

Working It Out Together

*Pikangikum First Nation's
Vision for a Strong Community*



“Building a collaborative environment: bridging disciplines of public health and planning”.

CHPA Ottawa: May 1, 2019

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www.beringia.ca



*"It is really great seeing lots of people coming and trying to change and to stop this sadness"
(Community session 3)*

"We are all of one mind – we can help heal together" (Elders session, May 2012)

"When we talk about one mind, the circle in the middle is what I am thinking about, this is where the truth is, where it will take us far" (Elders session, April 2013)

*"We need change in our community in a positive way"
(Community Session 1)*

Working It Out Together

*Pikangikum First Nation's
Vision for a Strong Community*



- Planning Context & Opportunity
- Planning Structure & Approach
- Results
- Success Factors
- Planner Reflections



Planning Context

- Pikangikum First Nation
- Sioux Lookout Region
- Anishinaabe Population:

2,600 members

Rapidly growing (2.4%/year)

Most on-reserve (95%)

Young (75% under 35)

Almost 100% Ojibway fluency



Planning Context

- The Anishinaabe people of Pikangikum have lived off the land since time immemorial
- Intimate connection to their land and language
- Long history of reclaiming local governance over health and community development
- Government intervention since the 1950's dramatically impacted the Anishinaabe way of life



Planning Context

- In 1996, Elder's gave a mandate to develop the White Forest Initiative – *Keeping Our Land* (economic renewal, forestry)
- Foundation process for ancestral stewardship and reclaiming local governance
- Community has worked tirelessly to address core challenges, including programming for maternal health, early childhood development, services for acute and chronic health care needs, and supports for suicide prevention and addictions counselling

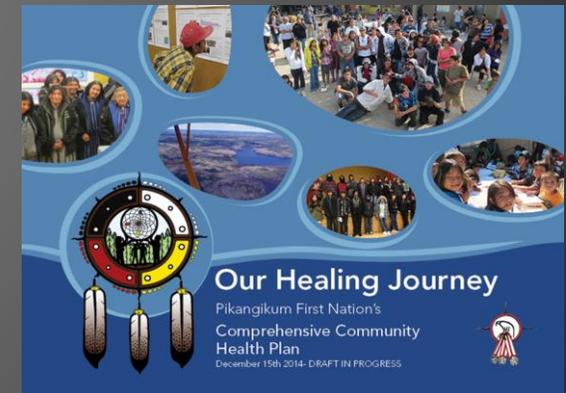
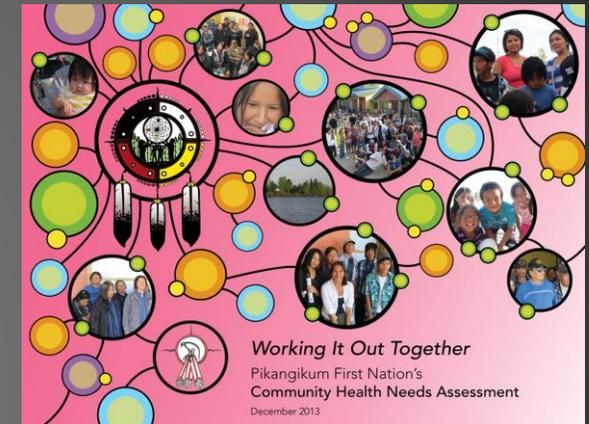
Planning Context

- Including access to healthy food, social, educational and recreational facilities, adequate housing, clean water and reliable and affordable energy
- Despite significant strides in planning for the future, the community struggles with suicide, addiction and mental health



Planning Opportunity

- A series of Youth suicides prompted a Ontario Coroner's Inquest (2010)
- Recommended that Pikangikum address its complex circumstances under its own terms and conditions (undertake needs assessment and health planning process)
- No previous community-based health plan



Planning Opportunity

- Multi-partnership funding agreement for 2 planning phases (Health Canada, AANDC, Province of Ontario)
- Funding mechanism – served as a process for internal and external collaboration, education and learning
- 3 year process to empower the community to define a vision for health and well-being



Pikangikum Health Authority

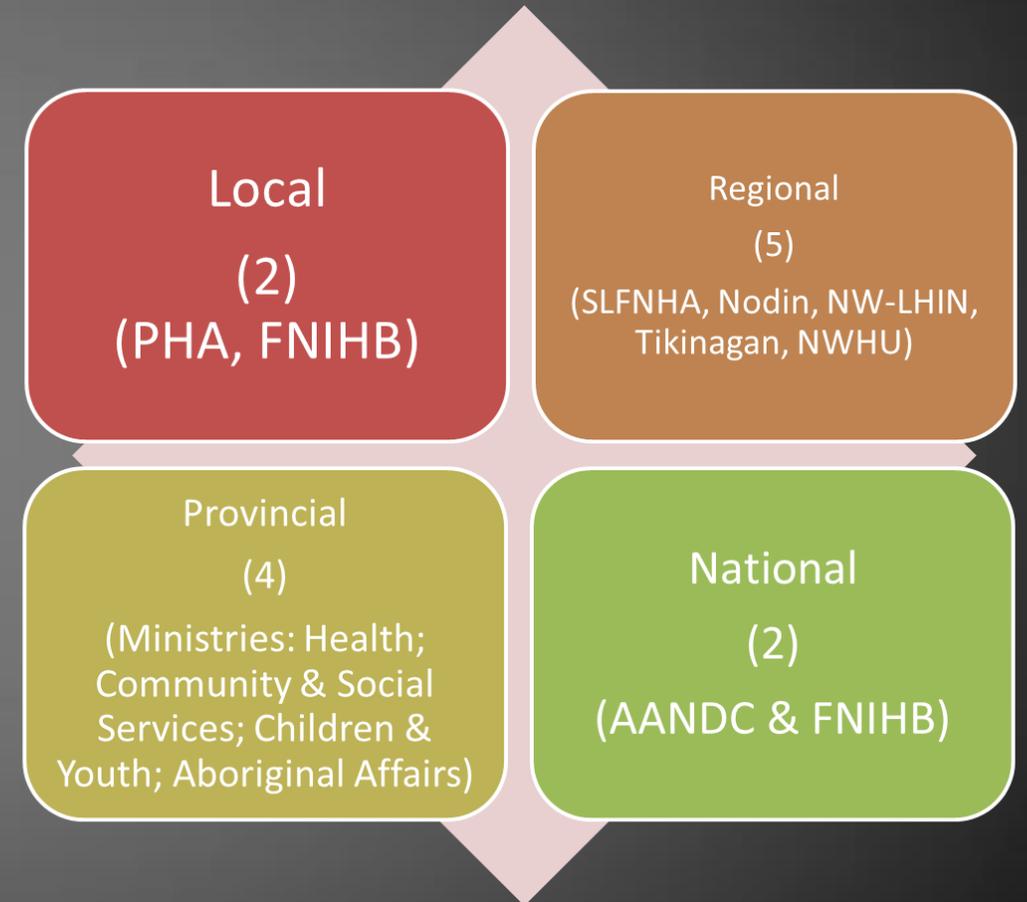
PHA was mandated by Chief and Council to lead the planning project

