ON OUR PATH TO EQUITABLE ACCESS TO QUALITY CARE AND SERVICES

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APPRECIATION
The FNQLHSSC warmly thanks all those who contributed to the development of the 2017-2020 Strategic Plan.
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Wat’kwanonweraton,

On behalf of the Board of Directors of the First Nations of Quebec and Labrador Health and Social Services Commission, I am proud to present the new Strategic Plan for the years 2017 to 2020. Its content is the result of a collective reflection and I am confident that the five priority focus areas as well as the 15 strategic objectives will serve as a strong foundation to achieve our mission.

In the face of the diversity and evolution of self-determination, it is essential that we adopt a flexible approach that meets current needs and realities. The vision and renewed mission of this strategic plan will support these trends and guide the work of the FNQLHSSC over the next three years.

Since its creation in 1994 by the Assembly of Chiefs of the First Nations of Quebec and Labrador, the FNQLHSSC has evolved to the rhythm of the communities and organizations and has provided support, expertise and advice in the field of early childhood, health, social services, social development, information management, research, governance, and more.

The 2017-2020 Strategic Plan is a continuation of the work accomplished over the years and it aims to support local and collective development in relation to access to services, governance, capacity development, healthy lifestyles and cultural awareness.

The province of Quebec and the federal government share a responsibility and they must work with First Nations in their respective jurisdictions to resolve any issues preventing First Nations people to access quality care and services.

In terms of governance, the FNQLHSSC will continue to support First Nations communities and organizations in determining the appropriate governance model that reflects the principle of self-determination in health and social services matters. Until this model is completed, First Nations will have the opportunity to develop an interim process which will ensure that First Nations are at the decision-making table on all matters related to First Nations health and social services.

The members of the Board of Directors are committed to making this plan a strategic tool that will contribute to the advancement of the priorities of all.

In closing, I would like to thank all those who contributed in any way to the realization of this plan and I look forward to seeing the results.

Derek Montour, President
Kwe aweti’,

The governance of First Nations is progressing. Companies are multiplying, services are improving, the number of graduates is constantly growing, infrastructures are modernizing and a young population is getting ready to take over!

Faced with these changes, the FNQLHSSC has to adapt to the emerging needs of the communities by offering a personalized and varied offer of services. Developed through a series of consultations, the 2017-2020 Strategic Plan identifies priority focus areas that are designed to bring people together and to mobilize them: first to bring people together, because these focus areas are based on a clearly expressed desire by First Nations to affirm their identity, their culture, and the principles and values that distinguish them as nations; mobilizers because they were designed with the aim of collectively defining a vision for the future that enables the FNQLHSSC to successfully carry out its mission in a context of transformation.

In addition to the priority focus areas identified in this new strategic plan, the FNQLHSSC will continue to carry out activities related to the specific mandates entrusted to it. From an administrative point of view, the FNQLHSSC will maximize the resources available to it, and it will design and put into practice tools enabling it to monitor the progress of projects and activities and to measure the results. This work will be supported by a committed and dynamic team that will stay abreast of the opportunities that may arise and ensure that existing partnerships are maintained.

In closing, I thank the community interveners and leaders, the communities and organizations associated with the FNQLHSSC, the members of the Board of Directors, and the entire team of the FNQLHSSC for their continued collaboration and support.

Marjolaine Siouï, Executive Director
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Preamble

Since its creation in 1994, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) has grown exponentially in response to the mandates entrusted to it. With ever-increasing needs, the offer of health and social services must grow in a respectful way, building on the values and culture of the various nations in Quebec.

In spite of the efforts made in recent years to remedy the disparities affecting many First Nations in Quebec, considerable issues remain. To better understand the underlying reasons for these issues, First Nations must have the necessary resources and be able to rely on the formal commitment and full cooperation of governments to control their own destiny with the aid of a renewed governance of health and social services.

I. Our approach

Reflection began in the fall of 2015 and continued until spring 2017 to develop the 4th strategic plan of the FNQLHSSC. Since the adoption, in 2007, of the Quebec First Nations Health and Social Services 2007-2017 Blueprint: Closing the gaps... Accelerating change, the FNQLHSSC has developed and renewed its strategic planning on a triennial basis, while developing its strategic orientations in accordance with the objectives of the 2007-2017 Blueprint.

