Working It Out Together

Pikangikum First Nation's
Community Health Needs Assessment

DRAFT

December 2013

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Summary

Introduction

The Pikangikum First Nation is undertaking a process of coming together to strengthen our community's health by identifying and assessing our health needs and planning for a stronger future. This Community Health Needs Assessment (CHNA) is a major step in this process and a tool to assist our community in its journey of health.

Our community health planning process is one way that we are responding to the serious and ongoing inequalities in health, education, employment, and income that our community members face, compared to the average Canadian. We are coming together to identify, understand, and address our individual, family, and community health strengths and challenges with the leadership and guidance of our Chief and Council, Elders, the Pikangikum Health Authority, and the Social, Housing, Education, and Elders Committee (SHEE). This CHNA is the foundation for our plan of action that we are developing in our Comprehensive Community Health Plan (CCHP).

We take a holistic approach to health that considers both determinants and outcomes of health. We do not focus solely on treatment; we include the whole continuum of health, from health promotion and prevention, to treatment and rehabilitation, to aftercare and ongoing health support. Our approach is different from standard health needs assessments because it was initiated and driven by the community and the central importance of community voices.

Our CHNA emphasizes that understanding and strengthening health requires a holistic understanding of individual, family and community health and as a result, we take a broad community development approach to health that includes environmental, economic, social, cultural, spiritual, and governance factors. The overarching objectives of our CHNA are:

1. Understand and document health status and health and wellness patterns
2. Profile community strengths and assets that can help improve community health
3. Undertake an initial assessment of health system and health-related programs
4. Prioritize and document community health needs in user friendly ways

Process Highlights

From the start, our community was committed to using a holistic and participatory approach to our CHNA. Our community-driven process is based on five pillars and ten principles:

Pillars	Principles	
1. Capacity-driven	1. Youth & Elder involvement	6. Ceremony & celebration
2. Strength-based	2. Strong relationships	7. All things are connected
3. Community-based	3. Honour local knowledge	8. Community development
4. Culturally-relevant	4. Make planning fun	9. Respect local culture
5. Integrative	5. Diverse, inclusive participation	10. Communicate & share

We also recognized that we needed to use a diversity of tools in which to engage and communicate with members, including a diversity of opportunities for in-person participation, group activities, and working directly with specific groups, such as Elders, Youth, women and girls, and health staff. In total, 574 community members have participated.

There were three overarching phases to our CHNA process:

Phase 1: Building the Relationship
• Project launch
• Chief and Council and Elders approval and welcome
• Organize local planners, meet and organize Working Group
• Finalize work plan
• Assess information needed and plan for collection

Phase 2: Getting Ready to Plan
• Welcome feast and open house
• Community engagement survey
• Background research
• Research reports completed
• Engagement & communications strategy

Phase 3: Assessing Community Needs
• Community engagement events and summary reports (Open houses, interviews, focus groups)
• Data gathering and analysis
• Summary reports
• Needs prioritization
• Document and share results - Final Report

Community Health Needs

The main findings of our Health Needs Assessment are organized into seven overarching categories: physical health, mental health, safety, community and health governance, social and cultural health, infrastructure, and livelihoods. This process has identified 23 main community health needs and 117 sub-needs (3-6 sub-needs per main need).

Each category contains several main health needs, each of which is summarized in this   report, including details on the need, community perspectives, specific sub-needs, community strengths and resources that can help us address the needs, and an illustration of connections to other health issues and needs.

Using a prioritization framework that examined the popularity, urgency and strategic advantage of each of our needs, we have determined an initial listing of needs by priority rank and assigned each need one of three priority levels: critical, high priority or supporting. This analysis is continuing through community discussions and exercises as part of our CCHP process. At this stage, we have identified the following summary health needs and priority categories:

Priority Category		Needs (# of sub-needs in parentheses)	
Critical	The most critical needs to address	Mental Health & Addictions Care (5)	Safe Water Supply (6)
		Diverse Education & Training (5)	Food & Nutrition (4)
		Quality Housing & Utilities (6)	
High Priority	Very important needs to address	Supports for Children & Youth (5)	Access to Culture* (6)
		Support for Parents & Families (5)	Reduction & Prevention of Addictions (4)
		Suicide Prevention (6)	Opportunities to Support Ourselves (4)
		Community Supports (6)	Comprehensive Health Care (6)
			Peacekeeping & Safe Places (5)
Supporting	Crucial to supporting efforts to address other health needs	Counselling & Social Supports (6)	Accessible Health Services (5)
		Prevention of Violence & Harm (5)	Promotion & Prevention (4)
		Coordination of Health Services* (5)	Strong Health Governance* (5)
		Transportation & Connectivity (6)	Clean Community (4)
			Community Engagement* (4)

All of these main needs are detailed in this report, including explanation of each main need's specific sub-needs as identified through our community planning process.

* Indicates a Need that are considered to be 'cross-cutting' and should be considered when addressing any of our other health needs.

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Pikangikum CHNA Appendices Binder.

Welcome

Aanii, Boozhoo, Welcome to Pikangikum First Nation's (PFN) Community Health Needs Assessment (CHNA) report. We are an Anishinaabe, Ojibway-speaking community of approximately 2,600 members[*] in the Sioux Lookout District of Northwestern Ontario. Our Pikangikum Health Authority is leading a process of coming together to strengthen our community's health by identifying and assessing our health needs and planning for a stronger future. This CHNA process is one tool to assist our community in its journey of health.

We begin with an introduction, first providing an overview of First Nations health in Canada and defining community health. Secondly, explaining what is a CHNA and the purpose of doing one for our community. We then provide the context to this project as well as our objectives and desired outcomes for this process. Finally, we outline what this report includes and how we can use this report.

Context

Our CHNA is one part of a unique story of our community coming together to strengthen our community's health. Building on an award winning land use strategy process[**] that successfully mobilized community members and built community consensus, PFN is proactively improving its community health through facilitating a holistic and participatory approach to complete a CHNA and Comprehensive Community Health Plan (CCHP).

"Pikangikum – Let's work together, we will become stronger and we are One."
(Community session 3)

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[*] AANDC Pikangikum Community Profile: Registered Population (September, 2013)
[**] Whitefeather Forest Initiative. (June 2006). "Keeping the Land: A Land Use Strategy", Pikangikum First Nation and Ontario Ministry of Natural Resources.

Our Health Planning Journey

Pikangikum's health planning journey builds on a long history of reclaiming local governance over health and community development, including recent initiatives to develop local community-based planning capacity.

Our people have lived off this land and practiced traditions of hunting, fishing, and gathering food since time immemorial. Starting in the 1950s and 1960s, the federal government intervened more directly in our community through residential schools, western-style health services, child welfare programs, and social assistance payments.[*]

In 1996, our Elders gave our leaders a mandate to develop the Whitefeather Forest Initiative, a community economic renewal and resource stewardship initiative. This was an important step in PFN taking a lead on planning for our future. Our land use plan, *Keeping the Land*, articulates our customary ways, our cultural values, our Elders teachings and a plan to carry

forward our ancestral stewardship responsibilities.

While we have been making significant strides in planning for our future, between 2006 and 2012 a series of tragedies in Pikangikum triggered a wave of negative media attention on the high level of Youth suicide that our community has been struggling with. It was reported that 60 teenagers have committed suicide in the past decade[**] and that Pikangikum was "the suicide capital of the world."[***] The situation triggered an inquest by the Chief Coroner of Ontario, which reported on the negative impacts of the community's challenges with addictions, inadequate housing, gaps in healthcare and education, and obstacles to economic development.[****]

While these investigations focused on the negatives, they did draw attention to the needs and challenges that were undermining Pikangikum's individual, family, and community health. PFN's leaders

and community staff have worked tirelessly to address community challenges, including programming for maternal health and early childhood development, services for acute and chronic health care needs, and supports for suicide prevention and addictions counselling.

Community nurses, teachers, local mental health workers, PFN and PHA staff and many others have been contributing to the effort through a number of initiatives to improve the health of our members. However, local capacity and resource challenges combined with unpredictable funding have created interruptions of delivery and development of important

*   See Pikangikum Health Hisotry report for details, Appendix 7
**   Toronto Sun. (Sept. 16, 2011). www.torontosun.com/2011/09/16/remote-reserve-plagued-by-epidemic-of-youth-suicides
***   Maclean's. (Mar. 30, 2012) www2.macleans.ca/2012/03/30/canada-home-to-the-suicide-capital-of-the-world
****   Office of the Chief Coroner for Ontario. (2011). Death Review of the Youth Suicides at the Pikangikum First Nation, 2006-2008.
+   PFN. (2012). Request for Proposals for A Needs Assessment and Comprehensive Community Health Plan to Support a Community Development Strategy.

social, health, education, and Elder programming.[+]

In response to these needs, and building on past success with community-based planning, PFN provided a mandate for the Pikangikum Health Authority (PHA) to carry out a process to complete a Community Health Needs Assessment (CHNA) and a Comprehensive Community Health Plan (CCHP).[+] The SHEE (Social, Health, Education, and Elders) Committee was established with representation from community leadership, agencies/partners, and both the federal and provincial governments to help oversee and guide the CHNA, including working with a local committee called the Pikangikum Working Group.

The PHA initiated a CHNA process as recommended in the Chief Coroner's Report. The PHA wanted to build on the groundbreaking success of the Whitefeather Forest Initiative (WFI) community engagement process. Given the success and strength of the WFI, its community driven engagement model and culturally integrated philosophy informed and guided our CHNA process. Specifically, by having Elders and community experts lead the way, and by providing opportunities to build community involvement and consensus throughout the planning process.

After negotiating a historical tripartite funding agreement between Health Canada (HC), Aboriginal Affairs and Northern Development Canada (AANDC), and the Province of Ontario (PO), the PHA launched the process with a call for planning support. PHA hired Beringia Community Planning Inc. in collaboration with Hanson and Associates to facilitate the two planning processes.

Beringia's team brought extensive experience in rural northern communities, familiarity with the policy context of First Nations health, and specializations in Indigenous planning, community capacity building, and participatory hands on planning and learning that embraces celebration and ceremony.

Introduction

First Nations Health

There are significant gaps in overall health status of First Nation communities compared to the Canadian population.* A 2008 - 2010 First Nations National Health Survey revealed that people in First Nations communities face serious inequalities in health, education, employment, and income. Here are highlights** and comparisons to Pikangikum:

- **Overall health:** Only 44.1% of First Nations adults reported their health as thriving, compared to 60% of Canadians.

- **Addictions and mental health:** The top concern and challenge for community wellness identified by First Nations people living on reserves is alcohol and drug abuse.

- **Diabetes**: Prevalence of diabetes among First Nations adults over 25 was significantly higher than that in the Canadian adult population (20.7% vs. 6.2%). In 2010 in Pikangikum, one in three of people older than 20 was affected by diabetes (33%).***

- **Food security**: More than half (54.2%) of First Nations households were moderately to severely food-insecure. In our region, high cost of food seriously impacts health.****

- **Poverty**: Approximately 58% of First Nations adults reported an annual income of less than $20,000. In Pikangikum, over 540 households are on social assistance, living off about $10,000/year.\+

- **Education**: More than one-third (39.9%) of First Nations adults (18 years and up) report having less than a high school education compared to 23.8% of adults in Canada generally.** In Pikangikum, the Ontario curriculum is taught but our current age/grade gap is about 3 years.***

- **Housing**: Approximately one-quarter of First Nations adults live in over-crowded housing (23.4%), while in the Canadian population this is only 7% of adults. In Pikangikum, on average, almost five people share a house.\+\+\+ We must build or repair 200 houses to address overcrowding, and need almost 400 new houses before 2040 to meet future demand.\§

- **Safe water supply**: More than one-third (35.8%) of First Nation adults do not think their main water supply is safe for drinking year round. Over 90% of homes in Pikangikum are not connected to water and sewage systems.\§

These situations highlight that hard work is required to lessen and remove the gap between First Nations and non-First Nations community health. This CHNA is a part of our community's work to do just that.

*　　Health Canada, First Nations and Inuit Health http://www.hc-sc.gc.ca/fniah-spnia/index-eng.php
**　　First Nations Information Governance Centre. (2012). First Nations Regional Health Survey 2008/10: National report on adults, youth and children living in First Nations communities. Ottawa: FNIGC.
***　　Health Canada Community Based Reporting, Pikangikum 2009-2010
****　Y NW LHIN (2010) Aboriginal Health Programs and Services Analysis and Strategy Final Report
\+　　Office of the Chief Coroner for Ontario. (2011). Death Review of the Youth Suicides at the Pikangikum First Nation, 2006-2008.
\+\+　　Medicine Creek Solutions. (2010). Community Health Asset Map. Pikangikum Health Authority.
\+\+\+　North South Partnership for Children. (2008). Mamow Sha-way-gi-kay-win
\§　　Pikangikum First Nation. (2011). Capital Planning Study.

Defining 'Community Health'

Community health, like family and individual health, is made up of a complex web of interactions between different factors. A foundational piece for our CHNA was asking what 'health' means to the community to inform what we were assessing. Community members shared their ideas at various community engagement sessions which informed the creation of the summary diagram in Figure 1.

Figure 1 presents community perspectives on health in a four part circle with three levels. The four parts represent physical, mental, social & emotional, and cultural & spiritual health, for the four parts of the self that community members discussed: body, mind, heart, and spirit. The three levels of the circle are for individual, family, and community health. Community ideas are placed in the circle section that best reflects the placement of the original responses.

Collectively, community members define community health as a balance of physical, mental, spiritual and emotional health for individuals, families, and the community as a whole. It involves participating in community life, doing fun activities, learning together, sobriety, eating well and being active. Community health requires the safety, support, trust and respect required to be strong, loving, peaceful, proud and happy.

We also invited community members to submit ideas for our logo (opposite) to symbolize individual, family, and community health and healing. The winning entry was by Duran Suggashie and emphasizes connection between people, working together, community strength, and our relationship with the land. We have shared this logo on our reports, newsletters, and on t-shirts for community members.
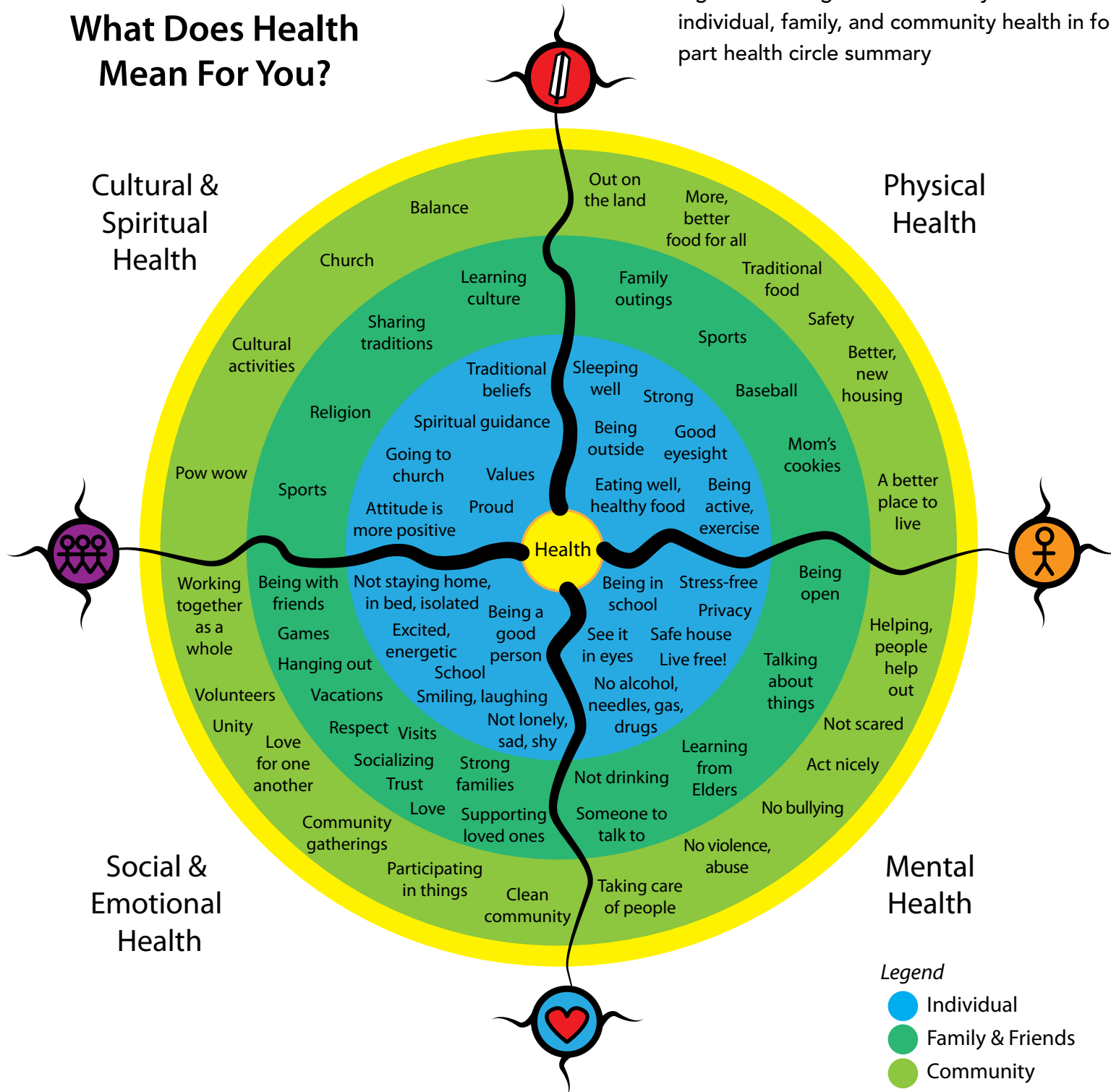
"Having a goal in life and taking steps in getting there."
(Community session 2)

What Does Health Mean For You?

Figure 1: Pikangikum community definitions of individual, family, and community health in four part health circle summary

Cultural & Spiritual Health

Physical Health

Social & Emotional Health

Mental Health

Balance
Out on the land
More, better food for all

Church
Learning culture
Family outings
Traditional food

Cultural activities
Sharing traditions
Sleeping well
Strong
Safety
Sports
Baseball

Religion
Traditional beliefs
Being outside
Good eyesight
Better, new housing

Spiritual guidance
Mom's cookies

Going to church
Values
Eating well, healthy food
Being active, exercise
A better place to live

Pow wow
Sports
Attitude is more positive
Proud
Health

Working together as a whole
Being with friends
Not staying home, in bed, isolated
Being in school
Stress-free
Being open

Games
Excited, energetic
Being a good person
See it in eyes
Privacy
Safe house
Helping, people help out

Hanging out
School
Live free!
Talking about things
Not scared

Volunteers
Vacations
Smiling, laughing
No alcohol, needles, gas, drugs
Learning from Elders
Act nicely

Unity
Respect
Visits
Not lonely, sad, shy
No bullying

Love for one another
Socializing
Trust
Strong families
Not drinking
No violence, abuse

Love
Supporting loved ones
Someone to talk to

Community gatherings
Participating in things
Clean community
Taking care of people

Legend

🔵 Individual

🟢 Family & Friends

🟢 Community

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What is a CHNA and Why Do It?

A Community Health Needs Assessment (CHNA) is a dynamic process to identify health strengths, issues and needs of a community, enable the establishment of health priorities, and facilitate collaborative action planning to improve community health status and quality of life.* A CHNA is the foundation for a plan of action in a comprehensive community health plan. (See our CHNA glossary in Appendix 1 for more on CHNA terminology.)

The Needs Assessment process looks at conditions and circumstances of health at three scales: community, family and individual. Analysis considers strengths, challenges and opportunities at various scales and may identify priorities for planning and action.

Health Needs Assessments became popular regional and local-level health planning tools in the 1980s and are now used by communities and health organizations around the world.** There are many approaches to CHNAs, from technical assessments by health professionals, to participatory bottom-up community-led processes. Typically, CHNAs use a variety of information sources, including data (e.g. demographics, health indicators, socio-economic information, and health service utilization data) and some form of community input.** Our approach for this CHNA is a community development approach, described in the next section.

When we asked Pikangikum community members in July 2012 what they thought was important in defining community health needs and creating a long-term health vision, 99 members shared their ideas about what it would do for Pikangikum. Major themes in responses were:

- Make a difference for Youth so they can have better education, better care and support, and more safety and involvement in the community.

- Inspire a positive and better future to make 'a better life in the future,' hope, 'a brighter future,' and goals.

- Help us work together as a community to help one another, be better organized, plan for the future, and give members 'a sense of belonging.'

- Assist people to be healthier in a community that is free of alcohol and solvent abuse, and has good housing.

- Support better livelihoods and connection through being employed, having better access to things people need, and participating in more community activities.

"It gives hope, something to look forward to"

"See the community working together"

"To be more kind to my grandchildren"

(Community session 1)

Introduction

A Unique Approach

In our CHNA, we take a holistic approach to health that considers both determinants and outcomes of health. We do not focus solely on treatment; we include the whole continuum of health (see pg. 46). We also consider health services as an extensive, interconnected system made up of many players in a variety of roles including policy making, health service delivery, program design, management and financing.[*] Our approach to CHNA is different from standard health needs assessments and studies because of its emphasis on capacity building, inclusion and empowerment as a path to healing. This process was initiated and driven by the community, including the guidance and oversight by local leadership and a team of local planners, visualized in Figure 2 below:

Figure 2: Actors & Interactions in Our CHNA

Diagram Legend

Planners & Pikangikum Working Group: Beringia Community Planning works with our team of local community planners to design and facilitate our planning process. The Working Group helps to guide and support the process. The planners report to SHEE, the PHA, leadership, and the community.

SHEE: Part of the 'Social Housing Education and Elders' Committee is the Pikangikum Working Group, which is dedicated to assisting and overseeing this planning process. SHEE includes representatives from PFN and the provincial and federal governments.

Pikangikum Health Authority (PHA): The PHA assists and advises our planning process.

Leadership & Management: Chief & Council, Elders, and staff have supported the development of this process and continue to guide it and the SHEE Committee.

Community: All the members of our community are connected to this process – receiving information from the planners and providing their ideas, suggestions, and feedback.

We also placed a central importance on the voices of Elders and Youth in guiding the process and identifying health strengths and needs. As well, our CHNA emphasizes that understanding and strengthening health requires a holistic understanding of individual, family and community health and as a result, we take a broad community development approach to health that includes environmental, economic, social, cultural, and governance factors. Rather than relying on a committee of health experts, a community development approach focuses on mobilizing key community individuals and organizations in a participatory and iterative process.[**]

*   World Bank. (2007). Healthy Development: World bank Strategy for HMP Results. Annex L. siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1154048816360/AnnexLH NPStrategyWhatisaHealthSystemApril242007.pdf
** Saskatchewan Population Health & Evaluation Research Unit. (2006). First Nations Health Development: Tools for Program Planning & Evaluation. University of Regina and University of Saskatchewan.
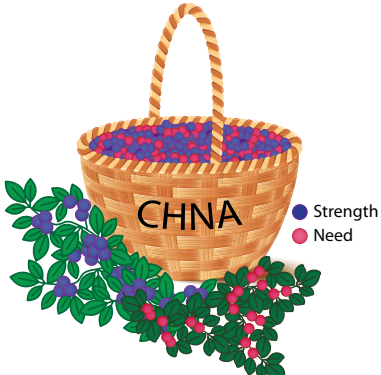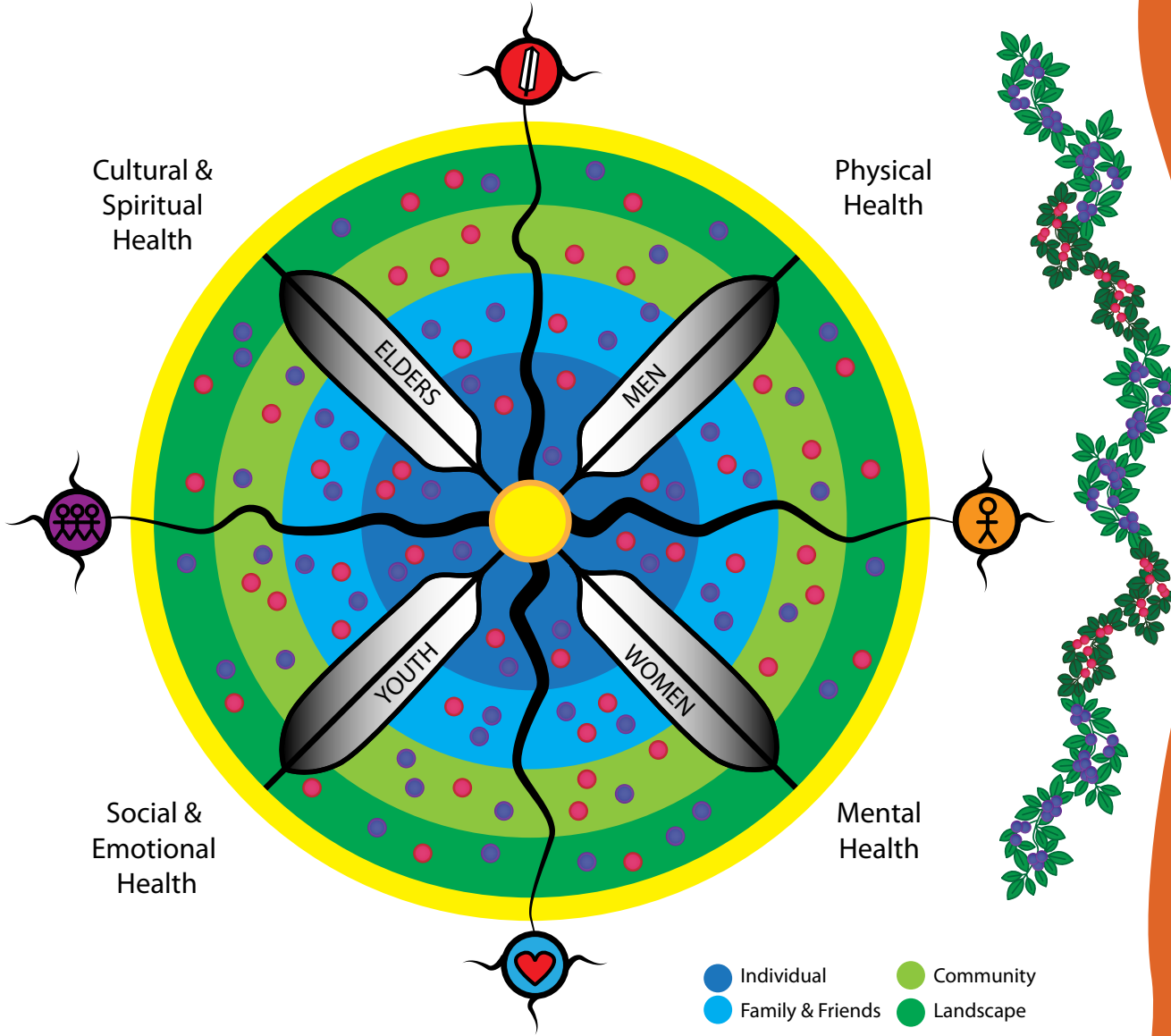
Much like with the Whitefeather Forest Initiative, our CHNA process draws from a traditional philosophy that values the creative energy of the Creator or God, Elders to guide the process, respects the past and land, and a focus on the Pikangikum people's strength and unity.

