Community Health Indicators Toolkit

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Community Health Indicators Toolkit

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**Canadian Institutes of Health Research (CIHR)**
- Canada's major federal funding agency for health research. This project was funded by two of the institutes:
  - **Institute of Aboriginal People's Health (IAPH)**
    - supports research to address the special health needs of Canada's Aboriginal people
  - **Institute of Population and Public Health (IPPH)**
    - supports research into the complex interactions (biological, social, cultural, environmental) which determine the health of individuals, communities, and global populations

**Saskatchewan Health Research Foundation (SHRF)**
- provincial government-funded agency responsible for funding health research in Saskatchewan
- encourages and facilitates research in the health sciences, health-related social sciences, and other health-related fields
- provides funding to individuals and agencies working on research projects that are consistent with a provincial health research strategy

**Northern Medical Services (NMS), University of Saskatchewan**
- one of three divisions of the Dept. of Family Medicine, College of Medicine, University of Saskatchewan
- works with district Health boards and Tribal Councils in the north to liaise with other health care personnel, local community committees and other agencies who provide services to the community
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Project Coordinator

Saskatchewan First Nation Partners

This multidisciplinary and collaborative project was undertaken in partnership with three First Nations health organizations: Prince Albert Grand Council (PAGC), the Athabasca Health Authority (AHA) and the Northern Inter-Tribal Health Authority (NITHA). The PAGC, AHA and NITHA managers were members of the research team.

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Introduction

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

The First Nation’s Health Development: Tools for Program Planning and Evaluation project was built upon the 2002 evaluation to consider these issues. The primary objectives of this research project were 1) to develop an evaluation framework and 2) to develop indicators for use by First Nations health organizations to track the effects of health and human service programs under their jurisdiction. The outcome of this research project is the Community Health Indicators Toolkit.

The Community Health Indicators Toolkit is, in essence, the evaluative framework manual. It was designed to assist with the identification and collection of data, based on the framework domains and indicator categories, that would help measure progress on improving community health.

This section will help you navigate through the toolkit as you review the Community Health and Wellness Evaluative Framework and indicators that have been developed as part of this research project. Many indicators will be relevant to your community. However, this framework can also act as a guide to help you develop other indicators that reflect the uniqueness of your own community.
Structure of the Toolkit:

The toolkit consists of:

1. a diagram of the Evaluation Framework
2. a section on each of the domains of community health and wellness with their associated indicators
3. A Methods section, which provides detailed information on the research process.

Further descriptions of the Evaluative Framework and the domain sections appear below:

1. The Evaluation Framework Diagram identifies:

   - the key factors (domains) which impact the health and wellness of a community
   - the specific areas within each domain (indicator categories) identified as playing a role in community health and wellness
   - the important individual health and addiction issues affecting the health and wellness of the community

**Figure 1 – Evaluation Framework Diagram**
2. The **individual domain sections** of the manual include:

   a) a **description** of the **domain** and a list of the indicator categories  (*see Figure 2*)
   
   b) a numbered list of community **proposed indicators** within the domain, grouped by **indicator category** and **issue areas**  (*see Figure 2*)
   
   c) a set of **Data Sheets**, which organizes the indicators within each category into an indicator table  (*see Figures 3 & 4*)
   
   d) a list of **data source references** that identify the source of the specific question, measure, or existing data that is listed in the indicator table  (*see Figure 5*)
   
   e) a **Tool Sheet**, which provides an example of how one might collect data and calculate a value for a specific indicator  (*see Figure 6*)

---

**What is a Domain?**
A domain is a major category that has been identified as being an important area that affects health. A domain identifies key issues that need to be measured by specific indicators.

*For example, Healthy Lifestyles was identified as a key area that affects both individual and community health and is therefore a domain of community health and wellness.*

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**How to Use the Toolkit**

As you look at the framework diagram, you may be interested in finding out more about one area that affects the health and wellness of a community. For example, people spoke about how participating in social and physical activities is part of a healthy lifestyle. The toolkit identifies ways in which communities proposed that participation levels in social and physical activities could be measured.

The **participation** indicator category of the Healthy Lifestyle domain contains a number of community-proposed indicators that statistical information can be collected on to measure participation, as it relates to a healthy lifestyle. You may want to find out if any of these indicators would be useful measures in your community. The steps outlined in the following pages show how you would use the toolkit to do this.

---

**How are Indicators Used?**
Collecting information on indicators can provide data to enable decision-making, set priorities, or evaluate the progress of a plan or program.

For example, measuring the level of participation in sports activities can help determine whether a desired participation level is being met, or if a specific program is having the desired effect. Measuring activity levels of different groups, like Elders or youth, can help identify whether these groups are being served by existing programs.
Step 1

- Go to the Healthy Lifestyles section of the toolkit, which is identified by a tab in the binder.

- As you flip to the Healthy Lifestyle section, you will see that the first page provides a description of the Healthy Lifestyle domain, and lists numbered indicators under each indicator category (see Figure 2).

- Looking at the Participation category, you will see the list of indicators (numbered 9 – 15) that relate to Participation.

- You will note that these indicators have been further grouped under “Social Activities” and “Elders and Youth”. These are areas in which issues have been identified that relate to specific participation indicators.

Figure 2 – Domain Description & Indicator List
Step 2

- **Go to the Healthy Lifestyles Data Sheets**, which follow the indicator lists of the Healthy Lifestyle section.

- Flip through the Data Sheets to the beginning of the Participation indicator category, identified in the title line: **Health Lifestyles >> Participation** (see Figure 3).

- The Participation indicator category is further broken down under **issue areas**: Social Activities (indicators 9 &10); Physical Activities (indicators 11-14); and Elders and Youth (indicator 15).

- A description of the **issues identified** is provided below the title line, in italics.

**Figure 3 – Data Sheet Identification**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Healthy Lifestyle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator Category</td>
<td>Participation</td>
</tr>
<tr>
<td>Issue Area</td>
<td>Social Activities</td>
</tr>
<tr>
<td>Issues Identified</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources [suggestions]</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Attendance participation in community events</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
Step 3

- The Participation indicators are contained in an indicator table, which appears just below the description of the issues identified (see Figure 4).

- The indicator tables contain existing statistical data on northern Saskatchewan communities and suggested questions or measures that could be used to perform a community based survey.

- A data map of existing data directs you on how to find it online. Follow each step of the data map to find the relevant information, or the closest possible site where you can contact someone to gather that data.

Figure 4 – Data Sheet Indicator Table

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 11          | Walking                     | Local survey required – suggested questions and existing data found at:  
               |                             |  
               |                             | A) RHS Adolescent/Child survey:  
               |                             | Q 23A-54: How often do you participate in any kind of physical activity (either at school or at home, or in your free  
               |                             | time?) – Community level data for RHS survey exists. must be accessed by community.  
| 12          | Weight and fitness training | Local survey required – suggested questions and existing data found at:  
               |                             |  
               |                             | A) RHS Adolescent/Child survey:  
               |                             | Q 23A-54: What types of physical activities have you participated in during the last 12 months? (List of activities) – Community level data for RHS survey exists. must be accessed by community.  
               |                             | B) [Link] >> (English / French) >> Community Profiles >> 2001 Aboriginal Peoples Survey Community Profiles or 2001 Aboriginal Population Profile >> Choose a community.  
| 13          | Playing sports              | Local survey required – suggested questions and existing data found at:  
               |                             |  
               |                             | A) RHS Adolescent/Child survey:  
               |                             | Q 65A-56: Outside of school hours, how often do you … Take part in sports teams or lessons – Community level data for RHS survey exists. must be accessed by community.  
               |                             | B) [Link] >> (English / French) >> Community Profiles >> 2001 Aboriginal Peoples Survey Community Profiles or 2001 Aboriginal Population Profile >> Choose a community.  

Healthy Lifestyle

| Healthy Lifestyle >> Participation >> Physical Activities |

Issues Identified: Participating in recreational activities that involve physical exercise and fitness.
Step 4

- Listed at the end of each group of indicator tables, are the data source references, where the information was gathered (see Figure 5). This is a direct reference to the source of the specific question, measure, or existing data that is listed in the indicator table. Keep in mind that online sources often change and you may have to visit the original site and find the specific document yourself.

- Each information source in the indicator tables is assigned a letter such as A), B), C), etc. The letter in the indicator table and the letter in the data sources are matched, so you can find the specific data source for each piece of information in the indicator table.

Figure 5 – Data Source References

<table>
<thead>
<tr>
<th>Data Sources:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) RHS: First Nations and Inuit Regional Longitudinal Health Survey (Adult survey) – Questions 53</td>
</tr>
<tr>
<td>Find source at: <a href="http://www.nahs.ca/firstnations/english/0075/key_docs_adult.pdf">http://www.nahs.ca/firstnations/english/0075/key_docs_adult.pdf</a></td>
</tr>
<tr>
<td>A) RHS: First Nations and Inuit Regional Longitudinal Health Survey (Adolescence survey) – Questions 33/59/69</td>
</tr>
<tr>
<td>A) RHS: First Nations and Inuit Regional Longitudinal Health Survey (Child survey) – Questions 54/55/66</td>
</tr>
<tr>
<td>B) Statistics Canada: 2001 Community Profiles. Find source at: <a href="http://www12.statcan.ca/english/prod91/PlaceSearchForm1.cfm">http://www12.statcan.ca/english/prod91/PlaceSearchForm1.cfm</a></td>
</tr>
</tbody>
</table>
Step 5

- Finally, at the end of each domain section a Tool Sheet has been created to provide an example of how one might collect and interpret data to measure a specific indicator (see Figure 6).

- The Tool Sheet contained in the Healthy Lifestyle domain uses indicator #13 – Playing Sports as an example.

**Figure 6 – Tool Sheet**

---

Healthy Lifestyle

**Healthy Lifestyle >> Participation >> Physical Activities**

Issue Identified: Participating in recreational activities that involve physical exercise and fitness.

Proposed Indicator: #13 – Playing Sports

Suggested Measure: Compare the desired participation rates in recreational activities with current participation rates.

Information Source: Existing data and suggested questions that could be used in a local survey are provided below. These are focused on children (0-18). Limitations to the existing data are noted below (see ‘c’).

A) RHS (with/without SD) survey: [http://www.nyasub.mohbcre/analysishelpdesk.xls](http://www.nyasub.mohbcre/analysishelpdesk.xls)

Question: "In the past 12 months how often did you take part in sports or exercise?"

Note: Community-level data for NWIN survey exists but not necessarily by community.

B) [http://www.123gRandomizer.ca](http://www.123gRandomizer.ca) (English / French) >> Community Profiles >> 2001 Aboriginal Peoples Survey Community Profiles >> Choose: [Choose Community](http://www.123gRandomizer.ca)

<table>
<thead>
<tr>
<th>How often do you play sports or exercise?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time (5)</td>
</tr>
<tr>
<td>Most of the time (4)</td>
</tr>
<tr>
<td>Sometimes (3)</td>
</tr>
<tr>
<td>Occasionally (2)</td>
</tr>
<tr>
<td>Rarely (1)</td>
</tr>
</tbody>
</table>

C) For specific recreation information that includes past and upcoming events in the Aboriginal region go to: [http://www.123gRandomizer.ca](http://www.123gRandomizer.ca)

---

How to use this measure:

1. **Step 1**: Identify the desired rate of participation in sports activities for the age group (example: 6-14: 15-18).

2. **Step 2**: Determine the actual rate of participation for the age group, by using existing data (as in the...
Notes About a Few of the Surveys and Existing Data

Any information (questions) that is listed as RHS (Regional Health Survey) has already been gathered for some communities and can only be accessed by that community. General survey questions are offered as examples for community developed surveys.

The Statistics Canada information is also readily available and easily found on their website. The data link will connect to the most up to date information that can be found. The direct data map to the questionnaires for this information is included here:

Find source at:  http://www.statcan.gc.ca  >> (English/French)  >> Definitions, Data Sources and Methods  >> under the heading Questionnaires; Alphabetical list  >> English or French Questionnaire of Aboriginal Peoples Survey – 2001
Community Health Indicators Framework

Key Domains & Indicator Categories:
Community Health and Community Wellness

Indicator Categories:
- Employment
- Cost of living
- Health Benefit Coverage
- Funding for Community Projects
- Respect for the Environment
- Impact of Development
- Resource Protection
- Human Health

Health Issues:
- Diabetes
- Cancer
- Respiratory problems
- Tuberculosis
- Obesity
- FASD
- Teen pregnancy
- Mental health / stress
- Terminal illness issues

Addiction Issues:
- Alcohol use
- Solvent use
- Illegal & prescription drug use
- Gambling
- Smoking
- Suicide
- Youth boredom

Service & Infrastructure
- Community Infrastructure
- Service Delivery
- Housing
- Recreation
- Technology
- Service Sustainability

Identity & Culture
- Community Identity
- Elders
- Traditional Practices
- Community Knowledge
- Sharing

Healthy Lifestyles
- Self-Care
- Participation
- Motivation

Economic Viability
- Cost of food
- Availability and Quality of Food

Food Security
- Environment

First Nation’s Health Development Toolkit
**Economic Viability**

A state of community self-sufficiency, where there are businesses and economic partnerships to promote a local economy; jobs available to sustain personal and family needs; food, housing and medical services that are affordable; and a sense of optimism when community members consider future developments.

**Indicators:**

<table>
<thead>
<tr>
<th>Employment</th>
<th>Cost of Living</th>
<th>Health Benefit Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Availability</td>
<td>Cost of Food</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>1 – unemployment rate</td>
<td>no indicators proposed</td>
<td>13 – % of income spent on housing</td>
</tr>
<tr>
<td>2 – jobs in the community</td>
<td>Cost of Healthy Food</td>
<td>14 – housing waitlists</td>
</tr>
<tr>
<td>3 – people working outside community</td>
<td>no indicators proposed</td>
<td>15 – low income housing availability</td>
</tr>
<tr>
<td>Strategic Training</td>
<td>Food Subsidies</td>
<td>Utility Costs</td>
</tr>
<tr>
<td>4 – training for potential jobs</td>
<td>8 – food programs &amp; usage</td>
<td>16 – cost of utility hook-up/reconnects</td>
</tr>
<tr>
<td>Disincentives to Work</td>
<td>9 – incentive to carry healthy foods</td>
<td>Competitive Retailing</td>
</tr>
<tr>
<td>Indicator #1</td>
<td>Transportation Costs</td>
<td>17 – level of retail competition</td>
</tr>
<tr>
<td>5 – cost of working vs social assistance</td>
<td>10 – cost of fuel</td>
<td>Social Assistance Rates</td>
</tr>
<tr>
<td>Local Business</td>
<td>11 – distance to services</td>
<td>18 – costs met by social assistance</td>
</tr>
<tr>
<td>6 – local businesses</td>
<td>12 – cost of airline travel</td>
<td>Single Parent Families</td>
</tr>
<tr>
<td>7 – employment in local business</td>
<td></td>
<td>19 – single parent families</td>
</tr>
</tbody>
</table>

*... continued on next page*
Funding for Community Programs

Sufficient Funding
no indicators proposed

Stable Funding
no indicators proposed

Infrastructure
no indicators proposed

Staffing
25 – vacant staff positions
26 – staff training levels
27 – length of time in position
28 – community satisfaction with staff

Promotion
29 – program participation rates
30 – program awareness levels
**Economic Viability**

Economic Viability >> Employment >> Local Availability

**Issues Identified:** Having few jobs available in the community requires people to leave in order to obtain work, which impacts family members left behind, community morale and volunteerism. Local jobs contribute to community sustainability.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unemployment rate</td>
<td>Local survey required – suggested measures:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Existing data found at:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> &gt;&gt; (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B) <a href="http://www.hrsdc.gc.ca/eng/home.shtml">http://www.hrsdc.gc.ca/eng/home.shtml</a> &gt;&gt; Aboriginal skills and training strategic investment fund &gt;&gt; Economic action plan – support for workers and the unemployed &gt;&gt; Employment insurance (EI) &gt;&gt; Economic regions &gt;&gt; EI Economic region maps &gt;&gt; Saskatchewan &gt;&gt; Northern Saskatchewan &gt;&gt; (click) View unemployment rate &amp; benefit table</td>
</tr>
<tr>
<td></td>
<td></td>
<td>See Glossary of Unemployment Terms used by Statistics Canada (next page)</td>
</tr>
</tbody>
</table>

2           | # of jobs in the community   | See Indicator 1  |
|             |                              | Local survey required  |

3           | % of community members working outside the community | Local survey required  |
Data Sources:


Glossary of Unemployment Terms used by Statistics Canada

**Participation Rate**
Refers to the labour force in the week (Sunday to Saturday) prior to Census Day (May 15, 2001), expressed as a percentage of the population 15 years of age and over.

**Employment Rate**
Refers to the number of persons employed in the week (Sunday to Saturday) prior to Census Day (May 15, 2001), expressed as a percentage of the total population 15 years of age and over.

*Note:* The “% of adults not working for pay or in self-employment” is expressed as a percentage of the total population.

**Unemployment Rate**
Refers to the unemployed expressed as a percentage of the labour force in the week (Sunday to Saturday) prior to Census Day (May 15, 2001).

\[
\text{Unemployment rate} = \frac{\text{Unemployed}}{\text{Labour Force}} \times 100
\]

**When last worked for pay or in self-employment**
Refers to the year or period in which persons last worked for pay or in self-employment (even if only for a few days). It includes those who worked without pay in a family farm, business or professional practice. It does not include unpaid housework, unpaid childcare, unpaid care to seniors or volunteer work. It is used to identify persons with recent paid work experience.

**Unemployed (in reference week)**
Persons who, during the week (Sunday to Saturday) prior to census day (May 15, 2001) were without paid work or without self-employment work and were available for work and either:

- Had actively looked for paid work in the past four weeks, or
- Were on temporary lay-off and expected to return to their job, or
- Had definite arrangements to start a new job in four weeks or less.

The unemployed category consists primarily of those persons who, during the week prior to enumeration (count; to ascertain a number), were without paid work, were unavailable for work, and had actively looked for paid work in the past four weeks.
Economic Viability

Economic Viability >> Employment >> Strategic Training

Issues Identified: When industry is developed in the region, local people are often not qualified for the available jobs. A need exists for targeted training in advance of industry start-up so that when industry is set up and jobs are available, local people are trained and qualified.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td># training programs directly related to available job opportunities</td>
<td>Local survey required – suggested measures:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Existing data found at:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) <a href="http://www.cameco.com/">http://www.cameco.com/</a> &gt;&gt; Careers &gt;&gt; Responsibility &gt;&gt; Sustainable Development &gt;&gt; Sustainable Communities &gt;&gt; Northern Sask. Opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B) <a href="http://www.cameco.com/">http://www.cameco.com/</a> &gt;&gt; Careers &gt;&gt; Responsibility &gt;&gt; Sustainable Development &gt;&gt; Sustainable Communities &gt;&gt; Northern Career Quest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C) <a href="http://www.gov.sk.ca/">http://www.gov.sk.ca/</a> &gt;&gt; About government &gt;&gt; News releases &gt;&gt; November 2006 &gt;&gt; Northern Saskatchewan to Receive 650 Training Opportunities</td>
</tr>
</tbody>
</table>

Data Sources:


Economic Viability

Issues Identified: Employment can negatively impact living costs by the loss of access to low income housing, subsidized utility rates and medical cost coverage. As a result it can be more economically viable to remain on social assistance.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unemployment rate</td>
<td>See Indicator 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Local survey required</td>
</tr>
<tr>
<td>5</td>
<td>Cost analysis on benefits of working vs. social assistance</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Economic Viability

Economic Viability >> Employment >> Local Business

**Issues Identified:** Local businesses contribute to a tax base (in provincial communities), provide employment and increased infrastructure, and improve community morale.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 6           | # of local businesses in the community | Local survey required – suggested measures:  
Existing data found at:  
A) [http://www.saskjobfutures.ca/](http://www.saskjobfutures.ca/) >> Local labour market >> Community Facts >> Select Community |
| 7           | # of community members employed in local businesses | Local survey required – suggested measures:  
Existing data found at:  
A) [http://www.saskjobfutures.ca/](http://www.saskjobfutures.ca/) >> Local labour market >> Community Facts >> Select Community |

**Data Sources:**

Economic Viability

Economic Viability >> Cost of Living >> Cost of Food

Issues Identified: Cost of food in all categories in northern communities is high, especially in relation to income levels.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None proposed</td>
<td>Local survey required – suggested measures:</td>
<td></td>
</tr>
</tbody>
</table>

A) Healthy Food Costing Assessment (Community Vitality Monitoring Partnership Process Project).

B) Refer to the DIAND Alternative Northern Food Baskets publication. Calculating the cost of a northern food basket involves detailed calculations.

Existing data found at:

C) Existing data for costs of a weekly northern food basket dated 1991-1995 for the communities of Regina, Prince Albert, La Ronge, Black Lake and Stony Rapids. Find source and extensive data on Food Mail at:


Data Sources:

A) Healthy Food Costing Assessment (Community Vitality Monitoring Partnership Project).

B) Lawn, Judith and Hill, Frederick. 1998. Alternative Northern Food Baskets. Ottawa: Minister of Indian Affairs and Northern Development

Economic Viability

Cost of Living >> Cost of Healthy Food

Issues Identified: Cost of healthy foods (typically fresh & perishable) is high in relation to other foods available and income levels, resulting in low consumption.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local survey required – suggested questions and measures:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) Healthy Food Costing Assessment (Community Vitality Monitoring Partnership Process Project).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B) Health Canada: Alternative Northern Food Baskets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer to Health Canada and the Alternative Northern Food Baskets publication (listed in references). Note: this is quite an involved calculation process.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C) Food Quality in Labrador survey:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- What is keeping you from buying more fresh fruit and vegetables? (List includes the option “they cost too much”)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Since this time last year, how has the price of fresh fruit and vegetable in your community changed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D) Nutrition and Food Security in Kugaaruk survey:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If you cannot get country food, can you tell me why? (List of answers includes “Gas too expensive” and “Repairs too expensive”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Some families might say “We couldn’t afford to eat healthy meals”. In the last 12 months did this happen often, sometimes, or never for your household?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Some families might say, “We could only feed our children less expensive foods because we were running out of money to buy food”. In the past 12 months did this happen often, sometimes, or never for your household?</td>
</tr>
</tbody>
</table>

Data Sources:

A) Healthy Food Costing Assessment (Community Vitality Monitoring Partnership Process Project).

B) Lawn, Judith and Hill, Frederick. 1998. Alternative Northern Food Baskets. Ottawa: Minister of Indian Affairs and Northern Development
C) Food Quality in Six Isolated Communities in Labrador - Questions 7/8

Find Source at: http://www.ainc-inac.gc.ca/nth/fon/pubs/kg03/kg03-eng.pdf
Economic Viability

Economic Viability >> Cost of Living >> Food Subsidies

Issues Identified: There is a lack of food subsidy programs – the existing Food Mail program is not widely known or understood and is not directly accessible by community members. Incentives do not exist to encourage stores to carry healthy food products.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 8           | # and use of food programs   | Local survey required – suggested questions:  
A) Food Quality in Labrador study (retailer survey): If the quality of fresh fruit and vegetables improved in your store, do you think you would sell more of these foods?
B) Nutrition and Food Security in Kugaaruk survey: Where do you usually buy most of your food? From the Coop, from Yellowknife by Food Mail, or from the south by air cargo? |
| 9           | Incentives for stores to carry healthy food items | Local survey required – suggested questions:  
A) Food Quality in Labrador study (retailer survey):  
- If the quality of fresh fruit and vegetables improved in your store, do you think you would sell more of these foods?  
- If the quality of fresh food improved, would you: Increase prices because customers would be willing to pay more? Lower prices, because you would have less spoilage? Continue to charge the same price? |

Data Sources:

A) Food Quality in Six Isolated Communities in Labrador – Questions 7/8  

## Economic Viability

**Cost of Living >> Transportation Costs**

### Issues Identified:

Residents in remote communities pay higher costs for fuel and travel longer distances to access some services. Residents in communities not accessible by road must pay the cost of airfare to travel outside the community.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Cost of fuel</td>
<td>Local survey required</td>
</tr>
<tr>
<td>11</td>
<td>Distance to services</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
| 12          | Cost of airline travel to PA, Saskatoon | Local survey required – suggested questions:  
B) [http://www.transwestair.com/](http://www.transwestair.com/) >> Transwest Air >> Book Online |

### Data Sources:


B) Transwest Air. Find Source at: [http://www.booktranswest.com/](http://www.booktranswest.com/)
Economic Viability

Issues Identified: An overall scarcity of housing units contributes to higher rents and a further lack of low-income housing units contributes to overcrowding as those with low incomes move in with other family members. Frequent moves in search of better housing increases costs (i.e. re-hookup of utilities).