A first strategic plan was developed in 2007, formalizing the strategic orientations for 2008-2011. The second strategic plan, the one for 2011-2014, retained the spirit of the first plan by maintaining the same issues. The third strategic plan, the one for 2014-2017, concluded the planning cycle set out in the 2007-2017 Blueprint, with a focus on strengthening health and social services governance and serving as a catalyst for changes underway within the FNQLHSSC in recent years. Among these changes is the organization’s determination to improve its internal processes, innovate towards better practices, get closer to its members, increase its accompaniment, listen to needs and respond appropriately.

The goal of the 2017-2020 strategic planning exercise is to share a common vision, taking into account the progress made and the continuing evolution of the services offered by First Nations communities and organizations.

Destination 2020: the new strategic plan is a living document that responds not only to the needs of the environment and the organization but also identifies the priorities and strategies required to fulfill the FNQLHSSC’s mission.

This document can be adapted dynamically in response to emerging changes and priorities, and it will guide the evolution of both the environment and context of the FNQLHSSC in order to modulate its actions. The strategic plan will strengthen the communication of the vision to the organization, its clientele and the various partners, and enable the mobilization of all actors towards a common vision while encouraging the undertaking of concerted actions.

The 2017-2020 priority focus areas have been formulated according to the results obtained during the consultation sessions and the surveys taken of stakeholders, and are also based on the results of the mid-term strategic planning review 2014-2017.
The major trends that emerged focus mainly on governance and increased control of programs and services by First Nations. The key elements that guided the development of the priority focus areas were the subject of extensive consultations among members of the Board of Directors, health and social services directors, interveners and professionals with diversified expertise, FNQLHSSC staff, and others (refer to Appendix 2).

Finally, the submission of the 2017-2020 Strategic Plan coincides with the 2nd phase of the health and social services governance process1 and the last year of implementation of the 2007-2017 Blueprint, which was extended to March 31, 2018.

II. The First Nations of Quebec and Labrador Health and Social Services Commission and its environment

The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) accompanies First Nations in exercising their inherent rights to control the delivery of health and social services. It encourages the collection and exchange of information related to its service offer, and it studies, promotes, protects and develops in a variety of ways the material, cultural and social interests related to the mandates entrusted to it.

BOARD OF DIRECTORS

The FNQLHSSC is governed by a Board of Directors comprised of seven members, elected by the delegates of the Annual General Assembly. The Board of Directors exercises its authority and acts under powers conferred to it by the Charter and General By-laws, and may delegate certain of its powers to the executive management or the executive director, who is responsible for ensuring the achievement of objectives and day-to-day management of the organization.

The FNQLHSSC receives its orientations from its Board of Directors and delegates in general assembly. It also receives specific mandates from the Chiefs of the Assembly of First Nations Quebec-Labrador.

The Assembly of First Nations Quebec-Labrador (AFNQL) is the occasional meeting point for the Chiefs of the First Nations communities in Quebec and Labrador. It regularly holds Chiefs’ assemblies to receive its political mandates, agree on common positions, and make decisions.

The positions adopted by the AFNQL Chiefs are also presented and defended by the Chief of the AFNQL to the Assembly of First Nations at the national level, to the departments and agencies of the two levels of government, and other organizations, including non-governmental organizations.

The AFNQL Secretariat, which supports its Chiefs and is an important partner of the FNQLHSSC, provides political support to the FNQLHSSC in matters involving the various levels of government. As part of its activities, the FNQLHSSC maintains partnerships with other First Nations regional commissions and organizations.

Institutional Members and Other Affiliated Organizations

The FNQLHSSC offers personalized accompaniment while encouraging the development and implementation of local projects and initiatives. It supports the leadership and staff working in First Nations communities and organizations to increasingly assume powers over and responsibilities for health and social services that they wish to acquire.

Depending on the nature of the mandates entrusted to it, the FNQLHSSC also collaborates with other organizations. Its institutional members are First Nations addiction treatment centres, Quebec Native Women, and the Regroupement des centres d’amitié autochtones du Québec.

Affiliated organizations include the Institut Tshakapesh, the Cree Board of Health and Social Services of James Bay, the Nunavik Regional Board of Health and Social Services, hospitals, research chairs, community organizations, universities, and many others.

