



First Nations
HEALTH MANAGERS

GESTIONNAIRES EN SANTÉ DES
Premières Nations



Competency Framework



FIRST NATIONS HEALTH MANAGERS COMPETENCY FRAMEWORK

The First Nations Health Managers Competency Framework has been developed by the First Nations Health Managers Advisory Committee. It describes the competencies, and competency indicators of a First Nations Health Manager in carrying out his/her work in order to assist First Nations Health Managers and their employers in better understanding the complexity of the work. The aim is to provide First Nations communities and organizations with a tool to help improve their awareness of the strengths and challenges of First Nations Health Managers and assist them to focus on developing other competencies in themselves, as well as being able to recognize these qualities in others.

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Vision

First Nations Health Managers are leaders who honour, maintain and uphold inherent ways of knowing while balancing management principles to bring excellence to their communities and health programs.

DEFINITION OF A FIRST NATIONS HEALTH MANAGER

A First Nations Health Manager is someone who works in a First Nation community or Tribal Council and has the responsibility for the management of health human resources, financial resources and health programs. They might also provide leadership and direction around resource planning, change management, and health and social program delivery, they may also be a manager of a community health facility, addictions treatment centre or health centre and health programs. Titles used to designate a First Nations Health Manager include CEO, Health Director, Health Coordinator, Health Manager, Health and Social Services Director and Executive Director. There are approximately 500 First Nations Health Managers in Canada.

OBJECTIVE

The objective of this work was to develop a framework that describes the competencies, skills and knowledge of a First Nations Health Manager in carrying out his/her work and to assist First Nations Health Managers and their employers in better understanding the complexity of the work. This draft framework was presented at the First Nations Health Managers Forum in January 2009, and the feedback from the Forum has been incorporated into this document. The aim is to provide First Nations communities and organizations with a tool to help improve their awareness of the strengths and challenges of First Nations Health Managers and assist them to focus on developing other competencies in themselves, as well as being able to recognize these qualities in others.

HISTORY OF THE FIRST NATIONS HEALTH MANAGERS COMPETENCY PROJECT

The need for a First Nations Health Managers competency framework was identified by the Assembly of First Nations (AFN) and the First Nations and Inuit Health Branch (FNIHB). The AFN and FNIHB jointly decided to establish a First Nations Health Managers Advisory Committee in 2006. The First Nations Health Managers Advisory Committee was comprised of 14 First Nations Health Managers representing all regions. Members were identified by First Nations and Inuit Health (FNIH) regional offices and the National First Nations Health Technicians Network.

In 2007 a situational analysis and needs assessment was conducted by the First Nations Centre of the National Aboriginal Health Organization (NAHO) to gain a greater understanding of the role, experiences and learning needs of First Nations Health Managers across Canada. Based on this research, draft competency domains were developed and presented to over 300 First Nations Health Managers at a First Nations Health Managers Forum in March 2008 for feedback and review.

Based on the positive feedback from First Nations Health Managers, and their support for further development of the competency framework, the First Nations Health Managers Advisory Committee identified the requirement to further define the domains, describe the competencies within each domain and identify how the skills and knowledge of each competency would be demonstrated by a First Nations Health Manager. A literature review of a number of health



and other domain leadership competencies, including those within a First Nations context, was first completed to inform the framework development (see references). At the same time the File Hills Qu'Appelle Tribal Council (FHQTC) was completing the development of a competency framework for Health Managers within their Tribal Council, in preparation for the development of in-depth training. The draft First Nations Health Managers Framework was then presented at the First Nations Health Managers Forum to over 800 participants in January 2009. The feedback gathered at the Forum was incorporated into this final document. Thus, this framework was developed using a variety of sources, but most importantly through the experiences shared by First Nations Health Managers themselves.

The First Nations Health Managers Advisory Committee feels this framework is the first step in a long road leading to recognition of the pivotal role of the First Nations Health Manager in the First Nations health system.

How can this framework be used?