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>% of income spent on housing</td>
<td>Local survey required</td>
</tr>
<tr>
<td>14</td>
<td>Housing waiting lists</td>
<td>Local survey required</td>
</tr>
<tr>
<td>15</td>
<td># of low income housing units</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
Economic Viability

Economic Viability >> Cost of Living >> Utility Costs

Issues Identified: Utility costs can vary depending on whether a person is on social assistance or not. The cost of utilities is impacted by the cost of utility re-hook-ups.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Dollar amount of utility hook-ups and reconnects</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Economic Viability

Issues Identified:  
*Food and fuel costs were reduced in communities where there was competition between retailers.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td># of retailers per commodity (i.e. fresh food, gas)</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
### Economic Viability

**Cost of Living >> Social Assistance Rates**

**Issues Identified:** *Social assistance rates do not adequately provide for the cost of living in northern Saskatchewan.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>% of cost of living met by social assistance rates</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Economic Viability

Issues Identified: Many families are headed by single parents who experience reduced economic power (loss of spousal economies of scale) and increased costs (child care and other supports.)

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td># of single parent families</td>
<td>Existing data found at: <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> &gt;&gt; (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
</tbody>
</table>

Data Sources:

**Economic Viability**

Economic Viability >> Health Benefit Coverage >> **Prescription Drugs**

**Issues Identified:** The cost of prescription drugs is not always covered, depending on factors such as status and whether an individual is on social assistance. A recent policy requiring Treaty people to sign a confidentiality waiver or pay for health benefits up front has impacted whether people fill their prescriptions or not.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>% of drug costs paid “out of pocket” vs. by health programs</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
| 21          | # of prescriptions issued to a patient but not filled | Local survey required – suggested questions:  
   A) RHS (Adult survey):  
   - During the past 12 months, have you experienced any of the following barriers to receiving healthcare? (List includes: Not covered by Non-Insured Health benefits [e.g. service, medication, equipment]; Prior approval for services under Non-Insured Health Benefits was denied; Could not afford direct cost of care/service; Could not afford direct costs; Could not afford childcare costs).  
   - **Community level data for RHS survey exists: must be accessed by community.** |

**Data Sources:**

(no longer available online)
Economic Viability

Issues Identified: Coverage of costs for travel away from the community for medical treatment often do not cover the actual costs. e.g., accommodation is not always provided after hospital discharge; travel coverage is to the closest major centre from the community, not the city where the doctor or specialist is located. The abuse of medical transportation coverage results in a rigid application of benefits.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 22 | % of actual costs covered by medical transportation funding | Local survey required – suggested questions:  
A) RHS (Adult survey):  
- During the past 12 months, have you experienced any of the following barriers to receiving healthcare?  
(List includes: Not covered by Non-Insured Health benefits [e.g. service, medication, equipment]; Prior approval for services under Non-Insured Health Benefits was denied; Could not afford direct cost of care/service; Could not afford direct costs; Could not afford childcare costs). - Community level data for RHS survey exists: must be accessed by community. |
| 23 | # of patients who do not follow recommended treatment due to cost | Local survey required – suggested questions:  
A) RHS (Adult survey):  
- During the past 12 months, have you experienced any of the following barriers to receiving healthcare?  
(List includes: Not covered by Non-Insured Health benefits [e.g. service, medication, equipment]; Prior approval for services under Non-Insured Health Benefits was denied; Could not afford direct cost of care/service; Could not afford direct costs; Could not afford childcare costs). - Community level data for RHS survey exists: must be accessed by community. |

Data Sources:  
A) RHS: First Nations and Inuit Regional Longitudinal Health Survey (Adult survey) - Question 54  
(no longer available online)
Economic Viability

Health Benefit Coverage >> Companion & Translation Services for Elders and Youth

**Issues Identified:** Transportation costs are usually provided only for the person seeking treatment and as a result, very ill Elders and youth often have to travel alone. Elders do not have someone who can translate for them, especially needed to understand complex medical terminology.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td># of Elders &amp; youth (under 16) travelling alone for medical care</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Economic Viability

Economic Viability  >>  Funding for Community Programs  >>  Sufficient Funding

**Issues Identified:** Programs are chronically under-funded in some or all areas of operation. In order to be effective and produce desired outcomes, programs require sufficient funding (budget) to carry out identified activities.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Economic Viability

Economic Viability >> Funding for Community Programs >> **Stable Funding**

**Issues Identified:**  Programs require stable, long-term funding to allow for planning and evaluation, and to develop community commitment and support.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Economic Viability

Economic Viability >> Funding for Community Programs >> Infrastructure

Issues Identified: Programs require suitable infrastructure to carry out identified activities (buildings, equipment, supplies).

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
Economic Viability

Economic Viability >> Funding for Community Programs >> Staffing

Issues Identified: Programs often do not have sufficient funds to attract and hire trained staff; short-term funding can result in a lack of staff commitment.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>% of required positions vacant</td>
<td>Local survey required</td>
</tr>
<tr>
<td>26</td>
<td>% of staff with formal training</td>
<td>Existing data found at: A) <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
<tr>
<td>27</td>
<td>Trained staff - length of time in position</td>
<td>Local survey required</td>
</tr>
<tr>
<td>28</td>
<td>Community satisfaction with staff</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
Data Sources:

Economic Viability

Issues Identified: In order for community members to support and participate in programs, an awareness and connectedness must be developed.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Program participation rates</td>
<td>Local survey required</td>
</tr>
<tr>
<td>30</td>
<td>Program awareness levels</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Tool Sheet – Economic Viability

Economic Viability >> Employment >> Strategic Training

Issues Identified: When industry is developed in the region, local people are often not qualified for the available jobs. A need exists for targeted training in advance of industry start-up so that when industry is set up and jobs are available, local people are trained and qualified.

Proposed Indicator: #4 – of training programs directly related to job opportunities

Suggested Measure: Compare the number of specific industry job opportunities available to the number of local training spaces available related to the positions.

Information Source: Local survey

How to use this measure:

Step 1) Identify the specific job opportunity that will be available in the community or region.
Step 2) Identify training programs that directly relate to the type of job opportunity identified.
Step 3) Identify the # (number) of spaces available in those training programs.
Step 4) Use the ‘Indicator Calculation Tool’ formula to calculate the measure.

<table>
<thead>
<tr>
<th>Indicator Calculation Tool</th>
<th>Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \frac{\text{(1) training program} \times \text{( ) spaces}}{\text{ ( ) specific positions}} )</td>
<td>( \frac{\text{(1) driller training program} \times \text{(5) spaces}}{\text{(10) drilling positions available}} )</td>
</tr>
<tr>
<td>( \text{X} \times 100 )</td>
<td>( \text{X} \times 100 )</td>
</tr>
<tr>
<td>( \text{= % participating} )</td>
<td>( \text{= % participating} )</td>
</tr>
</tbody>
</table>

\( \text{X} \times \text{multiplied by ( )} = \text{Insert number here} \) = divided by

What does this information mean?

Of the 10 drilling positions available, only 50% of the necessary training seats are available to provide local training to community members who would then be qualified for the positions. This information could be used to support requests to colleges to deliver training programs, and to funding agencies to provide financial support for these training spaces.
Environment

Based on a respect for and commitment to the environment, this domain refers to the knowledge and resources necessary to manage the impact of development, both within and outside the community, and to ensure the environment is protected for future generations.

Indicators:

<table>
<thead>
<tr>
<th>Respect for the Environment</th>
<th>Impact of Development</th>
<th>Jurisdiction</th>
<th>Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valuing Natural Resources</td>
<td>Pollution</td>
<td>no indicators proposed</td>
<td>10 — funding from SERM</td>
</tr>
<tr>
<td>no indicators proposed</td>
<td>2 – air quality</td>
<td></td>
<td>11 – EHO to interpret reports</td>
</tr>
<tr>
<td>Commitment</td>
<td>3 – water quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 – community clean-ups</td>
<td>4 – levels of pollutants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Clean Up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 – clean up agreements in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Sustainability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 – decrease in fish/wildlife populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicators #2, #3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resource Protection</th>
<th>Monitoring</th>
<th>Jurisdiction</th>
<th>Human Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7 – monitoring programs in place</td>
<td></td>
<td>Environmental</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12 – # forest fires near community</td>
</tr>
<tr>
<td>Environmental Clean Up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 – clean up agreements in place</td>
<td></td>
<td></td>
<td>13 – health effects of fire smoke</td>
</tr>
<tr>
<td>Community Sustainability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 – decrease in fish/wildlife populations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicators #2, #3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structural</td>
<td>9 – funds available for EHO monitoring</td>
<td></td>
<td>14 – accidents in home</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Environment

Environment >> Respect for the Environment >> Valuing Natural Resources

Issues Identified: An appreciation for the beauty and resources that the land, water, fish and animals provide to current and future generations.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
## Environment

Environment  >>  Respect for the Environment  >>  Commitment

### Issues Identified:

*Communities have a commitment to respect and protect the environment.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Community clean-ups</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

### Data Sources:

No indicator/survey source at this time
Environment

Environment >> Impact of Development >> Pollution

Issues Identified: Industry (mines), population increase (residents and tourists) and lack of proper waste management systems at the community level are sources of land, air and water pollution.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Existing data found at:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) <a href="http://www.cri.ca">http://www.cri.ca</a> &gt;&gt; Our communities &gt;&gt; Scroll down: Choose your community (if available - Black Lake, Camsell Portage, Fond du Lac, Stony Rapids, Uranium City, Wollaston Lake)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C) [Uranium Mining Cumulative Effects Monitoring Program 2002 Annual Report](<a href="http://www.environment.gov.sk.ca/env">http://www.environment.gov.sk.ca/env</a> programs services land mining abandoned mines) – Table 8 – No current online source</td>
</tr>
<tr>
<td>3</td>
<td>Water quality (safe to drink the lake water)</td>
<td>Existing data found at:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) <a href="http://www.cri.ca">http://www.cri.ca</a> &gt;&gt; Our communities &gt;&gt; Scroll down: Choose your community (if available - Black Lake, Camsell Portage, Fond du Lac, Stony Rapids, Uranium City, Wollaston Lake)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C) Uranium Mining Cumulative Effects Monitoring Program 2002 Annual Report – Table 8 – No current online source</td>
</tr>
<tr>
<td>4</td>
<td>Levels of pollutants (uranium)</td>
<td>Existing data found at:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D) <a href="http://www.environment.gov.sk.ca">http://www.environment.gov.sk.ca</a> &gt;&gt; environment &gt;&gt; programs &amp; services &gt;&gt; land &gt;&gt; mining &gt;&gt; abandoned mines</td>
</tr>
</tbody>
</table>

x – suppressed to meet the confidentiality requirements of the Statistics Act
Data Sources:

A) Athabasca Working Group Environmental Monitoring Program 2003
Find source at: http://www.cri.ca/communities/index.html (may no longer be available)

B) State of the Watershed Report 2007. Saskatchewan Watershed Authority. Find source at:


D) An Assessment of Abandoned Mines in Northern Saskatchewan (Year Two) May 2002. Find source at:

Environment

Issues Identified: Determining who is responsible for the cleanup of abandoned industrial sites (contaminated soil, materials & equipment) and spills is challenging because of the many jurisdictions involved including local bands and municipalities, provincial and federal governments and industry.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Clean-up agreements in place</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
Environment

Issues Identified:  Changes in landscape, wildlife habitat, air and water quality can affect the sustainability of communities at the most basic level – a livable environment.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 6           | Decrease in fish and wildlife populations | Existing data found at:  
B) Beverly and Qamanirjuaq Caribou Management Board Newsletter. For most recent update on caribou herds, see: http://www.arctic-caribou.com/publications_newsletter.html |
|             | Water quality                 | See Indicator 3 |
|             | Air quality                   | See indicator 2 |

x – suppressed to meet the confidentiality requirements of the Statistics Act

Data Sources:

B) Beverly and Qamanirjuaq Caribou Management Board Newsletter. For most recent update on caribou herds, see:
http://www.arctic-caribou.com/publications_newsletter.html
Environment

Environment >> Impact of Development >> Jurisdiction

**Issues Identified:** In addition to developmental impacts within their jurisdiction, communities sustain the developmental impacts from decisions made in other jurisdictions over which they have no control.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Environment

Environment >> Resource Protection >> Monitoring

Issues Identified: Monitoring of air and water quality, wildlife habitat, and waste management is required to protect the environment.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Monitoring programs in place</td>
<td>Existing data found at:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) Uranium Mining Cumulative Effects Monitoring Program 2002 Annual Report – Table 8 – No current online source</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B) Athabasca Working Group Environmental Monitoring Program 2002 - 2005: Pollution levels for local water; wildlife; air; plants - <a href="http://www.cri.ca">http://www.cri.ca</a> &gt;&gt; Our communities &gt;&gt; Scroll down: Choose your community (if available - Black Lake, Carmell Portage, Fond du Lac, Stony Rapids, Uranium City, Wollaston Lake)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E) Environment Canada Weather Office. Go to <a href="http://www.weatheroffice.gc.ca/canada_e.html">http://www.weatheroffice.gc.ca/canada_e.html</a> &gt;&gt; Select ‘Saskatchewan’ &gt;&gt; Select either ‘Stoney Rapids’ or ‘Uranium City’</td>
</tr>
</tbody>
</table>

Data Sources:


(may no longer be available online)


Environment

Issues Identified: An adequate number of conservation officers is needed to enforce environmental regulations in the region, especially with the increase in hunting and fishing camps.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td># of conservation officers (per square kms)</td>
<td>Existing data found at: A) <a href="http://www.environment.gov.sk.ca/">http://www.environment.gov.sk.ca/</a> &gt;&gt; Corporate &gt;&gt; Contacts and Office Locations &gt;&gt; Select Prince Albert for northern contacts</td>
</tr>
</tbody>
</table>

Data Sources:

A) Saskatchewan Environment contacts - contact information for provincial environment representatives Find source at: [http://www.environment.gov.sk.ca/contact-information](http://www.environment.gov.sk.ca/contact-information)
Environment

Environment  >> Resource Protection  >> Jurisdiction

Issues Identified:  The lack of an integrated approach by various jurisdictions dealing with the same issue prevents needs from being met.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 9           | Funds available for an EHO to monitor area regardless of jurisdiction | Existing data found at:  
A) [http://www.environment.gov.sk.ca/](http://www.environment.gov.sk.ca/)  >> corporate >> contacts and office locations >> Select Prince Albert for northern contacts |

Data Sources:

A) Saskatchewan Environment contacts - contact information for provincial environment representatives - Find source at:  
[http://www.environment.gov.sk.ca/contact-information](http://www.environment.gov.sk.ca/contact-information)
**Issues Identified:** There is a need for long-term land use planning and management of environmental impacts from industry; communities require access to expertise to help interpret the environmental reports they receive.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (Suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Funding from SERM</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
| 11          | Availability of EHO to help community members interpret reports | Existing data found at:  
A) [http://www.environment.gov.sk.ca/](http://www.environment.gov.sk.ca/) >> Contact Information >> Select Prince Albert for northern contacts |

**Data Sources:**

A) Saskatchewan Environment contacts - contact information for provincial environment representatives  
Find source at: [http://www.environment.gov.sk.ca/contact-information](http://www.environment.gov.sk.ca/contact-information)
Environment

Issues Identified: Effects of forest fires on air quality.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td># of forest fires near the community</td>
<td>Existing data found at: A) <a href="http://www.environment.gov.sk.ca/">http://www.environment.gov.sk.ca/</a> &gt;&gt; Wildfire Management &gt;&gt; Current fire activity &gt;&gt; Fires to date map</td>
</tr>
<tr>
<td>13</td>
<td>Health effects of forest fire smoke on community health</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

A) Information regarding forest fires
Find source at: [http://www.environment.gov.sk.ca/Default.aspx?DN=12b6b5f3-0104-4e0f-b3a5-3c914855a138](http://www.environment.gov.sk.ca/Default.aspx?DN=12b6b5f3-0104-4e0f-b3a5-3c914855a138)
Environment

Environment >> Human Health >> Structural

Issues Identified: Effects of housing (and other structural) quality on human health, including accidents due to houses in disrepair and health hazards such as black mold.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td># of accidents in the home</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
Issues Identified: An adequate number of conservation officers is needed to enforce environmental regulations in the region, especially with the increase in hunting and fishing camps.

Proposed Indicator: # 8 – number of conservation officers per square kilometers

Suggested Measure: Compare the number of conservation officers assigned within a specified geographic range to the number required.

Information Source: 1) SERM (Saskatchewan Environment and Resource Management) [http://www.environment.gov.sk.ca] >> Corporate >> Contacts and Office Locations >> Select Prince Albert for northern contacts

2) Local survey

How to use this measure:

Step 1) Identify the # (number) of conservation officers required or desired within a specific geographic range (in kms).

Step 2) Identify the # of conservation officers (identified from the information source above) assigned to the specific geographic range

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

<table>
<thead>
<tr>
<th>Indicator Calculation Tool</th>
<th>Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) conservation officers assigned to area</td>
<td>( 2 ) conservation officers assigned to area</td>
</tr>
<tr>
<td>( ) conservation officers required in area</td>
<td>( 6 ) conservation officers required in area</td>
</tr>
<tr>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>( ) X 100</td>
<td>( 2 )</td>
</tr>
<tr>
<td>= % of needed officers</td>
<td>= divided by</td>
</tr>
</tbody>
</table>

What does this information mean?

Only one-third of the required conservation officers are available for the specified geographic area to properly enforce environment regulations. This information could be used to support a request for additional conservation officers.
Identity & Culture

An ability to convey community history, cultural and traditional practices and language, along with the nurturing of a holistic approach to life and intergenerational relationships. Activities that promote community culture and identity are acknowledged as key to developing positive self-esteem and positive self-image for community members.

<table>
<thead>
<tr>
<th>Indicators:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Identity</strong></td>
</tr>
<tr>
<td>Cultural Activities</td>
</tr>
<tr>
<td>1 – cultural activities &amp; participation</td>
</tr>
<tr>
<td>2 – volunteering at cultural events</td>
</tr>
<tr>
<td>Spiritual Activities</td>
</tr>
<tr>
<td>3 – spiritual activities &amp; participation</td>
</tr>
<tr>
<td>4 – visits by spiritual leaders</td>
</tr>
<tr>
<td>Community Events</td>
</tr>
<tr>
<td>5 – community events &amp; participation</td>
</tr>
<tr>
<td>6 – transparency in use of event funds</td>
</tr>
<tr>
<td>Community Morale</td>
</tr>
<tr>
<td>7 – feeling safe in the community</td>
</tr>
<tr>
<td>8 – condition of buildings &amp; grounds</td>
</tr>
<tr>
<td><strong>Cultural Activities</strong></td>
</tr>
<tr>
<td>9 – recognition of positive contributions</td>
</tr>
<tr>
<td>10 – distance from other communities</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
</tr>
<tr>
<td>11 – community newsletter</td>
</tr>
<tr>
<td><strong>Elders</strong></td>
</tr>
<tr>
<td><strong>Involvement with Youth</strong></td>
</tr>
<tr>
<td>12 – formal Elder / youth activities</td>
</tr>
<tr>
<td>13 – informal Elder / youth activities</td>
</tr>
<tr>
<td><strong>Involvement in Community</strong></td>
</tr>
<tr>
<td>14 – social gathering places for Elders</td>
</tr>
<tr>
<td>15 – community decision with Elder input</td>
</tr>
<tr>
<td><strong>Remain in Community</strong></td>
</tr>
<tr>
<td>16 – Elders leaving for end of life care</td>
</tr>
<tr>
<td>17 – support programs for Elders</td>
</tr>
<tr>
<td><strong>Traditional Practices</strong></td>
</tr>
<tr>
<td>18 – visits to community by Medicine Man</td>
</tr>
<tr>
<td>19 – traditional cultural activities</td>
</tr>
<tr>
<td><strong>Spiritual</strong></td>
</tr>
<tr>
<td>20 – youth speaking traditional language</td>
</tr>
<tr>
<td>21 – teachers speak traditional language</td>
</tr>
<tr>
<td>22 – language used in assembly/council</td>
</tr>
<tr>
<td>23 – youth involved in language classes</td>
</tr>
<tr>
<td><strong>Healing &amp; Restorative Justice</strong></td>
</tr>
<tr>
<td>24 – healing circles &amp; participation</td>
</tr>
<tr>
<td><strong>Maintaining Traditional Practices</strong></td>
</tr>
<tr>
<td>25 – costs of Elder visits</td>
</tr>
<tr>
<td>26 – costs of traditional education</td>
</tr>
<tr>
<td><strong>Traditional Ways</strong></td>
</tr>
<tr>
<td>27 – local teachers in schools</td>
</tr>
<tr>
<td>28 – cultural awareness programs</td>
</tr>
<tr>
<td><strong>Language</strong></td>
</tr>
<tr>
<td>29 – traditional education programs</td>
</tr>
<tr>
<td>30 – people hunting and fishing</td>
</tr>
<tr>
<td>31 – access to hunting and fishing</td>
</tr>
<tr>
<td>32 – methods of hunting and fishing</td>
</tr>
<tr>
<td>33 – Elder/youth in traditional activities</td>
</tr>
</tbody>
</table>

... continued on next page
Community Knowledge

Cultural Knowledge (Elders)
Indicators #12, #13, #15

Recognizing Multi-Cultural History
34 – cultural awareness events

Knowledge of Community History
Indicators #27, #29

Promotion of Community
35 – applying for and receiving grants
36 – approaching mines to invest

Sharing

Parenting
no indicators proposed

Volunteerism
37 – volunteering at community events
38 – informal volunteering

Resources
39 – game shared after hunts
Identity & Culture

Identity & Culture >> Community Identity >> **Cultural Activities**

**Issues Identified:**  
Activities that represent/celebrate cultural awareness and practices help provide an understanding of cultural values and support community identity.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 1           | # and type of cultural activities and participation | Local survey required – suggested measures and existing data found at:  
A) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community |
| 2           | Level of volunteering at cultural events | Local survey required |

**Data Sources:**

## Identity & Culture

### Community Identity >> Spiritual Activities

**Issues Identified:** Spiritual activities that represent the beliefs of community members help to develop identity and common values and provide support for community members.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td># and type of spiritual activities and participation levels</td>
<td>Local survey required</td>
</tr>
<tr>
<td>4</td>
<td># of visits by spiritual leader to community</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
## Identity & Culture

**Identity & Culture >> Community Identity >> Community Events**

**Issues Identified:** Events within the community that bring people together help to develop social relationships and supports as well as community knowledge, identity and morale. It is important that there is accountability for funds raised at events.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td># and type of community events and participation levels</td>
<td>Local survey required</td>
</tr>
<tr>
<td>6</td>
<td>Transparency in use of funds raised at events</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Identity & Culture

Identity & Culture >> Community Identity >> **Community Morale**

Issues Identified: *Having a sense of belonging, pride and well-being within a community is an important factor in promoting positive activities and encouraging participation in community events. A sense of belonging is sometimes heightened by the remoteness of a community. A feeling of security is also very important for community morale.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Indicator of ‘feeling safe in the community’</td>
<td>Local survey required</td>
</tr>
<tr>
<td>8</td>
<td>Condition of buildings and grounds</td>
<td>Local survey required</td>
</tr>
<tr>
<td>9</td>
<td>Recognition of positive contributions (e.g. citizen of the month)</td>
<td>Local survey required</td>
</tr>
<tr>
<td>Indicator #</td>
<td>Community Proposed Indicator</td>
<td>Community Level Data Sources (suggestions)</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>10</td>
<td>Distance from other communities</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Identity & Culture

Identity & Culture >> Community Identity >> Communication

Issues Identified: The community’s ability to share information with all members is important to generate awareness of community issues and foster community activities and involvement.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Community newsletter (distribution method and #, # of copies read)</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Identity & Culture

Identity & Culture >> Elders >> **Involvement with Youth**

**Issues Identified:**  *An emphasis is placed on building and maintaining relationships between Elders and youth to allow for the transmission of traditional culture, spirituality and language, and to maintain inter-generational ties.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td># of formal Elder/youth activities and participation levels</td>
<td>Local survey required</td>
</tr>
<tr>
<td>13</td>
<td># of informal (e.g. fishing and hunting) Elder/youth activities</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Identity & Culture

Issues Identified: The opportunity to have a social network and remain involved in the community allows Elders to pass on valuable knowledge to the community and improve community well-being.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Social gathering places for Elders in community (e.g. coffee house)</td>
<td>Local survey required</td>
</tr>
<tr>
<td>15</td>
<td># of community decisions with Elders’ input</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Identity & Culture

Identity & Culture >> Elders >> **Remain in Community**

**Issues Identified:** Supports in the community that recognize the importance of caring for Elders allow for Elders to remain in the community and experience a good quality of life, despite health or other concerns. A great sense of loss is experienced when Elders pass away outside the community.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td># of Elders who must leave community for end of life care</td>
<td>Local survey required</td>
</tr>
<tr>
<td>17</td>
<td># of support programs in the community for Elders (e.g. home care, palliative care, specialized senior housing)</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Identity & Culture

Issues Identified: Practicing and promoting traditional methods of spirituality supports traditional values and ways of life, offering a common vision and raising individual identity with the community and the environment.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>18</strong></td>
<td># of visits to community by Medicine man</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Identity & Culture

Identity & Culture >> Traditional Practices >> Cultural

Issues Identified: Practicing and promoting traditional cultural practices is important to maintaining traditional values, beliefs and lifestyle. Cultural activities develop community identity and morale among members.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td># of traditional cultural activities &amp; participation (celebrations, rituals, culture camps)</td>
<td>Existing data found at:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> &gt;&gt; (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
</tbody>
</table>

Data Sources:

## Identity & Culture

### Traditional Practices >> Language

#### Issues Identified:

Language plays a central role in preserving First Nations’ identity, philosophy/worldview and traditions; it is important to support traditional language use within the community (especially the youth).

