives	Objectives: Parents more confident in parenting children; assist children, teachers , others by strengthening families; reduce discipline problems and low self-esteem in children Indicators: Parents experience less frustration with parenting their children; reduction in crisis intervention or counselling; reduced # of discipline incidences reported at school; children display health self esteem	Objectives: To develop a sense of cultural traditions and values in youth Indicators: Youth display pride in their culture and willingness to pass it on to others	Objectives: To reduce the incidence of suicide in communities Indicators: Reduction in the number of suicides and attempts reported

Brighter Futures

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Component	5. Mental Health Therapy	6. Solvent Abuse	7. Family Violence
Goal	To provide consulting and professional services for mental health therapy	To provide solvent abuse intervention and education strategies	To provide awareness, prevention, training and intervention strategies to address family violence
Target Group	Families and individuals in crisis; community members	All community members	Individuals and families in crisis; community members
Resources	Mental health counsellors; holistic health consultant; community members	Community intervention team; Brighter Futures Coordinator; teachers; community leaders	Brighter Futures Coordinator
Activities	Objectives: To deliver training in intervention strategies to community members (i.e. how to respond in a time of crisis) Indicators: # of individuals attending crisis intervention training	Objectives: Solvent abuse intervention/ prevention workshops; teacher training; promote networking & assist with referrals to external agencies; community education Indicators: # of workshops held; # of teachers trained; # of contacts/referrals with external agencies; # of community education events & # of community members attending	Objectives: Provide coordination, workshops and training; deliver programs/services in communities that address violence issues Indicators: # of participants in workshops and training sessions; contacts between various programs and initiatives; # of programs and services being delivered in the communities
Short-term Outcomes	Objectives: Community members are supported in crisis situations; community members are able to apply crisis intervention strategies (i.e. debriefing, peer support) Indicators: # of community members who receive counselling and referral; # of incidents in which crisis intervention strategies are applied by community members	Objectives: Develop community-based solvent abuse team; develop community action plan; develop intervention strategies for youth Indicators: # of trained community-based teams in place; community action plan in place; # of youth intervention strategies developed	Objectives: Provide shelters and services for women and children in crisis; provide training to community workers in violence prevention and intervention Indicators: # of women/children accessing emergency shelters/services; # of community workers trained in violence prevention
Long-term Outcomes	Objectives: To provide a response to crisis intervention in communities; mental health counsellor and holistic health consultants are supported by community members Indicators: Reduction in the number of suicides reported; # of times community members provided assistance	Objectives: To reduce incidence of solvent abuse by providing intervention, education and awareness Indicators: Reduction in the number of reported solvent abuse incidents; community members decide not to abuse solvents; those who do are provided with interventions	Objectives: To provide general awareness of violence issues to community members; to provide opportunities for research initiatives on violence in communities Indicators: # of community members with less tolerance toward violence in their communities; # of research initiatives taking place; decreased # of family violence incidents

CPNP - Canada Prenatal Nutrition Program

To provide maternal infant and nutritional health by providing a greater depth of service to women earlier in their pregnancy and for a longer duration postpartum.

Component	1. Nutrition Education	2. Coordination	3. Education And Nutrition Support	4. Prenatal Support
Goal	To improve nutritional health through greater depth of service during pregnancy and postpartum	Coordinate CPNP and liaison between community, health committee, band, tribal council, MSB	Support PAGC communities to initiate activities to meet educational and nutritional needs of health staff and community members	Support PAGC communities to address holistic needs of childbearing women and families at risk
Target Group	Pregnant and breastfeeding women, infants up to twelve months	CHNs, CHRs, health director/coordinators/ committees, NNADAP, pregnant/postnatal women and families	CHNs, CHRs, health director/coordinators, NNADAP, health committees, pregnant/postnatal women and families	CHNs, CHRs, health director/coordinators/ committees, NNADAP, pregnant/postnatal mothers and families
Resources	Coordinator, health director, health committee, social/educational services team, health districts	CHNs, CHRs, health director/coordinator/ committees, NNADAP, prenatal/postnatal women and families	CHNs, CHRs, health director/coordinator/ committees, NNADAP, pregnant/postnatal women and families	Coordinator; health director/committee; health, social & educational team; health districts & services
Activities	Objectives: Provide nutrition education, counselling, and referrals; nutrition to clients; promote breastfeeding; CPNP community training Indicators: Increased community involvement; # of workshops/information on: breastfeeding, nutrition education and # attending; # of referrals made; increased # of breastfeeding mothers	Objectives: Develop and review community work plans and profiles; evaluation and accountability of program guidelines; review utilization of prenatal client profiles, pre/postnatal flow sheets, work plans Indicators: # of community work plans and profiles developed and reviewed; # of evaluations and client profiles, flow sheets and work plans reviewed; enhanced programs at community level	Objectives: Visits and review of CPNP; phone calls to health centre; assist in needs assessments as requested; quarterly mail out; provide training and conference information and briefing packages Indicators: # of visits, phone calls made; # needs assessments assisted on; # of information mail outs and briefing packages prepared	Objectives: Assist in funding proposal submissions to enhance CPNPs; support and promote interagency linkages within First Nations to meet holistic needs of those at risk Indicators: Increased # of proposals submitted and additional funding received; Increased # of linkages with First Nations
Short-term Outcomes	Objectives: Increase nutritional education among prenatal/breastfeeding women; increase awareness and education about FAS/FAE Indicators: Increased # of prenatal and breastfeeding women who practice healthy nutrition; decrease in the # of prenatal and breastfeeding women who consume alcohol	Objectives: Development of a standard community visit flow sheet to be utilized by coordinator Indicators: # of flow sheets developed and utilized by coordinator	Objectives: Develop teaching tools and packages that support recommended nutritional intake and identified needs of members; streamline current and up to date information to communities Indicators: # of user friendly and culturally sensitive teaching resources available to health staff to facilitate workshops, activities and school programs	Objectives: Support enhanced community-based CPNP work plan to include: implications of teenage pregnancy and parenting, FAS initiatives, gestational diabetes awareness and prevention, HIV/AIDS counselling for all prenatal women Indicators: Increased # of above activities taking place
Long-term Outcomes	Objectives: To improve the diet of prenatal and breastfeeding women in PAGC communities Indicators: Improved nutrition among prenatal women; decrease in # of babies with low birth weights, FAS/FAE or other health problems; decrease in # of infants with health or developmental problems	Objectives: Support the development, implementation and evaluation of individual community-based CPNP work plans Indicators: # of community based work plans which are developed, implemented and evaluated	Objectives: Identify and address individual community needs; support coordination of community workshops and activities that support recommended nutrient intake and identified needs of members Indicators: Community ownership, access and control through enhanced community-level CPNPs	Objectives: Enhance CPNPs through interagency communication, developing a sense of community ownership, increasing community member participation, youth resilience strategies Indicators: Increased capacity of community CPNPs; positive lifestyles; healthy birth weights; decreased FAS, gestational diabetes, and HIV/AIDs; decreased infant mortality and teenage pregnancy

Daycare

To provide quality community daycare which provides a healthy, safe environment; that promotes cultural and traditional teachings; which meets children's long and short term physical, emotional, cognitive and spiritual developments and needs.

Component	1. Caregiver Qualifications	2. Child Development	3. Child Staff Ratio and Group Size	4. Health and Nutrition
Goal	To provide quality childcare by trained caregivers who are child centered and supportive of families, their values and needs	To provide for continuous opportunities for learning and nurturance	To maintain a small group size and adult to child ratio that contributes to the quality of interaction among children and care providers	To deliver quality child care that practices sound health principles and promotes these among children, families and care providers
Target Group	Daycare workers, trainers, parents and children	Children in care; parents	Children in daycare	Children in daycare; community members; parents
Resources	Daycare coordinators; daycare workers	Daycare coordinators; daycare workers	Daycare coordinators; daycare workers	Daycare coordinators; daycare workers
Activities	Objectives: Workers have experience & post-secondary accreditation; provide a positive emotional environment; train practicum students; maximize strengths and interests of staff; recognize that fair and equitable salaries reduces staff turnover and ensures quality care Indicators: # of workers with childcare education; # who report a positive emotional environment; # of practicum students accepted; length of time staff stay in positions; salary grid	Objectives: Plan and facilitate meaningful experiences based on child development theory; share information with parents; foster knowledge of other cultures Indicators: # of planned activities based on child development theory; # of regular meetings held with parents; # of activities that involve customs of other cultures	Objectives: Modify adult to child ratio to meet children's ages and special needs; maintain adult to child ratio during occasional special group activities; recognize frequent interaction necessary to secure attachments for infants and toddlers Indicators: # of adult to child ratios modified to ages and special needs of children; # of large group activities taking place with adult to child rations maintained; # contacts individual infants and toddlers receive from workers	Objectives: Meet children's nutritional requirements; exclude children/workers with communicable diseases; maintain health records of children/workers; parental authorization for administration of medications; feeding schedules meet infant/toddler needs Indicators: # of: meals/snacks provided that meet Canada Food Guide & are culturally appropriate; exclusions of children/workers; reduction in # of diseases children exposed to in facility; up to date health records; documented authorizations; feeding schedules
Short-term Outcomes	Objectives: Clear job descriptions and regular performance appraisals; develop code of ethics Indicators: # of job descriptions; # of performance appraisals completed; caregivers apply code of ethics in their daily work	Objectives: Develop framework of routines which support the physical, social, intellectual and emotional needs of children; daycare practices show reference to sound child development theories and current research Indicators: # of monthly activity reports which support the physical, social, intellectual and emotional needs of children; increased # of practices show reference to sound child development theories and current research	Objectives: To interact frequently with the children through daily activities in small groups Indicators: # and frequency of interactions with the children in small groups	Objectives: Establish and adhere to procedures regarding: food preparation, general cleaning, sanitation, etc.; share information on health practices/resources Indicators: # of procedures established; # of procedures being followed; increased # and type of health information given to parents
Long-term Outcomes	Objectives: Workers are competent and committed; have early childhood professional training or experience; caregivers maintain a commitment to continued education Indicators: Increased # of daycare workers with formal training or demonstrated competency through experience; increased # of caregivers who continue their education	Objectives: Services offered are determined by needs of the children and shared philosophies of parents and care providers Indicators: # of services offered which have been developed with input from parents and care providers	Objectives: To work in small groups to foster the development of independence, cooperation and mutual respect in children Indicators: Adult/child ratios and group sizes meet accredited standards; increased occurence of children behaving in an independent, cooperative, respectful manner	Objectives: Workers model use of sound health practices & conduct activities in positive, tension-free manner; attend to children's physical and emotional needs Indicators: # of children and workers who report positive environment; reduced # of children in need of physical & emotional care

Daycare

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Component	5. SAFETY	6. FAMILY/CAREGIVER RELATIONSHIP
Goal	To provide for the safety of each child and to promote safe practices among children, families and care providers	To maintain an open, friendly and informative relationship with each child's family and to encourage their involvement
Target Group	Children in daycare; parents; community members	Daycare worker; parents; children
Resources	Daycare coordinators; daycare workers; external health/safety agencies	Daycare coordinators; daycare workers
Activities	Objectives: Workers competent in safety equipment use & trained in practice of First Aid /CPR; condition of facilities, equipment, toys regularly examined; safety information shared with children/parents; list of emergency phone numbers maintained Indicators: # of workers trained in use of safety equipment, First Aid/CPR; # of equipment examination reports; # of contacts with children/parents re: safety information; # and type of phone numbers on emergency list	Objectives: Orient new families; communicate with other involved agencies; develop common goals with parents and work as team; respect and recognize families' backgrounds; observe strict confidentiality; provide privacy to parents Indicators: # of: orientations held/ attended; communications with other agencies; contacts with parents to plan activities; families from other backgrounds treated respectfully; confidentiality guidelines in place & followed; meetings with parents held in private
Short-term Outcomes	Objectives: Emergency procedures established, posted and practiced by care providers and children; daycare facility is sanitary and free of hazards Indicators: Increased % of emergency situations where proper procedures were followed; reduction in # of potential hazards and problems associated with sanitation	Objectives: Support parents' desires to be involved in programs and provide opportunities for regular family involvement; provide for a parent resource component Indicators: # of opportunities for family involvement; # of parent resources available at daycare facility
Long-term Outcomes	Objectives: Daycare workers aware of and prepared for potentially hazardous situations Indicators: Increased % of workers who are prepared for potentially hazardous situations	Objectives: Interactions reflect mutual respect, trust and cooperation; parents kept informed of child's progress and experiences Indicators: Increased % of interactions which reflect mutual respect, trust and cooperation; # and type of contacts made with parents

Dental Therapy

To assist on-reserve First Nations people in achieving optimal dental health.

