Sioux Lookout
First Nations
Health Authority

Approaches to Community Wellbeing

Model Description

February 2015
Sioux Lookout First Nations Health Authority

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- Janet Gordon, Director of Health Services
- Emily Paterson, Public Health Project Coordinator (report author)
- Brent Wesley, Special Projects and Communications Assistant

We would also like to acknowledge the support and guidance we received from our Public Health Working Group, which includes representatives from:

- First Nations Inuit Health Branch (Ontario Region and Sioux Lookout Zone)
- Ministry of Health and Long Term Care Public Health Planning and Liaison Branch
- Northwestern Health Unit
- Thunder Bay District Health Unit
- North West Local Health Integration Network
- Matawa First Nations Management
- Keewaytinook Okimakanak Tribal Council
- Eabametoong First Nations Health Authority
- Webequie First Nations Health Authority

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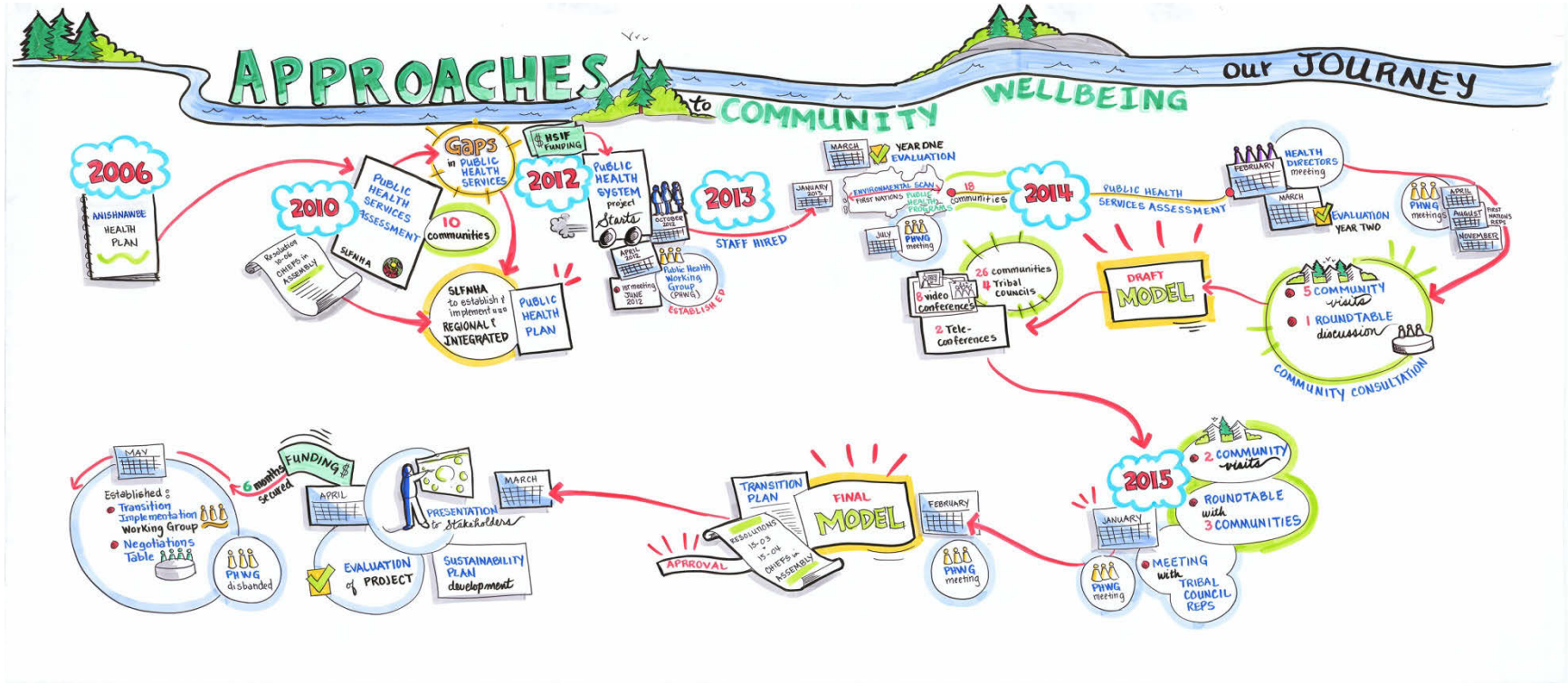
1.0. Introduction

In 2006, Sioux Lookout First Nations Health Authority (SLFNHA) conducted an assessment of health services available in the communities and created an Anishinabe Health Plan. The Anishinabe Health Plan outlines how health services should be provided to communities, and it identifies that there is currently a huge gap in preventive/promotive health services. In 2010, SLFNHA conducted a public health services assessment of 10 communities, which further highlighted gaps in Public Health services. Through Resolution 10-06, the Chiefs-in-Assembly mandated that SLFNHA establish and implement a regional and integrated Public Health System for the 31 communities it services. SLFNHA then received a three-year grant from Health Canada through the Health Services Integration Fund to fulfill this mandate. In 2014, SLFNHA expanded the health services assessment to include more communities and get a more complete picture of the public health services available in the region. The Public Health Working Group also conducted an environmental scan of other public health systems in Canada servicing remote First Nations communities to serve as examples during model development.

In order to develop the model, SLFNHA conducted a community consultation process to ensure community priorities and feedback were incorporated into the system. The consultation process involved a Health Directors' conference in February 2014, five community visits, two round table discussions, a presentation to the Chiefs at SLFNHA's Annual General Meeting, and a series of video conferences with Health Directors and community representatives. During this community consultation process, SLFNHA contracted a Graphic Facilitator to lead some sessions. The Graphic Facilitator was involved in the Health Directors conference, and captured ideas from the group on large pieces of white paper. To see copies of these images, refer to Appendix A. She was also involved in two of the five community visits, where she facilitated the sessions and captured their ideas on paper. To see copies of these images, refer to Appendix B. This process was visual and engaging for the audience. It helped improve the participants' understanding of public health, and it allowed us to map out the strengths and challenges in the communities, and see the way forward.

The Public Health Project Team worked with the First Nations representatives on the Public Health Working Group to create the model using the community consultation feedback. We also received advice from two Public Health Residents from Thunder Bay District Health Unit (TBDHU), Dr. Mary Raukar and Dr. Natalie Bocking. Furthermore, the Public Health Working Group provided input into the model by sharing their expertise.

During the process of developing the model, it was challenging to get both community members and Public Health Working Group members to think outside of the box. They all had a certain comfort level with the systems they already know, and a First Nations' Community Wellbeing system may look different from traditional public health models. However, the idea behind this model development is to change the landscape for how public health is done within the communities in order to best suit residents' needs and ways of life. However, during model development we also had to address how it can be funded. Balancing these two positions was challenging, however the Public Health Project Team was determined to achieve a unique First Nations' public health system that is flexible and can be adapted to each community.


APPROACHES to COMMUNITY WELLBEING our JOURNEY
2006
ANISHNAWBE HEALTH PLAN
2010
PUBLIC HEALTH SERVICES ASSESSMENT
SLFNHA
Resolution to the CHIEFS in ASSEMBLY
10 communities
Gaps in PUBLIC HEALTH SERVICES
SLFNHA to establish & implement a co REGIONAL & INTEGRATED
PUBLIC HEALTH PLAN
2012
HSIF FUNDING
PUBLIC HEALTH SYSTEM project Starts
OCTOBER 2012
APRIL 2012
1st meeting JUNE 2012
Public Health Working Group (PHWG)
ESTABLISHED
2013
STAFF HIRED
JANUARY 2013
MARCH
YEAR ONE EVALUATION
ENVIRONMENTAL SCAN
FIRST NATIONS PUBLIC HEALTH PROGRAM
18 communities
JULY
PHWG meeting
2014
PUBLIC HEALTH SERVICES ASSESSMENT
FEBRUARY
HEALTH DIRECTORS meeting
MARCH
EVALUATION YEAR TWO
APRIL
PHWG meetings
AUGUST
NOVEMBER
FIRST NATIONS REPS
26 communities
4 Tribal councils
8 video conferences
2 Tele-conferences
DRAFT MODEL
5 COMMUNITY visits
1 ROUNDTABLE discussion
COMMUNITY CONSULTATION
2015
2 COMMUNITY visits
ROUNDTABLE with 3 COMMUNITIES
JANUARY
PHWG meeting
MEETING with TRIBAL COUNCIL REPS
FEBRUARY
PHWG meeting
FINAL MODEL
TRANSITION PLAN
RESOLUTION to the CHIEFS in ASSEMBLY
APPROVAL
MARCH
PRESENTATION to Stakeholders
APRIL
EVALUATION of PROJECT
SUSTAINABILITY PLAN development
FUNDING $
6 months secured
MAY
Established:
Transition Implementation Working Group
Negotiations Table
PHWG disbanded

2.0. Approaches to Community Wellbeing Title

Originally, the title for the project was “Public Health Model”, however, the community members did not identify with the term “public health.” The communities do not use the word “public”, but instead they frequently use the word “community.” Furthermore, the term “wellbeing” represents a more wholistic view of health. Finally, once the system is implemented, the term “model” will no longer apply. In addition, it is difficult to comprehend terms such as “model” and “system” and we decided a more appropriate and accessible term would be “approaches.” Put together, the term became “Approaches to Community Wellbeing” and was easier to understand in English, as well as easier to translate into local languages.

Model = Approaches
Public = Community
Health = Wellbeing

3.0. Vision, Mission, Values, and Goals

The Vision, Mission, Values, and Goals were determined through a group work process with our First Nations representatives on our Public Health Working Group. We took the key components from all of the community consultation processes relating to the overall vision for the system, and grouped them according to whether they were goals, values, or over-arching statements. In each of those subcategories we grouped similar items together and identified key themes. We summarized these themes into the Vision, Mission, Values, and Goals that are outlined below.

3.1. Vision

The Anishinabe people of this land are on a journey to good health by living healthy lifestyles rooted in our cultural knowledge.

3.2. Mission

Our mission is to develop integrated, sustainable, and community-owned approaches to community wellbeing. The approach will be rooted with the traditional teachings of our people and will promote healthy lifestyles, active leaders, and positive Anishinabe people.

3.3. Values

The Teachings of our People: We recognize and use the teachings of our people, including respect, wisdom, love, bravery, humility, trust, truth, sharing, and kindness.

Family: Our families take responsibility for each other and are integral to community wellbeing.

Language: Language is rooted in our culture as Anishinabe. It connects us with the land, our ancestors, and each other.

History: We learn from our history and allow it to guide us toward the future. Through understanding our history, we can recognize and embrace our resilience.

Wholistic: We honour the Circle of Life and ensuring balance between the four elements: spiritual, mental, physical, and emotional.

Honour Choices and Respect Differences: Everyone is different and we honour and respect these differences. Everyone has the ability to make the choices that are best for them.

Share Knowledge: We share the teachings of our people from generation to generation. We share best practices and learn from each other.

Connection to the Land: We are the stewards of the land and we value our connections to the land. The land is our teacher, provider, and medicine-healer.

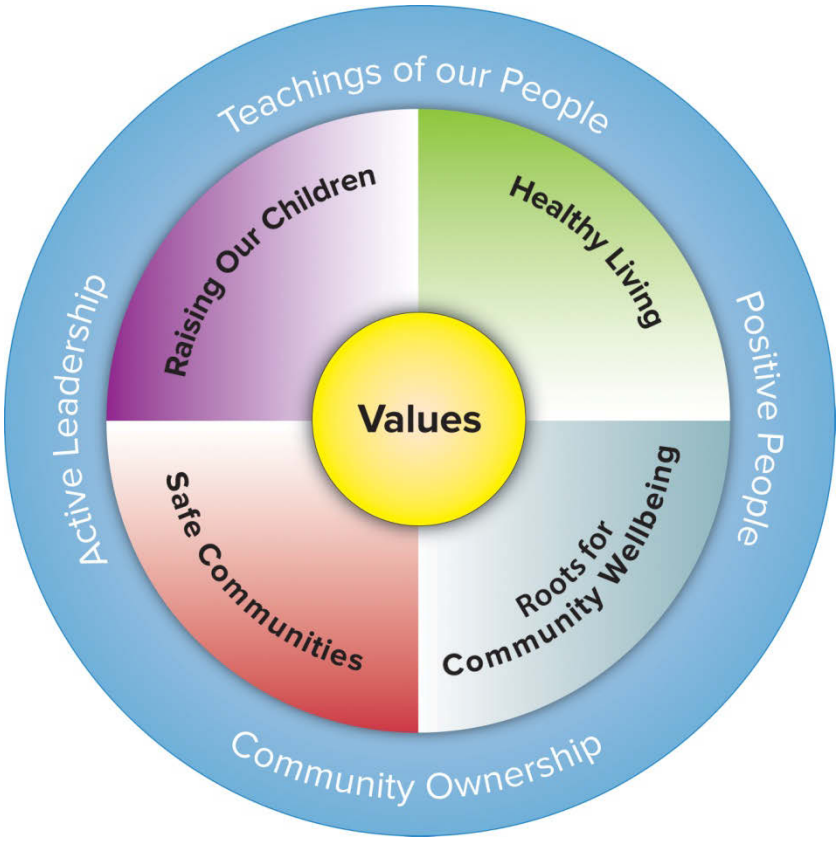
Supportive Relationships and Collaboration: We build supportive connections and relationships both within and outside the community, which promote participation and inclusiveness.

3.4. Goals

- Improved approaches to community wellbeing, which are integrated, wholistic, sustainable, and proactive
- Increased community ownership over our health and approaches to wellbeing
- Increased number of people leading the way who are committed to healthy communities
- Safer communities
- Increased number of people making healthy choices
- Increased number of children raised as healthy community members
- Increased connection to the teachings of our people

approaches to COMMUNITY WELLBEING
BACK TO Moos
We are CONNECTED to the Land
Connected to the Teachings of our People
We are speaking our Language
We are practicing the Spirituality of our CHOICE
We have an Awareness of the NATURAL ENVIRONMENT and the need to PROTECT IT!!
Our DOGS are under control
CLEAN & SAFE
Safe communities
Public works up to Standard
our dogs are under control
WASTE MANAGEMENT
Safe clean WATER
ROADS
community Ownership over our Health
empowered
Participation in health programs
Caring for EACH OTHER
connected & supported Communities
Using Skills from WITHIN THE COMMUNITY to solve problems
CLEAN Water
SPORTS Equipment OPPORTUNITIES
Physical activity as part of living in the community
Healthy Choices
Food from our Gardens
FOOD from the Land
Foods that NOURISH our BODIES
VALUES
Vision
The ANISHINABE people OF THIS LAND are on a Journey to GOOD HEALTH by practicing lifestyles rooted in Cultural Knowledge
Teachings of our PEOPLE
Connection to the LAND
Family
Sharing KNOWLEDGE
Language
Honouring Choices & accepting Differences
supportive Relationships
Holistic
our History
Children are being raised to be HEALTHY COMMUNITY MEMBERS
our FAMILIES know how to CARE FOR their Children
Our children & Youth are EDUCATED traditional/other
consistent DATA
Collecting
Reporting
ACCESS to information
Integrated Holistic Sustainable approaches
ACCESS Health Care
STAFF
TRAINING
SPACE
PROACTIVE
AWARENESS of Health issues
BALANCE
CHOICE of MEDICINE
HEALTHY Leaders
people Leading the Way who are committed to Healthy Communities
WE KNOW WHO WE ARE
ELDERS mentor & teach
WE ARE COMMITTED TO HEALTHY COMMUNITIES

4.0. Approaches to Community Wellbeing Model



This model covers both the regional and community-level approaches to community wellbeing, however each community may adapt it in order to best meet its needs, priorities, and resources.

Prior to discussing the components of the model, it is important to note that the process communities go through in developing the model and program areas is potentially equally important to the programs themsleves. This process involves community engagement, the development of community champions, and getting community leadership on board and motivated to make changes. Through this process, people become engaged in their health system and are able to take ownership over their own health system and their own health status. This empowerment of communities and individuals will make a significant difference in their health status, much more than any single health program will make.

The values of the Approaches to Community Wellbeing are placed at the centre of the model, as they *are* the centre of everything done throughout the approach. As mentioned previously, one of the key values is to be wholistic and throughout the Approaches to Community Wellbeing the elements of spiritual, mental, emotional, and physical health will be addressed. Each program area will focus on the person as a whole.

