

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

September 2015

2015-2020

ACRONYMS LIST

AANDC

Aboriginal Affairs and Northern
Development Canada

AFNHP

Atlantic First Nations Health
Partnership

APC

Atlantic Policy Congress of First
Nations Chiefs Secretariat

ECWG

Elder Care Working Group

FNIHB

First Nations and Inuit Health
Branch

HAC

Health Advisory Committee

MW

Mental Wellness

NIHB

Non-Insured Health Benefits

PHPC

Public Health and Primary Care

C&C

Chief and Councils

TO

Tribal Organizations

CHS

Community Health Staff

TABLE OF CONTENTS

Section 1	Introduction
Section 2	How the Plan Was Developed
Section 3	What We Heard
Section 4	<i>The Atlantic First Nations Elder Care Strategic Plan</i>
Section 5	Implementation
Section 6	Measuring and Reporting on Progress
Attachment A:	Annual Areas of Focus for the <i>Plan</i>
Attachment B:	Logic Model
Attachment C:	List of Atlantic First Nations Communities with Existing Elder Groups

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,

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

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.

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 (ie. 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.

¹ The Sharing Circle http://www.thesharingcircle.com/sacred_teachings.html

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**.

<u>AFNHP Leads</u>	
Atlantic First Nation Health Partnership	AFNHP
NIHB Health Advisory Committee	NIHB HAC
Elder Care Working Group	ECWG

<u>First Nations “Leads”</u>	
Chiefs and Councils	CC
Community health staff	CHS
Tribal organizations	TO
Atlantic Policy Congress	APC

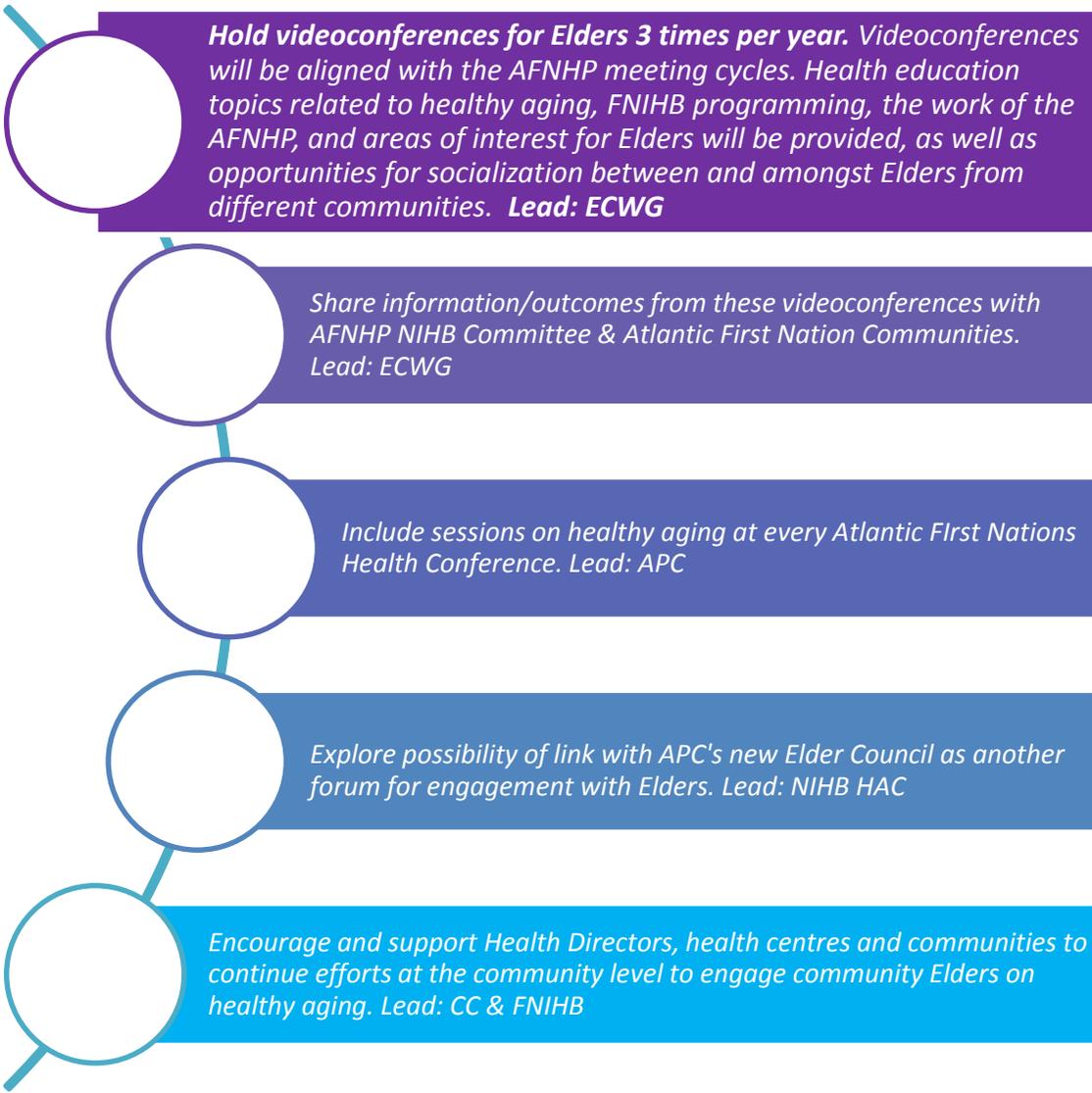
<u>FNIHB “Leads”</u>	
FNIHB program managers	PM
Health information staff	HIA
Policy and planning staff	PP
Community development liaison	CDLO