Component	1. Prevention	2. Treatment	3. Dental Therapist Support	4. Communication And Recruitment
Goal	To reduce the rate of dental disease through a prevention program	To provide quality restorative treatment services	To provide ongoing education and support to dental therapists	To increase program awareness and development
Target Group	School-aged children; other community members	Pre-school and school-aged children; other community members	Dental therapists	Health, educational and governmental organizations
Resources	Dental therapist; community health staff, teachers	Dental therapist; community health staff, teachers	Senior Dental Therapist, dentists	Senior dental therapist, community health manager, dental therapists, health organizations
Activities	Objectives: Provide educational/promotional information & materials; nutritional counselling; school fluoride & daily brush programs; pre-school duraflur program; oral hygiene instruction; perform prophy, sealants, scaling, fluoride, mouth guard, denture care Indicators: # of materials distributed; # nutritional & oral hygiene sessions held, # attending; # children in fluoride, duraflur & daily brush programs; # of services performed	Objectives: Provide school fluoride & pre-school duraflur programs; provide quality restorative treatments; provide referrals; provide treatment information to patients Indicators: # of children receiveing fluoride & duraflur treatments; # of restorative treatments performed; # of referrals made, completed and followed-up; % of visits that include treatment information	Objectives: Provide updated manuals, regulations, standardized equipment/supplies; provide in-service education; do program evaluations, review reports & records; share information; assist in problem solving; provide access to a DDS Indicators: % of therapists with current manuals, regulations & standardized equipment/supplies; # with current education; # in-services provided, # attending; # evaluations/reviews conducted; # contacts made; # with access to DDS	Objectives: Recruitment packages to SIFC School of Dental Therapy; provide recruitment strategy; screen for competent, qualified candidates; capital request input; review salary/ benefits, lobby for additional resources Indicators: # of recruitment packages to SIFC; recruitment strategy & activities; # applications screened and filled by qualified, competent candidates; # of capital requests; # of lobby contacts; # additional resources received
Short-term Outcomes	Objectives: Provide childhood caries awareness, prevention and treatment; provide oral health awareness Indicators: # of people aware of prevention and treatment of childhood caries; decrease in % of childhood caries; # of people who practice good oral health; decrease in % of people with dental diseases	Objectives: Provide preventative and emergency treatment to preschoolers; provide school-based program to children with consents; provide adult emergency services Indicators: # of preschool and school-aged children treated & needs met; # of adult emergency services performed and needs met; # of treatment plans completed	Objectives: Provide therapists with continuing education, support, and orientation packages Indicators: # of educational opportunities, # attending; # therapists up-to-date on current knowledge and trends; # of support activities; # of therapists given orientation packages	Objectives: Liaise with health agencies; maintain pool of qualified candidates; provide salaries/ benefits equitable to other agencies Indicators: # of contacts made with agencies; # qualified applicants for posted positions; salary/ benefit package comparable to other agencies
Long-term Outcomes	Objectives: Increase good oral health practices by community members Indicators: Increased % of community members with good oral health practices; decrease in def/dmf for 6 and 12 year olds and in # of children receiving G.A. for caries	Objectives: Maintain and improve the dental health of community members Indicators: Increased % of community members with good dental health & who retain dentition; decrease in def/dmf of 6 and 12 year olds	Objectives: Therapists maintain licensing standards; have understanding of their role; provide high quality dental services Indicators: % of therapists who meet current licensing standards; % of therapists who provide high quality dental services; % of therapists with understanding of their role	Objectives: Maintain relationships with related health agencies; hire qualified dental therapists; standardize and replace outdated equipment Indicators: # of contacts with related health agencies; quality dental care provided in a culturally sensitive manner by competent and qualified therapists; equipment standardized

Diabetes

Primary prevention of Type 2 diabetes through sustainable, community-based action on-reserve.

Component	1. Prevention Education	2. Capacity Building	3. Lifestyle Support	4. Secondary and Tertiary Support
Goal	Primary prevention of type 2 diabetes through sustainable community based education initiatives	Primary prevention of type 2 diabetes through sustainable community-based capacity building initiatives	To provide lifestyle support to individuals/families with diabetes through sustainable community-based action	To provide secondary and tertiary prevention in diabetes that are sustainable and community based
Target Group	Community members, community health workers	Community members, community health workers, teachers, principles, health directors	Community members and health staff	Community members, health directors, community health care workers, other health agencies
Resources	Community diabetes nurse educator, Northern Diabetes Prevention Coalition, nutritionists, CHRs, CHNs, health directors, health districts, media	Community diabetes nurse educator, community health nurses, nutritionists, health directors	CHNs, CHRs, home care workers	Health directors, community members, NDPC
Activities	Objectives: Assist NDPC in media awareness, resource gathering, pilot projects; provide information on walking programs; school and public health fairs/forums on chronic disease prevention; meet to develop proposals for healthy food policies in North Indicators: # of media campaigns, resources gathered, pilot projects by NDPC; # information sessions, fairs/forums held and # attending; # northern food proposals developed	Objectives: Notify communities of available grants; provide resources to health committees; classroom presentations, cooking classes in schools; develop and obtain teacher resources; speak at teachers conference Indicators: # of grants applied for; # of resources provided to committees; # of in school presentations and cooking classes offered; # of resources available to teachers; # of conference presentations	Objectives: Diabetes workshops, small group/ individual counselling; monthly visits to communities; home visits; staff in-services Indicators: # of diabetes workshops, small group and individual counselling sessions held and # of affected individuals attending; # of visits to communities; # of home visits made; # of staff in-services delivered	Objectives: Encourage projects on healthy eating/ activity; provide on the job training; assist with telehealth conferences; meet with nurses re: resources; offer resources to other organizations, meet to collaborate and share information Indicators: # of community projects carried out; # of training sessions held; conferences assisted with; # of meetings with nurses and resources shared with other organizations
Short-term Outcomes	Objectives: Build awareness of diabetes prevention and encourage physical activity; assist development of strategies for implementation of healthy public policies Indicators: Increased % of individuals aware of diabetes prevention; # of physical activities avail. in communities; # of strategies developed	Objectives: Assist northern communities to secure funding for prevention programs; teacher education; encourage healthy eating and lifestyles Indicators: # of prevention programs funded; # of teacher education activities held; # of activities promoting healthy eating and lifestyle held	Objectives: Educate those affected by diabetes to monitor and manage diabetes; encourage self care and management; educate and act as a resource to health staff Indicators: Increased knowledge/skills in diabetes care and prevention for community health care workers; # of education activities for people affected by diabetes; increase in # of people with diabetes who show correct skills in managing their disease	Objectives: Assist northern communities to secure NDPC funding; educate new diabetes workers; be a resource to other agencies, offer culturally appropriate resources; represent communities to obtain info and share resources Indicators: # of projects funded; # educated new diabetes workers; #of contacts with other agencies and # of culturally appropriate resources provided
Long-term Outcomes	Objectives: Increase awareness of Type 2 diabetes prevention; increase awareness of benefits of community action on health lifestyles (nutrition, physical activity) Indicators: Increased % of people who are: aware of prevention factors; who are physically active; who eat nutritious food; decrease in # of new cases	Objectives: Support the development of community specific strategies to increase physical activity and healthier lifestyle practices Indicators: Increase in # of community strategies; increased % of people physically active and practicing healthy lifestyles; decrease in # of new type 2 diabetes cases diagnosed	Objectives: Provide support services to individuals and their families to adapt to life with type 2 diabetes Indicators: Increased % of people who use support services to adapt to life with diabetes; improvement in the quality of life for those with diabetes	Objectives: Encourage new/existing health services to be accessible, culturally appropriate and better able to provide specialized diabetic health services Indicators: Other agencies involved in health care (hospitals and diabetes teams) are using culturally appropriate resources; specialized diabetic health services are accessible

Environmental Health

Disease prevention through the maintenance of a safe and healthful human environment.

Component	1. Water, Sewage and Solid Waste	2. Housing Inspection	3. Communicable Disease Outbreak Investigation	4. Environmental Emergency
Goal	To inspect and monitor community and private water supplies to ensure proper construction and operation; inspect private and community sewage and solid waste disposal systems	Inspection of houses and housing developments for health considerations	To investigate communicable disease outbreaks related to environmental health conditions	To respond to emergency situations
Target Group	Elected leaders, community members and health staff	Elected leaders, community members and health staff	Elected leaders, community members and health staff	Elected leaders, community members and health staff
Resources	EHOs, water quality technician	EHOs	EHOs, water quality technician	Emergency response plan, Environmental Health Officer
Activities	Objectives: Monitor water sampling programs; take sewage effluent samples and report results; ensure compliance with legislation and recommend improvements Indicators: # of monitoring reports; # of samples taken and results reported; % of regulations complied with; # of recommendations for improvements	Objectives: Inspect houses to identify health hazards; advise on necessary corrective action; recommend and approve installation of sewage and water systems for CMHC funded houses; advise on handicap needs Indicators: Age of housing stock; # of residents housed (occupancy standards); # of houses meeting guidelines and standards; long term planning mechanism; # of housing inspections	Objectives: Identify contacts, source, mode of transmission, control/action; inspect food establishments and water supplies; insect and pest inspection/control; monitor bacteriological water sampling; coordinate investigations Indicators: # of outbreak sources etc. identified; # of inspections; rate of food water borne diseases; # of meetings with community people; # of “endemic” communities	Objectives: Identify a crisis and work closely with Chief and Council in emergency situations; keep community members informed; have a safe environment for people if evacuation is necessary Indicators: # of contacts with Chief and Council and community members during a crisis; # of evacuations to safe alternative environments
Short-term Outcomes	Objectives: To increase # of community members with safe water and satisfactory systems; reduce communicable diseases Indicators: # of community members with safe and satisfactory water and sewage systems; decrease in # of communicable diseases	Objectives: To increase % of community members who have knowledge about the corrective action necessary to correct housing deficiencies Indicators: # of community members who are aware of and support corrective action	Objectives: Increased % of people with knowledge of water, food and vector borne diseases; increased # of people who practice sound environmental health behaviour regarding communicable disease control Indicators: Increase in % of community members who have knowledge about water, food and vector borne diseases and who practice sound environmental health behavior in regard to communicable disease control	Objectives: Increase knowledge and cooperation with community members during an emergency situation Indicators: Increased knowledge and cooperation by community members during an emergency situation
Long-term Outcomes	Objectives: To ensure safe drinking water; to ensure disposal systems meet safe design and operational standards Indicators: % of homes with safe drinking water; # of homes with sewage systems that meet design and operational standards	Objectives: To ensure that First Nations people living on reserves have adequate and safe housing Indicators: Safe housing is available to all community members	Objectives: To decrease communicable disease outbreaks related to environmental health conditions Indicators: Decreased incidence of communicable disease outbreaks	Objectives: To respond effectively during an emergency situation Indicators: # of emergency situations that are responded to in an effective and coordinated manner