Figure 3 illustrates four levels of health with coloured rings, starting with the individual (dark blue), family (light blue), community (light green), and landscape (dark green). Creative energy of the Creator or God is represented by the yellow circle in the middle and the surrounding yellow ring. The four feathers represent the four pillars of our community: men, women, Elders, and Youth. Four lines point to four areas of health: physical, mental, social & emotional, and cultural & spiritual.

The diagram uses the image of gathering berries to explain how our CHNA gathers knowledge of our health Strengths and Needs. Represented by berries, our health Strengths and Needs exist at all four levels of health and in different areas of health. Strengths and Needs are different for different people in our community. Our CHNA process gathers information about all these Strengths and Needs so we can share and identify what things to address in our health plan.

Figure 3: CHNA Framework of Knowledge Gathering

Cultural & Spiritual Health

Physical Health

ELDERS

MEN

YOUTH

WOMEN

Social & Emotional Health

Mental Health

CHNA

● Strength
● Need

● Individual   ● Community
● Family & Friends ● Landscape

Introduction

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Objectives of Our CHNA Process

The overall objectives (what we are doing) and the means objectives (how we are doing it) for the outputs of our CHNA informed the design of our process. Table 1 below summarizes our objectives:

Table 1: Our CHNA Objectives

Objectives	How? (Means Objectives)
1. Understand and document health status and health and wellness patterns	• Review existing relevant health and community planning documentation • Collect, analyze and summarize baseline data from existing sources • Develop indicators to measure health status including health determinants and holistic social, cultural, environmental indicators • Document community perspectives on current health and wellness patterns
2. Profile community strengths and assets that can help Pikangikum improve community health	• Collect and summarize data on assets • Collect and summarize community perspectives on Pikangikum's assets
3. Undertake an initial assessment of current health system and health-related programs and services (*ongoing*)	• Collect and summarize information and utilization data for current health and health-related programs and services throughout the continuum of care • Collect and summarize community perspectives and utilization of current health and related programs and services (e.g. awareness, accessibility, satisfaction) • Engage the community to identify issues and needs
4. Document community health needs in user friendly ways	• Capture full range of community voices and perspectives in final CHNA report • Validate list of Community Health Needs with community members • Produce manageable, concise list of Needs by grouping information by theme • Produce an initial prioritization of Needs (High, Medium, Low) • Report on how Needs emerged from information collected through process

Outcomes

The primary purpose of this process is a well-researched and analyzed synthesis of Pikangikum's major health strengths, issues and a set of prioritized community health needs. This outcome is rooted in the process, perspectives and voices of community members and reflects what health means to the community.

Another outcome of this process is strengthening and celebrating local planning capacity through 'learning by doing' that included the training and use of dozens of information gathering, communication and decision making tools and techniques. This outcome is reflected in our approach and desire in emphasizing the inclusion of local planners and engaging individuals and groups to directly influence, and participate in the community-based process. As well, reclaiming our culture and community voice are essential themes in our documentation and sharing of results.

How to Use this CHNA

A CHNA is a foundation for planning strategic and effective community health system improvements. Therefore, we designed this report not only to share findings of our CHNA process but also to be a tool and guide for the next phase of our community planning process. Our CHNA can help us in the following ways:

Decision making tool

° Identifies top priorities when making decisions about funding, policy, and programming

° Helps inform the next phase of health planning

Communications tool

° Increases community understanding our health needs

° Reference for program funding proposals

° Reference for annual plans and reporting

Evaluation tool

° Use as a baseline with which to measure progress

° Use frameworks for future assessments and program evaluations

Different readers will use this report differently. We provide a short guide for different ways to use this report and its results in Appendix 2. Some of the readers include:

- Community members
- Members of the planning team and local working group
- Pikangikum Health Authority

- Health Staff
- Pikangikum Chief & Council
- Funders

- Health and government agencies
- Other First Nations looking for culturally-appropriate CHNA approaches and models

Organization of Report

This report is organized into eight main sections:

- ⬤ 1) Executive Summary
- ⬤ 2) Introduction
- ⬤ 3) Approach & Methodology;
- ⬤ 4) Community Profile & Strengths;
- ⬤ 5) Health System Profile;
- ⬤ 6) Health Issues Analysis;
- ⬤ 7) Community Health Needs; and
- ⬤ 8) Conclusion.

The Approach & Methodology, Community Profile & Strengths, and Health System Profile sections present background and contextual information about our process, the community of Pikangikum, and the current health services and programs available for our members. The Health Issues Analysis section presents a summary of our analysis of community, family, and individual health issues identified during data collection. Examining these issues helps us understand our community health needs.

The main findings of our Health Needs Assessment are organized into seven overarching categories: physical health, mental health, safety, infrastructure, livelihoods, social and cultural health, and community and health governance. Each category contains several main Health Needs that we identified and prioritized in the categories of 'Critical', 'High Priority', and 'Supporting.' Each main Health Need is summarized in two pages that include details on the need, community perspectives, specific sub-needs related to the need, and important connections to other Health Needs.

Our report ends with a reflection on our process and next steps for our new phase of health planning.

The accompanying Appendices binder contains additional details about our process and specific methodologies, summaries of data, and the full versions of all reports, newsletters, and tools generated during this CHNA process.

Methodology: Our Process

In this section, we outline the methods we used to complete our process design, data collection and analysis. We include discussion of our overall approach and process principles as well as specific community engagement, communications, research and analysis strategies and steps.

Process Methodology

The design of process and community engagement is the foundation for community-driven health planning. Our approach emphasizes a community-driven process based on five pillars:

1. **Community-based**: Planning activities and tools are designed to maximize community participation, community control, empowerment, and voice.

2. **Capacity-driven**: As much as possible, we build local health planning capacity through tools, learning-by-doing and relationships.

3. **Strength based**: We start with a focus on community strengths and assets and acknowledge issues and gaps.

4. **Culturally-relevant**: We respect our local culture, protocols and customs in all planning activities and provide translation support to maximize participation.

5. **Integrative**: Health is approached from a holistic community development perspective which mobilizes community members in a participatory process and includes all parts of a health system including the full continuum of health care as well as environmental, economic, social, cultural and governance aspects.

Principles

In addition to these pillars, ten principles informed our approach and guided our CHNA process - these are illustrated in Figure 4 on the next page. These pillars and principles of our approach build on PFN's community-based planning experience with the Whitefeather Forest Initiative and our community's priorities of inclusion, consultation and mobilization of community members.

Figure 4: Our CHNA Pillars & Principles

- Capacity-driven
- Communicate & Share
- Youth & Elder Involvement
- Respect Local Culture
- Strong Relationships
- Integrative
- Strength-based
- Participatory Community Health Planning Principles
- Community Development
- Honour Local Knowledge
- All Things Are Connected
- Make Planning Fun
- Culturally-relevant
- Community-based
- Ceremony & Celebration
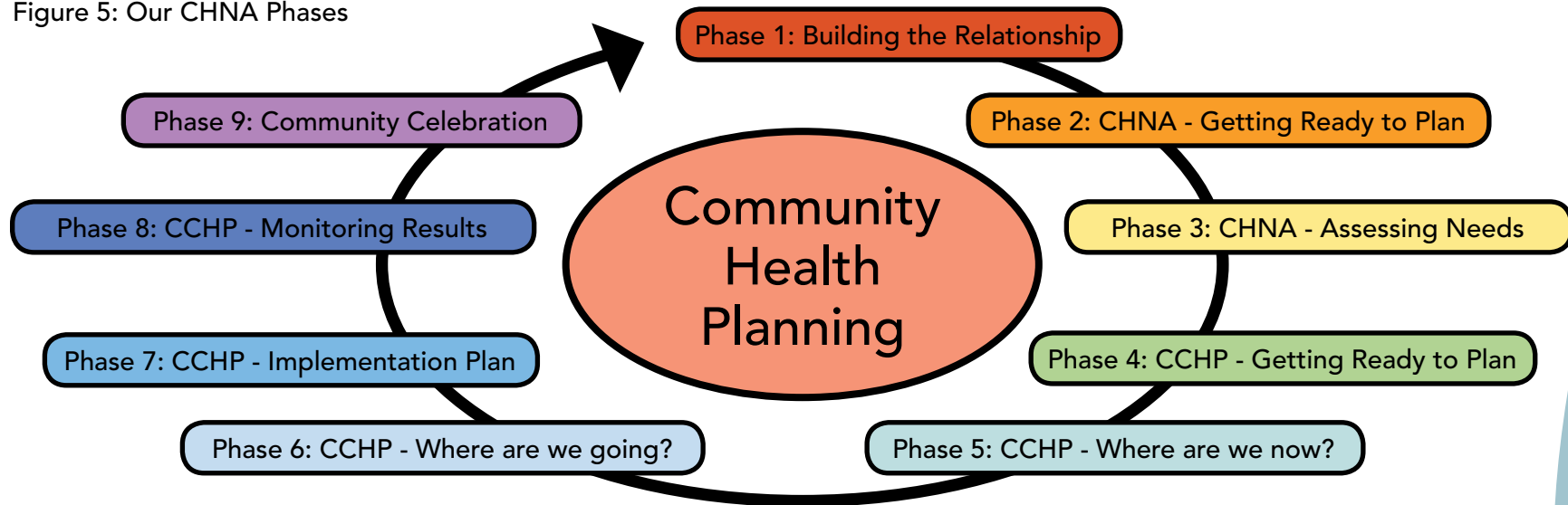- Diverse, Inclusive Participation

Project Background and Phases

Our CHNA process began as a result of the recommendations from the 2011 report by the Chief Coroner's Office of Ontario. While the inquest had collected valuable information and recommendations, it did not focus on building a plan to address them. Chief and Council authorized the PHA to oversee the health needs study and comprehensive community health plan. The SHEE (Social, Health, Education and Elders) Committee was established to support a Community Development Strategy comprised of three parts:

Part 1: Community Health Asset Map (Complete) ▷ Part 2: Community Health Needs Assessment ▷ Part 3: Comprehensive Community Health Plan

In 2010-2011, Pikangikum retained a consultant to undertake an asset mapping exercise as the first part of the Community Development Strategy.[*] The other parts identified were a health needs assessment followed by a comprehensive community health plan. Therefore, this present Community Health Needs Assessment is one piece of a larger, many phased Community Health Planning process, as illustrated in Figure 5. The Needs Assessment is the first three phases of the process and is a foundation for the next six phases of health planning.

Figure 5: Our CHNA Phases

Phase 1: Building the Relationship
Phase 9: Community Celebration
Phase 2: CHNA - Getting Ready to Plan
Phase 8: CCHP - Monitoring Results
Phase 3: CHNA - Assessing Needs

Community Health Planning

Phase 7: CCHP - Implementation Plan
Phase 4: CCHP - Getting Ready to Plan
Phase 6: CCHP - Where are we going?
Phase 5: CCHP - Where are we now?

Methodology

The first three phases, those specific to our CHNA, are described as follows:

Phase 1: Building the Relationship

- Project launch
- Chief and Council and Elders approval and welcome
- Organize local planners and introduce to working group
- Finalize work plan
- Assess information needed

A local project leader and team of community planners was assembled and trained with support from Beringia Community Planning. We held a series of community visits and project launch meetings. Using a holistic definition of health, we determined the scope of information needed. Relevant documents and data sources within the community were identified. The planning team met with Chief and Council and Elders to seek guidance on the process, protocol and gain insight from past community engagement experience.

Phase 2: Getting Ready to Plan

- Welcome feast
- Community engagement survey
- Background research
- Research reports completed
- Engagement & communications strategy

Background research was completed including the preparation of a Community Health History Report, Community Health Status Report Community Health Trends Analysis and a Community Health Systems Report. A Community Open House and welcome feast was held where we gathered information on community engagement preferences through a survey. Based on these preferences, the planning team finalized a community engagement and communications strategy.
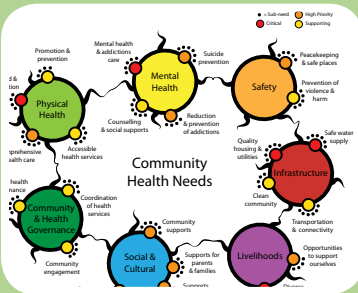
Phase 3: Assessing Community Needs

- Community engagement events and summary reports (Open houses, interviews, focus groups)
- Data analysis
- Summary reports
- Needs prioritization
- Document and share results
- Final Report

We held a diversity of community engagement sessions to collect ideas on community strengths, issues and needs. We did interviews and focus groups (Youth, Elders, Teachers, Women, Staff). We analyzed this information and presented summaries back to the community for feedback and ranking. This report is our final summary of community health needs and initial prioritization. (Phase 3 can be broken down into 8 steps, described in Appendix 3 as a tool for future community needs assessments.)

Building on our work in these first three phases of Community Health Planning, our next step is to prepare for our CCHP process which will lead to the development of a Community Health vision, directions, strategies and implementation plan. This will involve reflecting on the process so far and refining our engagement strategy for the next phase of planning.

Vision for Community Engagement

We started our community engagement efforts by asking our membership how they wanted to build a community based process through a survey at our first open house in July 2012. Based on this survey and guidance from our Elders, Chief and Council, our Project Leader (Samson Keeper) and local planners, our strategies for engagement were:

- **Diversity of engagement methods** to create many opportunities for a wide range of community members to participate.

- **Multiple scales of participation** from large-group open events to small, private groups and interviews to share specialized or sensitive information appropriately (illustrated in Figure 6).

- **Recognize and celebrate community involvement** with fun public events where participation was rewarded.

- **Increase skill base of membership** through providing multiple opportunities not only to participate, but also to learn about community planning and the health needs of our community by engaging with a wide variety of worksheets, surveys and tools.

- **Continuous ongoing opportunities to get involved** throughout the process, allowing members to stay involved, scale up their involvement, or jump in even if it is their first time participating.

Figure 6: Scales of Engagement

Project Leadership Meetings (Chief & Council, SHEE committee, PFN Working Group and Executive Director, Elders, Project Leader, Community Planners)	Meetings with agencies and funders

Large Group Community Open House Sessions

One-on-One Interviews and Meetings	Small Group Sessions (Elders, Teachers, Youth, Women, Staff)	Online (Facebook)

Outcomes of our community engagement strategy were:

- Increased confidence
- Healing

- Improved understanding of community issues and needs
- Recognition of traditional knowledge

Community Engagement Tools

We also recognized that we needed to use a diversity of tools in which to engage members. We used a mix of tools during community sessions including:

- Open discussion and brainstorms
- Writing stories
- Drawing
- Creating comic strips
- Sharing ideas on video
- Writing ideas on a postcard
- Adding to community history timeline
- Adding to a wheel of community strengths
- Completing four parts of health circle (mental, emotional spiritual, physical)

The local planning team played an important role in suggesting what questions to ask in community surveys. We approached survey questions from a number of angles including open-ended questions, choosing answers from a list or ranking answers. Throughout the process, we shared results with community members and asked for feedback using tools such as Facebook, newsletters and radio. Figure 7 provides an overview of the different engagement tools used throughout the needs assessment process.

Process Deliverables

The planning process was officially launched in July 2012 with the formal support of Chief and Council and community Elders. In October 2013 we started transitioning from the CHNA process to the CCHP process. At this point, the planning team has engaged community members in three large community sessions, 22 small group sessions, 64 one on one interviews, and through an online Facebook group (228 members). In total, 574 different community members have participated in the process. Figure 8 illustrates our calendar of activities.
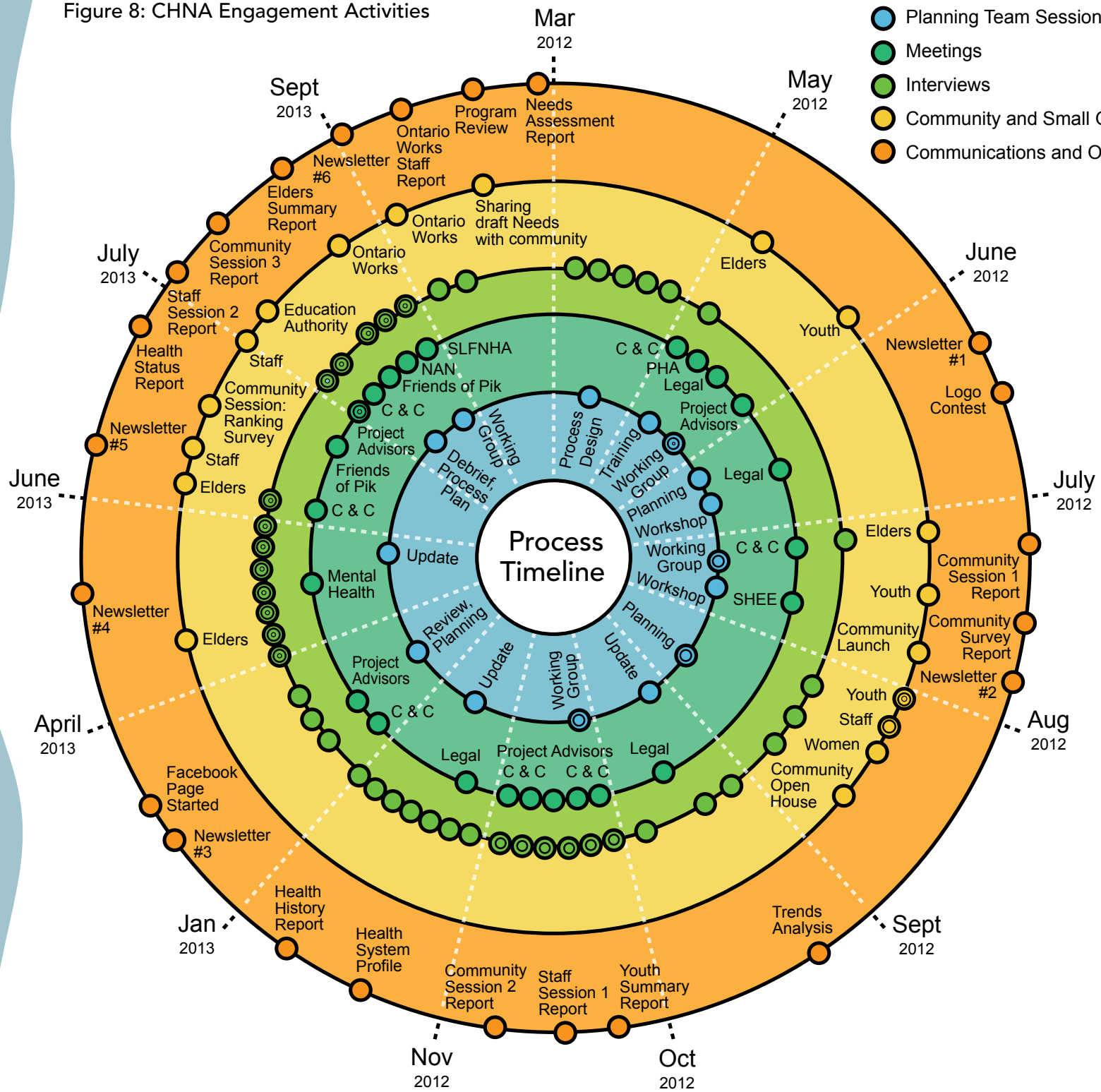
Postcards

Community strengths wheel

Community timeline

Drawings

Comic strips

Video

Storytelling

Community health needs ranking exercise

Talking circles and focus groups (Elders, Youth, Staff, Women)

Staff surveys

Facebook

Participation Survey

Logo Contest

Brainstorms on community health issues and needs

Radio announcements and discussions

Interviews

Top Five Things Too Much and Not Enough

Defining health using four parts of health circle

Health evaluation using four part health circle and survey

Brainstorm on causes of present and future health strengths, issue, and needs

Participation & Community Engagement Tools & Techniques

Methodology

Figure 8: CHNA Engagement Activities

Legend:
- Planning Team Sessions
- Meetings
- Interviews
- Community and Small Group Sessions
- Communications and Outputs

Process Timeline

Planning Team Sessions (inner blue ring):
Working Group · Process Design · Training · Working Group · Planning · Workshop · Working Group · Workshop · Planning · Update · Working Group · Update · Review, Planning · Update · Debrief, Process Plan

Meetings / Interviews:
SLFNHA · NAN · Friends of Pik · C & C · Project Advisors · Friends of Pik · C & C · Mental Health · Project Advisors · C & C · Legal · Project Advisors · C & C · C & C · Legal · Legal · SHEE · C & C · Legal · Project Advisors · PHA · C & C

Community and Small Group Sessions:
Ontario Works · Ontario Works · Education Authority · Staff · Staff · Elders · Elders · Youth · Elders · Staff · Women · Youth · Youth · Community Launch · Elders · Youth · Elders

Communications and Outputs (outer ring):
Needs Assessment Report · Program Review · Ontario Works Staff Report · Newsletter #6 · Elders Summary Report · Community Session 3 Report · Staff Session 2 Report · Health Status Report · Newsletter #5 · Newsletter #4 · Facebook Page Started · Newsletter #3 · Health History Report · Health System Profile · Community Session 2 Report · Staff Session 1 Report · Youth Summary Report · Trends Analysis · Community Open House · Newsletter #2 · Community Survey Report · Community Session 1 Report · Logo Contest · Newsletter #1 · Sharing draft Needs with community

Months (outer labels):
Mar 2012 · May 2012 · June 2012 · July 2012 · Aug 2012 · Sept 2012 · Oct 2012 · Nov 2012 · Jan 2013 · April 2013 · June 2013 · July 2013 · Sept 2013

Communications Strategy

Throughout the process, the importance of communicating information and findings back to the community was clear. Our strategy was to make findings visual, fun and easy to access. We had a logo contest to help brand our health process. The winning logo was printed on t-shirts that were distributed to community members. We updated members on the progress of our process through regular newsletters, reports, radio announcements, summaries at events, and translating all of these into written and spoken Anishinaabe. Table 2 summarizes all of the product deliverables produced so far to share findings with the community as part of this health needs assessment process.

A guide to what is in all of these reports and how to use them is found in Appendix 4. Find full versions of reports and newsletters in Appendix 21.

Table 2: Product Deliverables

Type	Products
Needs Assessment	CHNA Main Report Issues Analysis Report (Appendix 19) Program Review Report (Appendix 20) Appendices Binder
Capacity Building Tools	Planners' Binder
Community Profiles	Community Health System Profile (Appendix 6) Community Health History Profile (Appendix 7)
Research Reports	Trends Analysis Report (Appendix 8) Health Status Report (Appendix 5)
Public Engagement Reports	Community Participation Survey Report (Appendix 9) Staff Reports (3) (Appendices 12, 16, 18) Youth Report (Appendix 13) Elders Report (Appendix 14) Key Informant Interviews Report (Appendix 17)
Community Session Reports	Community Session 1 Report (July 2012) (Appendix 10) Community Session 2 Report (October 2012) (Appendix 11) Community Session 3 Report (June 2013) (Appendix 15)
Communication Tools	Newsletters (6) (Appendix 21) Facebook page T-shirts

Research Methodology

After building relationships and the community deciding on approach and process goals, the next step in our community health needs assessment was to decide what information we needed to collect and from where. This was an ongoing process of gathering and analyzing. This CHNA is based on quantitative data and qualitative data, some of which was collected from existing sources and the rest was original data collected for this process. Tables 3 and 4 summarize our information sources.

Table 3: Quantitative Data Sources

Source	Quantitative Data
AANDC	Registered reserve population
Pikangikum Health Authority	Local health staff distribution, health budget
Nursing Station records	Patient visits, number and nature of deaths, number of births
PFN Death book	Causes of death
PFN Probation visits register	Nature of probation visits
PFN Tikinagan Client register	Nature of child welfare cases
PFN Mental Health records	Number of mental health visits and their nature
PFN Chronic Care register	Numbers and nature of chronic conditions
Office of the Chief Coroner of Ontario report	Number of solvent users, crime rates, suicides, suicide attempts
Police records	Violent crime incidents, reported suicides, suicide attempts, mental health police calls
AmDocs	Medevacs, Opiod prescription abuse
Health Canada	Population distribution, health budget, school attendance, diabetes rate
North West Local Health Integration Network	Regional life expectancy, mortality rates, diabetes rates, self-reported health status
Pikangikum Education Authority	School enrollment, education staff distribution
North South Partnership for Children, Assessment report	Employment distribution, hosing demand, number of solvent abusers
PFN Capital Plan	Number of houses, hosing shortfall, road conditions, water and sewage services, units connected to the grid, population projection, social assistance rates
Ontario Works records	Social assistance and employment assistance case load
Community Session 3 survey	Health Needs rankings (High, Medium, Low) and dot voting process to identify most important needs.

Table 4: Qualitative Data Sources

Source	Qualitative Data
Community Session 1	Community loves and strengths, community history
Youth sessions (3)	Role of Youth, defining health, health vision, health satisfaction, health needs
Elder sessions (3)	Role of Elders and traditional knowledge, role of family, health needs and issues
Staff sessions (4)	Health issues and needs, gaps in programs and services, defining health, role of culture, community strengths
Women's Circle (1)	Women specific health needs and issues, community strengths, gaps in services for healthy parenting
Community Session 2	Defining health, health needs, health satisfaction, community history, role of culture, health service experiences
Community Session 3	Health needs, specific needs by gender/age, gaps in programs and services, role of culture
Interviews	Health vision, health need prioritization, community strengths
Qualitative information was also collected through extensive review of background research and existing reports.	

The quantitative and qualitative data available from existing sources and collected early in the process gave us a baseline of information about community health status, including strengths and challenges. As we developed this baseline, our process was to ask community members and staff how well this data reflected their experiences as the process evolved. We collected new data through an iterative process of interviews, large group surveys and questionnaires, and small and large group workshops. As we collected this information, we took summaries back to community members and other participants to validate and expand upon the findings and analysis to ensure accuracy.

Note: We recognize the many gaps that exist in currently available community health data. In the Health Status report (Appendix 5) we discuss the information gaps that we were unable to address. While there were gaps, particularly in quantitative data, the experiences and perspectives of community members gathered in large group sessions, small group sessions, meetings and interviews, informed our analysis of community health needs.

Analysis Methodology

Generally, health needs assessment use a wide variety of methods to analyze information collected, based on the data available and the approach of the project team. In this section, we explain how we used community information to inform our assessment of community health needs.

Our Framework

Our holistic approach to understanding health and healing means that we need a broad and holistic framework to organize our information.

We consider conventional health indicators for physical and mental health, but also broader categories that impact health, like social connections and culture.

We referred to health assessment frameworks from Manitoba Health (2009) and the First Nations Health Development Toolkit (2006). However, we respected that the challenges and health needs that Pikangikum faces are not all going to fit within a generic model. We wanted to tailor our framework to the patterns of health needs and concerns that emerged from community information and input, while also respecting the goals and constraints of the project.

We developed a series of indicators to strive to include (discussed in Health Status report, Appendix 5). Using the data we could collect, combined with knowledge and input from community members, we gradually developed an overall framework of large group categories to organize our analysis and findings in a clear and accessible way.

The final version of this framework is illustrated in Figure 9 on the next page. We represent this framework with energy circles and lines inspired by Anishinaabe art because it serves to remind us that all of these large-group categories are connected in many ways, directly and indirectly, and that individual and community health emerges from all of them together.