The framework has a number of uses:

- » It clearly outlines the complexity of the role of a First Nations Health Manager and will provide employers and funders with a better appreciation of the scope of work;
- » It provides First Nations communities with a valuable tool to help improve their ability to retain and/or recruit First Nations Health Managers;
- » It can be used by individual First Nations Health Managers to assess their own knowledge and abilities and identify areas that they would like to further enhance through formal or informal training;
- » It can be used by educational institutions or a First Nations Health Manager association or network to potentially look at curriculum development that further supports the needs of our communities by having trained leaders.

It is important to note that the framework is not mandatory, that it will not be used to judge the merits of a particular health manager. It is a tool for your use. These competencies are standards of excellence for First Nations Health Managers to strive towards.

Timeline of the First Nations Health Managers Project



Cultural Awareness is at the centre of the wheel as it is an integral part of each component.



Introduction to the First Nations Health Managers Competency Framework

This framework begins to describe competencies of First Nations Health Managers – including skills, abilities, behaviors, attitudes, and knowledge. First Nations Health Managers have many competencies. This tool will increase our awareness of our own strengths and challenges and assist us to focus on developing other competencies in ourselves, as well as being able to recognize these qualities in others. These competencies are standards of excellence.

A competency is an observable and/or measurable knowledge, skill or behaviour that contributes to successful job performance. Competencies are intended to provide a clear picture of the types of behaviours required in a particular job in order to support successful performance within an organization.

DOMAINS

Following the results of the needs assessment and situational analysis, key domains were identified and validated during the initial First Nations Health Managers Forum in March 2008. The National First Nations Health Managers Advisory Committee defined 10 domains under which competencies would be identified and described. ***The domains provide the broad areas that are considered most important in the role of a First Nations Health Manager.***

The Ten Domains:

- » Leadership and Governance
- » Professionalism
- » Advocacy, Partnerships and Relationships
- » Human Resources Management
- » Financial Management and Accountability
- » Health Services Delivery
- » Quality Improvement and Assurance
- » Planning
- » Communication
- » Cultural Awareness

The domains are listed in the order in which they appear within the wheel.

Within each domain, there are **Core Competencies** that will further describe key skills, abilities, behaviors, attitudes and knowledge.

These core competencies will be demonstrated across **Competency Indicators** and are described through technical, interpersonal, and analytical perspectives. These **Competency Indicators** demonstrate and describe the behaviors and abilities of success, provide examples of effective management and leadership, and connect the domain to the competency through the various 'lens' of management.

The Ten Domains

1 LEADERSHIP AND GOVERNANCE

Within this domain, a First Nations Health Manager is a leader who focuses on leadership and governance competencies that build capacity to improve performance and enhance the quality of the working environment. They enable organizations and communities to create, communicate and apply shared visions, missions and values.

Core Competencies

The First Nations Health Manager demonstrates:

- 1a) Knowledge and abilities in leadership based on values and a shared vision in planning and implementing programs and policies.
- 1b) Knowledge and abilities to facilitate and employ a team approach within the community-based organization.
- 1c) The ability to build capacity within the organization and the community.
- 1d) The ability to guide and manage change, consistent with the vision and values of the organization.

Competency Indicators

- 1. Applies the mission and priorities of the organization into regular practice.
- 2. Facilitates others to establish a common vision, goals and outcomes, and develops strategies to achieve them.
- 3. Establishes goals, deliverables, time lines and budgets.
- 4. Demonstrates trust-building communication with team members.
- 5. Resolves conflict in the organization using interest-based conflict resolution and mediation techniques.
- 6. Motivates and inspires staff to achieve work potential.
- 7. Uses group decision-making methods to promote teamwork.
- 8. Conducts quality reviews of team projects and guides the team through them.
- 9. Implements and sustains positive change.
- 10. Leads staff through stressful or unusual situations and maintains positive morale.
- 11. Empowers staff to undertake their own problem-solving and organizational improvements.
- 12. Develops and maintains organizational performance standards.
- 13. Obtains constructive feedback from and provides feedback to the team.
- 14. Builds constructive and supportive networks and relationships.
- 15. Maintains awareness of new information related to job.
- 16. Gathers and analyses client feedback to inform organizational development.
- 17. Shares knowledge, tools and expertise to contribute to capacity building.
- 18. Utilizes negotiation skills in health care delivery.