ENGAGEMENT

GOAL 1

Strengthen mechanisms of engagement with Atlantic First Nations Elders

ACTIVITIES & LEADS

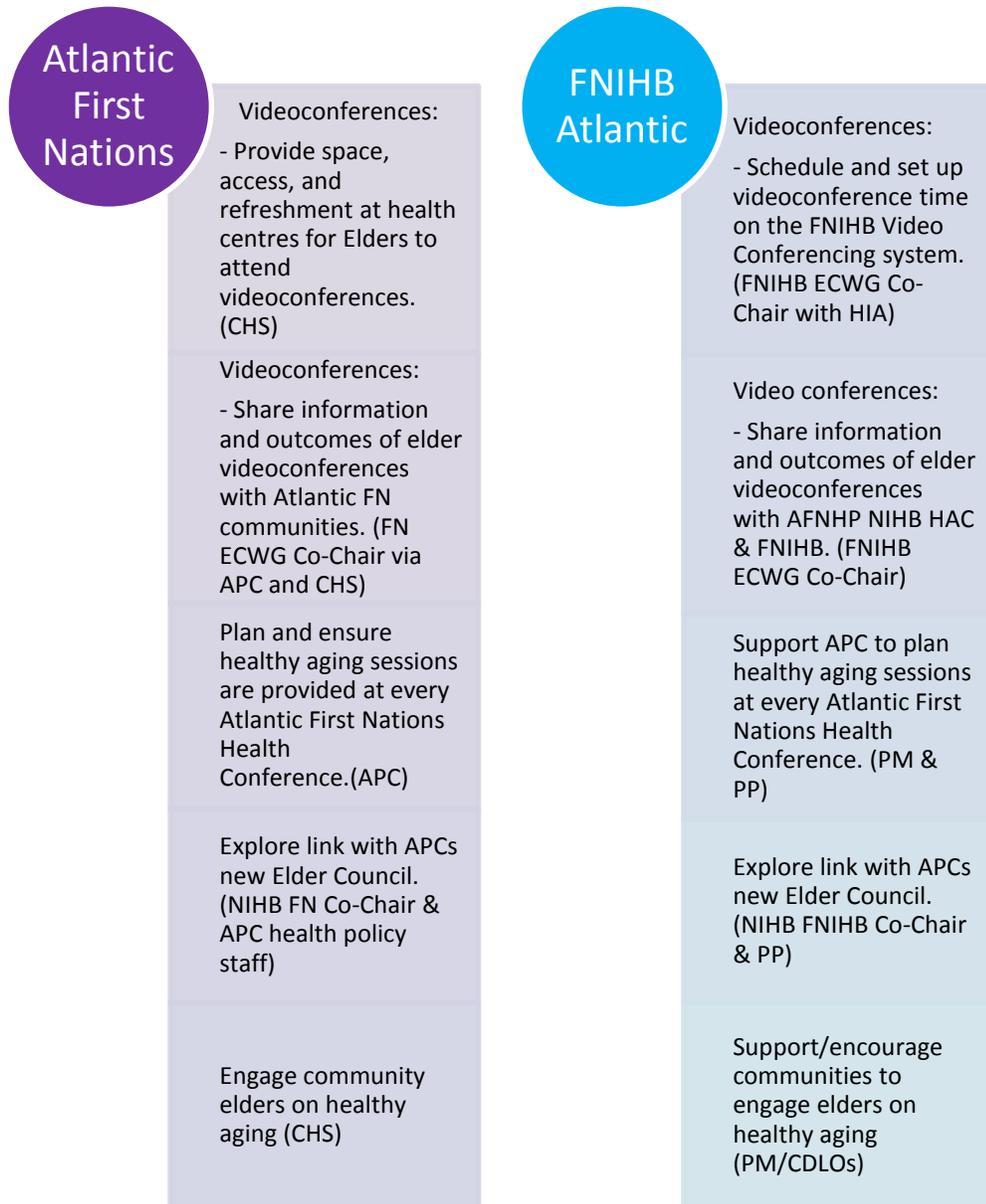


ENGAGEMENT

GOAL 1

Strengthen mechanisms of engagement with Atlantic First Nations Elders

RESPONSIBILITIES



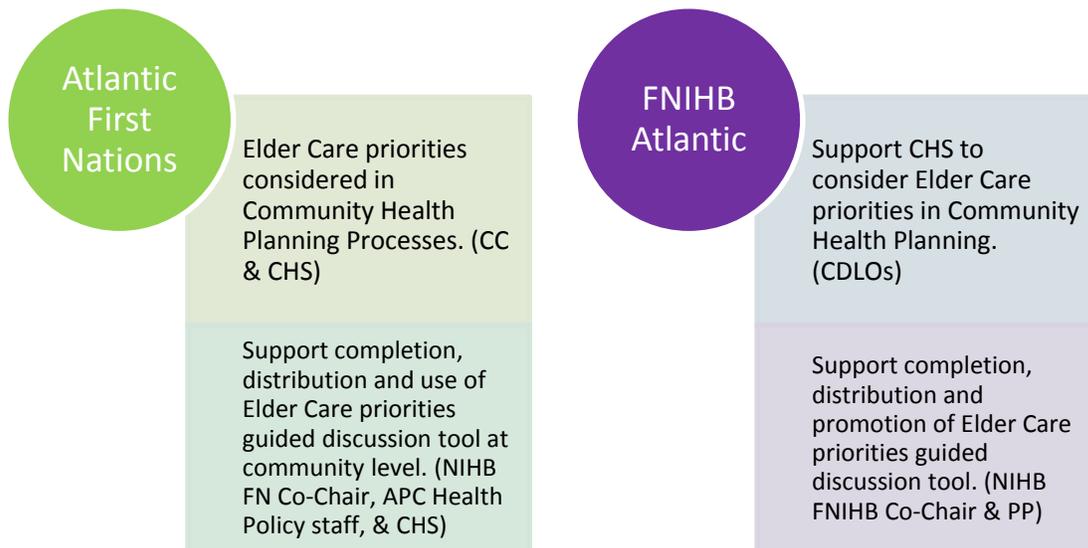
PLANNING GOAL 1

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

ACTIVITIES & LEADS



RESPONSIBILITIES



SUPPORT GOAL 1

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

ACTIVITIES & LEADS



SUPPORT GOAL 1

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

RESPONSIBILITIES

Atlantic First Nations

Identify and make plans to address specific needs of Elders within community-based programming. (CHS)