Using the objectives, we developed four main program areas: *Raising our Children*, *Healthy Living*, *Safe Communities*, and *Roots for Community Wellbeing*, which are surounded by key themes. There are no lines separating the program areas because there will be overlap and collaboration between program areas in order to ensure a wholistic approach. The colours of the program areas are shaded on a gradient to symbolize that each area will be broken down further, as each area includes many health concerns and approaches to community wellbeing. The key themes are: *Active Leadership*, *Teachings of our People*, *Positive People*, and *Community Ownership*. These key themes provide direction and strength for the Approaches to Community Wellbeing.

4.0.1. Key Themes

- *The Teachings of our People* will be accomplished through the integration of Elders into programs and in the development of health messages. When conducting workshops, trainings, or classes, Elders should be invited to share their experiences and knowledge in relation to the topic of discussion. Community health workers can also share messages they have learned from Elders throughout their programs. Elders could also host radio programs in the community to share their stories and legends, and pass on information about traditional practices and values. Elders should also be consulted in the regional-level services to ensure that *Teachings of our People* are incorporated into programs and communication tools.

- *Community Ownership* should be promoted and achieved through the involvement of community members, health workers, and local leadership. The regional model was developed through consultations with the communities, but each community will have to determine the appropriate approaches and structures to achieve Community Wellbeing. By encouraging and assisting communities in developing their own community-level system, as opposed to dictating program requirements, it will build community ownership over the Approaches to Community Wellbeing. In turn, this will also develop both community ownership over the health status of the community, and individual ownership over each person's own health practices.

- The Approaches to Community Wellbeing will not be successful without the support of the Anishinabe people. Thus, as mentioned above, it is important to engage the community and promote community ownership over their health. Positive and dedicated workers will be needed to make the system function, and clients of the system will need to be open and receptive to learning and improving their health. These *Positive People* will determine the ability of the Approaches to Community Wellbeing to make a difference. Furthermore, the Approaches to Community Wellbeing should also be able to promote positive people by promoting healthy lifestyles and tackling emotional and mental health issues in the communities.

- *Active Leadership* will be required in order to put these Approaches to Community Wellbeing in place effectively. It will be up to each community's Chief and Council to provide effective and active leadership to achieve the goals of the approaches. Chief and Council will have to show a commitment to the process of developing and implementing Approaches to Community Wellbeing, and each community will need to determine how to transition services and resources to meet and fulfill the vision of the Approaches to Community Wellbeing. In addition to Chief and Council, however, it will take the active leadership of everyone involved. Regional and community-level agencies (including funders) will need to be committed to the process and

provide strong leadership throughout the system. Health directors, nursing station personnel, and community workers will also have to exemplify commitment and leadership. They will have to set a good example for others to follow. When working with Approaches to Community Wellbeing, it is important to spread information around the prevention of illnesses and the promotion of healthy lifestyles. However, if workers are not following their own advice it is difficult for community members to change their behaviours and attitudes. Finally, it will take the active leadership of all community members, including Elders and youth, to truly improve the health of the community.

4.0.2. Human Resources

Supporting the overall system at the regional-level will be the Community Wellbeing Manager and an Associate Medical Officer of Health. There will also be a need for administrative support. At the community level, each community will identify the leadership necessary for the system. It may involve the Health Director, Assistant Health Director, Health Board/Committee (if applicable), and Chief and Council. A Cultural Educator, or similar position, should also support it, in order to promote the use of traditional knowledge throughout all program areas. At both the regional-level and community-level, Elders will play an important role in ensuring the use of traditional knowledge throughout programming.

4.1. Roots for Community Wellbeing

The *Roots for Community Wellbeing* are the components or aspects of the Approaches to Community Wellbeing that provide the necessary information and support to other components of the model to ensure the services provided are effective, sustainable, ethical, and culturally appropriate. These components serve as the roots for the wellbeing programs to grow and flourish. Since these components are the foundation for the entire system, it is imperative that they are conducted in accordance with the values of the system. Not only will the activities be conducted in culturally appropriate ways, but also all deliverables achieved through the activities must be culturally appropriate. This may be accomplished through consultations with Elders and using the *Teachings of our People* as a guide. The bulk of the work associated with the *Roots for Community Wellbeing* may be done at the regional-level, but the information gained through this area will be transferred for use at the community-level.

The white lines divide the centre of the model to represent the four elements: physical, spiritual, emotional, and mental. Each of these aspects of wholistic wellbeing will be considered in each program area. This is consistent throughout the diagrams for *Raising Our Children*, *Healthy Living*, and *Safe Communities*.

4.1.1. Corresponding Goal

Improved approaches to community wellbeing, which are integrated, wholistic, sustainable, and proactive.

4.1.2. Human Resources

Core staff will need to be identified as initial supports for this program at the SLFNHA level. The initial role of the team will be to assess existing services and capacities, and identify needed personnel. The team will also identify and develop processes to achieve the components of this system, for example develop and implement a data collection system. This may include working with the existing Health Information Systems clerk at SLFNHA. In order to develop and implement these processes, the team may need to foster external partnerships.

The team will also link with the Research Coordinator of the Anishinabe Bimaadiziwin Research Program to develop a partnership and a mutual understanding of how the departments will link. Potential human resources needed may include; Data Entry Clerks, Epidemiologist, Research Support Staff, Quality Improvement Coordinator, Policy Analyst, Communications Officer, and Capacity Building Specialist.

At the community level, all program staff may be involved with *Roots for Community Wellbeing*, especially the Health Directors, Assistant Health Directors, Health Boards/Committees, and/or Chief and Council.

4.1.3. Program Areas

The list of program areas below is not exhaustive and may be added to as the model develops further.

Data Collection and Analysis

A fundamental component of all public health systems is the collection, analysis, and dissemination of health status information in order to support public health decision making. This component of the model will support the generation of health status reports as well as surveillance systems for reportable diseases. This component of the system will involve the collection of data into secure databases to generate health status reports. Approaches to Community Wellbeing will use this to monitor health indicators over time and to identify community and regional priorities. Prior to the implementation of this program, SLFNHA will assess existing information systems and determine which system best fits the needs of the communities.

Program Planning and Evaluation

Program evaluation of both regional and community-level programs is essential to ensuring that the Approaches to Community Wellbeing are having a positive impact on the community and are being conducted effectively. In turn, the department will use these evaluations to assist in system and program-level planning. This component of the model will incorporate regional-level SLFNHA staff positioned to work with communities to develop monitoring and evaluation programs.

Research

This component will work on public health research based on community priorities, in accordance with the principles of Ownership, Control, Access, and Possession (OCAP). The Anishinabe Bimaadiziwin Research Program will do the main work related to research. The Anishinabe Bimaadiziwin Research Program is a partnership between SLFNHA and the Sioux Lookout Meno Ya Win Health Centre (SLMHC), and works in Sioux Lookout and the surrounding First Nations to initiate and collaborate on relevant clinical and community projects, as well as regional and cross-cultural research. The Anishinabe Bimaadiziwin Research Program was created through Resolution 12-08, which mandated SLFNHA to establish a community directed Research Unit to conduct research based on community health priorities. The direction comes in order to provide SLFNHA with sufficient health data and evidence to support and advocate for the delivery of appropriate, adequate, and proactive health care at the community-level. The goals of the program include:

- Assist communities and researchers to build strong and equitable partnerships on focused and common research interests;
- Foster an environment of curiosity, inquiry and sharing;
- Encourage research that is relevant, ethical, community-oriented and builds capacity; and
- Communicate with and share health research knowledge with communities and organizations.

The Approaches to Community Wellbeing will assist in strengthening the Anishinabe Bimaadiziwin Research Program and encourage research related to public health priorities in the communities.

Ethics

This component of the program will ensure that other program areas are following ethical practices that exist, and developing ethical practices and frameworks to support staff in their work. This may involve looking at Sioux Lookout Meno Ya Win Health Centre's existing ethical framework, which was developed to assist in ethical decision-making, and seeing how it could apply to the Approaches to Community Wellbeing. This also may involve calling upon the Regional Bioethicist[1] to assist in policy creation or ethical dilemmas as needed. It may also include an Elder advisor, who can assist in decision making, especially when attempting to balance traditional and "Western" knowledge.

Policy

Many of the health problems affecting Sioux Lookout area First Nations communities are related to social issues such as unemployment, lack of educational opportunities and inadequate housing. These issues need to be addressed through changes in public policy. The new Approaches to Community Wellbeing can support community leadership to add health arguments to their case for policy change.

The role of this component is to provide expert guidance on policy analysis and support both SLFNHA and communities in addressing and advocating for policies affecting health. For example, at the community-level, this could target the price of healthy food options (*Healthy Living*) or the use of life jackets while boating (*Safe Communities*). These community-level policies may not be policies as understood in an Ontario Public Health system, but may rather be reflected in the *Teachings of our People.* Furthermore, it will play a role in advocating for policy changes on a larger scale. Areas of focus will be determined from community priorities.

Capacity Building

Staff must be well trained and supported in order for the Approaches to Community Wellbeing to be effective. When starting a new job, employees need to receive an orientation, as well as policies or resource manuals to which they can refer. This area of the model will work on building a Community Wellbeing workforce through community-level trainings, mentorship programs, and providing supports to staff. As often as possible, trainings should be conducted at the community-level and train-the-trainer methods should be used so the information can be passed on to others. Furthermore, it can expand to look at building the capacity of the community as a whole. This program will work with other Community Wellbeing program areas on capacity building related to their specific program content as well.

Before SLFNHA is able to support capacity at the community-level, we will need to develop capacity regionally. In order to build this capacity, the system may require agreements between SLFNHA, Tribal Councils, communities and Public Health Units. The TBDHU and Northwestern Health Unit (NWHU) have significant capacity related to public health, and tapping into their expertise will help build the capacity of the system.

[1] The Regional Bioethicist spends one week per month at the Sioux Lookout Meno Ya Win Health Centre.

Communications

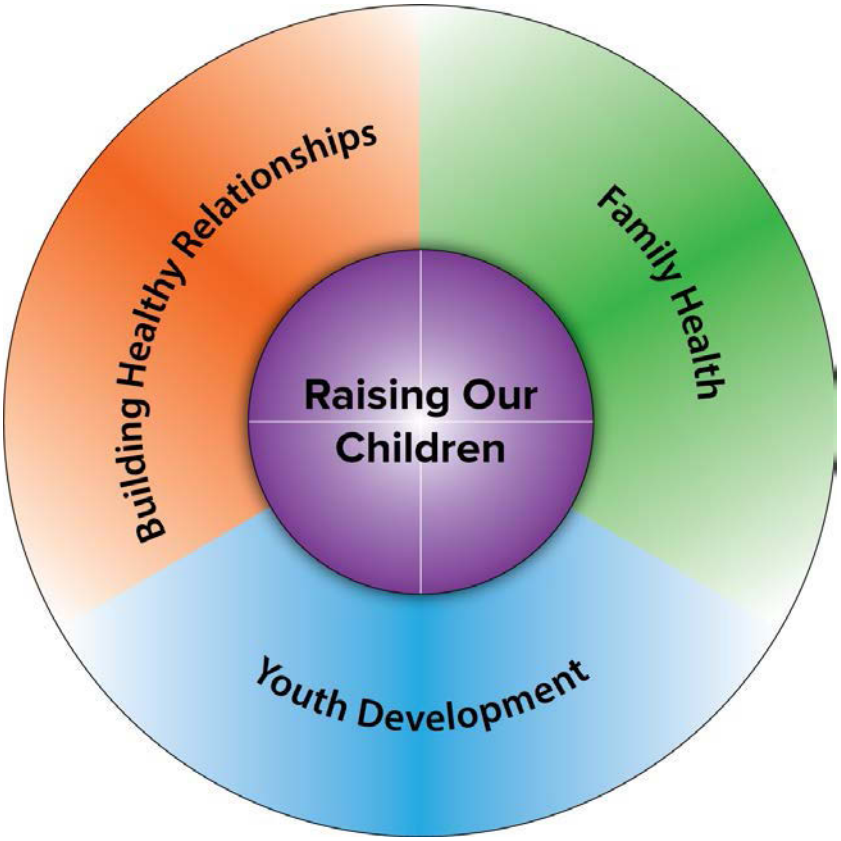
This program will contribute to improving communications between the communities, Tribal Councils and SLFNHA. It will also work on improving communications between funding stakeholders, such as the Ministry of Health and Long Term Care (MOHLTC) and the First Nations Inuit Health Branch (FNIHB). Communications can also facilitate the building of partnerships between other stakeholders involved in community wellbeing, such as education and social services. This program will also facilitate the communication and sharing of best practices between communities, so communities can learn from each other. It will devote time to improving communications between primary care and community wellbeing to ensure that they are not working in silos, but are able to work together for the betterment of communities. Finally, this program will work with other program areas to create health promotion messaging for communities. The means for delivering services related to communications will be in line with SLFNHA's organizational structure and communication strategy.

During the transition into the new Approaches to Community Wellbeing, a communication strategy will be essential for keeping stakeholders informed of the progress and engaging them into the process. Since there are a variety of audiences – including the Sioux Lookout area Chiefs, Chiefs Committee on Health, First Nations communities, Tribal Councils, MOHLTC, FNIHB-Ontario Region, and District Public Health Units – we must tailor the message to meet the needs of each audience. Messaging to all audiences must convey the importance, urgency and benefits of the Approaches to Community Wellbeing and must be grounded in the values. The messages should also be clear and consistent, especially around the language used. For example, we should consistently use Community Wellbeing instead of Public Health, and the system should be referred to as the Approaches to Community Wellbeing. When developing the communication messaging we must maintain confidentiality and protect the privacy of Sioux Lookout area First Nations communities and their members' personal information.

The main communication tools that have been used to date in this project are program updates/briefing notes (bi-monthly), newsletters (quarterly), PowerPoint presentations, and the SLFNHA website. We distributed this information through email, fax, and/or mail. We have also used teleconferences, video conferences, meetings, conferences, and community visits as means of engaging the population and improving communication. However, we have noticed that these have not necessarily been enough to engage all Health Directors or Chiefs, let alone other health workers and community members. For this reason, moving forward we would like to engage the Tribal Councils to assist us in spreading our communication messages since they have regular contact with the communities.

4.2. Raising Our Children

Raising our Children is an approach to ensuring the children and families in the communities are supported, and children are being raised with strong connections to family, community, spirituality, land, culture, language, and each other. It promotes a supportive environment for children to grow and focuses on setting people on a healthy path in life from a young age. Programs will be rooted in the *Teachings of our People* to ensure culturally appropriate methods are used. The use of these teachings will promote raising children with exposure to their language and culture, and ensure local child raising practices are maintained.



4.2.1. Corresponding Goal

Increased number of children raised as healthy community members

4.2.2. Human Resources

At the regional level, this program area will be supported by a *Raising our Children* Coordinator and Administrative Assistant. The Coordinator will assess the existing services and human resources capacity, and plan the necessary staffing requirements to run efficient programming. Potential staff may include Public Health Nurse (specializing in Maternal Newborn and Child Health), Nutritionist, Dental Hygienist, Early Childhood Development Specialist, Youth Health worker, Elder, Mental Health worker, and Social worker.

At the community-level, this program will be supported by the Public Health Nurses, Dental Assistant, Brighter Futures, Community Development Workers, Youth Mental Health Workers, Elders, and a variety of MNCH programs (i.e. Healthy Babies Healthy Children, Fetal Alcohol Spectrum Disorder [FASD], Early Childhood Development, CPNP, Aboriginal Head Start, and others). Furthermore, the health personnel may collaborate with recreation workers, Tikinagan Child and Family Services, schools, and churches.

4.2.3. Program Areas

Family Health

Family Health will look at preconception, healthy pregnancies, prenatal care, postnatal care, breastfeeding and infant nutrition, injury prevention of babies, well-baby visits, and oral health (screening and preventive care). In regards to prenatal care, the program will look at prenatal classes and home visits to provide health education and support to expecting parents. In regards to postnatal care, the program will also provide supportive home visits to check in on parents to ensure they are adjusting well. During these home visits, staff will also promote other services within the community that would be beneficial to parents. This program will also address Early Childhood Development, including growth and development, attachment, parenting, speech and language, hearing and vision screening, nutrition, and physical activity.

The extent to which some clinical services may be integrated into Approaches to Community Wellbeing under *Family Health* is yet to be determined. During the community consultation process, prenatal visits, postnatal visits, immunizations, and well-baby clinics were mentioned as priorities in the community. However, these roles typically fall under primary care in other parts of Ontario. We are still determining whether we will leave them as primary care roles and provide complementary services, or whether we will bring them under the umbrella of Approaches to Community Wellbeing.