PHA was empowered in 2008 to deliver and manage health services as an independent body linked to the overall governance authority exercised by Chief and Council

Funded by Health Canada based on a 3 year official contribution agreement (2013-2016)

54 staff, 14 health programs

Pikangikum's Health Service Providers



Planning Structure & Approach



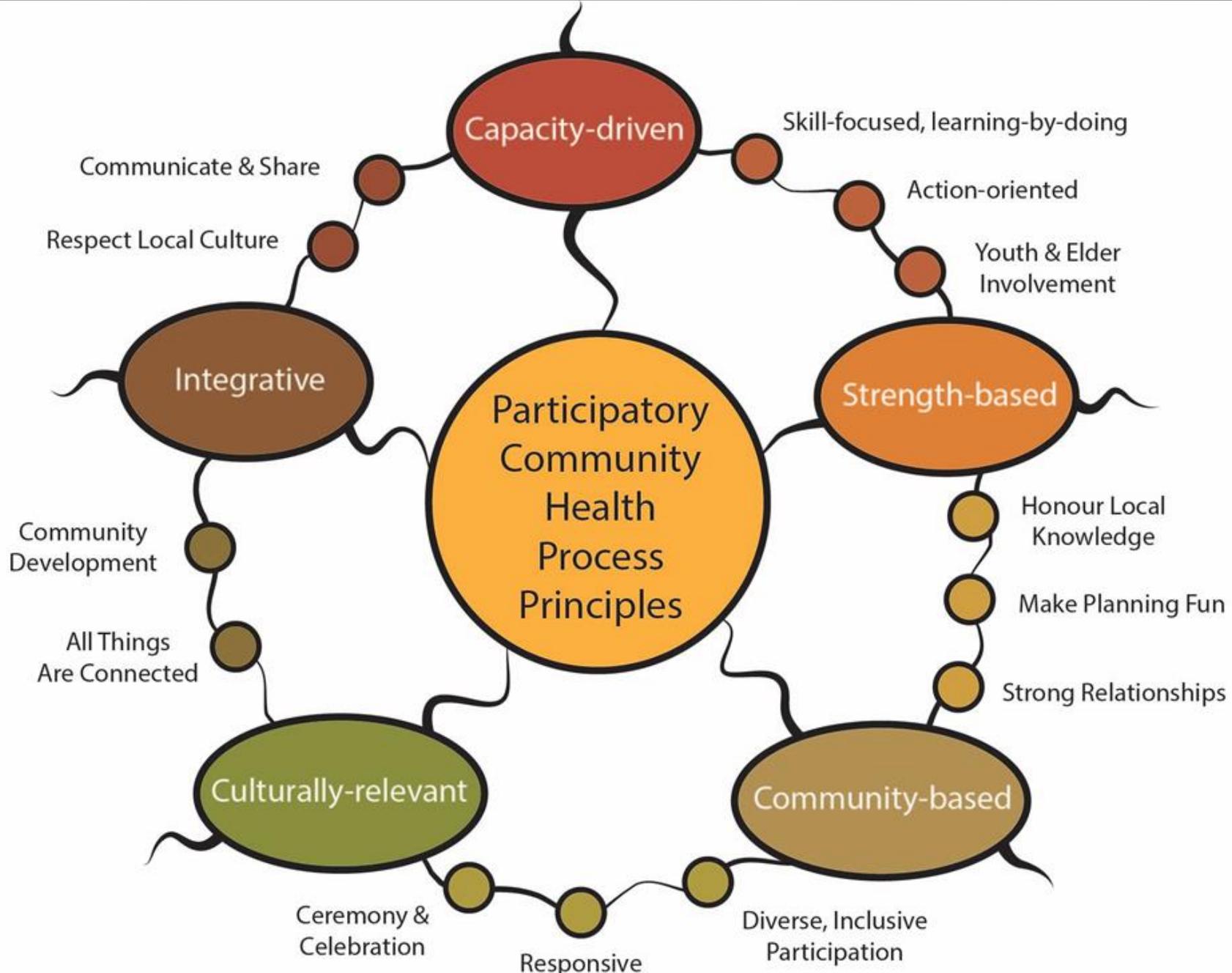
Phases



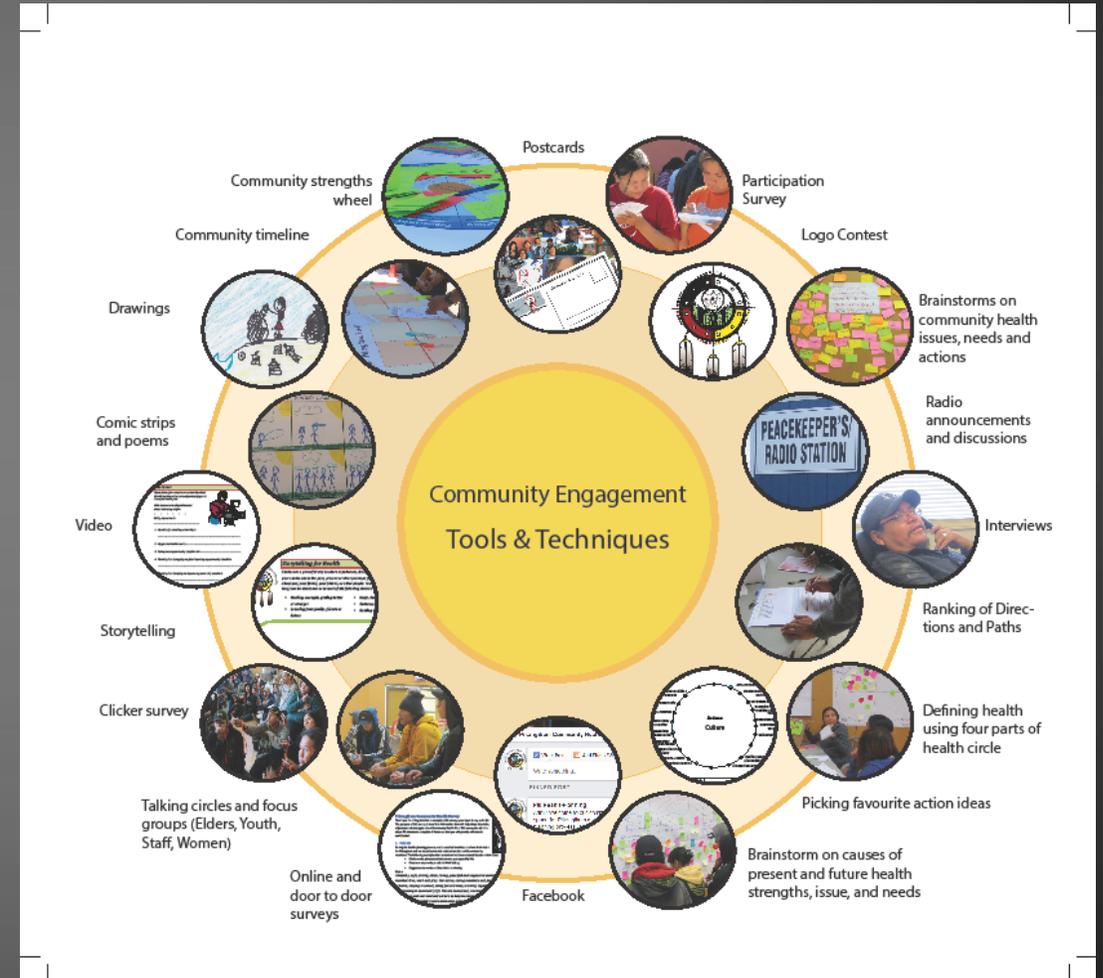
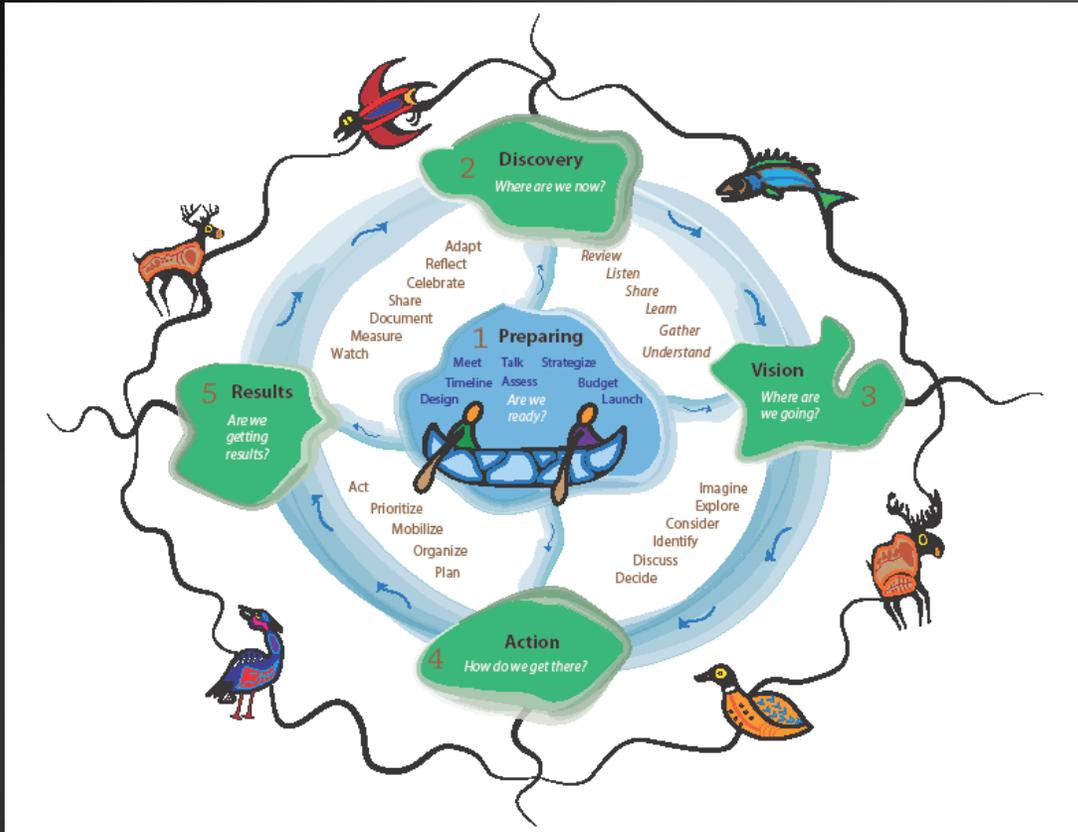
Planning Relationships



