

First People Thriving Health Systems[©]

Achieving healthy and thriving First People.



For
First People

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First People Thriving Health Systems^{© 1} Achieving healthy and thriving First People.²

In our lives as First People, if we survive birth, only two things are sure about our health. We are born. We die. Everything else varies from person to person and over a person’s lifetime.³

Better than our current “health system”, a First People Thriving Health System gives First People our best chance to be healthy and experience well-being throughout our lifetime.⁴ Our having a Thriving Health System, owned by us, for our community ensures we are healthier people in a healthier community. (Figure 1. First People Thriving Health Systems.)



First People Thriving Health Systems

Vision – Healthy and thriving First People.

Mission - Achieve high health and thriving status for all First People persons and our communities.

Strategy - Develop First People thriving health systems everywhere that are person and community-centered. That are self-perpetuating, affordable, accessible, “e” enabled, person-centered, prevention-oriented, and providing high quality health support. That produce high health and thriving outcomes and status.

Figure 1. First People Thriving Health Systems.

¹ In **HealthPeople® – Achieving Healthy People, Communities, Countries and World**, the author also lays out the vision and strategy for achieving healthy people. He also lays out the rationale for and design of ideal health systems that can help achieve that vision. In this piece, First People Thriving Health Systems are ideal health systems for First People as envisioned in the **HealthPeople®** book. This piece was prepared by the author to support First People everywhere.

² “First People” are those people who were the first people to live in a geographic area. Sometimes, they are referred to as native or indigenous people. For example, in the United States, they may be referred to as Native Americans.

³ If First People should decide to build and sustain a First People Thriving Health System, it must be theirs. They must own it. Here, “our” and similar phrases refer to “First People.”

⁴ Thriving Health Systems are comprehensive health systems that can be of almost any size and for any type of community. Community includes legal communities (e.g., village, town, city, county, State, nation), geographic areas (e.g., regions), groups (e.g. racial/ethnic groups, affinity groups), and world.

A First People Thriving Health System[®] has persons and their communities at the center. At the center is the person and the person's Primary Health Support surrounded by all needed and wanted Health Support. It adjusts when locations, time, person, and community change. It takes into account all of personal and community characteristics and all of health and well-being. It understands personal and community environment and its impact on health and well-being. It understands and uses the full range of health and thriving support to improve and sustain health and well-being. It connects all of these, with information and other support, into a fully integrated and supportive system for persons and communities. (Figure 2. First People Thriving Health Systems Ensure Healthier People)

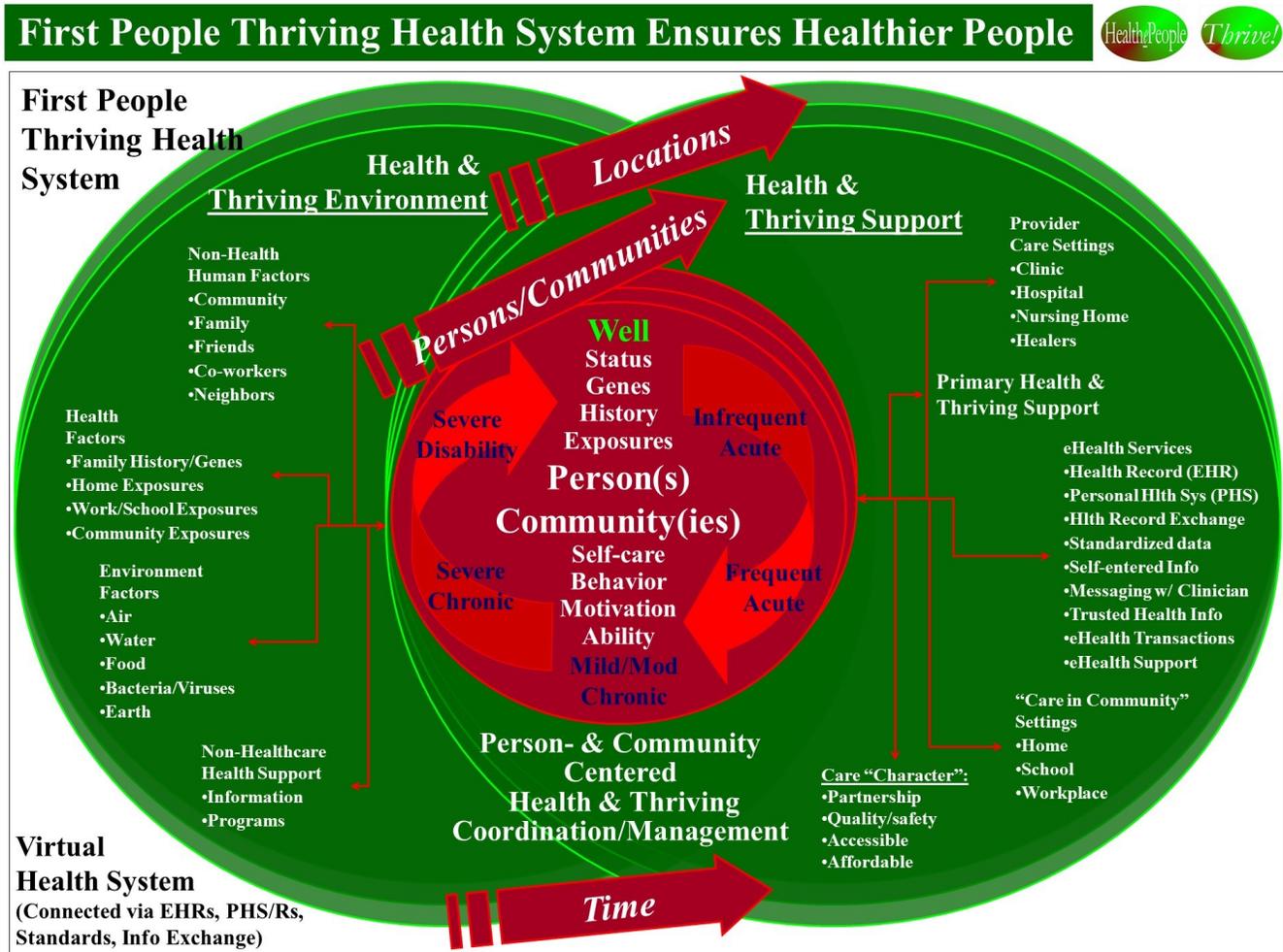


Figure 2. First People Thriving Health Systems Ensure Healthier First People.