Environmental Health

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Component	5. Occupational Health	6. Environmental Health Training
Goal	Investigate and identify occupational health hazards in community-operated worksites	Provide formal and informal training on environmental health matters
Target Group	Elected leaders, community members and health staff	Elected leaders, community members and health staff
Resources	WHMIS, occupational health and safety standards, EHOs	Occupational health and safety standards, EHOs
Activities	Objectives: Develop Occupational Health and Safety program; develop and conduct WHMIS, health/safety legislation education sessions; advise on action necessary to ensure safe, healthy worksite; inspect recreational facilities Indicators: # of inspections done; rate of illness and injury; facilities meet standards; # of meetings with leadership and individuals regarding safe work environment; # of training sessions held	Objectives: EH workshops; assist training of health staff; assist development of resource materials/ center; organize/participate in OH&S committee; provide inspections for health and safety concerns; support community based health programs Indicators: # of workshops held; # of staff trained; # of resource materials developed; resource center developed; OH&S committee developed; # inspections performed
Short-term Outcomes	Objectives: To increase awareness and knowledge of health and safety legislation among employers and employees; to increase # of healthy and safe worksites Indicators: Increased awareness and knowledge of health and safety legislation among employers and employees; increased # of healthy and safe worksites	Objectives: Increase knowledge of: safe and healthy human environment to prevent disease; use of correct skills in: food handling, waste disposal, general sanitation, identifying environmental contaminants Indicators: Increased % of community members with knowledge of safe, healthy human environment to prevent disease and who use correct skills in food handling, waste disposal, general sanitation, identifying environmental contaminants
Long-term Outcomes	Objectives: To ensure healthy and safe working conditions are provided & maintained Indicators: Worksites are healthy and safe; decrease in absenteeism due to injury and illness from unhealthy, unsafe worksites	Objectives: To have an educated, informed community on environmental health issues Indicators: % of people who are educated and informed regarding Environmental Health

Head Start

To foster community and family healing, by mobilizing community and regional resources, to provide children with the programs and resources they need to develop a healthy body, mind, emotion and spirit.

Component	1. Culture and Language	2. Social Support and Parental Involvement	3. Health
Goal	To increase the accessibility to cultural and linguistic programs for children and their families	To ensure Elder and parental involvement, to encourage socialization and parent-child bonding, to foster positive relationships between children and their families/ caregivers	To meet and address each child's physical and learning needs prior to entry into the school system
Target Group	Selected 0-6 year old children considered at risk and their families	Selected 0-6 year old children considered at risk and their families	Selected 0-6 year old children considered at risk and their families
Resources	Elders, parents, Head Start Staff	Elders, parents, Head Start staff	Head Start staff, community health nurses, parents
Activities	Objectives: traditional outdoor activities (i.e. camping, gathering, fishing); instruction primarily in Aboriginal language; sharing of family stories, meals and community events; Elders' guidance of daily programming and program governance Indicators: # and frequency of traditional/cultural activities taking place; % of lessons in Aboriginal language; % of program planned with Elders	Objectives: Parents on AHS committee; parent volunteers in classroom and activities; encourage family involvement; home visits and counselling; encourage other family members to develop new life objectives Indicators: # of parents on AHS committee and involved in activities; # of family members attending events; # of home visits; # of family members with new life objectives	Objectives: Children learn personal care, safety and nutrition; immunizations monitored by nurses; parental knowledge/support; prevention/public health promotion; culturally appropriate and nutritious daily breakfast & lunch; parent participation in prenatal/child nutrition class Indicators: % of children/parents with good personal care, safety and nutrition habits; immunization records; # of promotional activities & # attending; # of children eating breakfast/lunch; # of nutrition classes held / # parents attending
Short-term Outcomes	Objectives: Under the guidance of Elders, develop daily activities for children and parents emphasizing the traditional lifestyle of the Aboriginal people Indicators: # of elders involved in the program; type of activities in which Elders are involved, and level of involvement (nominal, decision making, etc.); # of parents participating in activities	Objectives: Parenting session/ home visitation program for families of other children in HS age group; participation of parents and extended family; provide a safe emotional and social environment Indicators: # of parenting sessions & home visits and # in attendance; # of parents involved and in what way; # of children who drop out of the program	Objectives: To provide for children's physical needs through education and awareness of personal safety and hygiene, immunizations and nutrition Indicators: # of children with good nutrition, personal safety and hygiene habits; # of children immunized
Long-term Outcomes	Objectives: Children immersed in their respective culture and tradition at an early age; spoken and written Aboriginal language is primary way of communicating Indicators: Increased # of young children with an awareness of and pride in their Aboriginal culture; # of activities and situations where Aboriginal language is the primary language in use	Objectives: Children learn social skills that promote non-confrontational, positive conflict resolution and self-esteem Indicators: Increased # of children who exhibit non-confrontational behavior and positive self-esteem; children's families are involved in and benefit from the goals of Head Start	Objectives: To promote the physical growth of each child and prevent illness and injury through positive and culturally relevant behavior Indicators: # of children who meet standardized growth expectations; # of children who exhibit culturally relevant behavior; decreased # of children who experience illness and injury

Head Start

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Component	4. EDUCATION	5. PROGRAM DEVELOPMENT AND IMPLEMENTATION
Goal	To provide children with a head start in academic and cultural learning in order to facilitate the transition into the education and social environment	Develop sustainable, culturally appropriate early childhood development initiatives
Target Group	Selected 0-6 year old children considered at risk and their families	Participating PAGC communities; community members
Resources	Elders, parents, Head Start staff	PAGC AHS Advisory Committee; local AHS committee; parents, Elders; other program staff
Activities	Objectives: Activities designed to improve physical and cognitive skills; activities will revolve around traditional Aboriginal lifestyles Indicators: # of activities taking place that develop physical skills; # of activities taking place that develop cognitive skills; # of activities which revolve around traditional lifestyles	Objectives: Select/train local staff; support autonomous HS projects; liaise with AHS committee; ensure compliance with child care regulations; establish criteria for child selection Indicators: # of trained community staff; # of local-level decisions; amount of support from PAGC; # of meetings with AHS rep; % of regulations met; # of children selected based on criteria
Short-term Outcomes	Objectives: Indicators:	Objectives: develop program administration & delivery mechanisms; integrate program with existing structures; develop parent volunteers; promote program; establish AHS and community advisory committees Indicators: # of mechanisms in place; # of links with existing programs; # of parent, Elder volunteer & committee members; # of promotional contacts
Long-term Outcomes	Objectives: To encourage the child's life-long learning by promoting physical, spiritual, emotional, intellectual and social development; to develop each child's identity through experiences in the program Indicators: # of children with a positive sense of identity; # of children who stay in school; children are prepared and confident when entering the school system	Objectives: Develop local capacity in program management; foster multi-disciplinary and collaborative approach; programs address emotional, mental, spiritual, physical needs of children; respect community autonomy and diversity Indicators: Degree of local program management; degree of collaboration; # of children in program; # of children who meet developmental objectives

Health Promotion

Component	1. Health Education and Promotion	2. Health Education Training	3. Health Education Promotion	4. Technical Advice and Program Development
Goal	To provide consultation to communities on health promotion and health strategies	Provide specialized training for delivery of Health Promotion	To distribute and develop health education and promotion materials	To develop and implement a comprehensive health education and promotion strategy for PAGC band members
Target Group	Health committees, health directors, community health staff, community leaders and members	Health directors, committees, health staff, leaders and members	Community nurses, CHRs, home care workers, health directors, committee members, teachers and other interested residents	CHR s
Resources	Health Promotion, health directors, staff, communities; PAGC nursing and Community Services Team; community leadership, members; other tribal councils	Health directors, staff, leadership; PAGC Nursing, Health Team; MSB; other tribal councils	Health Promotion Working Group, MSB, PAGC Health and Social Development Staff, community leadership, health directors, Health Promotions, other tribal councils	Health Promotions, health directors, PAGC administration, other tribal councils
Activities	Objectives: Attend health committee meetings; review community needs assessment with health staff, leaders and First Nations members; assess readiness, resources, time frames for healthy changes; plan promotion/education programming: set objectives take a resource inventor, do action plan; implement activities; evaluate, revise and follow up community programs Indicators: Appropriate health promotion and education methodologies were applied	Objectives: Implement "facilitator training" workshops; delivery of Health Promotion and education activities; provide literature and teaching packages to community health workers; health education workshops; workshops targeted at children and youth Indicators: Health Promotion and education activities implemented; health education methodologies were applied; appropriate education materials provided	Objectives: Develop monthly activity themes; collect develop and distribute health education posters, pamphlets and videos for promotion activities; review literature and materials; assist communities to access available funding sources for health promotion activities Indicators: Education and promotion materials provided; monthly Health Promotion theme developed and materials distributed; access to funding sources for health promotion activities	Objectives: Provide consulting services to CHR s; act as CHR advisor regarding training programs, conferences, Saskatchewan CHR association; coordinate annual CHR conference; assist CHR s in implementing health education activities; assist health directors in job performance evaluations Indicators: CHR s concerns and questions are addressed; CHR s implementing health education activities
Short-term Outcomes	Objectives: Assist First Nations staff, health committees to identify Health Promotion priorities for each community Indicators: Community participates in defining Health Promotion needs, communities have identified main Health Promotion and education priorities	Objectives: Increase % of community health staff who have knowledge and positive views about the importance of education and prevention; Increase availability and use of culturally appropriate resources Indicators: Increased % of community staff who have knowledge of education and prevention; increase in the use of culturally appropriate resources	Objectives: Increase % of people who have knowledge about health education and promotion; increase available funding for resources and activities Indicators: Increased % of people who have knowledge about health education and promotion materials; Funding made available for education and promotion resources and activities	Objectives: To increase % of CHR s who demonstrate correct skills in delivering health education activities Indicators: Increased % of CHR s who demonstrate confidence and correct skills in delivering health education activities
Long-term Outcomes	Objectives: Assist First Nations communities to plan, implement and evaluate health promotion/education programs Indicators: Health Promotion and education programs are implemented/evaluated from community feedback	Objectives: Assist community health staff to deliver culturally appropriate health education programs Indicators: Culturally appropriate health education programs are delivered by community health staff	Objectives: To have a centralized area for resource materials that is accessible to communities and health providers Indicators: Resource centre has been established	Objectives: To assist in professional development of CHR s Indicators: CHR s are better equipped to do their jobs through increased job training and support

Holistic Health

To review research and develop holistic health programs for the First Nations of PAGC and to provide ongoing advice and consultation services to First Nations.