**FEDERAL AND PROVINCIAL DEPARTMENTS**

The FNQLHSSC maintains relationships with a number of federal and provincial government departments. Its main federal partners are the First Nations and Inuit Health Branch of Health Canada (Quebec Region), Indigenous and Northern Affairs Canada, and Employment and Social Development Canada.³

In Quebec, the Ministère de la Santé et des Services sociaux and its network is the FNQLHSSC’s main partner. Other departments and organizations in Quebec interact with the FNQLHSSC in accordance with its mandates, including the Ministère de la Famille,⁴ the Ministère du Travail, de l’Emploi et de la Solidarité sociale, the Secrétariat aux affaires autochtones, the Ministère de la Justice, and the Institut national de santé publique du Québec.

### III. Vision, mission and fundamental principles of management

**1. OUR VISION**

**2. OUR MISSION**

³The vision and mission must be ratified by the AFNQL Chiefs’ Assembly.

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³ First Nations and Inuit Child Care Initiative

⁴ Childcare services and Secrétariat aux aînés
3. OUR ORGANIZATIONAL VALUES

Values remain at the foundation of everything that happens in our workplace and contributes to forming the “enterprise culture.” The organizational values that guided the process of reflection that led to the development of the strategic plan are as follows:

- Respect;
- Collaboration;
- Defense of interests;
- Integrity;
- Culture.

4. OUR CORE MANAGEMENT PRINCIPLES

To fulfill its mission, the FNQLHSSC relies on affirming, respecting and implementing the fundamental principles that guide its day-to-day operations. These core principles represent the essential guarantors for the organization to play its full role and effectively carry out its mission:

i. **Rigorous internal governance**: responsibility and accountability at all levels of the organization;

ii. **Participatory management**: concerted decision-making between managers and executive management;

iii. **Multi-sectoral collaboration**: reciprocity and cooperation of employees in carrying out the mission;

iv. **Coherence**: actions aligned with strategic objectives;

v. **Communication**: free flow of information.

IV. The basis of our strategic objectives

Five priority focus areas have been identified and form the basis of the strategic objectives for 2017-2020.

1. THE PRIORITY FOCUS AREAS

Several issues and challenges were identified during the consultation sessions. As a result, the FNQLHSSC is committed over the next three years to supporting:

i. **Access to quality care and services**;

ii. **Governance in terms of the recognition of the rights and interests of First Nations**;

iii. **Capacity building**;

iv. **Healthy lifestyles**;

v. **Cultural awareness**.

These priority focus areas have been defined in response to the many elements emerging from the needs expressed, the results of the surveys carried out during the strategic planning process, the results of the First Nations Regional Health Survey (RHS), and the results of the recent First Nations Regional Early Childhood, Education and Employment Survey (REEES).
All of these elements justify the need to work collectively over the next three years to achieve common strategic goals in health, wellness, culture and self-determination.

Concretely, the priority focus areas come from the following observations:

i. **Access to quality care and services**

   Despite the progress noted, one of the challenges facing the health of First Nations is to improve access to health care for all First Nations in order to improve their quality of life.

   This focus area remains a priority for the simple reason that current findings confirm that many disparities persist for some First Nations, depending on their family income, socio-economic situation, place of residence and sometimes culture and language. These limitations must always be taken into account when defining any offer of services.

   For example, the results from the RHS\textsuperscript{5} indicate that, in 2008, 56.3% of First Nations adults reported benefitting from the same level of access to health services as the rest of the Canadian population, compared to 45% in 2002. Despite an improvement of more than 10%, much remains to be done, especially for the majority of First Nations living in isolated areas where access is minimal: 24.8% in 2002 et 21.5% in 2008 (RHS 2008, Chapter 18, *Health care access and services satisfaction*, p. 46).

   It is unacceptable that more than 40% of First Nations adults are still receiving health care and services below the national standards and applicable to the rest of the population. Actions need to be taken to remedy these disparities that have such a significant impact on populations’ survival and on their quality of life.

   In general, access to many health care services remains difficult due to economic and systemic barriers. It is in this context that efforts to improve access to primary health care in Canada were initiated by the federal and provincial governments in 2008. The FNQLHSSC will continue its support to *ensure access to quality care and services for First Nations*.