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 20          | % of youth who speak traditional language | Local survey required – suggested questions and existing data found at:  
A) RHS (Adolescent survey):  
Question 12: What languages do you speak? (List of Aboriginal languages to check off) - Community level data for RHS survey exists: must be accessed by community.  
B) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community |
| 21          | # of teachers who speak traditional language | Existing data found at:  
B) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community |
| 22          | Language used in assembly/council meetings | Existing data found at:  
B) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community |
<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (Suggestions)</th>
</tr>
</thead>
</table>
| 23         | # of youth involved in traditional language education | Existing data found at:  
B) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community |

**Data Sources:**

A) RHS: First Nations and Inuit Regional Longitudinal Health Survey (Adolescence survey) - Question 12  
(no longer available online)

Identity & Culture

Issues Identified: Healing/restorative justice is a traditional practice that supports community responsibility and allows for retention of community members.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td># of healing circles/participation levels</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Identity & Culture

Identity & Culture  >>  Traditional Practices  >>  Maintaining Traditional Practices

Issues Identified:  The costs of maintaining traditional culture can be a financial burden. Difficulties are experienced in hiring local teachers who can maintain language and culture among youth; promoting an understanding of traditional practices with others who come into the community is important in developing support for traditional ways.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Costs of Elder visits (transportation, honorariums)</td>
<td>Local survey required</td>
</tr>
<tr>
<td>26</td>
<td>Costs of traditional education programs</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
| 27          | % of local teachers in schools | Existing data found at:  
A) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community |
<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28</td>
<td># of cultural awareness programs delivered to service providers</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

Identity & Culture

Issues Identified: Practicing traditional ways of life such as hunting and fishing is a way to preserve cultural practices and support self-sustainability.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 29 | # of traditional education programs (skills, language) | Local survey required – suggested questions and existing data found at:  
   A) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community  
   D) RHS Adolescent survey:  
   Question 14-Who helps you in understanding your culture? (List includes: My grandparents and Community Elders . . . among other choices) - Community level data for RHS survey exists: must be accessed by community. |
| 30 | % of people in community who hunt and fish | Existing data found at:  
   A) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community  
   B) CBM (Adult and Youth surveys):  
   Q21-Did you go hunting for geese/ducks in the last year?  
   Q22-Did you go out to make dry-fish in the last year?  
   Q23-Did you go on the fall hunt to Artillery Lake this last fall?  
   Q26-How many caribou have you harvested in the last year?  
   Q27-How many times have you taken youth caribou hunting in the last year?  
   C) EAGLE Health Survey:  
   Question 28-Does_____ do any fishing?  
   Local survey required for hunting and fishing rights, as per community  
   Q29-What does_____ do with the fish they catch? (List includes: Eat them; Share them; Give them away; Sell them; Throw them back; Other). |
<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Access to hunting and fishing</td>
<td>Local survey required</td>
</tr>
<tr>
<td>32</td>
<td>Methods of hunting, fishing and food preparation</td>
<td>Local survey required</td>
</tr>
<tr>
<td>33</td>
<td># of traditional activities involving Elders and youth</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**


B) CBM: Community-Based Monitoring Project (page 26: adult survey in PDF; page 37: youth survey in PDF) – Questions 21/22/23/26/27

C) Eagle Project Health Survey:
Chief on Ontario, Environment Department. 2001. Eagle Project Health Survey. - Question 28/29

D) RHS: First Nations and Inuit Regional Longitudinal Health Survey - Question 14
(no longer available online)
### Identity & Culture

**Identity & Culture >> Community Knowledge >> Cultural Knowledge (Elders)**

**Issues Identified:** Understanding cultural knowledge is a way to develop an identity and shared vision within a community; it also allows for Elders to pass on knowledge and develop inter-generational ties.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of formal Elder/youth activities and participation levels</td>
<td>See Indicator 12</td>
</tr>
<tr>
<td></td>
<td># of informal (i.e. fishing and hunting) Elder/youth activities</td>
<td>See Indicator 13</td>
</tr>
<tr>
<td></td>
<td># of community decisions with Elders’ input</td>
<td>See Indicator 15</td>
</tr>
</tbody>
</table>

**Data Sources:**

See for indicators 12, 13 & 15
### Identity & Culture

Identity & Culture  >>  Community Knowledge  >>  Recognition of Multi-Cultural History

**Issues Identified:** Recognizing and celebrating the multi-cultural aspects of a community can help bring people together despite differences, and helps to educate community members about different cultures and ways of life.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td># of cultural awareness events and # of cultures explored (e.g. Mosaic Days)</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Identity & Culture

Identity & Culture >> Community Knowledge >> Knowledge of Community History

Issues Identified: Understanding community history is important to inform community members about their community and background. The ability to know who you are and where you come from is important to developing a sense of belonging and identity.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of traditional education programs</td>
<td>See Indicator 29</td>
</tr>
<tr>
<td></td>
<td>% of local teachers in schools</td>
<td>See Indicator 27</td>
</tr>
</tbody>
</table>

Data Sources:
See for indicators 27 & 29
Identity & Culture

Identity & Culture >> Community Knowledge >> Promotion of Community

Issues Identified: The ability for the community to promote itself to outside sources that can assist in achieving more cultural awareness and promotion of traditional practices. The promotion of community events within and outside the community is important to attract participation and help develop relationships.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Applying and receiving grants to support knowledge building programs</td>
<td>Local survey required</td>
</tr>
<tr>
<td>36</td>
<td>Approach mines to invest in community</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Identity & Culture

Identity & Culture >> Sharing >> Parenting

Issues Identified:  Shared parenting is a sense of responsibility to all youth in the community, it is an important traditional value that assists the community in being responsible for each other and looking out for one another’s well-being.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
Identity & Culture

Identity & Culture >> Sharing >> Volunteerism

Issues Identified: Volunteers are important for a community to operate successful programs and lower the cost of maintaining their community. Volunteering shows a sense of responsibility and care for your community that develops from having a strong identity.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td># of volunteers for community events</td>
<td>Local survey required</td>
</tr>
<tr>
<td>38</td>
<td>Level of informal volunteering (assisting Elders, helping others with building projects, etc.)</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Issues Identified:  
Sharing resources such as food and labour is important to provide well-being to the entire community, especially when individuals are experiencing difficult living situations. Sharing also exemplifies the collective spirit of the community and the amount of compassion for fellow community members.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Game shared after hunts</td>
<td>Local survey required – suggested questions:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) EAGLE Health Survey:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q29- What does ____ do with the fish they catch? (List includes: Eat them; Share them; Give them away; Sell them; Throw them back; Other).</td>
</tr>
</tbody>
</table>

Data Sources:

Tool Sheet – Identity & Culture

Identity & Culture  >>  Traditional Practices  >>  Language

Issues Identified: Language plays a central role in preserving First Nations identity, philosophy/worldview and traditions; it is important to support traditional language use within the community (especially the youth).

Proposed Indicator: # 20 – % of youth who speak traditional language

Suggested Measure: Compare the number of youth who speak their traditional language with the number who do not.

Information Source: Existing data and suggested questions that could be used in a local survey are provided below. Limitations to the existing data are noted below (see *).


Question 12 - What languages do you speak? (A list of Aboriginal languages to check off is provided)

Note: Community level data for RHS survey exists; must be accessed by community.

The following related data also exists from the RHS (adolescent survey):
Question 9 – What language do you most often use in daily life?
Question 10 – How important is it to you to speak your First Nations/Inuit language?
Question 11 – What languages do you understand?


<table>
<thead>
<tr>
<th>% of children who can speak or understand an Aboriginal language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance of child speaking and understanding an Aboriginal language:</td>
</tr>
<tr>
<td>Very important or somewhat important (%)</td>
</tr>
<tr>
<td>Not very important or not important (%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of children who understand an Aboriginal language:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well or relatively well</td>
</tr>
<tr>
<td>With effort / A few words / Not well at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of children who can speak an Aboriginal language:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well or relatively well</td>
</tr>
<tr>
<td>With effort / A few words / Not well at all</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of children who receive help learning an Aboriginal language from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparents</td>
</tr>
<tr>
<td>Parents</td>
</tr>
<tr>
<td>Aunts and uncles</td>
</tr>
<tr>
<td>School teachers</td>
</tr>
<tr>
<td>Other persons</td>
</tr>
</tbody>
</table>
How to use this measure:

**Step 1)** Identify the number of youth in the community.

**Step 2)** Identify the number of youth who speak their traditional language, by using existing data (as in the table above) or by conducting a local survey. Suggested survey questions can be found in the Regional Health Survey (RHS) as well as the 2001 Aboriginal Peoples’ Survey Community Profiles.

**Step 3)** Use the ‘Indicator Calculation Tool’ formula to calculate the measure.

<table>
<thead>
<tr>
<th>Indicator Calculation Tool</th>
<th>Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) # of youth who speak their traditional language</td>
<td>( 225 ) youth who speak their traditional language</td>
</tr>
<tr>
<td>( ) # of youth in the community</td>
<td>( 300 ) youth in the community</td>
</tr>
<tr>
<td>( )</td>
<td>( 225 )</td>
</tr>
<tr>
<td>( )</td>
<td>300</td>
</tr>
<tr>
<td>X 100</td>
<td>= .75 X 100</td>
</tr>
<tr>
<td>= % who speak traditional language</td>
<td>= 75% speak traditional language</td>
</tr>
</tbody>
</table>

What does this information mean?

Although this information indicates the number of youth who speak the language, more information would be needed to determine the frequency of use and fluency. Understanding the extent to which the traditional language is being passed on to youth could be used to determine the effectiveness of existing cultural and language programs and events, and to support proposals for traditional language education in the schools.

* Limitations of the Existing Data:

As not all community members took part in the Regional Health Survey or the 2001 Aboriginal Peoples’ Survey, the data may not accurately reflect the participation levels in a particular community, and should be used with caution.
Food Security

Food security is defined as the ability to identify and access nutritious food that will contribute to a healthy lifestyle. Food security takes into account the cost of food, access to nutritious food, use of traditional foods, and the relationship of food to one’s health.

### Indicators:

<table>
<thead>
<tr>
<th>Cost of Food</th>
<th>Availability &amp; Quality of Food</th>
<th>Food Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost of Food</strong></td>
<td><strong>Competitive Retailing</strong></td>
<td>13 – snack programs at schools/events</td>
</tr>
<tr>
<td>no indicators proposed</td>
<td>4 – food delivery times</td>
<td><strong>Collective Action</strong></td>
</tr>
<tr>
<td><strong>Cost of Healthy Food</strong></td>
<td>5 – delayed or lost shipments</td>
<td>14 – bulk food ordering/purchasing</td>
</tr>
<tr>
<td>no indicators proposed</td>
<td>6 – availability of fresh vs. unhealthy food</td>
<td>15 – Good Food Box program</td>
</tr>
<tr>
<td><strong>Food Subsidies</strong></td>
<td>7 – food received in poor/unfit condition</td>
<td>16 – food programs</td>
</tr>
<tr>
<td>1 – availability and use of food programs</td>
<td>8 – compensation for unfit shipments</td>
<td></td>
</tr>
<tr>
<td>2 – incentives to carry healthy food</td>
<td><strong>Traditional Foods</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Competitive Retailing</strong></td>
<td>9 – levels of hunting and fishing</td>
<td></td>
</tr>
<tr>
<td>3 – level of retailer competition</td>
<td>10 – traditional food availability</td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition Education</strong></td>
<td><strong>11 – nutrition education programs</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 – cooking classes</td>
<td></td>
</tr>
</tbody>
</table>

First Nation’s Health Development Toolkit
Issues Identified:  Cost of food in all categories in northern communities is high, especially in relation to income levels.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local survey required – suggested measures found at:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) Refer to the DIAND Alternative Northern Food Baskets publication (listed in references). Calculating the cost of a northern food basket involves complex calculations.</td>
</tr>
</tbody>
</table>

Data Sources:

A) Lawn, Judith and Hill, Frederick. 1998. Alternative Northern Food Baskets. Ottawa: Minister of Indian Affairs and Northern Development

## Food Security

### Cost of Healthy Food

**Issues Identified:** Cost of healthy foods (typically fresh & perishable) is high in relation to other foods available and income levels, resulting in low consumption.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local Survey required – suggested questions and measures found at:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B) Health Canada: Alternative Northern Food Baskets - Refer to Health Canada and the Alternative Northern Food Baskets publication (listed in references). Note: this is quite an involved calculation/ process.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C) Food Quality in Labrador survey:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- What is keeping you from buying more fresh fruit and vegetables? (List includes the option “they cost too much”)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Since this time last year, how has the price of fresh fruit and vegetable in your community changed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D) Nutrition and Food Security in Kugaaruk survey:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If you cannot get country food, can you tell me why? (List of answers includes “Gas too expensive” and “Repairs too expensive”)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Some families might say “We couldn’t afford to eat healthy meals”. In the last 12 months did this happen often, sometimes, or never for your household?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Some families might say, “We could only feed our children less expensive foods because we were running out of money to buy food”. In the past 12 months did this happen often, sometimes, or never for your household?</td>
</tr>
</tbody>
</table>

**Data Sources:**

B) Lawn, Judith and Hill, Frederick. 1998. Alternative Northern Food Baskets. Ottawa: Minister of Indian Affairs and Northern Development

C) Food Quality in Six Isolated Communities in Labrador - Questions 7/8 (Retailer survey questions 6/7)

D) Nutrition and Food Security in Kugaaruk, Nunavut – Questions 403/602/603
Find source at: http://www.ainc-inac.gc.ca/nth/fon/pubs/kg03/kg03-eng.pdf
## Food Security

### Food Security >> Cost of Food >> Food Subsidies

**Issues Identified:** There is a lack of food subsidy programs – the existing Food Mail program is not widely known or understood and is not directly accessible by community members. Incentives do not exist to encourage stores to carry healthy food products.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td># and use of food programs</td>
<td>Local survey required – suggested questions:</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>A)</strong> Food Quality in Labrador study (retailer survey): If the quality of fresh fruit and vegetables improved in your store, do you think you would sell more of these foods?</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>B)</strong> Nutrition and Food Security in Kugaaruk survey: Where do you usually buy most of your food? From the Coop, from Yellowknife by Food Mail, or from the south by air cargo?</td>
</tr>
<tr>
<td>2</td>
<td>Incentives for stores to carry healthy food items</td>
<td>Local survey required – suggested questions:</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>B)</strong> Food Quality in Labrador study (retailer survey):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the quality of fresh fruit and vegetables improved in your store, do you think you would sell more of these foods?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- If the quality of fresh food improved, would you: increase prices because customers would be willing to pay more? Lower prices, because you would have less spoilage? Continue to charge the same price?</td>
</tr>
</tbody>
</table>

**Data Sources:**

- **A)** Nutrition and Food Security in Kugaaruk, Nunavut. - Questions 500  
  Find source at: [http://www.ainc-inac.gc.ca/nth/fon/pubs/kg03/kg03-eng.pdf](http://www.ainc-inac.gc.ca/nth/fon/pubs/kg03/kg03-eng.pdf)

- **B)** Food Quality in Six Isolated Communities in Labrador. - Questions 6/7  
Food Security

Food Security >> Cost of Food >> Competitive Retailing

**Issues Identified:**  *Food costs were reduced in communities where there was competition between retailers.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td># of food retailers in the community for specific commodities</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Food Security

Food Security >> Availability & Quality of Food >> Food Transportation

Issues Identified:  
Transporting food to northern communities affects the cost, quality and availability of food for community members. Nutritious perishable foods are expensive to ship and vulnerable to damage from poor handling. As a result, store shelves are stocked with more easily transported, but less nutritional convenience foods. Transportation inefficiencies and poor handling procedures cause spoilage and delayed or lost shipments, resulting in increased cost and poorer food quality for northern residents. As well, community members feel there is a lack of respect by food handlers and distributors toward food destined to the north.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Length of time for food to be delivered</td>
<td>Local survey required</td>
</tr>
<tr>
<td>5</td>
<td># of delayed or lost shipments</td>
<td>Local survey required</td>
</tr>
<tr>
<td>6</td>
<td>Amount of nutritious fresh food available for purchase vs. less nutritious foods</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
### Local survey required – suggested questions:

**A) Food Quality in Labrador study (retailer survey):**
- How would you describe the quality of the following kinds of food sold in your community? (List of fresh fruits/vegetables to choose from)
- Since this time last year, has the quality of food in your community improved a lot, improved a little, stayed the same, become worse?
- When do you find the quality of food to be best and worst?
- How often do you get complaints from customers about food quality?
- What do you think is the main cause of the problems you have with the quality of fresh food at this time of the year? (list of reasons...)
- How much of the following foods have you thrown out because of poor quality or spoilage in a typical week? During the past three months? (list and amounts provided)
- Can you list the foods where you have the greatest problem with quality?
- Compensation information source: food handler company.

### Data Sources:

**A) Food Quality in Six Isolated Communities in Labrador. (Retailer survey questions 1/45/8/9/10/11)**

Food Security

Food Security >> Availability & Quality of Food >> Traditional Foods

Issues Identified: Making use of local food resources such as fish and wild game provides healthy food and ensures food is not subjected to transportation problems.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Levels of hunting and fishing</td>
<td>Local survey required – suggested questions and existing data found at: A) <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> &gt;&gt; (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
<tr>
<td>10</td>
<td>Traditional foods available by season</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

## Food Security

### Issues Identified:
Access to nutritional information is seen as important to assist community members in making informed and healthy food choices. Demand for healthy food can mean more healthy food is available for purchase.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td># of nutrition education programs and attendance</td>
<td>Local survey required</td>
</tr>
<tr>
<td>12</td>
<td># of cooking classes &amp; attendance</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

### Data Sources:
No indicator/survey source at this time
## Food Security

### Availability & Quality of Food >> Food Programs

**Issues Identified:** Community food programs that provide nutritious food at schools and events are seen as a direct way of ensuring that community members are eating healthy.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td># and quality of snack programs in school / at events</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Food Security

Food Security  >>  Availability & Quality of Food  >>  Collective Action

**Issues Identified:** Communities who act strategically and cooperatively to address food issues can reduce the cost and improve the quality of the food available.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Bulk ordering and purchase of food</td>
<td>Local survey required</td>
</tr>
<tr>
<td>15</td>
<td>Good Food Box program and participation</td>
<td>Local survey required</td>
</tr>
<tr>
<td>16</td>
<td># of community food programs and participation</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**
No indicator/survey source at this time
Tool Sheet – Food Security

Food Security >> Availability & Quality of Food >> Nutrition Education

Issues Identified: Access to nutritional education is seen as important to assist community members in making informed and healthy food choices. Demand for healthy food can mean more healthy food is available for purchase.

Proposed Indicators: # 11 – # of nutrition education programs and attendance levels
# 12 – # of cooking classes

Suggested Measures: 1) Compare the number of nutrition programs available to the number required to address nutrition education needs in the community.

2) Compare the desired participation rates in nutrition programs with current participation rates.

Information Source: Local survey

Note: The nutrition programs offered in the calculation tools can be exchanged with cooking classes. They could also be specific to a certain group such as Elders or pre-natal women, or related to specific community health needs.

How to use measure #1:

Step 1) Identify the # (number) of nutrition programs needed within the community and the spaces needed within those programs.

Step 2) Identify the # of nutrition programs offered.

Step 3) Use the ‘Indicator Calculation Tool #1’ formula to calculate the measure.

<table>
<thead>
<tr>
<th>Indicator Calculation Tool #1</th>
<th>Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \frac{(\text{# of nutrition programs offered}) \times \text{spaces}}{(\text{# of nutrition programs needed}) \times \text{spaces}} )</td>
<td>( \frac{(\text{# of nutrition programs offered}) \times \text{spaces}}{(\text{# of nutrition programs needed}) \times \text{spaces}} )</td>
</tr>
<tr>
<td>( \frac{20}{30} )</td>
<td>( \frac{.666 \times 100}{\text{spaces}} )</td>
</tr>
<tr>
<td>= 67% of needed programs are available</td>
<td>= 67% of needed programs are available</td>
</tr>
</tbody>
</table>

What does this information mean? Two-thirds (67\%) of the nutrition education needs within the community are being met by current programming. This information could be used to identify and support strategies to address educational gaps. Strategies may include program evaluation, program consolidation or proposals for additional programs and funding.
**How to use measure #2:**

**Step 1)** Identify the desired rate of participation in a particular nutrition program. This could also be broken down to a specific group (Elders, pre-natal women, etc.).

**Step 2)** Determine the current rate of participation in the program for the specific group, by using statistics collected by the program, or by conducting a local survey.