Component	1. Mental Health Program Development	2. Training And Professional Development	3. Program Strategy, delivery and Funding	4. Health And Social Service Networking	5. Residential School Plan Healing Development
Goal	To support & assist in the development of a comprehensive mental health program	Capacity-building through training and workshops	To research strategies, program delivery options and funding opportunities and communicate these to communities	Networking with PAGC Health and Social Development programs and other community agencies	To help communities identify what they need for healing and support them in identifying a plan for healing
Target Group	Health service providers	Service delivery staff	HSDWG, health directors, health committees	PAGC Health and Social Development staff, community agencies	Survivors of residential schools
Resources	Holistic Health coordinator, mental health therapists, Brighter Futures, NNADAP, health directors/committees, Elders	Holistic Health coordinator, mental health therapists, Brighter Futures, Elders		PAGC Health and Social Development, health directors, health committees, Elders, community agencies	Health directors, health committees, Elders
Activities	Objectives: Request crisis intervention; Assist in contract development; support community therapists; contract mental health therapists; community statistics Indicators: Community crisis intervention provided; therapist support provided; community stats provided; mental health support provided; communities assisted in recruitment and provision of mental health services	Objectives: Provide training opportunities (e.g. professional assault response training PART); provide workshops (e.g. team development, conflict resolution) Indicators: # of training opportunities and workshops held and # of staff attending	Objectives: Research health models, programs & methods; provide research to First Nations and assist to identify most effective programs and approaches; write proposals; network with other agencies to gather information and strategies in use Indicators: Tasks are ongoing; Manitoba First Nations health and social delivery and BTC-urban services have been researched	Objectives: Assist in Community Service Team meetings; develop service delivery process; work collaboratively with community agencies; participate in PAGC interagency development Indicators: CST formed and meetings held; # contacts with agencies	Objectives: Interview survivors; assist to identify healing needs; support survivors to identify healing plan; assist with funding proposals, proposal writing workshop (AHF process) ; assist in community final reports; provide follow up Indicators: Residential School working groups (survivors) established in some communities; # of proposal writing workshops held
Short-term Outcomes	Objectives: To increase: knowledge of mental health role in overall health; positive views on use of mental health services; good mental health behaviours; understanding of mental health needs Indicators: Increased % of people with: knowledge of mental health (m.h.) role in health; positive views on use of m.h. services; who practice good m.h. behavior & understand m.h. needs	Objectives: Increase service providers who demonstrate correct skills in: individual counselling, group presentations; increase service providers with knowledge about community crisis response Indicators: Increased % of service providers demonstrating correct skills in individual counselling and group presentations; increased % of service providers who demonstrate correct skills in crisis response	Objectives: Service providers demonstrate correct skills in: individual counselling, group presentations; service providers have knowledge about community crisis response Indicators: Increased % of service providers who demonstrate correct skills in individual counselling, group presentations, and crisis response	Objectives: Increase knowledge of services offered by different programs; increase positive views about working together; increase positive team building and working behaviour Indicators: Increased % of people who have knowledge of services offered; who have positive views about working together and positive team building/ working behaviour	Objectives: Increase knowledge of residential school role in overall health of individuals and communities; increase funding proposal writing skills Indicators: Increased % of people with knowledge of residential school role in health; increased % of people with the skills to write funding proposals
Long-term Outcomes	Objectives: Mental health services are available to meet community needs Indicators: # of mental health services available and # of people accessing them	Objectives: To enhance expertise and competency within service delivery staff Indicators: Service providers have the expertise needed to do their job	Objectives: To enhance expertise and competency in service delivery staff Indicators: Service providers have the expertise needed to do their job	Objectives: PAGC Health and Social Development programs compliment each other; First Nation communities receive comprehensive 2nd level services Indicators: Improved services to First Nations communities	Objectives: Residential school survivors understand effects of that experience and support each other in healing Indicators: Support groups and programs in place for people affected by the residential school experience

Home and Community Care

To provide basic home and community care services that are comprehensive, accessible, effective and equitable to that of other home care services, and which are delivered in a culturally sensitive manner responsive to the unique needs of each community.

Component	1. Program Management and Supervision	2. Case Management	3. Client Assessment	4. Home Care Nursing
Goal	To mange home and community care program delivered in communities and provide supervision to the home health aide	To develop a client-centered care plan based on assessed need and to coordinate the multiple services a client may be receiving	To provide immediate and ongoing assessment of client needs	To provide safe, clinically competent and culturally sensitive home care nursing and education to the community
Target Group	Clients identified as needing home care services; home care nurses; home health aides; ; community members	Clients who have been assessed as requiring and/or whom are receiving home and community care services	Community members who have been assessed as requiring home care services	Community members requiring services; home care nurse
Resources	Home care nurse; home health aide; health portfolio counsellor; assistant nursing supervisor, home care consultant	Home care nurses, home health aides, other service providers within and outside the community	Home care nurse; home health aides	Home care nurse; home health aides
Activities	Objectives: Home health aide supervised and trained by home care nurse; staff attend monthly meetings; health committee/health portfolio counsellor administer overall program; PAGC supervise/support comm. nursing staff Indicators: # of contacts between home care nurse and home health aide; # of meetings and # attending; # of identified & clear lines of reporting and communication; PAGC contacts	Objectives: Assess & review client needs; provide referrals to other services; facilitate communication with other care providers; develop admission and discharge plans; maintain client's home care chart Indicators: # of client files containing care plans and reassessments; # of referrals and communications with other care providers	Objectives: Initial assessment of condition and circumstances done in client's home; identify needs and determine how needs currently being met; develop client-centered care plan; perform annual reassessment Indicators: # of initial care plans, care plan re-assessments and referrals recorded in client's file	Objectives: Nursing care performed in client's home; teach clients self-care skills; facilitate wellness/healthy lifestyle clinics and education; staff attend annual nursing conference Indicators: # and type of services provided recorded in clients charts; # attending wellness clinics and receiving information; home care nurse attends annual conference
Short-term Outcomes	Objectives: Home health aides are trained and competent Indicators: % of home health aides who have received certified training or certification	Objectives: Indicators:	Objectives: Client-centered care plans are developed, implemented and modified as required Indicators: # of client files which contain record of care plans being followed	Objectives: Home care nurse is competent in identified basic skills; community members educated on home care and family role Indicators: # of basic skills home care nurse trained in; # of people who understand home care services and family role
Long-term Outcomes	Objectives: Services provided in consistent, fair, timely manner; home care staff supported; staff are clinically competent and culturally sensitive; services meet program standards Indicators: % of services provided timely manner; clients are prioritized; # of staff/ supervisor contacts & training opportunities; # of caregivers competent and culturally sensitive; program standards are met	Objectives: To prepare and maximize the ability of the individual to remain independent at home by offering integrated services that provide needed care and support Indicators: % of community members who are able to remain independently at home with the support of integrated home care services	Objectives: Home and community care services are delivered based on individual health needs (physical, mental, emotional and spiritual) Indicators: % of needs identified in care plans being met as per client file records; comprehensive care plans are developed which meet the client's needs	Objectives: Nursing staff update and expand skills; family members assist in care; healthy lifestyles chosen by community members Indicators: # of professional education opportunities attended; # of clients with appropriate family support; increased % of community members with health lifestyles; clients provided with appropriate care by competent staff

Home and Community Care

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Component	5. Home Support - Personal Care and Home Management	6. In-home Respite	7. Medical Supplies and Equipment	8. Information and Data Collection
Goal	To provide personal care and home management services and education	To provide for the care of a client for a short time to support the caregiver	To provide client-specific medical supplies and equipment	To maintain an accurate and confidential record of home and community care program activities
Target Group	Community members who have been assessed as requiring home care services	High needs clients who are cared for in the home by a family or other community member	Community members who have been assessed as requiring home care services	Funding agencies, PAGC home care consultants, health director
Resources	Home health aides; personal care workers	Home care nurse; home health aides/personal care workers	Home care nurse; home health aides	Home care nurse, home health aides
Activities	Objectives: Personal care services - assist with daily living activities (bathing, dressing, mobility, etc.); home management services - assist with light housekeeping, meal preparation, arrange for home maintenance, etc.; teach clients personal care and home management strategies Indicators: # of personal care and home management services performed as recorded in client file; increased # of tasks that clients can complete themselves	Objectives: Need is assessed by the home care nurse with family caregivers; home health aide or personal care worker stays with client for a period of time or comes into the home at periodic intervals to provide care Indicators: Respite assessment recorded in client's file; # of visits to or stays in client's home documented in client's file	Objectives: Maintain a small pool of equipment and medical supplies for loan to clients with immediate, short term needs; equipment and supplies loaned are recorded Indicators: # of clients who receive medical supplies and equipment in a timely manner; % of equipment and supplies accounted for	Objectives: Daily activities recorded in clients' files by home care providers; home care nurse complies, reviews data and prepares monthly statistical report; data kept in confidential and secure location; annual report prepared Indicators: % of daily activities recorded in clients' files; # of monthly statistical reports produced; % of data and reports stored in a secure location; # of annual reports produced
Short-term Outcomes	Objectives: Clients have their basic personal care and home management needs provided Indicators: % of clients with basic personal care and home management needs provided and whose homes and personal care levels meet acceptable norms	Objectives: To support family or other caregivers so they can continue to provide care for the client Indicators: % of caregivers who are provided respite services as documented in client files; % of respite requests granted	Objectives: Provide health care in the home; link with other programs; administrative system to record supplies and equipment loaned out Indicators: client files show required supplies and equipment are provided; # of other programs providing support to the client; administrative system in place, staff trained, supplies and equipment are accounted for	Objectives: Produce monthly statistical and program monitoring reports; collect data that indicates if services are meeting clients' needs Indicators: # of monthly statistical and program monitoring reports produced; data collected indicates if services meet needs
Long-term Outcomes	Objectives: Clients personal, nutritional and household needs are maintained in a manner that contributes to the maintenance and improvement of health Indicators: % of clients whose homes, personal care and nutritional standards meet identified norms; client health is maintained and/or improved as a result	Objectives: To delay or prevent the need for institutional care of clients Indicators: # of clients remaining in their homes with family support; caregivers are providing for client's needs for longer periods of time, with the support of short term breaks	Objectives: To promote the independence of client; ensure medical supplies and equipment are on-hand to provide support when needed Indicators: # of clients who remain independent with support of supplies and equipment; # of supplies and equipment on hand; # of clients remaining at home with access to short-term supplies and equipment available in the community	Objectives: Adapt services and programs in response to changing needs; make improvements and implement quality control Indicators: # of monitoring/planning activities; # of changes and improvements made; # and type of quality control activities; accurate information available to assess, adapt and improve services and provide accountability

Justice Program

To enhance and support the provision of justice services and to develop new initiatives in a culturally sensitive manner, recognizing the importance of utilizing First Nation methods to heal both individuals and communities in the PAGC region and surrounding areas while adhering to the spirit and intent of the treaties.