\textsuperscript{5} http://cssspnql.com/en/areas-of-intervention/research-sector/population-surveys/regional-health-survey
ii. Governance in the recognition of rights and interests of First Nations

A number of studies have drawn attention to the many challenges and limitations that continue to exist in the governance of the health care and social services delivery system. The current system of governance does not always grant First Nations their right to self-determination with respect to the strategic, organizational and operational choices regarding the health and social services to which they are entitled (Quebec First Nations Health and Social Services 2007-2017 Blueprint, 2008, p. 17).6

To remedy this situation and to try to meet the challenges encountered, a health and social services governance process7 was initiated. This process will be instrumental in developing a governance model by 2020 that reflects the reality, needs and culture of First Nations. This model will also be used to develop a decision-making process, with the support of the FNQLHSSC, whose mandate is to coordinate the process.

iii. Capacity development

The range of care and services provided by and for First Nations requires equitable access to specialized resources and a skilled workforce. To this end, the FNQLHSSC will work closely with First Nations communities and organizations, affiliated organizations and the two levels of government to build the capacity and skills of personnel working with First Nations. At the same time, college and university training programs will continue to be developed and offered to ensure a robust health and social services workforce, as well as recognizing and supporting the skills and capacities of already existing resources. Emphasis must be placed on mobilizing First Nations youth to promote their interest in health and social services occupations.

iv. Healthy lifestyles

Destination 2020 is the timeframe for the FNQLHSSC to implement new activities aimed at promoting healthy lifestyles through cultural based practices and activities.

In recent years, it has become clear from a variety of health reports that the health status of First Nations requires special attention, and needs more attention than before. During the consultation sessions, the need to raise the awareness of our populations was constantly being considered. It should be noted that the Quebec First Nations Health and Social Services 2007-2017 Blueprint addresses several of the social determinants in favor of healthy lifestyles and sets a target of reducing the prevalence of obesity among First Nations children by 50% (RHS 2008, Chapter 7, Food and physical activity, p. 97).

Healthy eating and the regular practice of physical activities and traditional activities are at the heart of a balanced and healthy life. The results of the 2008 RHS found that one in four adults live in a moderate or severe food insecurity situation, while it is the case for only 8.1% of Quebecers (RHS 2008, Chapter 7, Food and physical activity, p. 11).

In addition, the results concerning individuals’ body mass index, physical activity and inactivity reveal an emergency situation that requires the implementation of targeted

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preventive actions. Efforts must be stepped up so that healthy habits are an integral part of an individual’s lifestyle, regardless of socio-economic status, place of residence or age.

The FNQLHSSC will work towards the creation of new partnerships that will support mobilizing and effective strategies as well as the practice of cultural activities.

v. Cultural awareness

The programs offered to First Nations do not always reflect their needs, their realities, or their cultures. It has become essential to increase awareness among individuals and organizations that interact with First Nations.

In this sense, projects to raise awareness and affirm cultural values, knowledge and practices, as well as information sessions will be developed over the next three years in order to promote the diverse First Nations cultures as the foundation of health and wellness.

The FNQLHSSC will support First Nations who so desire in the recognition and promotion of their culture, the cornerstone of their self-determination.

2. THE KEY ELEMENTS THAT FORM THE BASIS OF OUR ORIENTATIONS FOR 2017-2020

First Nations in Quebec occupy a vast territory. Demographic growth will continue to influence the offer of services, which will have to adjust to the diverse needs of nations and cultures. The surveillance of health status and its determinants will need to be at the forefront so that all stakeholders can be actively involved in improving the health status of the entire population, including First Nations.

Progressive diseases are becoming more frequent, and it is necessary to look at the problem and its causes. It is important to have effective ways to reduce risk factors, while building on a concerted public health approach.

In order to better support First Nations in identifying annual priorities, the FNQLHSSC will take into account the following elements:

i. Demographic and population changes;

ii. Changes in First Nations health and social services needs;

iii. The changing profile of human resources;

iv. New technologies related to health and social services;

v. New approaches in the organization of services and accompaniment;

vi. Major trends related to information governance;

vii. Community priorities, as well as the priorities of external partners.
V. Our strategic objectives

In keeping with its mission, the FNQLHSSC will concentrate its efforts on the realization of five priority focus areas, which are broken down into fifteen strategic objectives. The resulting projects and initiatives will be determined annually, once they have been approved by the Board of Directors of the FNQLHSSC.

The strategic objectives will be the subject of a mid-term evaluation and the results will be measured using follow-up tables.