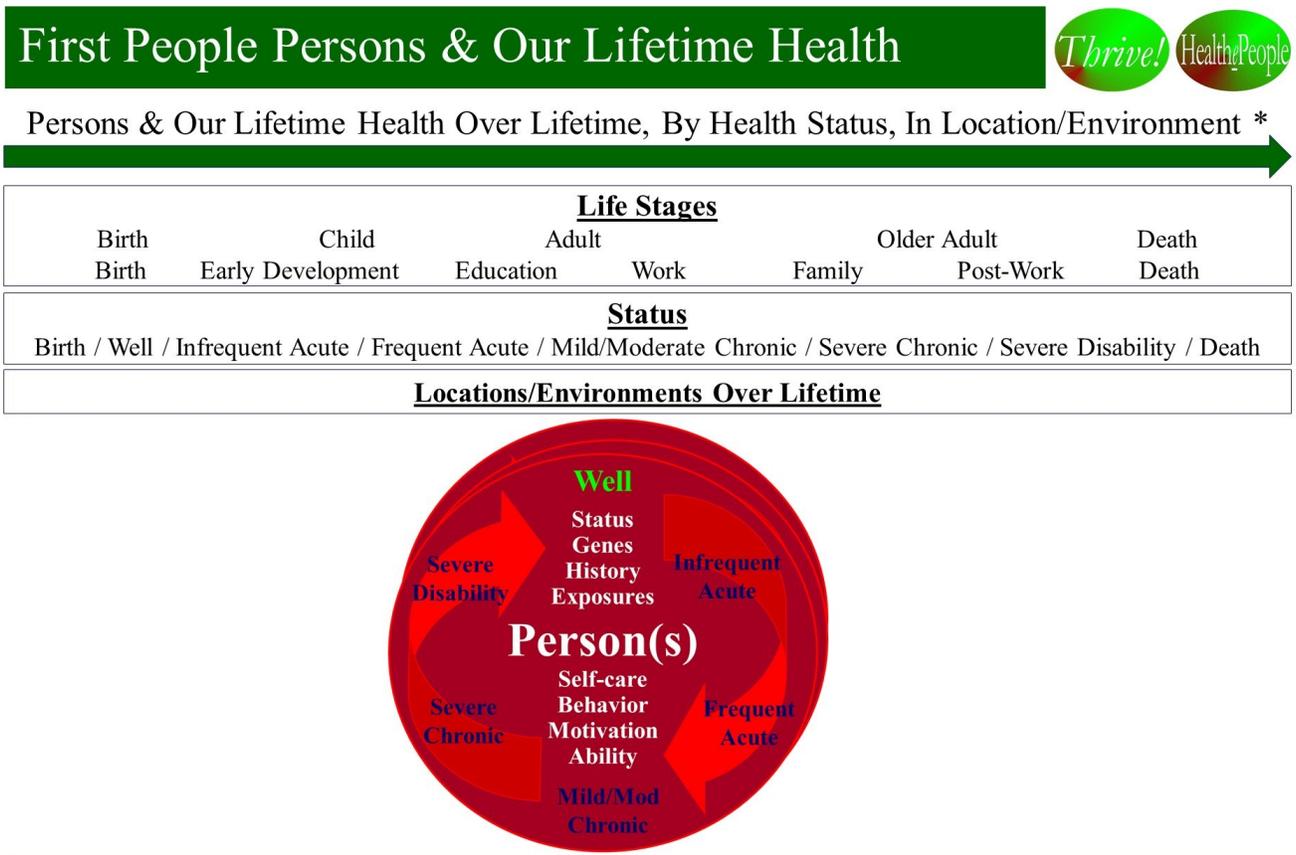
First People want to be as well as possible over our lifetime.

We First People are born. If we live long enough, we are a child, an adult, and an older adult. Then we die. Over our lifetime and depending on how long we live, we may go through early development, may learn, may work, may expand our family, and may have post-work time. Then we die.

If we are fortunate, we live through all of these until we die a quick and painless death. If we are truly fortunate, we are well through all of these. Very few of us will be that fortunate under the current health system.

During our lives after we are born, we may be well, have infrequent acute illness and/or injury, have frequent illness and/or injury, have mild, moderate and/or severe chronic illness, and/or have mild, moderate and/or severe disability. Then we die.

We should want to be well for as much of our lives as possible. We should do everything reasonable and possible to be well. While we may be able and willing to do much by ourselves, we will be more successful with a truly good health partner (a Primary Health Support (PHS)) with all needed and wanted Health Support in a truly good health system (a First People Thriving Health System (THS)). (Figure 3. Persons & Their Lifetime Health)



* Note:
 Over lifetime, life stages may overlap. E.g., education at same time as work. E.g., post-work may still include work with or without some pay.
 Over lifetime and at any time, person may have multiple statuses. E.g., illness or injury while having disability. E.g., frequent acute with severe chronic.
 Over lifetime, locations and environment may change. Environment may change within a location.

Figure 3. First People Persons & Our Lifetime Health.

First People are more likely to be well in a First People Thriving Health System[®].