Component	1. Justice Initiatives	2. Rural Alternative Measures	3. Saskatchewan Aboriginal Court Worker Program
Goal	To coordinate development and implementation of community justice structure plans and services	To offer an alternative to the formal court process	To support clients and families by promoting an increased understanding and awareness of the criminal justice system
Target Group	PAGC First Nations communities	Adults and youth	Community members
Resources	Justice unit staff; community justice workers, committees, and members; Elders; other tribal councils and agencies	Community justice workers; justice committees; PAGC justice unit; Elders; community members; court workers	Court Workers; other justice agencies
Activities	Objectives: Assist in community based initiatives; provide program and service delivery management; train and support community justice worker; support committee programs/initiatives; support interagency efforts; clarify role of PAGC and justice unit; collect and produce reports; network with other agencies involved; monitor contracts Indicators: # of community based initiatives undertaken, reports produced and submitted; contacts with community justice worker, committees, tribal councils and agencies	Objectives: Facilitate alternative measures such as formal cautions, mediation, family group conferencing and sentencing/healing circles; involve Elders in the alternative measures process Indicators: # of documented cases where alternative measures have been applied; # of Elders involved in cases where alternative measures have been applied	Objectives: Assist clients to obtain legal counsel; identify and assist individuals who require legal Aid services; determine client translation needs; increase culturally sensitive alternative measures available; liase between community and justice providers Indicators: # of clients obtaining legal counsel; increased # of clients assisted by court worker; # of clients receiving translation services; increase in # of available alternative measures being used; increased coordination and integration of community justice programs and services
Short-term Outcomes	Objectives: Train community justice workers; develop justice committees and plans; focus on community justice development, prevention and intervention, community based alternatives; self government development and strategies Indicators: # of trained justice workers; # of committees and plans in place; # of initiatives developed focused on community justice, alternatives, prevention, intervention and self government development	Objectives: To follow a plan and model for First Nations justice services development Indicators: Plan/model developed and followed	Objectives: Court Workers attend court in their communities and identify clients with an emphasis on early intervention Indicators: # of clients that have accessed court worker support
Long-term Outcomes	Objectives: Provide culturally sensitive justice services in a manner that is meaningful to community members Indicators: # of culturally sensitive justice services in the community; # of community members reporting these services to be meaningful	Objectives: Traditional approaches to justice and conflict resolution are developed and implemented Indicators: # of cases where traditional approaches such as sentencing circles and Elders' counselling have been used	Objectives: Support clients and their families to access culturally sensitive alternative measures Indicators: Increased % of clients and families accessing culturally sensitive alternative measures

Justice Program

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Component	4. Crime Prevention	5. Integrated Justice Initiative
Goal	To assist communities in organizing crime prevention initiatives	Develop a model of a magistrate's court which focuses on community based, community driven methods that will provide community capacity-building and holding wrongdoers accountable for their actions and behavior while maintaining the victim's integrity
Target Group	Community members	Community members involved in the justice system
Resources	Community Justice workers; community justice committees; PAGC crime prevention coordinator; education staff; community members	Community justice committees; Aboriginal magistrate; crown prosecutor; police; community justice worker; court worker; community members, Elders
Activities	Objectives: Establish community prevention, education, awareness, training and resources; initiate crime prevention programs and initiatives for children, youth, and adults; assist development of in school prevention activities; host justice symposium and conference; assist in development of proposals Indicators: # of resources, programs, initiatives and proposals developed; # that receive funding; symposium and conference held	Objectives: Develop outline of a model of a magistrate's Court that would operate in Cree or Dene in each community, refer cases to a justice committee and withdraw charges or resume regular court process upon outcome of offender plan Indicators: Outline of the model is developed
Short-term Outcomes	Objectives: Community members are mobilized in fighting crime in their communities Indicators: # of community members involved in crime prevention initiatives	Objectives: Develop a power-point presentation which overviews the need for the initiative and provides a framework for the model Indicators: Power-point presentation is developed
Long-term Outcomes	Objectives: Develop community-based responses to crime that emphasize a positive social development role Indicators: # of community-based crime responses that contribute to social development in the community; reduction in # of crimes committed	Objectives: Model supported by present programs and services; remove court delays and language barriers to improve efficiency; improve community ownership of justice issues; prevent crime; promote culturally relevant justice system; promote victim's sense of justice Indicators: Reduction in # of delays in the court process; increased # of cases processed using community based, community driven methods; reduction in # of crimes; court proceedings; increased sense of justice

Nursing

To provide and facilitate a quality holistic nursing service that empowers individuals, families and communities to achieve and maintain wellness.

Component	1. Pregnancy/Prenatal	2. Infant Care	3. Child Health	4. Youth Health
Goal	To provide educational sessions and screening for prenatals	To provide educational sessions and screening for postnatal mothers and their infants	To screen for growth and development, hearing & vision loss, speech disorders and dental hygiene	To provide education and awareness to students regarding health related issues
Target Group	Pregnant women	Postnatal mothers and their infants	Preschool and school-aged children	School children
Resources	CHNs, CHRs, CPNP coordinator, NNADAP worker, nutritionist, Elders	CHNs, CHRs, CPNP coordinator, NNADAP worker, nutritionist, Elders	CHNs, CHRs, dental therapists, teachers, nutritionist	CHNs, CHRs, Brighter Futures, Sexual Wellness and Health Promotion coordinators
Activities	Objectives: Hold prenatal, FAS/FAE classes; ensure regular doctor's visits; keep records updated; promote maternal child health, breastfeeding, healthy parenting; provide individual counselling Indicators: # classes held and # attending; % of doctor's visits kept; # up to date records; # counselling sessions; % breastfeeding and healthy parenting	Objectives: Provide educational opportunities to postnatal mothers; identify problems early; improve nutritional intake of breastfeeding mothers; provide individual counselling; use CPNP to promote maternal child health Indicators: CPNP funding utilized to provide education and resources in relation to maternal child health; counselling provided; mothers' nutritional intake improved by food vouchers; postnatal visits held soon after hospital discharge	Objectives: Assess and record growth and development; administer DDST; record immunizations; counsel parents on nutrition, normal development and activities, how to prevent dental caries; weekly fluoride rinse; yearly vision and hearing screening; discuss test results with parents/ caregivers; make referrals and follow ups Indicators: # records kept, tests administered; # of contacts with parents; % of children taking flouride rinse; # referrals and follow ups made	Objectives: Do presentations and assist in arranging speakers (eg., FAS/FAE, AIDS) when requested by schools or teachers; make condoms available at clinics; increase awareness of lifestyle choices; provide nutrition education Indicators: # of presentations and # attending; # of clinics with condoms available; increase % of youth with awareness of healthy lifestyle choices and nutrition
Short-term Outcomes	Objectives: Decrease substance abuse in pregnancy; improve nutritional intake of prenatals; increase prenatals attending classes; increase # of healthy newborns Indicators: Decreased incidence of substance abuse during pregnancy; decrease # FAS/FAE affected infants; improved nutrition of prenatals; increased # attending classes & gaining knowledge; increased # of healthy newborns	Objectives: Increase women who breastfeed babies; increase mothers' knowledge of role of healthy nutrition; increase women with proper skills and behaviuors in selecting proper food and abstaining from harmful substances Indicators: Increased % of mothers with knowledge of the role of healthy nutrition and who select proper food and abstain from harmful substances; increased % who breastfeed babies and for an increased length of time	Objectives: Detect growth and development abnormalities and hearing, vision and speech problems early; increase and maintain preventative dental hygiene treatments Indicators: Preventative dental hygiene treatments provided at schools; growth and development abnormalities, hearing, vision and speech problems detected early	Objectives: Decrease use of alcohol, cigarettes, chewing tobacco and other drugs; increase awareness of pregnancy prevention and STDs; improve nutrition; increase educational activities at school regarding ice and water safety, fire safety and safe use of skidoos and bicycles Indicators: decreased # of youth using drugs/ alcohol; increased # youth aware of STDs, birth control; # of educational activities in school & # attending; decrease in # of accidents
Long-term Outcomes	Objectives: To improve infant and maternal health by promoting services to women during their pregnancy Indicators: Improved health of pregnant women and newborns	Objectives: To improve the health of postnatal mothers and their infants Indicators: Increase in number of healthy mothers and infants	Objectives: To help children achieve an optimum level of health through early detection of potential/ actual problems and timely provision of health care services Indicators: Increased health and wellness in children	Objectives: Increased awareness and participation of students in a healthy lifestyle Indicators: Increase in % of students practicing healthy lifestyles

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Component	5. Communicable Disease (Immunization)	6. Communicable Disease (Surveillance)	7. Chronic Disease (Lifestyle)
Goal	To provide immunization in accordance with the schedule established by the province of Saskatchewan	To provide diagnoses, reporting, treatment, contact tracing, follow up and education of communicable diseases	To provide education on health risks associated with lifestyle factors that can contribute to heart disease, diabetes, etc.
Target Group	Infants, pre-school and school aged children and other community members	Community members	Adults and those with chronic diseases
Resources	CHNs, CHRs	CHNs, CHRs, Sexual Wellness coordinator, water quality technician, CPNP coordinator	CHNs, CHRs, Saskatchewan Heart Health Program, Saskatchewan Lung Association, Canada Food Guide
Activities	Objectives: Ensure immunizations are up to date; follow community health manual schedule for infant, preschool and school children; encourage parents to bring children for immunization Indicators: # of up to date immunization records; % of children immunized according to manual; % of parents bringing children for immunizations	Objectives: Provide education on STDs, AIDS, HIV, T.B.; communicate with T.B. control; keep staff current on guidelines and protocols; update T.B. profile cards; ensure confidentiality; educate on proper handling and use of untreated water Indicators: # educational activities and # attending; # of contacts with TB control; # of staff updated on guidelines and protocols; % of profile cards up to date; % of contacts kept confidential	Objectives: Provide healthy lifestyle information (workshops, health fairs, pamphlets) counselling; maintain chronic list; home visits to educate clients and family members on disease processes and treatment; provide nutritional teaching aids to people on the chronic registry; hold wellness clinics on blood pressure, blood sugar monitoring, weight control, medication, exercise programs, cancer prevention and education Indicators: # of activities held and # attending; % people with knowledge on lifestyle and disease prevention and control
Short-term Outcomes	Objectives: To increase % of people with knowledge of the role of immunization in disease prevention; increase % of people who have immunizations done at appropriate times Indicators: Increased % of people with knowledge of the role of immunization in disease prevention; increased % of people who have immunizations done at appropriate times	Objectives: Increase knowledge of how communicable diseases are spread; decrease stigma attached to some diseases; increase practice of disease prevention behaviour and following of treatment plans; decrease incidence of STDs Indicators: Increased % of people with knowledge of communicable diseases, who practice proper behaviour in prevention and who follow treatment plans; decreased stigma attached to some diseases; decreased # of STDs	Objectives: To increase knowledge of healthy lifestyles; increase knowledge of disease process; increase knowledge of diagnoses, treatment and medications Indicators: Increased % of people with knowledge of healthy lifestyles, disease process, diagnoses, treatment, medications
Long-term Outcomes	Objectives: To reduce communicable disease in the community Indicators: Decrease in the rate of communicable diseases	Objectives: To prevent spread and incidence of communicable diseases in the community; offer competent, sensitive care to all community members with communicable diseases Indicators: Decrease in the # of people with communicable diseases; competent care provided	Objectives: Increase preventative health measures of people suffering from chronic medical condition by increasing knowledge regarding nutrition, exercise, lifestyle and chronic condition Indicators: Decrease in chronic medical conditions because more people are practicing healthy lifestyles

