Atlantic First Nations Elder Care Strategic Action Plan

Atlantic First Nations Elders are Supported and Engaged in Healthy Aging

Non-Insured Health Benefits Advisory Committee of the Atlantic First Nations Health Partnership

FINAL DRAFT
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1 Introduction

This Atlantic First Nations Elder Care Strategic Plan represents a shared commitment by First Nations and Inuit Health Branch, Atlantic Region (FNIHB), the Atlantic Policy Congress of First Nations Chiefs (APC), Tribal organizations, Atlantic Chiefs and Councils, and First Nations communities, to work together to realize a future where all Atlantic First Nations Elders are supported and engaged in healthy aging.

The Plan is the second Elder Care Strategic Plan of the Atlantic First Nations Health Partnership (AFNHP) and is the direct result of a year-long review and renewal process of the first Strategic Plan for Atlantic First Nations Elder Care (2010-2015). As Elder Care continues to be one of the region’s four main health priorities for Atlantic First Nations Chiefs, the review began in September 2014 at the request of the AFNHP to determine what progress and achievements had been made in support of elders over the course of the first 5 year plan, and what needed to be done going forward in a renewed plan for the subsequent five years (2015-2020). Throughout the review and renewal process, the perspectives of many individuals have been heard, including Health Directors, Health Technicians, members of the AFNHP, particularly its NIHB Health Advisory Committee, the Elder Care Working Group, and its elder representatives, as well as, wherever and as much as possible, elders at the community level.

The Plan has a five year horizon- from 2015-2020- and is a multi-partner, regional plan. It is designed to help FNIHB and First Nations partners represented on the AFNHP to better focus their efforts and resources relating to elders and healthy aging in more tangible, realistic and achievable ways. To that end, the Plan builds on the work that communities and other partners are already doing in support of elders, and looks to enhance efforts in three key areas: Engagement, Planning, and Support. This includes strengthening mechanisms of engagement with Atlantic First Nations Elders, increasing consideration of elder care/healthy aging priorities in community health planning, improving access, quality and availability of health programs and services benefitting elders, continuing annual application of the Atlantic First Nations Elder Care Policy lens in select FNIHB program areas, and increasing the ability of partners to measure healthy aging and the health status of elders in Atlantic First Nations communities.

Actions carried out in support of the Plan will be streamlined into annual areas of focus over the five year duration of the plan. Year 1 will focus on validation and implementation of the plan as well as baseline data development related to
elders and healthy aging. Year 2 will focus on Mental Health and Addictions, Year 3 on Home and Community Care, Year 4 on Chronic Disease, and Year 5 on evaluation of progress to support strategic renewal of the plan for the years 2020 to 2025. It should be noted, however, that the areas of focus for Years 2, 3, and 4 of the Plan are flexible and could be interchanged depending on the priorities and interests of the Chiefs, the AFNHP, and Elders themselves.

2 HOW THE PLAN WAS DEVELOPED

The process to develop the Plan began in September 2014 under the direction of the AFNHP’s NIHB Health Advisory Committee (HAC) and in conjunction with the Elder Care Working Group. A review of the first Strategic Plan for Atlantic First Nations Elder Care (2010-2015) was undertaken over the months of September, October, November and December 2014 and focused on the identification of progress on the three main directions of the original plan, overall successes of the plan, identification of challenges related to the plan, and recommendations for moving forward to renewal of the plan for 2015 to 2020. Stakeholders/partners involved in the review included members of the AFNHP’s NIHB HAC, the Elder Care Working Group and its elder representatives, the Atlantic First Nations Health Directors, Health Technicians, as well as AFNHP’s NIHB, Mental Wellness and PHPC HAC co-chairs. Engagement of these parties was coordinated through time on the agendas of regularly scheduled meetings of the various groups/partners in the September to December 2014 time frame or through direct key informant discussions with particular stakeholders/partners. A Progress Report on the Atlantic First Nations Elder Care Strategic Plan was subsequently tabled at the January 2015 meeting of the Atlantic First Nations Health Partnership. Following this, work began on the development of a renewed plan based on the recommendations contained in the progress report. A draft of the elements to be included in a new strategic plan was created over February and March 2015 and then, between April and June 2015, shared with the Elder Care Working Group, the NIHB HAC, the Atlantic First Nations Health Partnership, Atlantic First Nations Health Directors & Health Technicians, as well as some community elders (made possible through a scheduled Atlantic region elders video conference in June). Support for direction of the plan was evident through this process and has resulted in development of this document outlining the Plan in full.
3 WHAT WE HEARD