The U.S. Institute of Medicine (IOM) [now the National Academy of Medicine] provides a way of viewing a health system’s performance through our eyes. What we want from a health system is that we are “staying healthy”, “getting better”, “living with illness or disability” and/or “coping with the end of life.” Taking this one more positive step via a First People Thriving Health System, we are “staying healthy”, “getting much better and faster”, “living as well as possible with illness or disability” and/or “coping as well as possible with the end of life.” Some of us may experience more than one of these at the same time. IOM’s quality reports have six aims for a high performing health system. They stress it should be safe, effective, person/patient-centered, timely, efficient, and equitable.

Utilizing their guidance, a First People Thriving Health System should perform well from the person’s perspective and achieve the IOM aims. As depicted in the attached table, a Thriving Health System would “check all the boxes.” (Figure 4. U.S. Institute of Medicine Six Aims & Person’s Perspective on Health) As suggested earlier, a First People Thriving Health System can, should and will do much better.

Institute of Medicine Six Aims & Person & Community’s Perspective on Health & Thriving



Supportive of IOM principles and aims, Thrive! supports persons/patients, communities and their health professionals/providers, and the rest of the health support system in continuing to innovate and find better ways to achieve health and thriving.

Person & Community’s Perspective on Health & LT Care Needs	Aims for Health & LT Care Performance/Quality					
	Safe	Effective	Person/Patient-centered	Timely	Efficient	Equitable
Staying healthy	+	+	+	+	+	+
Getting better	+	+	+	+	+	+
Living as well as possible with illness or disability	+	+	+	+	+	+
Coping as well as possible with the end of life	+	+	+	+	+	+

Figure 4. U.S. Institute of Medicine Six Aims & Person’s Perspective on Health.

To get to the health support we truly want and need, we need a Thriving Health System that has us and our Primary Health Support at the center. Together as health partners from birth to death, we access whatever other health support is needed to help us stay healthy, helps us get much better faster when ill or injured, helps us live as well as possible with illness or disability and helps us cope as well as possible with the end of life.

Do we have to abandon our current health systems (to the extent they are functioning systems today and tomorrow) or can we transform what we have into Thriving Health Systems? Depending on the “health” of a particular current health system for a particular First People community, we may abandon it or we can transform it. Most of the elements exist in our current health systems. But they are often insufficient, ineffective, not preventative, not well organized, not well connected and not communicating well.

The first step is to put in place the Primary Health Supports and connect them to us and the rest of Health Support. We need to organize the existing Health Support elements so they better provide and coordinate health support. We need to improve and increase Health Support where it is insufficient and/or insufficiently effective. We need to improve and increase our preventative support. We need a lifetime electronic health record that tracks and appropriately shares both our interactions with health systems and our own personal health-related behaviors and conditions. We need our Primary Health Support to appropriately share our health information accurately with whom we want when we want and how we want.

First People are more likely to be well with a Primary Health Support (PHS) partner in a First People Thriving Health System[©].

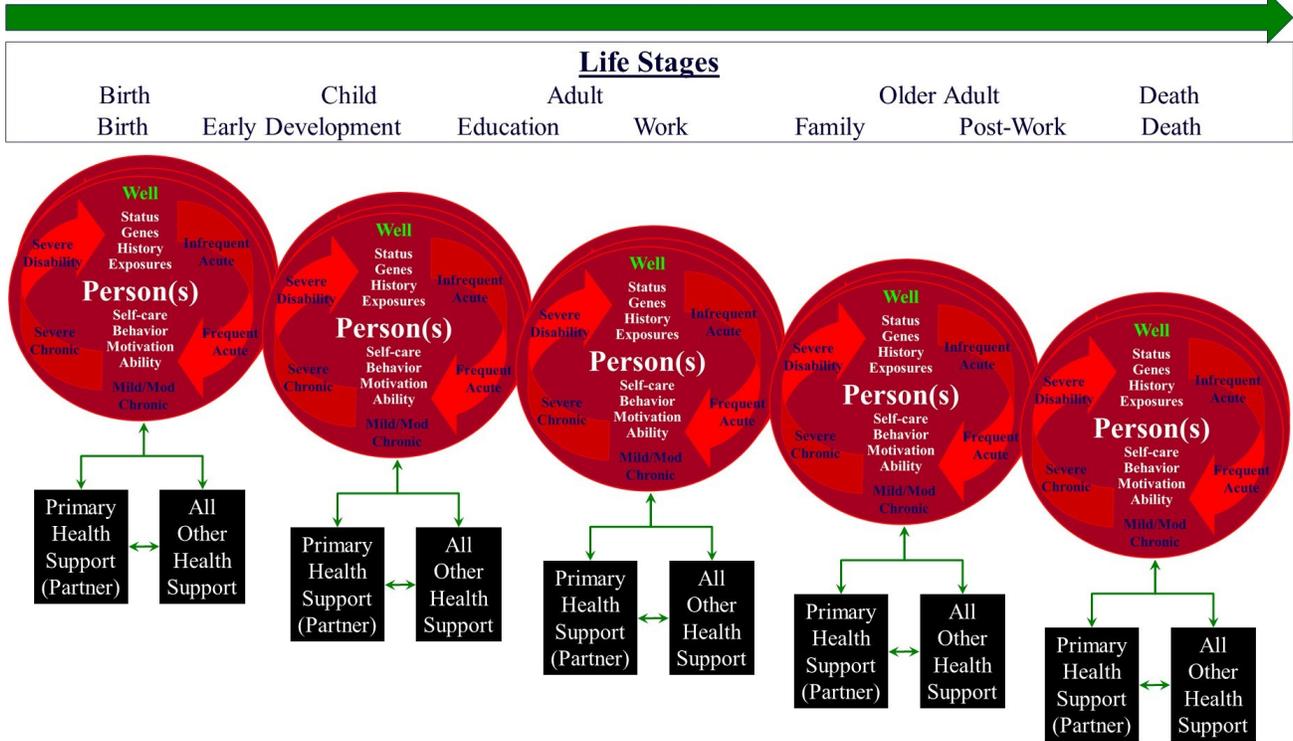
While much of being well can be done by ourselves as First People, we are more likely to be well if we have an effective Primary Health Support as a partner. A partner who brings more knowledge than we have and who supports our efforts to be well. This partner will often be an individual primary care physician but may be a small team by adding a Nurse Practitioner or Physician Assistant or other health support. It may include a Care Coordinator (often a nurse or social worker) who partners with the person and PHS. A Care Coordinator can be especially helpful when a person is experiencing multiple health issues. It may also be a person, such as a First People healer, with enough knowledge and skills to be this supportive partner.