Many programs focusing on *Family Health* already exist in many communities, including Maternal Child Health, FASD, CPNP, Early Childhood Development, etc. The Approaches to Community Wellbeing will assist in integrating and supporting these programs to provide the best possible services and fill any identified gaps. At the regional-level, the Approaches to Community Wellbeing will assist in supporting community-level initiatives. Furthermore, the regional-level could look at opportunities within SLFNHA to provide health promotion and education surrounding *Family Health*. For example, the Approaches to Community Wellbeing department could work in partnership with SLFNHA's Jeremiah McKay Kabayshewekamik Hostel to provide education to expectant mothers staying there.

Youth Development

Throughout our community consultation process it became evident that youth was a particular demographic that are a priority for many communities and need additional support. Overall, communities would like to see youth being socially engaged (and not just through social media) and having healthy outlets to occupy their time. To date, the only main health program that focuses on *Youth Development* is Brighter Futures, and in most communities, it mostly involves recreational programming. Depending on the community, the Aboriginal Diabetes Initiative program may also work with this age group. There are also other organizations providing programs in communities such as Right to Play, Canadian Rangers, Girl Power, and Wolf Spirit. In order to be successful, this program area will collaborate with schools, recreation departments, and employment sectors to reach and engage youth.

Health issues addressed in this program may include; nutrition, physical activity, mental and emotional wellness, self-esteem, anti-bullying, suicide prevention, substance misuse, and sexual health. These health issues may be targeted in collaboration with other related program areas. This program area may involve outreach programs to schools by health personnel, and will primarily take a health

promotion approach to the issues. However, this program area may partner with the policy component of *Roots for Community Wellbeing* to identify policies necessary to better support this demographic.

Youth Development is a challenging area of the model, as most youth in this region leave their community at the approximate age of 13 to pursue secondary school (with the exception of Sandy Lake, which offers up to grade 10 in the community). This means that in order to reach the youth in the communities, we have to do so before the age of 13 or during vacations from school. Community representatives mentioned that part of the goal of this program area should be to prepare these children to leave the community. At the regional-level, the system could look at developing partnerships with schools that are attended by youth from our communities. This may be easier for schools in Sioux Lookout, but relationships could also be investigated with schools in Thunder Bay.

Building Healthy Relationships

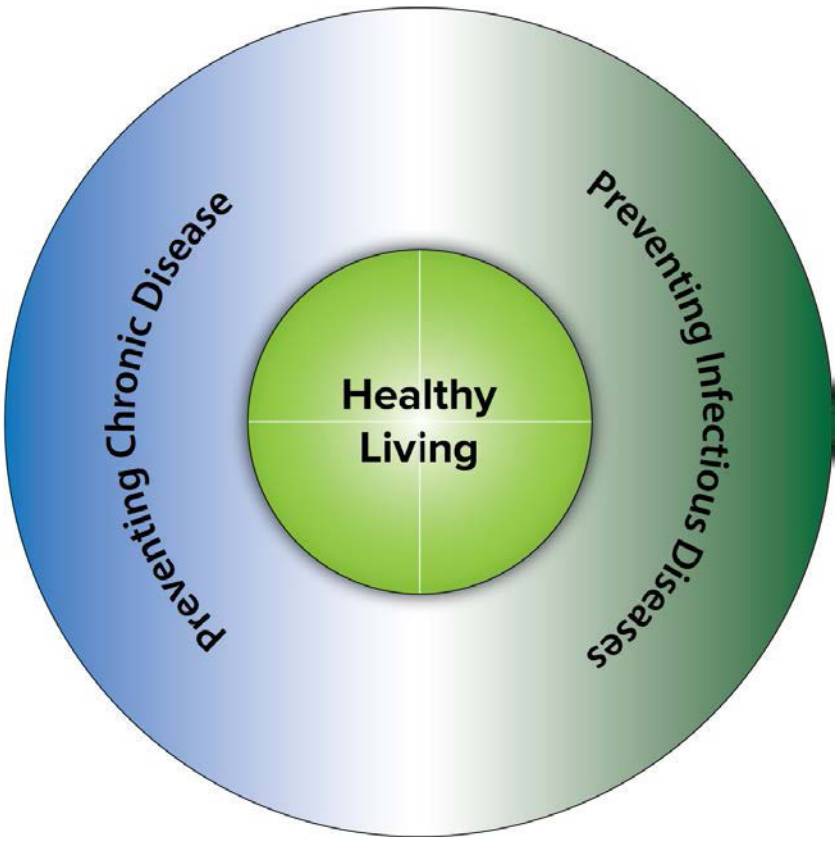
In order to support community wellbeing and positive mental and emotional health, the communities stressed the importance of strong relationships and connections. *Teachings of our People* and *Positive People* will be the foundations of this component. All of the values for the system will be essential in ensuring the success in this area of Community Wellbeing.

Programs will start with building the relationship each person has with him or herself (i.e. self-esteem, body image, stress management, coping mechanisms), and then look at their connections to spirituality, culture, and the land. Community representatives would like to see more community members aware of where their ancestors came from and engaged in traditional activities. The program will also look at peer relationships (i.e. anti-bullying) and building healthy romantic relationships. Another key component of this program will be family dynamics and parenting relationships. Community representatives expressed the desire to have parents be active supporters of their children's activities. They also stressed the importance of reconnecting the youth and Elders, since there is also a gap between these groups which is complicated by language barriers. In the future, they would like to see stronger communication and connections between generations.

When it comes to building healthy relationships within the family, Tikinagan Child and Family Services is an important partnership to consider. Their community-based prevention workers may already be tackling aspects of this area to varying degrees depending on the community. It will be important to collaborate and strengthen existing services, as opposed to duplicating services. Schools will be another key partnership in this area.

4.3. Healthy Living

The *Healthy Living* program focuses on interventions, policies, and teachings that promote healthy lifestyles and equip individuals and communities with the abilities and resources to make healthy choices. This program will be grounded in the *Teachings of our People* and land-based activities to promote healthy, active living.



4.3.1. Corresponding Goal

Increased number of people making healthy choices

4.3.2. Human Resources

At the regional-level, a *Healthy Living* Coordinator and Administrative Assistant will support this program. There are existing programs at SLFNHA that could be incorporated into this department, including the Tuberculosis (TB) Program (which includes TB nurses and TB educator) and Regional Wellness Response Program (which includes Hepatitis C Case Coordinator, Program Assistant, Regional Wellness Development Team – Coordinator and Consultants). Additional personnel needed will be identified by the *Healthy Living* Coordinator and may include Nutritionist(s), Mental Health Educator(s), Living Substance Free Educator(s), and Infectious Disease Health Promoter(s).

At the community-level, this program will be supported through Public Health Nurses, as well as community-based workers including Aboriginal Diabetes Initiative workers, Community Health Representatives (CHRs), National Native Alcohol and Drug Addictions Program (NNADAP) workers, Mental Health workers, and Home and Community Care workers (nurses, personal support workers, coordinator). Furthermore, Elders and natural helpers will be critical components of this program to ensure that traditional practices, foods, and values are at the forefront of all *Healthy Living* programs and approaches.

4.3.3. Program Areas

Preventing Chronic Diseases

This program will look at preventing chronic diseases such as heart problems, diabetes, cancer, addiction issues, and mental health concerns. According to the community consultation process, priority issues that should be targeted though these programs include tobacco cessation, living substance free, healthy eating, active living, suicide prevention, and the promotion of screenings for cancers and chronic diseases. This program also has the potential to include well women and well men checks to promote wellness and screening for diseases. Once again, however, these were areas that were identified as community priorities, but are typically considered primary care. We are still in the process of determining how to ensure these are offered at the community-level, and whether they will fall under Approaches to Community Wellbeing or Primary Care.

First Nations communities have had problems with abuse of alcohol and other drugs based on historic and social factors. This is most recently seen in the epidemic of prescription drug abuse and the strong and resilient community response to address it in many communities. The new system will need to continue to help communities develop responses based in community strengths and traditional values.

Similarly, responses to current issues related to overweight and diabetes will need to be based in the *Teachings of our People*, and *Active Leadership* is needed to ensure community facilities and businesses support healthy eating and active lifestyles. This program area will use the *Teachings of our People* as the foundation for its initiatives and encourage traditional activities and foods. The value of *Connection to the Land* plays an important part in this program. Reconnecting individuals to the land will encourage them to be more active, and return to healthier diets and lifestyles. Furthermore, this program will need to ensure consistent health messages and that nutritional messages complement what is available in the community. The program will include the Aboriginal Diabetes Initiative, Mental Health, NNADAP, and perhaps others. It may also include partnerships with schools and recreation departments to promote healthy lifestyles.

Preventing Infectious Diseases

The program will recognize that the infectious diseases in our communities are a symptom of social conditions and inadequate housing among other causes. The approach to infectious disease will need to recognize and address these underlying causes and not just focused on diagnosis and treatment. This program will include case and contact management of notifiable diseases, outbreak investigation and management, vaccine preventable diseases, tuberculosis control, harm reduction, and prevention of sexually transmitted and blood-borne infections. Currently, there is a Communicable Disease Nurse at FNIHB responsible for tracking reportable infections and providing education to nurses, which this program could potentially incorporate.

The *Preventing Infectious Diseases* component of the model will include the existing TB Control Program that was established in the early 1990s by Medical Services Branch of Health Canada and transferred to SLFNHA on April 1, 1997. The TB Control Program was established due to the high prevalence of TB in Sioux Lookout area First Nations communities. The program mandate is to reduce the incidence of tuberculosis in Sioux Lookout area First Nations Communities through surveillance, case and contact management, education, awareness and prevention. The *Preventing Infectious Diseases* program may also include SLFNHA's Hepatitis C Support Program, which is a resource available to all First Nations

people at risk of acquiring, living with, or affected by, the hepatitis C virus (HCV), who reside in the 31 communities served by SLFNHA. The Hepatitis C Case Coordinator supports, guides, educates, and helps to coordinate comprehensive care and treatment to ensure those at risk of acquiring, living with or affected by HCV are supported throughout care. This service is currently a branch of the Regional Wellness Response Program (RWRP), which was initiated to respond to priority areas of substance abuse and blood-borne infections. Finally, the *Preventing Infectious Diseases* program may also include SLFNHA's existing Needle Distribution Program. The Needle Distribution Program follows a non-judgemental harm-reduction public health strategy and works in conjunction with community groups and nursing stations to distribute clean drug-use supplies. This program also focuses on education to reduce unsafe drug-use, and prevent contraction and transmission of blood-borne infections such as Hepatitis B, Hepatitis C and HIV. The program distributes syringe kits, snorting kits, and condoms.

This program will also conduct health promotion around preventing infectious diseases, including safe sex, safe drug use, hygiene, and benefits of vaccination.

4.4. Safe Communities

Safe Communities refers to Approaches to Community Wellbeing that target the community as a whole and focus on how it can be made safer for community members. The programs will be founded by the *Teachings of our People* and promote connections to the land and each other. *Safe Communities* will look at how the overall environment of the community influences health. It will also look at how injuries within the communities can be prevented. Finally, it will ensure the communities are prepared for emergencies affecting Community Wellbeing.

4.4.1. Corresponding Goal

Safer communities

4.4.2. Human Resources

At the regional-level, a *Safe Communities* Coordinator and Administrative Assistant will support this program. It will be up to the Coordinator to assess existing services and human resources and identify positions that need to be transferred or created. Potential personnel included in this area are Environmental Health Officers.

At the community-level, this program area will be supported by a variety of personnel. *Emergency Preparedness* will likely involve the Health Director, Chief and Council, Crisis Coordinator, Public Health Nurse, and where they exist, Emergency Response Council/Team and Canadian Rangers. For *Preventing Injuries*, the CHR, Home and Community Care nurse, Personal Support Workers, Community Development Workers, Mental Health workers and NNADAP workers will play a role. In relation to *Environmental Concerns*, the Water Treatment Plant Operator will play a role in water safety. Furthermore, it is recommended that a specific Environmental Health position should be created at the community-level to provide health promotion and education around environmental health concerns and incorporate traditional teachings on caring for the land.

4.4.3. Program Areas

Environmental Concerns

This program area will look at environmental concerns that affect the wellbeing of the communities. This will include safe drinking water, food safety, and various health hazards including environmental contaminants, mould, bed bugs, scabies, sewage, land development, air quality, and dog bites. The program will provide health education around these areas and capacity building of personnel and community members. In the case of water and food safety, inspections will also be included. In partnership with the *Roots for Community Wellbeing* program, advocacy and policy development will be essential aspects of the program. This program will incorporate traditional teachings on caring for the land, and promote the value of *Connection to the Land*.

Preventing Injuries

This program area will look at ensuring the communities are safe in order to prevent injuries. Injuries in our communities are related to other components, such as parental supervision, presence of crime and violence, alcohol and drug use and youth unemployment. *Active Leadership* and *Community Ownership* to address these root causes will be essential elements of the approach. This program area may include fire safety, road safety, water safety, falls prevention, suicide and self-harm prevention, and sport and recreation injury prevention. This program will collaborate with the *Policy* area of *Roots for Community Wellbeing* in order to create injury-prevention policies as needed by the community.

Emergency Preparedness

This program will ensure that all communities have public health emergency response plans, as well as that the necessary protocols, supplies, and trainings are in place. This program can also act as a

resource in the development of other emergency preparedness plans. *Active Leadership* and *Community Ownership* will be essential to our approach to *Emergency Preparedness*.

5.0. Roles of Partners

5.1. Roles of SLFNHA

Since each community is different, the relationship and support they seek from SLFNHA will also be different. In general, the role of SLFNHA will be as a resource and support system for communities. The bulk of programming will occur at the community-level, and SLFNHA will not take on a supervisory role of community-level staff.

The Sioux Lookout First Nations Health Authority will support community wellbeing by:

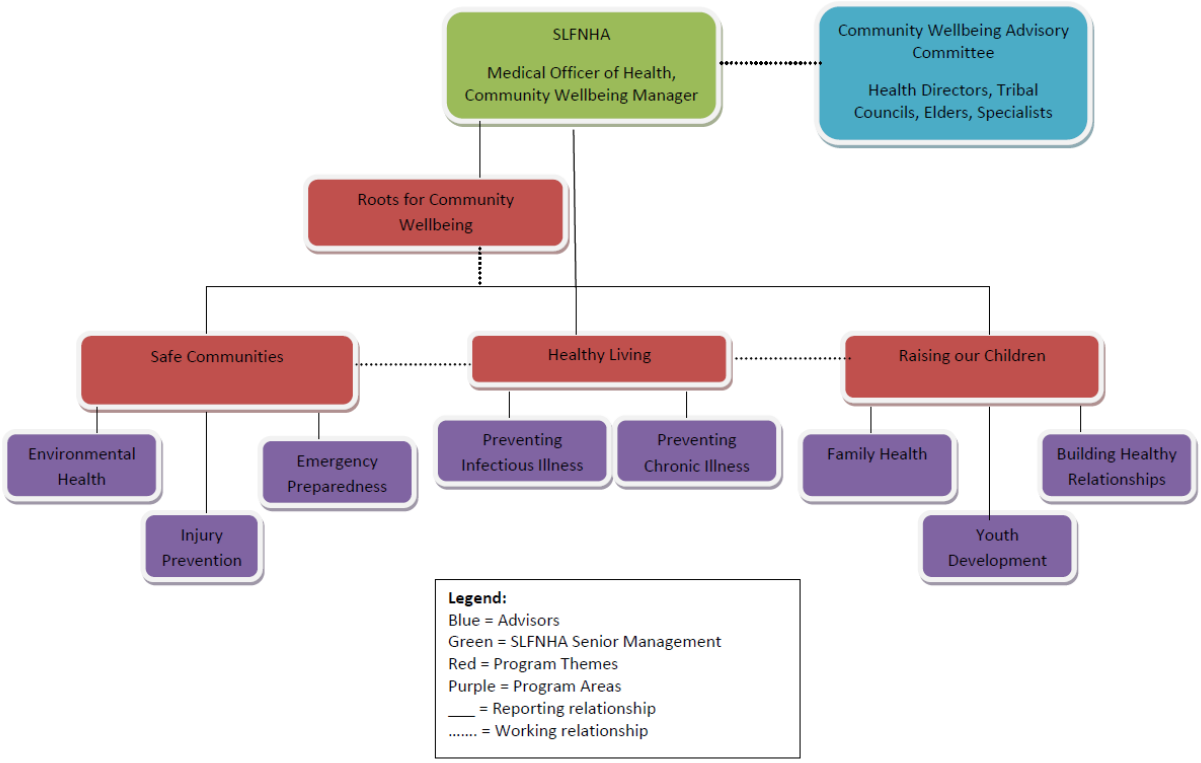
- Ensuring up-to-date health standards are in place and communicated to the communities
  - Keeping apprised of health standards and communicating any changes to communities, and overall acting as a resource to communities in regards to health practices.
- Assisting with data collection and reporting
  - Developing and implementing a system that can support the data collection and analysis of key health indicators, including causes of death, immunization rates, rates of diabetes (including type and associated complications), communicable disease rates, suicides and attempts, and tracking children's developmental milestones. Once the system is set up, the data collection would take place at the community-level and the analysis would take place at the SLFNHA-level.
- Conducting regular monitoring and evaluation
  - Conducting regular monitoring and evaluation of SLFNHA-level programs and assisting communities to do the same at the community-level.
- Developing and implementing policies and procedures

- Assisting communities in the development of healthy community policies and developing necessary regional policies.