**Step 3)** Use the ‘Indicator Calculation Tool #2’ formula to calculate the measure.

<table>
<thead>
<tr>
<th>Indicator Calculation Tool #2</th>
<th>Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>( \text{current } # \text{ of community members participating in program} )</td>
<td>( \frac{\text{75 \ community members participating in program}}{180 \ desired \ community \ members \ participating \ in \ program} )</td>
</tr>
<tr>
<td>( \text{desired } # \text{ of community members participating in program} )</td>
<td>( \frac{75}{180} = .416 \times 100 = 42% \text{ participating} )</td>
</tr>
<tr>
<td>( \times 100 )</td>
<td>( )</td>
</tr>
</tbody>
</table>

\( \times \) = multiplied by \( \) = Insert number here \( \) = divided by

**What does this information mean?**

Of the identified 180 community members who would benefit from the program, only 75 or 42% are participating. This information can be used to identify the need for further research to find out why the participation rate is low and to develop and support strategies to increase attendance.
Services & Infrastructure

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

**Indicators:**

<table>
<thead>
<tr>
<th>Community Infrastructure</th>
<th>Service Delivery</th>
<th>Compassionate</th>
<th>Confidential</th>
<th>Infrastructure</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sewer &amp; Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 – houses with/without water &amp; sewer</td>
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<tr>
<td>2 – waterborne illnesses</td>
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<tr>
<td>3 – houses relying on bottled water</td>
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<tr>
<td>Locally Staffed</td>
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<tr>
<td>4 – treatment facilities without staff</td>
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<tr>
<td>5 – facility staff from community</td>
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<tr>
<td>6 – community staff training levels</td>
<td></td>
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<tr>
<td>Indicator #2</td>
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<tr>
<td>Roads</td>
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<tr>
<td>7 – accidents on roads</td>
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<td>8 – repairs due to road conditions</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>15 – frequency of health service delivery</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>16 – scheduled services delayed</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>17 – time to complete treatment plans</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>18 – treatment completed/compromised</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>19 – wait time for appointment transport</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>20 – compassionate policy exceptions</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>21 – cultural awareness programs</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>22 – service confidentiality guidelines</td>
<td></td>
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<tr>
<td>Consistent</td>
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<tr>
<td>23 – staff trained on confidentiality</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>24 – specific services for youth</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>25 – new funds for youth programs</td>
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<tr>
<td>Consistent</td>
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<td>26 – youth addiction treatment facilities</td>
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<td>Consistent</td>
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<td>27 – medical translator/companion</td>
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<td>Consistent</td>
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<td>28 – meals on wheels program</td>
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<td>Consistent</td>
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<tr>
<td>29 – social gathering place for Elders</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>30 – programs &amp; activities for Elders</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>31 – local palliative care for Elders</td>
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<td>Consistent</td>
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<tr>
<td>32 – size/capacity of facility</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>33 – suitability of facility</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>34 – facility usage</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>35 – proper equipment for facility</td>
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<tr>
<td>Consistent</td>
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<tr>
<td>36 – residents per house</td>
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</tr>
</tbody>
</table>

... continued on next page
37 – generations per house
38 – Tuberculosis rates
39 – housing waiting lists
Quality
40 – houses in need of repair
41 – quality of housing insulation
42 – presence of black mold
43 – frequency of sewer back-ups
44 – accidents in the home
45 – EHO inspector visits
Elders
46 – housing units designed for Elders
47 – house maintenance for Elders
Affordable
48 – low cost housing units
49 – % of income required for housing
Jurisdiction Fragmentation
50 – agencies responsible for housing
51 – time to complete house repairs
Ownership
no indicators proposed
Recreation
Facilities
52 – type/condition of recreation facilities
Programming
53 – programs with proper equipment
54 – activities available
55 – summer activities available
56 – programs cancelled
57 – participation & retention levels
58 – age range of participants
60 – programs run by staff vs. volunteers
61 – range of programs offered
62 – participation and retention levels
63 – support for recreation staff
Affordable
Youth
64 – youth centre in community
65 – youth involved in programs
66 – school drop out rates
67 – school absentee rates
68 – youth alcohol and drug use
Promotion
Indicators #54, 57, 58
69 – direct contacts to provide information
Affordable
60 – programs run by staff vs. volunteers
Facilities
52 – type/condition of recreation facilities
Technology
72 – utilization of existing resources
73 – water/sewer technology used
74 – internet use in the community
75 – internet technology at health facility
76 – distance education enrolment
77 – internet reliability
Data Management
no indicators proposed
Service Sustainability
78 – levels of program/service funding
79 – program needs met by funding
Stable Funding
81 – long term vs. short term funding
82 – duration of programs
83 – programs cancelled
Staffing
84 – staff turnover rates
85 – funding commitments honoured
Jurisdiction Fragmentation
86 – # agencies involved in funding
87 – resources allocated to administration
Participation
88 – service staff from community
89 – staff turnover rates
90 – mechanisms for participation
Collaboration
92 – community inter-agency meetings
93 – regional inter-agency meetings
94 – service delivery collaborations
Communication
95 – community newsletter
96 – community meetings
Realistic
Indicators #12
97 – proximity of duplicate services
98 – medical transport driver/patient ratio
99 – funder cutbacks re: abuse perception
Staffing
Indicator #21
90 – mechanisms for participation
## Services & Infrastructure

### Sewer & Water

**Issues Identified:** Communities require adequate sewer and water treatment systems that use proper technology, meet current standards and are operated and maintained by trained staff.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 1           | # of houses with/without adequate sewer and water services                                   | *Local survey required – suggested questions and existing data found at:*  
A) RHS (Adult survey):  
- What is the main water supply for your household? (List includes: local/community water supply; trucked, well; collect yourself from water plant; collect yourself from river, lake, pond; from a neighbour’s house)  
- Do you use any other sources of drinking water? (List includes: bottled water, water from another house, boiled tap water, river lake or stream).  
- Do you consider the main water supply in your home safe for drinking? - Community level data for RHS survey exists: must be accessed by community.  
B) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community |
| 2           | # of illnesses caused from water borne diseases                                                | *Existing data found at:*  
B) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community |
| 3           | # of houses relying on purchased drinking water                                              | Local survey required                                                                                                                                                                    |
Data Sources:

A) RHS: First Nations and Inuit Regional Longitudinal Health Survey (Adult survey) – Questions 29/30/31  
(no longer available online)

**Services & Infrastructure**

**Services & Infrastructure >> Community Infrastructure >> Locally Staffed**

**Issues Identified:** Operation and maintenance of critical infrastructure (sewer & water) should be carried out by trained community members to avoid gaps in service that occur due to staff turnover and scheduling of outside staff.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td># of instances where treatment facilities are without staff members</td>
<td>Local survey required</td>
</tr>
<tr>
<td>5</td>
<td># of community members who are employed in water/sewer facilities</td>
<td>Local survey required</td>
</tr>
<tr>
<td>6</td>
<td>% of community staff who are properly trained</td>
<td>Local survey required</td>
</tr>
<tr>
<td>Indicator #</td>
<td>Community Proposed Indicator</td>
<td>Community Level Data Sources (suggestions)</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td></td>
<td># of illnesses caused from water borne diseases</td>
<td>See Indicator 2</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Issues Identified: The quality of roads, both within communities and between communities where roads exist, is often poor, increasing the cost of vehicle maintenance and reducing mobility.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td># of accidents on roads</td>
<td>Local survey required</td>
</tr>
<tr>
<td>8</td>
<td># of vehicle repairs due to road conditions</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
**Issues Identified:** Wherever possible, services should be available locally to enable people to remain in their communities. Where services have to be “brought in” to a community they should be designed to accommodate that purpose (i.e. mobility of health professionals). Community members should be trained in critical incident response in communities without resident trained personnel.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td># of services available in the community</td>
<td>Local survey required</td>
</tr>
<tr>
<td>10</td>
<td># of health professionals who live in the community</td>
<td>Local survey required</td>
</tr>
<tr>
<td>11</td>
<td># of health professional visits to the community</td>
<td>Local survey required</td>
</tr>
<tr>
<td>Indicator #</td>
<td>Community Proposed Indicator</td>
<td>Community Level Data Sources (suggestions)</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>12</td>
<td># of trips outside of community for service that is available locally</td>
<td>Local survey required</td>
</tr>
<tr>
<td>13</td>
<td># of community members trained in ERT / First Responders; # training opportunities</td>
<td>Local survey required</td>
</tr>
<tr>
<td>14</td>
<td>Distance from services</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
# Services & Infrastructure

**Issues Identified:** Services need to be regularly scheduled so that people know when they are available, and should be offered as scheduled, without changes, delays or cancellations.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Frequency of (health) service delivery</td>
<td>Existing data found at: <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> &gt;&gt; (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
<tr>
<td>16</td>
<td># of scheduled services changed, delayed or cancelled</td>
<td>Local survey required</td>
</tr>
<tr>
<td>17</td>
<td>Time period to complete treatment plans</td>
<td>Local survey required</td>
</tr>
<tr>
<td>18</td>
<td># of treatment plans completed vs. compromised</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

Services & Infrastructure

Issues Identified: Services delivered both within and outside the community should be delivered with compassion, respect and cultural awareness. Services should be designed (and modified as required) to minimize undue inconvenience and hardship for clients.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Waiting time for transportation from doctor appointment back to community</td>
<td>Local survey required</td>
</tr>
<tr>
<td>20</td>
<td># of policy exceptions requested / granted for compassionate reasons</td>
<td>Local survey required</td>
</tr>
<tr>
<td>21</td>
<td># of cultural awareness programs &amp; attendance rates</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Issues Identified: Services should be delivered in a confidential and professional manner.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td># of services with confidentiality guidelines</td>
<td>Local survey required</td>
</tr>
<tr>
<td>23</td>
<td># of staff trained on guidelines</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
## Services & Infrastructure

### Services & Infrastructure >> Service Delivery >> Youth

**Issues Identified:** Specific services for youth are essential to keep youth engaged and healthy; those identified included a youth centre and targeted recreation, addictions, culture, mentoring and education programs.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>#, type and use of specific youth services, programs &amp; facilities</td>
<td>Local survey required</td>
</tr>
<tr>
<td>25</td>
<td>Amount of new funds for youth programs (not reallocated funds)</td>
<td>Local survey required</td>
</tr>
<tr>
<td>26</td>
<td>Youth addiction treatment centre and/or mobile program</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:** No indicator/survey source at this time
Services & Infrastructure

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

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Medical translation &amp; companion services available and funded</td>
<td>Local survey required</td>
</tr>
<tr>
<td>28</td>
<td>Meals on wheels program in community</td>
<td>Local survey required</td>
</tr>
<tr>
<td>29</td>
<td>Social gathering place for Elders (e.g. coffee house)</td>
<td>Local survey required</td>
</tr>
<tr>
<td>Indicator #</td>
<td>Community Proposed Indicator</td>
<td>Community Level Data Sources (suggestions)</td>
</tr>
<tr>
<td>------------</td>
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<tr>
<td>30</td>
<td># and type of activities and programs for Elders &amp; participation</td>
<td>Local survey required</td>
</tr>
<tr>
<td>31</td>
<td>Palliative care available in community</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
Issues Identified: Services require suitable infrastructure to carry out identified activities (buildings, equipment, supplies).

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Size / capacity of facility</td>
<td>Local survey required</td>
</tr>
<tr>
<td>33</td>
<td>Suitability of facility (daycare has windows)</td>
<td>Local survey required</td>
</tr>
<tr>
<td>34</td>
<td>Usage rates of facility (can indicate suitability)</td>
<td>Local survey required</td>
</tr>
<tr>
<td>35</td>
<td>Facility has proper equipment for designed use</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources: No indicator/survey source at this time
Issues Identified: A lack of housing units results in overcrowding, contributing to increased incidence of communicable diseases (esp. tuberculosis, and mental health issues (stress, alcohol & drug abuse). Loss of a housing space is a deterrent to those who wish to move temporarily from the community to pursue education.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 36          | # of residents per house     | Local survey required – suggested questions and existing data found at:
|             |                              | A) RHS (Adult survey):
|             |                              | - How many children usually live in this household?
|             |                              | - Including yourself, how many adults live in this household?
<p>|             |                              | - How many rooms are in your home? - Community level data for RHS survey exists: must be accessed by community. |
|             |                              | B) <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> &gt;&gt; (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community |
| 37          | # of generations per house   | Local survey required                      |
| 38          | Tuberculosis rates           | Local survey required                      |
| 39          | Housing waiting lists        | Local survey required                      |</p>
<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Data Sources:**

A) RHS: First Nations and Inuit Regional Longitudinal Health Survey (Adult survey) - Questions 19/20/25
(no longer available online)

### Issues Identified:
Many housing units are in disrepair, some without proper services such as sewer and water. Houses in poor condition contribute to accidental injuries and health hazards.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td># of housing repairs needed</td>
<td>Local survey required – suggested questions and existing data found at: A) <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
<tr>
<td>41</td>
<td>Housing insulation quality</td>
<td>Local survey required</td>
</tr>
<tr>
<td>42</td>
<td>Presence of black mold</td>
<td>Local survey required</td>
</tr>
<tr>
<td>43</td>
<td>Frequency of sewer backups</td>
<td>Local survey required</td>
</tr>
<tr>
<td>44</td>
<td># of accidents in the home</td>
<td>Local survey required</td>
</tr>
<tr>
<td>Indicator #</td>
<td>Community Proposed Indicator</td>
<td>Community Level Data Sources (Suggestions)</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>45</td>
<td># of visits from EHO inspectors</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

Services & Infrastructure

Issues Identified:  

Housing that meets the special needs of Elders (mobility, restricted vision) is required along with programs that support Elders to remain in their homes and community.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td># of housing units specifically designed or modified for Elders</td>
<td>Local survey required</td>
</tr>
<tr>
<td>47</td>
<td>Level of assistance with house maintenance for Elders</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
**Services & Infrastructure**

Services & Infrastructure  >>  Housing  >>  Affordable

**Issues Identified:** An overall scarcity of housing units contributes to higher rents and a further lack of low-income housing units contributes to overcrowding, as those with low incomes move in with other family members. Frequent moves in search of better housing increases costs (i.e. re-hookup of utilities).

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td># of low cost housing units</td>
<td>Local survey required</td>
</tr>
<tr>
<td>49</td>
<td>% of income required for housing</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
**Services & Infrastructure**

Services & Infrastructure >> Housing >> Jurisdiction Fragmentation

**Issues Identified:** Responsibility for provision and maintenance of housing units is multi-jurisdictional and results in gaps in availability and quality of housing.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td># of agencies responsible for housing</td>
<td>Local survey required</td>
</tr>
<tr>
<td>51</td>
<td>Time period to complete housing repairs</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Services & Infrastructure

Services & Infrastructure >> Housing >> Ownership

Issues Identified: Unavailability of serviced lots for individual purchase and difficulties in obtaining financing are challenges to home ownership.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (Suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Existing data found at:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> &gt;&gt; (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
</tbody>
</table>

Data Sources:

**Services & Infrastructure**

Services & Infrastructure >> Recreation >> **Facilities**

**Issues Identified:** Appropriate, well-maintained facilities are required to house recreation and leisure activities. Proper equipment is also needed for the activities to take place.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td># and type and condition of recreational facilities in the community</td>
<td>Local survey required</td>
</tr>
<tr>
<td>53</td>
<td>% of programs with proper equipment</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
## Services & Infrastructure

### Recreation >> Programming

**Issues Identified:** A range of recreation and leisure programs should allow for all community members to be involved in activities, facilitating year-round use (not just linked to school year) in all environments. Programs must be dependable - short term programs discourage participation.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td># and type of activities available</td>
<td>Local survey required</td>
</tr>
<tr>
<td>55</td>
<td># of activities available during summer months</td>
<td>Local survey required</td>
</tr>
<tr>
<td>56</td>
<td># of programs cancelled</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
| 57          | Participation & retention levels | Existing data found at:  
A) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community |
<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td>Age range of participants in specific (i.e. using ice rink) and overall activities</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

**Services & Infrastructure**

Services & Infrastructure  >>  Recreation  >>  Staffing

**Issues Identified:**  *Funds must be available to hire staff who are trained in Recreation Services and can properly design, deliver and promote a broad range of programs and understand how to motivate and retain participation.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>Funding available to hire trained staff</td>
<td>Local survey required</td>
</tr>
<tr>
<td>60</td>
<td># of programs run by trained staff vs. volunteers</td>
<td>Local survey required</td>
</tr>
<tr>
<td>61</td>
<td>Range of programs offered</td>
<td>Local survey required</td>
</tr>
<tr>
<td>62</td>
<td>Program participation &amp; retention levels</td>
<td>Local survey required</td>
</tr>
<tr>
<td>Indicator #</td>
<td>Community Proposed Indicator</td>
<td>Community Level Data Sources (suggestions)</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>63</td>
<td>Level of support for recreation staff</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
## Services & Infrastructure

### Recreation >> Youth

**Issues Identified:** Providing recreational opportunities for youth is seen as one of the most important ways to keep youth engaged in the community and to provide an alternative to drug and alcohol use. A youth centre is seen as a critical facility.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>64</td>
<td>Youth centre in community</td>
<td>Local survey required</td>
</tr>
<tr>
<td>65</td>
<td>% of youth involved in programs</td>
<td>Local survey required</td>
</tr>
<tr>
<td>66</td>
<td>School drop out rates</td>
<td>Local survey required</td>
</tr>
<tr>
<td>67</td>
<td>School absentee rates</td>
<td>Local survey required</td>
</tr>
<tr>
<td>Indicator #</td>
<td>Community Proposed Indicator</td>
<td>Community Level Data Sources (suggestions)</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>68</td>
<td>Levels of alcohol &amp; drug use among youth</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

Issues Identified: Programs must be promoted to build community support and participation. Individual contact is seen as important, as well as a group participation approach to keep up motivation (i.e. walking group).

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># and type of activities available</td>
<td>See Indicator 54</td>
</tr>
<tr>
<td></td>
<td>Program participation &amp; retention levels</td>
<td>See Indicator 57</td>
</tr>
<tr>
<td></td>
<td>Age range of participants</td>
<td>See Indicator #58</td>
</tr>
<tr>
<td>69</td>
<td># of direct contacts to provide information on activities</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources: No indicator/survey source at this time
### Services & Infrastructure

**Affordable**

**Issues Identified:**  Services and programs must be affordable for community members as user fees can be a deterrent to usage. Finding ways to utilize the resources within the community can reduce funding requirements.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Cost of recreation activities to users</td>
<td>Local survey required</td>
</tr>
<tr>
<td>71</td>
<td># of volunteers assisting with recreation programs</td>
<td>Local survey required</td>
</tr>
<tr>
<td>72</td>
<td># of existing community resources utilized for recreation (e.g. outside rink; field for ball diamond; walking trails; lake)</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:** No indicator/survey source at this time
## Services & Infrastructure

### Current

**Issues Identified:** Communities must have access to appropriately current technology (structures, systems, processes, equipment and training) to properly operate and maintain services and infrastructure.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td><strong>Water &amp; sewer treatment technologies in use</strong></td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
## Services & Infrastructure

### Technology >> High Speed Internet

**Issues Identified:** Access to reliable high speed internet is crucial to enable the use of new technology in the health facility, to access distance educational opportunities, to access information and resources, and to facilitate a broad range of communication needs.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
</table>
| 74          | Internet use in the community | **Local survey required** – suggested questions and existing data found at:  
**A)** Aboriginal Peoples Adult Survey (Communications section, questions 4, 5):  
- In the past twelve months, did you use the Internet?  
- Where have you used the Internet in the past twelve months?  
Aboriginal Peoples Adult Survey (Education section, question 26)  
- Did you take any of your postsecondary courses by correspondence or through some other form of distance education? By “distance” we mean education received via mail or electronic media such as television, CD-ROM or the Internet?  
<p>| 75          | Internet technology in use at health care facility | <strong>Local survey required</strong> |</p>
<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td># of community members enrolled in distance education courses</td>
<td>Local survey required</td>
</tr>
<tr>
<td>77</td>
<td># of minutes of interrupted/ unavailable internet service</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

A) Statistics Canada: 2001 Aboriginal Peoples Survey (Adult) - Question 4/5 (Communications Section) & Question 26 (Education Section)

Services & Infrastructure

Issues Identified: Data collection systems and trained staff are required to collect and manage the information necessary to conduct needs assessments, obtain funding and other resources, provide accountability and conduct program evaluation.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None proposed</td>
<td></td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
## Issues Identified:

In order to be effective and produce desired outcomes, services require sufficient funding (budget) to carry out identified activities.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>78</td>
<td>Levels of program/service funding</td>
<td>Local survey required</td>
</tr>
<tr>
<td>79</td>
<td>% of program/service needs met by funding</td>
<td>Local survey required</td>
</tr>
<tr>
<td>80</td>
<td># of vacant positions</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
**Services & Infrastructure**

Services & Infrastructure  >>  Service Sustainability  >>  Stable Funding

**Issues Identified:** Services require stable, long-term funding to allow for planning and evaluation, and to develop community commitment and support. It is important that funding commitments made to communities are honoured.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>81</td>
<td>Duration dates of funding agreements</td>
<td>Local survey required</td>
</tr>
<tr>
<td>82</td>
<td>Duration of programs</td>
<td>Local survey required</td>
</tr>
<tr>
<td>83</td>
<td># of programs cancelled</td>
<td>Local survey required</td>
</tr>
<tr>
<td>84</td>
<td>Staff turnover rates</td>
<td>Local survey required</td>
</tr>
<tr>
<td></td>
<td># of vacant positions</td>
<td>See Indicator 80</td>
</tr>
<tr>
<td>Indicator #</td>
<td>Community Proposed Indicator</td>
<td>Community Level Data Sources (suggestions)</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>85</td>
<td># of funding commitments met vs. not kept</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
# Services & Infrastructure

Services & Infrastructure  >>  Service Sustainability  >>  Jurisdiction Fragmentation

**Issues Identified:** Responsibility for services and programs is multi-jurisdictional and results in “patchwork” program and service delivery that is administratively intensive. A myriad of budget and statistical reporting requirements uses a great deal of the resources which could be spent on direct service or program delivery.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>86</td>
<td># of agencies involved in funding specific/overall services and programs</td>
<td>Local survey required</td>
</tr>
<tr>
<td>87</td>
<td>% of resources allocated to administration</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
## Services & Infrastructure

### Participation

**Issues Identified:** Involving community (Aboriginal) members in service planning and delivery can ensure appropriate programs and services, minimize gaps in service created by staff turnover, provide employment, and build community support and capacity.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td># of community members employed/involved in service delivery</td>
<td>Local survey required</td>
</tr>
<tr>
<td>89</td>
<td>Staff turnover rates</td>
<td>Local survey required</td>
</tr>
<tr>
<td>90</td>
<td># and type of mechanisms for community participation (planning meetings, committees)</td>
<td>Local survey required</td>
</tr>
<tr>
<td>Indicator #</td>
<td>Community Proposed Indicator</td>
<td>Community Level Data Sources (suggestions)</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>91</td>
<td># of health education opportunities for community members</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
# Services & Infrastructure

## Service Sustainability >> Collaboration

**Issues Identified:** Communication and coordination of services within communities and between agencies, can improve the range of services and delivery options available.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>92</td>
<td># of community inter-agency meetings</td>
<td>Local survey required</td>
</tr>
<tr>
<td>93</td>
<td># of regional inter-agency meetings</td>
<td>Local survey required</td>
</tr>
<tr>
<td>94</td>
<td># of collaborative service delivery initiatives</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time
Issues Identified:  Communication must exist between service providers and the community to ensure members are aware of, use, and support the service.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>Community newsletter &amp; distribution/ readership</td>
<td>Local survey required</td>
</tr>
<tr>
<td>96</td>
<td># of community meetings held and attendance rates</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time
Services & Infrastructure

Issues Identified: To realistically meet the needs of the community, factors such as service area population, demand, use, cost, proximity of like services, etc. must be considered in service planning and delivery. Awareness is needed of what constitutes abuse of services vs. acceptable use.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of trips outside of community for service that is available locally</td>
<td>See Indicator 12</td>
</tr>
<tr>
<td>97</td>
<td>Proximity of duplicate services</td>
<td>Local survey required</td>
</tr>
<tr>
<td>98</td>
<td>Medical transportation driver/patient ratio</td>
<td>Local survey required</td>
</tr>
<tr>
<td>99</td>
<td># of funder cutbacks due to perception of abuse</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
Data Sources:

No indicator/survey source at this time
Services & Infrastructure

Issues Identified: High rates of staff turnover negatively impact programs in many ways including causing service gaps and reducing service dependability and usage. An understanding of cultural and geographic realities for non-Aboriginal and non-northern staff is seen as a way to reduce staff turnover and connect workers to the community.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of cultural awareness programs &amp; attendance rates</td>
<td>See Indicator 21</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time
Tool Sheet – Services & Infrastructure

Medical Translation & Companion Services

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

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

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

Information Source: Local survey

How to use this measure:

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

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

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

<table>
<thead>
<tr>
<th>Indicator Calculation Tool</th>
<th>Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) trips - translator/companion provided</td>
<td>15 trips - translator/companion provided</td>
</tr>
<tr>
<td>( ) trips - translator/companion requested or needed but not provided</td>
<td>25 trips - translator/companion requested or needed but not provided</td>
</tr>
<tr>
<td>( )</td>
<td>15</td>
</tr>
<tr>
<td>( )</td>
<td>25</td>
</tr>
<tr>
<td>X 100</td>
<td>.06 X 100</td>
</tr>
<tr>
<td>= % translation/companion needs met</td>
<td>= 60% translation/companion needs met</td>
</tr>
</tbody>
</table>

X = multiplied by ( ) = Insert number here  = divided by

What does this information mean?