Through review of the previous Elder Care Strategic Plan, stakeholders/partners identified that the significant successes of the plan were:

- Creation of the Elder Care Working Group;
- Planning and implementation of an Elders’ Gathering;
- Reflection of specific health issues and concerns raised by Elders through the Elders Gathering report that can be addressed through the AFNHP in work plans of the 3 AFNHP HACs (NIHB, Mental Wellness, PHPC);
- Organization of health issues and concerns raised by Elders through the Elders Gathering report that are community level issues into a discussion tool that can be used at the community level to address issues, identify priorities and assist with community health planning.
- Creation and continued use of an Atlantic First Nations Elder Care Policy Lens for FNIHB programs.

Significant challenges identified were:

- Lack of clear direction in terms of tangible, parameters or actions needed to advance the goals of the plan;
- Lack of role clarity for respective members of the Elder Care Working Group, particularly the Elder representatives on the working group.

Barriers to effective engagement, communication and networking with Elders throughout the Atlantic region (i.e. no additional resources to support Elder communication/travel for networking and information sharing purposes — and no consistent network of community Elder advisory groups or contacts — some communities have formalized Elder groups that meet on a regular basis, others do not; of 33 Atlantic First Nation communities, 21 have elder groups (see list in Attachment C of appendices), but no clear links to other groups within and between communities.)

Recommendations from stakeholders for a renewed Elder Care Strategic Plan included emphasis on more detailed identification of vision, goals, objectives for the plan, as well as more detailed scoping out of tangible, realistic and achievable parameters for fulfillment of intended goals and objectives, along with development of performance indicators that can be used to assist in reporting on the plan. Stakeholders emphasized that of primary importance going forward is the need to build effective mechanisms of engagement for elders throughout the Atlantic region so that they can be more meaningfully engaged in health program delivery/development as well as community health planning processes.
4 THE ATLANTIC FIRST NATIONS ELDER CARE STRATEGIC PLAN

**Vision:**

Atlantic First Nations Elders are supported and engaged in healthy aging.

**Guiding Principles:**

The guiding principles—the shared values and ways in which partners will work together to realize this vision—are organized according to the Seven Sacred Teachings. The traditional concepts of respect and sharing that form the foundation of the Aboriginal way of life are built around these seven natural laws, or sacred teachings. Each teaching honours one of the basic virtues intrinsic to a full and healthy life.¹

- **Courage**
  
  All partners are committed to working in new and different ways to maximize the available resources.

- **Honesty**
  
  All partners will live up to their commitments made in support of this plan and be accountable for reporting back on progress to the other partners.

- **Humility**
  
  All partners recognize that communities are in the best position to support and engage Elders in healthy aging.

- **Love**
  
  All partners have an important role to play in ensuring the success of the Plan.

- **Respect**
  
  All partners will be respectful of First Nations decision-making authority processes.

- **Truth**
  
  All partners commit to open and honest communication with each other regarding the resources that are dedicated, the decisions that are made, and the activities that are carried out in support of the plan.

- **Wisdom**
  
  All partners are committed to building on what works. This includes recognizing the gifts and strengths of First Nations Elders, their families, and their communities.

Goals and Activities

There are three primary goal areas of the Plan: Engagement, Planning, and Support, with each goal area having a specific goal or set of goals. In the following section, the goals that make up the Plan and the activities associated with each are described.

Under each of the listed goals, activities have been grouped with corresponding leads identified followed further by a listing of delineated First Nations and FNIHB responsibilities. "Leads" are responsible for making sure the activity is carried out and will be responsible for reporting back to partners on progress. Some preliminary work has been done to identify the specific persons, organizations or groups that would be responsible for carrying out each of the activities on both the First Nations and FNIHB side or jointly. The suggested "lead" person(s) or organizations are denoted at the end of each activity statement according to the legends in the text boxes below.