Figure 9: Community Health Needs Framework

In our framework:

- **Physical** health includes medical and treatment services as well as prevention supports (like healthy food).

- **Mental** health includes treatment and support as well as prevention and reduction of mental health issues.

- **Safety** focuses on concerns of violence and keeping community members safe and feeling secure.

- **Social and cultural** aspects of health include a range of things that support good health, such as social networks, cultural continuity, and supports for parents.

- **Infrastructure** looks at basic infrastructure and environmental needs, like housing and water.

- **Livelihoods** similarly includes things that support and enable community members to live healthy lives, such as education, learning, skills, and employment.

- **Community & Health Governance** includes leadership, overall health coordination and management.

Identifying Health Needs

Our methods for identifying community health needs from the data and community knowledge we collected varied by data source. We analyze and present existing quantitative data collected from other agencies and external sources in our Health Status report (summarized in the Health Issues and Health Needs sections in this report and included in full in Appendix 5). When we analyzed these quantitative data, we looked for health trends over time, common health needs and issues documented by different sources, leading causes of death and disease for different age groups and genders, and the main reasons for community members using medical services. We used this information to inform our analysis of community information, and provide a baseline of quantitative data.

Given limitations on available existing quantitative data (discussed in Appendix 5) as well as our focus on having this CHNA be community-based and community-driven, our assessment draws primarily from information collected from the community throughout our process. When working with this information, we analyzed it for:

- Major and recurring themes/concerns

- Differences between general community perspectives and perspectives of specific groups (Elders, Youth, women) and perspectives of staff members and health professionals

- Key areas to prevent disease and injury, and promote health and well-being*

- Current community efforts and programs to address health needs

- Opportunities to substantially improve health

- Program effectiveness – what strategies are being used, which are working, and why*

Like with our framework, our identification and organization of health needs also grew and evolved during our process, but we did use a consistent approach to analysis throughout the assessment process. We were guided by the need for practical and clear findings and we drew from recommendations from Health Canada (2000) and the NACCHO (2000) 'Mobilizing for Action through Planning and Partnerships' model, both of which recommend consolidating overlapping and related issues into a manageable number of categories.**

As we collected information from various sources, we identified themes and labelled information under different large-group categories. When analyzing responses from a question we allowed themes to emerge from the data, only then determining which large-group category it would fit with, if any. As the list of labels and categories grew, we grouped similar and closely-related labels together.

*   Manitoba Health. (2009). Community Health Assessment Guidelines.
**   Health Canada. (2000). Community Health Needs Assessment: A Guide for First Nations and Inuit Health Authorities.; National Association of County and City Health Officials. (2000). www.naccho.org/topics/infrastructure/mapp/framework/index.cfm

Methodology

This process of growth and grouping of health needs is visualized in Figure 10, which shows the lists of health needs that we identified at various periods during the assessment.

Figure 10: Evolving Categorization of Health Needs
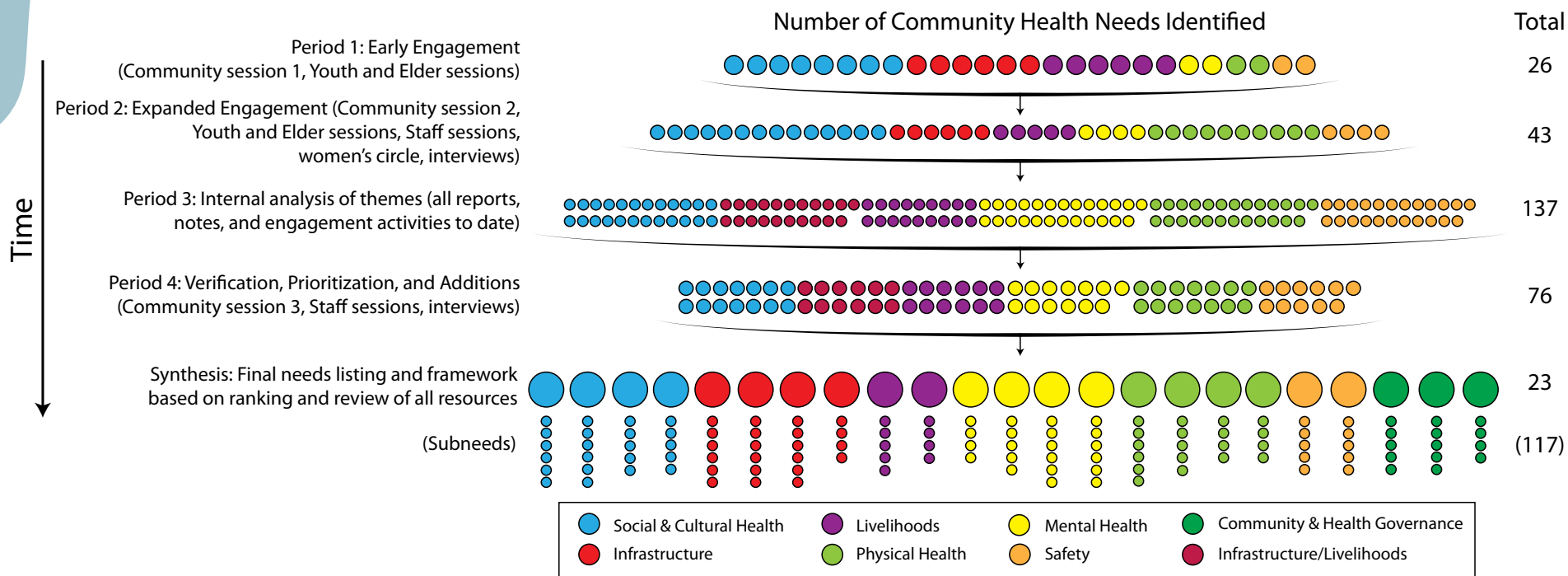
Period 4 of our analysis was a community health needs ranking survey in June 2013. This survey was designed to present and verify the draft 137 needs (organized into six categories) that we had identified so far and begin identifying priorities. We asked respondents to rank the priority and importance of all the health needs. Respondents chose whether a need was High, Medium, or Low priority and distributed 15 dots among the list of needs in each category to indicate which were the most important. We combined these quantitative data to determine the top ten needs from each of the six categories.

Although our final list of health needs was shaped by the results from our community ranking exercise, these results were not conclusive. In Period 4 and the final Synthesis, additional needs were added to reflect the full results of our research and current knowledge of PFN's community health needs (including from interviews, small group sessions with staff from the PHA, Band, and Ontario Works, and previous reports).

Our final list of 23 main health needs and 117 sub-needsis described in this report. Each of the 23 main health needs also includes 3 to 6 sub-needs that detail specific aspects of each need.

Prioritization

After condensing our list of community health needs, the final analysis was to assign a level of priority to the main needs to help show which are top priority or foundational to addressing other needs and should be focused on first. The objectives of this preliminary ranking were to help highlight where to start first in addressing our health needs and inform wise decision-making influenced by three categories of prioritization criteria (Table 5):

Table 5: Prioritization Criteria and Descriptions

	Criterion	Description
Popularity	Community Voice	How high did the community rank this need in our community ranking exercise?
	Key Informant Interviews	How many times was this need mentioned during key informant interviews?
	Staff Voice	How consistently did staff identify this need during staff sessions and surveys?
	Literature and Data	How prominently is this need identified in our literature review and health status report?
Urgency	Urgency	How drastically is this need worsening?
	Severity	To what extent does this need limit people's ability to lead a healthy life or cause preventable loss of life?
Strategic	Connections	Is this need something that needs to be addressed before other needs can be?
	Feasibility - capacity	Do we have adequate human resources to address this need?
	Feasibility - time	How long will it take to address this need?

These criteria were based on a review of other health needs assessments and balancing the need to assess popular voice, urgency, and strategic considerations in our prioritization. The four popularity criteria assess how widely the need is identified through community engagement and research. The two urgency criteria assess how urgently the need should be addressed and how severely it affects people's ability to lead healthy lives. The three strategic criteria assess how connected the need is to other needs, and how easily it could be addressed considering how much time it would take and our existing capacity and resources. Both the popularity criteria and the urgency criteria tell us how important a need is to address; the strategic criteria considers the strategic advantage of starting to address a particular need (for the feasibility scores, needs that take a long time to address and are missing capacity scored lower).

Note that the unequal number of critera per category results in a greater emphasis on popularity; this differential weighting is intentional as our CHNA is meant to be community-driven and so emphasizes the results of our information gathering, rather than the more technical and intuitive assessments required for the criteria in the urgency and strategic categories.

Given the interconnected nature of our main health needs, all community health needs are important and depend strongly on other needs. This preliminary ranking represents our current understanding of our priority health needs based on a careful consideration of the prioritization criteria. As our understanding continues to deepen in the next phase of planning, we will rank specific actions and strategies to address these needs considering other criteria including how well actions will address our Health Plan's objectives. This will result in a list of priority actions that looks different than our current list. In a world of limited resources, the purpose of prioritizing needs at this stage is to assist agencies, staff, and programs make decisions on which needs to start with.

The community ranking survey done in June 2013 was our starting point for assessing the priority level of all the different needs identified by community members. Next, we reviewed all results from our staff sessions, interviews and literature/data review. For each prioritization criteria (Table 5), each need was given a score according to a five point scale described in detail in Appendix 25. Sub-needs were considered in the evaluation of each main need but were not individually scored.

The results of our preliminary prioritization ranking are presented on page 65 of this report and Appendix 26. Although all of the needs described in this report can be considered priority needs, to help distinguish where needs fall after the ranking exercise, each need is identified as either a critical, high priority or supporting need.

Critical needs are strongly identified in community engagement, score high on urgency and severity, and have a strategic advantage for addressing it early. High priority needs ranked in the top ten of our overall ranking exercise and are also crucial to achieving our health. Supporting needs are important because addressing them would create a foundation for addressing other needs. Some needs are identified as crosscutting needs because they are foundational to our work addressing any and all of our needs.

Community Profile

Our community profile summarizes key demographic, social-economic and historical facts about PFN. Its purpose is to share important baseline information with the community so that we have a shared understanding of the starting point for our Community Health Planning process. A community profile is a tool for PFN leadership, staff and community members. It can be used for informing members, decision making, proposal writing and referencing. More complete profile information can be found in the reports *PFN Community Health History* and *PFN Health Status Report* in Appendices 7 and 5. The following section provides highlights from these two documents.

Overview

PFN is an Anishinaabe, Ojibway-speaking community of approximately 2,600 members and is one of 29 First Nations located in the Sioux Lookout District of Northwestern Ontario.[*] Our people belong to the larger Anishinaabe family, which includes the Odawa, Ojibway and Algonquin peoples.

Our location and traditional territory is illustrated in Figure 11. The Anishinaabe traditional territory spans the landscape between the Great Lakes and Hudson Bay, including deciduous forest, mixed forest, boreal forest, boreal barrens, tundra, and coastal landscapes.[***] The Pikangikum reserve is currently 1,808 hectares in area.[****]

We are a member of the Nishnawbe Aski Nation, a political territorial organization representing 49 First Nation communities within Northern Ontario.[**]

Figure 11: Map of Ontario and Pikangikum traditional territory. Source: PFN, 2006

[*]   Municipality of Sioux Lookout. (2009). www.siouxlookout.ca/community/profile/businessesorganizations
[**]   Nishnawbe Aski Nation Member Nations, www.nanbroadband.ca/article/about-nishnawbe-aski-nation-nan-6.asp
[***]   Royal Ontario Museum. (2013). Ontario's Species at Risk - Regions. www.rom.on.ca/ontario/risk.php
[****] AANDC. (2013). Community Profiles - Pikangikum. pse5-esd5.ainc-inac.gc.ca/FNP/Main/Search/FNReserves.aspx?BAND_NUMBER=208&lang=eng

Demographics

We are growing: Our community has grown to be one of the largest First Nations in the Sioux Lookout District, and is continuing to grow. Between 1998 and 2008 our population has grown by 26% (from 1,690 to 2,133).[*] On average we are growing by 2.4% each year. This means that there are about 70-90 babies born each year in PFN.[**] Our recent physical development plan has projected a steady increase in the on-Reserve population over the next 20 years. As Figure 12 shows, by 2028, 16 years from now, our population is projected to be 1.5 times larger than our current population (3,838 people).[*] As our population grows, we will need more housing, services and facilities for all age groups.

Figure 12: Pikangikum's projected population growth. Source: PFN, 2011

On-Reserve Population

1998, 1690
2003, 1911*
2008, 2133
2010, 2400
2013, 2676*
2018, 3021*
2023, 3411*
2028, 3838*
*Projection

Off Reserve: 112   On Reserve: 2485

75%

Population under 35
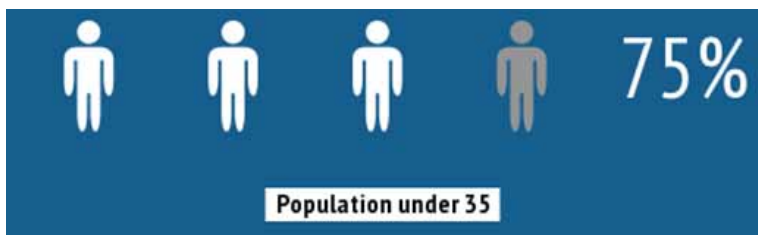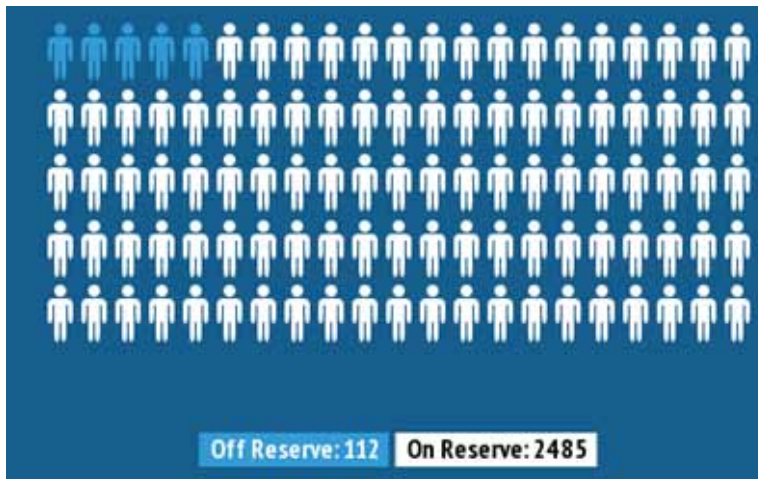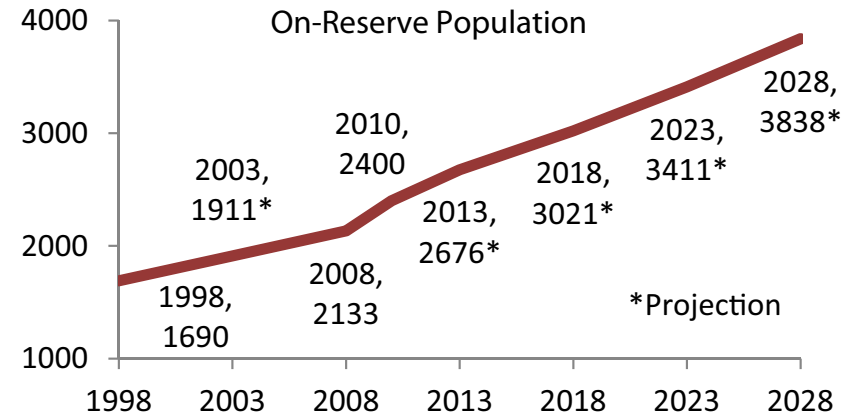
Most of us live on-reserve: Approximately 95% of our members are living on reserve.[***] Our percentage of members living off-reserve is significantly lower than other First Nation communities across Canada where the average off-reserve membership is estimated at between 30%-50%.[****]

Our population is very young: An estimated 75% of our population (3 out of every 4 people) is under thirty-five years of age and 35% is less than 15 years of age.[*] This has significant implications to the types of services and programs that our population needs, including housing, education, staffing, medical, and employment needs.

Population Quick Facts

Current population:	2,600	% of pop. on-reserve:	95%
Annual growth rate:	2.4%	% of pop. under age 35:	75%
Babies each year:	70-90	% of pop. under age 15:	35%
Projected pop. 2028:	3,838		

*   PFN. (2011). Capital Planning Study, p.2-1
**   Office of the Chief Coroner for Ontario. (2011). Death Review of the Youth Suicides at the Pikangikum First Nation, 2006-2008. p.106.
***   AANDC. (2012). Community Profiles. pse5-esd5.aincinac.gc.ca/fnp/Main/Search/FNRegPopulation.aspx?BAND_NUMBER=208&lang=eng
****   Medicine Creek Solutions. (2010). Community Health Asset Map. Pikangikum Health Authority.

Socio-Economic

Governance:

We are governed by a Chief, Deputy Chief, and nine Council members selected by the community through custom elections.

As well, our Elders and increasingly our Youth provide our leaders with guidance on community priorities and issues, including social and health issues. Other governing bodies that are managed separately include the Pikangikum Education Authority (governs Pikangikum's school) and the Pikangikum Health Authority (governs many of Pikangikum's local health services).

Land and Culture:

Our relationship with the land is deeply rooted in our culture. Today our community is located on the eastern shores of Pikangikum Lake. We are surrounded by Boreal forest and many of our community members continue Anishinaabeg traditions of hunting, trapping and gathering.

Our community is fortunate to have the strength of our Anishinaabe culture, with an almost 100% retention rate of Ojibway fluency.

Traditional Principles of our Land Use Strategy

Our relationships as caretakers and members of this landscape begin with *Ohneesheesheen*, meaning "to have good mental, spiritual, physical, emotional health, and practice activities properly on the land to create wellbeing in yourself and in your actions."

Then we must practice *Cheemeenooweecheeteeyaung*, meaning "to build good relationships with family, community, and the Creator and to form partnerships with people from other cultures, everything must be good."

Having these relationships is what makes it possible to have *Oohnuhcheekayween*, meaning "planning for the future, and making decisions for the community that will have positive social, economic, and environmental outcomes."

Through planning and community decision-making we ensure that *Ahneesheenahbayweepeemahteeseeween* "the Pikangikum way of life," and the land it is based on, can and will continue as it should.

Source: Shearer, J.M. (2008). Reading the Signs in the Whitefeather Forest Cultural Landscape, Northwestern Ontario. University of Manitoba. p.ii.
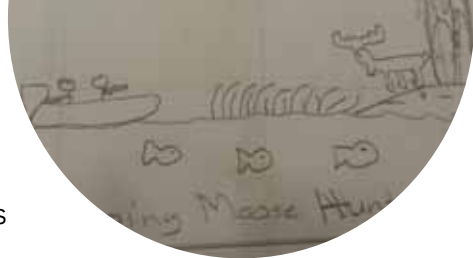
Economy:

Customary land uses include traditional pursuits protected by treaty and Aboriginal rights, (including but not limited to trapping, hunting, fishing) and other historical livelihood activities. Some of these customary land uses, such as trapping and fishing, provide food and income for our community members.[*]

The Whitefeather Forestry Project is a potential large-scale project based on forestry in a section of boreal forest that covers much of our traditional territory. It is expected to generate a significant number of jobs (between 150 and 300).[**] Our Elders inspired the initiative in 1996.[***]

Although about 1,000 of our community members are between 20 and 59 years old, only 130 of us hold permanent jobs.[****] An additional 60 seasonal jobs exist during the summer months. It is estimated that our community receives about $5.5 million in income from these jobs and about $8 million in government benefits.[+] The majority of families in our community are receiving social assistance, over 540 households.[++] Most families in our community are considered low-income and receive less than $10,000 per year.

Education:

School enrollment has dropped since our Eenchokay Birchstick School burned down in 2007. In 2011, 619 of our kids were enrolled in school, down from 750 in 2007.[+++] It is estimated that 300-500 school-aged children in our community are not currently in school.[+]

Our school offers junior kindergarten through to grade 12. The Ontario curriculum is taught and credits are transferable; however, the age/grade gap in Pikangikum is about 3 years.[+]

Infrastructure:

We are a remote community with access by air year round and water or winter road seasonally. There are 487 houses in Pikangikum. On average, five community members share a home . We need to build or repair at least 200 homes to address overcrowding. 447 of Pikangikum's 487 houses are not connected to water and sewage systems. Most people get water from eight water distribution points or delivered in trucks, but these are prone to freezing, contamination, and service disruptions. Electricity for 469 out of 487 homes comes from a diesel power generating station and local distribution system owned and operated by PFN.
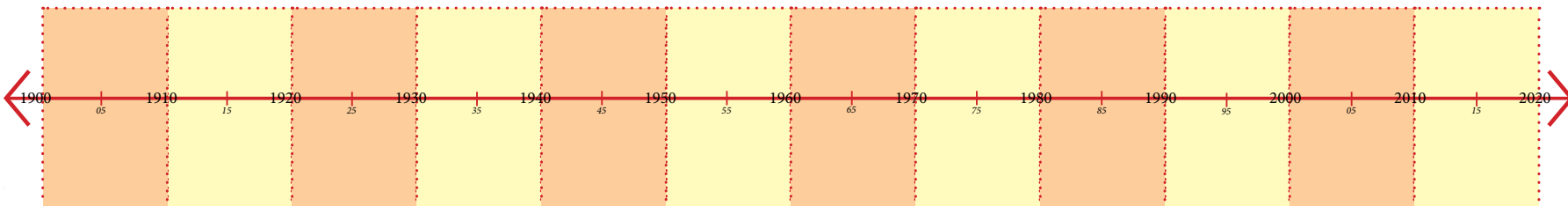
Economy Quick Facts

Permanent jobs:	130
Seasonal jobs:	60
Jobs held by non-members:	50
Annual job income:	$5.5 million
Annual income from government benefits:	$8 million

Infrastructure Quick Facts

Current number of houses:	487
Average people/house:	5
New houses needed:	200
Houses with water/sewage systems:	40
Houses with electricity:	469

[*]   Whitefeather Forest Initiative. (June 2006). "Keeping the Land: A Land Use Strategy", Pikangikum First Nation and Ontario Ministry of Natural Resources.
[**]   North South Partnership for Children. (2008). Mamow Sha-way-gi-kay-win
[***] Whitefeather Forest Initiative. www.whitefeatherforest.com
[****] Health Canada Community Based Reporting, Pikangikum 2009-2010
[+]   Medicine Creek Solutions. (2010). Community Health Asset Map. Pikangikum Health Authority.
[++]   Office of the Chief Coroner for Ontario. (2011). Death Review of the Youth Suicides at the Pikangikum First Nation, 2006-2008. p.106.
[+++] Keewatin-Aski Ltd. August 2013. PFN School Capital Planning Study.

History

Our community health today is influenced by our collective, family, and individual histories. Our ancestors' way of life prior to contact was different from ours today in many ways, but these changes did not happen all at once. Many things have influenced and impacted individual and community life and health in PFN over the last century (see list in Appendix 23 and full Health History report in Appendix 7).

- Our people have lived off this land and practiced traditions of hunting, fishing, and gathering wild foods since time immemorial.

- Initial contact with Europeans was minimal and we relied on our own health traditions well into the mid-1900s.

- The Hudson Bay trading post was established in PFN in 1925, along with the first mission teachers and Church influence. As our on-reserve community grew, more Western-style health infrastructure was set up.

- Starting in the 1940s, our community gradually shifted from a local, subsistence-based economy, to a wider and more cash-based economy.

- Around the 1950s and 1960s the Federal Government became more directly involved with individual and community life, through such things as residential schools, delivery of Western-style health services, child welfare programs, and social assistance payments.

- Starting in the 1970s, leaders in Pikangikum and other First Nations began advocating strongly for increased local authority, including local health planning and service provision.

- PFN begins to deliver its own education programs in 1988.

- In 2000, the Whitefeather Forest Initiative steering group is formed.

- In 2008, Pikangikum Health Authority was empowered to deliver and manage health care services as an independent body linked to the overall governance authority exercised by Chief and Council.

- Today our community continues to increase control over our health system and are improving our local health capacity, infrastructure, and resources.

| 1900 | 05 | 1910 | 15 | 1920 | 25 | 1930 | 35 | 1940 | 45 | 1950 | 55 | 1960 | 65 | 1970 | 75 | 1980 | 85 | 1990 | 95 | 2000 | 05 | 2010 | 15 | 2020 |

Community Strengths

Throughout our CHNA process, we approached our health needs from a strength-based approach. We collected information on our community strengths throughout the process as one of the foundations of our community-driven health plan and to build off the community assets mapping that was the first step towards this assessment.

Many of the health, healing, and social supports that help our community members are provided informally by family members, friends, Elders, and other community members. In community engagement sessions, community shared many community strengths and things they love about their community as summarized in Figure 13 and Table 6 on the next pages. See Appendix 24 for a full list of community strengths shared. Below are a sample of quotes shared by community members about what they love about Pikangikum and our strengths:

"I think our culture is the most important thing and not losing our language"

"a strong community is elders who teaches us the old ways, how they live and how to hunt"

"there are animals like moose, ducks to eat"

"communicates through walkie-talkies and through relatives"

"helping one another makes our community strong"

"Chief and Council has great leadership"

"kids going to school getting their education"

"people praying for our community that makes us strong"

"The beauty of trees, grass, water - it has a beautiful views and forests"

"I like working for the community"

"people standing together"

"Having a nursing station here in the reserve"

"Children having their new playground and other activities for them"

"Our language is being taught in school"

"play sports with friends"

"the Elders that try to change and how to have a better future"

"All my friends and relatives are living here"

As well, we have local health infrastructure and health-related infrastructure, as well to access to regional health facilities (see *Health System Profile* report in Appendix 22 for list of health related infrastructure).

Figure 13: Pikangikum's Community Strengths

Livelihoods
- Whitefeather Forest Initiative
- Training
- Employment Support
- Adult programs
- Tourism
- Traditional economy
- Food
- Fishing & Hunting
- Resources
- Activities
- Jobs

Learning
- Love of education
- Increasing graduates
- Learning from Elders
- Child & Youth programs
- Community buildings
- Water treatment plant
- Teachers
- School

Landscape
- Wildlife
- Our care of the Land
- Relationship with Land
- Clean air, water, land
- Beautiful
- Peaceful
- Medicine

Infrastructure
- Roads
- Communications (radio, cellphones, internet)
- Airport
- Electricity
- Health governance
- Staff
- Houses

Spirituality
- Healing & Strength
- Church programs & Healing circles
- Cultural gatherings & ceremonies
- Fellowship
- Prayer
- Gospel
- Places of worship
- Land-based healing

Our People

Leadership
- Community involvement & volunteers
- Teamwork
- Chief & Council
- Leaders
- Elders
- Youth
- Role models
- Peacekeepers
- Family

Culture
- Elders' teachings
- Living cultural knowledge
- Cultural education
- Culture break
- Tent meetings
- Social programs
- Language
- Art & Music
- Events

Social
- Helping each other
- Working together
- Community connection

Community Profile

44

Table 6: Pikangikum's Community Strengths - Details

Landscape
Our forest, water, and beautiful places give us strength. Our land provides traditional medicine and food. Our relationship with land is rooted in strong cultural values and we are proud to live where our ancestors lived. Our traditional knowledge about land, water and animals allows us to care for them. We are active on the land, hunting, fishing, walking, boating and swimming.