2 PROFESSIONALISM

Within this domain, a First Nations Health Manager is a leader who lives and embraces the Seven Teachings of trust, respect, honour, honesty, humility, courage and truth with competence and integrity.

Core Competencies

The First Nations Health Manager demonstrates:

- 2a) Knowledge and awareness of self and others to perpetuate the Seven Teachings in the work place.
- 2b) The ability to stay current on, and incorporate new health services and management information to ensure quality services are provided to the community.
- 2c) The ability to ensure community health programs and services are founded on a code of ethics.

Competency Indicators

- 1. Identifies, acknowledges and analyses own emotional responses to the histories and contemporary environments of First Nations peoples and offers opinions respectfully.
- 2. Engages in dialogue and relationship building with First Nations peoples to improve health through increased awareness and insights of First Nations cultures, and health practices.
- 3. Develops and applies codes of conduct and ethics in the workplace.
- 4. Describes examples of ways to respectfully engage with and give back to First Nations communities.
- 5. Acknowledges and analyses the limitations of one's own knowledge and perspectives, and incorporates new ways of seeing, valuing and understanding with regard to First Nations health practice.
- 6. Provides an orientation of the health programs to new leaders and community members when needed.



3 ADVOCACY, PARTNERSHIPS AND RELATIONSHIPS

Within this domain, a First Nations Health Manager is a leader that advocates, fosters and nurtures partnerships and strengthens and sustains relationships to improve the health of our communities.

Core Competencies

The First Nations Health Manager demonstrates:

- 3a) Knowledge and abilities to collaborate with both health care professionals and para-professionals in the provision of effective First Nations health care delivery.
- 3b) Knowledge and abilities to use skills to create and sustain partnerships.
- 3c) Knowledge and abilities to advocate for healthy public policy and services that promote, protect and enhance the health and well-being of individuals and communities.
- 3d) Knowledge and ability to appropriately motivate and mobilize individuals, community, and partners.

Competency Indicators

- 1. Identifies and builds effective partnerships with a variety of First Nations, non-governmental and governmental agencies to achieve mutual benefits in addressing health issues.
- 2. Utilizes a variety of public relations and communications skills such as presentations, negotiation, mediation, and collaboration to achieve organizational goals.
- 3. Integrates community-approved traditional health practices and resource people in addition to other health professionals.
- 4. Demonstrates an understanding of the inter-jurisdictional relationships in health service delivery.
- 5. Recognizes and participates on selected committees that can improve community-based health services.
- 6. Advocates for healthy public policies and services that promote and protect the health and well-being of individuals and communities.
- 7. Recognizes the political supports available and knows when to utilize them.
- 8. Advocates for positions in facilities, like hospitals, that can liaise and share cultural aspects with hospital staff, Aboriginal patient navigators and portfolio holders.



4 HUMAN RESOURCES MANAGEMENT

Within this domain, a First Nations Health Manager is a leader who is able to effectively recruit and retain qualified staff that help to meet the needs of the community.

Core Competencies

The First Nations Health Manager demonstrates:

- 4a) The ability to assess human resource needs of the community-based health organization.
- 4b) The ability to strategize and create human resource management plans.
- 4c) The ability to recruit and select qualified employees.
- 4d) The ability to train and supervise staff and boards to achieve organizational goals.
- 4e) Knowledge and abilities to mentor and coach his or her staff to promote professional development.

Competency Indicators

- 1. Establishes a communication and feedback system that keeps everyone informed while maintaining confidentiality where appropriate.
- 2. Organizes and divides workload and tasks.
- 3. Develops human resource management plans.
- 4. Maintains awareness of Canada Labour Code, human rights and privacy legislation, and scopes of practice.
- 5. Develops, updates and enforces personnel policies and procedures.
- 6. Allocates time and financial resources to training and development opportunities for self and employees.
- 7. Provides guidance and coaches employees to achieve or surpass performance standards.
- 8. Facilitates staff to participate in decision-making.
- 9. Conducts performance appraisals of staff at least annually.
- 10. Applies disciplinary procedures for staff infractions as needed.
- 11. Develops an organizational wellness plan.
- 12. Encourages First Nations people to seek health careers.
- 13. Ensures orientation to the organization and its partners.