It should be noted that being the "lead" does not mean the persons/organization/group will carry out the activity in isolation of the other partners. Many of the activities will require collaboration, and in some cases, human or financial supports from others to ensure they are successfully implemented. These "leads" are preliminary and will be validated in the early stages of implementation.

Finally, a "logic model" showing how the vision, goals, and activities are connected and the outcomes we want to measure progress towards in the next several years is included in Attachment B.

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<thead>
<tr>
<th>AFNHP Leads</th>
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<tbody>
<tr>
<td>Atlantic First Nation Health Partnership</td>
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<td>NIHB Health Advisory Committee</td>
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<td>Elder Care Working Group</td>
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<tr>
<th>First Nations &quot;Leads&quot;</th>
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<tbody>
<tr>
<td>Chiefs and Councils</td>
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<tr>
<td>Community health staff</td>
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<td>Tribal organizations</td>
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<td>Atlantic Policy Congress</td>
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<tr>
<th>FNIHB 'Leads'</th>
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<tbody>
<tr>
<td>FNIHB program managers</td>
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<tr>
<td>Health information staff</td>
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<td>Policy and planning staff</td>
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<tr>
<td>Community development liaison</td>
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</table>
Strengthen mechanisms of engagement with Atlantic First Nations Elders

**ACTIVITIES & LEAVES**

- **Hold videoconferences for Elders 3 times per year.** Videoconferences will be aligned with the AFNHP meeting cycles. Health education topics related to healthy aging, FNIHB programming, the work of the AFNHP, and areas of interest for Elders will be provided, as well as opportunities for socialization between and amongst Elders from different communities. **Lead: ECWG**

- **Share information/outcomes from these videoconferences with AFNHP NIIH Committee & Atlantic First Nation Communities.** Lead: ECWG

- **Include sessions on healthy aging at every Atlantic First Nations Health Conference.** Lead: APC

- **Explore possibility of link with APC’s new Elder Council as another forum for engagement with Elders.** Lead: NIHB HAC

- **Encourage and support Health Directors, health centres and communities to continue efforts at the community level to engage community Elders on healthy aging.** Lead: CC & FNIHB
ENGAGEMENT

GOAL 1
Strengthen mechanisms of engagement with Atlantic First Nations Elders

RESPONSIBILITIES

Videoconferences:
- Provide space, access, and refreshment at health centres for Elders to attend videoconferences. (CHS)

Videoconferences:
- Schedule and set up videoconference time on the FNIHB Video Conferencing system. (FNIHB ECWG Co-Chair with HIA)

Videoconferences:
- Share information and outcomes of elder videoconferences with Atlantic FN communities. (FNIHB ECWG Co-Chair via APC and CHS)

Videoconferences:
- Share information and outcomes of elder videoconferences with AFNHP NIH HAC & FNIHB. (FNIHB ECWG Co-Chair)

Plan and ensure healthy aging sessions are provided at every Atlantic First Nations Health Conference. (APC)

Support APC to plan healthy aging sessions at every Atlantic First Nations Health Conference. (PM & PP)

Explore link with APCs new Elder Council. (NIHB FN Co-Chair & APC health policy staff)

Explore link with APCs new Elder Council. (NIHB FNIHB Co-Chair & PP)

Engage community elders on healthy aging (CHS)

Support/encourage communities to engage elders on healthy aging (PM/COLOs)
**PLANNING**

**G<9AL1**

Increase consideration of Elder Care/healthy aging priorities in Community Health Planning.

**ACTIVITIES & LEADS**

1. Community Health Staff to incorporate consideration of Elder Care priorities as part of their regular Community Health Planning Processes. 
   **Lead:** CC & CHS

2. Complete and distribute guided discussion tool with respect to community level issues identified by Elders. Discussion tool intended as an aid to inclusion of Elder Care priorities in Community Health Planning. 
   **Lead:** NIHB HAC

**RESPONSIBILITIES**

- **Atlantic First Nations**
  Elder Care priorities considered in Community Health Planning Processes. (CC & CHS)
  Support completion, distribution and use of Elder Care priorities guided discussion tool at community level. (NIHB FN Co-Chair, APC Health Policy staff, & CHS)

- **FNIHB Atlantic**
  Support CHS to consider Elder Care priorities in Community Health Planning. (CDLOs)
  Support completion, distribution and promotion of Elder Care priorities guided discussion tool. (NIHB FNIHB Co-Chair & PP)
**SUPPORT GOAL**