Spirituality
We have the strength of prayer, spiritual practices and healing opportunities. Our community has many spiritual resources such as places of worship, gospel jamborees, church programs, healing circles, cultural gatherings, ceremonies, and tent meetings.

Cultural
Our people, our strong culture and our language retention are all important strengths. Our community cultural events, art and music, and living cultural knowledge enrich our lives. Youth are learning more of our traditional ways. We live our culture by being out on the land, hunting and fishing. Every year, we participate in a culture break where we have the opportunity to engage as families in cultural programming. Our land-based approach to healing is practiced with our Youth camp.

Social
Our people, including our Elders and Youth, make us strong. We have a close-knit and connected network of families, friends and neighbours. We are strongest when working together and helping each other. We have a number of supportive social programs such as Youth camp, crisis support, community health initiatives and family services. We are growing, resilient and strong. Members with experience of overcoming addictions and mental health challenges can relate to people still struggling with issues.

Leadership
We have the strength of our Chief and Council, Elders, the PHA, PEA and SHEE committee. Members with leadership skills work hard to increase involvement of members in governance. We have many children, Youth, men, women, and Elders who are passionate about strengthening our community and want to get involved to help. We have reclaimed our authority over our local health governance and have a history of successful planning process. Teamwork, communication and training help our staff.

Infrastructure
Community members appreciate existing housing, community buildings, and our roads, electricity, airport, water treatment plant and communications technology. Our carpenters, construction workers, building managers and caretakers help maintain these.

Learning
Our kids love their school, which we have been running since 1988 and will soon have a new building. We teach in Ojibway and English and good teachers. Enrollment and graduation are increasing. We have opportunities to learn from Elders, early education programs, and adult education programs. We love our children and Youth and believe in their strengths and potential.

Livelihoods
Our Whitefeather Forest Initiative is a community-driven economic development project that will help bring more jobs and training initiatives to our community. We have the strength of our existing jobs and employment support programs. We also have living cultural knowledge and traditions, which drive our traditional economy.

Health System Profile

This section provides a snapshot of our current health system. It describes who is involved and what roles they play. It also catalogues the many programs and services that are currently or potentially accessible to our community members. Full details can be found in the report PFN Community Health System Profile in Appendix 6.

A 'health system' is made up of many relationships, resources, individuals, organizations, and activities "whose primary purpose is to promote, restore, and maintain health."[*] The different parts of a health system connect through functions and roles, including policy making, health service provision, financing, and managing resources.[*]

Figure 14: Pikangikum's Health Service Providers (Number of agencies)
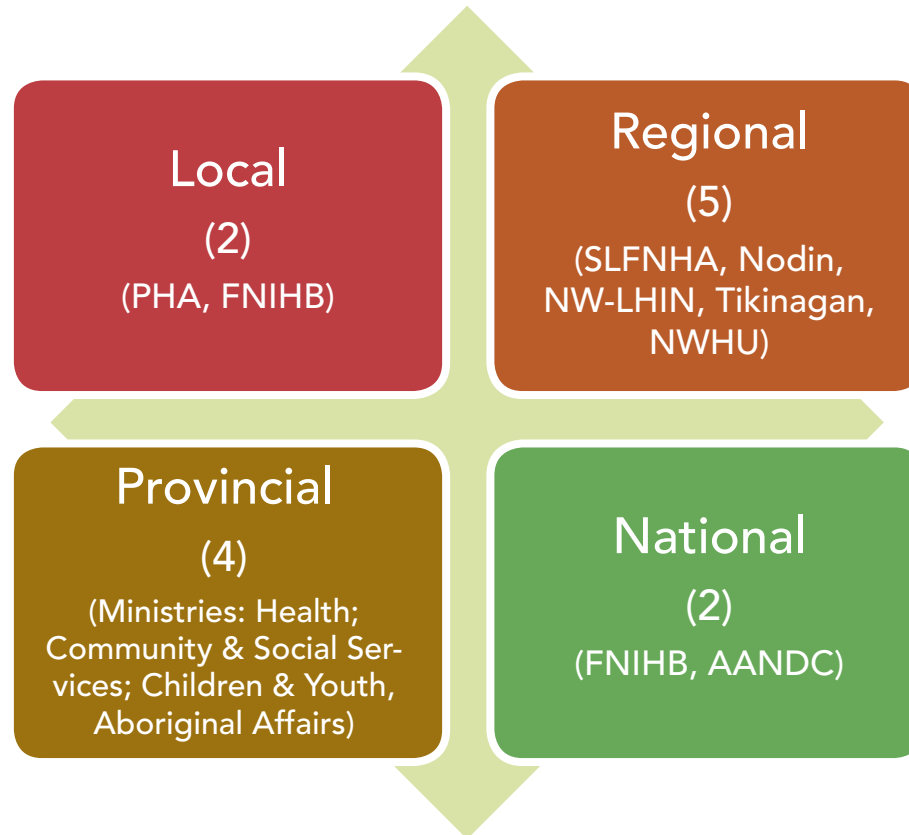
Local (2) (PHA, FNIHB)

Regional (5) (SLFNHA, Nodin, NW-LHIN, Tikinagan, NWHU)

Provincial (4) (Ministries: Health; Community & Social Services; Children & Youth, Aboriginal Affairs)

National (2) (FNIHB, AANDC)

* World Bank. (2007). Healthy Development: World bank Strategy for HMP Results. Annex L. siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1154048816360/AnnexLHNPStrategyWhatisaHealthSystemApril242007.pdf
** Office of the Chief Coroner for Ontario. (2011). Death Review of the Youth Suicides at the Pikangikum First Nation, 2006-2008. p.47.
*** Given challenges of identifying current, specific programs and the differences between types of program, there may be additional programs and services that we did not specifically identify.

The Pikangikum First Nation is responsible for overseeing the health and wellbeing of its on-Reserve members, however there are many agencies and groups that participate in the delivery of health services and programs to our members. We identified 25 groups and agencies who are involved with our health system, from local, regional, provincial, and national levels, as depicted in Figure 14 (see Appendix 22 for a full list).

Some are direct service providers, some run health and health-related programs, some are active primarily in health system governance, planning, coordination, and research, and some are active in all of these areas. These roles are summarized in Figure 15 below and detailed in Appendix 6. Some agencies and groups work largely independently, others work through partnerships and shared responsibility agreements, and many overlap in their areas of focus. While there are efforts to coordinate and collaborate, many providers continue to deliver services "in silos."** In total, we estimate that there are close to 70 health and related programs and services that our members currently or potentially use, though only 44 are available locally within Pikangikum.***

Figure 15: Roles of Health Service Providers

Different programs and agencies address different stages within the continuum of care of health promotion, prevention, treatment, rehabilitation, aftercare and support, and ongoing health maintenance, illustrated in Figure 16 below. Table 7 summarizes the number of programs in Pikangikum that address different areas of care (it does not include programs and services available outside of Pikangikum or program support services such as building maintenance or security).

Figure 16: Continuum of Health

Cycle of Care and Health
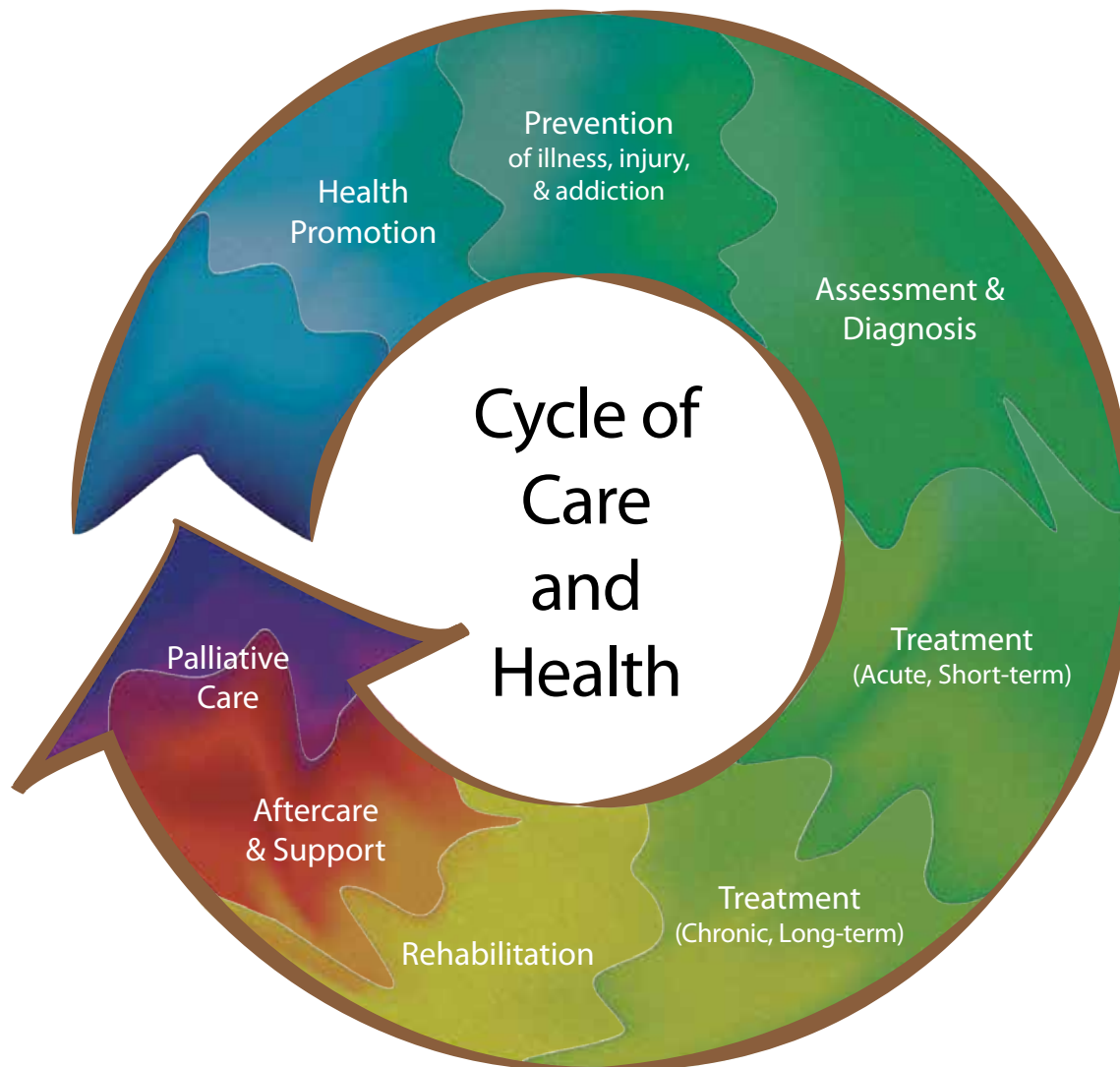
Table 7: Health programs in Pikangikum, by type*

Type of Care	Number of Programs in Pikangikum
Health Promotion e.g. CHP/IP: Public health clinics	11
Prevention e.g. BHC-SAP: Recreational activities	13
Assessment & Diagnosis e.g. HBHC: Pre/post-natal screening	10
Short-term Treatment e.g. Crisis team intervention	9
Long-term Treatment e.g. ADI: education for diabetes	4
Rehabilitation e.g. Addictions treatment centre	0
Aftercare & Support e.g. MHC: Aftercare for post-treatment	3
Palliative Care e.g. HCC: Home and community care visits	1

* Given challenges of identifying current, specific programs and the differences between types of program, there may be additional programs that we did not specifically identify that should be added to this list.

Table 8 below organizes the health services and programs available to our members by 10 categories and summaries where they are available, and who delivers them. A full list of services can be found in Appendix 6.

Table 8: Support Options for Our Members' Health

Clinical Services	• Nurses and Physicians at Nursing Station • Visiting clinical specialists • Meno-Ya-Win Health Centre (Sioux Lookout) • Regional health centres & hospitals	Community & Public Health	• Information: PHA, Nursing Station, Community Centre, School, Meno-Ya-Win, SLFNHA, NAN, NWHU, online (e.g. Communicable Disease Control & Immunizations; Sexual health; Nutrition; Disease and Injury prevention) • Aboriginal Diabetes Initiative • Maternal Child Health, Prenatal Nutrition; Healthy Babies, Healthy Children
Specialist Services	• Oral health: visiting dentists, dental hygienists • Vision care assistant • Diagnostic services and advanced care: Regional health centres & hospitals	Child Welfare Services	• Tikinagan Child & Family Services workers • Nodin Child and Family Intervention Services • Brighter Futures program • Early Childhood Development & daycare • Customary community-based child care, support
Emergency Care & Crisis Support	• Nursing Station, Police, Medevac • Regional health centres & hospitals • PHA Crisis Team • Crisis counselling (Mental Health workers, Tikinagan, Nodin, Trauma Teams) • Meno-Ya-Win Assault Care Treatment • NAN Victim Quick Response program	Social & Community Supports	• Family and friends • School programming; Youth drop-ins • Tikinagan Mamow Oshki Pimagihowin (Life Skills program) • Ontario Disability Support Program; Ontario Works; Social Assistance • Housing and infrastructure improvement initiatives (CHMC housing, new playground, water treatment training and maintenance)
Mental Health & Addictions	• Nursing Station, Police • PHA: Mental Health workers, Solvent Abuse Worker, Trauma Teams • Regional treatment centres & hospitals • National Native Alcohol & Drug Abuse Program • Counselling (Tikinagan, Nodin)	Health Research, Planning, & Advocacy	• Local: PHA, Chief & Council, SHEE committee • Regional: NAN; SLFNHA; NW-LHIN • Government: MCSS; MOAA; FNIH
Non-medical Patient Support Services	• NIHB funds for health travel, accommodations • SLFNHA/Men-Ya-Win Client Services • Home or in-community care: PFN/PHA • Traditional health services (Meno-Ya-Win	Spiritual & Cultural Supports	• Churches and spiritual communities • Ceremonies (grieving, tent circles) • Cultural practices (drumming, artwork, music, dance) • Traditional knowledge and activities (hunting, trapping, fishing, crafting, story-telling)

Utilization

In 2011, an assessment of health care in Pikangikum found that while most of our community members can access primary care and some mental health services, other services such as addiction/substance abuse services and access to specialist mental health professionals are limited.[*]

- While programs, services and resources might be available, members may not be accessing them because of lack of information or other barriers.[**]

- Interviews suggested that the high use of agency nurses effects nurses' ability to build trust with patients

- Our nursing station is a busy place. In 2010, our nursing station saw approximately 1560 patients.[***] Of those:
  - 45% were for health education
  - 29% were to receive medication
  - 17% were for chronic conditions
  - 4% were for emergencies
  - 4% were for prenatal care
  - 1% were for Medevacs

- In October 2012, as part of our second community session, 44 members described the last time they needed help. Most of us sought help due to sickness (earache, pneumonia, asthma) (17 responses, 39%), followed by addictions treatment (alcohol and solvent abuse) (7 responses, 16%) and family issues (abuse, child welfare) (6 responses, 14%) (Figure 17).

- 78 members answered the question Who did you visit for help? Most of us visited with a nurse (24 responses, 31%) or doctor (23 responses, 29%) followed by a mental or addictions worker (11 responses, 14%) (Figure 18).

Figure 17: Utilization Data - Reason for Seeking Health Care Service
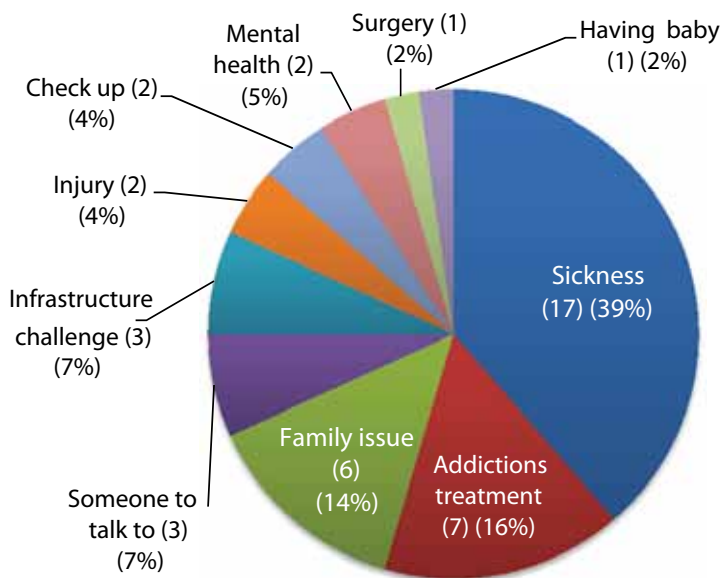
Figure 18: Utilization Data - Source of Health Care Service
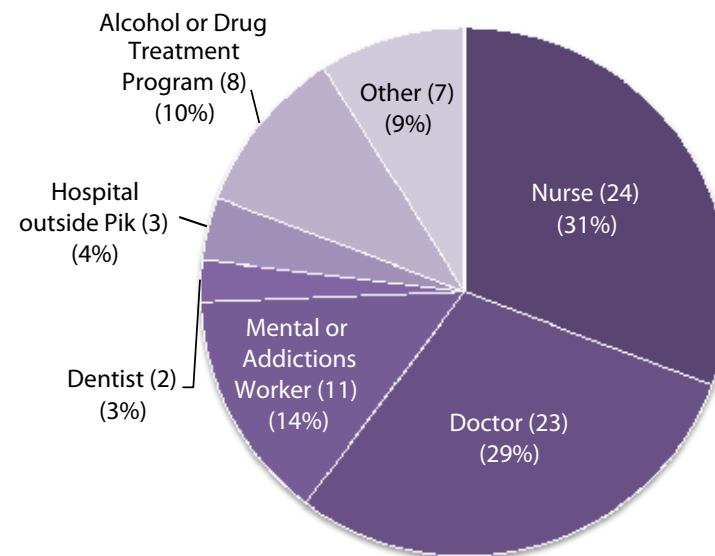
[*]   Office of the Chief Coroner for Ontario. (2011). Death Review of the Youth Suicides at the Pikangikum First Nation, 2006-2008. p.140
[**]   North West Local Health Integration Network. (2010). Aboriginal Health Programs and Services Analysis & Strategies: Final Report. DPRA Canada.
[***] PFN Nursing Station logbooks (incomplete reporting, numbers are approximate)
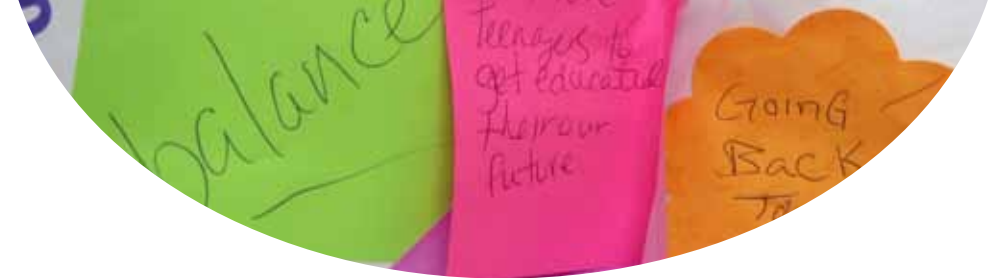
Community Health Issues Analysis

A major part of our community health needs assessment process focused on identifying the health issues and concerns that our members and families are facing, as a step towards defining health needs. It is important to start with a clear sense of what our community's health issues are to make sure that all pressing health concerns and negative impacts are included in our health needs assessment.

To assess our community health issues, we started by collecting available health and health-related data from program and staff within the community as well as health organizations and agencies outside of Pikangikum. Because we are examining community health holistically and broadly, we looked for information on a long list of health indicators.

However, for many indicators there are no data currently available for Pikangikum, so we used the data that were available and supplemented these with community perspectives on health issues and concerns and review of previous reports and assessments of health and social issues in Pikangikum.

Health Indicator: describes or measures particular characteristics of a population, events or other factors that affect health. Indicators allows for tracking changes in health status over time and for making comparisons with other populations.

(Manitoba Health, 2009)

Initial Program Review

As part of our CHNA process and issues analysis, we undertook a review of the health programs that are managed locally. A program review is an overview and analysis of what programs currently exist, their successes, their challenges and needs. It also provides an analysis of some overarching health programming needs, gaps and opportunities.

Our program review was based primarily on sessions with our local health and Band staff, as well as data on programs, funding, and program utilization that were available. In our three staff sessions we asked staff to share strengths, issues and needs of their programs. The following is a high-level summary of the main themes from our initial review (see our full *Program Review* report in Appendix 20 for more details).

Strengths

- Different opportunities for members to engage in programs and activities, especially on the land.
- Teamwork and communication.
- Relationships with clients.
- Witnessing tangible results from programs.
- Land-based camp for Youth.

Issues

- Staff capacity, reliability, experience and training.
- Lack of coordination between programs and confusion of roles. Lack of comprehensive health care services.
- Delays in medical emergency response.
- Low participation in programs because people unaware or do not trust program.
- Inconsistent information management, reporting, and evaluation of programs.
- Needs of solvent abusers (sniffers) not being effectively met by current programming.
- Intended recipients of the program not always reached.

Needs

- On the job training opportunities for staff.
- Communication: More communication, organization and work planning, collaboration and coordination.
- Information sharing, case management, and a coordinated approach to health and healing.
- Counselling and support for staff, including sensitivity guidance for staff from outside community.
- More committed and reliable staff to increase effectiveness of programs.
- More tools and equipment such as office and program space, vehicles, materials and computers.
- More consistent funding for salaries and programs.
- More communication with program participants, increased awareness of available programs, and more interest from Youth to work in health fields.
- More community activities and programs available.
- More volunteers and community involvement in programs, especially parents and Elders.
- Local healing and resource center for family-based counselling, treatment and aftercare.

A central part of our issues analysis was asking community members about their health issues, issues they see in the community, and which issues they are most concerned about. As described in our Methodology section, we collected these ideas using a variety of tools in community sessions, small group sessions, and interviews, including surveys, storytelling, and group brainstorms. Below is a sample of quotes about health issues collected from community sessions and interviews.

"Kids are in the camp for 10 days but then they come back to the same situation that they left - we need aftercare"
(Staff session 1)

"The addiction of sniffers - it stops people from going to sleep at night, so they miss school"
(Interview)

"Kids turn to sniffing when there's lots of drinking in their home."
(Women's circle)

"Almost all the youth drink and no one is here to stop the drinking, the violence and things like gas sniffing. It's like a tornado of drugs, alcohol and violence."
(Women's circle)

"Look at youth graffiti, acting out, this is what they do, voicing out what is in them, [it's] rage"
(Staff session 1)

"Kids don't feel safe at night so they sleep during the day instead"
(Interview)

"When loss happens, people are not allowed to express anger/grief so it's bottled up – leads to violence. Have to stay numb."
(Interview)

"Dark forces among us - fear, shame, guilt"
(Interview)

"Trauma and guilt-prevents people from helping. The intent is there – but it is too much to go outside of family to help, there is not even room to help others"
(Interview)

"Lack of food in homes, mainly due to alcohol"
(Staff session 1)

"Our tragedy with our youth is crippling us"
(Elders session)

"Suicide is the key element of struggles in last 20 years"
(Interview)

"[People] Don't seek medical help unless they are very sick"
(Interview)

"[Health] Workers don't have someone to talk to"
(Interview)

"People resistant to connect with services due to confidentiality."
(Interview)

"There isn't a system in place to bring programs together and work together in dealing with clients"
(Staff session 2)

"it is confusing how and who should refer
clients to which program."
(Staff session 2)

"Welfare cheques are not enough. Packaged foods
gobbles up money. Can go hungry for
4,5,6 days before cheques arrive."
(Interview)

"Sniffing is a way of dealing with hunger"
(Interview)

"Lack of parenting leads kids to sniffing"
(Staff session 1)

"Parents don't know how to be parents"
(Interview)

"Women are not appreciated for intellect and
resources they have, they are not given credit,
expected to be stay at home Moms."
(Interview)

"When you don't sleep, eat, you don't have energy
to care for yourself, can't help others"
(Interview)

"Initiatives get overwhelmed, projects end up
collapsing - volunteerism is low"
(Interview)

"There is very little identification of gifts within
Youth, of their gifts and achievements"
(Interview)

"There are not many opportunities for fun"
(Interview)

"Lots of damage, broken windows, garbage"
(Interview)

"alternative, traditional ways [are] not here now."
(Interview)

"Lack of jobs leads to drinking and bootlegging"
(Staff session 1)

"We have bad drinking water"
(Ontario Works staff session)

"People can't keep jobs, they lose their
job to addictions."
(Interview)

"Overcrowding – [there are] 20 people in
a 2 bedroom house – no privacy"
(Staff session 1)

"Because of overcrowding kids don't have
a sense of their own space. There is a lot of
exhaustion, a lot of kids don't have
their own beds …People don't want
to go home, sometimes there's
sexual abuse at home,
awful things that
kids are exposed to."
(Interview)

Health Issues Analysis

The main part of our Health Issues Analysis was based on the collection, analysis, and summary of currently available health data. Our Health Status Report (Appendix 5) details the data that we were able to collect from agencies and individuals that are part of Pikangikum's health system as well as other external sources. The data are summarized into a series of indicators. Indicators can be either Health Outcomes that report on the status of individual and community health (e.g. rates of diabetes, causes of death) or Health Determinants that report underlying factors that influence health (e.g. water quality, housing, education). With a holistic perspective on health there is a wide range of Outcome and Determinant indicators to consider.

Due to data limitations, we were not able to collect data for the full range of indicators as initially designed. We were able to collect data for 17 indicators, 9 Health Determinants and 8 Health Outcomes, summarized in Table 9 below (for data sources, see Health Status Report). Some of these data are included in the Health Needs summary later in this report, but for full details see the Health Status Report.

We use visual symbols to show if the data points to an improving situation, a static situation, or a worsening situation (see Appendix 5 for details). Our data provide a preliminary assessment of community health but the gaps will be important to address with more data in the near future. A list of additional indicators that we should consider tracking is included in the Health Status report.

Improving/Positive Sitution or Trend

Static/Not worsening Sitution or Trend

Concerning/Worsening Sitution or Trend

Table 9: Pikangikum's Community Health Status Indicators

Health Determinants		
Population • Our population is growing rapidly: 3 out of 4 people are below the age of 35. • As our population grows, we need to plan for more services and facilities.	**Water** • Over 90% of our homes are not connected to the water and sewage system. • Our community suffers from more infections than other rural communities.	**Health Funding** • Health Canada funding has decreased by 14% since 2008/2009. • The volatility of funding has serious implications to the quality of our health care.
Housing • Much of our housing is low quality, unsafe, and overcrowded. • We need to build or repair 200 units now and need 400 more by 2040.	**Heat & Energy** • Our local power generation station is out-dated and operating beyond capacity. • Power outages are frequent and interfere with our lives, school and work.	**Employment** • Only 130 of 1,000 working age members hold permanent jobs. • Over 540 of our households receive social assistance .

Health Determinants continued

Education
- School enrollment has dropped since 2007, it is estimated that 300-500 children are not in school.
- Our age/grade gap is about 3 years compared to Ontario schools generally.

Crime & Violence
- Between 2001 and 2012 incidents of violent crime increased, but since 2011 there has been a decrease.
- Many of our members who go to prison are repeat offenders.

Language & Culture
- Our community has a 97% retention rate of Ojiway and it is the first language for most of our children.
- Cultural continuity and language can help protect against suicide.