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

Healthy lifestyles relate to positive personal life choices that include proper diet and physical activity and that build respectful healthy relationships with family and community. It involves making life choices that contribute to and foster the development of positive self-esteem within the individual.

Indicators:

- **Self Care**
  - Healthy Eating: 5 – comfort disclosing health issues
  - Healthy Socializing: 6 – keeping regular bedtime hours
  - Healthy Self-Image: 8 – practicing good personal hygiene
  - Medical Treatment: 3 – attendance at support groups
- **Healthy Home**
- **Healthy Eating**
- **Healthy Socializing**
- **Healthy Self-Image**
- **Hygiene**
- **Participation**
- **Social Activities**
- **Motivation**
- **Programming**
- **Physical Activities**
- **Promotion**
- **Elders & Youth**
- **Environmental Concerns**

... continued on next page
**Affordability**

22 – cost of recreation to users
23 – recreation volunteers

**Early Engagement**

24 – youth participation rates
25 – youth programs
26 – recreation leader to inspire youth

**Nutrition / Fitness Awareness**

27 – nutrition & fitness programs
## Healthy Lifestyle

Healthy Lifestyle >> Self-Care >> **Healthy Eating**

### Issues Identified:
Choosing to eat a balanced diet including fresh fruit and vegetables and traditional foods such as caribou, moose, elk, fish and berries.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local survey required – suggested questions:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A) Health Canada Nutrition Survey:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Question 21- Are you currently eating or trying to eat healthier?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q22- How long have you been eating or trying to eat healthier, would you say 6 months or less, or for more than 6 months?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B) RHS Adult/Adolescent/Child survey:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Question 59/29/50- Do you eat a nutritous balanced diet?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q 61/31/52- In the past 12 months, how often have you eaten the following traditional foods? (List includes a choice of 10 traditional foods) - Community level data for RHS survey exists: must be accessed by community.</td>
</tr>
</tbody>
</table>

### Data Sources:

**A)** Health Canada Nutrition Survey - Questions 21/22


**B)** RHS: First Nations and Inuit Regional Longitudinal Health Survey (Adult survey) - Questions 59/61


**B)** RHS: First Nations and Inuit Regional Longitudinal Health Survey (Adolescence survey) - Questions 29/31


**B)** RHS: First Nations and Inuit Regional Longitudinal Health Survey (Child survey) - Questions 50/52

**Healthy Lifestyle**

**Healthy Socializing**

**Issues Identified:** *Avoiding the use of alcohol and drugs when socializing.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None proposed</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No existing indicator/survey source at this time.
Healthy Lifestyle

Healthy Lifestyle >> Self-Care >> Healthy Self-Image

Issues Identified: Having a healthy self-image means respecting yourself, respecting your body, avoiding the use of steroids (body building) or excessive dieting to obtain unrealistic body images, and making independent decisions without giving in to peer pressure.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Girls saying no to sex</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time.
## Healthy Lifestyle

### Medical Treatment

**Issues Identified:** Following treatment plans to ensure that health issues are addressed and complications are avoided; being comfortable with disclosing health issues to health professionals and support groups.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Taking medications as prescribed</td>
<td>Local survey required</td>
</tr>
<tr>
<td>3</td>
<td>Attendance at support groups</td>
<td>Local survey required</td>
</tr>
<tr>
<td>4</td>
<td># of medical appointments kept/missed</td>
<td>Local survey required</td>
</tr>
<tr>
<td>5</td>
<td>Comfort levels with disclosing health issues</td>
<td><strong>Existing data found at:</strong>&lt;br&gt; A) <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> &gt;&gt; (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
</tbody>
</table>

**Data Sources:**

## Healthy Lifestyle

Healthy Lifestyle >> Self-Care >> Healthy Home

### Issues Identified:

*Providing a good environment for children to grow up in.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Keeping regular bedtime hours</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
| 7           | Limiting TV/video game use   | Local survey required – suggested questions and existing data found at:  
  A) RHS Child/Adolescent survey:  
  Question 57/69 - On average, about how many hours per week does ____ watch TV? Play video games? - Community level data for RHS survey exists: must be accessed by community.  
  B) [http://www.statcan.gc.ca](http://www.statcan.gc.ca) >> (English / French) >> Community Profiles >> 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile >> Choose a community |

### Data Sources:

**A) RHS**: First Nations and Inuit Regional Longitudinal Health Survey (Adolescence survey) - Question 69  
(no longer available online)

**A) RHS**: First Nations and Inuit Regional Longitudinal Health Survey (Child survey) - Questions 57  
(no longer available online)

## Healthy Lifestyle

Healthy Lifestyle >> Self-Care >> Hygiene

### Issues Identified:

*Practicing good personal hygiene.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Practicing good personal hygiene</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

### Data Sources:

No indicator/survey source at this time.
Healthy Lifestyle

Healthy Lifestyle >> Participation >> Social Activities

**Issues Identified:** Being active and involved in the community through cultural, spiritual, social, recreational and sporting events.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Attendance / participation in community events</td>
<td>Local survey required</td>
</tr>
<tr>
<td>10</td>
<td>Organizing or volunteering at community events</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**
No indicator/survey source at this time.
### Healthy Lifestyle

**Healthy Lifestyle >> Participation >> Physical Activities**

**Issues Identified:**  *Participating in recreational activities that involve physical exercise and fitness.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Walking</td>
<td>Local survey required—suggested questions and existing data found at: A) RHS Adolescent/Adult/Child survey: Question 33/-/54-How often do you participate in any kind of physical activity (either at school or at home, or in your free time? - Community level data for RHS survey exists: must be accessed by community.</td>
</tr>
<tr>
<td>12</td>
<td>Weight and fitness training</td>
<td>Local survey required—suggested questions and existing data found at: A) RHS Adolescent/Adult/Child survey: Q35/63/55-What types of physical activities have you participated in during the last 12 months? (List of activities) - Community level data for RHS survey exists: must be accessed by community. B) <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
<tr>
<td>13</td>
<td>Playing sports</td>
<td>Local survey required—suggested questions and existing data found at: A) RHS Adolescent/Adult/Child survey: Q 68/-/56-Outside of school hours, how often do you: …Take part in sports teams or lessons - Community level data for RHS survey exists: must be accessed by community. B) <a href="http://www.statcan.gc.ca">http://www.statcan.gc.ca</a> (English / French) &gt;&gt; Community Profiles &gt;&gt; 2006 Aboriginal Peoples Survey Community Profiles or 2006 Aboriginal Population Profile &gt;&gt; Choose a community</td>
</tr>
<tr>
<td>14</td>
<td>Skating</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
Data Sources:

A) RHS: First Nations and Inuit Regional Longitudinal Health Survey (Adult survey) – Questions 63
(no longer available online)

A) RHS: First Nations and Inuit Regional Longitudinal Health Survey (Adolescence survey) – Questions 33/35/68
(no longer available online)

A) RHS: First Nations and Inuit Regional Longitudinal Health Survey (Child survey) – Questions 54/55/56
(no longer available online)

Healthy Lifestyle

Healthy Lifestyle  >>  Participation  >>  Elders & Youth

**Issues Identified:** Special programs that encourage Elders and youth to engage in community activities and to spend time together are seen as important.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td># of activities where Elders and youth participate together</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time.
Healthy Lifestyle

Issues Identified: A range of recreation and leisure programs should allow for all community members to be involved in activities, facilitating year-round use in all environments. Programs must be dependable – short term programs discourage participation.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td># and type of activities available</td>
<td>Local survey required</td>
</tr>
<tr>
<td>17</td>
<td># of programs cancelled</td>
<td>Local survey required</td>
</tr>
<tr>
<td>18</td>
<td>Participation &amp; retention levels</td>
<td>Local survey required</td>
</tr>
<tr>
<td>19</td>
<td>Age range of participants in specific and overall activities</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:
No indicator/survey source at this time.
Healthy Lifestyle

Healthy Lifestyle >> Motivation >> Promotion

**Issues Identified:** Programs must be promoted to build community support and participation. Individual contact is seen as important – community involvement to improve participation in activities can build community support.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td># of direct contacts to provide information on activities</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

**Data Sources:**

No indicator/survey source at this time.
## Environmental Conditions

### Issues Identified:
Environmental conditions such as weather, black flies and bears can reduce the motivation of community members to participate in outdoor activities; participating in groups is seen as safer.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td># of walking groups and # of outings</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

### Data Sources:
No indicator/survey source at this time.
Healthy Lifestyle

Issues Identified: Programs must be affordable for community members as user fees can be a deterrent to usage.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cost of recreation activities to users</td>
<td>Local survey required</td>
</tr>
<tr>
<td>23</td>
<td># of volunteers assisting with recreation programs</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time.
Healthy Lifestyle

Issues Identified:  
*A focus on engaging youth in recreation and sports is important to set a lifelong pattern of physical exercise and to alleviate boredom.*

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>Youth participation rates</td>
<td>Local survey required</td>
</tr>
<tr>
<td>25</td>
<td># of programs specific to youth</td>
<td>Local survey required</td>
</tr>
<tr>
<td>26</td>
<td>Recreation “leader” in community to inspire youth</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

Data Sources:

No indicator/survey source at this time.
## Healthy Lifestyle

Healthy Lifestyle >> Motivation >> Nutrition / Fitness Awareness

### Issues Identified:
Awareness derived from nutrition and health education programs can motivate people to participate in physical activities and to eat healthy.

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Availability of nutrition/fitness programs and attendance levels</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>

### Data Sources:
No indicator/survey source at this time.
Healthy Lifestyles

Healthy Lifestyles >> Participation >> Physical Activities

Issues Identified: Participating in recreational activities that involve physical exercise and fitness.

Proposed Indicator: #13 – Playing Sports

Suggested Measure: Compare the desired participation rates in recreational activities with current participation rates.

Information Source: Existing data and suggested questions that could be used in a local survey are provided below. These are focused on children (6-14). Limitations to the existing data are noted below (see *).

   Question 68 - Outside of school hours, how often do you: …Take part in sports teams or lessons?
   Note: Community level data for RHS survey exists; must be accessed by community.


<table>
<thead>
<tr>
<th>How often child plays sports per week:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Never or less than once (%)</td>
<td></td>
</tr>
<tr>
<td>One or more times (%)</td>
<td></td>
</tr>
</tbody>
</table>

C) For specific recreation information that includes past and upcoming events in the Athabasca region go to: http://www.nscrd.com/index.html

How to use this measure:

Step 1) Identify the desired rate of participation in sports activities for the age group (example: 6-14; 15-18).

Step 2) Determine the current rate of participation for the age group, by using existing data (as in the table above) or by conducting a local survey. Suggested survey questions can be found in the Regional Health Survey (RHS) as well as the 2001 Aboriginal Peoples’ Survey Community Profiles.

Step 3) Use the ‘Indicator Calculation Tool’ formula to calculate the measure.
What does this information mean?

Of the 500 identified as the desired participation number for the age group identified, 75% are currently participating in sports. This information could be used to set targets and determine what additional resources and strategies are needed to recruit the remaining 25% of youth into sports activities. Statistics on participation levels can be also used to support funding proposals.

* Limitations of the Existing Data:

Existing data do not show the participation levels of all age groups, nor do they indicate the type of sports program or activities being participated in. As not all community members took part in the Regional Health Survey or the 2001 Aboriginal Peoples’ Survey, the data may not accurately reflect the participation levels in a particular community, and should be used with caution.
Methods
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A. Introduction

Background

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

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

Project Objectives

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

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

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

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

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

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

In addition to the individual consent process for interviews and focus groups, we also negotiated community consent with the leadership of each of the participating First Nation communities. A Memorandum of Agreement to Participate (Appendix B) was developed for Health Directors to take to their leadership for review and approval. This document outlined both the assistance to be provided by the Health Directors to the project and the products the researchers and the project would return to the community.
Measures to ensure confidentiality were outlined in the ethics application approved by the university and communicated to the communities and research partners during the development of the Memorandum of Agreement to Participate, as well as during individual interviews and focus groups. Measures included a Confidentiality Declaration form signed by research team members and staff who would have access to the interview data. Confidentiality issues related to the small number of key informants were managed by ensuring that comments of individual participants would not be identifiable in reported findings. Interview data is kept in a locked cabinet at the SPHERU Prince Albert office. Interviews and focus group discussions were taped using digital recording equipment. We ensured that copies of digital files, both actual interview audio files and transcription files were deleted from any computers they may have been placed on for working purposes. A set of digital files is stored password-protected in the locked cabinet along with the interview transcriptions.

3) Data Collection & Analysis

The project included three levels of data collection:

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

**Development of Logic Models**

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

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

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\(^1\) A logic model is a summarized graphical representation of the goals, objectives, resources, activities and anticipated outcomes of a program. It is normally displayed on one page and is used to assist with both the understanding and evaluation of programs.
First Nation communities. At the time that the logic models were created, nursing and professional health services (and other social program) were provided to the participating First Nation communities through the Prince Albert Grand Council and Bands provided para-professional health services. Therefore, a level of autonomy exists around program design and spending for program managers at the local level. At this point in the process program information was collected at the Prince Albert Grand Council level (second level) and later verified at the community level.

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

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

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

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

3 First level services are those delivered at the community level by community-based staff; second level services refer to the overall management of programs provided by the Prince Albert Grand Council to member communities.
A list of the programs that logic models were developed for is attached as Appendix D; Appendix E lists the source documents upon which the logic models were created. A set of generic logic models is included as Appendix F.

**Key Informant Interviews with Health Directors**

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

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

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

A preliminary analysis was completed for each community interview, beginning with the themes introduced by interview participants followed by themes drawn from the interview schedule. These summaries were then combined into one analytical document. From the
combined interview data, we created a draft framework, consisting of two diagrams that captured participant perspectives on the concepts of community health/wellness and capacity.

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

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

Diagram 1 – Concepts of Community Health and Community Wellness
Diagram 2 – Key Domains of Community Health and Community Wellness

Focus Groups with Community Members

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

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

<table>
<thead>
<tr>
<th>Focus Group Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Focus Groups</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Stony Rapids (AHA)</td>
</tr>
<tr>
<td>Stony Rapids (community)</td>
</tr>
<tr>
<td>Uranium City</td>
</tr>
<tr>
<td>Camsell Portage</td>
</tr>
<tr>
<td>Fond du Lac</td>
</tr>
<tr>
<td>Black Lake</td>
</tr>
<tr>
<td>Hatchet Lake</td>
</tr>
<tr>
<td>Cumberland House</td>
</tr>
<tr>
<td>Red Earth</td>
</tr>
<tr>
<td>Wahpeton</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
</tr>
</tbody>
</table>
Focus group participants were presented with the draft evaluative framework and were asked to respond with their views of community health and wellness (focus group questions are in Appendix I). Participants were also asked to express these views as additions or deletions to draft framework. As part of the discussion on each domain and issue, community-relevant indicators were often suggested by participants.

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

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

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

C. Development of Community Health Framework & Indicators

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indicator Categories</th>
<th>Identified Issues</th>
<th>Community-proposed Indicators</th>
<th>Existing Data Sources</th>
</tr>
</thead>
</table>
| Healthy Lifestyles | Self-care            | Healthy eating          | RHS Adult/Adolescent/Child Survey – Questions 59/29/50 | R
|                  |                      | Healthy socializing     | RHS Adult/Adolescent/Child Survey – Questions 59/29/50 | S
|                  |                      | Medical treatment       | no indicator source           | M
|                  |                      |                          | (confidence issues)           | C
|                  |                      |                          | attendance at support groups  | A
|                  |                      |                          | local survey of health and    | L
|                  |                      |                          | social agencies offering     | S
|                  |                      |                          | support groups               | G
|                  |                      |                          | # of medical appointments    | P
|                  |                      |                          | kept/missed                  | K
|                  |                      |                          | no indicator source          | N
|                  |                      |                          | (confidence issues)          | I
|                  |                      |                          | comfort with disclosing health issues | F
|                  |                      | Healthy home            | no indicator source          | H
|                  |                      |                          | (confidence issues)          | C
|                  |                      | keeping regular bedtime | RHS Child/Adolescent Survey   | B
|                  |                      | hours                   | – Questions 57 & 69           | T
|                  |                      | Limiting TV/video game  | no indicator source          | L
|                  |                      | use                     | (confidence issues)          | I
|                  |                      |                          | no indicator source          | N
| Participation    | Social activities    |                          | RHS Adult/Adolescent/Child Survey – Questions 59/29/50 | R
|                  | Physical activities  |                          | Health Canada 2003 Nutrition Survey – Questions 21 & 22 | H
|                  | Elders & youth       |                          | no indicator source          | N
|                  | Programming          |                          | (confidence issues)          | I
| Motivation       | Promotion            | Environmental conditions | no indicator source          | N
|                  |                      | Affordability           | (confidence issues)          | I
|                  |                      | Early engagement         | no indicator source          | N
|                  |                      | Nutrition/fitness       | (confidence issues)          | I
|                  |                      | awareness               | no indicator source          | N

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

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


Communities Participating in the
First Nation’s Health Development Project

Northern Saskatchewan
MEMORANDUM OF AGREEMENT TO PARTICIPATE

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

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

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

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

The community contact agrees to:

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

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

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

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

____________________________    ___________________
Chief         Date

____________________________    ___________________
Health Portfolio Councillor     Date

____________________________    ___________________
Health Director        Date

____________________________    ___________________
Bonnie Jeffery       Date
On behalf of the research team
Appendix C

What is a Logic Model?
What is a Logic Model?

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

### Parts of a Logic Model

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>Prevention of unwanted pregnancy among teens - to decrease incidence of teen pregnancy to 40 per 1,000 by 2008</td>
</tr>
<tr>
<td><strong>Target Group</strong></td>
<td>Grade 7 - 9 students; sexually active teens; youth workers; teachers; parents</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>NGOs; volunteers; office space; media</td>
</tr>
<tr>
<td><strong>Component</strong></td>
<td>Health Education</td>
</tr>
<tr>
<td><strong>Process Objectives</strong></td>
<td>To deliver information and presentations at health fairs, workshops; displays, pamphlets, media campaign</td>
</tr>
<tr>
<td><strong>Process Indicators</strong></td>
<td># workshops/presentations &amp; attendance; # of pamphlets distributed; # of contacts with target group individuals</td>
</tr>
<tr>
<td><strong>Short-term Objectives</strong></td>
<td>Increased knowledge of birth control methods and awareness of resources; use of communication strategies to promote healthy relationships and safer sex</td>
</tr>
<tr>
<td><strong>Short-term Indicators</strong></td>
<td>Questionnaire responses showing percent awareness of birth control methods and resources; perceptions of media and communication campaign</td>
</tr>
<tr>
<td><strong>Long-term Objectives</strong></td>
<td>Increased use of birth control methods, including abstinence</td>
</tr>
<tr>
<td><strong>Long-term Indicators</strong></td>
<td>Higher percent of teens reporting use of / using birth control</td>
</tr>
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</table>
# PAGC Program Logic Models

<table>
<thead>
<tr>
<th>Health</th>
<th>Social Development</th>
<th>Education</th>
<th>Justice</th>
<th>Economic Development</th>
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</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>Brighter Futures</td>
<td>Sports, Culture &amp; Recreation</td>
<td>Justice Program</td>
<td>Community Internet Access</td>
</tr>
<tr>
<td>Addictions</td>
<td>Daycare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Health</td>
<td>Head Start</td>
<td></td>
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<tr>
<td>Holistic Health</td>
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<td></td>
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<tr>
<td>Health Promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Home &amp; Community Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Wellness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canadian Prenatal Nutrition Program (CPNP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Research Communities:**

- **Prince Albert Grand Council:** Wahpeton Dakota First Nation, Cumberland House Cree Nation, Red Earth Cree Nation
- **Athabasca Health Authority:** Hatchet Lake Denesuline Nation, Black Lake Denesuline Nation, Fond du Lac Denesuline Nation
- **Provincial:** Stony Rapids, Uranium City, Camsell Portage
# Logic Model Source Documents

<table>
<thead>
<tr>
<th>Program</th>
<th>Documents</th>
</tr>
</thead>
</table>
| Brighter Futures         | • PAGC Brighter Futures documents: coordinator job description; Community Based Funding Package Executive Summary; Annual Workplan – April 1, 1999 to March 31, 2000  
  • PAGC Annual Report – 2001-2002 |
  • Prince Albert Grand Council Health and Social Development – Nursing Program Workplan – April 1, 2002 to March 31, 2003  
  • Paskawawaskikh First Nation Home & Community Care Service Delivery Plan, April 2001 |
| Justice Program          | • PAGC Annual Report – 2001-2002  
  • PAGC Justice Program and Services document |
| Headstart                | • PAGC – Aboriginal Headstart Proposal and Budget 2000-2001, 2001-2002  
  • Health Canada Website – Population and Public Health Branch, Alberta/NWT Program/Project Info – Aboriginal Head Start [www.hc-sc.gc.ca/hppb/regions/ab-nwt/program/e_ahs.html](http://www.hc-sc.gc.ca/hppb/regions/ab-nwt/program/e_ahs.html) |
| Daycare                  | • PAGC Daycare Package – July 2001, Section 4 – Quality Care  
  • Prince Albert Grand Council Health and Social Development – Daycare Workplan – April 1, 2001 to March 31, 2002  
  • PAGC Monthly Activity Reports from community daycares (Fond du Lac, Red Earth, Wahpeton, |
| Sexual Wellness          | • Prince Albert Grand Council Health and Social Development – Sexual Wellness Workplan – April 1, 2002 to March 31, 2003  
| Canadian Prenatal Nutrition Program (CPNP) | • Prince Albert Grand Council Health and Social Development-Canada Prenatal Nutrition Program Proposal Submission Worksheet  
  • Prince Albert Grand Council Health and Social Development Programs and Services  
| Diabetes                 | • Prince Albert Grand Council Health and Social Development Services Brochure  
  • Handout: Appendix A Goal for Continuation of the project in order of priority  
<table>
<thead>
<tr>
<th>Program</th>
<th>Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Community Health work plans (Health Transfer Communities)</td>
</tr>
<tr>
<td></td>
<td>• Diabetes Education Program Timeline April 2001-March 2002</td>
</tr>
<tr>
<td></td>
<td>• Prince Albert Grand Council Job Description: Community Diabetes Nurse Educator</td>
</tr>
<tr>
<td></td>
<td>• PAGC document: Duties/Responsibilities: Diabetes Program Assistant</td>
</tr>
<tr>
<td>Education</td>
<td>• meeting with Education program manager – information on non-academic (i.e. social) programs offered through the schools in the communities is only available in the communities</td>
</tr>
<tr>
<td></td>
<td>• provided with a list of contacts – education coordinators and principals</td>
</tr>
<tr>
<td>Community Internet Access</td>
<td>• telephone interview with Information Technology Manager</td>
</tr>
<tr>
<td>Dental Therapy</td>
<td>• Prince Albert Grand Council Programs and Services Brochure</td>
</tr>
<tr>
<td></td>
<td>• PAGC Annual Report – 2001-2002</td>
</tr>
<tr>
<td></td>
<td>• Prince Albert Grand Council-Health and Social Development Community Work Plans</td>
</tr>
<tr>
<td></td>
<td>• Prince Albert Grand Council Job Description: Senior Dental therapist/Dental Therapist</td>
</tr>
<tr>
<td>Sports, Culture &amp; Recreation</td>
<td>• PAGC Annual Report –2001-2002</td>
</tr>
<tr>
<td></td>
<td>• Technical Manual: Saskatchewan First Nation Winter and Summer Games.</td>
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</tbody>
</table>

updated 5-Feb-03
Appendix F

Generic Logic Models
Addictions

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

Component

1. YOUTH ADDICTIONS

Goal

To provide education and prevention programs to youth in the community

Target Group

Youth and other community members

Resources

NNADAP workers, health directors, health committees, Elders, teachers

Activities

Objectives: National Drug Awareness week in schools; prevention programming: health fairs; planning healthy community activities for youth; AA meetings, camps, conferences.