Improve access, quality and availability of health programs and services benefitting Elders

**ACTIVITIES & LEADS**

1. Identify and make plans to address specific needs of Elders within community-based programming. Lead: CC & CHS
2. Collect and share information with community health staff and Elders related to available off-reserve programs and services benefitting Elders and how to access them. Lead: ECWG & FNIHB
3. Support relationship building between community health staff and off-reserve providers to improve access to, and increase cultural safety of, programs and services delivered by the provinces and health authorities that support and benefit seniors. Lead: CC & FNIHB
**SUPPORT GOAL 1**

Improve access, quality and availability of health programs and services benefitting Elders

**RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>Atlantic First Nations</th>
<th>FNIHB Atlantic</th>
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<tr>
<td>Identify and make plans to address specific needs of Elders within community-based programming. (CHS)</td>
<td>Collect and share information with community health staff and Elders related to available off-reserve programs and services benefitting elders and how to access them. (PM/PP)</td>
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<tr>
<td>Advocate for increased funding or provision of services to fill gaps. (TO)</td>
<td>Support the creation of new relationships/ linkages between community based staff and provincial/ health authority staff responsible for Elder care programs and services (support may include helping to identify key contacts, arranging/planning and participating in meetings, etc. (PM/PP)</td>
</tr>
<tr>
<td>Develop new partnerships with other on/off reserve providers to access a broader range of health programs and services. (CHS)</td>
<td>Facilitate the sharing and adaptation of existing health policies (ie. provincial, federal, RHA, etc) that impact the care of elders and healthy aging. (PM/PP)</td>
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<tr>
<td>Develop and implement health policies that address Elder Care needs and priorities and support healthy aging. (TO/CHS)</td>
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SUPPORT

Goal 2

Continue application of the Atlantic First Nations Elder Care Policy Lens in select FNIHB program areas on an annual basis

ACTIVITIES & LEAVES

Each year FNIHB will apply the Atlantic First Nations Elder Care Policy Lens in a select FNIHB program area. Lead: PP

RESPONSIBILITIES

Outcomes of Elder Care Policy Lens application will be shared with communities. (ECWG FN Co-Chair & APC health policy staff in conjunction with ECWG/NIHB HAC)

Each year FNIHB will apply the Atlantic First Nations Elders Care Policy Lens in a select FNIHB program area. Outcomes will be shared with FNIHB & First Nation partners. (PP in conjunction with PM and ECWG/NIHB HAC)
SUPPORT

GOAL 3

Increase ability to measure healthy aging and the health status of Elders in Atlantic First Nations communities

ACTIVITIES & LEAVES

Establish indicators to measure health status of Atlantic First Nations Elders as well as indicators for strengthened engagement. Lead: NIHB HAC

RESPONSIBILITIES

Atlantic First Nations
Contribute data and feedback to NIHB re indicators to measure progress on strategy. (CHS & FN NIHB HAC and ECWG reps.)

FNIHB Atlantic
Establish indicators to measure progress on strategy. (HIA with PP)
5 IMPLEMENTATION

To ensure practical, focused and achievable implementation of the Plan, each year of the plan has been given a particular area of focus as follows:

Year 1: Validating, finalizing and implementing the Plan.

Year 2: Mental Health and Addictions

Year 3: Home and Community Care

Year 4: Chronic Disease

Year 5: Evaluation of Progress and Renewal of Plan.

Fuller detail on these areas of focus is provided in Attachment A found in the appendices.

Active implementation of the Plan will begin once it has been approved by the AFNHP in September 2015, and will endeavour to be as straightforward and cost neutral as possible, availing of existing structures, organizations, and partners to support moving it forward.

To this end, the AFNHP's NIHB HAC in conjunction with the Elder Care Working Group will support a regional process to inform all Atlantic First Nation communities (including community Elders, Chiefs and Councils, Health Directors, and relevant program staff) as well as Tribal organizations about the Plan by the end of November 2015. The process will ensure that all First Nations stakeholders and partners:

1. Are familiar with the Plan's content (ie. its goals and activities).

2. Are familiar with the areas of focus for each year of the Plan.

3. Have communicated to AFNHP commitment to tangibly support the goals and activities of the Plan, indicating specific activities that will occur in their communities/organizations on an ongoing and annual basis in support of the Plan.