VI. The expected results

The expected results have been defined in response to the strategic objectives. Work towards achieving these results will take the form of projects and initiatives that will be distributed across the sectors of the FNQLHSSC. They will be monitored comprehensively and regularly, using pre-defined indicators. Adaptations in the organization of work within the FNQLHSSC will be made where necessary to ensure effectiveness and efficiency in the implementation and achievement of expected results by the end of the strategic plan.

VII. Implementation and monitoring mechanisms

Executive management is accountable to the Board of Directors regarding the implementation of the 2017-2020 Strategic Plan. It will also ensure the design and implementation of monitoring mechanisms and, where appropriate, undertake corrective actions.
### PRIORITY FOCUS AREAS

**Access to quality care and services**

"Ensure equitable access to quality care and services."

<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVES</th>
<th>EXPECTED RESULTS BY 2020</th>
<th>INDICATORS</th>
</tr>
</thead>
</table>
| 1.1 To develop key partnerships to help facilitate access to quality and culturally safe services and care. | • Partnerships will be created and collaborative agreements aiming to facilitate access to quality services will be signed and renewed. | • Number of new partnerships, accords, agreements and protocols signed.  
• Number of accords, agreements and protocols renewed. |
| 1.2 To accompany, offer technical support and advise First Nations communities and organizations. | • At least 90% of the clientele will state that they are satisfied with the accompaniment, the technical support, and the advisory services received from the FNQLHSSC.  
• Accompaniment initiatives, technical support and advisory services will be developed and provided to the staff of the First Nations communities and organizations. | • Satisfaction rate of the accompanied communities and organizations.  
• Number of accompaniment initiatives, technical support, and advisory services developed and provided. |
| 1.3 To encourage and support First Nations communities and organizations in their accreditation and quality assurance processes. | • Communities and organizations that wish to do so will begin their accreditation processes and will be supported in their endeavours.  
• Ongoing service quality improvement processes will be offered to interested communities and organizations.  
• Communities and organizations that wish to do so will be supported in their planning and evaluation processes. | • Number of communities and organizations that have begun and completed their accreditation processes.  
• Number of communities and organizations that have begun and completed their ongoing improvement processes.  
• Rate of satisfaction of the communities and organizations that are supported in their processes. |
| 1.4 To address and help resolve jurisdictional disputes and conflicts. | • Existing jurisdictional conflicts will be determined and resolved. | • Number of conflicts determined.  
• Number of conflicts resolved.  
• Number of conflicts for which a contribution was made by the FNQLHSSC.  
• Conflict resolution rate. |
# Self-Determination

## Priority Focus Areas

**Governance in the recognition of rights and interests of First Nations**

“First Nations control their health and well-being at the local and collective levels.”

<table>
<thead>
<tr>
<th>Strategic Objectives</th>
<th>Expected Results by 2020</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| 2.1 To pursue the health and social services governance process. | • The health and social services governance model and its implementation plan will be ready for adoption.  
• A decision-making process will be defined in collaboration with First Nations. | • Dissemination rate of the health and social services governance model.  
• An implementation plan for the governance model is available.  
• A decision-making process is defined and effective. |
| 2.2 To support the development of local governance in health and social services. | • Interested communities and organizations will be supported in their local health and social services governance process. | • Number of communities and organizations supported.  
• Rate of satisfaction of the communities and organizations that have received support from the FNQLHSSC.  
• Number of local governance projects developed with the support of the FNQLHSSC. |
| 2.3 To support First Nations communities and organizations in their health and social services planning. | • Interested communities and organizations will be supported in their health and social services planning processes.  
• The Quebec First Nations public health framework will be integrated into the local action plans. | • Number of communities and organizations supported by fields of intervention.  
• Rate of integration of the public health framework in local action plans.  
• Rate of satisfaction of the communities and organizations supported in their health and social services planning. |
## ACCOMPANIMENT

### PRIORITY FOCUS AREAS

**Capacity development**

"First Nations offer quality professional and community services and care in a cultural appropriate way."