5 FINANCIAL MANAGEMENT AND ACCOUNTABILITY

Within this domain, a First Nations Health Manager is a leader who is able to demonstrate competence in financial management and ensure accountability to the community, Chief and Council and/or Health Committee/Board and funders.

Core Competencies

The First Nations Health Manager demonstrates:

- 5a) Knowledge and abilities in following and implementing Generally Accepted Accounting Principles.
- 5b) Knowledge and abilities to ensure efficient and effective financial management of health programs and services.
- 5c) Knowledge and abilities in planning, reporting and decision-making in a transparent manner in alignment with organizational objectives to relevant stakeholders.

Competency Indicators

- 1. Develops budgets using a structured budget preparation process.
- 2. Identifies who should be involved in budget development.
- 3. Demonstrates understanding of funding arrangements and categories.
- 4. Adheres to expenditure limitations for each program funding component received from the government and other sources.
- 5. Monitors financial statements and compares to budget.
- 6. Takes appropriate action to deal with unexpected variances so budget is balanced at year end.
- 7. Understands and uses the income statements, balance sheets and changes in financial position statements for decision-making and future planning.
- 8. Develops and implements procedures to record transactions.
- 9. Maintains awareness of the accounting system used by the community.
- 10. Monitors and manages contracts.
- 11. Communicates budget monitoring information and can defend rationale for budget items to interested parties and the governing authority.
- 12. Compares budget and actual expenditures and makes the required program adjustments.

6 HEALTH SERVICES DELIVERY

Within this domain, a First Nations Health Manager is a leader in understanding the components of health services, responding to community health concerns and planning for emerging health needs.

Core Competencies

The First Nations Health Manager demonstrates:

- 6a) Knowledge and abilities to assess current health topics of concern (or areas) using a First Nations 'determinants of health' approach.
- 6b) Knowledge and abilities to use evidence and research to influence health policies and programs on a local, regional and national level.
- 6c) Knowledge and abilities to apply leading concepts relating to First Nations health care delivery.
- 6d) Knowledge and abilities to recognise, value and incorporate First Nations perspectives in health services development and delivery.
- 6e) Knowledge and abilities to actively participate in the developing, implementing and evaluating of responses to health emergencies.

Competency Indicators

- 1. Demonstrates knowledge about the history, structure and interaction of health care services at local, provincial/territorial and national levels.
- 2. Applies the components and concepts of primary care and public health.
- 3. Incorporates communicable disease control, surveillance, and risk management approaches related to health service delivery.
- 4. Demonstrates knowledge about the history, structure and interaction of public health and health care services at local, provincial/territorial, national, and international levels.
- 5. Plans strategically to achieve improved population health based on relevant social determinants of health and knowledge of concepts such as health status of populations, inequities in health, health promotion and protection, and disease and injury prevention.
- 6. Uses research to inform health policies and programs; while recognizing the strengths and limitations of available data used as key indicators of Canadian First Nations health.
- 7. Coordinates and prepares a Community Health Plan based on community needs, priorities and core program activities.
- 8. Engages First Nations populations as partners to identify and acquire information on health issues and needs; incorporating concepts of community development and ownership.
- 9. Identifies and utilizes First Nations community support structures in health care provision.
- 10. Incorporates into organizational policies and applies relevant provincial, federal and First Nation legislation relating to privacy and access to information, health, and the environment.
- 11. Creates or participates in multi-disciplinary teams delivering health services.
- 12. Informs clients of the health programs available and reasons for provision or non-provision.
- 13. Describes successful approaches that have been implemented to improve the health of First Nations peoples, locally, regionally or nationally.
- 14. Understands the factors that influence the delivery and use of health services utilized by First Nations.