Nursing

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Component	8. Chronic Disease (Screening)	9. Crisis Care	10. Environmental Health
Goal	To provide screening for hypertension and daibetes	To assess, counsel, refer and follow up clients and families in crisis as need arises	To help communities prevent, identify and correct environmental health problems
Target Group	Adults and those with chronic diseases	Community members and caregivers	Community members
Resources	CHNs, CHRs, diabetes nurse, nutritionist	CHNs, CHRs, mental therapists, Brighter Futures coordinator, Holistic Health coordinator, NNADAP workers, Elders	Emergency Response Plan, CHNs, CHRs, EHOs, water quality technician
Activities	Objectives: Hold screening clinics for blood pressure and diabetes; assist diabetes nurse and nutritionist during community visits; refer clients to nutritionist or diabetes nurse educators; review and update chronic list Indicators: # of screening clinics held and # attending; # of contacts with diabetes nurse and nutritionist during visits to the communities; # of client referrals; accuracy of chronic list	Objectives: Provide ongoing support to clients and make referrals as necessary; increase children's awareness and knowledge of various types of touching and discipline; increase awareness of nearby facilities available for mental health and family violence services Indicators: # of mental therapists contacted to provide services; # of suicide preventionm substance abuse and parenting workshops provided and # attending	Objectives: Community visits to note environmental health problems; integrate environmental education into all programs; refer environmental health problems to EHO; keep CHRs current on environmental health problems/solutions; encourage & support community projects; inform EHO of new buildings, wells or cisterns; ensure water samples are collected and tested; assist in investigations of disease outbreaks and in emergencies; assist local leaders in developing emergency plans; liase with government environment health agencies and other community workers Indicators: Activities are taking place in the communities
Short-term Outcomes	Objectives: Increase individuals' knowledge of blood pressure and blood sugar levels; increase practice of responsible behavior in monitoring blood pressure and blood sugar levels Indicators: Increased % of individuals with knowledge of their blood pressure and blood sugar levels; increased % of individuals who practice responsible behavior in monitoring blood pressure and blood sugar levels	Objectives: To recognize situations when individuals and families are in crisis e.g. battering, drug and alcohol abuse; to increase ability to deal with the situation in a knowledgeable, caring manner Indicators: # of situations when individuals and families are in crisis are recognized; increased ability to deal with the situation in a knowledgeable, caring manner	Objectives: Increase knowledge of the importance of safe drinking water in disease prevention; increase the practice of correct water safety behaviour; increase the knowledge of environmental health issues Indicators: Increased % of people who have knowledge of importance of safe drinking water in disease prevention and who practice correct water safety behaviour; increased % of people with knowledge of environmental health issues
Long-term Outcomes	Objectives: Indicators:	Objectives: Clients and families in crisis will be assessed, counselled and referred as need arises Indicators: # of clients and families in crisis are receiving appropriate and quality mental health services when it is needed	Objectives: To help improve the health of First Nations by promoting environmental conditions Indicators: Decrease in # of diseases and health problems related to environmental conditons

Sexual Wellness

To enhance the development of a holistic and multidisciplinary approach to address the promotion of healthy sexuality within PAGC First Nations.

Component	1. Program Support	2. Education Development	3. Program Development
Goal	To provide coordination and support to PAGC First Nations in the area of sexual wellness	Ensure that appropriate skills exist at the community level to provide awareness, prevention, and intervention services to meet educational needs of membership	To assist communities in development, implementation and evaluation of PAGC sexual wellness programs
Target Group	Community members, health staff, leadership	Community members, health staff, leadership	Community members, health staff, leadership
Resources	Sexual Wellness Coordinator	Coordinator, CST, CHN, CHR, health director/committee, leadership, interagency team and HIV persons & families	Coordinator, CST, CHN, CHR, health director/committee, leadership, interagency team and HIV persons & families
Activities	Objectives: Educate leaders, comm. members and front line staff; youth initiatives to address contributing factors of unhealthy sexuality, teen pregnancy, STDs; STD, pregnancy and reproductive cancer screening services; wellness clinics; establish linkages and funding mechanisms for initiatives; support development, implementation and evaluation of HIV/AIDS, Hep C strategy Indicators: # of educational programs delivered; # of youth initiatives; # of screening services available; # of wellness clinics; increased funding for initiatives; HIV/AIDS, Hepatitis C strategy	Objectives: HIV/AIDS awareness/prevention initiatives; community visits/mail-outs; updated information to staff; develop HIV/AIDS resources/teaching tools; HIV/AIDS displays at community gatherings; support interagency initiatives; attend conferences and meetings Indicators: # of awareness/prevention initiatives; # of visits, mailouts & displays; # of resources developed; # of interagency initiatives; # conferences/meetings attended	Objectives: HIV/AIDS presentations; support health committees in coordination of interagency presentations; coordination of community-based strategy to develop comprehensive initiatives Indicators: # of presentations made and individuals attending; # of presentations to interagency programs; community-based initiatives strategy in place
Short-term Outcomes	Objectives: Indicators:	Objectives: Develop funding proposals for HIV/AIDS program; interagency awareness/prevention strategy; front-line staff training; community member participation in initiatives Indicators: # of funding proposals submitted; # of staff training initiatives; Increased % of community members participating in initiatives	Objectives: Develop interagency approach to HIV/AIDS community-based initiatives; support communities to develop HIV/AIDS protocol/policies, as requested Indicators: Interagency approach to HIV/AIDS initiatives; # of HIV/AIDS policies/protocols; # of requests responded to
Long-term Outcomes	Objectives: To promote healthy sexual lifestyles within PAGC communities Indicators: # of community members informed on sexual wellness and choosing healthy lifestyles; reduction in # of unwanted pregnancies, STDs, Hepatitis C and AIDS/HIV	Objectives: community-based initiatives address epidemiology and contribution factors; sexual wellness coordination at PAGC Indicators: # of initiatives and # that address epidemiology and contribution factors; increased # of PAGC contacts; staff with knowledge, skills and resources	Objectives: HIV/AIDS awareness, prevention. education for interagency programs; support development of holistic and comprehensive community-based HIV/AIDS strategy Indicators: # of interagency programs which include HIV/AIDS awareness, prevention, education initiatives; community-based HIV/AIDS strategy in place; interagency approach is used

Sports, Culture and Recreation

Goal

To promote sports, culture and recreation activities that will benefit all members of the Prince Albert Grand Council -

Target Group

PAGC youth and other community members

Resources

Recreation coordinators; band councillors; Elders, community members; women's commission

Activities

Objectives: Participate in First Nation Summer and Winter Games and North American Indigenous Games; organize coaching clinics in communities (track, hockey, softball, women's hockey); annual Deneseline gathering; round dances, hand games: PAGC coordinators visit communities to develop recreation programs; hold meetings with recreation coordinators; provide recreation and leisure programs in the community
Indicators: # of games participated in and athletes involved, # of coaching clinics held in communities; # of community members participating; # of cultural activities held; # of community members participating; # of community visits made; # of recreation program s developed; # of meetings held with recreation coordinators; # of community based recreation and leisure programs

Short-term Outcomes

Objectives: Raise awareness of sports, culture and recreation within PAGC First Nations; work in partnership with provincial recreation authorities and FSIN sports commission; participate in regional, provincial and national sport competitions; develop athletes and coaches at the community level; develop a strategic plan to raise fiscal and human resources for sports, culture and recreation programs; incorporate Elders in cultural programming
Indicators: # of community members who are aware of program activities available to them; # of contacts with provincial recreation authorities and FSIN sports commission; # of PAGC member participation; # of community members participating; % of athletes and coaches developed via activities held in their home communities; amount of fiscal and human resources raised as a result of initiatives contained in a strategic plan; # of Elders involved in cultural programming

Long-term Outcomes

Objectives: Address and promote youth involvement in sport, culture and recreation; develop and maintain quality recreation facilities within PAGC First Nations; provide opportunities for the promotion of an active, healthy lifestyle; promote and showcase First Nation cultural heritage
Indicators: % of youth participating in sport, culture and/or recreation activities; increased # of facilities in PAGC communities; increase in quality of facilities; increased # of recreation and sport opportunities available to community members; increased # of events that showcase First Nation cultural heritage; % of community members participating; youth and community members are aware of sports, culture and recreation opportunities and enjoy an improved lifestyle through participation

Phase I
INTERVIEW QUESTIONS
Health Directors
April 2003

PART A

1. Please tell me about your particular role in planning and delivering health services in your community.

2. What would you say are the key issues that may be affecting the health of your community?

3. People often talk about the wellness of their communities. In what ways do you think community wellness is the same as your view of community health? Is it different from your view of community health?

4. What do you think of when you hear people talk about having capacity in your community? (Refer to table: These are some of the ways that people define the different elements of community capacity. I would like to go through each of these with you and ask which ones fit for your community. What is missing from this information?)

5. We have talked a little about your views of community health and wellness and we have also heard your views on community capacity. We are interested in knowing how you think capacity in your community is related to the health of your community.

   This is challenging for all of us to think about so, as a starting point, I would like to share how some others see the linkages between community health, wellness, and capacity. Then I'll ask you to talk about which aspects of these would fit for your community and to identify what is missing that is important in your community.