Health Outcomes

Causes of Death
- We have unusually high percentages of deaths from suicides, organ failure and infant deaths.
- Many deaths in our community are associated with our living conditions.

Suicide
- Our suicide rate is over 40 times higher than Ontario's.
- In 2000, we had the world's highest suicide rate.
- Many suicides have been young people and have happened close together.

Chronic Conditions
- We have high rates of preventable chronic conditions in our community, especially diabetes and high blood pressure.

Diabetes
- 1 in 3 of our members over 20 years old has diabetes.
- Diabetes is often a result of eating unhealthy, lack of exercise and chronic stress.

Mental Well-being
- Between 2009 and 2012, there was an increase in mental health visits.
- Grief and addictions are the most common reasons for people to seek mental health help.

Grief
- There is high demand for grief counselling, related to the number of deaths and suicides in our community.
- Chronic grief can lead to depression and addiction.

Alcohol
- 97% of all our Tikinagan child welfare cases are alcohol related.
- 90% of all probations in our community are related to with alcohol abuse.
- A hopeful trend is that child welfare cases and probations have been declining since 2011.

Other Substance Abuse & Addictions
- Solvent abuse is on the rise.
- 27% of 3rd and 4th graders in Pikangikum self reported that they have tried sniffing gasoline.

Health Issues Analysis

Table 10 on the next page summarizes the 15 summary community health issues that we identified from our analysis of the health data and community perspectives we collected. These health issues span a wide range of areas, from physical and mental health to community infrastructure and economy.

Each health issue is linked to at least one health need (detailed in the next section). Full details and data for each issue are available in Appendices 5 and 19.

Another piece of analyzing health issues is exploring possible causes or reasons for why these different issues exist. Exploring reasons and root causes is a complex and ongoing process. We are continuing these discussions with community members as part of our phase 2 Comprehensive Community Health Planning.

Discussing causes of health issues helps us to understand the relationships between different issues and needs and how to take action on them. Exploring the reasons for health issues helps to explain why certain issues are happening and show how everything is connected – the roots of all our health issues and needs are tangled together and cannot be fixed separately without consideration of other needs.

This issues analysis was one source of information used to create our final community health needs framework (Figure 9).

A careful review of the issues and causes identified in our Community Health Issues Analysis (Appendix 19) and Health Status Report (Appendix 5) allowed us to create a summary table for each need showing the relationship between issues, causes and needs.

Table 10: Pikangikum's Community Health Issues Summary

Issue	Details		
1. Substance Abuse and Addictions	Alcoholism Solvent Abuse Drug Addiction	Youth Addictions Lack of aftercare	Fetal alcohol spectrum disorder Bootleggers Smoking
2. Crime and Violence	Bullying, Youth violence Abuse, Sexual abuse Lack of safe havens	Violent crime Vandalism, Graffiti Fear	Trauma of victims and perpetrators Failings of justice system Repeat offenders
3. Mental Health Concerns	Grief, Trauma, Loss Depression	Shame Stigmatization of mental illness	No coordinated, long-term response Lack of safe places
4. Suicide	High suicide rate	Youth suicides, Cluster suicides	Attempted suicides
5. Chronic Conditions and Preventable Deaths	Low life expectancy Chronic conditions	High rates diabetes, organ failure Injuries and accidents	Lack of screening and prevention Lack of exercise, sleep
6. Lack of Health Care and Supports	Lack of resources, services Limited local staff capacity Duplication, delays Lack of coordination	Lack of reporting and evaluation Low awareness of programs Lack of dental care services Delays in emergency response	Barriers to access (transportation, cost, privacy, cultural) Low maternal and pregnancy care Gaps in continuum of care
7. Food Insecurity	Unhealthy food High cost of food	Lack of nutritional knowledge Illness from poor nutrition	Low availability of healthy food Lack of access to traditional foods
8. Lack of Education, Skills, and Supports for Children and Youth	Harm to children, Youth Poor parenting Boredom, discouragement Lack of role models	Limited guidance/counselling Low school attendance Low school completion Child apprehension	Inadequate education infrastructure Low educational attainment Lack of access to training for cultural and land-based activities
9. Breakdown of Community Supports	Loneliness Lack of help	Lack of trust Lack of communication	Lack of volunteers Patriarchy
10. Loss of Community Pride and Involvement	Community conflict Vandalism	Lack of fun events Lack of recreation opportunities	Low participation rates in programs Loss of pride in community Garbage, poor waste management
11. Loss of Cultural Connection	Colonialism and racism Loss of traditions	Lack of cultural opportunities Lack of spiritual guidance	Intergenerational gap Loss of identity, pride in culture
12. Poverty and Lack of Jobs or Livelihoods	Lack of jobs Poverty	Lack of training opportunities	Loss of traditional economy and livelihoods
13. Inadequate, Unsafe Housing	Overcrowding Unsafe housing	Rapid population growth Houses in disrepair	Inadequate residential utilities
14. Lack of Access to Water and Sanitation	Lack of running water Unsafe water	Lack of sewage systems	Contamination from sewage lagoon Lack of cemetery/burial planning
15. Transportation and Connections	Inadequate, unsafe roads Lack of street lighting	Limited transportation options Difficulty accessing services	Limited connection to cellphones and internet

Health Issues Analysis

Community Health Needs Assessment

In this section, we present the results of our CHNA, applying our knowledge of our community strengths, our health system, and current health issues to identify our community health needs.

Our CHNA process ultimately identified 23 main health needs and 117 sub-needs, organized into seven categories (illustrated in Figure 19 on the next page and summarized in Table 11 on the following page). These needs emerged out of a gradual process of information collection, summarizing, and ranking of needs (illustrated in Figure 10). Each main health need has between two and six sub-needs that provide greater detail on specific needs.

In this section, each of the seven categories of needs is colour coded on the side margin. Each main health need is summarized in two pages that include details on the need, community perspectives, specific sub-needs, and connections to other issues and needs.

The colour of the small circle in the upper left corner is used to show what category of priority the health need has been assigned in our CHNA. Critical health needs are shown in red, High Priority in orange, and Supporting in yellow. It is important to remember that all health needs are very important for our community health, but our prioritization approach helps us to

identify the needs that are the most urgent or foundational for improving our health.

Each need summary also includes a section on related community strengths and resources. This information is to remind us of our strengths and assets that we can use and expand when we work to address our health needs.

The quotes on the margins of each need summary are from community sessions, interviews, small group sessions, and surveys. These bring our community's voices into each summary.
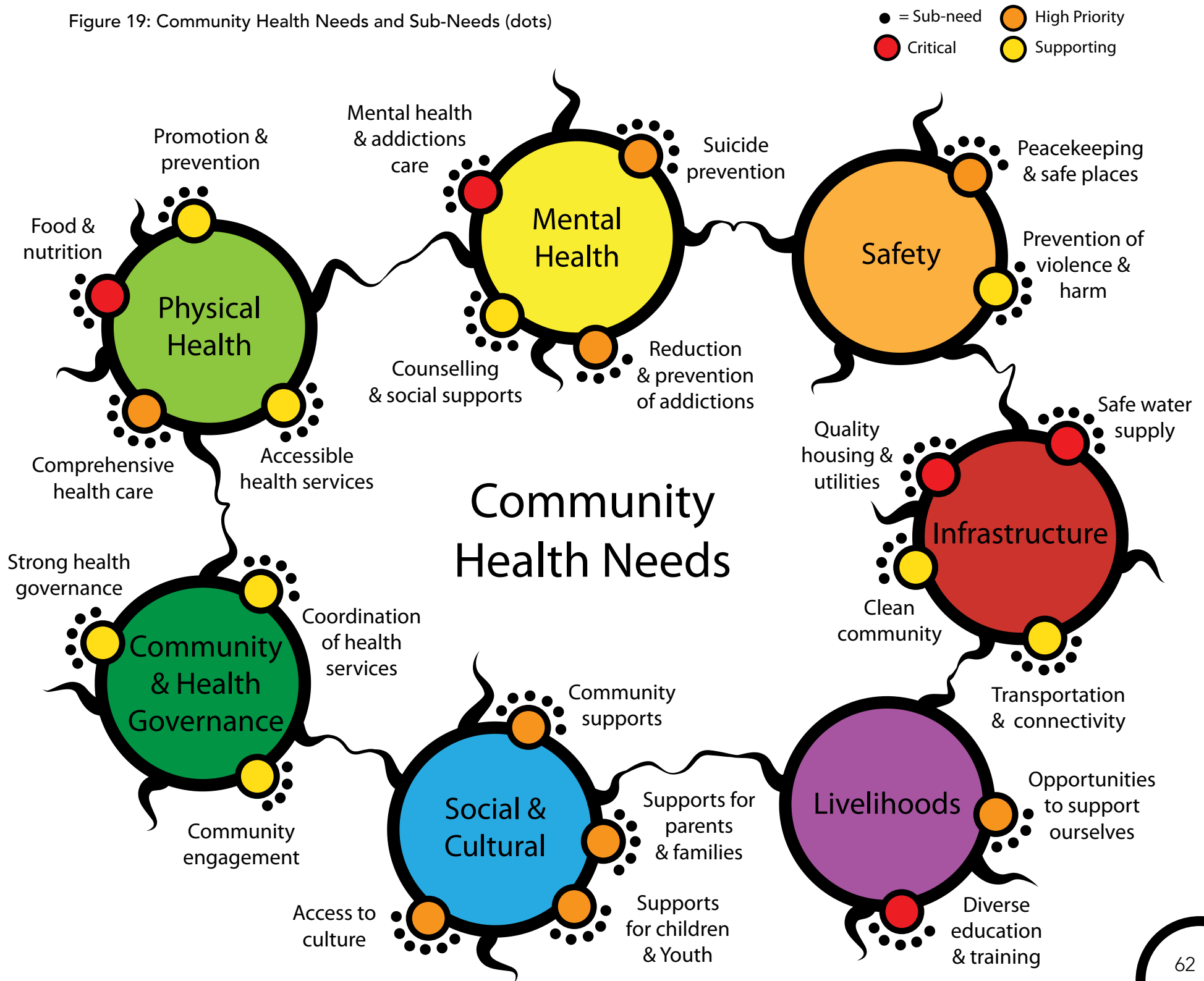
Figure 19: Community Health Needs and Sub-Needs (dots)

• = Sub-need
● Critical
● High Priority
● Supporting

Physical Health
- Promotion & prevention
- Food & nutrition
- Comprehensive health care
- Accessible health services

Mental Health
- Mental health & addictions care
- Suicide prevention
- Counselling & social supports
- Reduction & prevention of addictions

Safety
- Peacekeeping & safe places
- Prevention of violence & harm

Infrastructure
- Quality housing & utilities
- Safe water supply
- Clean community
- Transportation & connectivity

Community & Health Governance
- Strong health governance
- Coordination of health services
- Community engagement

Social & Cultural
- Community supports
- Supports for parents & families
- Supports for children & Youth
- Access to culture

Livelihoods
- Opportunities to support ourselves
- Diverse education & training

Community Health Needs

Table 11: Community Health Needs and Sub-Needs Organized into 7 Categories

Physical Health

Needs:

Food & nutrition	Promotion & prevention	Accessible health services	Comprehensive health care
• Access to affordable, healthy food • Access to traditional foods • Knowledge about healthy eating • Community supports for food	• Recreation/sports activities & events • Land-based acitivites • Healthy lifestyle education • Prevention of injury	• Culturally appropriate services • Understanding of pathways to health • Transportation support for patients • Specialist services more locally available • Increased privacy	• More doctors & nurses • Training & support for local health staff • Regular check-ups and screening • More local health resources • Better medical emergency response • Rehabilitation services

Mental Health

Needs:

Mental health & addictions care	Suicide prevention	Reduction & prevention of addictions	Counselling & social supports
• Local treatment facility & program • More mental health & addictions staff • Accessible counsellors • Sustained aftercare support • Comprehensive mental health & addictions care	• Suicide prevention programs • Suicide education & awareness • Risk assessment • Safe places for at-risk individuals • Local treatment & aftercare options • Support for healthy grieving	• Prevention of bootlegging • Laws against solvents/alcohol/drugs • Reduction of intoxicant supply • Education & prevention programs	• Grief & healing support groups • Community counselling & support • Support for getting help • Cultural & land-based options • Post-suicide supports • Palliative care

Safety

Needs:

Peacekeeping & safe places	Prevention of violence & harm
• Community laws to stop & prevent abuse • Improved response by police/peacekeepers • Safe places and homes • Larger team of peacekeepers • Look out for each other	• Community awareness of bullying & abuse • Chief and Council leadership on community safety • Safety for women & children • Help offenders when they come home from jail • Support for victims & offenders of crime

Infrastructure

Needs:

Quality housing & utilities	Safe water supply	Transportation & connectivity	Clean community
• Quality housing • Availability of housing • Different housing options • Reliable electricity & heat • Indoor plumbing • Enough reserve land for developments	• Safe drinking water • Running water for all houses • Sewage systems for all houses • Water treatment plant upgrades • Lagoon upgrades • Cemetery/burial planning	• Good quality, safe roads • Transportation supports • Internet access • Community communication tools • Staff resources • Walking access	• Reduce graffiti and damaged buildings • Reduce vandalism • Manage garbage & junk • Make our community beautiful

Livelihoods

Needs:

Opportunities to support ourselves	Diverse education & training
• Good job opportunities • Job & trade skills training • Supports for traditional economy • Career planning & mentorship	• Quality teaching, education resources and school buildings • Help for Youth to stay in school • Help for adults to return to school • Access to higher education opportunities • Access to knowledge-keepers of cultural & land-based skills

Social & Cultural

Needs:

Community supports	Supports for parents & families	Supports for children & Youth	Access to culture
• Community groups & social networks • Gathering places • Spiritual activities & programming • Community conversations & sharing • Events & celebrations • Resources to support people in need	• Programs for healthy parenting • Programs for healthy pregnancy & babies • Resources for parents & families • Role models & mentors for parents • Safety for all children at home	• Celebrate our children & Youth • Role models and life guidance • Jobs & training oppotunities for Youth • Fun things for young people to do • Train & support Youth leaders & mentors	• Bring Elders & Youth together • Elder teachings & involvement • Cultural programs & events • Land-based activities & healing • Traditional healers, medicines • Cultural & land-based programs & camps

Community & Health Governance

Needs:

Community engagement	Strong health governance	Coordination of health services
• Opportunities for community dialogue • Participation in events & programs • Participation in decision-making • Community volunteers	• Leadership on health issues & governance • Health funding & resources • Monitoring & evaluation of services & programs • Health data management • Privacy & confidentiality of health records	• Communication & sharing • Clarity on roles & responsibilities • Coordinated case management • Cooperation & partnerships • Clear communication and access supports for members

HEALTH CATEGORIES

Prioritization Results

Given the interconnected nature of our health needs, all community health needs are important and depend strongly on other needs. However, it is also helpful to define which needs should be addressed first. To do this, we assigned a score for each need considering nine criteria under the three themes of popularity, urgency and strategic advantage.

Each needs popularity score considers how often or how strongly the need is identified in 1) our community health needs ranking exercise, 2) interviews, 3) staff reports, 4) literature and data. The urgency score considers 1) how quickly this need is worsening or improving, and 2) how severely this need limits members ability to live a healthy life. Finally the strategic advantage score considers 1) how quickly this need could be addressed, 2) our existing capacity to address this need, and 3) how many other needs depend on this need being addressed first. See the methodology section and Appendix 25 for a detailed description of how each need was evaluated.

Table 12 on the next page lists our 23 health needs from highest score to lowest based on our initial ranking exercise. A more detailed ranking can be found in Appendix 26 and Appendix 27 provides a document that highlights differences in ranking results when looking at each criterion individually. Although all of the needs are priority needs, to distinguish between the needs, we have identified each need as either critical, high priority or supporting.

Although all of the needs described in this report can be considered priority needs, to help distinguish between them we have identified them as either critical, high priority or supporting needs:

Critical Needs are those that make sense to start with given how strongly the need is identified in community engagement, the urgency and severity of the need, and the strategic advantage to starting with addressing this need first. They ranked in the top five in our overall ranking exercise.

High Priority Needs ranked in the top ten of our overall ranking exercise and are also crucial to achieving our overall health vision. They may have ranked lower on any or all of our three evaluation criteria of popularity, severity and strategic advantage.

Supporting Needs represent the rest of our health needs. Although these needs ranked lower, they are similarly crucial to meeting our health needs and supporting the success of addressing other needs. They set the foundation for other needs being addressed. Some of the needs in this category are crosscutting needs that are foundational to our work addressing any and all of our needs. For example, the need for strong health governance, better coordination and public engagement will be important in work to address our health needs.

Prioritization tools like this initial framework will help to encourage implementation and results in our Health Plan.

Table 12: Community Health Main Needs by Priority Category

Category		Need	Score
Critical	These are in the top five highest scoring needs based on overall ranking. These are the most critical needs to address.	Mental Health & Addictions Care	385
		Diverse Education & Training	370
		Quality Housing & Utilities	360
		Safe Water Supply	335
		Food & Nutrition	330
High Priority	These are in the top ten highest scoring needs based on overall ranking. These are very important needs to address.	Supports for Children & Youth	325
		Access to Culture*	320
		Support for Parents & Families	320
		Reduction & Prevention of Addictions	315
		Suicide Prevention	300
		Opportunities to Support Ourselves	295
		Community Supports	295
		Comprehensive Health Care	290
		Peacekeeping & Safe Places	290
Supporting	These are not in the top ten highest scoring needs based on our initial overall ranking. But these are still crucial to supporting efforts to address other health needs.	Counselling & Social Supports	265
		Accessible Health Services	260
		Prevention of Violence & Harm	260
		Promotion & Prevention	245
		Coordination of Health Services*	245
		Strong Health Governance*	230
		Transportation & Connectivity	225
		Clean Community	210
		Community Engagement*	210

* Indicates a Need that are considered to be 'cross-cutting' and should be considered when addressing any of our other health needs.

Prioritization Guide

In the following pages of this section that describe each of our health needs in detail, each need is labeled as red, orange or yellow to reflect the need's priority category. Here we summarize the five critical priorities identified, including the rationale that led to these needs being identified as critical priority.

Critical Health Needs

1. Mental Health & Addictions Care

The need for mental health and addictions care includes the sub-needs for a local healing facility, increased mental health and addictions programing and staff, comprehensive mental health and addictions care including sustained aftercare support. This need ranked high in our prioritization ranking due to the following considerations. The need was consistently identified across numerous information sources including community engagement sessions, interviews, staff sessions and our literature and data review. The urgency of our mental health and addictions needs is evident. The number of solvent abusers in our community is rising, (8.4% of the population in 1997, 16.5% in 2008)[*] and our suicide rate per 100,000 residents that is over 40 times higher than the rest of Ontario.[**] Mental health challenges and addictions significantly limit member's ability to lead a healthy life, in some cases causing death. Although significant human resources and time will be required to address this need, it is a strategic place to start because so many of our other health needs depend on healing our community's mental health challenges and addictions.

2. Diverse Education & Training

Our need for education includes quality teaching and education resources, parenting help for Youth to stay in school longer, and help for adults to return to school. Our need for education includes access to higher education opportunities, but also access to our knowledge-keepers of cultural and land based skills. Education was in the top 10 most highly ranked needs in our community health needs ranking exercise and also identified consistently in interviews, staff surveys and in the literature and data. This need ranked highly in urgency as it is it is estimated that 300 - 500 school-aged children in our community are currently not going to school,[***] and because we currently have a 3 year age/grade gap between our school and Ontario schools generally.[****] The Chief Coroner's report identifies education as one of the most powerful social determinants of health, so this need ranked high in severity. We are working on a new school building and we have the capacity of our existing teachers and education staff to build on, so this need ranked well in feasibility. Many of our other health needs depend on our need for quality education.

[*]   Pikangikum Health Status Report, Appendix 5
[**]   Office of the Chief Coroner for Ontario. (2011). Death Review of the Youth Suicides at the Pikangikum First Nation, 2006-2008.
[***]   North South Partnership for Children. (2008). Mamow Sha-way-gi-kay-win
[****]   Health Canada Community Based Reporting, Pikangikum 2009-2010.

3. Quality Housing & Utilities

The need for quality housing and utilities includes ensuring homes are warmer, higher quality, and free of mold. It involves the availability of different housing options, reliable electricity and heat, indoor plumbing and having enough reserve land for development. This need was the number one need identified in our community ranking exercise, was also one of the top recommendations from the 2011 Chief Coroner's report, and was emphasized in our 2011 Capital Planning Study. This need is urgent: 200 homes need to be built now to address overcrowding and this does not include the 400 homes we will need for our rapidly growing population.[*] Since housing is one of our most basic needs and overcrowding significantly damages health, this need rated high in severity. Meeting this need requires building on our existing carpentry and construction capacity and time to plan and build the necessary houses. Addressing this need first is strategic because so many of our other needs depend on meeting our current need for adequate housing.

4. Safe Water Supply

Our need for safe drinking water includes running water and sewage systems for all houses, water treatment and lagoon upgrades and cemetery/burial planning to prevent water contamination and allow for water infrastructure. Increasing the supply of clean and running water ranked in the top 10 needs of our community ranking exercise and was strongly identified as a need in our health status report and trends analysis. Our 2011 Capital Planning study identifies that 90% of our homes are not connected to the water and sewage system.[*] Given this, and our rapidly growing population, the need for a safe water supply ranked high in urgency. It also ranked high in severity, as water is a basic need foundational to good health. In terms of strategic advantage, addressing the need for safe water supply will have immediate health benefits and can build on our existing water monitoring capacity. Many of our other needs depend on having access to a safe water supply.

5. Food & Nutrition

Our need for food and nutrition includes access to affordable, healthy and traditional foods. It also includes increasing knowledge about healthy eating and strengthening community supports for accessing healthy food. The need for food and nutrition was identified consistently across information sources. Food is another basic need, and lack of healthy food limits our ability to live a healthy life, thus food and nutrition scored high in severity. Considering the prevalence of lifestyle related chronic conditions (diabetes, high blood pressure, heart conditions),[**] this need ranked high in urgency. Strengthening supports to help with food security (food banks, community kitchens) could be implemented relatively quickly and build on existing capacity and programs (such as the school food program and food hamper programs). Many of our other health needs depend on our need for food and nutrition to be met.

[*]   Pikangikum Capital Planning Study. (2011).
[**]   Pikangikum Health Status Report, Appendix 5

High Priority Health Needs

Nine of our health needs are in the high priority category. Although their overall scores may be lower, in some cases they ranked very highly under one of our criteria (popularity, urgency, or strategic advantage). For example, "Suicide Prevention" although mentioned less frequently during community engagement rated very high in urgency given the elevated suicide rate recorded and the severity of the consequences on individuals and families. "Access to Culture" rated very high in popularity, especially because culture is emphasized as a foundation for healing by interviewees and the literature. Culture can be seen as a cross-cutting need that needs to be considered when addressing any of our other health needs. "Community Supports" ranked very high in strategic advantage given the relative ease in which more community events and activities could be planned and existing capacity for event planning. Our nine high priority needs are:

Supports for parents & families	Supports for children & Youth	Comprehensive health care
Reduction & prevention of addictions	Community supports	Suicide prevention
Opportunities to support ourselves	Access to culture	Peacekeeping & safe places

Supporting Health Needs

Nine more of our health needs fall in the supporting category. Although they ranked lower overall, their importance should not be underestimated. These needs are necessary to address to ensure the success of efforts to address our other health needs. As with our high priority needs, some of these needs did very well in one specific criterion. For example, "Clean Community" ranked very high in strategic advantage due to the relative ease with which a community cleanup effort could be implemented, building on existing capacity. The results of addressing this need are a 'quick win' that could help build momentum for other efforts. Similarly, focusing on "community engagement" could be strategic given the demonstrated interest in more community involvement and our growing capacity of the staff to hold public engagement events. Our supporting health needs include some very important crosscutting needs such as health governance, community engagement and coordination, which should be considered when addressing any of our other health needs. Our nine supporting needs are:

Counselling & social supports	Promotion & prevention	Transportation & connectivity
Accessible medical services	Coordination of health services	Strong health governance
Prevention of violence and harm	Clean community	Community engagement

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 session 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 session 1)

Community Perspectives

Overwhelmingly and consistently, community members have identified access to healthy, affordable and traditional food as one of Pikangikum's top health needs. Over all our community engagement activities, "more healthy and traditional food" was mentioned more than any other health need. In one session, when Youth were asked to define being healthy, "eating healthy food" was one of their top responses, and when asked what they do not have enough of 55% of the 82 participants said "food" and 48% 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 108 participants said that their greatest health is food (including healthy food, more food, and traditional food). A review of current health programs revealed that food programs such as the Prenatal Nutrition Program, there are challenges with transportation and getting food to the people who need it. As well, the demand for food support programs exceeds current capacity.

Issues	Possible Reasons	Needs
» Unhealthy food	~ Lack of income available for food	• Access to affordable, healthy foods
» Lack of nutritional knowledge	~ Addictions, Trauma, Mental Health	• Access to traditional foods
» Low availability of food	~ Remoteness	• Knowledge about healthy eating
» High cost of food	~ Limited options for purchasing food	• Community supports for food
» Lack of access to traditional foods	~ Loss of traditional knowledge	
» Illness from poor nutrition		

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

Food and nutrition was prioritized as a critical need given that it was consistently identified as important across information sources and ranked as one of our most urgent needs. The following specific needs were identified through our process:

- *Access to affordable, healthy food* so that everyone can get the nutritious food they need, including supports to overcome addictions (which can use up money for food).

  - *Access to traditional foods* through knowledge and opportunities for hunting, trapping, fishing, and gathering and access to traditional foods through other community members.

  - *Knowledge about healthy eating* so members know how to prepare healthy and affordable meals and parents can teach their children healthy eating habits.

- *Community supports for food* such as improving and expanding existing programs supporting access to food, and launching new supports like community kitchens or emergency food banks to improve food security.

Community Strengths & Resources

- Skills and traditional food knowledge of our Elders, hunters, and trappers.
- Our land is home to moose, duck, geese, fish, rabbits and other sources of healthy food.
- Our parents and school play important roles in providing healthy nutrition for babies and children.
- Aboriginal Diabetes Initiative: health promotion, diabetes prevention, and supports to manage diabetes.

- Maternal Child Health Program: supports expecting and new mothers with food hampers and resources.
- Prenatal Nutrition and Healthy Babies: focuses on nutrition for expecting and new mothers, providing food hampers to 60-75 expecting mothers every month.
- School food program provides hot breakfast and lunch for children attending school.

Connections: Why are food and nutrition important for health?

~ Nourishment is necessary for healthy pregnancies and babies, and growing children. and learn. Children and Youth need good food to focus and learn in school.

~ Nutrition is defense against infections and chronic health issues like diabetes and obesity.

~ Hunting, trapping, and fishing are a part of our cultural identity and get our members out on the land.

~ Healthy food helps people participate in jobs and the community which supports livelihoods and governance.