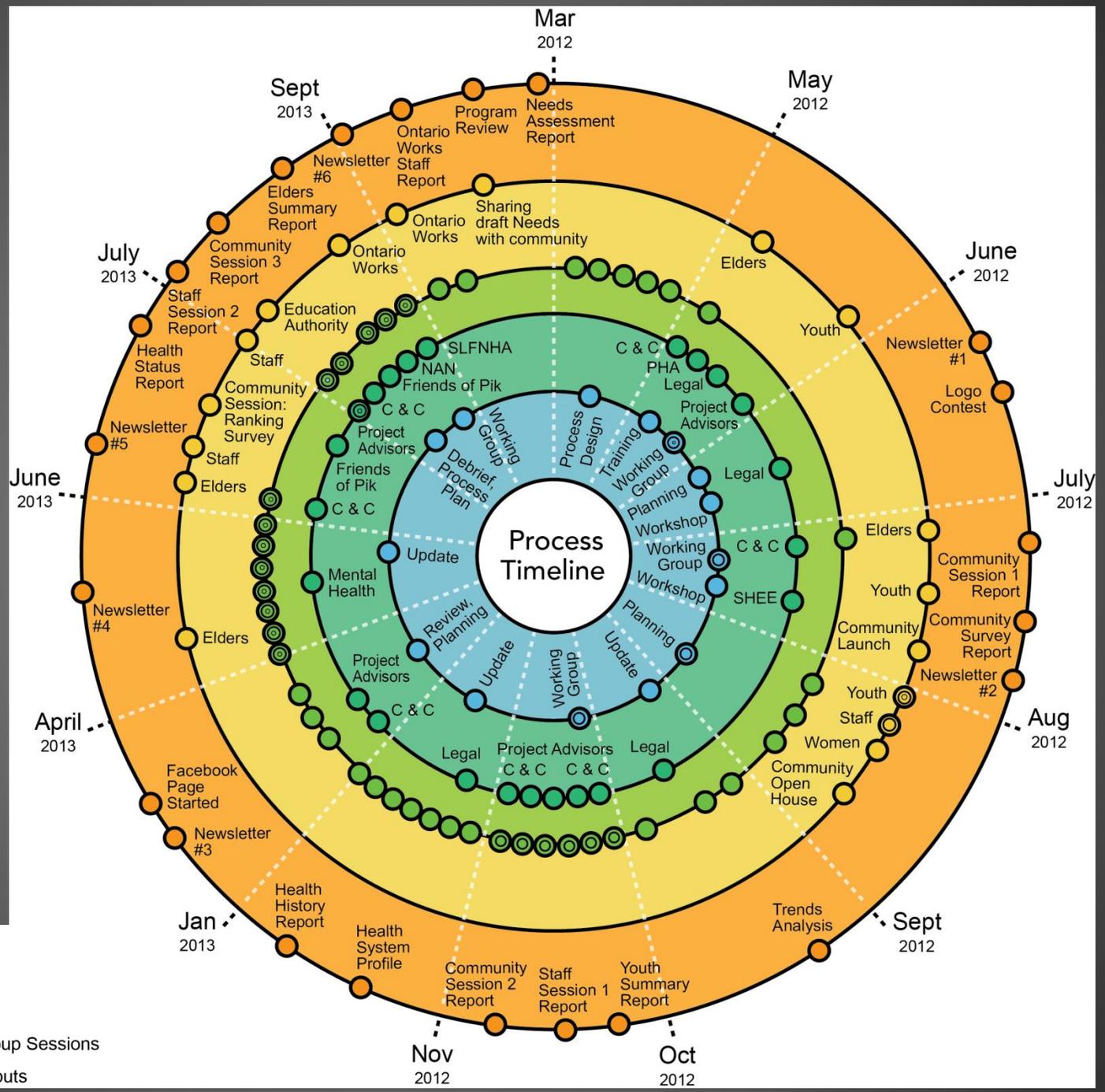
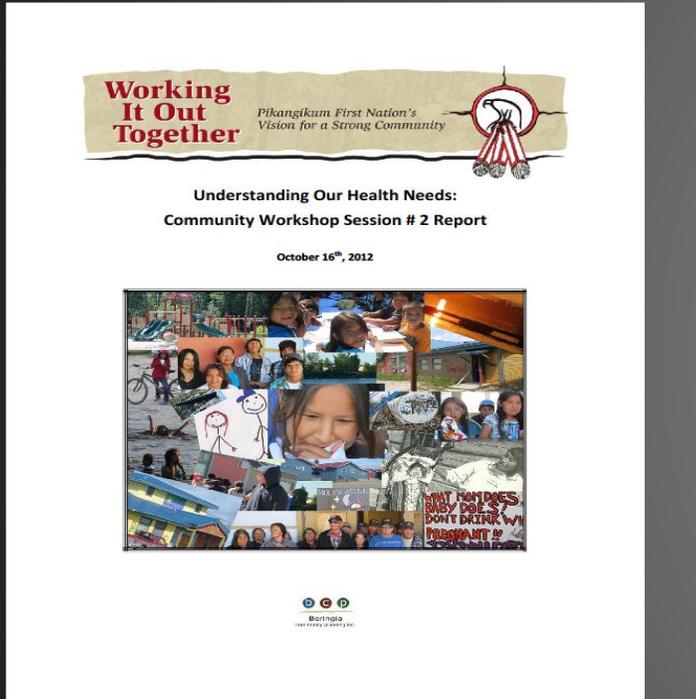
Approach