7 QUALITY IMPROVEMENT AND ASSURANCE

Within this domain, a First Nations Health Manager is a leader who is able to integrate ongoing quality improvement and assurance as a foundation.

Core Competencies

The First Nations Health Manager demonstrates:

- 7a) Knowledge and abilities of the key elements and processes of continuous quality improvement.
- 7b) Knowledge and abilities to identify, manage and/or mitigate risks.
- 7c) Knowledge and abilities in the application of relevant provincial, federal and First Nation legislation and its impact on programming and services.

Competency Indicators

- 1. Implements quality improvement processes within and between programs.
- 2. Guides the team through quality reviews.
- 3. Identifies risks to program success and develops plans to mitigate.
- 4. Assigns roles and responsibilities for staff and contractors based on assessments of their strengths and limitations.
- 5. Ensures each program has processes in place for consent for care; including adults, children, and vulnerable community members.
- 6. Describes quality improvement and assurance plans to clients, staff, partners and the community.
- 7. Creates and implements policies and processes that promote client safety.
- 8. Communicates to client and their families their rights, responsibilities and roles.
- 9. Receives client complaints, coordinates the follow up investigation, and responds appropriately according to policy.
- 10. Strives for excellence in the delivery of health programs and services.
- 11. Fosters and employs a healthy work environment.



8 PLANNING

Within this domain, a First Nations Health Manager takes a leadership role in planning, implementing and evaluating policies and programs based on evidence and relevance to community health needs and plans. This includes ongoing operational and strategic planning.

Core Competencies

The First Nations Health Manager demonstrates:

- 8a) Knowledge and abilities in strategic and operational planning.
- 8b) Knowledge and abilities to gather, analyze and apply research principles and information.
- 8c) Knowledge and abilities in program development, implementation and evaluation, maximizing available resources and based on plans.

Competency Indicators

- 1. Develops processes for long and shorter term organizational and community health planning.
- 2. Undertakes community assessments and asset mapping.
- 3. Incorporates and integrates key components of strategic planning such as vision and mission statement development, SWOT analysis, issue identification, strategy development, implementation and innovation.
- 4. Develops desired outcomes or goals and performance indicators.
- 5. Facilitates strategic, operational and program planning with staff.
- 6. Links individual workplans and staff performance to strategic plans.
- 7. Involves staff and relevant community members in strategic planning process.
- 8. Develops and implements strategic and operational plans.
- 9. Communicates the plan and its progress to relevant stakeholders, including the community.
- 10. Collects, analyzes and applies information including data, concepts and theories.
- 11. Makes evidence-based decisions.
- 12. Prepares reports that align with plans.
- 13. Conducts program and plan reviews and makes recommendations for policy and program development; and updates/revises strategic plan as necessary.

9 COMMUNICATION

Within this domain, a First Nations Health Manager is a leader who is able to effectively exchange ideas, opinions and information with different audiences.

Core Competencies

The First Nations Health Manager demonstrates:

- 9a) Knowledge and abilities to perform a range of communications activities with individuals, families, groups, communities, staff, colleagues, and internal and external programs and organizations.
- 9b) Knowledge and abilities to implement a communications strategy within their community.
- 9c) Knowledge and abilities to work with computers and necessary software applications and reporting systems to manage, monitor and report on their program data.

Competency Indicators

- 1. Selects appropriate methods for communication topics and audiences.
- 2. Prepares and makes presentations to Health Committee, Board and/or Chief and Council and organizations internal to and outside of the community.
- 3. Initiates working relationships and communicates with organizations within and outside of the community that can support and complement the health organization.
- 4. Facilitates meetings and information sharing activities.
- 5. Listens and addresses concerns and issues expressed by the staff, community members and other key stakeholders (document if required).
- 6. Translates complex health care issues to community members in the language appropriate to the First Nation community.
- 7. Maintains confidentiality and privacy principles where appropriate as it relates to communications, data entry and storage, and records/document management.
- 8. Prepares communication documents and chooses an appropriate medium.
- 9. Writes concise, well organized reports for stakeholders (program, annual, funders).
- 10. Develops and enforces appropriate information storage and management systems and policies.
- 11. Keeps current on technological tools.