~ Hunger can cause cravings for alcohol, drugs or solvents and can worsen addiction. Poor nutrition and unstable blood sugar can cause symptoms like "being out of it," low energy, apathy, or agitation, which can be mistaken for, or contribute to, other mental health issues.
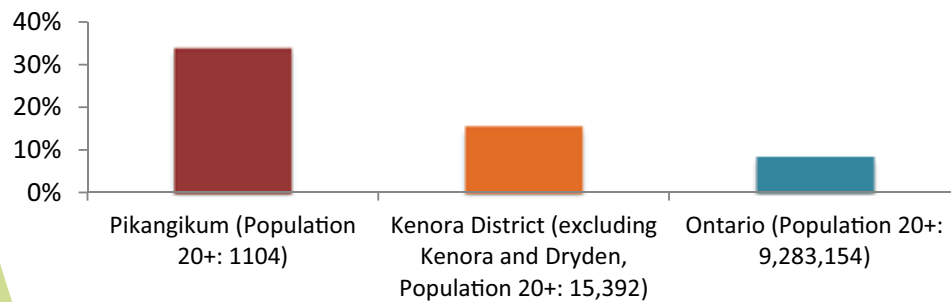
"I like to eat healthy food."
(Youth session)

"Educating the community on healthy eating and making healthy food available and affordable."
(Interview)

"We could lease out the kitchen in the hotel to women to feed people."
(Interview)

"[We need] a Food Bank. Honour everyone. Or a Food co-op, our own store with basic staples."
(Interview)

Promotion & Prevention

Health promotion aims to facilitate individual and community empowerment so that all people, both ill and well, are able to achieve a greater sense of control over the many complex factors that affect their health.* Health Canada's health promotion and disease prevention programs aim to 1) improve health outcomes associated with chronic diseases and injuries, 2) promote healthy behaviours in the areas of healthy eating, food security and physical activity, and 3) address chronic disease prevention, screening and management.** These programs are crucial in our community given that many of us our suffering or dying from preventable causes and conditions such as accidents or lifestyle related illnesses.*** Among First Nations and Inuit in Canada, chronic diseases now constitute the major causes of morbidity, mortality and disability. First Nations and Inuit populations are at higher risk than the Canadian population for several major chronic diseases, such as diabetes, chronic obstructive pulmonary disease, cardiovascular diseases and cancer.**** Diabetes and high blood pressure account for the vast majority (66.2% and 18.1% respectively) of chronic conditions recorded in our community.*** Our diabetes rate is much higher than in other communities (Figure 20). Our need for health promotion includes encouraging and supporting physical activity, cultural activities on the land, and health education such as nutrition and lifestyle workshops. Prevention includes education such as safety training, and help for members to get the rest they need to stay healthy.

Figure 20: Comparative diabetes rates for adults over 20 years old. Source: PFN Health Status Report

Pikangikum (Population 20+: 1104) — Kenora District (excluding Kenora and Dryden, Population 20+: 15,392) — Ontario (Population 20+: 9,283,154)

"Youth and children need more training about healthy lifestyles." (Community session 3)

"Need to get out on the land, promote wellness and spirituality." (interview)

"Encourage being active." (Interview)

"Injury on the land because they are not taught what to do before they go out." (Interview)

Community Perspectives

Many people in our community love playing sports and other outdoor cultural activities. In an overall tally of the health needs mentioned in community engagement activities, "recreational activities/sports" was among the top three most mentioned health needs. In all community sessions, surveys and exercises people identified that they want to see more opportunities for physical activity and recreation, for all ages. Being active was a major part of how people defined physical health. Community members recognize that our cultural heritage involves being active on the land, hiking, walking, canoeing, swimming, and camping. In Youth sessions and staff sessions, members emphasized that being physically active and exercising are main supports of good health, but they feel they do not have enough sports and games. Staff are concerned that not getting enough exercise is contributing to high rates of diabetes and Youth being bored. However, prevention is more than being active. Throughout sessions and interviews, it was often discussed that there is a need for more encouragement for, and education on, healthy lifestyle choices such as stress management and nutrition workshops. Members also mention the importance of getting enough sleep and having safe, healthy places to sleep. Interviewees also highlight the need to better prevent injuries when people are out on the land and being active.

* Barr, V, Robinson, S, Marin-Link B, Underhill, L, Dotts, A, Ravensdale, D, Salivaras, S (2003) The Expanded Chronic Care Model: An Integration of Concepts and Strategies from Population Health Promotion and the Chronic Care Model. Hospital Quarterly Vol. 7, No. 1
** Health Canada. (2011). First Nations and Inuit Health: Program Compendium 2011/2012.
*** See Issues Analysis Report in Appendix 19.
**** FNIHM (2013) Chronic Disease Prevention and Management Model Project Concept Paper.

Issues	Possible Reasons	Needs

Issues	**Possible Reasons**	**Needs**
» Low life expectancy » Chronic conditions (Diabetes, Cancer Asthma, Eczema) » Organ Failure » Injuries and accidents » Lack of exercise » Lack of sleep	~ Unhealthy lifestyles ~ Mental health issues, trauma ~ Poverty, other barriers to services ~ Lack of safety training, equipment ~ Violence ~ Limited local health resources	• Recreation/sports and events • Land based activities • Healthy lifestyle education • Prevention of injury

Health promotion and prevention of illness and injury were prioritized as supporting needs given that many deaths are preventable and the relatively high strategic advantage of building on existing health promotion and illness prevention programs. The following specific needs were identified through our process:

● *Recreation/sports activities and events* for all ages, indoor and outdoor, all year.

● *Land-based activities* and outdoor education to help people get out on the land.

● *Healthy lifestyle education* such as workshops and school classes that promote health, support healthy choices, and increase knowledge on health and preventing illness.

● *Prevention of injury* through safety measures and education.

Community Strengths & Resources

- Our love of sports and numerous sports teams, including hockey, soccer, baseball, and volleyball.
- Our hunters and trappers who can teach others to be safe on the land and access traditional foods.
- Community programs that support healthy lifestyle choices such as Healthy Babies, Healthy Children and Aboriginal Diabetes Initiative

- Community programs focused on Mental Health and Addictions prevention such NNADAP, Building Healthy Communities and Brighter Futures
- Community programs focused on Healthy Pregnancy and Early Infancy such as Canada Prenatal Nutrition Program, FASD and Maternal Child Health

Connections: Why are promotion & prevention important for health?

~ Recreational opportunities help support mental health by relieving boredom and depression, encouraging positive coping, and developing social networks.

~ Preventing injury keeps you healthy and avoids boredom, depression, and negative work and social impacts.

~ Being physically active helps maintain good health and prevent chronic conditions like diabetes and heart disease. Being physically active, access to nutritious food, and getting enough sleep are important for keeping our body strong and able to fight off infections.

~ Sports help children and Youth develop confidence, positive goals, and team skills and can replace potentially harmful activities.

"Have more tournaments and sports days for everyone." (Community session 1)

"Need outdoor education for Youth." (Interview)

"They should play games every weekend." (Community session 1)

"Do more outdoor activities." (Community session 1)

"More workshops on health issues." (Ontario Works survey)

Accessible Health Services

"Combine western medicine and medicine from the land." (Interview)

Barriers to accessing health services is a leading cause of poor health among Anishinaabe populations and as in many remote communities, many health services are available only outside Pikangikum.* Accessibility means:
- Physically: location and hours are accessible, people with disabilities or those unable to travel can still get care.
- Socially: people do not feel stigmatized for using the service, it is confidential and private.
- Economically: people can afford to access and use the service.
- Culturally: services are culturally appropriate and sensitive (like women having access to female staff), traditional medicine and healers are available to people who want them.
- Communication: staff communicate effectively with patients, patients understand, and translation is available.**
- Understanding: People can understand how to access services and where to get help.

Community Perspectives

Health staff are concerned about barriers limiting participation in programs and workshops. In focus groups, they identify needs to better connect with members and to improve access to programs. Access barriers identified by staff include lack of understanding of programs, lack of trust, privacy or confidentiality, and lack of knowledge as to how to connect to the program. Staff say that they are most worried about barriers for Youth (especially sniffers and young parents), Elders, single parents, addicts, pre-school aged children, people with mental health concerns and low income families. As well, specialist services are limited locally and some members struggle to access services outside of the community. At our third community session, 'transportation support services for patients' was voted as being important to address. Youth and Staff are concerned that people do not know where to get help. The lack of private places to meet creates a need for better privacy and confidentiality for patients. In interviews, many people identify the need for culturally appropriate services.

"Traditional healing program- counselling, ceremony, medicine, sense of who they are." (Interview)

"Culturally- appropriate counselling." (Interview)

Issues	Possible Reasons	Needs
» Lack of transportation to services	~ Remoteness	• Culturally appropriate services
» Lack of confidentiality for patients	~ Barriers to access (e.g. poverty, cultural differences, language)	• Increased understanding of pathways to health
» Limited culturally appropriate services and counselling	~ Lack of trust, communication	• Transportation support for patients
» Poor participation and low awareness of available programs	~ Cultural differences between health systems	• Specialist services locally available
		• Increased privacy

* SLFNHA, 2006, Anishinabe Health Plan, p.30, 47.
** NWLHIN Aboriginal Forum Summary Report 2009, p.11.

Accessible medical services was prioritized as a supporting health priority given the strategic advantage to building existing staff capacity and developing resources to make existing services more accessible. The following specific needs were identified through our process:

- *Culturally appropriate services* including traditional healers, medicines, foods, and a local healing centre.
  - *Increased understanding of pathways to health* with programs that are understood by community members and readily available. This includes support for self-management of chronic conditions, like appropriate guidance and education resources.
  - *Transportation support for patients* to access health resources within and outside of the community.
  - *Specialist services more locally available* such as dentists, eye doctors, and pre-natal services.
- *Increased privacy* in places where programs and services are offered so people can access health supports confidentially, and through operational polices and procedures to ensure confidentiality of health information.

Community Strengths & Resources

- We have dedicated staff and leadership committed to providing accessible health services.
- Some of our community members have traditional health and medicine knowledge and could help create culturally accessible health services.
- We have many community members who can translate Ojibway and English.

- Medical transportation support program helps community members access medical services outside our community.
- Visiting specialists provide local oral health services (every 6 weeks) and dental hygienists (during the school year)

Connections: Why are accessible health services important for health?

~ Improving access to care has a positive impact on the prevention and management of chronic disease.[*] Barriers to health services can mean that people do not seek the help they need and cause preventable health complications

~ Barriers to health services can be very stressful and have negative mental health consequences

~ We currently lack data on who is accessing what programs. Tracking utilization and access rates will help us make important health governance decisions and allow us to adapt programming that does not seem to be meeting our community's needs.

"Treatment closer to home."
(Interview)

"Properly trained counsellors and better confidentiality."
(Staff session 1)

"More specialist services in Pik."
(Community session 3)

High Priority

Comprehensive Health Care

> " We need our people to get healthy and strong. " (Community session 1)

Health care is comprised of a broad range of activities along a continuum of care including health promotion, prevention, assessment, acute treatment, chronic treatment, rehabilitation and aftercare. A comprehensive health care system ensures that patients are being served effectively in all stages of this continuum. In our community specifically, this means ensuring that not only are health services culturally and socially accessible (see previous) but that we also have access to well-trained staff, adequate health resources and materials and regular health check-ups so that members receive long-term and consistent care that follows them through different health stage needs. The scale and urgency of these health care needs are compounded by a rapidly growing population and increasing rates of complicated health conditions.[*]

> " [We need] Good medical service. " (Community session 2)

> " More funding to adequately train all staff. " (Staff session 1)

> " More workers and a better building to fit everyone in. " (Staff session 1)

> " Need to implement better screening programs. " (Interview)

Community Perspectives

Our program review revealed that while many programs focus on health promotion and prevention, fewer programs offer chronic care treatment, rehabilitation and aftercare.[**] While members seem somewhat satisfied with the quality of care they are receiving, there are concerns about lack of health resources, inadequate staff and inconsistent check-ups and follow-up. Suggestions from our first community session focused on resources such as a new nursing station, more health care professionals, and more flu-shots. At the second community session, members were split when asked to rate the quality of the health care they are receiving. Of the 75 participants, 33% ranked it as Very Good, 27% Good, 33% Okay, 3% Bad, and 4% Very Bad. When asked to score how well they felt their physical health needs are being met, of the 90 participants, the average score was 72% (63% for the 17 participants over 40). Young parents are concerned about the lack of medicine and doctors for their kids. Band and Health staff are generally happy with quality of nursing services but identified needs for more reliable and capable Health staff; more training, funding, materials, and counselling for Health staff; and more community volunteers. Staff suggested that main gaps in our health system are counselling, traditional healing, and medical emergency response. At our third community session, the Physical Health Need voted most important was 'More nurses and doctors.' Other concerns raised in interviews were preventative measures such as better screening, more home visits, and more regular check-ups and doctor visits.

Issues

» Lack of local health resources
» Lack of resources to support staff
» Insufficient staff
» Inexperienced staff
» Lack of coordination
» Delay in air ambulance

Possible Reasons

~ Lack of staff, resources, and funding
~ Inadequate education, training
~ Remoteness
~ Limited data collection/evaluation
~ Lack of communication between staff, programs, organizations
~ Overlapping, unclear jurisdictions

Needs

• More doctors and nurses
• Training and counselling support for local health staff
• Regular check-ups and screening
• More local health resources
• Rehabilitation services
• Better medical emergency response

[*] See Pikangikum Health Status Report in Appendix 5.
[**] See Pikangikum Health Program Review in Appendix 20.

Comprehensive care was prioritized as a high priority need given the significant limits lack of comprehensive health care puts on our member's ability to live a healthy life. The following specific needs were identified through our process:

- *More doctors and nurses* and local health staff to meet community needs.
  - *Training and supports for local health staff* such as buildings, counselling, volunteers, up-to-date information, resources and materials to make sure programs are properly implemented and to address health needs.
  - *Regular check-ups and screening* to help prevent illness and chronic conditions.
  - *More local health resources* including funding, medicine, dental care services, information resources, and equipment such as defibrillators, computers and vehicles.
  - *Rehabilitation services* such as physiotherapy, home visits, and monitoring after people recieve care.
- *Better medical emergency response* to help prevent deaths and improve recovery rates.

Community Strengths & Resources

- Local planning, health governance, and leadership
- Members with traditional health knowledge
- Nursing Station with nurses and doctors, as well as visiting specialists.
- Pikangikum Health Authority staff and its community health programs, including:
  - Chronic disease prevention and management programs such as the Aboriginal Diabetes Initiative and Healthy Babies, Healthy Children
  - Mental Health and Addictions programs that focus on mental health, solvent abuse, and crisis support

- Home Care program: provides in-home supports
- Healthy pregnancy and early infancy programs on nutrition, FASD and early childhood development
- Dental and Oral health care programs
- Regional health planning and advocacy agencies
- Regional hospitals and treatment center such as Thunder Bay Regional Health Sciences Centre
- Provincial and federal programs that provide health resources and funding

Connections: Why is comprehensive health care important for health?

~ Health programs and services help prevent and heal illness and injury so we can stay active and live healthy lives.

~ Not having access to adequate, good quality health care is stressful and frustrating for individuals and families

~ Quality health care is not the only thing needed for good community health. Other aspects of health build a foundation of health that health care can support and improve. Health care cannot remedy root causes like poverty, poor nutrition, unsafe housing or lack of safety.

~ Health care that includes traditional healing remedies and medicines can support our culture and traditions.

~ Increasing local authority and control over health resources is part of improving the quality of health care.

" More information on issues that are coming up with Youth. "
(Staff session 1)

" [We need more] Defibrillators - only at nursing station and Northern [Store]. "
(Staff session 1)

" [We need] More training… a program staffed with dedicated, professional staff. Build capacity within community. "
(Interview)

" [We need] proper implementation of programs that are available. "
(Staff session 1)

Critical

Mental Health & Addictions Care

Mental health is defined by the Mental Health Commission of Canada as "a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community."* Unresolved mental health and addictions issues have the potential to cripple individuals, families and entire communities and can lead to violence and sexual abuse. Addictions have serious physical and mental health effects and negatively affect almost every part of community life including parenting, ability to go to school, ability to work, violence and crime. Trauma is one of the main causes of addictions. Addictions are often complicated by grief, depression, anxiety and other mental health issues that have not been healed.

"Somewhere to send families for time away for family counselling and multiple issues." (Interview)

"More training in place for addictions and mental health support system." (Interview)

"Sending people out for treatment – aftercare problems lead them back to it. Need long term aftercare." (Interview)

Community Perspectives

Community members clearly identified addictions as the top health issue facing our people. The need for treatment for addictions and related mental health problems was mentioned in all sessions and interviews activities and is supported by the community data on alcohol, substance abuse and addictions.** In an overall tally of health issues mentioned in engagement activities, "addictions" was overwhelmingly the most common. 53% of 82 Youth respondents identify drugs/alcohol/gas as something they are getting too much of. In June 2013 when people were asked what is stopping them from improving our community health, a fifth of respondents said "substance abuse." Our Elders shared their worries that children are drinking and that this is a serious threat to children's development. Elders also spoke of how alcohol shortens life. Band staff and Ontario Works staff also identified alcoholism and gas sniffing as the top social issues facing our community, which is supported by evidence in the data that shows an increase in solvent abuse.*** Youth gas sniffers were consistently identified as a group of particular concern. When members were asked to rank 26 Mental Health and Addictions Needs, some of the top needs identified were: more mental health and addictions staff and more community support and activities. Participants ranked treatment services within the community and outside of Pikangikum as similar priority and importance, suggesting that there is a need for both options. A local land-based treatment center was often suggested by members, and is one of the 2011 Chief Coroner's top recommendations for addressing suicide.

Issues	Possible Reasons	Needs
» Alcoholism, solvent abuse, drugs	~ Grief and trauma, residential school	• Local treatment facility and program
» Child/Youth addictions, FASD	~ Depression, shame	• More mental health/addictions staff
» Bootleggers	~ Family issues	• Accessible counsellors
» Mental health issues, Suicide	~ Poverty, frustration, hopelessness	• Sustained aftercare support
» Stigmatization of mental illness	~ Lack of opportunities, boredom	• Comprehensive mental health and addictions care
» Sexual abuse, violence	~ Peer pressure	
» Lack of coordinated, long-term resources, funding, and support.	~ Availability of intoxicants	

* World Health Organization. (2001). Strengthening mental health promotion [Fact sheet No. 220]. Retrieved from https://apps.who.int/inf-fs/en/fact220.html.
** See Pikangikum Health Status Report in Appendix 5.
*** See Health Issues Analysis Report in Appendix 19.

Mental health and addictions care was prioritized as a critical health need given how consistently this need was identified in community engagement and research and the urgency and severity of our mental health and addictions challenges.The following specific needs were identified through our process:

● *Local treatment facility and program* including community-based treatment with a focus on cultural, family-based, land-based, and Youth specific programs.

● *More mental health and addictions staff* so there are enough people in our community to provide services like counselling and risk assessment.

● *Accessible counsellors* who are culturally-appropriate, build trust and can ensure confidentiality.

● *Sustained aftercare support* in our community that coordinates closely with treatment programs to support people returning from treatment to help prevent relapse.

● *Comprehensive mental health and addictions care* that coordinate efforts on the full continuum of care.

Community Strengths & Resources

• People who have healed from addictions and trauma can provide guidance and encouragement to others.
• Our mental health and solvent abuse workers.
• Community programs for health promotion, prevention and assessment such as NNADAP, Solvent Abuse Program, Crisis Management and Brighter Futures.
• Interagency cooperation between programs.

• Local crisis and trauma teams.
• Our nursing station staff who work regularly with members with mental health and addictions concerns.
• Friends, family, and groups in our community (like AA) who support those healing from trauma and addictions.
• Youth Gas Patrol to reduce and prevent solvent abuse.
• Land-based Solvent Abuse Program and camp.

Connections: Why is care for addictions and mental health important for health?

~ Addictions negatively affect our physical health by compromising our immune system and damaging our bodies and minds. This is especially true for children, babies, and unborn children.
~ Addictions worsen our mental health and vice versa and can contribute to our risk of suicide.
~ Addictions and mental health issues can lead to violence and crime which hurt the safety of our community.
~ Freedom from addictions and mental health challenges will help us and our families succeed at school and at work. Addictions compromise our ability to go to school, work and participate in community life.
~ Additions and mental health challenges can damage our relationships, often leading to violence, abuse, and families breaking up or broken friendships.

"Kids and youth having trouble with solvent abuse need something more therapeutic and lasting than the current camp. The kids just come right back. A big contributor is boredom – kids just have nothing to do."
(Interview)

"With AA… It's good because it is community-based and people can go to learn about and follow the path that others have taken."
(Interview)

"Adults need aftercare too following treatment for addiction."
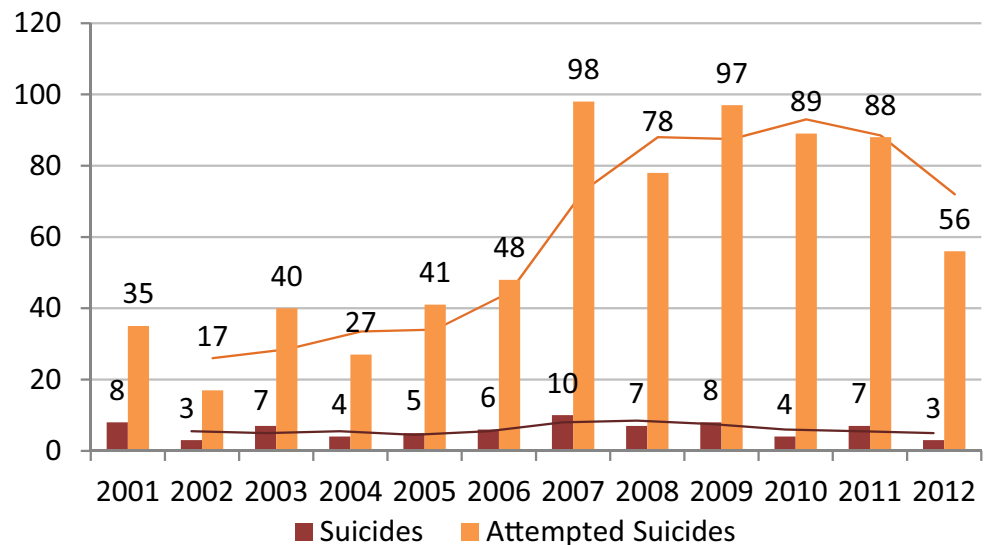(Staff session 1)

Suicide Prevention

High Priority

Suicide is a tragedy for any community, especially when a young person takes their own life. First Nations communities in particular experience a higher suicide rate than the Canadian population generally.* First Nations Youth commit suicide about five to six times more than non-Aboriginal Youth.** The prevalence of suicide is not evenly distributed across First Nations communities: some communities, like ours, struggle with high numbers of suicides every year. However, research suggests that there are things that First Nations communities can do and are doing to reduce and prevent suicide, such as promoting culture and supporting healthy grieving.*** Between 2001 and 2012, 70 of our community members killed themselves (see Figure 21). Compared to the rest of Ontario, Pikangikum's suicide rate per 100,000 residents is over 40 times higher. A string of Youth suicides between 2006-2008 led to a specialized inquiry from the Chief Coroner of Ontario which highlighted the need for improved infrastructure, a community healing treatment centre and a comprehensive mental health and addictions program.

"Talk to our Youth to prevent suicide.

(Community session 2)

"The lives of Youth are at stake."

(Elders session, May 2012)

"Nurses need someone to do suicide risk assessments, has to be a medical person. The need for risk assessment is a fact."

(Interview)

Community Perspectives

Although it is a painful and sensitive topic to discuss, many community members talked about suicide as being a top community health concern for our community. At every session a strong theme has been the need to prevent suicide, and especially Youth suicide. Elders shared their deep concern about suicide in the community and the well-being of our children and Youth. They describe Youth suicide as something that is crippling the community and suggest that there is a need for young people to receive teachings and guidance from Elders and parents. Pikangikum Health staff members also identify suicide as one of the most important health issues in Pikangikum and are concerned at how bullying seems to make it worse. Interviewees speak of the importance of suicide prevention programming, especially ones that support cultural continuity and self-determination. During our June 2013 ranking of community health needs, "more suicide prevention programs" was a highly ranked community health need.

Figure 21: Reported suicides and suicide attempts in Pikangikum 2001-2012.
Source: Pikangikum Police records, 2001-2012

*	Government of Canada. (2006). The human face of mental health and mental illness in Canada (Chapter 12). Ottawa: Minister of Public Works and Government Services Canada.
**	Mental Health Commission of Canada. (2012). Changing Directions, Changing Lives. The Mental Health Strategy for Canada.
***	Chandler, M and Lalonde, C. (2008). Cultural Continuity as a moderator of suicide risk among Canada's First Nations. University of British Columbia Press.

Issues	Possible Reasons	Needs
» High suicide rate » Youth suicide » Attempted suicide » Cluster suicides » Trauma and grief from losing loved ones to suicide	~ Depression, addictions, other mental health issues ~ Trauma, violence, abuse, bullying ~ Loss, grief, frustration, anger, isolation, hopelessness, boredom ~ Exposure to suicide ~ People unsure/afraid to get help	• Suicide prevention programs • Suicide education and awareness • Risk assessment • Safe places for high risk individuals • Local treatment and aftercare options • Supports for healthy grieving

Suicide prevention was prioritized as a high priority need given our high suicide rate and the severe consequences suicide has on our members and families. The following specific needs were identified through our process:

● *Suicide prevention programs* addressing root causes of suicide, cultural connection, and self-determination.

  ● *Suicide education and awareness* so more people know suicide warning signs and can help each other.

   ● *Risk assessment* so those at risk can be connected with support for healing.

    ● *Safe places for at-risk individuals* to go for help within or close to our community.

    ● *Local treatment and aftercare options* to support those recovering from or at risk for attempting suicide.

● *Supports for healthy grieving* so people who have lost a loved one to suicide can get support to heal and recover and not contemplate suicide themselves.

Community Strengths & Resources

- Friends, families and community networks that each other during crisis and mental health challenges.
- Our resilience and strength in overcoming tragedy.
- Mental health counsellors, Nodin counsellors, and school counsellors.
- Our health governance and programs, mental health workers, counsellors, and crisis and trauma teams.
- Regional treatment and healing centres and programs.
- Support, ideas, and resources from other communities.

Connections: Why is suicide prevention important for health?

~ People at risk for suicide often struggle with mental health challenges like depression, grief, or addictions. For family and friends of suicide victims, trauma and grief can cause or worsen addictions or mental health issues.

~ Grieving after losing someone to suicide takes time. People may need to stop going to school, work, or other community involvement. Support for family, friends, and community is very important for people in crisis.

~ Poverty and the lack of livelihood opportunities can contribute to feelings of hopelessness and depression. Not finishing school can also hurt the mental well-being of our young people.

~ Many cases of suicide are linked to cases of alcohol or solvent use addiction.

~ Violence and bullying are a contributing factor to Youth suicide.

"there's no teachings from the parents, and no listening from the kids, and kids don't know how to take what the world has to offer."
(Elders session, June 2013)

"Suicide prevention - people think of a suicide of someone else, and they end up doing it as well."
(Interview)

"Someone with an unhealthy mind needs to be helped."
(Elders session, April 2013)

High Priority

Reduction & Prevention of Addictions

"Stop the bootlegging." (Community session 1)

The United Nations reports that for every dollar spent on prevention of addictions, at least ten can be saved in reduced future health, social and crime costs.* Globally, prevention and reducing access are often part of intervention strategies. This is done by trying to reduce the supply of intoxicants and prevent people from using addictive intoxicants through education and community rules. Providing support and treatment for those with addictions is profiled separately in this report (see Mental Health and Addictions Treatment). This need specifically explores how addictions can be prevented before they start. Reducing the supply of intoxicants and changing attitudes about alcohol, gas sniffing, and other drugs are not easy, but are critical to improving our health.