- Conducting research according to OCAP principles
  - Utilizing and expanding on the Anishinabe Bimaadiziwin Research Program to support communities in researching community wellbeing topics.
- Advocating on behalf of communities
  - In conjunction with communities and Tribal Councils, SLFNHA will add its voice to advocate on behalf of communities. SLFNHA's advocacy will be based on the direction provided by community leadership.
- Developing community health education
  - Developing health education materials according to community-level priorities.
- Conducting training of health workers
  - Conducting trainings of regional and community-level health workers according to community-level priorities. As often as possible, training sessions should be conducted at the community-level in order to reach as many people as possible. Trainings should be taught in practical ways to maximize benefit to the workers and their communities. If possible, train the trainer methods should be used so the community workers can share the skills with other community members.
- Planning (i.e. human resources)
  - Assisting in various aspects of planning relating to Approaches to Community Wellbeing, including the necessary distribution of human resources in the community and at the regional-level.
- Communication
  - Facilitating a dialogue between communities will enable community-level staff to network with each other and share ideas.
  - Building communication and relationships between stakeholders in the Approaches to Community Wellbeing. This will include communities, Tribal Councils, Health Canada, MOHLTC, and Public Health Units.
  - Developing health promotion communication tools at the request of the communities.
- Delivering services
  - Delivering some regional public health services, which are not feasible to provide at the community-level. These services could be based out of SLFNHA and travel to communities. The exact services that will be provided will be further developed, in consultation with Tribal Councils, during the Transition phase.

5.1.2. SLFNHA Organizational Structure

The proposed SLFNHA Organizational Structure includes a Community Wellbeing Manager and an Associate/Medical Officer of Health. A Community Wellbeing Advisory Committee, consisting of Health Directors, Tribal Council representatives, and content specialists, supports the system. *Roots for Community Wellbeing* is at a separate level from the other program areas in the structure, since services provided under its program area will be needed by the other programs. The structure is then broken down into *Safe Communities*, *Healthy Living*, and *Raising our Children*. Dotted lines represent a supporting relationship, whereas a solid line represents a supervisory/reporting relationship.



5.2. Roles of Tribal Councils

Each community will have differing needs and abilities, so the support they seek from Tribal Councils will be different. Furthermore, each Tribal Council differs based on mandate, staff, resources, and abilities, so the type and extent of support they can provide may be different. The Health Director at each Tribal Council will oversee these functions.

The Tribal Councils will assist the First Nations in all areas of implementation, according to mandate, need, and ability, including:

- Assisting with transitioning and ensuring readiness
  - Keeping communities well-informed of changes that may be coming and assisting communities in preparing to take on more responsibilities and ownership over health services.
- Communication
  - Facilitating communication between their communities by hosting regular meetings, conducting community visits, or communicating by phone.
  - Facilitating communication between communities and SLFNHA. For example, assisting SLFNHA in the promotion of Approaches to Community Wellbeing and related meetings.
- Providing advice
  - Providing advice to SLFNHA through a Working Group or an Advisory Committee
  - Providing advice to communities on all areas of community wellbeing, as required, including environmental health issues such as prevention and management of bed bug and cockroaches and what to do when water is potentially contaminated.

- Providing advocacy
    - Advocating for the needs of communities, funding priorities, programs/services required, and general access to services at the community-level. Furthermore, they can advocate prioritizing prevention and Community Wellbeing services.
- Assisting in monitoring, reporting, and evaluation
    - Assisting communities in setting realistic targets and evaluating progress at the end of a given time-frame to see if targets were met.
    - Assisting communities by reviewing their community health work plans
    - Helping with reporting, as requested.
- Strengthening partnerships between sectors
    - Tribal Councils have departments that cover various sectors of services provided to communities, and these departments can facilitate the collaboration between sectors at the regional and community levels.
- Delivering some social programs
    - According to the mandate of the Tribal Council, services may be offered that can partner with the Approaches to Community Wellbeing.
- Providing expertise in housing, water, sewer, winter roads.
    - This may include training (i.e. environmental monitoring), strengthening these areas, and resolving issues.
    - Tribal Councils have the technical knowledge in these areas and can also provide health information around these issues.

5.2.1. Relationship between Tribal Councils and SLFNHA

Transitional Relationship

Throughout the ongoing development and implementation of the Approaches to Community Wellbeing, the relationship between SLFNHA and Tribal Councils needs to become closer than it was during model development. It is recommended that a representative from each Tribal Council and each Independent community become part of a Transition and Implementation Working Group. They should meet once a month to further develop and plan the implementation of the model. This will likely be necessary for one to two years. Bringing the Tribal Councils into the process will allow us to utilize their strong connections to the communities. For example, when trying to promote the project or spread information about the Approaches to Community Wellbeing, it may be better if SLFNHA develops the message but the Tribal Councils distribute it. This extends to the promotion of invitations, such as for teleconferences, videoconferences, or meetings. This group would take over as the main Working Group on the project, while the current Public Health Working Group would take on more of a negotiation role.

System Functioning Relationship

SLFNHA and the Tribal Councils will have to have a very strong and collaborative relationship in order for the system to work efficiently and break down silos. When the system is functioning, this could involve Tribal Councils being represented on the Community Wellbeing Advisory Committee. SLFNHA and Tribal Councils should also meet twice a year to discuss health concerns and programs, including Approaches to Community Wellbeing. It may also involve annual Community Wellbeing Conferences with Tribal Council staff and community health workers.

5.3. Guidelines for Establishing Community Wellbeing in Communities

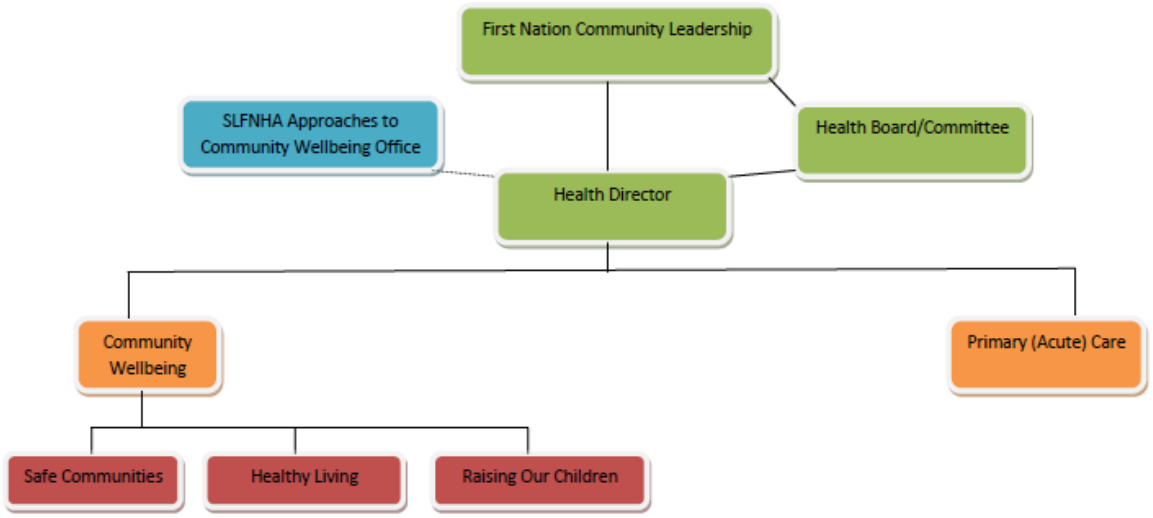
It will be up to each community to tailor Approaches to Community Wellbeing to fit the community's needs. However, there are some general guidelines that should be followed in order to ensure the vision and goals of the system are achieved. As communities, we shall make every effort to ensure:

- Community wellbeing is a priority
- Each community adopts and adapts the Vision, Values and Goals to make it meaningful/relevant for them
- Each community decides how to structure/deliver their community wellbeing program
- Each community decides on a leadership model that will champion community wellbeing
- Any person/agency/services providers/workers/companies in, or visiting, the community acknowledges and works toward community wellbeing
- Communities share knowledge and network with each other with regard to community wellbeing
- Communities have plans in place to build local capacity to support community wellbeing
- Communities have data/information that is used to improve/respond to community health and wellbeing and it is communicated in a timely way
- Communities identify what kind of relationships are needed (what kind of support is needed and from whom)
- Communities identify existing resources and additional resources needed and explore opportunities

5.3.1. Proposed Community Organizational Structure

Each community will determine its own organizational and leadership structure (as mentioned in the Guidelines for Communities). During the next phase of planning, SLFNHA will support communities as they develop their own structures and programs. However, as an example for the model, we have created one possible option.

At the top of the structure is First Nation Community Leadership, with a direct line to a Health Director. Between the Health Director and First Nation Community Leadership, however, is a Health Board or Committee. This Committee can serve to support the Health Director in decision making and planning. The SLFNHA Approaches to Community Wellbeing office would also serve as a support and resource to the Health Director. Below the Health Director, the structure divides into Approaches to Community Wellbeing and Primary Care in order to show a clear distinction between the two systems. We have not included anything under Primary Care, since that is not the focus of this model or project. Under Approaches to Community Wellbeing, we have three main program areas – *Safe Communities*, *Healthy Living*, and *Raising our Children* – and it will be up to the communities to decide what programs fit under these themes. *Roots for Community Wellbeing* is not included in this structure, since the regional-level will do the bulk of that work. Furthermore, many of the tasks in that program area would be considered the role of the Health Director. *Safe Communities*, *Healthy Living*, and *Raising our Children* will all play a role in the *Roots for Community Wellbeing* program as well. For example, they will collect their own program data to contribute towards a community-level and regional-level information system.



5.4. Roles of Public Health Units

The role of the Public Health Units may vary throughout the development and implementation of the model. In general, they will provide expertise and guidance in relation to public health topics.

- They can play a role in capacity building, especially at the regional-level.
- The Thunder Bay District Health Unit has an agreement with FNIHB, MOHLTC, and SLFNHA to employ an Associate Medical Officer of Health (AMOH) and second the AMOH to SLFNHA for 0.6 of the contract. This will further strengthen the relationship between TBDHU and SLFNHA.
- It is also possible that the Public Health Units could support SLFNHA in relation to data collection and analysis, health policy development, and sharing of existing health promotion materials.
- The Northwestern Health Unit may play a stronger role in some communities than others. For example, communities such as Wabigoon Lake, Wabauskang, and Eagle Lake are close to municipal services provided through NWHU, and may opt to create individual relationships services. They may also choose to connect to improve the share of information between the NWHU and communities. For example, members of the communities may get some vaccinations from NWHU and some from the community, which makes record-keeping difficult. Developing a partnership to facilitate the transfer of records and data sharing may be considered.

5.5. Roles of FNIHB

- Provide funding for the Associate Medical Officer of Health position, in partnership with the MOHLTC.
- Continue to collaborate and offer training opportunities for the community-based health staff.
- Continue to work collaboratively with First Nations and other partners to seek innovative means of delivering community wellbeing services/programs (i.e. Health Services Delivery Model for Remote and Isolated communities)

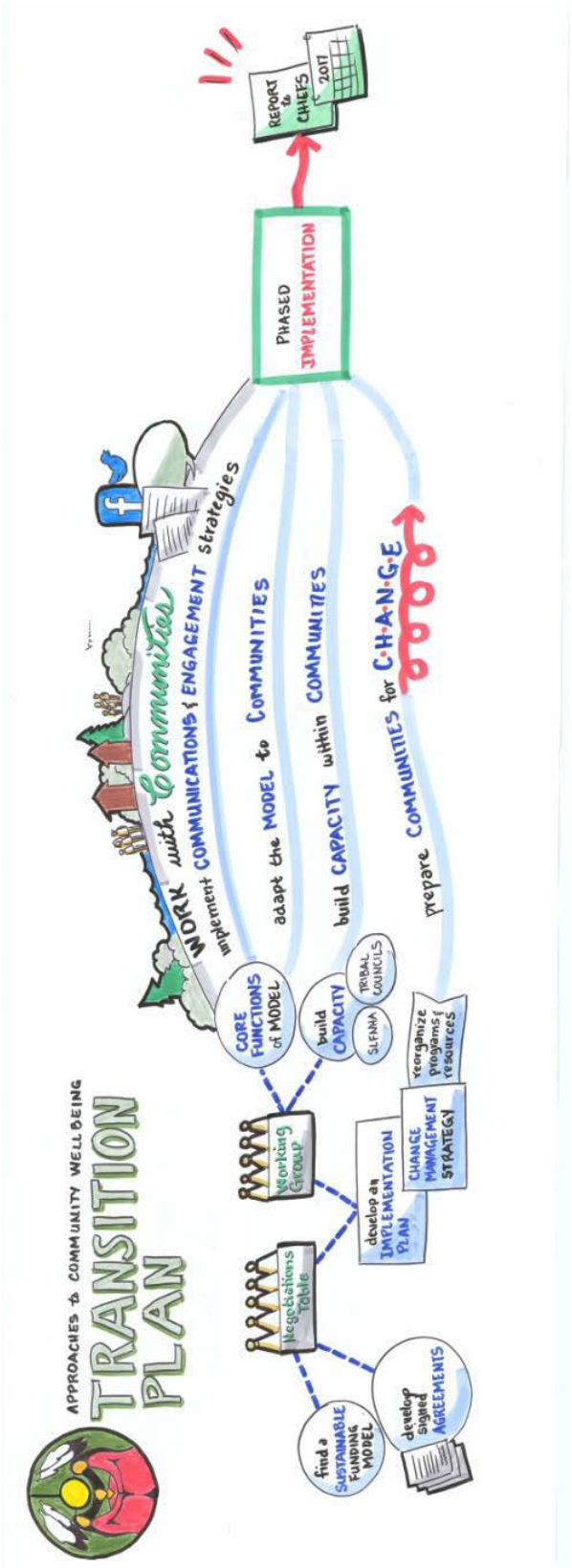
- Continue to fund existing community and regional-level programs.
- Support the transition and implementation of the Approaches to Community Wellbeing
- Recognize and support gaps in services

5.6. Roles of MOHLTC

- Provide funding for the Associate Medical Officer of Health position, in partnership with FNIHB.
- Provide ongoing support to Public Health Units as needed during transition, implementation, and operational phases.
- Provide support to SLFNHA, Tribal Councils, and First Nations communities during the transition, implementation, and operational phases.