Our PHS partner knows us, knows our key health factors, know our health-related behaviors, know our living and work environment, and provides continuity of care over as much of our lifetime as possible. Our PHS partner helps us stay healthy, helps us get better faster when we are ill or injured, helps us live with illness or disability, and helps us cope with the end of life. (Figure 5. Persons & Their Health Support)

First People Persons & Our Health Support



Persons & Our Lifetime Health Support & Health Over Lifetime



Note: Over lifetime, life stages may overlap. E.g., education at same time as work. E.g., post-work may still include work with or without some pay.

Figure 5. First People Persons & Our Health Support.

First People are more likely to be well by using all needed Health Support partners in a First People Thriving Health System[©].

To address the full range of health conditions we may face in our lives, our Primary Health Support and we both need other Health Support as partners. We need partners to help successfully address health conditions such as an acute illness or injury, a chronic illness and/or a disability. Each of these health conditions often require additional skills and knowledge. Maybe a specialist or subspecialist. Maybe rehabilitation people. Maybe a therapist of one kind or another. Maybe home or community care people. Maybe a pharmacist. Maybe a surgeon. Maybe a pathologist. Maybe a palliative or hospice care team.

Outside of traditional health care, others will have the skills and knowledge to be partners and help address health conditions. This includes family and friends, non-health people (e.g. social services and financial assistance), spiritual healers, public health, personal assistants (e.g. for people with disabilities), school health, and occupational health. We as First People have our people who bring long traditions of healing and the best parts of how we live and have lived to play an important role in getting and keeping us healthy.

Depending on our need, any of these people may have an important role in keeping us healthy, helping us get better faster, helping us live with illness or disability, and/or helping cope with the end of life.

First People having “Health Support” is more and better than just having “traditional health and medical care”.

To keep ourselves as First People healthy, traditional health and medical care are not enough. Traditional health and medical care have a very important role to play, but we need more and better support. Full Health Support is more complete and is the full range of people and services that can help us be as healthy as possible. This includes the partners described above. It importantly includes First People healers and cultural support. It also includes electronic health support (e.g. internet information, apps and devices, messaging, our personal health record) and non-prescription devices, sensors, supplements and treatments. A First People Thriving Health System has the types of health support of the current system plus all other important health support.

At the center of a Thriving Health System is the person or persons and their Primary Health Support. Together, they access whatever health support is wanted or needed. Traditional health support services may include other primary health care, specialty health care, subspecialty health care, inpatient health care, mental health care, home health care, and short- and long-term nursing home care. When needed for a severe or terminal illness, health support may also include hospice and palliative care. When a person has a disability, health support may include personal assistance or home care. Unique and important for First People is the traditional healer. When a person has multiple health-related issues, a Care Coordinator is especially important. This is most but not all of the health support that is wanted, needed and should be provided. (Figure 6. First People Thriving Health Systems – Person and Primary and Other Health Support.)