6. Do you have any other comments that you would like to make?

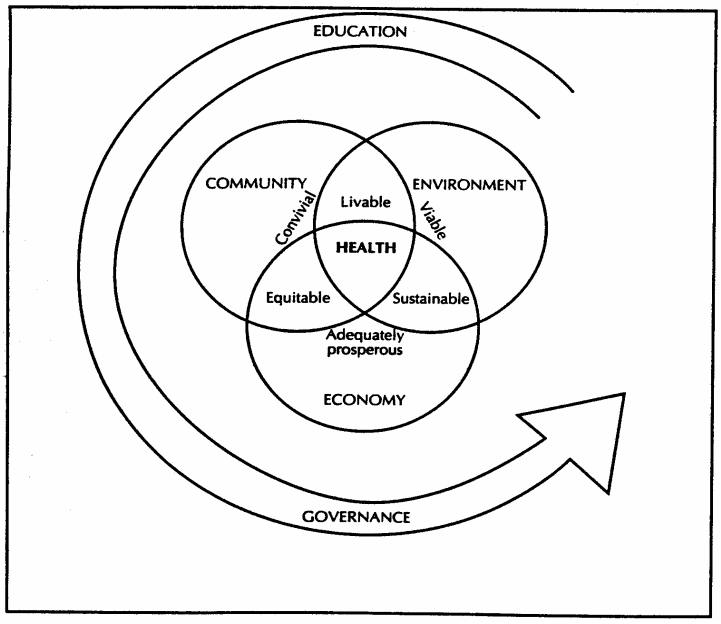
QUESTION #4

Examples of Community Capacity Elements:

Authors	Bjaras & Haglund 1991	Goodman et al. 1998	Bopp et al. 2000	Laverack 1999
Domains	1. Needs assessment 2. Leadership 3. Organization 4. Resource mobilization 5. Management	1. Social networks & inter-organizational relationships 2. Community resources 3. Sense of community 4. Understanding community history 5. Citizen participation 6. Community leadership 7. Skills 8. Community values 9. Critical reflexicity 10. Community power	1. Shared vision 2. Sense of community 3. Communication 4. Participation 5. Leadership 6. Resources, knowledge and skills 7. Ongoing learning	1. Participation 2. Leadership 3. Organizational structures 4. Problem assessment 5. Resource mobilization 6. 'Asking why' 7. Links with others 8. Role of outside agents 9. Program management

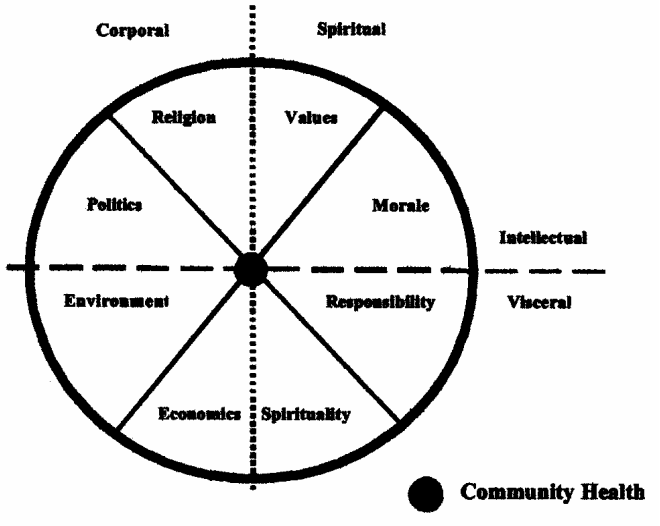
QUESTION #5

Figure 1: Basic Framework for Health Indicators



Source: Hancock, T., Labonte, R., & Edwards, R. (2000). Indicators that count! Measuring population health at the community level. *Canadian Journal of Public Health, 90*(Supp 1), S22-26.

Figure 2: Community Life Indicators Wheel



Source: Leech, D., Lickers, F.H., & Haas, G. (2002). *Innovating a new way for measuring the health of Aboriginal communities*. Ottawa, ON: University of Ottawa.

Phase I
INTERVIEW QUESTIONS
Health Directors
April 2003

PART B

We would like to review, with you, the program logic models that we developed based on written program information. We will ask you to reflect on the following questions for each of the programs:

1. From your perspective, do each of the program models correctly describe the programs that are currently being delivered in your community?

2. From your perspective how do each of these programs contribute to:

    a. The health of your community?
    b. The capacity of your community?

Appendix H

Draft Evaluative Indicators Framework
Presented at Focus Groups

Diagram 1 – Concepts of Community Health and Community Wellness

Diagram 2 – Key Domains of Community Health and Community Wellness

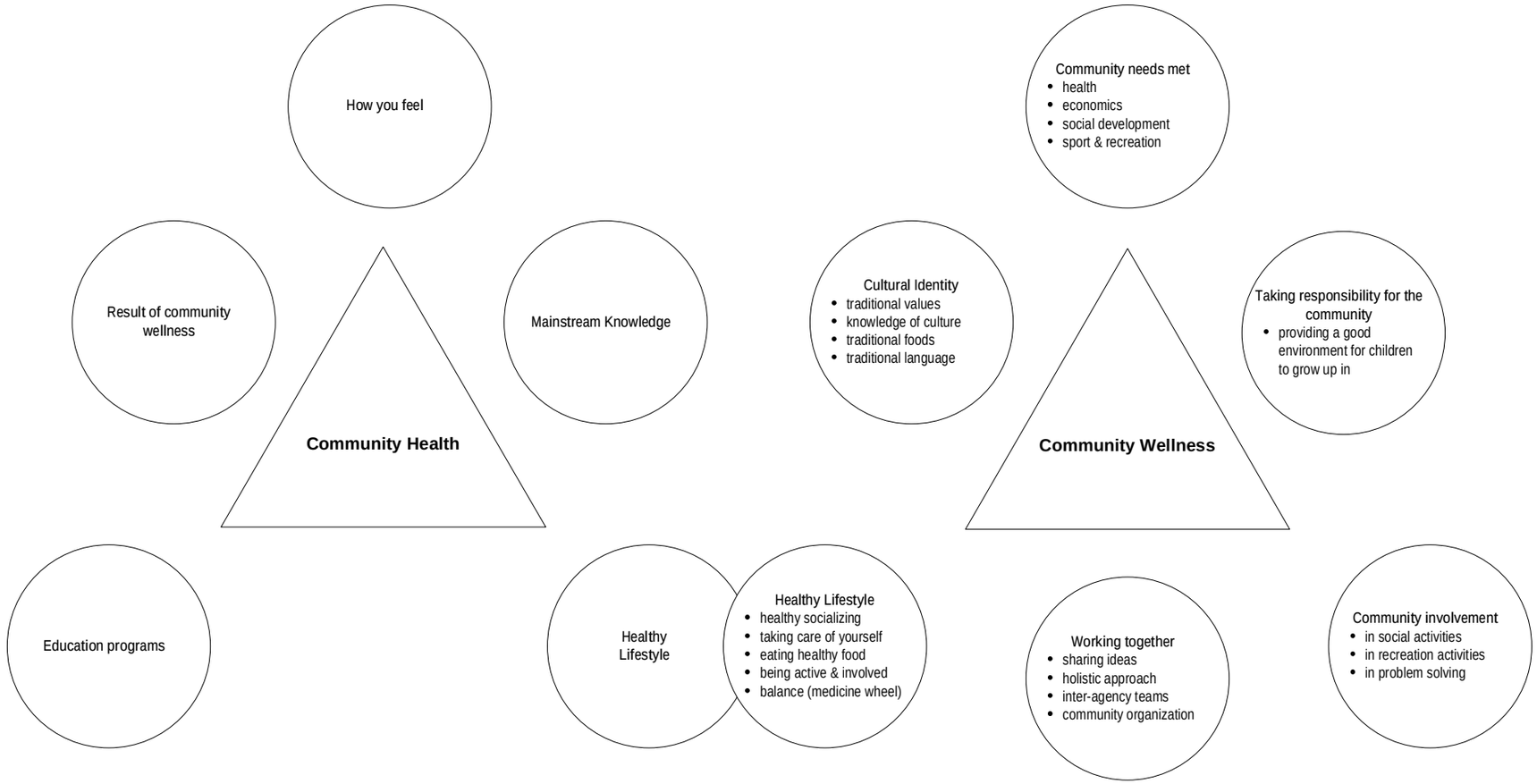


Diagram 1
Concepts of Community Health and Community Wellness

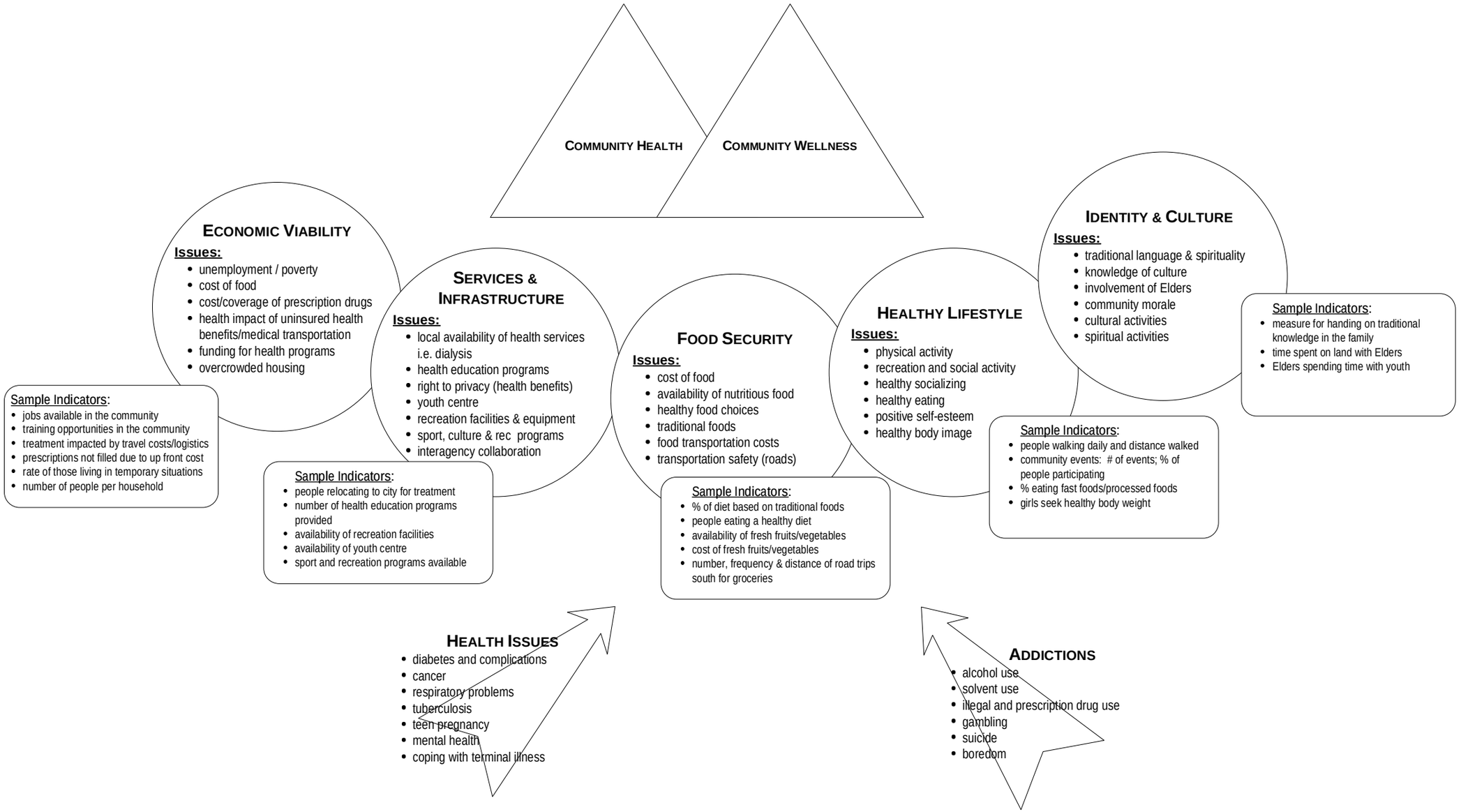


Diagram 2
Key Domains of Community Health and Community Wellness

Phase II
INTERVIEW QUESTIONS
Focus Groups

1. Community Health and Community Wellness

    a. What does 'community health' mean to you?

    b. What does 'community wellness' mean to you?

    c. When you look at the draft framework what is your understanding of:
        i. Economic viability?
        ii. Services and infrastructure?
        iii. Food security?
        iv. Healthy lifestyle?
        v. Identity and culture?
        vi. Health issues?
        vii. Addictions?

    d. Are there any areas that are missing that should be included as part of how we would measure community health? community wellness?