SIOUX LOOKOUT FIRST NATIONS HEALTH AUTHORITY
Support Stakeholder Engagement
Communication
Advocacy
Deliver Services
Planning
Policies and Procedures
Community Health Education
Health Standards
Research
Data Collection & Reporting
Monitoring
Evaluation
Health Promotions Materials
Assist Capacity Building
PUBLIC HEALTH UNITS
Health Policy
Data Collection & Analysis
40% of contract
Secondment
Assistant Medical Officer of Health 60% of contract
Possible Services Agreement
NEARBY COMMUNITIES
COMMUNITY
Services
programs
Health Staff Training
Housing
Sewers
Water
Provide Expertise
WINTER ROAD
TRIBAL COUNCILS & INDEPENDENT COMMUNITIES
Deliver some social programs
Monitoring
Reporting
Evaluation
Advisory to SLFNHA
Assist
Communication
Advocacy for Communities
Support Stakeholder Engagement
MINISTRY of HEALTH & LONG TERM CARE
SUPPORT
transition
implementation
operations
FIRST NATIONS INUIT HEALTH BRANCH
Innovative Delivery
Regional Level Programs
SUPPORT
transition
implementation
gaps in service
SIOUX LOOKOUT FIRST NATIONS HEALTH AUTHORITY
Approaches to COMMUNITY WELLBEING
ROLES & RESPONSIBILITIES of PARTNERS

6.0. Transition Plan



Developing and implementing Approaches to Community Wellbeing is a huge undertaking, and will require a phased-in implementation strategy. However, before we can implement, a transition period is required while SLFNHA begins to build up its own capacity to fulfill the role of a regional support for Approaches to Community Wellbeing. At the same time, SLFNHA will be working with communities and Tribal Councils to develop their capacity and develop community-level structures and programs. SLFNHA is proposing that we develop a committee with representatives from the Tribal Councils and Independent communities during the transition period to further develop the model and plan for implementation. During this transition period, several activities need to take place simultaneously, including:

- Regional-level activities
    - Identify and hire regional-level staff
    - Build the capacity of SLFNHA
    - Reorganize programs and resources within SLFNHA into the Approaches of Community Wellbeing department
    - Develop and implement a communication plan, in conjunction with SLFNHA's communication team, to share information regarding the process.
    - Develop and implement a change management strategy. The change management strategy must include consideration for infrastructure needed to support the changes.
    - Plan and implement a regional health surveillance system
- Community-level activities
    - Identify the core functions that need to occur in all communities
    - Work with communities to identify community-level human resources requirements, programs, and structures specific to each community
    - Shift resources to fit the needs of communities within the Approaches to Community Wellbeing
- Implementation planning activities
    - Develop a phased implementation plan
    - Develop an agreement to be signed prior to full implementation

To accomplish all of these activities in the most effective and culturally appropriate way, this process may take a few years. In order to minimize the time spent, we will need significant resources to do so. Financial resources are a significant challenge, as long-term funding opportunities are limited. If we are to be successful, we cannot rush the work. Jumping from grant to grant poses a threat to the continuity of services and requires us to fit our work into the funding requirements as opposed to the needs and timelines of the communities. However, we have to work within the options available to us, so we will be seeking bridge funding to support us until we can apply for another funding opportunity.

In addition to financial resources, we will require additional staff to assist (in addition to the Project Coordinator and Project Assistant) in fulfilling these roles. First, we need the continued support of an AMOH position to fulfill these tasks. In addition to the AMOH, an epidemiologist would be helpful to have on staff to do the important work of improving data collection and analysis in the region. If we are to plan this system effectively, we require up-to-date and reliable information on the health status of the communities with which we are working. In order to facilitate the important communication functions throughout the transition, it is recommended that our 0.25 Special Projects and Communications Assistant become a 0.5 position. To work with communities and Tribal Councils to plan their human resources, programs, and structures it would be helpful to have a full-time position dedicated to this planning (i.e. a Health Planner). With all of these staff, and especially if SLFNHA begins

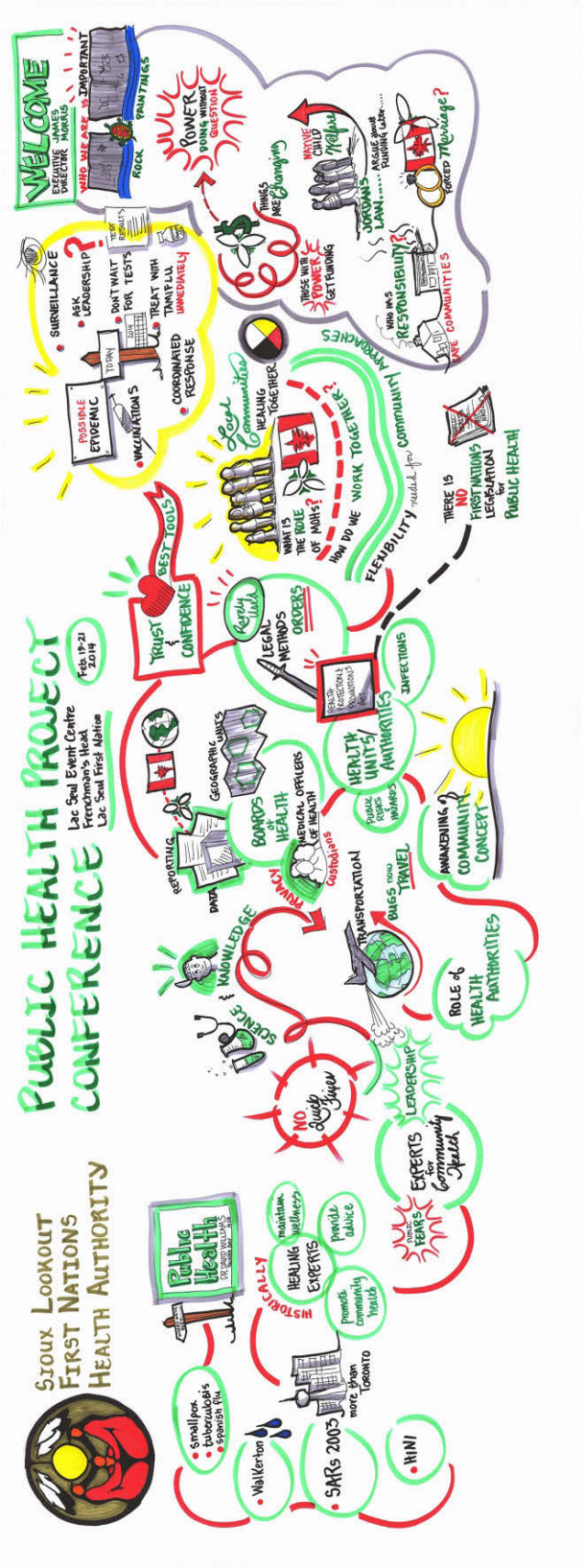
shifting internal programs under the Approaches to Community Wellbeing, it will be important to hire a manager as well.

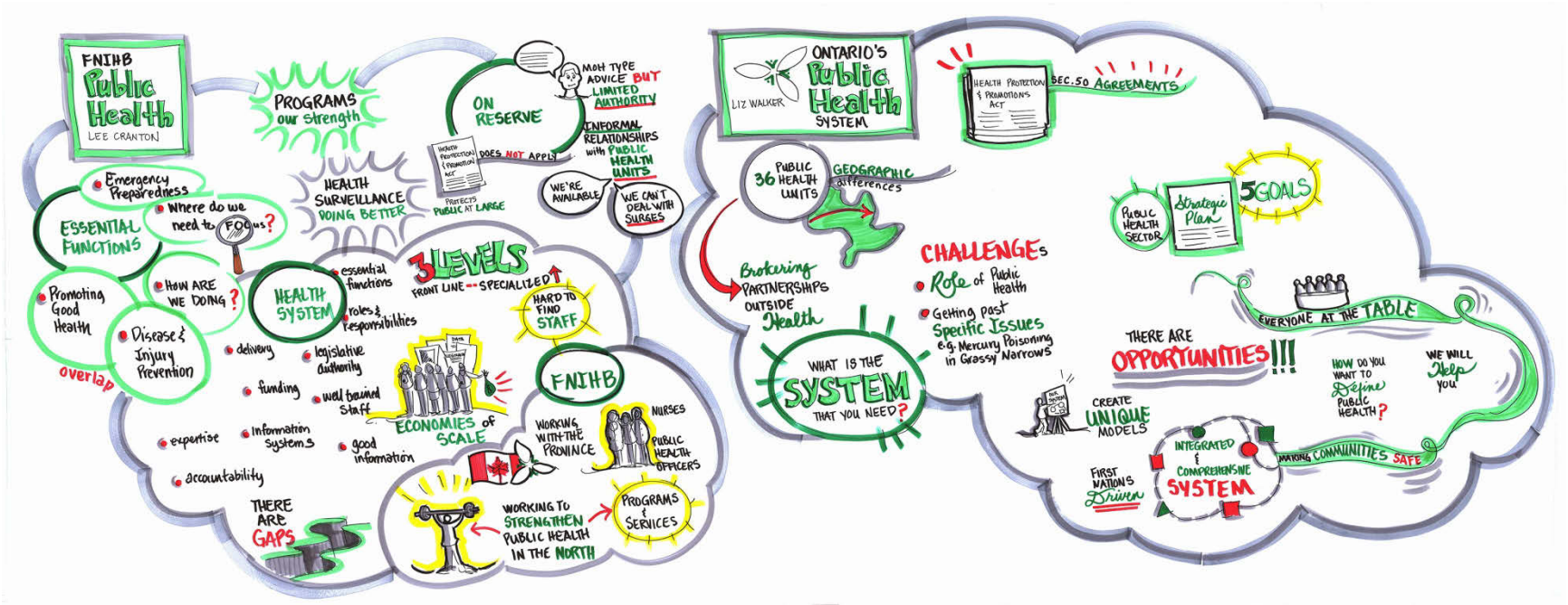
7.0. Conclusion

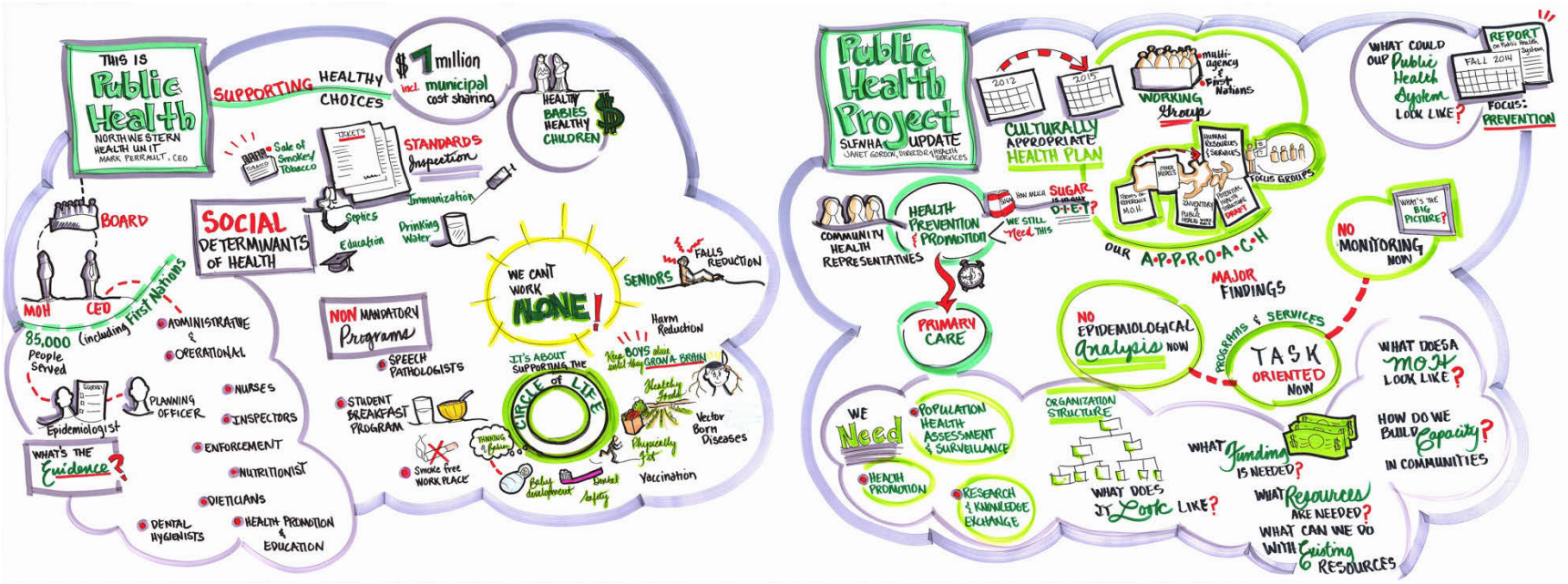
After conducting a community consultation process, SLFNHA has developed a model for Approaches to Community Wellbeing. This model has been reported back to the Health Directors of the communities and Tribal Councils, and has received positive feedback. Through this process, it has become clear that establishing a First Nations Community Wellbeing System for 31 communities, mostly remote, is quite a challenge. However, more importantly, it seems to be a good time to transition and integrate these services. In order to accomplish this, we will need to strengthen partnerships as we implement this culturally appropriate system.

It is evident, through the existing challenges facing community wellbeing, and the immensity of the task that significant resources will be needed in order to accomplish the vision outlined in Approaches to Community Wellbeing. There are resources existing within the current health system, but as changes are made, there will be more gaps identified. During this process, we will need to constantly consider the balance between primary care and public health, and ensure we are focused on meeting the needs of all communities while determining how to maintain this balance. There has to be a genuine effort made to address the gaps identified during this process and to add necessary resources to make these changes a reality. Finally, all partners need to acknowledge that this is not a short-term process. To implement this system effectively, and in a culturally appropriate manner, we need to plan properly. This planning process takes considerable time and resources and it cannot be rushed. However, with the necessary commitment, and active leadership, from all involved in community wellbeing, we will be able to make a significant difference in the lives of the Sioux Lookout area First Nations and achieve our vision.

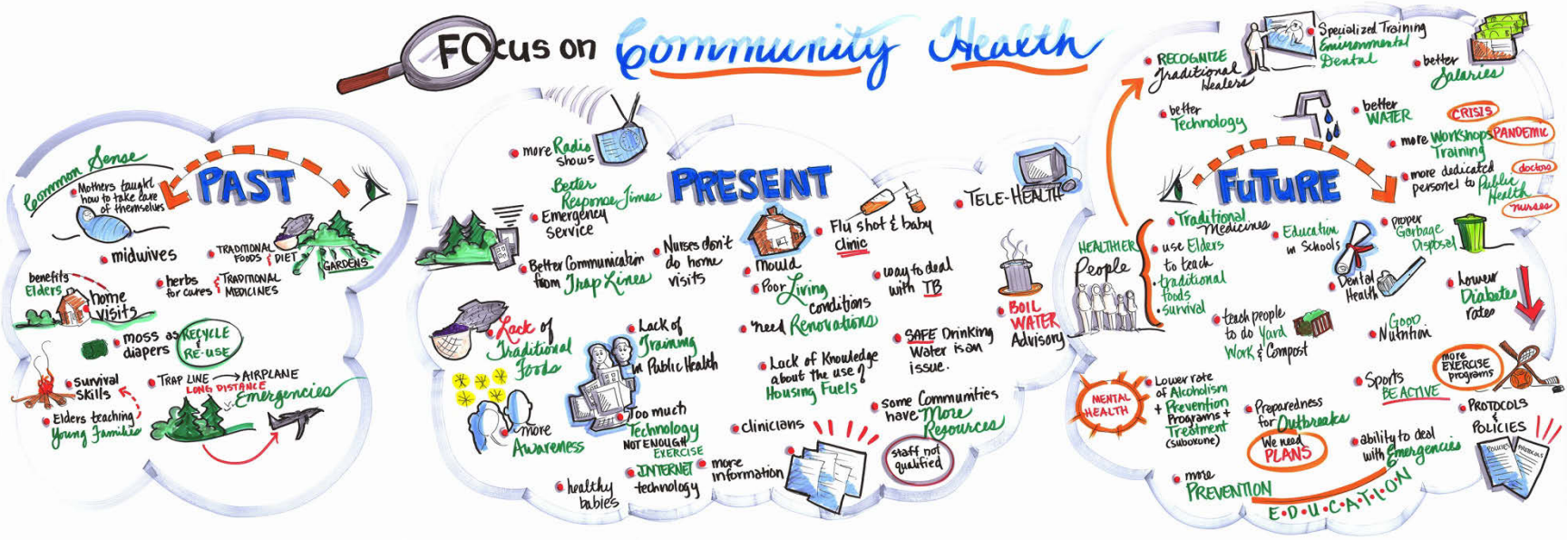
Appendix A: Health Directors Conference Drawings