First People Thriving Health System – Person & Health Support

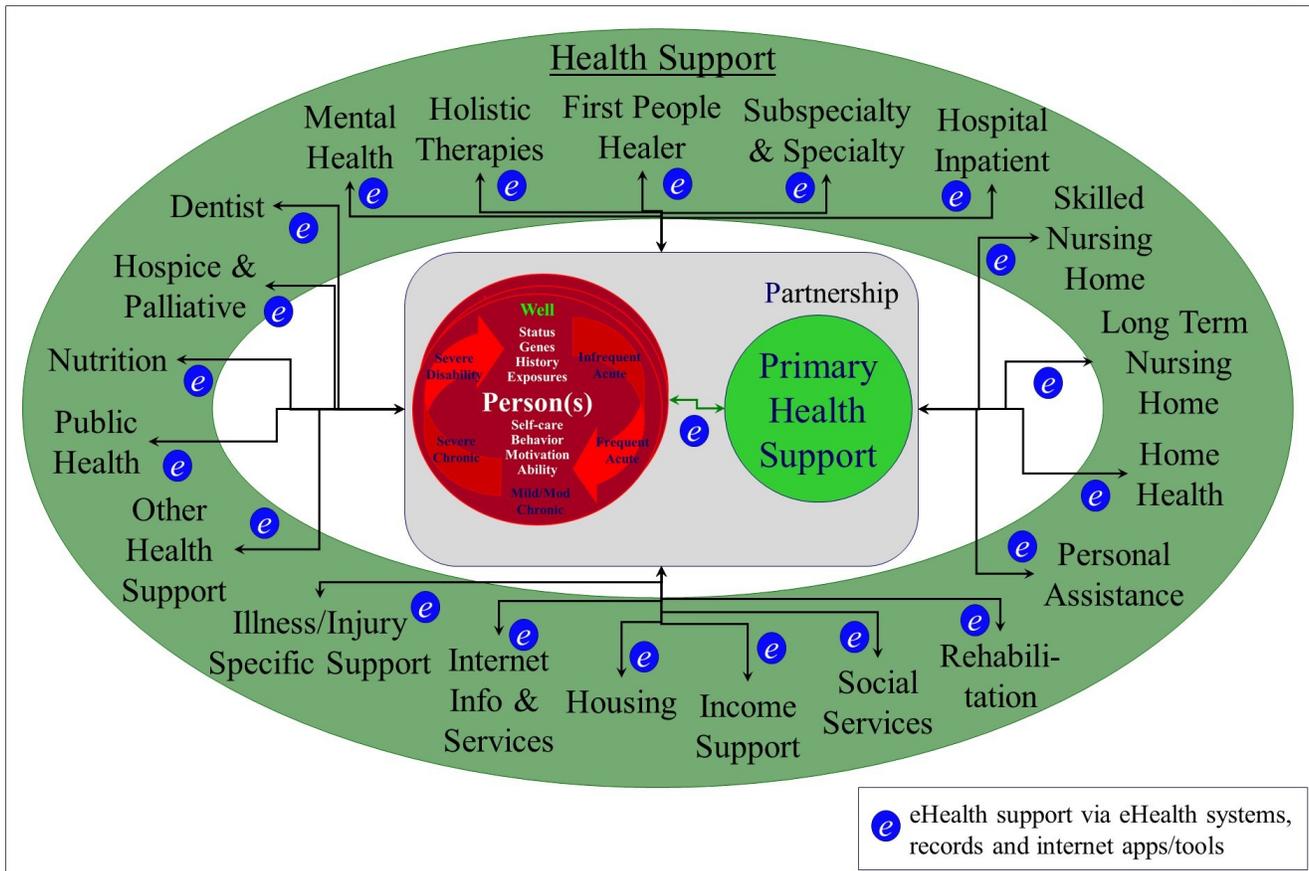


Figure 6. First People Thriving Health System – Person and Primary and Other Health Support.

There are many other types of health support that are part of a First People Thriving Health System. Public health, both for an individual person and for a community’s persons, provides a number of health support functions. Private health organizations, often organized around a specific illness or injury, provide education and other health support functions. Prevention of illness and injury support may come from any of these. There is health support focused on addressing addiction. There are many other therapy services, including acupuncture, music, massage, art and dance. There is health support using acupuncture. There is health information that is provided through understanding a person’s history, family history, environmental history, work history and genetic makeup.

Very importantly, there is health support provided by First People healers and other First People health and well-being support. There is the First People spiritual and cultural support. There is the First People community support. This unique health and well-being support is key to a First People Thriving Health System.

In a Thriving Health System, health support is whatever support the person wants and needs that will improve or maintain health or will help a person with a disability or a terminal illness or injury. The PHS partners with the person to make best use of any or all available health support.

Together in a First People Thriving Health System, all of this health support best supports the person and her/his PHS as they partner to help the person stay healthy, get better faster, live as well as possible with illness or disability, and cope as well as possible with the end of life.

How is a First People Thriving Health System[®] best organized to help First People?

A First People Thriving Health System for a First People community may provide health support via a fully integrated health system (single organization with Primary Health Support at the center) and/or partially integrated health systems (well-connected multiple organizations with one or more Primary Health Support at one or more centers). They both can support a person and her/his PHS and other Health Support. (Figure 7. First People Thriving Health Systems - Person & Community Centered Organizations.)