2. Community Capacity

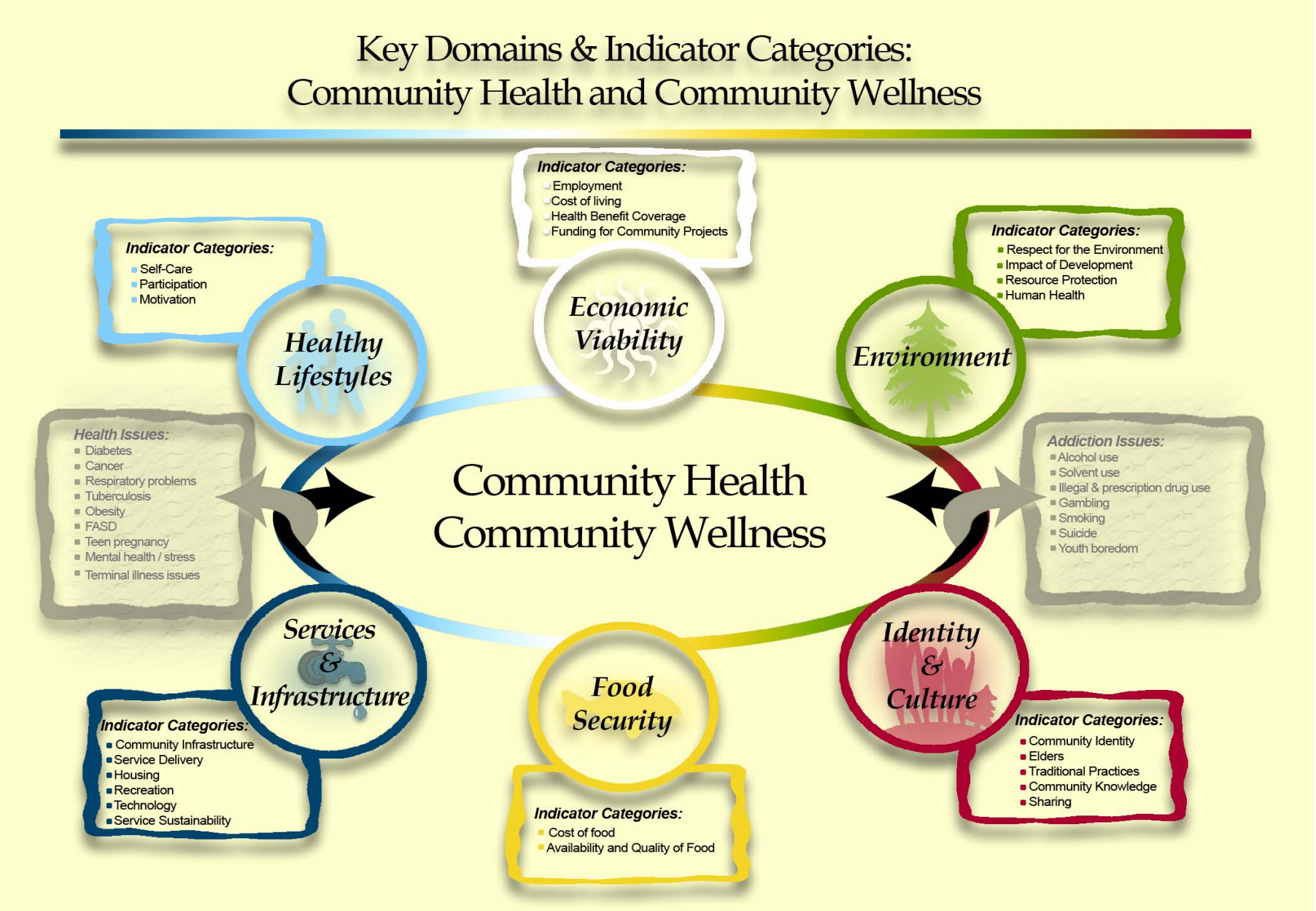
    e. What does 'community capacity' mean to you?

    f. When you look at the draft framework what is your understanding of:
        i. Understanding community history?
        ii. Community values?
        iii. Sense of community?
        iv. Education and training?
        v. Youth involvement?
        vi. Leadership?
        vii. Needs Assessment?
        viii. Organization?
        ix. Resource mobilization?

    g. Are there any areas that are missing that should be included as part of how we would measure community capacity?

Appendix J

Community Health Framework – Final


Key Domains & Indicator Categories:
Community Health and Community Wellness
Indicator Categories:
Employment
Cost of living
Health Benefit Coverage
Funding for Community Projects
Economic Viability
Indicator Categories:
Self-Care
Participation
Motivation
Healthy Lifestyles
Indicator Categories:
Respect for the Environment
Impact of Development
Resource Protection
Human Health
Environment
Health Issues:
Diabetes
Cancer
Respiratory problems
Tuberculosis
Obesity
FASD
Teen pregnancy
Mental health / stress
Terminal illness issues
Community Health
Community Wellness
Addiction Issues:
Alcohol use
Solvent use
Illegal & prescription drug use
Gambling
Smoking
Suicide
Youth boredom
Services & Infrastructure
Indicator Categories:
Community Infrastructure
Service Delivery
Housing
Recreation
Technology
Service Sustainability
Food Security
Indicator Categories:
Cost of food
Availability and Quality of Food
Identity & Culture
Indicator Categories:
Community Identity
Elders
Traditional Practices
Community Knowledge
Sharing

Appendix K

An Example from the Toolkit

Community Health Indicators Framework

Domain: Services & Infrastructure

Indicator Category: Service Delivery

Identified Issue: Elders

Indicator: #27 – Medical Translation & Companion Services

Services & Infrastructure

Defined as the availability and access to services and related infrastructure; respectfully delivered health and human services; adequate and affordable housing, recreation facilities and programming; and specialized services designed to meet the needs of Elders and youth.

Indicators:

Community Infrastructure

Sewer & Water

1 – houses with/without water & sewer

2 – water borne illnesses

3 – houses relying on bottled water

Locally Staffed

4 – treatment facilities without staff

5 – facility staff from community

6 – community staff training levels

Indicator #2

Roads

7 – accidents on roads

8 – repairs due to road conditions

Service Delivery

Local

9 – services available in community

10 – health professionals in community

11 – visits by health professionals

12 – local service usage

13 – community training in ERT

14 – distance from services

Consistent

15 – frequency of health service delivery

16 – scheduled services delayed

17 – time to complete treatment plans

18 – treatment completed/compromised

Compassionate

19 – wait time for appointment transport.

20 – compassionate policy exceptions

21 – cultural awareness programs

Confidential

22 – service confidentiality guidelines

23 – staff trained on confidentiality

Youth

24 – specific services for youth

25 – new funds for youth programs

26 – youth addiction treatment facilities

Elders

27 – medical translator/companion

28 – meals on wheels program

29 – social gathering place for Elders

30 – programs & activities for Elders

31 – local palliative care for Elders

Infrastructure

32 – size/capacity of facility

33 – suitability of facility

34 – facility usage

35 – proper equipment for facility

Housing

Availability

36 – residents per house

… continued on next page

37 – generations per house

38 – Tuberculosis rates

39 – housing waiting lists

Quality

40 – houses in need of repair

41 – quality of housing insulation

42 – presence of black mold

43 – frequency of sewer back-ups

44 – accidents in the home

45 – EHO inspector visits

Elders

46 – housing units designed for Elders

47 – house maintenance for Elders

Affordable

48 – low cost housing units

49 – % of income required for housing

Jurisdiction Fragmentation

50 – agencies responsible for housing

51 – time to complete house repairs

Ownership

no indicators proposed

Recreation

Facilities

52 – type/condition of recreation facilities

53 – programs with proper equipment

Programming

54 – activities available

55 – summer activities available

56 – programs cancelled

57 – participation & retention levels

58 – age range of participants

Staffing

59 – funding for trained staff

60 – programs run by staff vs volunteers

61 – range of programs offered

62 – participation and retention levels

63 – support for recreation staff

Youth

64 – youth centre in community

65 – youth involved in programs

66 – school drop out rates

67 – school absentee rates

68 – youth alcohol and drug use

Promotion

Indicators #54, 57, 58

69 – direct contacts to provide information

Affordable

70 – cost of recreation to users

71 – volunteers assisting with programs

72 – utilization of existing resources

Technology

Current

73 – water/sewer technology used

High Speed Internet

74 – internet use in the community

75 – internet technology at health facility

76 – distance education enrolment

77 – internet reliability

Data Management

no indicators proposed

Service Sustainability

Sufficient Funding

78 – levels of program/service funding

79 – program needs met by funding

80 – vacant positions

Stable Funding

81 – long term vs short term funding

82 – duration of programs

83 – programs cancelled

84 – staff turnover rates

indicator #80

85 – funding commitments honoured

Jurisdiction Fragmentation

86 – # agencies involved in funding

87 – resources allocated to administration

Participation

88 – service staff from community

89 – staff turnover rates

90 – mechanisms for participation

91 – health education and awareness

Collaboration

92 – community inter-agency meetings

93 – regional inter-agency meetings

94 – service delivery collaborations

Communication

95 – community newsletter

96 – community meetings

Realistic

indicator #12

97 – proximity of duplicate services

98 – medical transport driver/patient ratio

99 – funder cutbacks re: abuse perception

Staffing

indicator #21

Services & Infrastructure

Services & Infrastructure >> Service Delivery >> **Elders**

Issues Identified: *Services for Elders are seen as very important to ensuring they are involved in the community, are involved with youth, and have the necessary supports to allow them to remain in the community as they grow old.*

Indicator #	Community Proposed Indicator	Community Level Data Sources (suggestions)
27	Medical translation & companion services available and funded	Local survey required
28	Meals on wheels program in community	Local survey required
29	Social gathering place for Elders (e.g. coffee house)	Local survey required

Services & Infrastructure

Services & Infrastructure **>>** Service Delivery **>>**

Medical Translation & Companion Services

Issues Identified: Medical translation and companion services are important for the quality of care, safety and comfort of community members traveling outside the community for medical services. With the assistance of a translator, Elders can communicate their needs and understand the care they receive. Safety issues for both Elders and youth can be addressed by traveling with a companion, which can also reduce the stress of such trips.

Proposed Indicator: **# 27** – Medical translation and companion services available and funded

Suggested Measure: Compare the number of medical trips where translation and/or companion services are provided to the number of medical trips where these services were requested, or were deemed to be needed, but were not provided.

Information Source: Local survey

How to use this measure:

Step 1) Identify the # (number) of medical trips where translator or companion was requested or deemed to be needed, within a given timeframe. This could also be broken down by group (i.e. Elders, youth).

Step 2) Identify the # of trips where a translator or companion was provided and funded, within the timeframe (and for the specific group).

Step 3) Use the 'Indicator Calculation Tool' formula to calculate the measure.

Indicator Calculation Tool	Calculation Example
( ) trips - translator/companion provided ( ) trips - translator/companion requested or needed but not provided ( ) ( ) **X** 100 = % translation/companion needs met	15 trips - translator/companion provided 25 trips - translator/companion requested or needed but not provided 15 25 **.**06 **X** 100 = 60% translation/companion needs met
X = multiplied by ( ) = Insert number here ——— = divided by	

What does this information mean?

Only ten percent (60%) of the needed or requested translation or companion services are being provided. This information could be used to demonstrate the need for more funded services, or to identify the level of service provided to particular groups, such as Elders.