Indicators: Evidence that these activities have taken place

Short-term Outcomes

Objectives: Increased % of youth with positive views on healthy living; who practice responsible behavior, who have knowledge about effects of alcohol, drug and substance abuse

Indicators: Increased % of youth in above categories

Long-term Outcomes

Objectives: Young people and other community members make responsible decisions regarding alcohol, drug and substance use

Indicators: Reduction in % of community members with alcohol and drug problems

2. ADDICTIONS INTERVENTION & COUNSELLING

Goal

To provide alcohol, drug and substance abuse intervention and counselling

Target Group

Community members

Resources

Addictions and holistic health coordinators, mental health therapists, Elders, Brighter Futures, health directors, health committees

Activities

Objectives: Referrals, counselling and interventions; develop networks of support; team approach; keep records and stats

Indicators: AA meetings and roundups are occurring; youth and Elder retreats; stats are tracked

Short-term Outcomes

Objectives: Increased % of people with knowledge of effects of alcohol and substance abuse, with positive views on health living, with knowledge of counselling and support services

Indicators: Increased % of people in above categories

Long-term Outcomes

Objectives: Assist people to live healthier lives

Indicators: Increased % of people living healthier lives

3. NETWORKING FOR NNADAP WORKERS

Goal

To network with other service providers and agencies

Target Group

NNADAP workers

Resources

HATT (PAGC), other community service providers, other addiction agencies, health committees, health directors, Elders

Activities

Objectives: Attend meetings with community staff; establish networks with other health agencies and organizations; participate in community development programs

Indicators: Evidence that these activities have taken place

Short-term Outcomes

Objectives: NNADAP has knowledge of the role of other agencies in addictions; NNADAP has positive view of a collaborative approach among service providers

Indicators: Increased % of NNADAP workers with knowledge of and positive view of working with other service providers

Long-term Outcomes

Objectives: To use a holistic and multidisciplinary approach to promote wellness within PAGC

Indicators: A holistic and multidisciplinary approach is used

4. ADMINISTRATIVE SUPPORT

Goal

To provide administrative support

Target Group

Health committees and NNADAP workers

Resources

NNADAP workers

Activities

Objectives: Work with NNADAP coordinators to produce monthly reports on program activities; provide administrative, supervisory and support activities for community addictions program

Indicators: NNADAP community standards are met, quarterly reports are provided to health directors and Chief and Council

Short-term Outcomes

Objectives: Indicators:

Long-term Outcomes

Objectives: Assist First Nations people in operating addictions programs

Indicators: High quality addictions programs are in place

5. ORIENTATION AND TRAINING

Goal

To assist with orienting and training First Nations addictions workers on program information requirements

Target Group

NNADAP workers

Resources

NNADAP workers

Activities

Objectives: Participate in the facilitation of workshops in areas of drugs and alcohol; develop standards of service for NNADAP and ensure they are followed

Indicators: Standards of service go to HSCHC for discussion; workshops presented; training opportunities

Short-term Outcomes

Objectives: NNADAP workers are properly trained in the field of addictions; retention of workers increased

Indicators: Increased % of NNADAP workers in above categories

Long-term Outcomes

Objectives: First Nations addictions workers will be qualified, competent and culturally informed

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

<table>
<thead>
<tr>
<th>Component</th>
<th>Goal</th>
<th>Target Group</th>
<th>Resources</th>
<th>Activities</th>
<th>Short-term Outcomes</th>
<th>Long-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. COMMUNITY WELLNESS</td>
<td>Communities have active programs in place that promote community wellness</td>
<td>All community members</td>
<td>Brighter Futures Coordinator, community members</td>
<td><strong>Objectives:</strong> Wellness gatherings, health fairs, family wellness conferences, support groups for men/women, awareness, prevention and education workshops</td>
<td><strong>Indicators:</strong> # of people attending and participating in gatherings, fairs and support groups; # of workshops held; # of community members attending</td>
<td><strong>Objectives:</strong> Community members working together to achieve healing objectives of the community</td>
</tr>
<tr>
<td>2. ACTIVE PARENTING PROGRAM</td>
<td>To teach better parenting skills</td>
<td>Parents in the communities</td>
<td>Active Parenting Canada Program; community members</td>
<td><strong>Objectives:</strong> Communities hold workshops on how to more effectively parent children</td>
<td><strong>Indicators:</strong> # of parenting skills workshops held; # of parents attending workshops</td>
<td><strong>Objectives:</strong> Train community members to lead successful parent education groups</td>
</tr>
<tr>
<td>3. YOUTH THERAPEUTIC PROGRAM</td>
<td>Provide programs that enhance traditional and cultural values</td>
<td>Youth in the community</td>
<td>Brighter Futures Coordinator; youth of the community</td>
<td><strong>Objectives:</strong> Annual youth conferences, peer support programs and cultural camps; deliver awareness/prevention workshops</td>
<td><strong>Indicators:</strong> # of youth conferences and cultural camps held and # of youth attending; # of peer support programs in place and # of youth attending</td>
<td><strong>Objectives:</strong> To develop various youth committees and youth councils</td>
</tr>
<tr>
<td>4. SUICIDE INTERVENTION</td>
<td>To provide suicide education programs which result in community-based caregivers trained in suicide intervention strategies</td>
<td>All community members</td>
<td>ASIST workshop providers; Brighter Futures coordinates</td>
<td><strong>Objectives:</strong> Deliver Suicide intervention training workshops</td>
<td><strong>Indicators:</strong> # of workshops held; # of individuals attending workshops</td>
<td><strong>Objectives:</strong> Caregivers able to recognize and estimate risk and apply effective suicide intervention model; caregivers network with other community resources and link high risk people and affected members to these resources</td>
</tr>
</tbody>
</table>

**Objectives:**

1. To develop a sense of cultural traditions and values in youth
2. To reduce the incidence of suicide in communities

**Indicators:**

1. Reduction in the number of suicides and attempts reported
5. **Mental Health Therapy**
   - **Goal**: To provide consulting and professional services for mental health therapy
   - **Target Group**: Families and individuals in crisis; community members
   - **Resources**: Mental health counselors; holistic health consultant; community members
   - **Activities**
     - **Objectives**: To deliver training in intervention strategies to community members (i.e. how to respond in a time of crisis)
     - **Indicators**: # of individuals attending crisis intervention training
   - **Short-term Outcomes**
     - **Objectives**: Community members are supported in crisis situations; community members are able to apply crisis intervention strategies (i.e. de-escalating, peer support)
     - **Indicators**: # of community members who receive counseling and referral; # of incidents in which crisis intervention strategies are applied by community members
   - **Long-term Outcomes**
     - **Objectives**: To provide a response to crisis intervention in communities; mental health counselor and holistic health consultants are supported by community members
     - **Indicators**: # of times community members provided assistance

6. **Solvent Abuse**
   - **Goal**: To provide solvent abuse intervention and education strategies
   - **Target Group**: All community members
   - **Resources**: Community intervention team; Brighter Futures Coordinator; teachers; community leaders
   - **Activities**
     - **Objectives**: Solvent abuse intervention/ prevention workshops; teacher training; promote networking & assist with referrals to external agencies; community education
     - **Indicators**: # of workshops held; # of teachers trained; # of contacts/referrals with external agencies; # of community education events & # of community members attending
   - **Short-term Outcomes**
     - **Objectives**: Develop community-based solvent abuse team; develop community action plan; develop intervention strategies for youth
     - **Indicators**: # of trained community-based teams in place; community action plan in place; # of youth intervention strategies developed
   - **Long-term Outcomes**
     - **Objectives**: To reduce incidence of solvent abuse by providing intervention, education and awareness
     - **Indicators**: Reduction in the number of reported solvent abuse incidents; community members decide not to abuse solvents; those who do are provided with interventions

7. **Family Violence**
   - **Goal**: To provide awareness, prevention, training and intervention strategies to address family violence
   - **Target Group**: Individuals and families in crisis; community members
   - **Resources**: Brighter Futures Coordinator
   - **Activities**
     - **Objectives**: Provide coordination, workshops and training; deliver programs/services in communities that address violence issues
     - **Indicators**: # of participants in workshops and training sessions; contacts between various programs and initiatives; # of programs and services being delivered in the communities
   - **Short-term Outcomes**
     - **Objectives**: Provide shelters and services for women and children in crisis; provide training to community workers in violence prevention and intervention
     - **Indicators**: # of women/children accessing emergency shelters/services; # of community workers trained in violence prevention
   - **Long-term Outcomes**
     - **Objectives**: To provide general awareness of violence issues to community members; to provide opportunities for research initiatives on violence in communities
     - **Indicators**: # of community members with less tolerance toward violence in their communities; # of research initiatives taking place; decreased # of family violence incidents
<table>
<thead>
<tr>
<th>Component</th>
<th>Goal</th>
<th>Target Group</th>
<th>Resources</th>
<th>Activities</th>
</tr>
</thead>
</table>
| **1. NUTRITION EDUCATION** | To improve nutritional health through greater depth of service during pregnancy and postpartum | Pregnant and breastfeeding women, infants up to twelve months | Coordinator, health director, health committee, social/educational services team, health districts | **Objectives**: Provide nutrition education, counselling, and referrals; nutrition to clients; promote breastfeeding; CPNP community training  
**Indicators**: Increased community involvement; # of workshops/inservice on breastfeeding, nutrition education and # attending; # of referrals made; increased # of breastfeeding mothers  
**Objectives**: Increase nutritional education among prenatal/breastfeeding women; increase awareness and education about FASD/AFAE  
**Indicators**: # of prenatal and breastfeeding women who practice healthy nutrition; decrease in the # of prenatal and breastfeeding women who consume alcohol  
**Objectives**: To improve the diet of prenatal and breastfeeding women in PACG communities  
**Indicators**: Improved nutrition among prenatal women; decrease in # of babies with low birth weights, FASD/AFAE or other health problems; decrease in # of infants with health or developmental problems |
| **2. COORDINATION**       | Coordinate CPNP and liaison between community, health committee, band, tribal council, MIB | CHNs, CRs, health director/ coordinators/committees, NNADAP, pregnant/postnatal women and families | CHNs, CRs, health director/ coordinators/committees, NNADAP, prenatal/postnatal women and families | **Objectives**: Develop and review community work plans and profiles; evaluation and accountability of program guidelines; review utilization of prenatal client profiles, prenatal/postnatal flow sheets, work plans  
**Indicators**: # of community work plans and profiles developed and reviewed; # of evaluations and client profiles, flow sheets and work plans reviewed; enhanced programs at community level  
**Objectives**: Development of a standard community visit flow sheet to be utilized by coordinator  
**Indicators**: # of flow sheets developed and utilized by coordinator  
**Objectives**: Support the development, implementation and evaluation of individual community-based CPNP work plans  
**Indicators**: # of community based work plans which are developed, implemented and evaluated |
| **3. EDUCATION AND NUTRITION SUPPORT** | Support PAOGC communities to initiate activities to meet educational and nutritional needs of health staff and community members | CHNs, CRs, health director/ coordinators/committees, NNADAP, health committees, pregnant/postnatal women and families | CHNs, CRs, health director/ coordinators/committees, NNADAP, pregnant/postnatal women and families | **Objectives**: Visits and review of CPNP, phone calls to health centres; assist in needs assessments as requested; quarterly mail out; provide training and conference information and briefing packages  
**Indicators**: # of visits, phone calls made; # of needs assessments assisted on; # of information mail outs and briefing packages prepared  
**Objectives**: Develop teaching tools and packages that support recommended nutritional intake and identified needs of members; streamline current and up to date information to communities  
**Indicators**: # of user friendly and culturally sensitive teaching resources available to health staff to facilitate workshops, activities and school programs  
**Objectives**: Identify and address individual community needs; support coordination of community workshops and activities that support recommended nutrient intake and identified needs of members  
**Indicators**: Community ownership, access and control through enhanced community-level CPNPs |
| **4. PRENATAL SUPPORT**   | Support PAOGC communities to address holistic needs of childbearing women and families | CHNs, CRs, health director/ coordinators/committees, NNADAP, pregnant/postnatal mothers and families | Coordinator; health director/committees; health, social & educational team; health districts & services | **Objectives**: Assist in funding proposal submissions to enhance CPNP; support and promote interagency linkages among First Nations to meet holistic needs of those at risk  
**Indicators**: Increased # of proposals submitted and additional funding received; Increased # of linkages with First Nations  
**Objectives**: Support enhanced community-based CPNP work plan to include: implications of teenage pregnancy and parenting, FAS initiatives, gestational diabetes awareness and prevention, HIV/AIDS counselling for all prenatal women  
**Indicators**: Increased # of above activities taking place  
**Objectives**: Enhance CPNPs through interagency communication, developing a sense of community ownership, increasing community member participation, youth resilience strategies  
**Indicators**: Increased capacity of community CPNPs; positive lifestyles; healthy birth weights; decreased FAS, gestational diabetes, and HIV/AIDS; decreased infant mortality and teenage pregnancy |
# Daycare

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

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

**Goal:** To provide for the safety of each child and to promote safe practices among children, families and care providers.

**Target Group:** Children in daycare; parents; community members

**Resources:** Daycare coordinators; daycare workers; external health/safety agencies

**Activities**

- **Objectives:** Workers competent in safety equipment use & trained in practice of First Aid / CPR; condition of facilities, equipment, toys regularly examined; safety information shared with children/parents; list of emergency phone numbers maintained.
- **Indicators:** # of workers trained in use of safety equipment, First Aid/CPR; # of equipment examination reports; # of contacts with children/parents re: safety information; # and type of phone numbers on emergency list.

**Short-term Outcomes**

- **Objectives:** Emergency procedures established, posted and practiced by care providers and children; daycare facility is sanitary and free of hazards.
- **Indicators:** Increased % of emergency situations where proper procedures were followed; reduction in # of potential hazards and problems associated with sanitation.

**Long-term Outcomes**

- **Objectives:** Daycare workers aware of and prepared for potentially hazardous situations.
- **Indicators:** Increased % of workers who are prepared for potentially hazardous situations.

6. **FAMILY/CAREGIVER RELATIONSHIP**

**Goal:** To maintain an open, friendly and informative relationship with each child’s family and to encourage their involvement.

**Target Group:** Daycare worker; parents; children

**Resources:** Daycare coordinators; daycare workers

**Activities**

- **Objectives:** Orient new families; communicate with other involved agencies; develop common goals with parents and work as team; respect and recognize families’ backgrounds; observe strict confidentiality; provide privacy to parents.
  - **Indicators:** # of: orientations held/attended; communications with other agencies; contacts with parents to plan activities; families from other backgrounds treated respectfully; confidentiality guidelines in place & followed; meetings with parents held in private.

**Short-term Outcomes**

- **Objectives:** Support parents’ desires to be involved in programs and provide opportunities for regular family involvement; provide for a parent resource component.
- **Indicators:** # of opportunities for family involvement; # of parent resources available at daycare facility.

**Long-term Outcomes**

- **Objectives:** Interactions reflect mutual respect, trust and cooperation; parents kept informed of child’s progress and experiences.
  - **Indicators:** Increased % of interactions which reflect mutual respect, trust and cooperation; # and type of contacts made with parents.
Dental Therapy

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

**Component**

1. **PREVENTION**

   **Goal:** To reduce the rate of dental disease through a prevention program

   **Target Group:** School-aged children; other community members

   **Resources:** Dental therapist; community health staff, teachers

   **Activities:**
   - **Objectives:** Provide educational/promotional information & materials; nutritional counselling; school fluoride & daily brush programs; pre-school denturist program; oral hygiene instruction; performing prophylaxis, scaling, fluoride, mouth guard, denture care
   - **Indicators:** % of materials distributed; # nutritional & oral hygiene sessions held; % attendance; # of children in fluoride, dentifrice & daily brush programs; # of services provided

2. **TREATMENT**

   **Goal:** To provide quality restorative treatment services

   **Target Group:** Pre-school and school-aged children; other community members

   **Resources:** Dental therapist; community health staff, teachers

   **Activities:**
   - **Objectives:** Provide school fluoride & pre-school denturist program; provide quality restorative treatments; provide referrals; provide treatment information to patients
   - **Indicators:** # of children receiving fluoride & dentifrice treatments; % of restorative treatments performed; # of referrals made, completed and followed-up; % of visits that include treatment information

3. **DENTAL THERAPIST SUPPORT**

   **Goal:** To provide ongoing education and support to dental therapists

   **Target Group:** Dental therapists

   **Resources:** Senior Dental Therapist, dentists

   **Activities:**
   - **Objectives:** Provide updated manuals, regulations, standardized equipment/supplies; provide in-service education; do program evaluations, review reports & records; share information; assist in problem solving; provide access to DDS
   - **Indicators:** % of therapists with current manuals, regulations & standardized equipment/supplies; # with current education; # in-services provided; # attending; # evaluations/reviews conducted; # contacts made; # with access to DDS

4. **COMMUNICATION AND RECRUITMENT**

   **Goal:** To increase program awareness and development

   **Target Group:** Health, educational and governmental organizations

   **Resources:** Senior dental therapist, community health manager, dental therapists, health organizations

   **Activities:**
   - **Objectives:** Recruitment packages to SIFC School of Dental Therapy; provide recruitment strategy; screen for competent, qualified candidates; capital request input; review salary benefits; lobby for additional resources
   - **Indicators:** # of recruitment packages to SIFC; recruitment strategy & activities; # applications screened and filled by qualified, competent candidates; # of capital requests; # of lobby contacts; # additional resources received

   **Objectives:** Liaise with health agencies; maintain pool of qualified candidates; provide salaries/benefits equitable to other agencies
   - **Indicators:** # of contacts made with agencies; # qualified applicants for posted positions; salary/benefit package comparable to other agencies

   **Objectives:** Maintain relationships with related health agencies; hire qualified dental therapists; standardize and replace outdated equipment
   - **Indicators:** # of contacts with related health agencies; quality dental care provided in a culturally sensitive manner by competent and qualified therapists; equipment standardized
Diabetes

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

**Component**

1. **Prevention Education**
   - Primary prevention of type 2 diabetes through sustainable community-based education initiatives

2. **Capacity Building**
   - Primary prevention of type 2 diabetes through sustainable community-based capacity building initiatives

3. **Lifestyle Support**
   - To provide lifestyle support to individuals/families with diabetes through sustainable community-based action

4. **Secondary and Tertiary Support**
   - To provide secondary and tertiary prevention in diabetes that are sustainable and community based

**Goal**

**Target Group**

Community members, community health workers

Community diabetes nurse educator, Northern Diabetes Prevention Coalition, nutritionists, CHNs, CHRs, health directors, health districts, media

Community diabetes nurse educator, community health nurses, nutritionists, health directors

CHNs, CHRs, home care workers

Health directors, community members, NDPC

**Resources**

**Activities**

**Objectives:** Assist NDPC in media awareness, resource gathering, pilot projects; provide information on walking programs; school and public health fair/forums on chronic disease prevention; meet to develop proposals for healthy food policies in North

**Indicators:** # of media campaigns, resources gathered, pilot projects by NDPC; # of information sessions, fairs/forums held and # of attendees; # of northern food proposals developed

**Objectives:** Build awareness of diabetes prevention and encourage physical activity; assist development of strategies for implementation of healthy public policies

**Indicators:** Increased % of individuals aware of diabetes prevention; # of physical activities avail. in communities; # of strategies developed

**Objectives:** Support the development of community specific strategies to increase physical activity and healthier lifestyle practices

**Indicators:** Increase in # of community strategies; Increased % of people physically active and practicing healthy lifestyles; decrease in # of new type 2 diabetes cases diagnosed

**Objectives:** Provide support services to individuals and their families to adapt to life with type 2 diabetes

**Indicators:** Increased % of people who use support services to adapt to life with diabetes; improvement in the quality of life for those with diabetes

**Objectives:** Assist northern communities to secure NDPC funding; educate new diabetes workers; be a resource to other agencies, offer culturally appropriate resources; represent communities to obtain info and share resources

**Indicators:** # of projects funded; # of new diabetes workers; # of contacts with other agencies and # of culturally appropriate resources provided

**Objectives:** Encourage projects on healthy eating/ activity; provide on the job training; assist with telehealth conferences; meet with nurses re: resources; offer resources to other organizations, meet to collaborate and share information

**Indicators:** # of community projects carried out; # of training sessions held; conferences assisted with; # of meetings with nurses and resources shared with other organizations

**Objectives:** Educate those affected by diabetes to monitor and manage diabetes; encourage self care and management; educate and act as a resource to health staff

**Indicators:** Increased knowledge/skills in diabetes care and prevention for community health care workers; # of education activities for people affected by diabetes; increase in # of people with diabetes who show correct skills in managing their disease
## Environmental Health

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

<table>
<thead>
<tr>
<th>Component</th>
<th>1. WATER, SEWAGE AND SOLID WASTE</th>
</tr>
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<tbody>
<tr>
<td>Goal</td>
<td>To inspect and monitor community and private water supplies to ensure proper construction and operation; inspect private and community sewage and solid waste disposal systems</td>
</tr>
<tr>
<td>Target Group</td>
<td>Elected leaders, community members and health staff</td>
</tr>
<tr>
<td>Resources</td>
<td>EHOs, water quality technician</td>
</tr>
</tbody>
</table>
| Activities | **Objectives:** Monitor water sampling programs; take sewage effluent samples and report results; ensure compliance with legislation and recommend improvements  
**Indicators:** # of monitoring reports; # of samples taken and results reported; % of regulations complied with; # of recommendations for improvements |
| Short-term Outcomes | **Objectives:** To increase # of community members with safe water and satisfactory systems; reduce communicable diseases  
**Indicators:** # of community members with safe and satisfactory water and sewage systems; decrease in # of communicable diseases |
| Long-term Outcomes | **Objectives:** To ensure safe drinking water; to ensure disposal systems meet safe design and operational standards  
**Indicators:** # of homes with safe drinking water; # of homes with sewage systems that meet design and operational standards |

<table>
<thead>
<tr>
<th>Component</th>
<th>2. HOUSING INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Inspection of houses and housing developments for health considerations</td>
</tr>
<tr>
<td>Target Group</td>
<td>Elected leaders, community members and health staff</td>
</tr>
<tr>
<td>Resources</td>
<td>EHOs</td>
</tr>
</tbody>
</table>
| Activities | **Objectives:** Inspect houses to identify health hazards; advise on necessary corrective action; recommend and approve installation of sewage and water systems for CMHC-funded houses; advise on handicap needs  
**Indicators:** Age of housing stock; # of residents housed (occupancy standards); # of houses meeting guidelines and standards; long-term planning mechanisms; # of housing inspections |
| Short-term Outcomes | **Objectives:** To increase % of community members who have knowledge about the corrective action necessary to correct housing deficiencies  
**Indicators:** # of community members who are aware of and support corrective action |
| Long-term Outcomes | **Objectives:** To ensure that First Nations people living on reserves have adequate and safe housing  
**Indicators:** Safe housing is available to all community members |