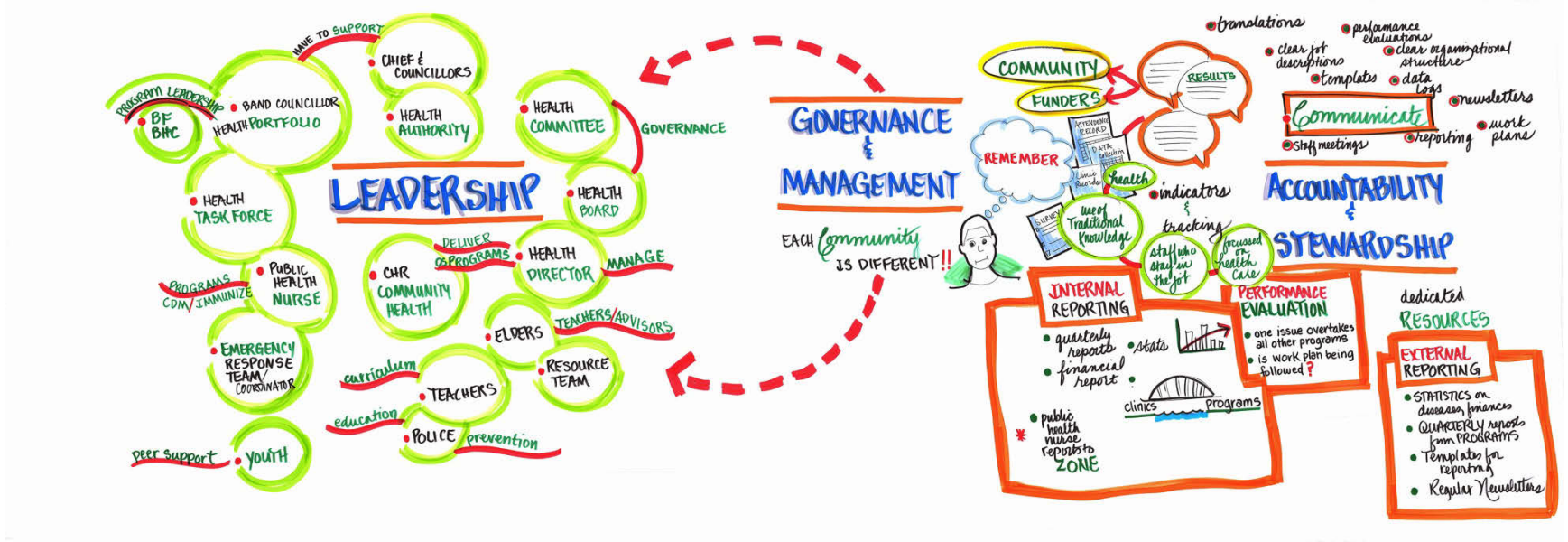

FNIHB
Public Health
LEE CRANTON
PROGRAMS our strength
HEALTH SURVEILLANCE DOING BETTER
ON RESERVE
MOH TYPE ADVICE BUT LIMITED AUTHORITY
INFORMAL RELATIONSHIPS with PUBLIC HEALTH UNITS
DOES NOT APPLY
PROTECTS PUBLIC AT LARGE
WE'RE AVAILABLE
WE CAN'T DEAL WITH SURGES
ESSENTIAL FUNCTIONS
Emergency Preparedness
Where do we need to FOCUS?
How ARE WE DOING?
Promoting Good Health
Disease & Injury Prevention
overlap
HEALTH SYSTEM
essential functions
roles & responsibilities
delivery
legislative authority
funding
well trained staff
expertise
information systems
good information
accountability
3 LEVELS
FRONT LINE -- SPECIALIZED
HARD TO FIND STAFF
ECONOMIES of SCALE
FNIHB
WORKING WITH THE PROVINCE
NURSES
PUBLIC HEALTH OFFICERS
THERE ARE GAPS
WORKING TO STRENGTHEN PUBLIC HEALTH IN THE NORTH
PROGRAMS & SERVICES
ONTARIO'S Public Health SYSTEM
LIZ WALKER
HEALTH PROTECTION & PROMOTION ACT
SEC. 50 AGREEMENTS
36 PUBLIC HEALTH UNITS
GEOGRAPHIC differences
Brokering PARTNERSHIPS OUTSIDE Health
CHALLENGES
Role of Public Health
Getting past Specific Issues
e.g. Mercury Poisoning in Grassy Narrows
WHAT IS THE SYSTEM THAT YOU NEED?
PUBLIC HEALTH SECTOR
Strategic Plan
5 GOALS
EVERYONE AT THE TABLE
THERE ARE OPPORTUNITIES!!!
HOW DO YOU WANT TO Define PUBLIC HEALTH?
WE WILL Help you
CREATE UNIQUE MODELS
INTEGRATED & COMPREHENSIVE SYSTEM
MAKING COMMUNITIES SAFE
FIRST NATIONS Driven

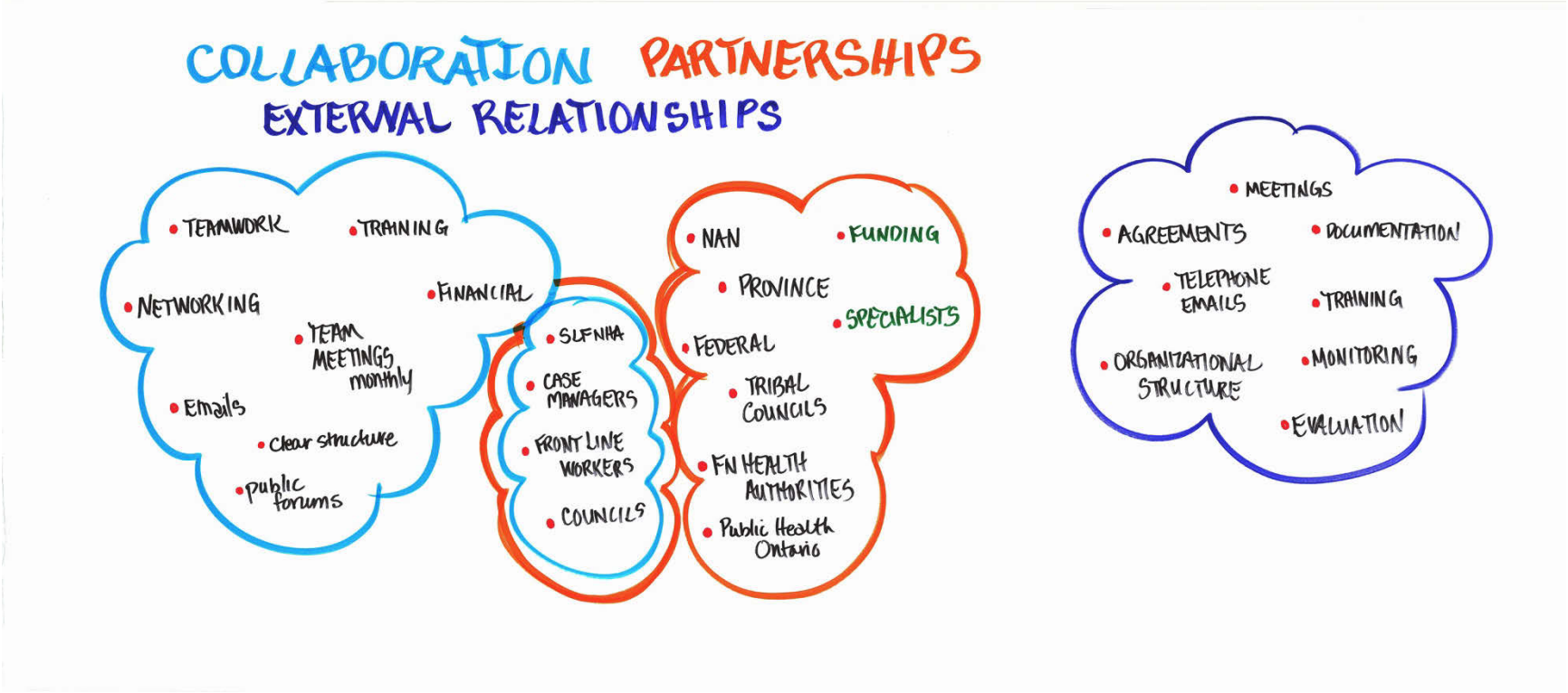

THIS IS
Public Health
NORTHWESTERN HEALTH UNIT
MARK PERRAULT, CEO
SUPPORTING HEALTHY CHOICES
$7 million
incl. municipal cost sharing
HEALTHY BABIES HEALTHY CHILDREN
Sale of Smokes Tobacco
STANDARDS Inspection
Immunization
Drinking Water
Septics
Education
SOCIAL DETERMINANTS OF HEALTH
BOARD
MOH
CEO
85,000 people served
(including First Nations)
ADMINISTRATIVE & OPERATIONAL
Epidemiologist
PLANNING OFFICER
NURSES
INSPECTORS
ENFORCEMENT
NUTRITIONIST
DIETICIANS
DENTAL HYGIENISTS
HEALTH PROMOTION & EDUCATION
WHAT'S THE Evidence?
NON MANDATORY Programs
SPEECH PATHOLOGISTS
STUDENT BREAKFAST PROGRAM
Smoke free WORK PLACE
WE CAN'T WORK ALONE!
IT'S ABOUT SUPPORTING THE CIRCLE of LIFE
SENIORS
FALLS REDUCTION
Harm Reduction
Vector Born Diseases
Vaccination
Public Health Project
SLFNHA UPDATE
JANET GORDON, DIRECTOR PARTNERSHIP SERVICES
2012
2015
CULTURALLY APPROPRIATE HEALTH PLAN
WORKING Group
multi-agency & First Nations
FOCUS GROUPS
COMMUNITY HEALTH REPRESENTATIVES
HEALTH PREVENTION & PROMOTION
SUGAR
WE STILL Need THIS
PRIMARY CARE
OUR A·P·P·R·O·A·C·H
MAJOR FINDINGS
NO EPIDEMIOLOGICAL Analysis NOW
PROGRAMS & SERVICES
TASK ORIENTED NOW
NO MONITORING NOW
WHAT'S THE BIG PICTURE?
WHAT COULD OUR Public Health System LOOK LIKE?
REPORT
FALL 2014
FOCUS: PREVENTION
WHAT DOES A MOH LOOK LIKE?
HOW DO WE BUILD Capacity? IN COMMUNITIES
WE Need
POPULATION HEALTH ASSESSMENT & SURVEILLANCE
HEALTH PROMOTION
RESEARCH & KNOWLEDGE EXCHANGE
ORGANIZATION STRUCTURE
WHAT DOES IT Look LIKE?
WHAT Funding IS NEEDED?
WHAT Resources ARE NEEDED?
WHAT CAN WE DO WITH Existing RESOURCES

NORTHERN INTERTRIBAL HEALTH AUTHORITY
A Partnership
IN HEALTH SERVICE DELIVERY.....
MARY CARLSON, CEO
WORKING IN PLANNING & SERVICE DELIVERY TO MAKE A Difference
U.N.I.Q.U.E
DIVERSITY of PARTNERS
NITHA
BRIDGE
EXTERNAL WORLD
TRANSFER of HEALTH SERVICES
MEMBERSHIP AGREEMENT
NITHA GOVERNANCE
4 PARTNERS
SUCCESSES
HEALTH STATUS REPORTS
FIVE YEAR OPERATIONAL HEALTH PLAN
INFECTION CONTROL
TELE HEALTH NETWORKS
EMERGENCY RESPONSE
HEALTH PROMOTION
CERTIFIED HEALTH DIRECTORS
VACCINATION & IMMUNIZATION TRACKING
NITHA can serve as a TEMPLATE
WHAT WE'VE DONE
WHAT WE WILL DO!
CHECK OUT OUR ANNUAL REPORT
WE HAVE CHALLENGES!!
NEEDS ASSESSMENT
SURVEILLANCE UNIT
3 LEVELS OF SERVICE
7 PILLARS
ELDER ADVISORY COUNCIL
BOARD OF CHIEFS
GROUNDS NITHA
GOVERNANCE
PUBLIC HEALTH UNIT
WORKING GROUPS
EXPERT STAFF
EXPERT ADVISORS
PARTNERS


FOcus on Community Health
PAST
Common Sense
Mothers taught how to take care of themselves
midwives
TRADITIONAL FOODS
DIET
GARDENS
benefits Elders
home visits
herbs for cures
TRADITIONAL MEDICINES
moss as diapers
RECYCLE RE-USE
Survival Skills
Elders teaching Young Families
TRAP LINE → AIRPLANE
LONG DISTANCE
Emergencies
PRESENT
more Radio Shows
Better Response Times
Emergency Service
Better Communication from Trap Lines
Nurses don't do home visits
Mould
Poor Living conditions
Need Renovations
Flu shot & baby clinic
TELE-HEALTH
way to deal with TB
Lack of Traditional Foods
Lack of Training in Public Health
Lack of Knowledge about the use of Housing Fuels
SAFE Drinking Water is an issue.
BOIL WATER Advisory
more Awareness
Too much Technology
NOT ENOUGH EXERCISE
clinicians
some Communities have More Resources
staff not qualified
healthy babies
INTERNET technology
more information
FUTURE
RECOGNIZE Traditional Healers
Specialized Training
Environmental
Dental
better Salaries
better Technology
better WATER
CRISIS
more Workshops Training
PANDEMIC
more dedicated personnel to Public Health
doctors
nurses
HEALTHIER People
Traditional Medicines
use Elders to teach traditional foods
survival
Education in Schools
proper Garbage Disposal
Dental Health
lower Diabetes rates
teach people to do Yard Work & Compost
Good Nutrition
MENTAL HEALTH
Lower rate of Alcoholism + Prevention Programs + Treatment (suboxone)
Preparedness for Outbreaks
We need PLANS
Sports
BE ACTIVE
more EXERCISE programs
PROTOCOLS & POLICIES
ability to deal with Emergencies
more PREVENTION
E·D·U·C·A·T·I·O·N

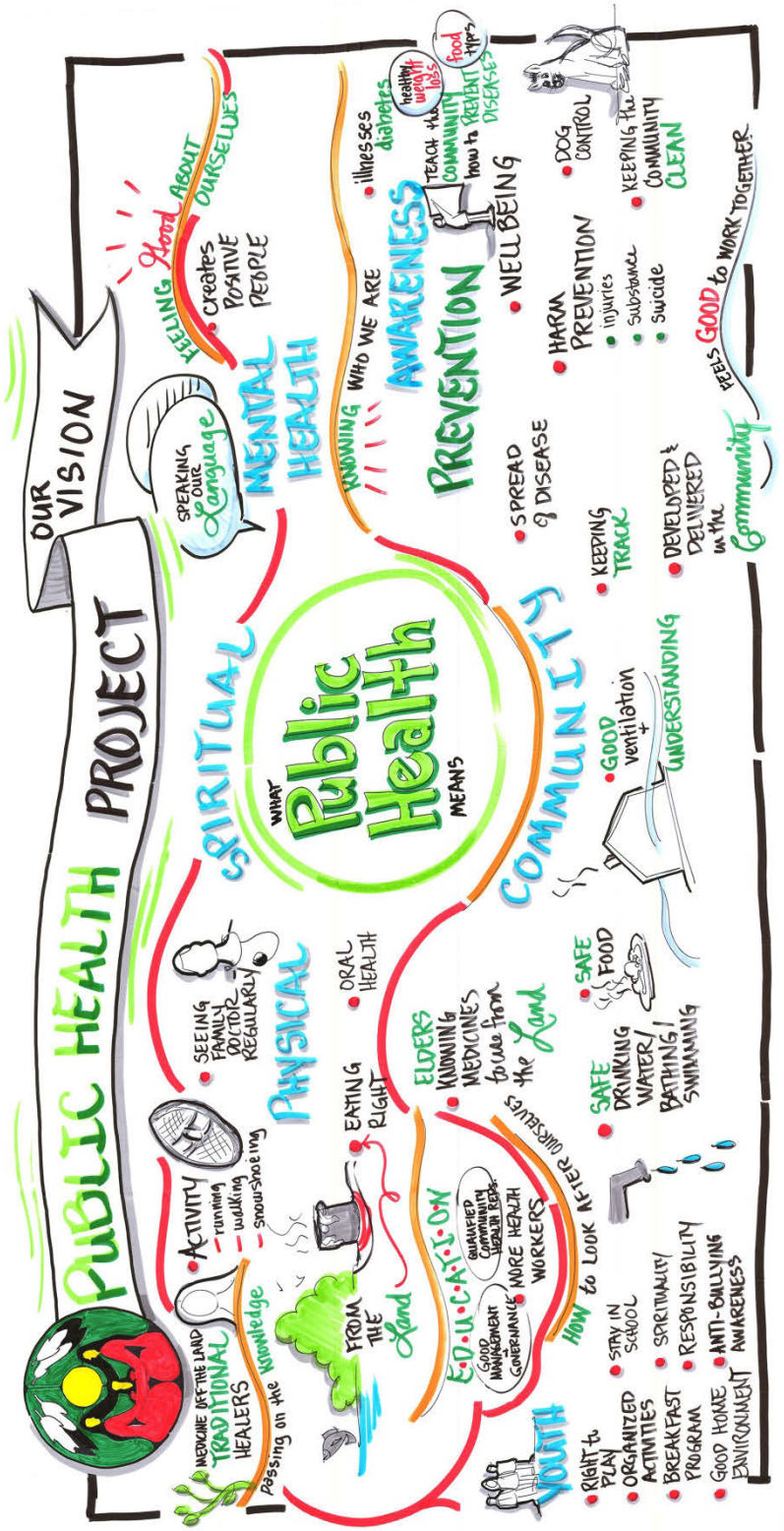
OUR Strategic Vision
considers CLIMATE CHANGE
wildlife
water
HAS TO INCLUDE
ENVIRONMENTAL
HEALTH
AWARENESS & PROTECTION
PERSONAL EMPOWERMENT
HEALTHY INFRASTRUCTURE
QUALITY HOUSING
SPIRITUAL
PHYSICAL
MENTAL
SOCIAL
WE MUST BE HOLISTIC
HEALTHY LEADERS are well
STRONG FLEXIBLE
HEALTH SERVICES
ADVOCACY
PREVENTION
PROMOTION
MENTAL HEALTH SERVICES
in NURSING STATIONS & CLINICS
ADEQUATE SPACES
ON RESERVE
WORKSHOPS + TRAINING
RESEARCH INITIATIVES
CUTTING EDGE
ADAPTABILITY TO ISSUES
TRADITIONAL PRACTICES
DEDICATED TRAINED
PUBLIC HEALTH WORKERS
POPULATION HEALTH
ADAPTABLE TO EACH COMMUNITY
ACCESS HEALTHY FOOD
FOOD SECURITY
GOOD NUTRITION
CULTURAL UNDERSTANDING & SENSITIVITY
BACK TO MOSS
DOG CONTROL
INDIVIDUAL HEALTH & SAFETY
COMMUNITY
FUNDING $$
EDUCATION
NEW TEACHINGS
TRADITIONAL LIFESKILLS
FUNDING to SUPPORT EMPLOYMENT
WORK SAFETY (FIRSTAID & WHMIS)