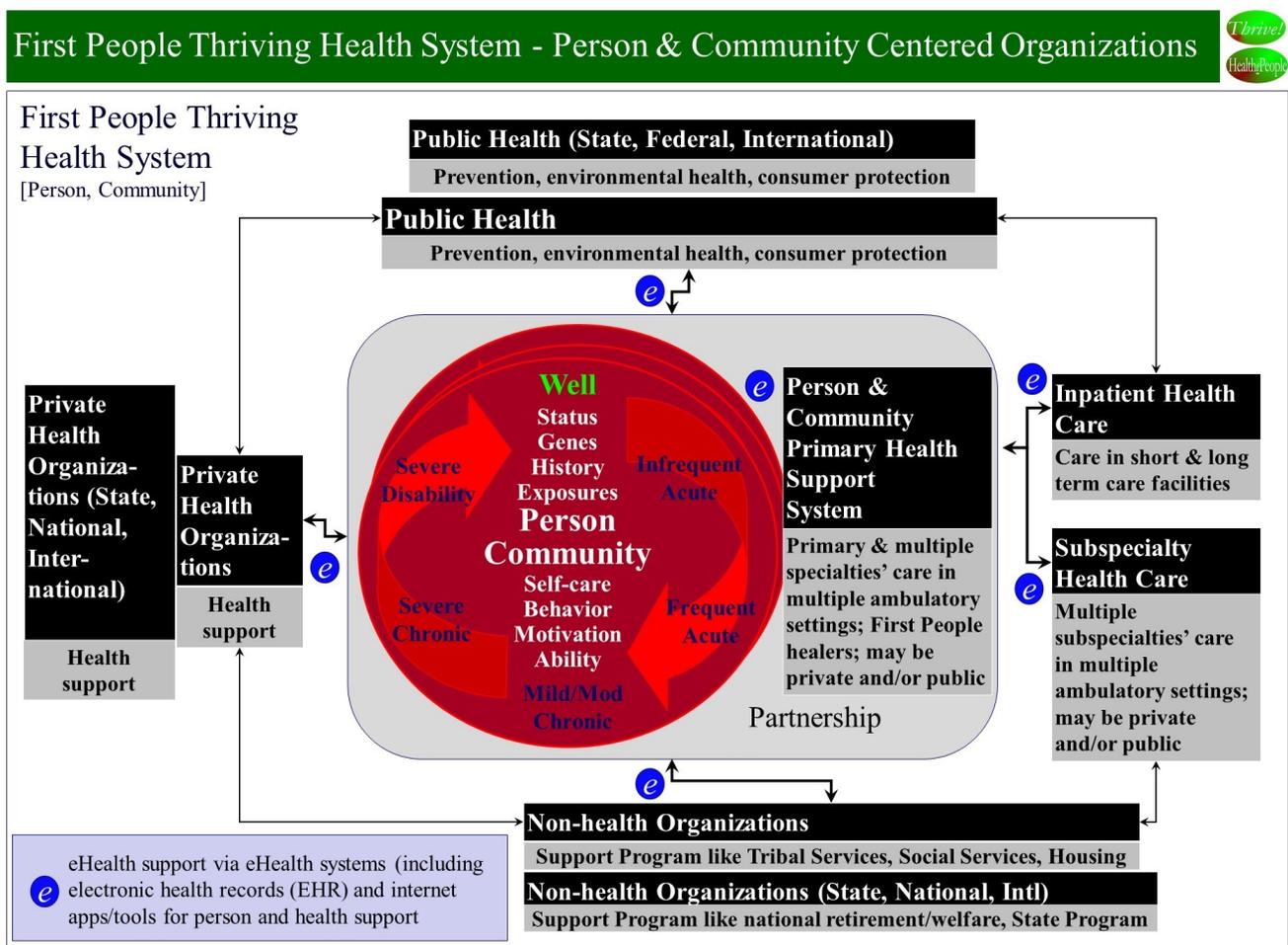


Figure 7. First People Thriving Health Systems - Person & Community Centered Organizations.

Public and private health organizations provide health support that is key to maintaining and improving health. Together, they should include PHS and health support, including specialty and subspecialty care,

hospital inpatient, skilled nursing home, long term nursing home, home health, personal assistance, rehabilitation, illness/injury specific support, public health, nutrition, hospice, palliative, holistic therapies, dentist and mental health. Some employers provide health support in- and/or outside of the workplace. Some schools provide health support.

Public and private non-health organizations provide support that is key to maintaining and improving health. Together, they can and should include social service, food, housing, income support, personal security, education, and emotional support.

First People communities, especially through strong tribal communities, will be in the best position to determine what support, including traditional healers, is most important to health and well-being and to ensure that support, depending their available resources, is provided.

Connecting all of this health support and supporting the person and the Primary Health Support are electronic health records systems (EHR) that can be shared when needed, appropriate and authorized. EHR's must be able to exchange health information in a standardized way that supports effective decision-making on health support for the person and her/his PHS.

How does a First People Thriving Health System[©] support a person and a community?

A First People Thriving Health System supports a person or persons from beginning to end. Prior to birth, we, via our family, are partnered with a primary Health Support. Starting with our birth and through childhood, we have a PHS partner who may be a) a specialist like a Pediatrician or a non-physician PHS specializing in children, b) a generalist such as a Family Physician, or c) or a non-physician PHS including a First People healer. The PHS partners with us as individuals or with us and our family and helps us access all other Health Support. As children and as we grow, we take an increasing part in our own health. The more the better.

When we become an adult, we may change our specialist PHS partner to a Primary Care physician (e.g., Internal Medicine, Obstetrician/Gynecologist, Family Physician) or we may keep or change our generalist PHS or we may keep or change our First People healer. Our respective roles are similar. But as an adult and to the extent we can, we take on a stronger role in our own health. The more the better. If we have a family, we and our family may partner with a PHS as a family unit.

In our later years when any children have moved on to their own lives and we may experience more illness or disabling conditions, we may change our specialist PHS or generalist PHS or First People healer to one who has more skills and knowledge with chronic and/or disabling health conditions. If we do not, we and our PHS will need to access the Health Support that can best help us manage a chronic or disabling condition. To the extent we are able, we should take a strong role in our health. The more the better.

If we have a terminal illness or are just nearing the end of our lives as part of normal aging, our PHS may be one who can best help us with coping with the end of life. We should live this part of our lives as independently and with as much dignity and quality of life as possible. The more the better.

At any point in our lives, we may experience a major chronic or disabling health condition that requires us to partner with a PHS with that skill and knowledge.

At any point in our lives, we may experience multiple health issues at the same time. This is when a Care Coordinator plays a central role.

In a Thriving Health System, all wanted and needed health support are physically accessible. This is particularly challenging in rural areas but more doable today with telehealth and internet resources. Special provisions are made for people with physical or cognitive limitations.

Even if all this health support is available, interconnected and accessible, financial access must be ensured. Health support must be affordable for all payers, including the person. Today, this is through private insurance, public insurance, charity and self-pay. There are other and possibly better ways a Thriving Health System can ensure financial access. For First People, ensuring financial access may be particularly challenging. In a Thriving Health System, no person fails to receive wanted and needed health support due to financial limitations or inability.

What will First People health and lives be like in a First People Thriving Health System[®]?

Starting with our birth and through childhood, we and our families and our Primary Health Support focus on how to be healthier in the way we live our daily lives. Eat and drink healthier. Exercise better. Avoid or minimize environmental risks. Get vaccinations. Get age-appropriate health exams. Treat illnesses and injuries early and well. Track our personal health. Use effective Health Support partners. Use spiritual, emotional and cultural support. Partner with family and friends. Take responsibility for our and our family's health and for our community's health. Together, these actions help us prevent illness and injury, be healthier and experience more well-being.

When we become an adult, we take more responsibility for our own health and well-being. But we still do so in partnership with our PHS. We may add a Care Coordinator to the team. We continue to eat and drink healthier. Exercise better. Avoid or minimize environmental risks. Get vaccinations. Get age-appropriate health exams. Treat illnesses and injuries early and well. Use spiritual, emotional and cultural support. Partner with family and friends. Track our personal health. Learn more about our specific health risks from family history, genetic make-up, environmental risks and how we live our lives. Together, these actions help us prevent illness and injury, help us deal with illnesses and injuries earlier and better, and help us be healthier.