<table>
<thead>
<tr>
<th>Component</th>
<th>3. COMMUNICABLE DISEASE OUTBREAK INVESTIGATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>To investigate communicable disease outbreaks related to environmental health conditions</td>
</tr>
<tr>
<td>Target Group</td>
<td>Elected leaders, community members and health staff</td>
</tr>
<tr>
<td>Resources</td>
<td>EHOs, water quality technician</td>
</tr>
</tbody>
</table>
| Activities | **Objectives:** Identify contacts, source, mode of transmission, control/contain; inspect food establishments and water supplies; insect and pest inspection/control; monitor bacteriological water sampling; coordinate investigations  
**Indicators:** # of outbreak sources etc.; identified; # of inspections; rate of foodborne disease; # of meetings with community people; # of "endemic" communities |
| Short-term Outcomes | **Objectives:** Increased % of people with knowledge of water, food and vector borne diseases; increased # of people who practice sound environmental health behaviours regarding communicable disease control  
**Indicators:** Increase in % of community members who have knowledge about water, food and vector borne diseases and who practice sound environmental health behavior in regard to communicable disease control |
| Long-term Outcomes | **Objectives:** To decrease communicable disease outbreaks related to environmental health conditions  
**Indicators:** Decreased incidence of communicable disease outbreaks |

<table>
<thead>
<tr>
<th>Component</th>
<th>4. ENVIRONMENTAL EMERGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>To respond to emergency situations</td>
</tr>
<tr>
<td>Target Group</td>
<td>Elected leaders, community members and health staff</td>
</tr>
<tr>
<td>Resources</td>
<td>Emergency response plan; Environmental Health Officer</td>
</tr>
</tbody>
</table>
| Activities | **Objectives:** Identify a crisis and work closely with Chief and Council in emergency situations; keep community members informed; have a safe environment for people if evacuation is necessary  
**Indicators:** # of contacts with Chief and Council and community members during a crisis; # of evacuations to safe alternative environments |
| Short-term Outcomes | **Objectives:** Increase knowledge and cooperation with community members during an emergency situation  
**Indicators:** Increased knowledge and cooperation by community members during an emergency situation |
| Long-term Outcomes | **Objectives:** To respond effectively during an emergency situation  
**Indicators:** # of emergency situations that are responded to in an effective and coordinated manner |
5. **OCCUPATIONAL HEALTH**

**Goal**
Investigate and identify occupational health hazards in community-operated worksites

**Target Group**
Elected leaders, community members and health staff

**Resources**
WHMS, occupational health and safety standards, EHOS

**Activities**
- **Objectives**: Develop Occupational Health and Safety program; develop and conduct WHMS, health/safety legislation education sessions; advise on action necessary to ensure safe, healthy workplace; inspect recreational facilities
- **Indicators**: # of inspections done; rate of illness and injury; facilities meet standards; # of meetings with leadership and individuals regarding safe work environment; # of training sessions held

**Short-term Outcomes**
- **Objectives**: To increase awareness and knowledge of health and safety legislation among employers and employees; to increase # of healthy and safe workplaces
- **Indicators**: Increased awareness and knowledge of health and safety legislation among employers and employees; increased # of healthy and safe workplaces

**Long-term Outcomes**
- **Objectives**: To ensure healthy and safe working conditions are provided & maintained
- **Indicators**: Worksites are healthy and safe; decrease in absenteeism due to injury and illness from unhealthy, unsafe workplaces

6. **ENVIRONMENTAL HEALTH TRAINING**

**Goal**
Provide formal and informal training on environmental health matters

**Target Group**
Elected leaders, community members and health staff

**Resources**
Occupational health and safety standards, EHOS

**Activities**
- **Objectives**: EH workshops; assist training of health staff; assist development of resource materials/center; organize/participate in EH&S committee; provide inspections for health and safety concerns; support community-based health programs
- **Indicators**: # of workshops held; # of staff trained; # of resource materials developed; resource center developed; EH&S committee developed; # inspections performed

**Short-term Outcomes**
- **Objectives**: Increase knowledge of: safe and healthy human environment to prevent disease; use of correct skills in food handling, waste disposal, general sanitation, identifying environmental contaminants
- **Indicators**: Increased % of community members with knowledge of safe, healthy human environment to prevent disease and who use correct skills in food handling, waste disposal, general sanitation, identifying environmental contaminants

**Long-term Outcomes**
- **Objectives**: To have an educated, informed community on environmental health issues
- **Indicators**: % of people who are educated and informed regarding Environmental Health
Head Start

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

Component

1. CULTURE AND LANGUAGE

Goal

To increase the accessibility to cultural and linguistic programs for children and their families

Target Group

Selected 0-6 year old children considered at risk and their families

Resources

Elders, parents, Head Start Staff

Activities

Objectives: traditional outdoor activities (i.e. camping, gathering, fishing); instruction primarily in Aboriginal language; sharing of family stories, meals and community events; Elders’ guidance of daily programming and program governance

Indicators: # and frequency of traditional-cultural activities taking place; % of lessons in Aboriginal language; % of program planned with Elders

Short-term Outcomes

Objectives: Under the guidance of Elders, develop daily activities for children and parents emphasizing the traditional lifestyle of the Aboriginal people

Indicators: # of elders involved in the program, type of activities in which Elders are involved, and level of involvement (nominal, decision making, etc.); # of parents participating in activities

Long-term Outcomes

Objectives: Children immersed in their respective culture and tradition at an early age; spoken and written Aboriginal language is primary way of communicating

Indicators: Increased # of young children with an awareness of and pride in their Aboriginal culture; # of activities and situations where Aboriginal language is the primary language in use

2. SOCIAL SUPPORT AND PARENTAL INVOLVEMENT

Goal

To ensure Elder and parental involvement, to encourage socialization and parent-child bonding, to foster positive relationships between children and their families/ caregivers

Target Group

Selected 0-6 year old children considered at risk and their families

Resources

Elders, parents, Head Start staff

Activities

Objectives: Parents on AHSC committee; parent volunteers in classroom and activities; encourage family involvement; home visits and counselling; encourage other family members to develop new life objectives

Indicators: # of parents on AHSC committees and involved in activities; # of family members attending events; # of home visits; # of family members with new life objectives

Short-term Outcomes

Objectives: Parenting session home visitation program for families of other children in 5-year age group; participation of parents and extended family; provide a safe emotional and social environment

Indicators: # of parenting sessions & home visits and # in attendance; # of parents involved and in what way; # of children who drop out of the program

Long-term Outcomes

Objectives: Children learn social skills that promote non-confrontational, positive conflict resolution and self-esteem

Indicators: Increased # of children who exhibit non-confrontational behavior and positive self-esteem; children’s families are involved in and benefit from the goals of Head Start

3. HEALTH

Goal

To meet and address each child’s physical and learning needs prior to entry into the school system

Target Group

Selected 0-6 year old children considered at risk and their families

Resources

Head Start staff, community health nurses, parents

Activities

Objectives: Children learn personal care, safety and nutrition; immunizations monitored by nurses; parental knowledge/support; prevention/public health promotion; culturally appropriate and nutritious daily breakfast & lunch; parent participation in prenatal/child nutrition class

Indicators: % of children/parents with good personal care, safety and nutrition habits; immunization records; # of promotional activities & # attending; # of children eating breakfast/lunch; # of nutrition classes held / # parents attending

Short-term Outcomes

Objectives: To provide for children’s physical needs through education and awareness of personal safety and hygiene, immunizations and nutrition

Indicators: # of children with good nutrition, personal safety and hygiene habits; # of children immunized

Long-term Outcomes

Objectives: To promote the physical growth of each child and prevent illness and injury through positive and culturally relevant behavior

Indicators: # of children who meet standardized growth expectations; # of children who exhibit culturally relevant behavior; decreased # of children who experience illness and injury
4. **EDUCATION**

**Goal**: To provide children with a head start in academic and cultural learning in order to facilitate the transition into the education and social environment.

**Target Group**: Selected 0-6 year old children considered at risk and their families.

**Resources**: Elders, parents, Head Start staff.

**Activities**
- **Objectives**: Activities designed to improve physical and cognitive skills; activities will revolve around traditional Aboriginal lifestyles.
- **Indicators**: 
  - # of activities taking place that develop physical skills; 
  - # of activities taking place that develop cognitive skills; 
  - # of activities which revolve around traditional lifestyles.

**Short-term Outcomes**
- **Objectives**: To encourage the child's life-long learning by promoting physical, spiritual, emotional, intellectual and social development; to develop each child's identity through experiences in the program.
- **Indicators**: 
  - # of children with a positive sense of identity; 
  - # of children who stay in school; children are prepared and confident when entering the school system.

**Long-term Outcomes**
- **Objectives**: Develop local capacity in program management; foster multi-disciplinary and collaborative approach; programs address emotional, mental, spiritual, physical needs of children; respect community autonomy and diversity.
- **Indicators**: Degree of local program management; degree of collaboration; # of children in program; # of children who meet developmental objectives.

---

5. **PROGRAM DEVELOPMENT AND IMPLEMENTATION**

**Goal**: Develop sustainable, culturally appropriate early childhood development initiatives.

**Target Group**: Participating PAGC communities; community members.

**Resources**: PAGC AHS Advisory Committee; local AHS committees; parents, Elders, other program staff.

**Activities**
- **Objectives**: Select/train local staff; support autonomous HHS projects; liaise with AHS committees; ensure compliance with child care regulations; establish criteria for child selection.
- **Indicators**: 
  - # of trained community staff; 
  - # of local-level decisions; 
  - amount of support from PAGC; 
  - # of meetings with AHS rep.; 
  - % of regulations met; 
  - # of children selected based on criteria.

**Short-term Outcomes**
- **Objectives**: Develop program administration & delivery mechanisms; integrate program with existing structures; develop parent volunteers; promote program; establish AHS and community advisory committees.
- **Indicators**: 
  - # of mechanisms in place; 
  - # of links with existing programs; 
  - # of parent, Elder volunteer & committee members; 
  - # of promotional contacts.

**Long-term Outcomes**
- **Objectives**: Develop local capacity in program management; foster multi-disciplinary and collaborative approach; programs address emotional, mental, spiritual, physical needs of children; respect community autonomy and diversity.
- **Indicators**: Degree of local program management; degree of collaboration; # of children in program; # of children who meet developmental objectives.
To review research and develop holistic health programs for the First Nations of PAGC and to provide ongoing advice and consultation services to First Nations.

# Component 1: Mental Health Program Development

## Goal
To support & assist in the development of a comprehensive mental health program

## Target Group
Health service providers

## Resources
Holistic Health coordinator, mental health therapists, Brighter Futures, NWINAP, health directors/committees, Elders

## Activities
**Objectives:** Provide training opportunities (e.g. professional assault response training PARR); provide workshops (e.g. team development, conflict resolution)

**Indicators:** # of training opportunities and workshops held and # of staff attending

## Short-term Outcomes
**Objectives:** Increase service providers who demonstrate correct skills in individual counselling, group presentations, increase service providers with knowledge about community crisis response

**Indicators:** Increase % of people with knowledge of mental health (m.h.) role in health; positive views on use of mental health services; good mental health behaviours; understanding of mental health needs

## Long-term Outcomes
**Objectives:** Mental health services are available to meet community needs

**Indicators:** # of mental health services available and # of people accessing them

---

# Component 2: Training and Professional Development

## Goal
Capacity-building through training and workshops

## Target Group
Service delivery staff

## Resources
Holistic Health coordinator, mental health therapists, Brighter Futures, Elders

## Activities
**Objectives:** To research strategies, program delivery options and funding opportunities and communicate these to communities

## Short-term Outcomes
**Objectives:** Increase knowledge of services offered by different programs; increase positive views about working together; increase positive team building and working behaviour

## Long-term Outcomes
**Objectives:** To enhance expertise and competency in service delivery staff

**Indicators:** Service providers have the expertise needed to do their job

---

# Component 3: Program Strategy, Delivery and Funding

## Goal
Networking with PAGC Health and Social Development programs and other community agencies

## Target Group
HSDWG, health directors, health committees

## Resources
PAIGC Health and Social Development, health directors, health committees

## Activities
**Objectives:** Assist in Community Service Team meetings; develop service delivery process; work collaboratively with community agencies; participate in PAGC interagency development

**Indicators:** CST formed and meetings held; # contacts with agencies

## Short-term Outcomes
**Objectives:** Increase knowledge of residential school role in overall health of individuals and communities; increase funding proposal writing skills

**Indicators:** Increased % of people with knowledge of residential school role in health; increased % of people with the skills to write funding proposals

## Long-term Outcomes
**Objectives:** Residential school survivors understand effects of that experience and support each other in healing

**Indicators:** Support groups and programs in place for people affected by the residential school experience

---

# Component 4: Health and Social Service Networking

## Goal
To help communities identify what they need for healing and support them in identifying a plan for healing

## Target Group
Survivors of residential schools

## Resources
Health directors, health committees, Elders

## Activities
**Objectives:** Interview survivors; assist to identify healing needs; support survivors to identify healing plan; assist with funding proposals, proposal writing workshop (AHF process); assist in community final reports; provide follow up

**Indicators:** Residential School working groups (survivors) established in some communities; # of proposal writing workshops held

## Short-term Outcomes
**Objectives:** Increase knowledge of residential school role in overall health of individuals and communities; increase funding proposal writing skills

**Indicators:** Increased % of people with knowledge of residential school role in health; increased % of people with the skills to write funding proposals

## Long-term Outcomes
**Objectives:** Residential school survivors understand effects of that experience and support each other in healing

**Indicators:** Support groups and programs in place for people affected by the residential school experience

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

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

### Goal
To provide personal care and home management services and education

### Target Group
Community members who have been assessed as requiring home care services

### Resources
Home health aides; personal care workers

### Activities
- **Objectives:** Personal care services - assist with daily living activities (bathing, dressing, mobility, etc.); home management services - assist with light housekeeping, meal preparation, arrange for home maintenance, etc.; teach clients personal care and home management strategies  
  - **Indicators:** # of personal care and home management services performed as recorded in client file, increased # of tasks that clients can complete themselves

### Short-term Outcomes
- **Objectives:** Clients have their basic personal care and home management needs provided  
  - **Indicators:** % of clients with basic personal care and home management needs provided and whose homes and personal care levels meet acceptable norms

### Long-term Outcomes
- **Objectives:** Clients personal, nutritional and household needs are maintained in a manner that contributes to the maintenance and improvement of health  
  - **Indicators:** % of clients whose homes, personal care and nutritional standards meet identified norms; client health is maintained and/or improved as a result

## Component: In-Home Respite

### Goal
To provide for the care of a client for a short time to support the caregiver

### Target Group
High needs clients who are cared for in the home by a family or other community member

### Resources
Home care nurse; home health aides/personal care workers

### Activities
- **Objectives:** Need is assessed by the home care nurse with family caregivers; home health aide or personal care worker stays with client for a period of time or comes into the home at periodic intervals to provide care  
  - **Indicators:** Respite assessment recorded in client’s file; # of visits to or stays in client’s home documented in client’s file

### Short-term Outcomes
- **Objectives:** To support family or other caregivers so they can continue to provide care for the client  
  - **Indicators:** % of caregivers who are provided respite services as documented in client files; % of respite requests granted

### Long-term Outcomes
- **Objectives:** To delay or prevent the need for institutional care of clients  
  - **Indicators:** # of clients remaining in their homes with family support; caregivers are providing for client’s needs for longer periods of time, with the support of short-term breaks

## Component: Medical Supplies and Equipment

### Goal
To provide client-specific medical supplies and equipment

### Target Group
Community members who have been assessed as requiring home care services

### Resources
Home care nurse; home health aides

### Activities
- **Objectives:** Maintain a small pool of equipment and medical supplies for loan to clients with immediate, short term needs; equipment and supplies loaned are recorded  
  - **Indicators:** # of clients who receive medical supplies and equipment in a timely manner; % of equipment and supplies accounted for

### Short-term Outcomes
- **Objectives:** Provide health care in the home; link with other programs; administrative system to record supplies and equipment loaned out  
  - **Indicators:** Client files show required supplies and equipment are provided; # of other programs providing support to the client; administrative system in place, staff trained, supplies and equipment are accounted for

### Long-term Outcomes
- **Objectives:** To promote the independence of client; ensure medical supplies and equipment are on-hand to provide support when needed  
  - **Indicators:** # of clients who remain independent with support of supplies and equipment; # of supplies and equipment on hand; # of clients remaining at home with access to short-term supplies and equipment available in the community

## Component: Information and Data Collection

### Goal
To maintain an accurate and confidential record of home and community care program activities

### Target Group
Funding agencies, PAGC home care consultants, health director

### Resources
Home care nurse, home health aides

### Activities
- **Objectives:** Daily activities recorded in clients’ files by home care providers; home care nurse compiles, reviews data and prepares monthly statistical report; data kept in confidential and secure location; annual report prepared  
  - **Indicators:** % of daily activities recorded in clients’ files; # of monthly statistical reports produced; % of data and reports stored in a secure location; # of annual reports produced

### Short-term Outcomes
- **Objectives:** Produce monthly statistical and program monitoring reports; collect data that indicates if services are meeting clients’ needs  
  - **Indicators:** # of monthly statistical and program monitoring reports produced; data collected indicates if services meet needs

### Long-term Outcomes
- **Objectives:** Adopt services and programs in response to changing needs; make improvements and implement quality control  
  - **Indicators:** # of monitoring/evaluation activities; # of changes and improvements made; % and type of quality control activities; accurate information available to assess, adopt and improve services and provide accountability
To enhance and support the provision of justice services and to develop new initiatives in a culturally sensitive manner, recognizing the importance of utilizing First Nation methods to heal both individuals and communities in the PAGC region and surrounding areas while adhering to the spirit and intent of the treaties.

**Justice Program**

### 1. Justice Initiatives
- **Goal**: To coordinate development and implementation of community justice structure plans and services.
- **Target Group**: PAGC First Nations communities.
- **Resources**: Justice unit staff; community justice workers, committees, and members; Elders; other tribal councils and agencies.
- **Activities**: Assist in community based initiatives; provide program and service delivery management; train and support community justice worker; support committee programs/initiatives; support interagency efforts; clarify role of PAGC and justice unit; collect and produce reports; network with other agencies involved; monitor contracts.
- **Indicators**: # of community based initiatives undertaken, reports produced and submitted; contacts with community justice worker, committees, tribal councils and agencies.

### 2. Rural Alternative Measures
- **Goal**: To offer an alternative to the formal court process.
- **Target Group**: Adults and youth.
- **Resources**: Community justice workers; justice committees; PAGC justice unit; Elders; community members; court workers.
- **Activities**: Facilitate alternative measures such as formal cautions, mediation, family group conferencing and sentencing/healing circles; involve Elders in the alternative measures process.
- **Indicators**: # of documented cases where alternative measures have been applied; # of Elders involved in cases where alternative measures have been applied.

### 3. Saskatchewan Aboriginal Court Worker Program
- **Goal**: To support clients and families by promoting an increased understanding and awareness of the criminal justice system.
- **Target Group**: Community members.
- **Resources**: Court Workers; other justice agencies.
- **Activities**: Assist clients to obtain legal counsel; identify and assist individuals who require legal Aid services; determine client translation needs; increase culturally sensitive alternative measures available; increase between community and justice providers.
- **Indicators**: # of clients obtaining legal counsel; increased # of clients assisted by court worker; # of clients receiving translation services; increase in # of available alternative measures being used; increased coordination and integration of community justice programs and services.

#### Short-term Outcomes
- **Objectives**: Train community justice workers; develop justice committees and plans; focus on community justice development, prevention and intervention, community based alternatives; self-government development and strategies.
- **Indicators**: # of trained justice workers; # of committees and plans in place; # of initiatives developed focused on community justice, alternatives, prevention, intervention and self government development.

#### Long-term Outcomes
- **Objectives**: Provide culturally sensitive justice services in a manner that is meaningful to community members.
- **Indicators**: # of culturally sensitive justice services in the community; # of community members reporting these services to be meaningful.

#### Objectives:
- To follow a plan and model for First Nations justice services development.
- Plan/model developed and followed.

#### Objectives:
- Traditional approaches to justice and conflict resolution are developed and implemented.
- # of cases where traditional approaches such as sentencing circles and Elders' counselling have been used.

#### Objectives:
- Support clients and their families to access culturally sensitive alternative measures.
- Increased % of clients and families accessing culturally sensitive alternative measures.
### Component: 4. CRIME PREVENTION

**Goal:** To assist communities in organizing crime prevention initiatives

**Target Group:** Community members

**Resources:** Community Justice workers; community justice committees; PAAC crime prevention coordinator; education staff; community members

**Activities:**
- Objectives: Establish community prevention, education, awareness, training and resources; initiate crime prevention programs and initiatives for children, youth, and adults; assist development of in school prevention activities; host justice symposium and conference; assist in development of proposals

**Indicators:**
- Number of resources, programs, initiatives and proposals developed
- Number of resources, programs, initiatives and proposals submitted for funding
- Number of symposiums and conferences held

**Short-term Outcomes:**
- Objectives: Community members are mobilized in fighting crime in their communities

**Indicators:**
- Number of community members involved in crime prevention initiatives

**Long-term Outcomes:**
- Objectives: Develop community-based responses to crime that emphasize a positive social development role

**Indicators:**
- Number of community-based crime responses that contribute to social development in the community
- Reduction in # of crimes committed

### Component: 5. INTEGRATED JUSTICE INITIATIVE

**Goal:** Develop a model of a magistrate’s court which focuses on community-based, community driven methods that will provide community capacity-building and holding wrongdoers accountable for their actions and behavior while maintaining the victim’s integrity

**Target Group:** Community members involved in the justice system

**Resources:** Community justice committees; Aboriginal magistrate; crown prosecutor; police; community justice worker; court worker; community members, Elders

**Activities:**
- Objectives: Develop outline of a model of a magistrate’s Court that would operate in Cree or Dene in each community, refer cases to a justice committee and withdraw charges or resume regular court process upon outcome of offender plan

**Indicators:**
- Outline of the model is developed

**Short-term Outcomes:**
- Objectives: Develop a power-point presentation which overviews the need for the initiative and provides a framework for the model

**Indicators:**
- Power-point presentation is developed

**Long-term Outcomes:**
- Objectives: Model supported by present programs and services; remove court delays and language barriers to improve efficiency; improve community ownership of justice issues; prevent crime; promote culturally relevant justice system; promote victim’s sense of justice

**Indicators:**
- Reduction in # of delays in the court process
- Increased # of cases processed using community based, community driven methods
- Reduction in # of crimes; court proceedings; increased sense of justice
To provide and facilitate a quality holistic nursing service that empowers individuals, families and communities to achieve and maintain wellness.