The AFNHP's NIHB HAC will determine the processes or mechanisms communities and organizations may use to repeat these steps on an annual basis, as well as determine communication and reporting channels. Wherever possible, existing work planning processes as well as communication and reporting channels will be utilized.

Partners to the AFNHP are committed to moving forward on implementation of the Plan. To this end, the NIHB HAC and the Elder Care Working Group will be supported by two FNIHB staff (one policy staff person and an
epidemiologist/evaluation manager as well as one policy staff person from APC.

Implementation of FNIHB-led activities related to the plan will involve FNIHB policy staff working with relevant program managers and

6 MEASURING AND REPORTING ON PROGRESS

Under the direction of the NIHB HAC, FNIHB Health Assessment and Surveillance (HAS) staff will develop a realistic indicator framework, subsequent indicators and a data collection plan to help partners determine if progress is being made towards the objectives stated in the Plan. A baseline of regional level information against these measures will be established in Year 1, and data will be collected again at established intervals (ie. on an annual basis).

CDLOs to create a detailed work plan outlining specific leads and timelines for 2015/16 and subsequent years of the Plan.

The timeline for identifying the indicator framework and indicators, as well as creation of the data collection plan will be confirmed early in the implementation phase through discussions with the NIHB HAC.

A progress report describing progress made on the Plan as well as areas that may require further work will be developed and presented to the HACs and AFNHP at the end of 2015-16 and every year thereafter. As with other work related to implementation, APC policy staff and FNIHB policy/HAS staff will prepare progress reports under the leadership of the NIHB HAC.
Attachment A: Annual Areas of Focus for the Plan

Year 1 {2015-16}:
Focus on:
• Validating and finalizing strategic plan,
• Strengthening mechanisms of engagement with Elders including establishing regularly scheduled videoconferences and incorporating Elders and Elder Care priorities into Community Health Planning processes, as well as Health Partnership work planning processes.
• NIHB medical transportation best practice guidelines for fee-for-service drivers (formerly known as medical drivers).
• Establish indicators to measure progress on strategy.
• As part of baseline data development, have CDLO’s review Atlantic Region community health plans and multi-year work plans for stated priorities/supports related to Elder Care.
• Health Conference Healthy Aging Session to include presentation of strategic plan.

Year 2 {2016-17}:
Focus on:
• Mental Health and Addictions
• Atlantic First Nations Elder Care Policy Lens will be applied to mental health and addictions related FNIHB programming.
• Health education topics for videoconferences with Elders will focus on mental health and addictions; ie. safe use and care of prescription medication; mental health and aging, IRS, etc.
• Identify and make plans to address specific needs of Elders with respect to mental health and addictions programs.
• Collect data related to established indicators
• Health Conference Healthy Aging session topic will be related to Mental Health and Addictions.

Year 3 {2017-18}:
Focus on:
• Home and Community Care
• Atlantic First Nations Elder Care Policy Lens will be applied to Home and Community Care related FNIHB programming.
• Health education topics for videoconferences with Elders will focus on home and community care.
• Identify and make plans to address specific needs of Elders with respect to Home and Community Care programming.
• Collect data related to established indicators.
• Health Conference Healthy Aging session topic will be related to Home and Community Care.
Year 4 (2018-19):

Focus on:

- Chronic Disease/Aboriginal Diabetes Initiative
- Atlantic First Nations Elder Care Policy Lens will be applied to chronic disease/ADI related FHIHB programming.
- Health education topics for videoconferences with Elders will focus on chronic disease/ADI.
- Identify and make plans to address specific needs of Elders with respect to chronic disease/Aboriginal Diabetes Initiative.
- Collect data related to established indicators.
- Health Conference Healthy Aging session topic will be related to chronic disease/ADI.

Year 5 (2019-20):

- Evaluation of progress on strategic plan
- Collect data related to established indicators
- Renew strategic plan for 2020 to 2025.
- Videoconferences with Elders will support evaluation and renewal of plan.
- Health Conference Healthy Aging session will support evaluation and renewal of plan.
Attachment B: Logic Model