"No selling booze." (Community session 1)

"Stop alcohol from coming to the community." (Community session 1)

"Stop the gas sniffing right now." (Community session 2)

Community Perspectives

Community members of all ages are concerned about substance abuse and see a need for reducing access and preventing addictions. The desire to stop solvent, alcohol and drug abuse is loud and clear across all community sessions. Members specify that ways of doing so include limiting supply by targeting bootleggers, strengthening laws to prevent substance abuse and providing Youth with more substance abuse education and prevention programs. At our first community session members said that the top thing they want to change in our community is to stop solvent, alcohol and drug abuse, including stopping bootlegging. At our second session, when asked what the top thing there is too much of in Pikangikum, members identified alcohol, gas, and drugs. Youth,

Elders and Staff all agree that alcohol, drugs and gas sniffing are damaging their community and more needs to be done to prevent addictions. Elders in particular speak of the need for teaching values that will help prevent addictions. Interviewees speak of the need for more programs for Youth to help prevent addictions such as getting Youth on the land intergenerational cultural programs where Youth learn values from Elders. When community members were asked to rank 26 Mental Health and Addictions Needs, the top priorities identified included "stop bootleggers from operating" and "increase gas sniffing laws."

Issues

» Alcoholism, solvent abuse, drugs
» Children and Youth with addictions
» Bootleggers
» Fetal Alcohol Spectrum Disorder (FASD)

Possible Reasons

~ Grief, trauma, violence, abuse
~ Depression, shame
~ Family issues
~ Poverty, hunger, hopelessness
~ Lack of opportunities, boredom
~ Peer pressure
~ Availability of intoxicants

Needs

• Prevention of bootlegging
• Laws against solvents, alcohol, drugs
• Reduction of intoxicant supply
• Education and prevention programs

* United Nations Office on Drugs and Crime (2013) International Standards on Drug Use Prevention

Reduction and prevention of addictions was prioritized as a high priority need given that the rate of substance abuse is rising and the significant limits addictions puts on our members' ability to lead a healthy life. The following specific needs were identified through our process:

- *Prevention of bootlegging* with appropriate laws, enforcement and deterrents.
  - *Laws against solvents, alcohol, and drugs* that are consistently enforced.
    - *Reduction of intoxicant supply* such as alcohol, gas, and drugs.
    - *Education and prevention programs* especially for Youth, such as awareness about the impacts of substance abuse on unborn babies and how mental health issues and addictions are related.

Community Strengths & Resources

- Teachings from our Elders.
- Community rules about selling alcohol.
- Jobs that support people so they do not feel they have to bootleg or turn to their addictions.
- Pikangikum Youth Patrol and Gas Patrol to reduce and prevent Youth solvent abuse.
- Case manager whose goal is to provide holistic case management to Youth who abuse solvents and to those who are at high risk of abusing solvents

- Building Healthy Communities - Solvent Abuse Program: solvent abuse prevention programs through education, recreation and activities on the land.
- National Native Alcohol and Drug Abuse Program teaches about alcohol and its damaging effects.
- FASD and Child Nutrition program to reduce the number of babies with FASD and prevent alcohol use during pregnancy.
- Brighter Futures program to increase awareness of child development and mental health.

Connections: Why is reducing and preventing addictions important for health?

~ Money for food and other basic needs is too often spent on substance abuse addictions, creating a vicious cycle where people turn to their addictions to try to cope with hunger, poverty, and depression.
~ Kids with substance abuse challenges in their lives (themselves or their families) are at greater risk for mental health issues and suicide. They also are more likely to drop out of school.
~ Substance abuse and selling alcohol, drugs, and gasoline for sniffing contributes to more violence, abuse, and accidents. Substance abuse is contributing to more of our people committing crimes and going to jail.
~ Good governance with strong community laws and a supportive, connected community will help us to address substance abuse reduction and prevention.

Counselling & Social Supports

For mental health issues like depression, addiction, psychological trauma, stress, anxiety, bullying, grieving or suicidal thoughts, often an important part of healing is having someone to talk to and feeling connected to a social support system. For Aboriginal people specifically, best practices in therapeutic practice point to the need to connect healing efforts to a strong community support network.* The need for such support in our community has risen between 2009-2012 as mental health cases are on the rise as seen in Figure 22.** Counselling and social supports can help members struggling with mental health issues. Different support options, such as clinical counselling, help from friends or family, or cultural and community-based programs can connect people with mental health issues to the supports they need during their healing.

"Helping one another makes our community strong." (Community session 1)

"Listen to one another and help each other be a supportive community." (Community session 2)

"Helping each other, talking together." (Community session 1)

"Properly trained counsellors and better confidentiality." (Staff session 1)

Community Perspectives

A consistent theme in our community sessions has been the need for more and stronger support systems for mental health and well-being. At our first and third sessions, participants said they want to see members working together, sharing and communicating, helping others, and supporting each other. This included help for Elders and Youth, those with addictions, and those being bullied. In our second session, participants identified that there is too much bullying and addictions in our community and that we need to help each other more and increase communication, emotional support, and counselling. Youth agree – many said they feel bullied, angry, sad, and lonely and do not have enough people to talk to about it. Elders stressed the importance of the teachings and guidance they received when young and fear that Youth today are not getting this support. Ontario

Figure 22: Mental Health cases per month, 2009-2012.
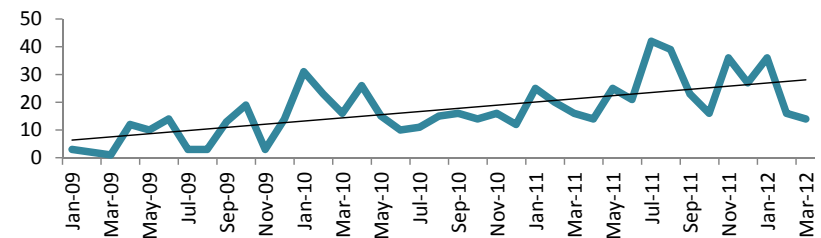
Works staff are concerned about the social impacts of suicide and losing family members and want to see more supports available for people who are grieving. Band and Health Authority Staff want to see more counselling, both for community members and community staff. Staff suggest there should be many types of counselling available, including group sessions, land-based healing, confidential sessions, support groups, and healing circles so that we can share, listen, and support each other. This is also important for people returning from treatment.

Issues	Possible Reasons	Needs
» Grief	~ Tragedies, grief	• Grief and healing support groups
» Trauma	~ Violence, abuse	• Community counselling and support
» Depression	~ Residential school	• Support for getting help
» Shame	~ Addictions	• Cultural and land based options
» Stigmatization of mental health issues	~ Poverty, frustration	• Post-suicide supports
» Loss of trust and communication	~ Lack of opportunities, boredom	• Palliative care
» Loneliness	~ Community conflict	
	~ Lack of trust and communication	

*   Waldram, James (2008) Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice. National Network for Aboriginal Mental Health Research and Aboriginal Healing Foundation.
**   See Health Issues Analysis Report in Appendix 19.

Counselling and social supports was prioritized as a supporting health need given that mental health visits are on the rise and the supporting role that this need plays in addressing our other mental health needs. The following specific needs were identified through our process:

- *Grief and healing support groups* such as healing circles or family-based counselling to bring people together to support each other.
  - *Community counselling and support* such as church groups, women's or men's support groups, or AA meetings that can support people in tough times and strengthen individual and family coping skills.
  - *Support for getting help* from others through better community awareness of mental health issues and accessible information about how to get appropriate help.
  - *Cultural and land-based options* for healing and support.
  - *Post-suicide supports* such as grief counselling and support for families and friends of suicide victims.
- *Palliative care* to support people and their families when they are at the end of their life.

Community Strengths & Resources

- Community Mental Health workers, Tikinagan Child and Family Services, Nodin Child and Family Intervention Services, Trauma Teams and Pikangikum Health Authority Crisis Team.
- Teachers and school counsellors.
- Programs that support families in crisis.
- Our sense of community and networks of friends, family.
- Brighter Futures' community-based approaches to mental health crisis management.
- People who have overcome trauma, mental health challenges or addictions and can relate to other's struggles and provide support and inspiration.
- People who want to help others, like support groups such as church groups or addictions support groups.

Connections: Why are counselling and social supports for mental health important for health?

~ People need help dealing with things causing them stress, pain, or grief in their lives, such as poor living conditions, domestic violence, poverty, addictions, or the death of a loved one. Without help, people may turn to suicide, substance abuse, or hurting others. We need supports to manage stress and grief because they can add to other problems we might have. Ongoing grief without a chance to recover can lead to depression, addiction, or suicide. Grief can also have serious impacts on physical health.

~ Mental health challenges can severely disrupt peoples' lives, including going to school or work, taking care of a family, or being involved in the community.

~ Mental health and addictions problems often occur together and are more complex to treat when they do.

~ People who need help are often limited in how much they can help and support other people.

"Talk to those who have addictions."
(Community session 2)

"Get into groups, talk about how we feel and what we need to do to."
(Staff session 1)

"More needs to be in place for helping men. Very little support. People are 'crying out for help', not getting it which can lead to violence."
(Interview)

"In a state of trauma, your spirit is out there, acts of kindness bring the spirit back to its place."
(Interview)

High Priority

Peacekeeping & Safe Places

" Mental health patients end up in prison cells because there is no safe place. " (Interview)

Feeling safe is crucial to mental and physical health and is often discussed as one of our most basic needs.* There is a need to prevent violence as described in the need "Prevention of Violence and Harm", but when violence does occur, appropriate laws, human resources and infrastructure are needed to limit the damage. Keeping our community safe involves keeping peace between members, enforcing laws, protecting vulnerable people when needed, and resolving conflicts when they do happen. Our laws and infrastructure need to keep people, especially women and children, safe from abuse and violence. It involves specific infrastructure to provide safe havens for people in danger, a strong presence of well-trained peacekeepers, and appropriate laws and policies to allow peacekeepers to respond effectively.

" Sexual abusers still live in same house - need safe haven. "
(Interview)

" Youth need confidence to use the system to protect themselves, have to get security in community. "
(Interview)

" Police get involved with community. Be positive role models. "
(Interview)

Community Perspectives

Consistently across many of our community sessions (July 2012, October 2012, June 2013), community members voiced concerns about the need for more peacekeeping resources such as more and better police/peacekeepers and more houses and safe places to separate victims and offenders. In a ranking of 23 safety needs, community members "better/faster response by police/peacekeepers", "stronger laws to stop and prevent abuse" and "look out for each other" as some of the most important safety needs. Similarly, staff identify violence as one of our top health issues (8% of 71 responses). Interviewees mention specifically the need for safe places for people in crisis and victims of abuse especially women and Youth. There is also a need for places where people who are committing violence can go for intervention and help, like a place where men who are abusing their partners can get help to stop.** Staff also identify the need for better relations with police officers and more police involvement in the community. They also identify the need for more effective responsive from police when incidents occur and capacity building for police and local peacekeepers to help them work better together and be more effective in their role.

Issues	Possible Reasons	Needs
» Bullying	~ Anger, frustration	• Community laws to stop and prevent violence and abuse
» Violent crime	~ Trauma, abuse	• Improved response by police and peacekeepers to crises and emergencies
» Abuse	~ Addictions	• Safe places and homes
» Lack of safe places	~ Mental health challenges	• Larger team of peacekeepers
» Inadequate policing or justice	~ Housing shortage	• Look out for each other
	~ Legal system and high numbers of members going to jail	

* Maslow's hierarchy of needs (1943) as described on Wikipedia: http://en.wikipedia.org/wiki/Maslow's_hierarchy_of_needs
** Participatory Assessment of Pikangikum (2008)
*** Pikangikum OPP officer receives international award (October 8th, 2009) Wawatay News

Peacekeeping and safe places was prioritized as a high priority need given rising rates of violent crime and the many other needs that depend on peacekeeping and safe places to be addressed first. The following specific needs were identified through our process:

- *Community laws to stop and prevent abuse* that are enforced and effective.
  - *Improved response by police and peacekeepers* to incidents and emergencies.
    - *Safe places and homes* such as drop-ins and safe houses for victims of abuse, women, Youth or anyone feeling unsafe, as well as having enough housing so that victims and offenders do not live together.
    - *Larger team of peacekeepers* so they can be more responsive to safety needs in our community.
- *Look out for each other* in our neighbourhoods, like a neighbourhood watch program.

Community Strengths & Resources

- We have strong leadership to guide us in our efforts to improve community safety.
- We also have our Elders' guidance on justice.
- We have teams of local peacekeepers, Youth patrol, security personnel, as well as Ontario Provincial Police.

- The award winning 'North of 50 Cops and Kids' program*** provides our Youth the opportunity to have positive interaction with local police.
- We have access to the Canadian justice system through community courts.

Connections: Why are peacekeeping and safe places important for health?

~ Most immediately, peacekeeping and safe places are about keeping people physically safe from harm. Feeling safe is necessary to be able to sleep and to be free from chronic stress, and both are necessary for good health.

~ Peacekeeping and safe places are important for protecting people from and reducing mental and emotional trauma that is caused by violence or abuse. Peacekeeping and safe places also support mental health and addictions care because peacekeepers and police are often first responders to emergency situations.

~ Our need for safe places is related to our need for more housing options, as it would help avoid having victims and offenders living under the same roof.

~ Strengthening laws to prevent abuse will help community members build more trust and confidence in the justice system that is designed to protect them.

~ Peacekeeping and safe places help everyone in the community by increasing the feeling of community safety.
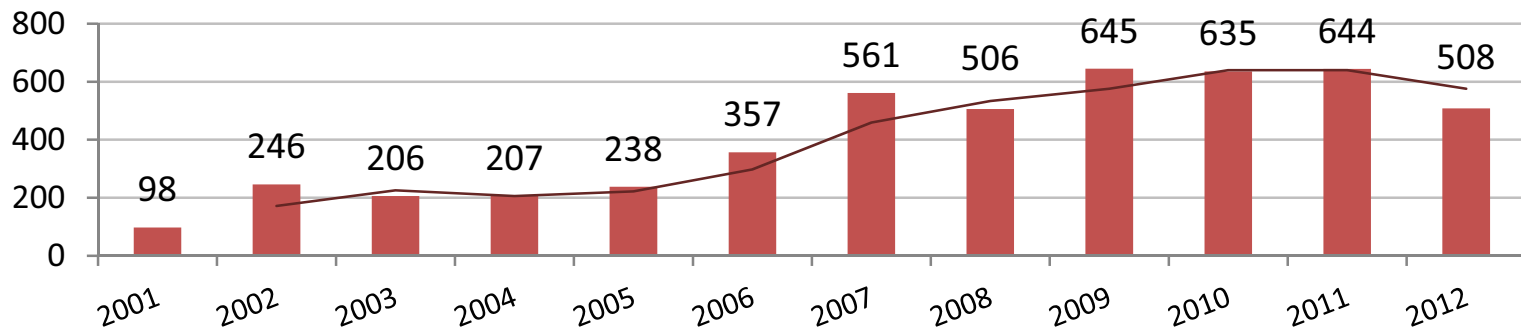
Prevention of Violence & Harm

Feeling safe is an important part of mental, emotional, and physical health. To feel safe it takes more than laws and police. Community safety is also a product of effectively preventing violence and abuse, supporting healing of both victims and offenders, and community involvement in improving and protecting safety. This needs a unified community voice against bullying and violence and working actively with families to prevent violence against women and children.

Community Perspectives

From the beginning of our planning process and throughout, community members have voiced concerns about safety in Pikangikum, in particular about bullying and violence. This concern is supported by police data that shows a rise in violent crime incidents between 2001-2012 (see Figure 23). In an overall tally of the health issues mentioned in community engagement activities, "bullying" was the second most common health issue mentioned followed by "violence." At our first community session, the answer "Stop violence" was the fourth most common answer to the question "What would you like to change in our community today?" At our second community session, participants again answered that the lack of feeling safe and high levels of bullying and violence are hurting their mental, emotional, and physical health. In Youth sessions, they expressed that they are worried about safety and that bullying, anger, and violence are major sources of stress

and harm. Ontario Works staff are particularly concerned about bullying as a social issue in our community and its impacts on self-esteem and motivation. At our third community session, 10% of participants said that bad things happening in the community are stopping them from improving our community's health. Interviewees highlight that for women especially, freedom from violence in the form of physical and sexual abuse is an unmet health need. In a ranking of 23 safety needs, community member ranked "increase chief and council involvement with safety", "more community awareness of bullying" and "help offenders when they come home from jail" as some of the most important safety needs. Interviewees highlighted the need for counselling and approach to justice that support both victims and offenders. They also emphasized that freedom from violence and physical and sexual abuse is a high priority for women and children especially.

"How [do] we keep people safe as families?"
(Interview)

"Leadership, support for justice."
(Interview)

"There is violence within the family, people don't have enough outlets for their anger."
(Interview)

Figure 23: Violent crime incidents (total reported) in Pikangikum 2001-2012. Source: Pikangikum Police records, 2001-2012

Issues	Possible Reasons	Needs
» Bullying, Violence, Vandalism	~ Anger, frustration, boredom	• Community awareness of bullying
» Abuse	~ Trauma, abuse	• Chief and council leadership on community safety
» Crime	~ Addictions, mental health issues	• Safety for women & children
» Failings of justice system	~ Poverty, lack of opportunities	• Help offenders when home from jail
» Repeat offenders	~ Many members going to jail	• Supports for victims & offenders
» Trauma of victims and perpetrators		

Prevention of violence and harm was prioritized as a supporting need given the disruptive nature of abuse and violence and the limits it puts on peoples' ability to lead a healthy life. The following specific needs were identified through our process:

● *Community awareness of bullying and abuse* so people can recognize them and help people get help.

  ● *Chief and Council leadership on community safety* showing safety is a priority.

  ● *Safety for women and children* who are most often victims of violence and abuse.

  ● *Help offenders when they come home from jail* to help them heal and to prevent repeat offenders.

● *Support for victims and offenders of crime* to support justice and healing.

Community Strengths & Resources

- Our Peacekeepers and the Ontario Provincial Police.
- Successful past community safety programs such as the Youth Patrol and Gas Patrol.
- Our networks of families, friends and neighbours.
- Resources of the justice system (courts, lawyers, judges).
- Crisis and Trauma Teams: supports during crises.
- Mental health counsellors and Youth counsellors.

- Meno-Ya-Win Health Centre Assault Care Treatment program: assists individuals who have recently been sexually assaulted or experienced partner violence.
- Nodin Child and Family Intervention Services
- Tikinagan: First Nations child protection agency with community-based approach to child protection.

Connections: Why is prevention of violence and harm important for health?

~ Mental health issues, like depression or suicide, can be related to people suffering from violence or bullying.

~ Underlying health issues such as addictions, anger or hurt from past trauma or abuse, or desperation from poverty can be part of why people do violent things. Many cases of violence in Pikangikum are related to alcohol or solvents.

~ Not feeling safe causes stress and can make people afraid to be active and social. It can also hurt peoples' ability to go to school or work. Violence causes physical injury, disability and trauma.

~ Both victims and offenders of violence and offenders involved in crime need support and healing. People that hurt other people are often hurt themselves too. Helping offenders to heal and come back to their community, especially if they have been in jail, is an important way to prevent future violence.

" Kids need sense of safety and peace. "
(Interview)

" Stop teen violence against other teens. "
(Community session 1)

" We are responsible for creating a safe environment for our community. "
(Interview)

Quality Housing & Utilities

On reserves across Canada there are housing shortages. The situation is most extreme in northern, remote communities like Pikangikum where individual and family health is severely undermined by overcrowding, unsafe housing, and the lack of energy, water, and sewage infrastructure. The 2011 Chief Coroner's report identifies Pikangikum's housing shortage as a top priority.* Figure 24 illustrates the average number of people per dwelling in Pikangikum, in Aboriginal communities and the Canadian average.*** It is estimated that we need to build or repair 200 homes right now to address overcrowding.*** This does not account for our rapidly growing population which will require even more housing in the future.** By improving housing conditions, we will address roots of many other health and social issues in our community.

"We need more electricity." (Staff session 1)

"We need every house to have running water." (Community session 2)

"Families need their own homes so young parents have to learn to parent." (Interview)

"[I want] a house that me and my kids can live [in]." (Youth session, October 2012)

Community Perspectives

Pikangikum members know that safe housing is critical for good mental and physical health. At our first community session, members expressed pride about new houses being built, but also that many more are needed. 'More and better housing' was the fifth most common response to what people wanted to change in Pikangikum. Members want "clean living conditions," "houses for everyone," and indoor plumbing. Improving and increasing housing has consistently been among the top priorities for community health improvements throughout our community sessions and interviews. In October 2012, members again identified "good housing" as part of what physical health means to them, and that many of their health problems are caused by the lack of adequate, safe housing. Youth also recognized good housing as an important condition for health, and teens in particular are stressed by overcrowding in their homes. Elders emphasized the importance of children spending time at home so they can learn from parents, and they expressed concern that children and Youth today often do not want to spend time at home. Band and Health Staff chose housing as the second most important health issue, specifically overcrowding and the lack of enough electricity and indoor plumbing. Ontario Works staff also think that housing is one of the top social issues in our community. At our third community session, members chose 'More housing' as the top priority and most important of all community infrastructure needs.

Issues	Possible Reasons	Needs
» Overcrowding (leads to increased stress, risk of violence, and infectious diseases)	~ Rapidly growing population	• Quality housing (warmer, less mold)
» Unsafe housing (mold, fire risk, need for major repairs)	~ High costs for infrastructure	• Availability of housing
» Inadequate residential utilities (power, heat, indoor plumbing)	~ Limited Band funding or personal resources for housing or repairs	• Different housing options
	~ Limited suitable land	• Reliable electricity and heat
	~ Power, water systems at capacity	• Indoor plumbing
	~ Capacity damaged by addictions, mental health issues, poverty	• Enough reserve land for developments

* Office of the Chief Coroner for Ontario. (2011). Death Review of the Youth Suicides at the Pikangikum First Nation, 2006-2008. p.140
** See Health Issues Analysis Report in Appendix 19.
*** PFN. (2011). Capital Planning Study.

Figure 24: Average number of people per dwelling in PFN, Canadian Aboriginals and Canada

Pikangikum (as of 2010)	Canadian Aboriginals (as of 2006)	Canada (as of 2006)
4.93	2.92	2.69
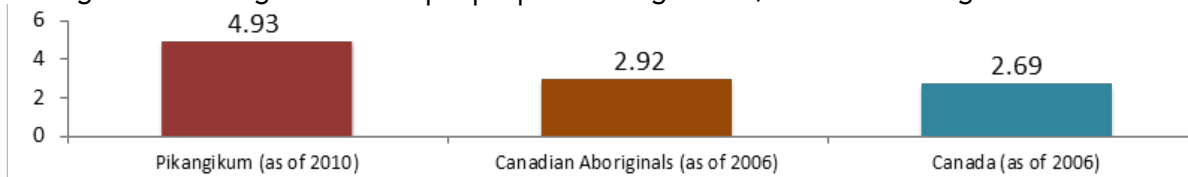
Quality housing was prioritized as a critical need given the urgency created by current overcrowding and rapid population growth. Also because of the severe limits inadequate housing puts on members' ability to live a healthy life. The following specific needs were identified through our process:

- *Quality housing* through repairs and good construction make houses warm, ventilated, secure, and mold-free.
  - *Availability of housing* to address lack of housing and overcrowding, and prepare for population growth.
    - *Different housing options* such as apartments or shared living arrangements (e.g. Elders' complex) for members who do not want or need their own house as well as large houses to accommodate large families.
    - *Reliable electricity and heat* to properly and consistently provide heat and electricity without exceeding the capacity of our utilities infrastructure.
  - *Indoor plumbing* to provide clean, running water to all houses.
- *Enough reserve land for developments* to address land shortage and expand suitable areas for housing.

Community Strengths & Resources

- Existing new houses and housing developments
- Members with carpentry/construction/repair skills
- Pikangikum Housing Authority
- Funding from federal government and CMHC

- Capital works, infrastructure staff
- Water treatment plant and trained operators
- Power generating station

Connections: Why is quality housing important for health?

~ Overcrowding is stressful and damages people's mental and physical health. It negatively affects our sleep, how we take care of ourselves, and our relationships. Unsafe housing (moldy, cold, at risk of fire) also damages health.

~ Stress and health damage from poor housing can lead to alcoholism, substance abuse and violence.

~ The negative physical and mental health impacts of poor housing negatively impact our work and livelihoods.

~ Under stressful conditions such as unsafe and overcrowded housing, children and Youth are less likely to learn well. As well, electrical power outages often close the school which hurts students' learning.

~ When people are struggling with physical and mental health stresses from inadequate housing it makes it difficult for them to participate in community programs and help others.

~ Lack of houses means that victims of abuse feel trapped. Overcrowding can increase potential for violence because people cannot give each other space, and Youth may not want to spend time at home, even at night.

"I need a new house for my kids."
(Community session 2)

"new buildings being built making our community a better place to live."
(Community session 1)

"Make more apartments for people."
(Community session 1)

"Some people have no place to live. We all need more housing, running water, clean water."
(Women's Circle)

Critical

Safe Water Supply

The United Nations recognizes the right of every human being to have access to sufficient water for personal and domestic uses, which must be safe and physically accessible.* The Royal Commission on Aboriginal Peoples highlights that access to potable water and adequate sanitation has been routine for so long in Canada that most Canadians take them for granted; however, the same access is not guaranteed for Aboriginal people and their health suffers as a result.** The use of water includes water for drinking, cooking, bathing, washing and other purposes. For Pikangikum, 90% of our homes are not connected to the water system.*** Increasing household access to indoor plumbing and sewage systems was one of the key recommendations from the 2011 Chief Coroner's Report.

"Need to get indoor plumbing."

(Staff session 1)

"[We need] Running water in our houses."

(Community session 1)

"I need more water at my home."

(Community session 2)

Community Perspectives

Community members consistently identify access to safe water as one of their top health needs. In an overall tally of the health needs mentioned in community engagement activities, "safe water supply" was one of the top five needs identified. At our third community session, participants ranked "increase supply of clean and running water" as one of the top five most important infrastructure needs. In interviews with staff, many individuals commented on how the lack of reliable access to clean water is negatively impacting physical health, causing stress, and hurting peoples' self-esteem. People were particularly concerned about how limited access to water makes personal hygiene, such as brushing teeth and cleaning skin, difficult and contributes to other, more serious health conditions. In our women's circle discussion, several mothers expressed the challenges of getting enough water to care for one's family and home every day, especially when it involves carrying water and getting water in the winter. Youth identified "clean water" as the number one thing they did not have enough of (57% of 82 Youth). Other concerns about our water system were highlighted in interviews, such as concerns about leakage and contamination from the sewage lagoon and outhouses, and the need for upgrades to our water treatment plant. Our 2011 Capital Plan identified challenges with expanding water infrastructure, including how many houses are not designed for plumbing, the lack of burial planning, and the need for more suitable sites.