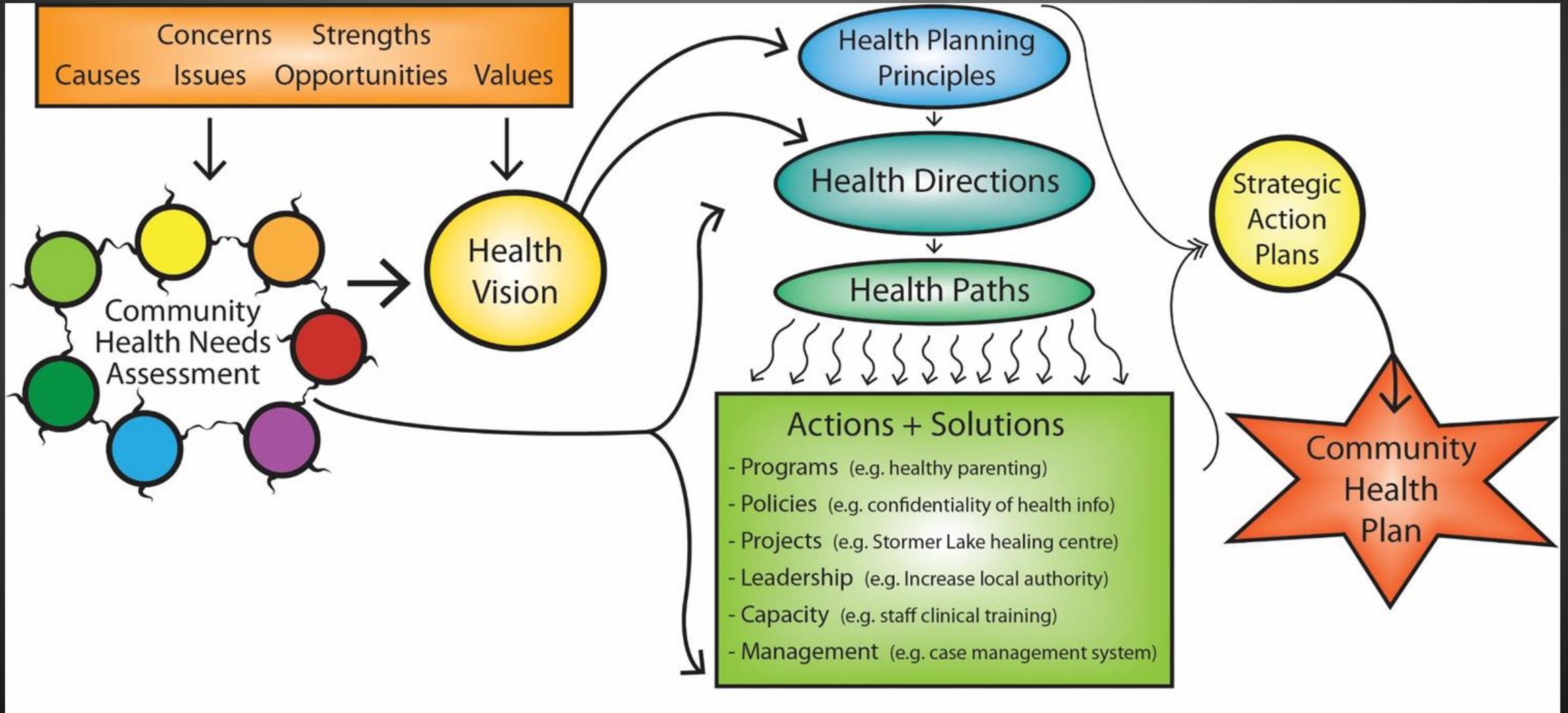
Community Process & Engagement



Engagement Timeline



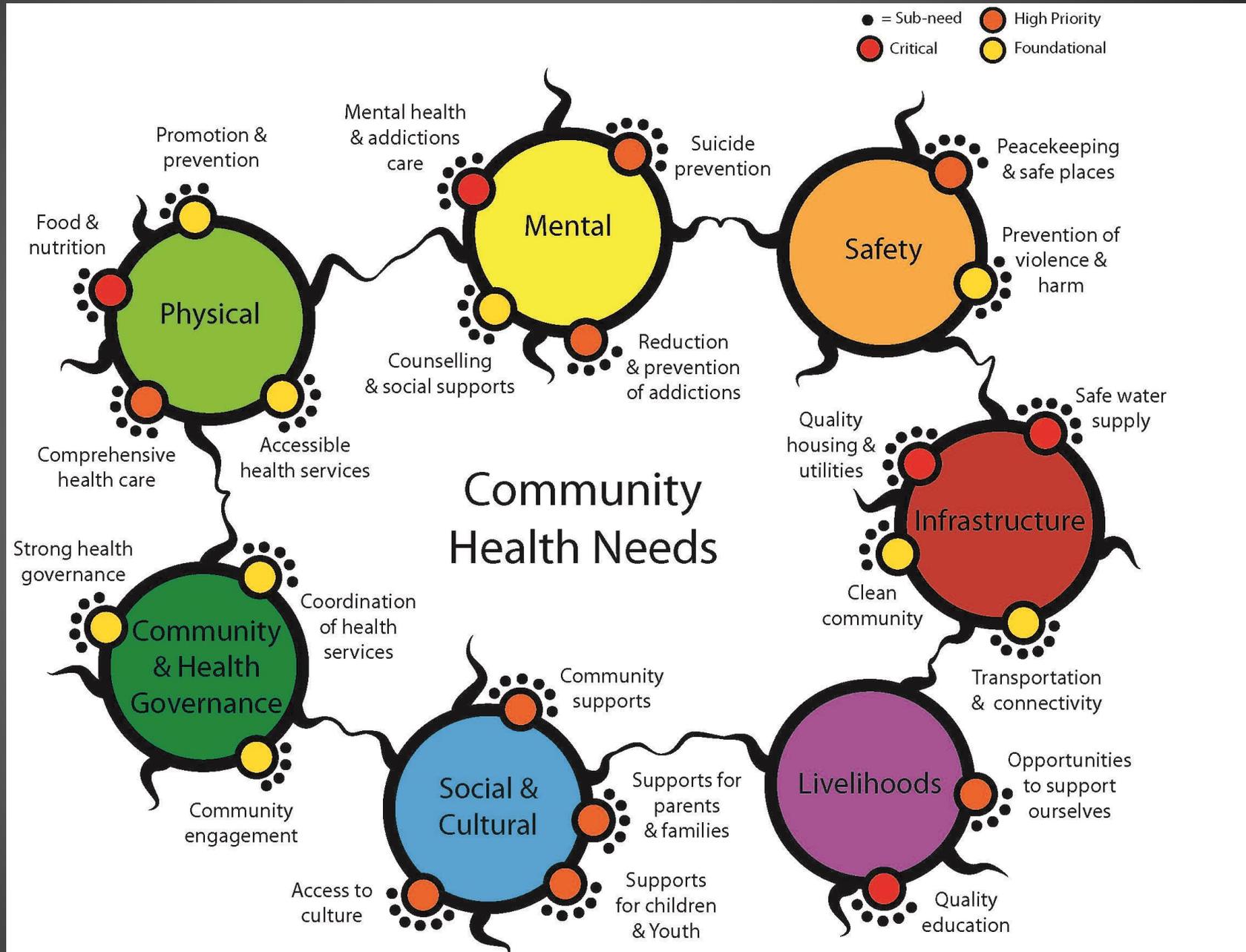
Planning Model



Results

Working It Out Together
Pikangikum First Nation's
Community Health Needs Assessment
December 2013

Results



Results

Physical Health

High

Food & Nutrition

“ [There is] no expiry date on food from the land ” (Interview)

Proper nourishment is a basic need no one should be denied. The World Health Organization defines food security as existing when “all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life.”* Food security involves three elements: food availability (sufficient quantity), adequate access to food (sufficient resources to access, affordability) and appropriate use (adequate water, sanitation and nutritional knowledge).

“Keep the teachings on how to live and hunt.”
(Staff report 2)

“More traditional food available for the whole family.”
(Community session 2)

“Children need to be exposed to healthy foods at an early age.”
(Staff report 1)

Community Perspectives

Overwhelmingly and consistently, community members have identified access to healthy, affordable and traditional food as one of Pikangikum’s top health priorities. Over all our community engagement activities, “more healthy and traditional food” was mentioned more than any other health need. When Youth were asked to define being healthy, “eating healthy food” was one of the top responses, and when asked what Youth do not have enough of 55% of the 82 Youth participants said “food” and 48% of them said they were getting too much “junk food.” Food was also a topic when asked about the roles that culture plays in health: most respondents

identified hunting and food skills as main ways that culture supports health. In our June 2013 Community Health Needs Ranking exercise “better access to healthy foods” and “increase use of traditional foods” were both chosen to be in the top five most important health priorities. During the same workshop, 29% of participants said that their greatest health is food (including healthy food, more food, and traditional food).