10 CULTURAL AWARENESS

Within this domain, a First Nations Health Manager is a leader who recognizes the value of knowing traditional and cultural teachings which includes honouring ancestral knowledge and incorporating inherent ways of knowing to improve health.

Core Competencies

The First Nations Health Manager demonstrates:

- 10a) Knowledge and abilities as they understand the traditional and community role of decision-making – at the individual, family, and community levels.
- 10b) Knowledge and abilities to understand the limitations of one's own knowledge and accepts and incorporates new ways of respecting and understanding with regard to First Nations health practice.
- 10c) Knowledge and understanding in interacting with First Nations health care workers and communities by applying the Seven Teachings of trust, respect, honour, honesty, humility, courage and truth.
- 10d) The ability to ensure that culture is an integral part of health care.

Competency Indicators

- 1. Utilizes understanding of community and family histories and decision-making to respectfully engage in health planning and providing health services.
- 2. Incorporates traditional approaches and protocols as instructed by community (i.e. Elder and traditional healer involvement).
- 3. Ensures cultural safety for patients and families is applied in policy and practice.
- 4. Establishes a positive therapeutic relationship with First Nations patients and their families, characterized by understanding, trust, respect, honesty and empathy.
- 5. Identifies the centrality of communication in the provision of culturally-safe care, and engages in culturally-safe communication with First Nations patients, families and communities.
- 6. Addresses population diversity when planning, implementing, adapting and evaluating First Nations health programs and policies.
- 7. Applies and respects culturally-relevant and appropriate approaches with people from diverse cultural, socio-economic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.
- 8. Knows the protocols with respect to approaching the Chief and Elders.
- 9. Knows the protocol for healing processes and related activities.
- 10. Describes types of First Nations healers/traditional medicine people and health care professionals working in local First Nations communities and how they are viewed in the community.
- 11. Demonstrates how to appropriately enquire whether a First Nations patient is taking traditional herbs or medicines to treat his or her ailment and how to integrate that knowledge into his or her care.

Appendix A

GLOSSARY

Advocacy: Interventions such as speaking, writing or acting in favour of a particular issue or cause, policy or group of people.

Code of ethics: A set of standards, rules, guidelines and values that govern and guide ethical decisions and behaviours in an organization.

Collaboration: A recognized relationship among different sectors of groups, which have been formed to take action on an issue in a way that is more effective or sustainable than might be achieved by a single health sector acting alone.

Culturally relevant: Recognizing, understanding and applying attitudes and practices that are sensitive to and appropriate for people with diverse cultural socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

Competency Indicator: Indicators provide examples of how competencies can be demonstrated.

Determinants of health: Definable entities that cause, are associated with, or induce health outcomes.

Diversity: The demographic characteristic of populations attributable to perceptible ethnic, linguistic, cultural, visible or social variation among groups of individuals in the general population.

Ethics: The branch of philosophy dealing with distinctions between right and wrong, and with the moral consequences of human actions.

Evaluation: Efforts aimed at determining as systematically and objectively as possible the effectiveness and impact of health-related (and other) activities in relation to objectives, taking into account the resources that have been used.

Evidence: Information such as analyzed data, public research findings, results of evaluations, prior experience, expert opinions any or all of which may be used to reach conclusions on which decisions are based.

Governance: The process whereby societies or organizations make important decisions, determine whom they involve and how they render account.

Health planning: A set of practices and procedures that are intended to enhance the efficiency and effectiveness of health services and to improve health outcomes. This important activity of all health departments commonly includes short term, medium-term, and long-range planning. Important considerations are resource allocation, priority setting, distribution of staff and physical facilities, planning for emergencies and ways to cope with extremes of demand and unforeseen contingencies, and preparation of budgets for future fiscal periods with a feasible time horizon, often 5 years ahead, sometimes as far ahead as 10 or even 15 years.