**Component:**

1. **PREGNANCY/PRENATAL**

   **Goal:**
   
   To provide educational sessions and screening for pregnant mothers and their infant

   **Target Group:**
   
   Pregnant women

   **Resources:**
   
   CHNs, CHR, CPNP coordinator, NNAAP worker, nutritionist, Elders

   **Activities:**
   
   **Objectives:**
   - Provide educational opportunities to postnatal mothers; identify problems early; improve postnatal visits held; % decrease in substance abuse in pregnancy; improve nutritional intake of prenant mothers; increase prenatal attending classes; increase # of healthy new borns
   - Increased # of contacts with parents; % of children taking fluoride rinse; referrals and follow ups made

   **Short-term Outcomes:**
   
   - Women who breastfeed babies; increased mothers' knowledge of role of healthy nutrition; increased women with proper skills and behaviors in selecting proper food and abstaining from harmful substances
   - Increased # of contacts with parents; % of children taking fluoride rinse; referrals and follow ups made

   **Long-term Outcomes:**
   
   - Women who breastfeed babies and for an increased length of time
   - Increased # of contacts with parents; % of children taking fluoride rinse; referrals and follow ups made

2. **INFANT CARE**

   **Goal:**
   
   To provide educational sessions and screening for postnatal mothers and their infants

   **Target Group:**
   
   Postnatal mothers and their infants

   **Resources:**
   
   CHNs, CHR, CPNP coordinator, NNAAP worker, nutritionist, Elders

   **Activities:**
   
   **Objectives:**
   - To help children achieve an optimum level of health through early detection of potential actual problems and timely provision of health care services
   - Increased health and wellness in children

   **Short-term Outcomes:**
   
   - Increase in number of healthy mothers and infants

   **Long-term Outcomes:**
   
   - To provide education and awareness to students regarding health related issues

3. **CHILD HEALTH**

   **Goal:**
   
   To screen for growth and development, hearing & vision loss, speech disorders and dental hygiene

   **Target Group:**
   
   Preschool and school-aged children

   **Resources:**
   
   CHNs, CHR, dental therapists, teachers, nutritionist

   **Activities:**
   
   **Objectives:**
   - Decrease use of alcohol, cigarettes, chewing tobacco and other drugs; increase awareness of pregnancy prevention and STDs; improve nutrition; increase educational activities at school regarding ice and water safety, fire safety and safe use of skies and bicycles

   **Short-term Outcomes:**
   
   - Decreased # of youth using drugs or alcohol; increased # if youth aware of STDs, birth control

   **Long-term Outcomes:**
   
   - Increased awareness and participation of students in a healthy lifestyle

4. **YOUTH HEALTH**

   **Goal:**
   
   To provide education and awareness to students regarding health related issues

   **Target Group:**
   
   School children

   **Resources:**
   
   CHNs, CHR, Brighter Futures, Sexual Wellness and Health Promotion coordinators

   **Activities:**
   
   **Objectives:**
   - Decrease use of alcohol, cigarettes, chewing tobacco and other drugs; increase awareness of pregnancy prevention and STDs; improve nutrition; increase educational activities at school regarding ice and water safety, fire safety and safe use of skies and bicycles

   **Short-term Outcomes:**
   
   - Decreased # of youth using drugs or alcohol; increased # if youth aware of STDs, birth control

   **Long-term Outcomes:**
   
   - Increased awareness and participation of students in a healthy lifestyle

**Note:**

- **Objectives:**
  - To provide educational sessions and screening for pregnant mothers and their infants.
  - To provide educational opportunities to postnatal mothers; identify problems early; improve nutritional intake of breastfeeding mothers; provide individual counselling; use CPNP to promote maternal CHN health.
  - CPNP funding utilized to provide education and resources in relation to maternal child health; counselling provided; mothers' nutritional intake improved by food vouchers; postnatal visits held soon after hospital discharge.
  - To help children achieve an optimum level of health through early detection of potential actual problems and timely provision of health care services.

- **Indicators:**
  - Decreased incidence of substance abuse during pregnancy; decrease if FAS/FAE; affected infants; increased nutrition of prenant mothers; increased # of contacts with parents; % of children taking fluoride rinse; referrals and follow ups made.
  - Increased # of contacts with parents; % of children taking fluoride rinse; referrals and follow ups made.
  - Increased # of contacts with parents; % of children taking fluoride rinse; referrals and follow ups made.
  - Increased awareness and participation of students in a healthy lifestyle.

- **Activities:**
  - To promote maternal child health, breastfeeding, healthy parenting; provide individual counselling.
  - To provide educational opportunities to postnatal mothers; identify problems early; improve nutritional intake of breastfeeding mothers; provide individual counselling; use CPNP to promote maternal CHN health.
  - To help children achieve an optimum level of health through early detection of potential actual problems and timely provision of health care services.

- **Resources:**
  - CHNs, CHR, CPNP coordinator, NNAAP worker, nutritionist, Elders.
  - CHNs, CHR, dental therapists, teachers, nutritionist.
  - CHNs, CHR, Brighter Futures, Sexual Wellness and Health Promotion coordinators.

- **Short-term Outcomes:**
  - Women who breastfeed babies; increased mothers' knowledge of role of healthy nutrition; increased women with proper skills and behaviors in selecting proper food and abstaining from harmful substances.
  - Women who breastfeed babies and for an increased length of time.

- **Long-term Outcomes:**
  - Increased health and wellness in children.
5. COMMUNICABLE DISEASE (IMMUNIZATION)

Goal
To provide immunization in accordance with the schedule established by the province of Saskatchewan

Target Group
Infants, pre-school and school aged children and other community members

Resources
CHNs, CHRs

Activities
Objectives: Ensure immunizations are up-to-date; follow community health manual schedule for infant, preschool and school children; encourage parents to bring children for immunization
Indicators: # of up-to-date immunization records; % of children immunized according to manual; % of parents bringing children for immunizations

Objectives: To increase % of people with knowledge of the role of immunization in disease prevention; increase % of people who have immunizations done at appropriate times
Indicators: Increased % of people with knowledge of the role of immunization in disease prevention; increased % of people who have immunizations done at appropriate times

Short-term Outcomes
Objectives: To reduce communicable disease in the community
Indicators: Decrease in the rate of communicable diseases

Long-term Outcomes
Objectives: To provide education on STDS, AIDS, HIV, T.B.; communicate with T.B. control; keep staff current on guidelines and protocols; update T.B. profile cards; ensure confidentiality; educate on proper handling and use of untreated water
Indicators: # of educational activities and # attending; # of contacts with T.B. control; # of staff updated on guidelines and protocols; % of profile cards up to date; % of contacts kept confidential

Objectives: Increase knowledge of how communicable diseases are spread; decrease stigma attached to some diseases; increase practice of disease prevention behaviour and following of treatment plans; decrease incidence of STDS
Indicators: Increased % of people with knowledge of communicable diseases, who practice proper behaviour in prevention and who follow treatment plans; decreased stigma attached to some diseases; decreased # of STDS

Objectives: To prevent spread and incidence of communicable diseases in the community; offer competent, sensitive care to all community members with communicable diseases
Indicators: Decrease in the # of people with communicable diseases; competent care provided

6. COMMUNICABLE DISEASE (SURVEILLANCE)

Objectives: Provide education on STDS, AIDS, HIV, T.B.; communicate with T.B. control; keep staff current on guidelines and protocols; update T.B. profile cards; ensure confidentiality; educate on proper handling and use of untreated water
Indicators: # of educational activities and # attending; # of contacts with T.B. control; # of staff updated on guidelines and protocols; % of profile cards up to date; % of contacts kept confidential

Objectives: Increase knowledge of how communicable diseases are spread; decrease stigma attached to some diseases; increase practice of disease prevention behaviour and following of treatment plans; decrease incidence of STDS
Indicators: Increased % of people with knowledge of communicable diseases, who practice proper behaviour in prevention and who follow treatment plans; decreased stigma attached to some diseases; decreased # of STDS

Objectives: To prevent spread and incidence of communicable diseases in the community; offer competent, sensitive care to all community members with communicable diseases
Indicators: Decrease in the # of people with communicable diseases; competent care provided

7. CHRONIC DISEASE (LIFESTYLE)

Objectives: Provide education on health risks associated with lifestyle factors that can contribute to heart disease, diabetes, etc.

Indicators: # of activities held and # attending; % people with knowledge on lifestyle and disease prevention and control

Objectives: To increase knowledge of healthy lifestyles; increase knowledge of disease process; increase knowledge of diagnoses, treatment and medications
Indicators: Increased % of people with knowledge of healthy lifestyles, disease process, diagnoses, treatment, medications

Objectives: Increase preventative health measures of people suffering from chronic medical condition by increasing knowledge regarding nutrition, exercise, lifestyle and chronic condition
Indicators: Decrease in chronic medical conditions because more people are practicing healthy lifestyles

Objectives: To provide education on health risks associated with lifestyle factors that can contribute to heart disease, diabetes, etc.

Indicators: # of activities held and # attending; % people with knowledge on lifestyle and disease prevention and control

Objectives: To increase knowledge of healthy lifestyles; increase knowledge of disease process; increase knowledge of diagnoses, treatment and medications
Indicators: Increased % of people with knowledge of healthy lifestyles, disease process, diagnoses, treatment, medications

Objectives: Increase preventative health measures of people suffering from chronic medical condition by increasing knowledge regarding nutrition, exercise, lifestyle and chronic condition
Indicators: Decrease in chronic medical conditions because more people are practicing healthy lifestyles
**8. CHRONIC DISEASE SCREENING**

**Goal:** To provide screening for hypertension and diabetes

**Target Group:** Adults and those with chronic diseases

**Resources:** CHNs, CHRs, diabetes nurse, nutritionist

**Activities**
- **Objectives:** Hold screening clinics for blood pressure and diabetes; assist diabetes nurse and nutritionist during community visits; refer clients to nutritionist or diabetes nurse educators; review and update chronic list
- **Indicators:** # of screening clinics held and # attended; # of contacts with diabetes nurse and nutritionist during visits to the communities; # of client referrals; accuracy of chronic list

**Short-term Outcomes**
- **Objectives:** Increase individuals' knowledge of blood pressure and blood sugar levels; increase practice of responsible behavior in monitoring blood pressure and blood sugar levels
- **Indicators:** Increased % of individuals with knowledge of their blood pressure and blood sugar levels; increased % of individuals who practice responsible behavior in monitoring blood pressure and blood sugar levels

**Long-term Outcomes**
- **Objectives:**
  - Clients and families in crisis will be assessed, counselled and referred as need arises
  - # of clients and families in crisis are receiving appropriate and quality mental health services when it is needed

**9. CRISIS CARE**

**Goal:** To assess, counsel, refer and follow up clients and families in crisis as need arises

**Target Group:** Community members and caregivers

**Resources:** CHNs, CHRs, mental therapists, Brighter Futures coordinator, Holistic Health coordinator, NNADAP workers, Elders

**Activities**
- **Objectives:** Provide ongoing support to clients and make referrals as necessary; increase children's awareness and knowledge of various types of touching and discipline; increase awareness of nearby facilities available for mental health and family violence services
- **Indicators:** # of mental therapists contacted to provide services; # of suicide prevention substance abuse and parenting workshops provided and # attending

**Short-term Outcomes**
- **Objectives:**
  - To recognize situations when individuals and families are in crisis e.g. battering, drug and alcohol abuse; to increase ability to deal with the situation in a knowledgeable, caring manner
  - # of situations when individuals and families are in crisis are recognized; increased ability to deal with the situation in a knowledgeable, caring manner

**Long-term Outcomes**
- **Objectives:**
  - Clients and families in crisis will be assessed, counselled and referred as need arises
  - # of clients and families in crisis are receiving appropriate and quality mental health services when it is needed

**10. ENVIRONMENTAL HEALTH**

**Goal:** To help communities prevent, identify and correct environmental health problems

**Target Group:** Community members

**Resources:** Emergency Response Plan, CHNs, CHRs, EHOs, water quality technician

**Activities**
- **Objectives:** Community visits to note environmental health problems; integrate environmental education into all programs; refer environmental health problems to EHO; keep CHRs current on environmental health problems/solutions; encourage & support community projects; inform EHO of new buildings/wells/cisterns; ensure water samples are collected and tested; assist in investigations of disease outbreaks and environmental health issues
- **Indicators:** Activities are taking place in the communities

**Short-term Outcomes**
- **Objectives:**
  - Increase knowledge of the importance of safe drinking water in disease prevention; increase the practice of correct water safety behaviour; increase the knowledge of environmental health issues
  - % of people who have knowledge of importance of safe drinking water in disease prevention and who practice correct water safety behaviour; increased % of people with knowledge of environmental health issues

**Long-term Outcomes**
- **Objectives:** To help improve the health of First Nations by promoting environmental conditions
- **Indicators:** Decrease in # of diseases and health problems related to environmental conditions
To enhance the development of a holistic and multidisciplinary approach to address the promotion of healthy sexuality within PAGC First Nations.

### Component

#### 1. Program Support
- **Goal**: To provide coordination and support to PAGC First Nations in the area of sexual wellness
- **Target Group**: Community members, health staff, leadership
- **Resources**: Sexual Wellness Coordinator
- **Activities**: Educate leaders, community members and front-line staff; youth initiatives to address contributing factors of unhealthy sexuality, teen pregnancy, STDs, STD, pregnancy and reproductive cancer screening services; wellness clinics; establish linkages and funding mechanisms for initiatives; support development, implementation and evaluation of HIV/AIDS, Hep C strategy
- **Objectives**: Educate leaders, community members and front-line staff; youth initiatives to address contributing factors of unhealthy sexuality, teen pregnancy, STDs, STD, pregnancy and reproductive cancer screening services; wellness clinics; establish linkages and funding mechanisms for initiatives; support development, implementation and evaluation of HIV/AIDS, Hep C strategy
- **Indicators**: # of educational programs delivered; # of youth initiatives; # of screening services available; # of wellness clinics; increased funding for initiatives; HIV/AIDS, Hepatitis C strategy
- **Short-term Outcomes**: To promote healthy sexual lifestyles within PAGC communities
- **Long-term Outcomes**: To promote healthy sexual lifestyles within PAGC communities

#### 2. Education Development
- **Goal**: Ensure that appropriate skills exist at the community level to provide awareness, prevention, and intervention services to meet educational needs of membership
- **Target Group**: Community members, health staff, leadership
- **Resources**: Coordinator, CST, CHN, CHR, health director/committee, leadership, interagency team and HIV persons & families
- **Activities**: Develop funding proposals for HIV/AIDS program; interagency awareness/prevention strategy; front-line staff training; community member participation in initiatives
- **Objectives**: Develop funding proposals for HIV/AIDS program; interagency awareness/prevention strategy; front-line staff training; community member participation in initiatives
- **Indicators**: # of funding proposals submitted; # of staff training initiatives; increased % of community members participating in initiatives
- **Short-term Outcomes**: To promote healthy sexual lifestyles within PAGC communities
- **Long-term Outcomes**: To promote healthy sexual lifestyles within PAGC communities

#### 3. Program Development
- **Goal**: To assist communities in development, implementation and evaluation of PAGC sexual wellness programs
- **Target Group**: Community members, health staff, leadership
- **Resources**: Coordinator, CST, CHN, CHR, health director/committee, leadership, interagency team and HIV persons & families
- **Activities**: HIV/AIDS presentations; support health committees in coordination of interagency presentations; coordination of community-based strategy to develop comprehensive initiatives
- **Objectives**: HIV/AIDS presentations; support health committees in coordination of interagency presentations; coordination of community-based strategy to develop comprehensive initiatives
- **Indicators**: # of presentations made and individuals attending; # of presentations to interagency programs; community-based initiatives strategy in place
- **Short-term Outcomes**: To promote healthy sexual lifestyles within PAGC communities
- **Long-term Outcomes**: To promote healthy sexual lifestyles within PAGC communities

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**Sexual Wellness**

To enhance the development of a holistic and multidisciplinary approach to address the promotion of healthy sexuality within PAGC First Nations.
Goal
To promote sports, culture and recreation activities that will benefit all members of the Prince Albert Grand Council -

Target Group
PAGC youth and other community members

Resources
Recreation coordinators; band councils; Elders, community members; women’s commission

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

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

Long-term Outcomes
Objectives: Address and promote youth involvement in sport, culture and recreation; develop and maintain quality recreation facilities within PAGC First Nations; provide opportunities for the promotion of an active, healthy lifestyle; promote and showcase First Nation cultural heritage
Indicators: % of youth participating in sport, culture and/or recreation activities; increased # of facilities in PAGC communities; increase in quality of facilities; increased # of recreation and sport opportunities available to community members; increased # of events that showcase First Nation cultural heritage; % of community members participating; youth and community members are aware of sports, culture and recreation opportunities and enjoy an improved lifestyle through participation
Phase I
INTERVIEW QUESTIONS
Health Directors
April 2003

PART A

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

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

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

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

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

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

6. Do you have any other comments that you would like to make?
**QUESTION #4**

Examples of Community Capacity Elements:

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QUESTION #5

Figure 1: Basic Framework for Health Indicators


Figure 2: Community Life Indicators Wheel

Phase I
INTERVIEW QUESTIONS
Health Directors
April 2003

PART B

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

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

2. From your perspective how do each of these programs contribute to:
   a. The health of your community?
   b. The capacity of your community?
Appendix H

Draft Evaluative Indicators Framework
Presented at Focus Groups

Diagram 1 – Concepts of Community Health and Community Wellness
Diagram 2 – Key Domains of Community Health and Community Wellness
Diagram 1
Concepts of Community Health and Community Wellness
Diagram 2
Key Domains of Community Health and Community Wellness

COMMUNITY HEALTH

COMMUNITY WELLNESS

ECONOMIC VIABILITY
Issues:
- unemployment/poverty
- cost of food
- cost coverage of prescription drugs
- health impact of uninsured health benefits/medical transportation
- funding for health programs
- overcrowded housing

Sample Indicators:
- jobs available in the community
- training opportunities in the community
- treatment impacted by travel costs/transportation
- prescriptions not filled due to up front cost
- rate of those living in temporary situations
- number of people per household

SERVICES & INFRASTRUCTURE
Issues:
- local availability of health services
- i.e. dialysis
- health education programs
- right to privacy (health benefits)
- youth centre
- recreation facilities & equipment
- sport, culture & rec. programs
- interagency collaboration

Sample Indicators:
- people树脂ing to rely for treatment
- number of health education programs provided
- availability of recreation facilities
- availability of youth centre
- sport and recreation programs available

COMMUNITY HEALTH

COMMUNITY WELLNESS

HEALTHY LIFESTYLE
Issues:
- physical activity
- recreation and social activity
- healthy socializing
- healthy eating
- positive self-esteem
- healthy body image

Sample Indicators:
- people walking daily and distance travelled
- community events: # of events, % of people participating
- % eating fast foods/processed foods
- girls seek healthy body weight

FOOD SECURITY
Issues:
- cost of food
- availability of nutritious food
- healthy food choices
- traditional foods
- food transportation costs
- transportation safety (roads)

Sample Indicators:
- % of diet based on traditional foods
- people eating a healthy diet
- availability of fresh fruits/vegetables
- cost of fresh fruits/vegetables
- number, frequency & distance of road trips south for groceries

HEALTH ISSUES
- diabetes and complications
- cancer
- respiratory problems
- tuberculosis
- teen pregnancy
- mental health
- coping with terminal illness

ADDICTIONS
- alcohol use
- opioid use
- illegal and prescription drug use
- gambling
- suicide
- boredom

IDENTITY & CULTURE
Issues:
- traditional language & spirituality
- knowledge of culture
- involvement of Elders
- community morale
- cultural activities
- spiritual activities

Sample Indicators:
- measure for handling on traditional knowledge in the family
- time spent on land with Elders
- Elders spending time with youth
Phase II
INTERVIEW QUESTIONS
Focus Groups

1. Community Health and Community Wellness
   a. What does ‘community health’ mean to you?
   b. What does ‘community wellness’ mean to you?
   c. When you look at the draft framework what is your understanding of:
      i. Economic viability?
      ii. Services and infrastructure?
      iii. Food security?
      iv. Healthy lifestyle?
      v. Identity and culture?
      vi. Health issues?
      vii. Addictions?
   d. Are there any areas that are missing that should be included as part of how we would measure community health? Community wellness?

2. Community Capacity
   e. What does ‘community capacity’ mean to you?
   f. When you look at the draft framework what is your understanding of:
      i. Understanding community history?
      ii. Community values?
      iii. Sense of community?
      iv. Education and training?
      v. Youth involvement?
      vi. Leadership?
      vii. Needs Assessment?
      viii. Organization?
      ix. Resource mobilization?
   g. Are there any areas that are missing that should be included as part of how we would measure community capacity?
Appendix J

Community Health Framework – Final
Key Domains & Indicator Categories: Community Health and Community Wellness

- **Healthy Lifestyles**
  - Health Issues:
    - Diabetes
    - Cancer
    - Respiratory problems
    - Tuberculosis
    - Obesity
    - FASD
    - Teen pregnancy
    - Mental health / stress
    - Terminal illness issues
  - Indicator Categories:
    - Self-Care
    - Participation
    - Motivation

- **Economic Viability**
  - Employment
  - Cost of living
  - Health Benefit Coverage
  - Funding for Community Projects

- **Environment**
  - Indicator Categories:
    - Respect for the Environment
    - Impact of Development
    - Resource Protection
    - Human Health

- **Services & Infrastructure**
  - Indicator Categories:
    - Community Infrastructure
    - Service Delivery
    - Housing
    - Recreation
    - Technology
    - Service Sustainability

- **Identity & Culture**
  - Indicator Categories:
    - Community Identity
    - Elders
    - Traditional Practices
    - Community Knowledge
    - Sharing

- **Food Security**
  - Indicator Categories:
    - Cost of food
    - Availability and Quality of Food

Community Health Community Wellness
Appendix K

An Example from the Toolkit

Community Health Indicators Framework
Domain: Services & Infrastructure
Indicator Category: Service Delivery
Identified Issue: Elders
Indicator: #27 – Medical Translation & Companion Services
Services & Infrastructure

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

Indicators:

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<th>Service Delivery</th>
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<th>Infrastructure</th>
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<th>Availability</th>
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<td>6 – community staff training levels</td>
<td>15 – frequency of health service delivery</td>
<td>25 – new funds for youth programs</td>
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<td></td>
<td>84</td>
<td>staff turnover rates</td>
</tr>
<tr>
<td></td>
<td>85</td>
<td>funding commitments honoured</td>
</tr>
<tr>
<td>Funder cutbacks re: abuse</td>
<td>86</td>
<td># agencies involved in funding</td>
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<tr>
<td>perception</td>
<td>87</td>
<td>resources allocated to administration</td>
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<tr>
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<td>88</td>
<td>service staff from community</td>
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<td>89</td>
<td>staff turnover rates</td>
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<td></td>
<td>90</td>
<td>mechanisms for participation</td>
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<td>health education and awareness</td>
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<td>community inter-agency meetings</td>
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<td>regional inter-agency meetings</td>
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<td>service delivery collaborations</td>
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<td>community meetings</td>
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<td>97</td>
<td>proximity of duplicate services</td>
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<td>medical transport driver/patient ratio</td>
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<td>funder cutbacks re: abuse perception</td>
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<tr>
<td>Support</td>
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<td>volunteers assisting with programs</td>
</tr>
<tr>
<td></td>
<td>101</td>
<td>funding commitments honoured</td>
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</tbody>
</table>
## Services & Infrastructure

### Issues Identified:

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

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>Community Proposed Indicator</th>
<th>Community Level Data Sources (suggestions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Medical translation &amp; companion services available and funded</td>
<td>Local survey required</td>
</tr>
<tr>
<td>28</td>
<td>Meals on wheels program in community</td>
<td>Local survey required</td>
</tr>
<tr>
<td>29</td>
<td>Social gathering place for Elders (e.g. coffee house)</td>
<td>Local survey required</td>
</tr>
</tbody>
</table>
Services & Infrastructure

Medicare Translation & Companion Services

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

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

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

Information Source: Local survey

How to use this measure:

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

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

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

<table>
<thead>
<tr>
<th>Indicator Calculation Tool</th>
<th>Calculation Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) trips - translator/companion provided</td>
<td>15 trips - translator/companion provided</td>
</tr>
<tr>
<td>( ) trips - translator/companion requested or needed but not provided</td>
<td>25 trips - translator/companion requested or needed but not provided</td>
</tr>
<tr>
<td>( )</td>
<td>15</td>
</tr>
<tr>
<td>( )</td>
<td>25</td>
</tr>
<tr>
<td>X 100</td>
<td>.06 X 100</td>
</tr>
<tr>
<td>= % translation/companion needs met</td>
<td>= 60% translation/companion needs met</td>
</tr>
</tbody>
</table>

X = multiplied by ( ) = Insert number here = divided by

What does this information mean?

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