Issues

- » Unhealthy food
- » Lack of nutritional knowledge
- » Low availability of food
- » High cost of food
- » Lack of access to traditional foods

Causes

- ~ Loss of traditional knowledge
- ~ Poverty
- ~ Addictions
- ~ Remoteness
- ~ Limited options for purchasing food

Needs

- Access to affordable, healthy foods
- Access to traditional foods
- Knowledge about healthy eating
- Community supports for basic needs

##

* World Health Organization Glossary: <http://www.who.int/trade/glossary/story028/en/>

Results



Results



Our Healing Journey

Pikangikum First Nation's
Comprehensive Community
Health Plan

December 15th 2014- DRAFT IN PROGRESS



Results

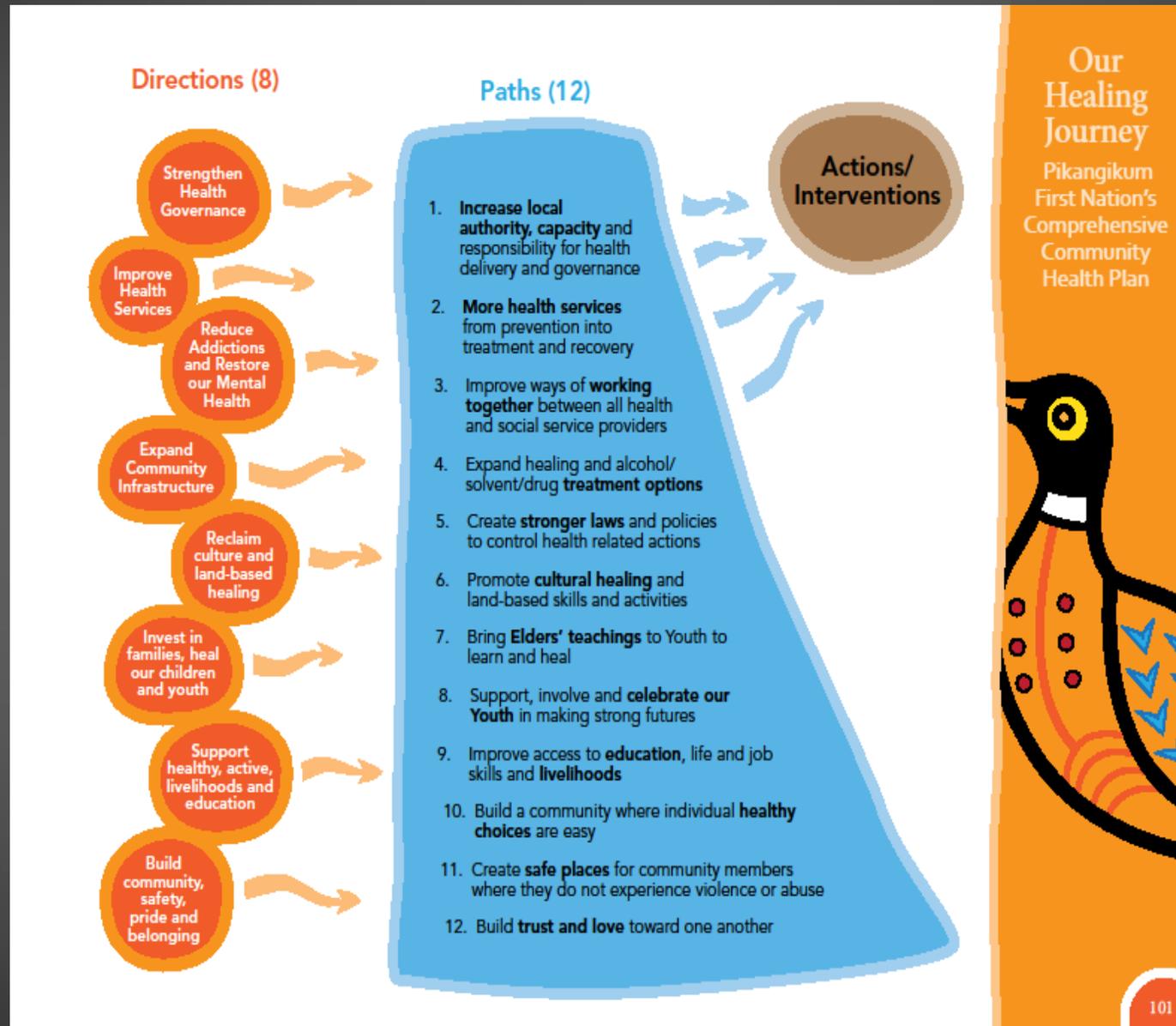
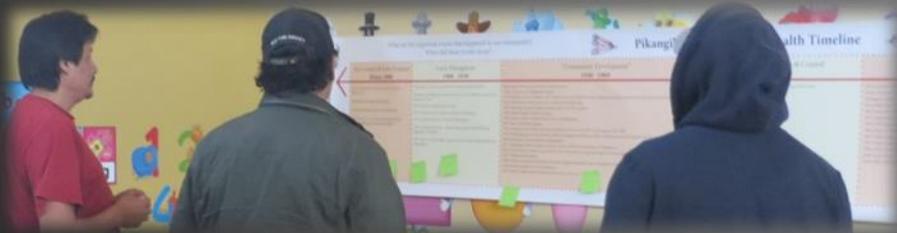


TABLE 11: Actions by Priority Category

Priority Category	Actions (In no particular order)		
Continue (9 actions)	<ul style="list-style-type: none"> • Health newsletter • Health fair • Youth school counseling 	<ul style="list-style-type: none"> • Chronic disease program • Diabetes prevention • Youth Patrol 	<ul style="list-style-type: none"> • Food hamper • Community restaurant • Project journey
Quick Start (13 actions)	<ul style="list-style-type: none"> • Women's circle • Men's anger management workshop • Agencies host community feast • Youth achievement awards 	<ul style="list-style-type: none"> • Community hunt and feast • Youth council • Walking trail system • Expand home visits (health vehicle) 	<ul style="list-style-type: none"> • 3 mental health workers • Traditional healing ceremony • Health phone line • Health program guide • Expand hours of outreach
Critical (15 actions)	<ul style="list-style-type: none"> • Interagency protocol • Case management and continuum of care system • Case management training • Staff support network • Grief counselling services • Suicide risk assessment training 	<ul style="list-style-type: none"> • Healthy parenting program • Community kitchen • Housing and water infrastructure • Anti-bullying campaign • Suicide prevention program and pilot 	<ul style="list-style-type: none"> • New school, gym and fitness center • Youth and Women's safe house • Elder's health teaching circle • Community justice review