Health policy: A course or principle of action adopted or proposed by a government, political party, organization, or individual; the written or unwritten aims, objectives, targets, strategy, tactics, and plans that guide the actions of a government or an organization.



Health program: A description or plan of action for an event or sequence of actions or events over a period that may be short or prolonged. More formally, an outline of the way a system or service will function, with specifics such as roles and responsibilities, expected expenditures, outcomes, etc. A health program is generally long term and often multifaceted, whereas, a health project is a short-term and usually narrowly focused activity.

Health promotion: The process of enabling people to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing social, environmental, political and economic conditions so as to alleviate their impact on public and individual health. The Ottawa Charter for Health Promotion (1986) describes five key strategies for health promotion: build healthy public policy; create supportive environments; strengthen community action; develop personal skills; and re-orient health services. (A public health system core function.)

Health protection: A term to describe important activities of public health—in food hygiene, water purification, environmental sanitation, drug safety and other activities—that eliminate as far as possible the risk of adverse consequences to health attributable to environmental hazards. (A public health system core function.)

Human resource plans: Strategy for matching the size and skills of the workforce to organizational needs. Human resource planning assists organizations to recruit, retain, and optimize the deployment of the personnel needed to meet business objectives and to respond to changes in the external environment.

Information: Facts, ideas, concepts and data that have been recorded, analyzed, and organized in a way that facilitates interpretation and subsequent action.

Investigation: A systematic, thorough and formal process of inquiry or examination used to gather facts and information in order to understand, define and resolve a public health issue.

Leadership: In the field of health, leadership relates to the ability of an individual to influence, motivate, and enable others to contribute toward the effectiveness and success of their community and/or the organization in which they work. It involves inspiring people to craft and achieve a vision and goals. Leaders provide mentoring, coaching and recognition. They encourage empowerment, allowing other leaders to emerge.

Management plan: Management plan usually includes objectives, goals, standards and guidelines, management actions, and monitoring plans.

Operational planning: Describes short-term ways of achieving milestones and explains how, or what portion of, a strategic plan will be put into operation during a given operational period.

Partnerships: Collaboration between individuals, groups, organizations, governments or sectors for the purpose of joint action to achieve a common goal. The concept of partnership implies that there is an informal understanding or a more formal agreement (possibly legally binding) among the parties regarding roles and responsibilities, as well as the nature of the goal and how it will be pursued.

Population health assessment: Population health assessment entails understanding the health of populations and the factors that underlie health and health risks. This is frequently manifested through community health profiles and health status reports that inform priority setting and program planning, delivery and evaluation. Assessment includes consideration of physical, biological, behavioural, social, cultural, economic and other factors that affect health. The health of the population, or a specified subset of the population, can be measured by health status indicators such as life expectancy and hospital admission rates. (A public health system core function.)

Primary care: Primary care includes assessment, diagnosis, and treatment of common illnesses generally provided by family physicians and nurses and may include lay health personnel.

Public health: An organized activity of society to promote, protect, improve, and when necessary, restore the health of individuals, specified groups, or the entire population. It is a combination of sciences, skills, and values that function through collective societal activities and involve programs, services, and institutions aimed at protecting and improving the health of all people. The term “public health” can describe a concept, a social institution, a set of scientific and professional disciplines and technologies, and a form of practice. It is a way of thinking, a set of disciplines, an institution of society, and a manner of practice. It has an increasing number and variety of specialized domains and demands of its practitioners an increasing array of skills and expertise.

Seven Teachings: Trust, respect, honour, honesty, humility, courage and truth.

Strategic planning: An organization’s process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy, including its capital and people.

Surveillance: Systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to all who need to know which health problems require action in their community. Surveillance is a central feature of epidemiological practice, where it is used to control disease. Information that is used for surveillance comes from many sources, including reported cases of communicable diseases, hospital admissions, laboratory reports, cancer registries, population surveys, reports of absence from school or work, and reported causes of death (A public health system core function).

Wellness plan: Providing a safe and supportive environment for the organization and its employee’s health.



Appendix B

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Notes



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