LEADERSHIP
HAVE TO SUPPORT
CHIEF & COUNCILLORS
HEALTH AUTHORITY
BAND COUNCILLOR HEALTH PORTFOLIO
PROGRAM LEADERSHIP
BF BHC
HEALTH TASK FORCE
PUBLIC HEALTH NURSE
PROGRAMS CDM/IMMUNIZE
EMERGENCY RESPONSE TEAM/ COORDINATOR
peer support
YOUTH
HEALTH COMMITTEE
GOVERNANCE
HEALTH BOARD
HEALTH DIRECTOR
MANAGE
DELIVER OS PROGRAMS
CHR COMMUNITY HEALTH
ELDERS
TEACHERS/ADVISORS
RESOURCE TEAM
curriculum
TEACHERS
education
POLICE
prevention
GOVERNANCE & MANAGEMENT
EACH community IS DIFFERENT!!
COMMUNITY
FUNDERS
RESULTS
REMEMBER
health
use of Traditional Knowledge
indicators & tracking
staff who stay on the job
focussed on health care
translations
performance evaluations
clear job descriptions
clear organizational structure
templates
data logs
newsletters
Communicate
reporting
work plans
staff meetings
ACCOUNTABILITY & STEWARDSHIP
INTERNAL REPORTING
quarterly reports
financial report
stats
clinics
programs
public health nurse reports to ZONE
PERFORMANCE EVALUATION
one issue overtakes all other programs
is work plan being followed?
dedicated RESOURCES
EXTERNAL REPORTING
STATISTICS on diseases, finances
QUARTERLY reports from PROGRAMS
Templates for reporting
Regular Newsletters


COLLABORATION PARTNERSHIPS
EXTERNAL RELATIONSHIPS
TEAMWORK
TRAINING
NETWORKING
FINANCIAL
TEAM MEETINGS monthly
Emails
Clear structure
Public forums
SLFNHA
CASE MANAGERS
FRONT LINE WORKERS
COUNCILS
NAN
FUNDING
PROVINCE
SPECIALISTS
FEDERAL
TRIBAL COUNCILS
FN HEALTH AUTHORITIES
Public Health Ontario
MEETINGS
AGREEMENTS
DOCUMENTATION
TELEPHONE EMAILS
TRAINING
ORGANIZATIONAL STRUCTURE
MONITORING
EVALUATION

Appendix B: Community Visits Drawings

Community A



WHAT MAKES OUR COMMUNITY HEALTHY
WORKING WELL
BEING SMALL IS GOOD!!
It's easy to borrow a bowl of Sugar
Everyone Knows when you're in need & we WORK TOGETHER
Easy to talk to each other
OUR HISTORY
Home
Visiting
the
Nomm
CHURCH
ACTIVE
Canadian Rangers
Fundraising
LIFE SKILLS Age 10-14 TIKINAGAN
ADDICTION TREATMENT PROGRAM
AFTER CARE
IMMUNIZATION PROGRAM
LAUGHTER & HUMOUR
HUNTING & FISHING Derbies
NEEDLE EXCHANGE
Childrens oral initiative
ELDER'S CARE home & community care
COMMUNITY Gardening
COMMUNITY FEASTS
Games night
FRIDAY NIGHTS
WEIGHT LOSS PROGRAM
SCALE
HUNTING
SPRING
FALL
TRAPPING
FAMILY DAYS
VOLUNTEERS
LACK of LIFESKILLS
Children + grandchildren
DIFFICULT to communicate in our own language
Cold Winters
GETTING FRESH FOOD....
HIGH COST OF LIVING
NO STORAGE SPACE
ISOLATION
$1.80/lb
HAVING TO RE-BOOK HEALTH WORKERS, because NO SPACE AVAILABLE
internet
cell phones
Technology not working
NOT ENOUGH TIME to EDUCATE on HEALTH
CHALLENGES
WE'RE TIRED!!
HARD TO PASS ON TEACHINGS
HARD TO GET & KEEP MEDICAL WORKERS
SHORT STAYS in community
dialysis machine
Community health nurses
LACK of RESOURCES STAFF at the Health Centre
FEAR OF FAILING
GETTING PEOPLE TO USE FACILITIES
ARENA
JOB DESCRIPTION
FILLING POSITIONS
skills
education
GETTING VOLUNTEERS to run Programs
everyone wants to be paid
FAMILIES are STRUGGLING to SURVIVE
POVERTY
DOGS
• Keeping them out of the garbage &
• Keeping them home
Educating People ~ what's good for them
AFFORDABILITY
Agencies/ Organizations
Working separately

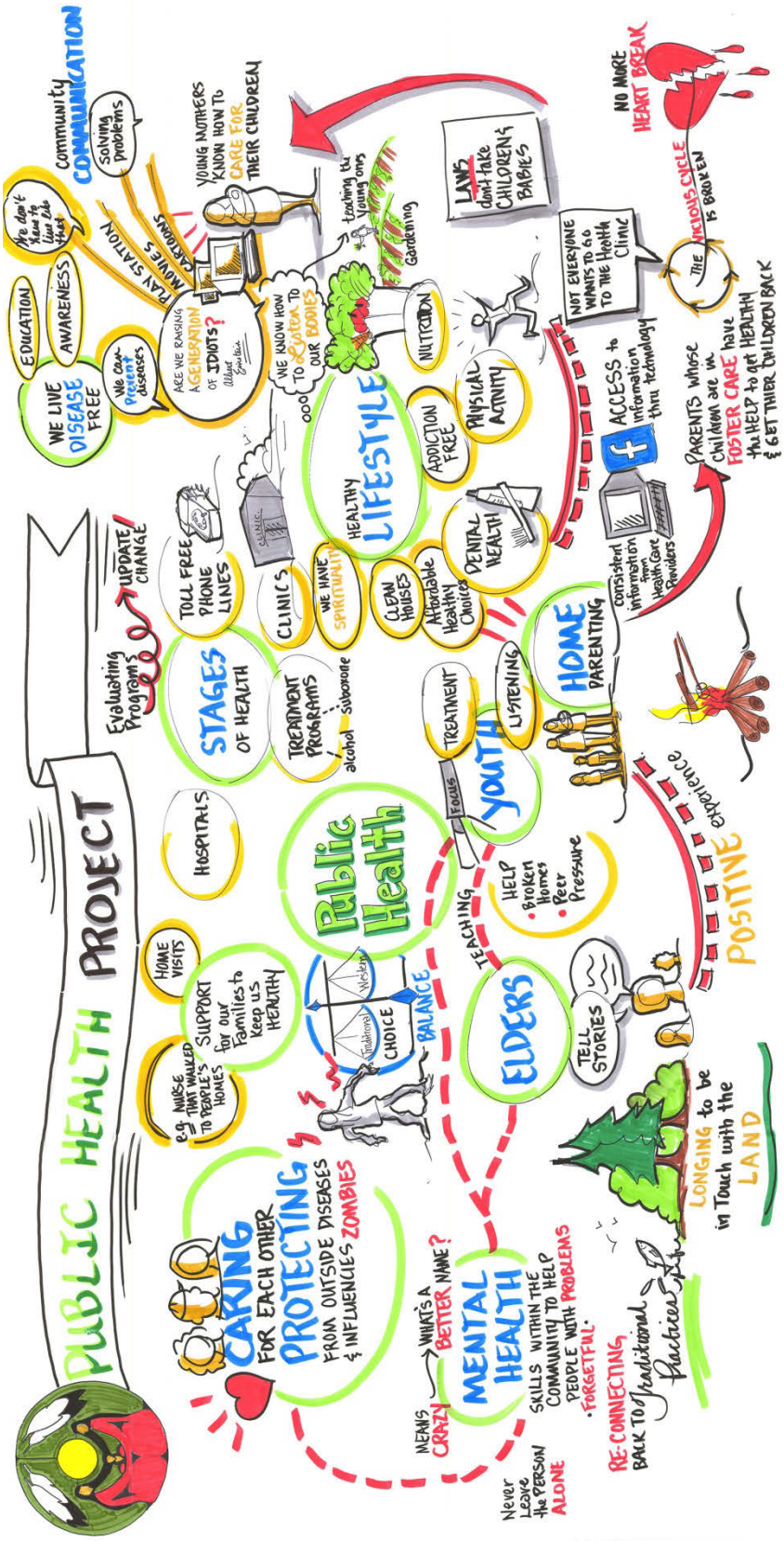
HOPES
People make better CHOICES
Condoms
Storage of guns
life jackets
PEOPLE HAVE SAFE, NOURISHING, AFFORDABLE FOOD...
more QUALIFIED STAFF... from the Community
Diabetes Educators
Mental Health Worker
more Community Health Representatives
RECOGNIZED as a NURSING STATION
People are MENTALLY & PHYSICALLY WELL....
Long Term Employees
Work Together
Health Director
GOOD MANAGEMENT of the Health System
Space for teaching cooking crafts
young people enjoy this!!
NEW FACILITIES e.g. old folks home
School
Clinic
Store
Head Start
Treatment Centre
Tikinagan
Band Council
Deliver Programs & Services needed by the Community
FUNDING
EXERCISE EQUIPMENT
CANOES for STUDENTS
WALKING SHOES
CAMPING
FISH NETS
SALT for ROADS (to walk)
DUST in Summer
YOUTH know what they want to do in the future....
HIGHER LEVEL of HEALTH in the COMMUNITY
people
the environment
more J·O·B·S OPPORTUNITIES
from Nurses
Education about Clean Houses
Importance
SAFE, CLEAN HOUSES
WATER TREATMENT PLANT UPGRADED
CERTIFICATE of SAFETY

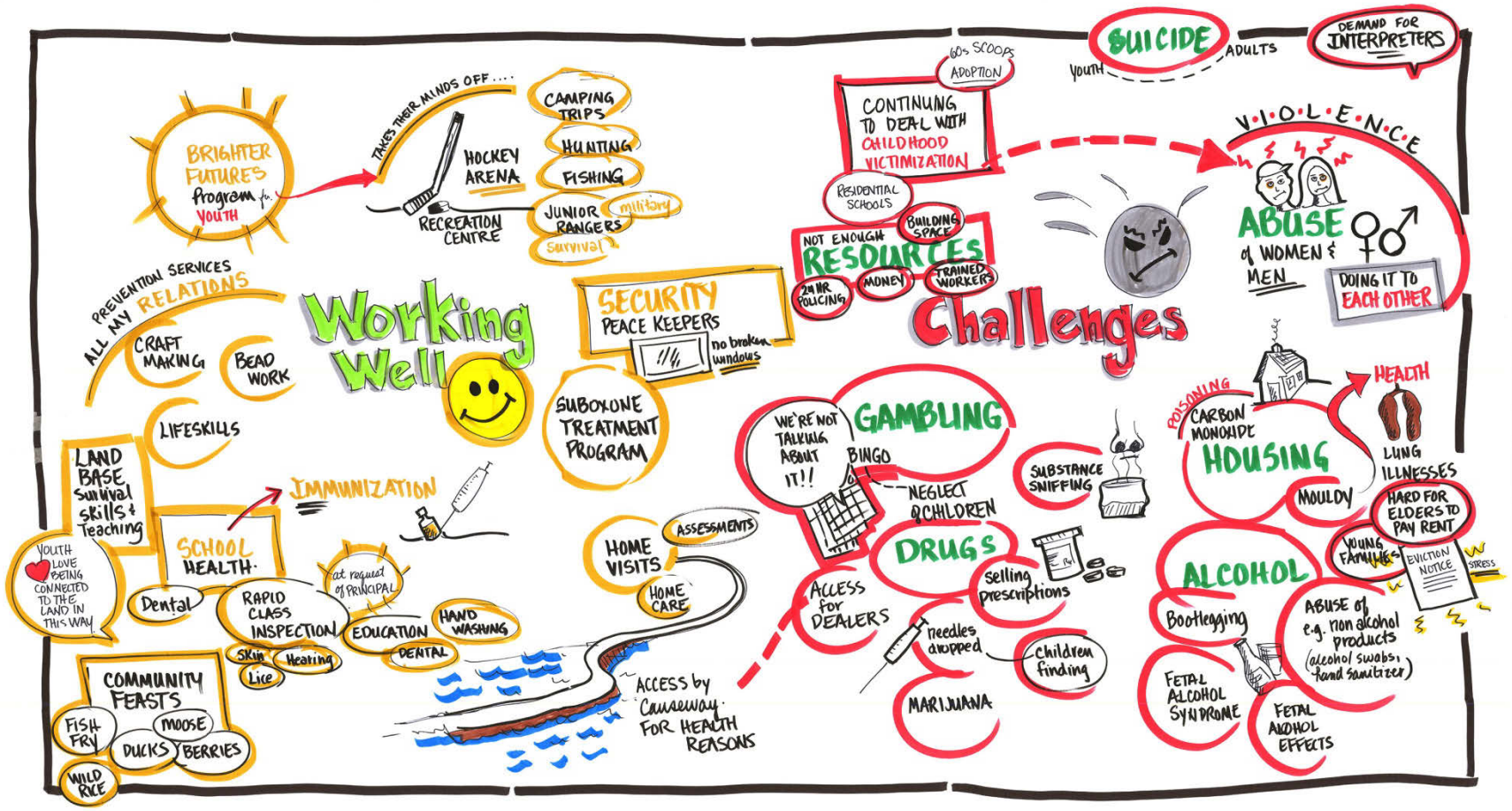
FEARS
No Room for OTHER MEDICAL/ PH STAFF
Needed but not provided
physical space
STAY & as a satellite site the existing building won't be expanded.
might not be Adequate Resources
poor conditions for NURSES to stay in.... continues
not enough Funding
lack of understanding
RESISTENCE
Change
the UNKNOWN
JOB TYPE
SHIFTING TAKES T·I·M·E
STRUCTURE
management
funding
HOW TO BALANCE NEEDS/ RESOURCES
Public Health
Acute Care