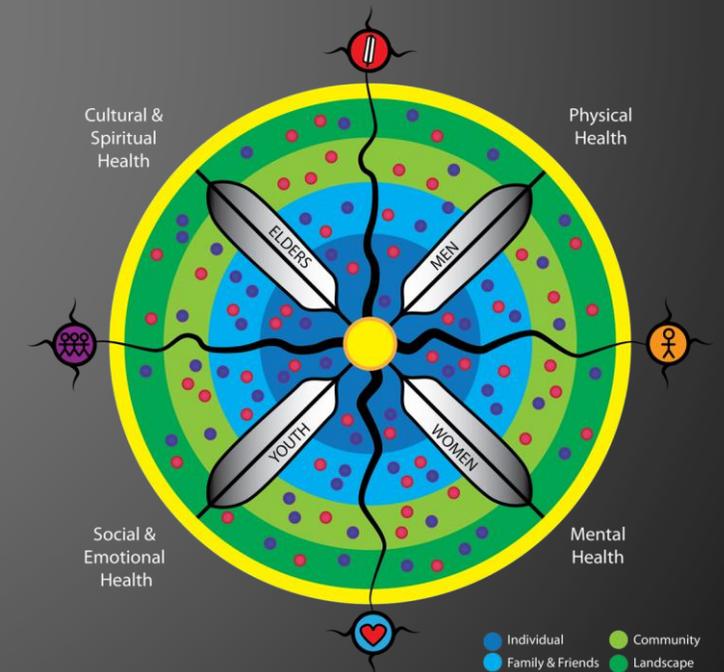
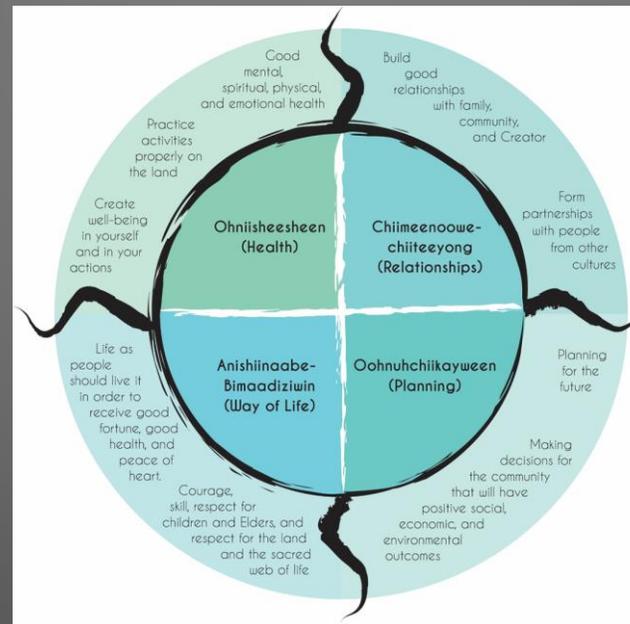
Success Factors

1. Vision of PFN, PFN Health Authority Leadership
2. Chief Coroner's Report – Suicide Crisis
3. Mobilization of multi-partner funding
4. Partnership collaboration – SHEE committee mechanism
5. Scale and scope of planning / budget (multi-phase, multi-year)



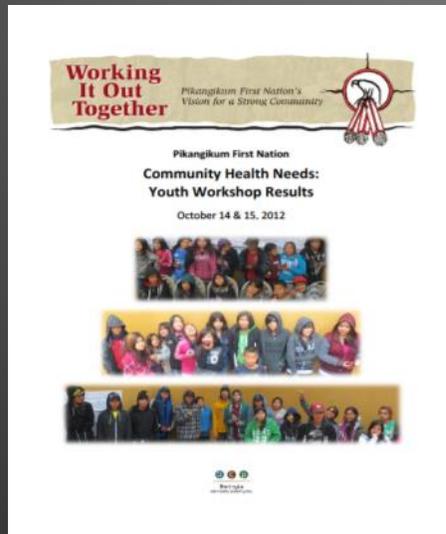
Success Factors

6. Creation of local planning team, external planning support
7. Honouring Anishinaabe culture, world view
8. Honouring local knowledge, respecting protocol & language



Success Factors

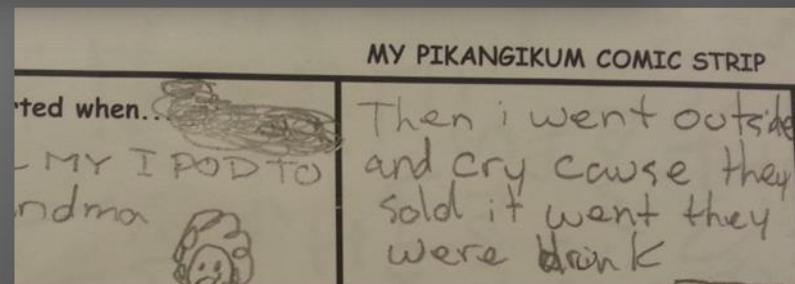
9. Defining health through local Indigenous knowledge, understanding
10. Planning autonomy - community-driven, participatory, inclusive, sustained engagement



Age: ____

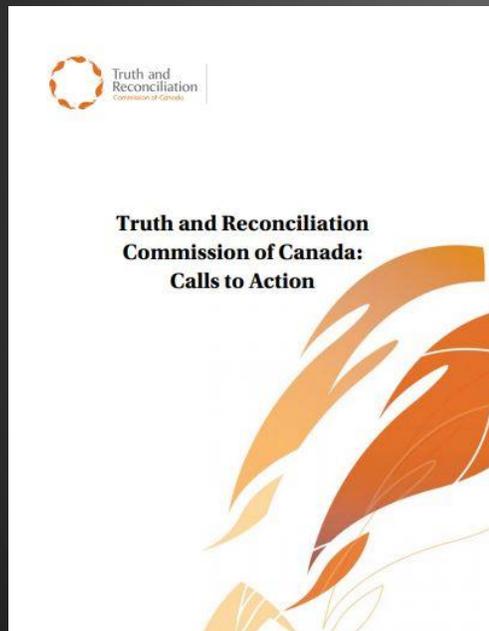
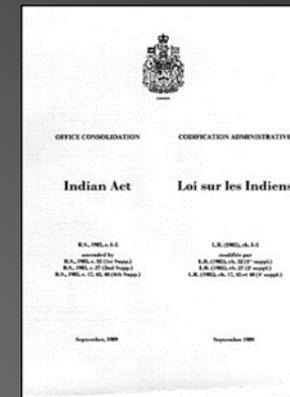
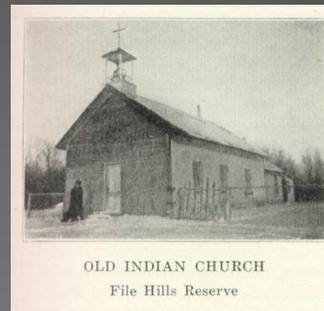
What makes you feel not healthy?
Choose and rank your top **10** of each

Not enough:				Too much:			
Food				Bullying			
Clean water				Drugs / Alcohol / Gas			