In our later years when any children have moved on to their own lives and we may experience more illness or disabling conditions, we continue with our PHS and with what we have been doing throughout our adulthood. But now we may be experiencing even more illnesses, more disabling conditions, more of these at the same time and more severe versions of these. We may add a Care Coordinator to the team. We use spiritual, emotional and cultural support. Partner with family and friends. Together, we and our PHS help us prevent illness and injury, help us deal with illnesses and injuries earlier and better, help us reduce the severity of these, help us better deal with simultaneous illnesses and injuries, help us better cope with a chronic or disabling condition, help us better deal with simultaneous treatments (e.g. multiple drugs), and help us be healthier.

If we have a terminal illness or are just nearing the end of our lives as part of normal aging, our PHS may be one who can best help us with coping with the end of life. We may add a Care Coordinator to the team. We still try to be as healthy as we can be given that we are nearing the end. Managing pain better. Prioritizing what health interventions are done or not done. Addressing spiritual and emotional issues better for ourselves and our family and friends. Making sure we have our final arrangements in order. Handling the end of our lives as we want and with dignity.

Across and throughout our lives, we effectively use effective Health Support partners. We take responsibility for our and our family’s health and for our community’s health.

We want our health and well-being “status” to be healthy and thriving. (Figure 8. Healthy & Thriving Status – Move Worst to Best.)

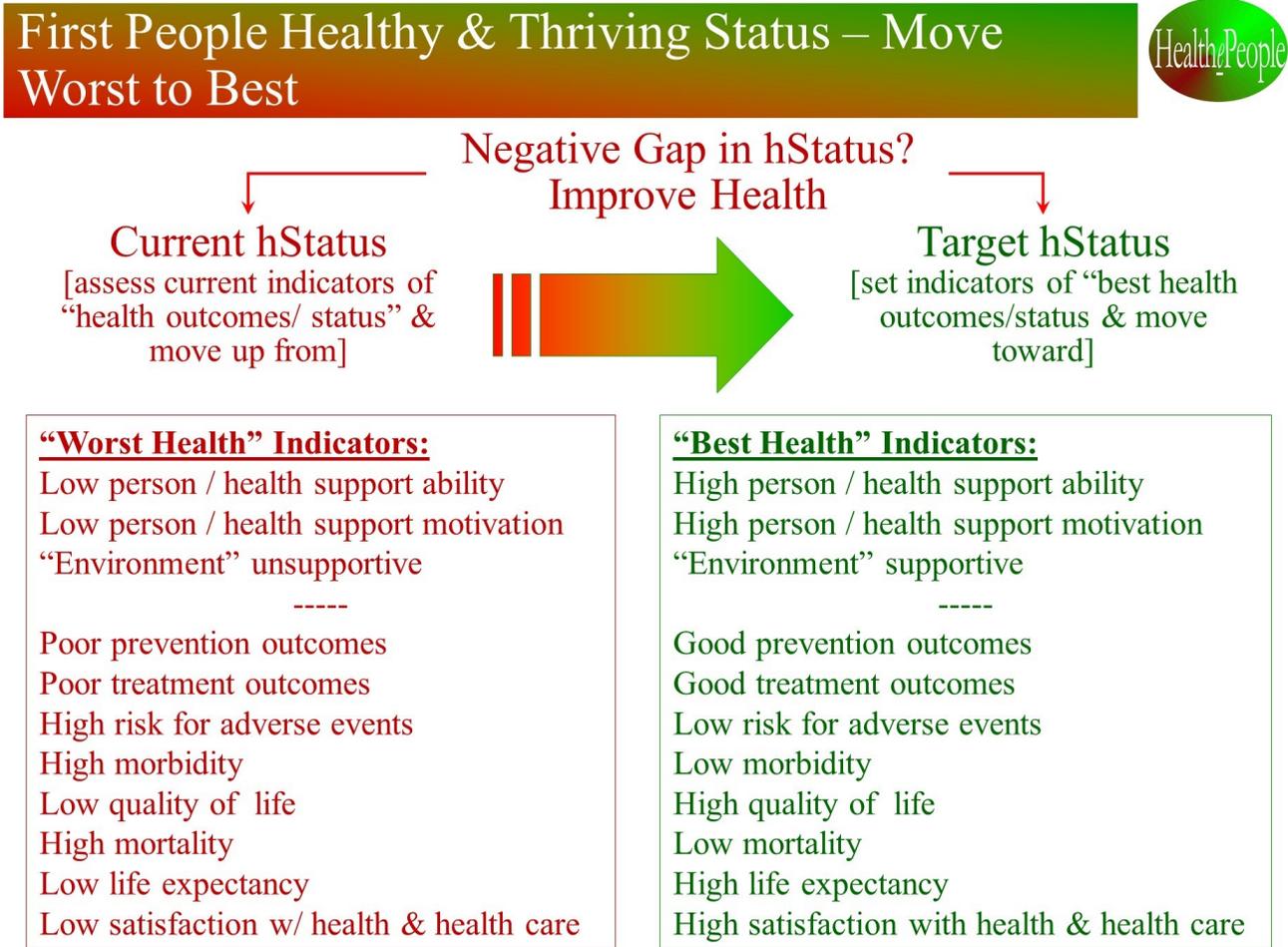


Figure 8. First People Healthy & Thriving Status – Move Worst to Best.

It is worst when we experience low person / health support ability, low person / health support motivation, “environment” unsupportive, poor prevention outcomes, poor treatment outcomes, high risk for adverse events, high morbidity, low quality of life, high mortality, low life expectancy, and low satisfaction w/ health & health care.

It is best when we experience high person / health support ability, high person / health support motivation, “environment” supportive, good prevention outcomes, good treatment outcomes, low risk for adverse events, low morbidity, high quality of life, low mortality, high life expectancy, and high satisfaction with health & health care.

We need to move each element of our “health” and “well-being” from being worst to being best. Move to best outcomes and status. Move to healthy and thriving. We best do that in a First People Thriving Health System.

First People having First People Thriving Health Systems can and should achieve healthy and thriving people and communities for all First People everywhere.