<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVES</th>
<th>EXPECTED RESULTS BY 2020</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 To support the development of local, political and administrative leadership in health and social services.</td>
<td>• Local health and social services processes will receive support from the FNQLHSSC.</td>
<td>• Percentage of the local processes supported by the FNQLHSSC. • Number of communities and organizations supported in their local processes.</td>
</tr>
<tr>
<td>3.2 To support the development and reinforce the capacities and competencies using a strength and culturally based approach.</td>
<td>• Capacity-building and training activities taking into account strengths and cultural diversity will be developed and offered.</td>
<td>• Number of capacity-building and training activities developed. • Percentage of capacity-building and training activities provided. • Satisfaction index for those participating in the activities.</td>
</tr>
<tr>
<td>3.3 To promote and support access to infrastructure, equipment, and information technologies.</td>
<td>• Interested First Nations communities and organizations will have access to technological infrastructure, equipment and technologies enabling them to improve their service delivery and connectivity.</td>
<td>• Number of communities and organizations with access to new infrastructures, equipment and information technologies. • Percentage of improvement in the quality of infrastructure, equipment and information technologies.</td>
</tr>
<tr>
<td>3.4 To ensure continuous improvement of the FNQLHSSC’s organizational performance.</td>
<td>• The organization of the work will be optimized in order to continuously integrate the project management philosophy within the organization. • The Communities and Organizations Accompaniment Framework will be fully integrated within the organization. • All organizational data management processes will be standardized. • A comprehensive and integrated organizational risk and performance monitoring process will be consolidated. • A health and wellness policy at work will be implemented in order to optimize organizational performance and quality of life in the workplace.</td>
<td>• Regularly updated portfolio of organizational projects. • Rate of integration of the Communities and Organizations Accompaniment Framework. • Number of standardized processes. • Completion percentage of a performance improvement plan. • Percentage of wellness activities carried out. • Employee satisfaction rate.</td>
</tr>
</tbody>
</table>
**PRIORITY FOCUS AREAS**

**Healthy lifestyles**

“Promote healthy lifestyles through cultural based practices and activities.”

<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVES</th>
<th>EXPECTED RESULTS BY 2020</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>First Nations will have access to accurate and reliable data that will enable them to improve and better monitor their health and wellness. Data and reports on the health status of First Nations will be available for consultation.</td>
<td>A database on the health status of First Nations is accessible. Rate of consultation of the published data and reports. Number of published reports on the health status.</td>
</tr>
<tr>
<td>4.2</td>
<td>Information and awareness sessions on surveillance and control over health and wellness will be developed and offered to First Nations.</td>
<td>Rate of satisfaction of First Nations that have participated in the information sessions. Number of sessions developed and offered.</td>
</tr>
</tbody>
</table>
CULTURE AND IDENTITY

PRIORITY FOCUS AREAS

Cultural awareness

“To promote the diverse First Nations cultures as the foundation of health and wellness.”

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>5.1 To support First Nations in the affirmation and transfer of their cultural values, practices and knowledge.</td>
<td>• Methodologies focused on asserting and transferring cultural values, practices and knowledge will be developed and suggested to First Nations. • Projects aiming to assert the cultural values, practices and knowledge of First Nations will be supported and valued.</td>
<td>• Number of developed tools promoting the transmission of cultural values, practices and knowledge. • Number of supported and valued projects.</td>
</tr>
<tr>
<td>5.2 To raise awareness and inform stakeholders and partners about First Nations realities.</td>
<td>• Stakeholders and partners will participate in at least one information session and have access to awareness tools on the realities of First Nations.</td>
<td>• Number of awareness tools distributed. • Number of information sessions held. • Percentage of stakeholders and partners that received awareness tools. • Percentage of stakeholders and partners that participated in the information sessions. • Satisfaction index for stakeholders and partners that received awareness information.</td>
</tr>
</tbody>
</table>
VIII. Appendices

APPENDIX 1

Documents produced and used as part of the strategic planning process
1. Strategic planning process
2. Detailed plan - schedule
3. Communication plan
4. Terms of reference for the working committee
5. Table of meetings
6. Presentations
7. News releases and letters of invitation
8. Updates published in the Rising Sun newsletter

APPENDIX 2

Meetings, survey and questionnaires
1. Meetings of the working committee (3)
2. Meetings and updates presented to the Board of Directors of the FNQLHSSC (6)
3. Meetings with representatives of the First Nations Child and Family Services Regional Round Table (2)
4. Meetings with the Health Directors Network (3)
5. A survey of personnel working in First Nations communities and organizations in the following areas: health, social services, social development, early childhood, administration, and local leadership
6. Questionnaire completed by the members of the Board of Directors and management committee of the FNQLHSSC
7. Questionnaire completed by the employees of the FNQLHSSC
8. Meetings with the employees of the FNQLHSSC (2)