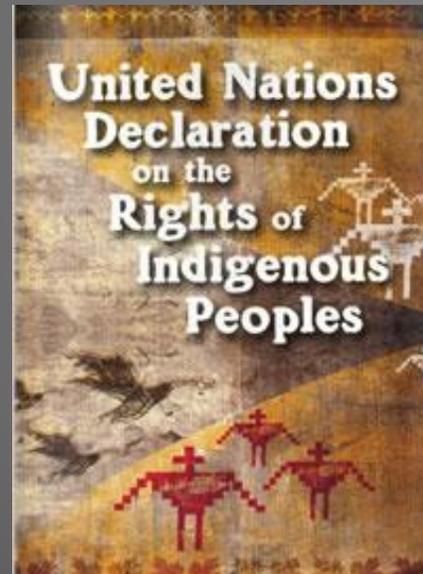


Planner Reflection

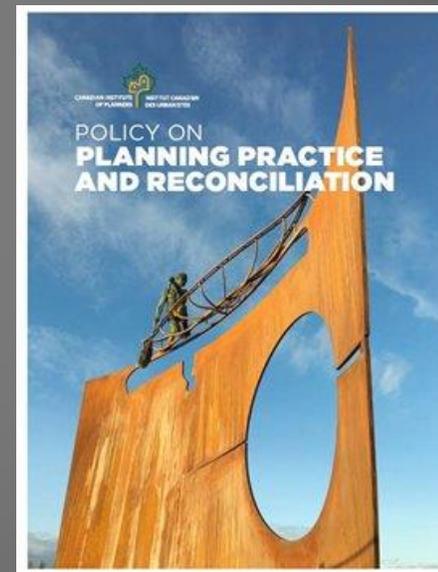
- Confronting colonization
- Restoring cultural identity, dignity and pride



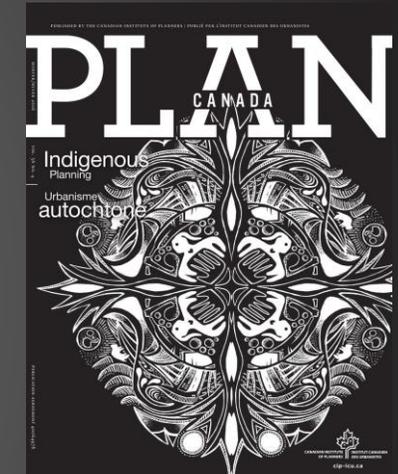
[http://trc.ca/assets/pdf/Calls to Action_English2.pdf](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf)



https://www.un.org/esa/socdev/unpfi/documents/DRIPS_en.pdf



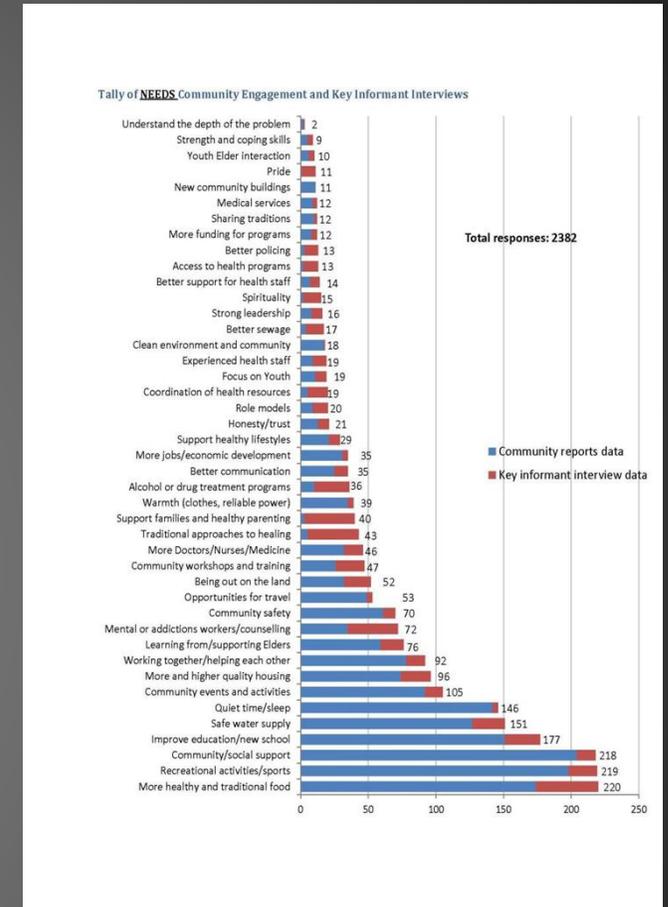
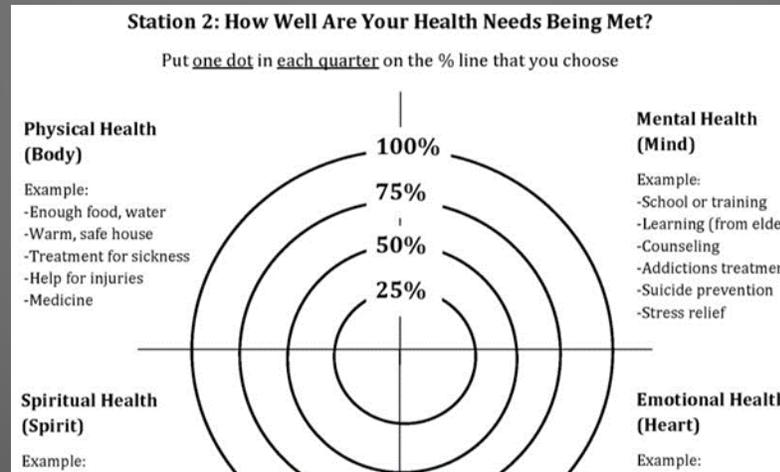
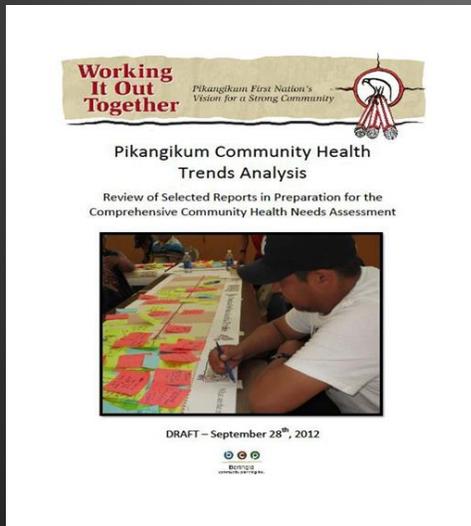
<http://cip-icu.ca/getattachment/Topics-in-Planning/Indigenous-Planning/policy-indigenous-en-interactive.pdf.aspx>



<http://www.nxtbook.com/naylor/CIPQ/CIPQ0416/index.php#/1>

Planner Reflection

- Scale of urgency
- Managing complexity and capacity
- Gathering and substantiating evidence



Planner Reflection

- Frustration of inter-agency collaboration and action
- Implications of patriarchy and power
- Honouring / empowering youth