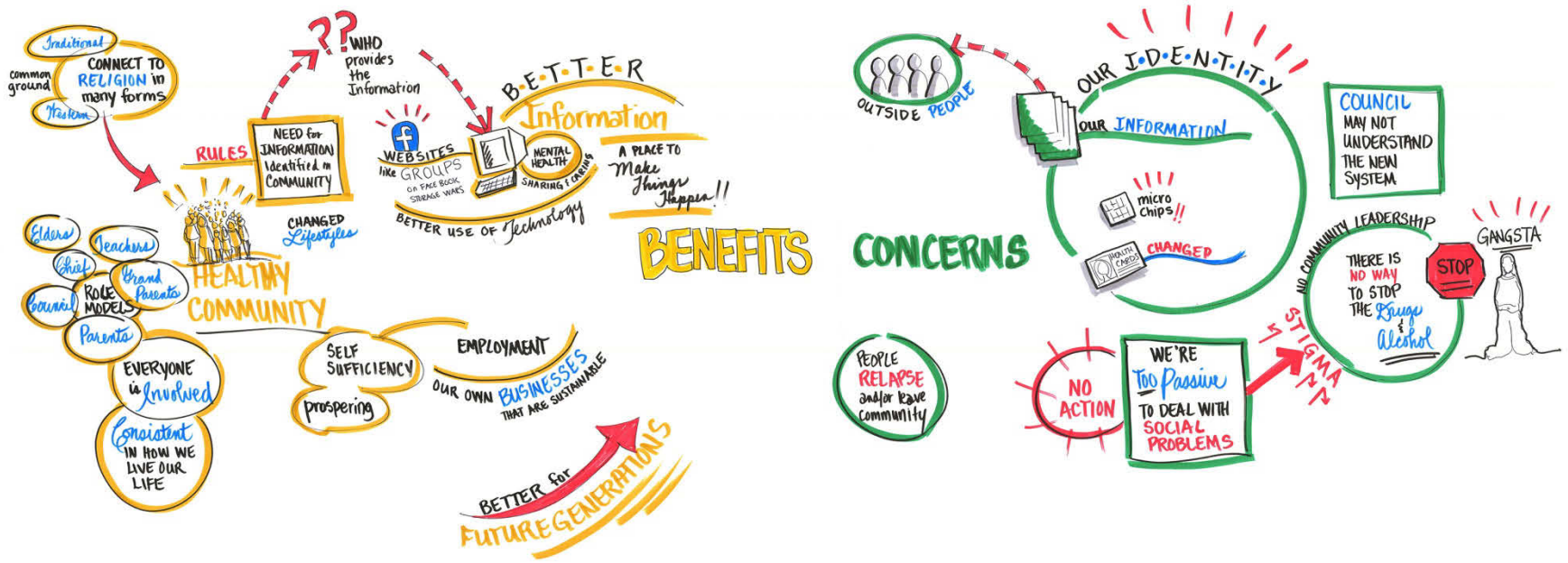
KEEP DOGS on Leads...
VET for SPAY & NEUTERING
BYLAWS ENFORCEMENT
LIMIT # of DOGS/ HOUSEHOLD
TALK ABOUT WHAT DO WITH THE COMMUNITY
Encourage Activities
Skating
Dancing
Work with the SCHOOLS
TALK TOGETHER
TEACH our KIDS...
ACKNOWLEDGE
TEACHING with PARENTS & ELDERS
SCHOOLS
WORK
Filleting a FISH is JUST AS IMPORTANT
ROLL CALL
ABSENT
THIS ISN'T RIGHT
BALANCE
LEADERSHIP
COMMUNITY
WHAT WE CAN DO
CLEANING
sense of pride
Simple, affordable products
Revitalize
Community healing
get back to Gardening
middle aged Adults need to pick up the TRADITIONAL TEACHINGS & PRACTICES
SKILLS WORKSHOPS
Basic Sewing
Making Snowshoes
$
USE THE RADIO TO SPREAD THE WORD
ELDERS & OTHERS in COMMUNITY as TEACHERS
REMEMBERING
BRING BACK RESPECT FOR OUR COMMUNITY
KEEP OUR COMMUNITY CLEAN
START
CARING
about COMMUNITY and EACH OTHER
RULES IN PLACE
TEACHERS
PARENTS
EDUCATION BOARD
RAISE LEVEL of EDUCATION
Identify COMMUNITY MEMBERS who can be ROLE MODELS for PARENTING
formal/informal approach
THERE ARE GREAT PARENTS IN THE COMMUNITY
DOWNRIVER LEARNING
THERE ARE PEOPLE...
... WHO CAN HELP.....
LEARNING TO RECOGNIZE & HEAL THOSE IN NEED within the Community
OPENING UP
WE'RE HERE
TELL OTHERS...
GOOD FOOD BOX
policing on DRUGS & ALCOHOL
SLFNHA
BE ADVOCATES
look at Mental Health Program
more in line with Community needs
Public Health Department
SUPPORT EXPERTISE
PROVIDE THE MESSAGES
presentation
Educators
pamphlet
PROMOTE THE PHS AGENDA
helping to revitalize community healing
TRIBAL COUNCIL
help with proposals
Information
Website
education
technical services
FNFPHS
support physician services
potential support
political advocacy
NAN
FOOD SECURITY
traditional medicine
ROOMS
physical space needs
FOOD CO-OPS
gardening

WHAT SLFNHA NEEDS TO KNOW about our Community...
DRUGS are an issue here....
...Safe equipment is needed.
People won't ask...
Sweets & Pop used to be banned at the store
BETTER FOOD is needed.....
There is Interest
.... How do we get people motivated?
WE CARRY OUR HURTS EVERY DAY....
... IT'S UNDER-NEATH OUR SMILES
HOW TO MOVE BEYOND DAILY STRUGGLE
How to do this in a HEALTHY WAY....
FOCUS SHIFTING to POSITIVE activities
WE'RE STARTING TO RETURN TO TRADITIONAL / GOOD WAYS
WE'RE SUPPORTING YOUNG PARENTS
YOUNG MEN ARE HUNTING
SHELLS AVAILABLE
CAMPING WEEK
$ for tenting spot
RIDES
Permission from School.
FOCUS ON ORGANIZATIONS IN THE COMMUNITY
visit them separately in their workplace
mandatory attendance
There's no VOICE from the Leadership
Respect from Community is needed...
WE WANT TO BE RECOGNIZED AS A NURSING STATION
WELLBEING STARTS WITH THE Family
Focus is on Negative
EDUCATION & AWARENESS about HEALTH is needed
FROM LOTS of SOURCES
UNDERSTAND OUR HISTORY
WE DIDN'T ALWAYS LIVE LIKE THIS
I HAVE TO CHANGE ME
It's up to EACH of US
working with each other
making changes
OUR CHILDREN NEED TO Understand

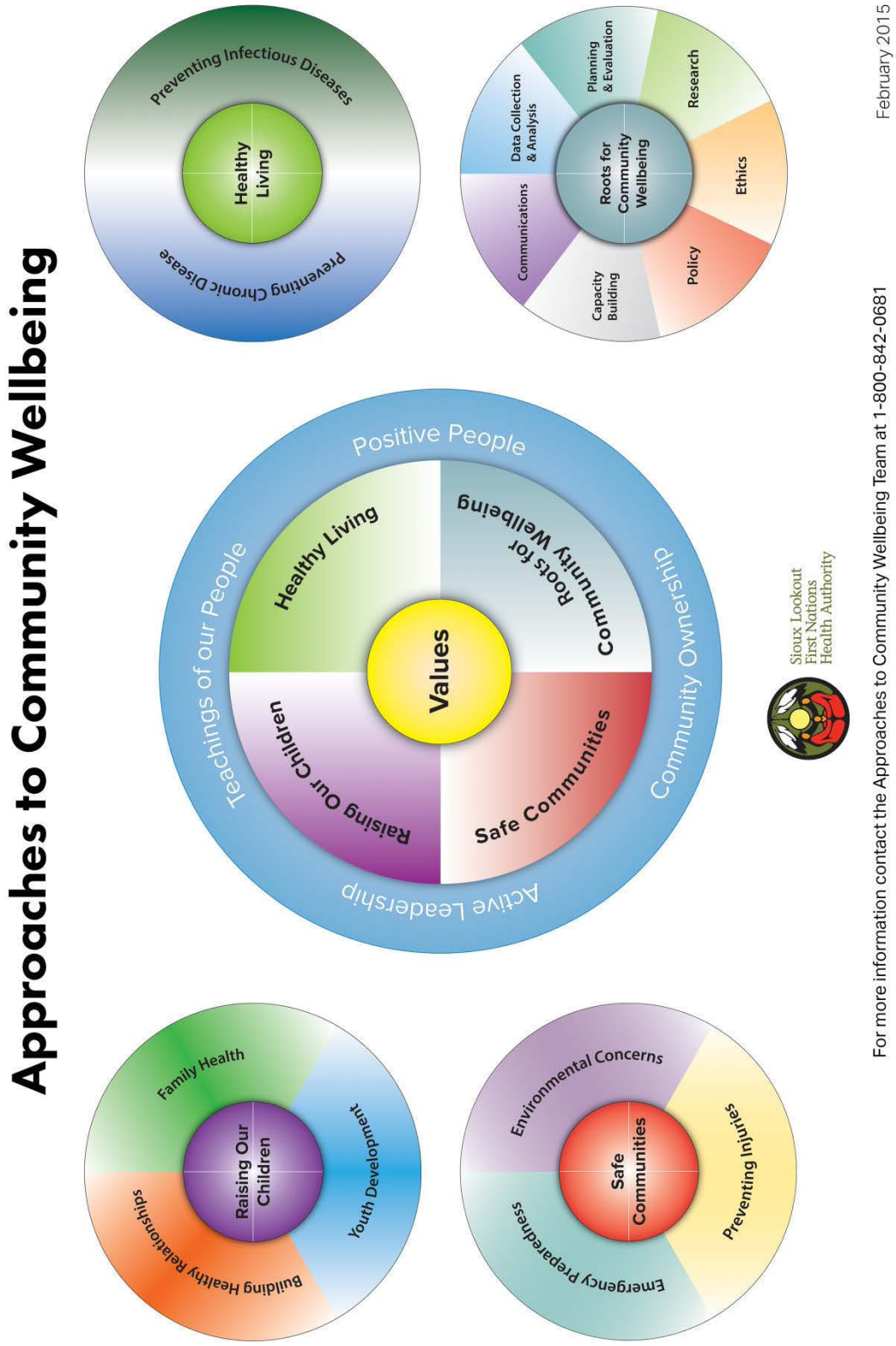
Community B


PUBLIC HEALTH PROJECT
CARING FOR EACH OTHER PROTECTING FROM OUTSIDE DISEASES & INFLUENCIES ZOMBIES
MENTAL HEALTH
SKILLS WITHIN THE COMMUNITY TO HELP PEOPLE WITH PROBLEMS
·FORGETFUL·
MEANS CRAZY
WHAT'S A BETTER NAME?
Never Leave the PERSON ALONE
RE-CONNECTING BACK TO Traditional Practices
LONGING to be in Touch with the LAND
ELDERS
TELL STORIES
TEACHING
HELP
·Broken Homes
·Peer Pressure
POSITIVE experience
Public Health
BALANCE
CHOICE
Traditional
Western
SUPPORT for our Families to keep us HEALTHY
HOME VISITS
e.g. NURSE THAT WALKED TO PEOPLE'S HOMES
HOSPITALS
STAGES OF HEALTH
TREATMENT PROGRAMS
alcohol
suboxone
TOLL FREE PHONE LINES
CLINICS
WE HAVE SPIRITUALITY
CLEAN HOUSES
Affordable Healthy Choices
DENTAL HEALTH
HEALTHY LIFESTYLE
ADDICTION FREE
PHYSICAL ACTIVITY
NUTRITION
Gardening
teaching the Young ones
WE KNOW HOW TO Listen TO OUR BODIES
ARE WE RAISING A GENERATION OF IDIOTS?
Albert Einstein
PLAY STATION
MOVIES
CARTOONS
YOUNG MOTHERS KNOW HOW TO CARE FOR THEIR CHILDREN
Solving problems
community COMMUNICATION
We don't know to live like that
EDUCATION
AWARENESS
WE LIVE DISEASE FREE
We can prevent diseases
Evaluating Programs
UPDATE/CHANGE
HOME PARENTING
LISTENING
TREATMENT
Focus
YOUTH
Consistent information from Health Care Providers
ACCESS to information thru technology
PARENTS whose children are in FOSTER CARE have the HELP to get HEALTHY & GET THEIR CHILDREN BACK
NOT EVERYONE WANTS TO GO TO THE Health Clinic
THE VICIOUS CYCLE IS BROKEN
NO MORE HEART BREAK
LAWS don't take CHILDREN & BABIES


Working Well
BRIGHTER FUTURES Program for YOUTH
TAKES THEIR MINDS OFF....
HOCKEY ARENA
RECREATION CENTRE
CAMPING TRIPS
HUNTING
FISHING
JUNIOR RANGERS
military
survival
PREVENTION SERVICES
ALL MY RELATIONS
CRAFT MAKING
BEAD WORK
LIFESKILLS
LAND BASE Survival skills & Teaching
YOUTH LOVE BEING CONNECTED TO THE LAND IN THIS WAY
SCHOOL HEALTH
Dental
IMMUNIZATION
RAPID CLASS INSPECTION
at request of PRINCIPAL
EDUCATION
HAND WASHING
DENTAL
Skin
Hearing
Lice
COMMUNITY FEASTS
FISH FRY
MOOSE
DUCKS
BERRIES
WILD RICE
SECURITY
PEACE KEEPERS
no broken windows
SUBOXONE TREATMENT PROGRAM
HOME VISITS
ASSESSMENTS
HOME CARE
ACCESS by Causeway FOR HEALTH REASONS
Challenges
SUICIDE
YOUTH
ADULTS
DEMAND FOR INTERPRETERS
60s SCOOPS
ADOPTION
CONTINUING TO DEAL WITH CHILDHOOD VICTIMIZATION
RESIDENTIAL SCHOOLS
NOT ENOUGH RESOURCES
BUILDING SPACE
2nd HR POLICING
MONEY
TRAINED WORKERS
V·I·O·L·E·N·C·E
ABUSE of WOMEN & MEN
DOING IT TO EACH OTHER
GAMBLING
WE'RE NOT TALKING ABOUT IT!!
BINGO
NEGLECT of CHILDREN
DRUGS
ACCESS for DEALERS
selling prescriptions
needles dropped
children finding
MARIJUANA
SUBSTANCE SNIFFING
POISONING
CARBON MONOXIDE
HOUSING
MOULDY
HEALTH
LUNG ILLNESSES
HARD FOR ELDERS TO PAY RENT
YOUNG FAMILIES
EVICTION NOTICE
STRESS
ALCOHOL
Bootlegging
FETAL ALCOHOL SYNDROME
FETAL ALCHOL EFFECTS
ABUSE of e.g. non alcohol products (alcohol swabs, hand sanitizer)



ALL COMMUNITIES SHARE THE SAME HOPES.....WE CAN HELP EACH OTHER

LANGUAGE..... CUES IS FUNNIER!!
PARENTING
DRAW ON THEIR KNOWLEDGE
TRADITIONAL TEACHINGS
ELDERS
YOUTH COUNCIL
TO PROMOTE HEALTHY COMMUNITIES
A SENSE of WORKING TOGETHER
COMMON GOALS
OPEN TO NEW IDEAS
WHAT COMMUNITY CAN DO
PARTICIPATION
MINOR HOCKEY LEAGUE
VOLLEY BALL
BASEBALL
WALKING
HUNTING
FISHING
DRAW ON OUR SUPPORT FOR EACH OTHER
COMMUNITY ACTIVATOR
AFTER SCHOOL ACTIVITIES
IN PROGRESS
SEPARATING HEALTH SOCIAL PROGRAMS
ALL MY RELATIONS
Hunting Festivals
COMMUNITY EVENTS
Fishing Derby
Treaty Days
FUNDING RESOURCES
DEAL WITH THE DOGS
animal control
leashes
spay/neuter
Put them on an island...
Cooking Classes
COMMUNITY GARDENS
START GREENHOUSES
COMMUNITY MEETING to Decide What/How External agencies can support us.
IT Dept.
LAC SEUL WEBSITE
RADIO STATION
INAC
IFNA
PTO
FUNDING
INFORMATION SHARING
COMMUNITY & SOCIAL SERVICES
FUNDING
EMPLOYMENT + TRAINING
ONTARIO WORKS
LHINS
SLFNHA
Work with Community Workers
FNIHB
PATIENT NAVIGATOR
FUNDING for NON INSURED TRAVEL ACCOMMODATION
Funding for Health Programs
VET SERVICES DRYDEN
PAAWIDIGONG FIRST NATIONS FORUM
ABORIGINAL DIABETES INITIATIVE
AHWS Aboriginal Healing + Wellness Strategy
Aboriginal HEALTHY BABIES, HEALTHY CHILDREN
e-Health

Appendix C: Approaches to Community Wellbeing Model