Advocate for increased funding or provision of services to fill gaps. (TO)

Develop new partnerships with other on/off reserve providers to access a broader range of health programs and services. (CHS)

Develop and implement health policies that address Elder Care needs and priorities and support healthy aging. (TO/CHS)

FNIHB Atlantic

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)

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)

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)

SUPPORT GOAL 2

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

ACTIVITIES & LEADS



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

RESPONSIBILITIES



<p>Atlantic First Nations</p>	<p>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.)</p>	<p>FNIHB Atlantic</p>	<p>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.)</p>
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SUPPORT GOAL 3

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

ACTIVITIES & LEADS



RESPONSIBILITIES



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):

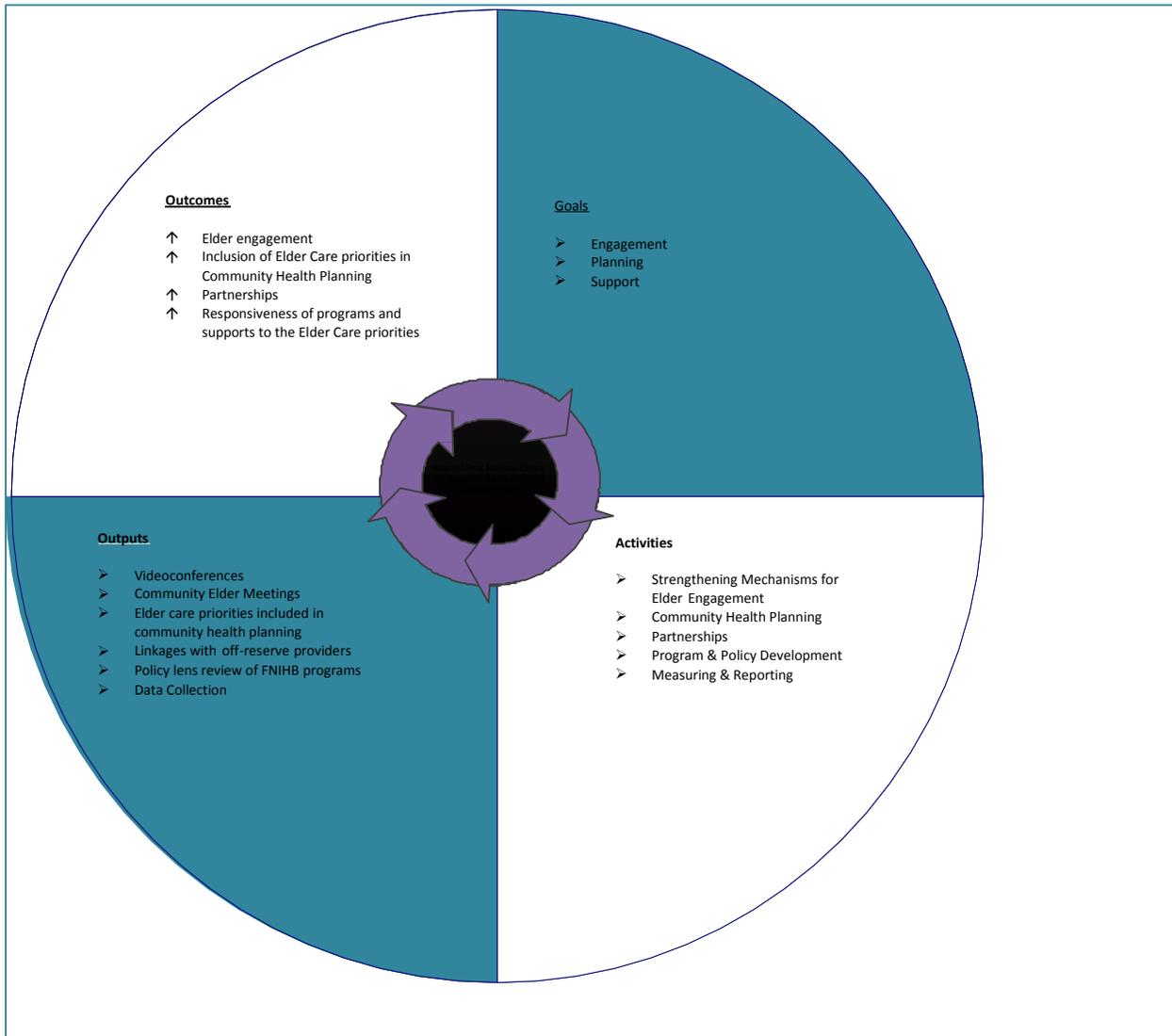
Focus on:

- 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



Attachment C: List of Atlantic First Nation Communities with existing Elder Groups.

COMMUNITY	Elders program	Amount of members	Meeting time	Contact name and Number
ABEGWEIT, PE	YES	10 to 20	Monthly	Ashley Jadis (902) 676 3007 Ext. 224
ACADIA, NS	NO			
ANNAPOLIS VALLEY, NS	NO			
BEAR RIVER, NS	NO			
BOUCTOUCHE, NB	NO			
EEL GROUND, NB	YES	15 to 30	Monthly	Kerlan Francis (506) 627 4633
EEL RIVER BAR, NB	YES	36	Monthly	Judy Labillois (506)684 6334
ELSIPOGTOG, NB	YES	15+		Margaret Ann Milliea (506) 523 8200 Ext.4617
ESGENOOPETITJ (BURNT CHURCH), NB	YES	15	Weekly	Contanace Mattalic (506) 779 5674
ESKASONI, NS	YES			Shelia Morris (902) 379 2540
FORT FOLLY, NB	NO			
GLOOSCAP, NS	YES	10 to 15	Monthly	Terrell Mudge (902) 684 9353
INDIAN ISLAND, NB	NO			
KINGSCLEAR, NB	YES			Lynn Dunmar (506) 362 3028 Ext. 103
LENNOX ISLAND, PE	YES			Marlene MacLennan (902) 831 2711
MADAWASKA, NB	NO			
MEMBERTOU, NS	YES "Club 55"	20	Monthly	Gloria Nicholas (902) 564 6466
METEPENAGIAG, NB	NO			

Attachment C: List of Atlantic First Nation Communities with existing Elder Groups (Cont'd)

COMMUNITY	Elders program	Amount of members	Meeting time	Contact name and Number
MIAWPUKEK , NL	YES	12 to 15	Weekly	Maggie Johns (709) 882 2287
MILLBROOK, NS	YES	10 to 25	Monthly	Lavinia Brooks (902) 895 9468
NATUASHISH, NL	Unknown			Kathleen Benuen (709) 478 8871
OROMOCTO, NB	YES	5 to 10	No set time	Margaret Paul (902)357 1027
PABINEAU, NB	YES	4 to 5	Weekly	
PAQTNKEK, NS	NO			
PICTOU LANDING, NS	Yes "IRS" Group"			
POTLOTEK, NS	Yes "IRS Group"	8		
SHESHATSHIU, NL	YES			Mary Jean Nui (709) 899 0879
SIPEKNE'KATIK (INDIAN BROOK), NS	YES			Loraine Etter (902) 758 2063
ST. MARY'S, NB	YES	10+		
TOBIQUE, NB	YES	10+	Monthly	Qwen Bernard (506)273 9315
WAGMATCOOK, NS	YES	8	No set time	Chief Norman
WAYCOBAH, NS	YES			Andrea Curry
WOODSTOCK, NB	NO			