First People Thriving Health Systems have a vision and strategy to achieve that vision of healthy and thriving people and communities for all everywhere. (Figure 9. First People Thriving Health Systems – Vision & Strategy). The vision is that we are the most healthy and thriving that we can be.

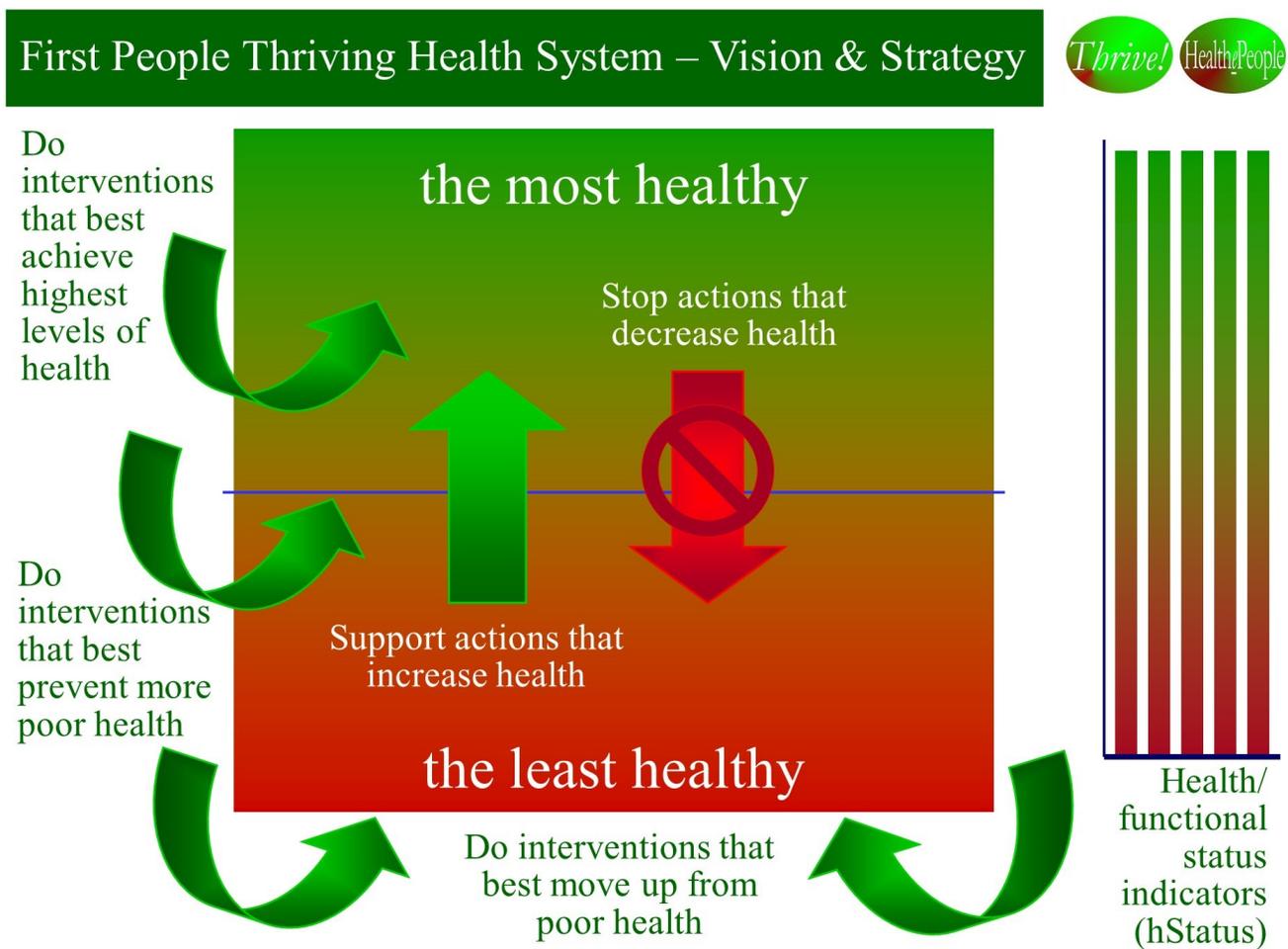


Figure 9. First People Thriving Health System – Vision & Strategy.

The strategy is for us to be as healthy and thriving as we can be by doing the following:

- Stop actions that decrease health and well-being.
- Support actions that increase health and well-being.

- Do interventions that best achieve the highest levels of health and well-being.
- Do interventions that best prevent more poor health and less well-being.
- Do interventions that best move up from poor health and less well-being.

This is the Health_ePeople[®] vision for First People Thriving Health Systems and the communities they support.⁵ As First People and First People communities, we should proceed toward the vision of achieving healthy and thriving First People and First People communities everywhere.

We do this via a strategy of First People Thriving Health Systems for all First People everywhere. First People Thriving Health Systems are self-perpetuating, very affordable, easily accessible, “e” enabled, person-centered, prevention-oriented, high quality and are producing high health and well-being outcomes and status. Such Thriving Health Systems, partly physical and partly virtual and put into place by collaborative private and public partnerships, will greatly improve accessibility, quality and affordability for all First People everywhere.

We can and should build and sustain First People Thriving Health Systems for all First People everywhere. We can and should achieve substantially healthier First People and First People communities. All First People everywhere deserve and should expect nothing less.

⁵ Health_ePeople - We have begun a challenging journey toward achieving healthy and thriving people, communities and world. Thrive! is the overall vision, mission and strategy for thriving. [More at www.ThriveEndeavor.org] Health_ePeople is the vision, mission and strategy for health and well-being. To achieve healthy people and a healthy and thriving future, “Health_ePeople - Building a Healthy and Thriving Future” offers an integrated strategy for people, our communities and our world. [More at www.HealthePeople.com]