Issues

» Lack of running water
» Unsafe water
» Lack of connection to sewage systems
» Leakage from sewage lagoon
» Lack of cemetery/burial planning

Possible Reasons

~ High costs for infrastructure
~ Limited Band funding
~ Power infrastructure at capacity
~ Many existing houses not designed for indoor plumbing
~ Water contamination
~ Traditions concerning burials

Needs

• Safe drinking water
• Running water for all houses
• Sewage systems for all houses
• Water treatment plant upgrades
• Lagoon upgrades
• Cemetery/Burial planning

* United Nations Global Issues: www.un.org/en/globalissues/water
** Royal Commission on Aboriginal Peoples (1996) Volume3: Gathering Strength
*** PFN. (2011). Capital Planning Study.

Safe water supply was prioritized as a critical need given that water is a basic need required for health and that addressing this basic need with have immediate and tangible results on our members health. The following specific needs were identified through our process:

- *Safe drinking water* to ensure safe, reliable, and accessible drinking water for all.
    - *Running water for all houses* through upgrades to provide water for drinking, cooking, bathing, and washing.
    - *Sewage systems for all houses* either servicing or septic systems to eliminate need for outhouses.
    - *Water treatment plant upgrades* to maintain and expand capacity.
    - *Lagoon upgrades* to address capacity and contamination concerns.
- *Cemetery and burial planning* to uphold religious and cultural protocols, prevent water contamination, and limit complications for building new water infrastructure.

Community Strengths & Resources

- Abundant fresh water in our lakes, rivers, and rain
- Many of our people spend lots of time on the water and know it well
- Local water monitoring program
- Water treatment plant and trained operators
- Capital works, infrastructure management staff

Connections: Why is a safe water supply important for health?

~ Water is a basic necessity for sustaining life and good health. Bad water quality can lead to a number of health problems including skin rashes and infections, diarrhea and other gastrointestinal illnesses. Access to a reliable source of water is needed for daily hygiene, cooking healthy meals, taking care of teeth and sanitation. Many of us enjoy swimming for recreation and eating fish from the lake, so we need to protect our water quality.

~ Limited access to clean water for drinking and washing can harm self-esteem and self-image, especially when it negatively impacts personal hygiene. Carrying water is a challenge for some, such as single parents and Elders.

~ Poor personal hygiene and reduced confidence can hurt individual's efforts to apply for training and job opportunities. Some people support their family with fishing so we need to keep our waters clean and safe.

~ Fewer boil-water advisories means less school closures, providing more consistent learning in school.

"Good housing with running water and washroom." (Community session 2)

"We need to clean our water and to keep our land clean." (Community session 1)

"I need more help for running water. (Community session 2)

"Our water treatment needs a new system – the automatic system broke down and the water reservoir is too low." (Interview)

Transportation & Connectivity

Transportation and communications infrastructure allow us to connect with people and resources within and outside of our community. Without adequate transportation, mobility supports, and connectivity infrastructure, our community members are can be isolated and unable to access services, opportunities, and supports they need. Our 2011 Capital Planning Study concludes that our roads are in substandard condition.* Just as roads and transportation options physically connect us, our communications infrastructure is also vital to access resources, opportunities and information.

Community Perspectives

"Increase the safety of our roads" was identified as a top priority during our Community Health Needs Ranking Survey. People are also concerned about the overall quality of roads and the toll that poor road quality takes on our safety and vehicles. Challenges associated with transportation also factor into many other issues discussed by community members, such as the high cost of food, the high cost of travelling out of the community, and limited training and employment opportunities. In sessions and interviews with health staff, individuals identified that some community members cannot access the services and programs that would benefit them because they do not have transportation. When 128 members were asked if they had transportation to access community engagement events, 53% said "No." Ontario works staff identified transportation as one of the employment and training issues faced by

community members. Interviewees highlighted the challenge that the community is not easy to walk around, further limiting the mobility of members who do not have access to a vehicle. In our first community session, community members identified community radio, Facebook and walkie-talkies as important ways to share community information and keep members connected. Despite the popularity of Facebook and other online communication tools, only 43% of 92 respondents said they have access to a computer. Ontario Works staff also identify technology as a tool that can be used to access training and employment opportunities. Band and Health Staff identified that better access to computers and online resources would help them do their jobs.

" We need an all season road for the cost of food to come down. "
(Staff session 1)

" Need to provide transportation so people can go to meetings and workshops. "
(Interview)

" The roads need street lights. "
(Staff session 1)

Issues	Possible Reasons	Needs
» Limited transportation options	~ Remoteness, location, climate	• Good quality, safe roads
» Inadequate road infrastructure	~ High cost of infrastructure and unclear jurisdiction	• Transportation supports
» Lack of lighting, unsafe roads	~ Lack of road maintenance	• Internet access
» Lack of transportation to services	~ Poverty, high cost resources	• Community communication tools
» Limited access to cellphones, internet	~ Limited funding for staff resources	• Staff resources
» Lack of resources, funding	~ Some people are not very familiar with using computers, cellphones	• Walking access

* PFN. (2011). Capital Planning Study.

Transportation and connectivity was prioritized as a supporting need given its popularity and its role in supporting efforts to address other health needs. The following specific needs were identified through our process:

- *Good quality, safe roads* to keep people safe, reduce damage, and include all-season access to improve mobility.
  - *Transportation supports* for people to access health services or essential resources like food.
  - *Internet access* to access tools like email and Facebook as well as online health resources or education.
  - *Community communication tools* like radio, Facebook, or web calendars to share information about events or programs and build pride and unity.
  - *Staff resources* such as reliable access to email, computers, and vehicles to improve efficiency and effectiveness.
- *Walking access* to make it better to walk to access resources and programs.

Community Strengths & Resources

- Community radio station
- K-Net internet network and cellphone service
- Our walkie-talkie network which does not rely on cell service and is highly accessible
- Community airport and dock

- Winter road, our local roads
- People do have vehicles and help others who do not
- Pikangikum Public Works Department
- Medical Transportation support program (NIHB)

Connections: Why are transportation and connectivity connections important for health?

~ Limited transportation options negatively affect individuals' abilities to access job and education opportunities off reserve or online, as well as members' access to the land or water needed for land-based livelihoods.
~ Transportation and communications give access to health resources and information (within and outside of Pik).
~ Poor roads and no all-season road complicate transport of food, medical supplies, and emergency response.
~ Well-lit and properly maintained roads are needed to ensure pedestrian, cyclist, and driver safety.
~ Difficult transportation of materials impacts our building of new housing and other infrastructure improvements.
~ Internet access allows members access to social networks, information about events or programs, cultural resources, and even counselling resources. It can have challenges such as addictions and cyber-bullying.
~ Reliable access to computers and the internet are important tools to support the work of staff in the community.

" Road programming – we need to improve roads. "
(Interview)

" We need a better road because people's vehicles keep breaking down and they have to buy a new one. "
(Youth session 1)

" More equipment to keep our roads safe. "
(Staff session 1)

Clean Community

Just as having a clean and well taken care of home can make someone happy and reduce stress, research shows that having a clean community can positively influence community safety, social networks and health.* A clean community involves managing our garbage, taking care of our environment and built environment and investing in things that make our community beautiful. Although our new community centre and daycare building is only a few years old, it is covered in graffiti and broken windows. Our Capital Planning study identifies concerns with our current solid waste disposal system and lack of organized collection of solid waste.** Addressing these issues could help increase pride in our community and positively influence our mental and physical health.

" Pick up garbage every week. "
(Community session 1)

" No graffiti on houses and buildings. "
(Community session 1)

" we need to clean our water and to keep our land clean. "
(Community session 1)

Community Perspectives

When community members were first asked about what they want to change in their community, one theme was to clean up our community by cleaning up garbage and pollution in the environment, removing and preventing graffiti, and stopping vandalism. Participants suggested putting garbage cans around the community, encouraging people to not litter, and cleaning up the beach. Suggestions mostly came from younger members (under 30). In our October 2012 community session, participants again said that for families to be healthy, we need a clean environment and community. At Youth and Women's sessions participants also said they want a clean school and that there is too much garbage and litter in the community, and too many broken windows and vandalized buildings. At our third community session, community participants vote results showed that "Make our community beautiful (gardens, buildings, repairs)" and "Clean up community (graffiti, garbage, old cars)" were both in the top 10 highest priority community health needs overall, and they also scored highly for importance in the category of infrastructure needs.

Issues	Possible Reasons	Needs
» Vandalism of community buildings and houses	~ Anger, frustration, boredom	• Reduce graffiti or damaged buildings
» Garbage	~ Lack of parenting, responsibility	• Reduce vandalism
» Houses in disrepair	~ Lack of building security or lighting	• Manage garbage and junk
» Loss of pride in community	~ Lack of community infrastructure and services	• Make our community beautiful (gardens, buildings)
» Poor waste management	~ Lack of resources to do repairs or build new amenities	
	~ Worrying about repeat vandalism	
	~ Capacity limited by addictions, depression, grief	

*   James Q. Wilson and George L. Kelling. (1982). Broken Windows: The police and neighborhood safety. The Atlantic; George L. Kelling and Catharine Coles. (1996). Fixing Broken Windows: Restoring Order and Reducing Crime in Our Communities. Martin Kessler Books.
**   PFN. (2011). Capital Planning Study.

A clean community was prioritized as a supporting need given the relative ease with which a community cleanup effort could be implemented, thus building momentum for further health planning efforts. The following specific needs were identified through our process:

- *Reduce graffiti and damaged buildings*, fix vandalism and damage to our community buildings and help people remove graffiti from their homes.
  - *Reduce vandalism* and work with children, Youth, and parents to teach about negative impacts of vandalism, provide other things to do, and improve building security.
  - *Manage garbage and junk* by collecting litter and junk and setting up garbage collection.
  - *Make our community beautiful* using gardens, new buildings or repairs to buildings, and community spaces like our new playground.

Community Strengths & Resources

- Our beautiful land, water, and sky
- Our children and Youth care about cleaning up the community and want to make a difference
- Local knowledge of our land and resources
- Many of us spend a lot of time outside in and around our community and we know it well
- Capital works, infrastructure management staff

- Building managers and caretakers
- Successful initiatives to build community amenities like our new playground

Connections: Why is a clean community important for health?

~ Garbage and litter can be a safety hazard if it contains things that could hurt people or cause pollution.

~ Negative environments cause stress and reduce feelings of safety and social connection. If vandalism and graffiti targets people this is bullying and can be mentally and emotionally damaging to the people targeted.

~ The physical condition of our community impacts feelings of pride and self-worth and when these are reduced it impacts how much people want to connect with others and engage with our community.

~ Graffiti on school buildings creates a negative atmosphere and does not celebrate learning.

~ We could support jobs in our community to repair and prevent vandalism and clean up garbage.

~ Vandalism of public buildings (school, community centre, daycare, nursing station) can be expensive to repair and uses funding that could be used for other community health needs.

High Priority

Opportunities to Support Ourselves

"I want to see more jobs opening." (Community session 1)

Economic status is consistently identified in the literature as a powerful determinant of health.* A recent report from the Canadian Medical Association identified poverty as the single most important issue to address to support the health of Aboriginal people and communities.** A person's livelihood refers to their "means of securing the basic necessities -food, water, shelter and clothing- of life."*** Livelihoods include the set of skills and capacity required to meet the basic needs of themselves and their household with dignity. Our ancestors ensured their livelihoods through skills such as hunting and trapping. Today, many of us work towards developing skills and finding opportunities to earn sufficient income to provide basic needs for our families and ourselves. However, not enough of us find opportunities to work in our community. Only 130 of us hold permanent jobs although 1,000 of our members are between 20 and 59 years old.****

"Good jobs for kids in future." (Community session 1)

"I want to see a training centre for the youth." (Elders session, June 2013)

"[opportunities for] Providing healthy meats through hunting and fishing." (Interview)

"Getting education through Whitefeather." (Community session 1)

Community Perspectives

In all community sessions, members voiced clearly that creating more and better jobs was an important change needed to make Pikangikum a healthier and stronger community. Members also said that jobs and training opportunities they have are among the things they love about Pikangikum and are community strengths. However, Ontario Works staff identify lack of job opportunities, lack of training opportunities and lack of experience as serious threats to members' livelihoods. Ontario Works data shows that the numbers of members receiving subsidies are steadily rising even though the majority of those members are considered employable.+ They see a need for more job opportunities, on the job training, job readiness and adult education. A major part of what members want to see come out of community planning is a plan for increasing job and training opportunities, particularly for young adults and Youth. In sessions with Youth, they included employment in their definition of what it means to be healthy. Elders also want to see more training for young people. Community members who are working voiced the need for more on-the-job training. It was also clear from community discussions that job creation should include working in the traditional economy – primarily hunting, trapping, and fishing. Members would like to see more support for livelihoods based on traditional skills and knowledge of the land.

Issues	Possible Reasons	Needs
» Lack of jobs	~ Remoteness and isolation	• Good job opportunities
» Lack of training opportunities	~ Lack of access to markets	• Job and trade skills training
» Poverty	~ Dependency	• Supports for traditional economy
» Loss of traditional economy	~ Education levels	• Career planning and mentorship

*   Royal Commission on Aboriginal Peoples (1996) Volume 3: Gathering Strength
**   Canadian Medical Association (2013) Health Care in Canada: What Makes us Sick?
***   Oxford Dictionary of English. Oxford University Press, 2010. Oxford Reference Online. Oxford University Press. Malmo hogskola. 31 January 2011
****   Health Canada. (2010). Community Based Reporting, Pikangikum 2009-2010.
+   Ontario Works. (2012). Subsidy Claim Form Statistics Totals 2008-2012.
++   NSPC (2009), Participatory Assessment in Pikangikum, p.13
+++   Enchokay Birchstick School, www.ebs-school.org

Opportunities to support ourselves was prioritized as a high priority need given how often it was mentioned in community engagement and the role it plays in preventing poverty, which is identified in the literature as a powerful determinant of health. The following specific needs were identified through our process:

- *Good job opportunities*, especially local opportunities for employment that will ensure sufficient income to meet basic needs.
- *Job and trade skills training* to help people gain skills needed to secure and succeed at employment.
- *Supports for the traditional economy* and activities like hunting, fishing, trapping, and crafts.
- *Career planning and mentorship* to help people plan their education and training, set goals, and succeed in their livelihood choices.

Community Strengths & Resources

- Ontario Works supports people who are unemployed
- Whitefeather Forestry Project is a forest management project in the Whitefeather Forest, a section of forest in our traditional territory, is expected to generate between 150 and 300 jobs for our members.[++]
- Potential for tourism[+] and the school is offering a High Skills Major in Hospitality and Tourism, including an outdoor education course.[+++]

- There have been successful training initiatives in the past that we can learn from and build onto, such as the successful Wood Shop program that focused on developing employable skills for Youth.[++]
- Our land, its fish and animals, our knowledge of the land, and traditional skills help to support us and we can further encourage and support a revival of our traditional and land-based skills.

Connections: Why are livelihood opportunities and skills important for health?

~ Employment is a 'social determinant of health' which means that it is part of the foundation that determines how people live and stay healthy. Working (formally or informally) help people access healthier food, resources, and better living conditions.

~ Working provides people with a sense of identity and purpose and gets them interacting and building networks.

~ Barriers to employment include other issues, like poor physical health, addictions, or mental health challenges.

~ Barriers to employment also include low levels of completed education, limited access to suitable training opportunities in the community and the lack of support necessary for individuals to move out of the community for periods of time to complete post-secondary and trades related training or educational programs.

" [We need an] On-the-job training program. "
(Ontario Works survey)

" I like working for the community, like building houses. "
(Community session 1)

" Show what you are capable of and use your knowledge and skills. "
(Ontario Works staff session)

" People have to learn to help themselves. "
(Interview)

" Women need to be liberated - they need to stand up on their own two feet. "
(Interview)

Critical

Diverse Education & Training

Education is one of the most important and powerful social determinants of health.* Completing high school reduces the rate of suicide, mental illness and substance abuse.* Children and Youth also need connection to culture and community to build their identity and pride in who they are and where they belong in the community. Youth in school need the support of their families and community, and they do better in school if parents and others actively encourage them in their education.** Lasting improvements in physical and mental health in Pikangikum depends on educating our Youth in all aspects of life, including school and preparation for life's challenges and opportunities.

Community Perspectives

" I love how these kids go to school everyday. "
(Community session 1)

" We need students to finish school and go to college so they can get their diplomas. "
(Community session 1)

Pikangikum community members are passionate about education. From the start, members were excited that community planning would be an opportunity to support better education. While the existing school and education system in Pikangikum is a community strength (as voiced by 20% of respondents in June 2012), members want to see improvements - particularly a larger and better new school building. This theme continued in all community sessions. At the October 2012 session, a major theme about hopes for the future was more education for young people. In Youth sessions, Youth identified going to school to be a sign of good health and that it helps keep you healthy. They said they enjoy school but want more education. As well, education is identified as not only happening in school, but also from Elders, parents, and other community members who have skills and experience. At the third session, our young people showed their committed to helping the community and desire for an education that will support them to do so. Ontario works staff identify lack of education as the top employment and training issue facing our community. They identify the need for better education, improved educational facilities, increased graduation rates and adult education opportunities.

Issues	**Possible Reasons**	**Needs**
» Low school attendance	~ Lack of educational funding and resources	• Quality education resources
» Low school completion	~ Lack of opportunities	• Help for Youth to stay in school
» Inadequate education infrastructure	~ Lack of cultural and local relevance in curriculum	• Help for adults to return to school
» Low educational attainment	~ Addictions, mental health issues	• Access to higher education opportunities
» Lack of access to training, knowledge, and skills for cultural and land-based activities	~ Poor physical health	• Access to knowledge-keepers of cultural and land-based skills
	~ Family issues	

* Chief Coroner's Report, 2011
** Minosa et al., 1990

Education and learning was prioritized as a critical priority given that it is identified in the literature as a powerful determinant of health and that our current infrastructure is inadequate in meeting our current education needs. The following specific needs were identified through our process:

- *Quality teaching, education resources, and school buildings* to provide the best education possible.
  - *Help for Youth stay in school longer* with supports such as childcare for teenage parents and more encouragement for Youth who stay in school and complete high school.
    - *Help for adults to return to school* by helping them access options and providing supports such as childcare.
    - *Access to higher education opportunities* with more options and supports for those who would like to pursue higher education.
- *Access to knowledge-keepers of cultural and land-based skills* so more young people can learn about traditional skills and explore new ways to apply them.

Community Strengths & Resources

- Pikangikum Education Authority
- Our own primary to grade 12 school
- Support and cultural courses offered by Elders and other community members, such as: Culture Break, Literacy Program, and Homework Classes.
- Our Elders and skilled knowledge-keepers.

- Members working with teachers so instruction is available in English and Ojibway.
- Federal funding for building a new school
- We have hosted four Youth conferences and improved recreational programming to empower Youth.

Connections: Why is education important for health?

- ~ Education is crucial for mental health by empowering young people and supporting healthy social interactions.
- ~ A lot of health education and programming is delivered through the school, like workshops that teach about suicide, abuse, relationships, sex education, nutrition, and more.
- ~ The school is an important gathering place and a cultural centre for our community
- ~ A strong education increases an individual's employment opportunities thus improving their quality of life
- ~ While school is important, informal community and cultural education (outside of school) is also central to health. This includes teachings from Elders and parents and learning traditional knowledge on the land.
- ~ Education is also impacted by other health issues. Even young children may drop out of school if there is alcohol abuse or other addictions at home. Lack of sleep, healthy food, personal hygiene, and healthcare make it difficult for children and Youth to come to school and learn.

" Community needs to develop value of consistent education and being in school – reason for getting up in morning. "
(Interview)

" Get more teenagers to get education they are our future. "
(Community session 2)

" Listening to Elders stories, learning from them. "
(Community session 2)

Community Supports

In community development, people often refer to "social capital" as "the quality of the relationships and the cohesion that exists among its citizens."* The strength of these relations is identified as key to solving problems collectively.** Community members have expressed this idea, that their relationships to each other are important in building a healthy community.

"Need modeling of healthy behaviours."
(Interview)

"Have more community gatherings."
(Staff session 1)

"Build new buildings like pool halls, coffee shops for all ages to hang out."
(Community session 1)

"need little, consistent activities that people will like."
(Staff session 1)

Community Perspectives

Community members consistently identified community events and activities as a top health need priority. In an overall tally of all health needs mentioned in community engagement activities up to June 2013, "recreational activities/sports" (mentioned 219 times) followed by "community/social support" (mentioned 218 times) were the second and third most frequently mentioned health need after "more healthy and traditional food" (mentioned 220 times). They identify a need for more opportunities for community members to gather and share cultural, spiritual, church sponsored and social events and activities as a way to deal with issues such as addictions, violence, grief and trauma which can prevent or damage interpersonal relationships. They also identify the need to help each other, find support from one another and talk to each other more. Many individuals mention the need for community members to get together and participate in events and activities. Youth in particular identify fun activities with friends and families as an important part of being healthy.

Issues	Possible Reasons	Needs
» Loneliness and lack of help	~ Addiction, depression, mental health issues	• Community groups and social networks
» Community conflict	~ Past trauma, hurt, abuse	• Gathering places
» Lack of trust and communication	~ Poverty and stress	• Spiritual activities and programs
» Patriarchy	~ Feeling discouraged, frustrated, ashamed, overwhelmed	• Community conversations and sharing
» Lack of volunteers	~ Loss of traditional gatherings, events, shared activities	• Events and celebrations
» Poverty	~ Lack of meeting places	• Resources to support people in need
	~ Damage by colonialism	
	~ Missionaries undermined traditional support systems	

* Putnam, Robert. (2000) Bowling Alone. Simon & Schuster, New York.
** Brehm, John, and W Rahn. 1997. 'Individual-Level Evidence for the Causes and Consequences of Social Capital.'American Journal of Political Science 41: 999 – 1023.

Community supports were prioritized as a high priority need given how consistently the need for more community event and activities was mentioned through community engagement, and the relative ease with which these could be implemented to create immediate results. The following specific needs were identified through our process:

- *Community groups and social networks* to gather people to share interests, activities and work together.
  - *Gathering places* where people can get together and where community events can be hosted.
    - *Spiritual activities and programming* diversity of options to help with spiritual guidance and health.
    - *Community conversations and sharing* opportunities to build openness, trust, and healing.
    - *Events and celebrations* to encourage interaction and community-building.
  - *Resources to support people in need* so people can have energy and time to connect with others.

Community Strengths & Resources

- Strong networks of family, friends, and colleagues
- Teachings and guidance of our Elders
- Our community centre
- Local artists, spiritual leaders, musicians and athletes than can lead activities
- Four churches and their programs
- Our community radio

- Sports teams (hockey, soccer)
- Ontario Works programs
- Community events (like fishing derbies)
- Programs like the food hampers and community volunteers helping members meet their basic needs.

Connections: Why are community supports important for health?

~ Engagement in activities can help counter depression and loneliness and build emotional and social support.

~ Social support systems can help individuals deal with mental health issues and grief and move through challenges.

~ Safe indoor public places can create safe havens for individuals who do not feel safe at home.

~ Stronger personal networks can help individuals access economic opportunities, engage in community life and learn about new opportunities thus contributing to our livelihoods and governance health needs.

~ Relationships between members makes our community stronger and better able to address community problems.

~ Having activities to participate in helps Youth avoid boredom and depression.

~ Spiritual and cultural events help individuals develop a sense of identity and learn traditional skills.

~ Access to cultural activities can help people heal, give guidance, and help build positive feelings and confidence.

" Being there for each other. "
(Community session 2)

" More sharing to talk about problems in life. "
(Community session 3)

" Community members to know one another more. "
(Community session 1)

" Get community together for feasts. "
(Interview)

" People together - it will spread: talking, teaching, drumming. "
(Interview)

Supports for Parents & Families

"Young couples need parenting skills, both traditional and mainstream." (Interview)

The Royal Commission on Aboriginal Peoples (1996) identifies family as the crux of personal and community healing.* The time from before a baby is born until they are five years old is critically important for a child's healthy development and has a very strong influence on children's health and success as they grow up.** Raising children can be very stressful and demanding, so it is important that parents, families, and caregivers get enough support.*** Often, parents can learn the most from connecting with other experienced parents and learning from their valuable life experiences.****

"[Kids need] For parents to show their children more love, caring."
(Staff session 1)

"women should take prenatal classes, if we ever have one."
(Women's circle)

"[We need] Good support services available for the family."
(Community session 2)

"Need traditional couples to mentor young couples in family life."
(Interview)

"[We need] Good parent role models."
(Staff session 1)

Community Perspectives

People in Pikangikum have a lot of love for their families and children, but they need more support. Participants at our first community session said they need more supports like daycare or babysitters for taking care of their kids. At our second session, the main theme for improving family health was giving and receiving support from family, loved ones, friends, community members and programs and services. This includes emotional support, help with child care, counselling and guidance, helping each other, and helping families stay together. Elders are concerned that parents today do not have teachings to give their children and that children are not listening or spending enough time with parents. Young parents want to spend more time with their kids and be there to support them. Band and Health Authority staff think

children and Youth need better parenting, good role model parents, and family relationships that are loving, supportive, and open. Staff are concerned that parents need parenting skills because "they didn't learn parenting skills from their parents and people are caught in the 'cycle'." Staff recommend that families spend more time together and with other families, share with each other, and support each other. Staff want to see more people attending programs for parents and families, especially single, young, and low-income parents. At session 3, many people said they want to improve our community by being better parents.

Issues	Possible Reasons	Needs
» Poor parenting	~ Lack of parenting skills and mentors	• Programs for healthy parenting
» Lack of resources and supports for individuals and families	~ Breakdown of social networks and community supports	• Programs for healthy pregnancy and babies
» Substance abuse	~ Poverty	• Resources for parents and families (daycare, family centre)
» Children taken away from parents	~ Past trauma, hurt, and abuse	• Role models, mentors for parents
» Violence and domestic abuse	~ Mental health issues	• Safety for all children at home
» Poor nutrition for families	~ Addictions	

* Report of the Royal Commission on Aboriginal Peoples (1996) Volume 3 Gathering Strength.
** Winnipeg Health Region Authority. www.wrha.mb.ca/community/publichealth/services-healthy-parenting.php
*** www.circleofparents.org; Center For The Study Of Social Policy, 'Strengthening Families', www.cssp.org/reform/strengthening-families/messaging-at-the-intersection/Messaging-at-the-Intersections_Primary-Health.pdf
**** parentsanonymous.org/about-us/mission-history

Supports for parents and families was prioritized as a high priority need given how often this was mentioned in key informant interviews and the urgency created by our rising population rate and prevalence of young parents. The following specific needs were identified through our process:

- *Programs for healthy parenting* so parents can learn skills, connect, help their children, and stay healthy.
  - *Programs for healthy pregnancy and babies* so young parents know how to avoid things that can harm unborn babies and how to support healthy child development.
    - *Resources for parents and families* like daycare and child care and places for family programs and services, including family healing and treatment programs.
    - *Role models and mentors for parents* in the community so parents can learn skills and get advice and support from other parents and Elders.
- *Safety for all children at home* so that fewer children are taken away from their homes and community.

Community Strengths & Resources

- Family members and friends help take care of children
- Tikinagan: Band Family Service Worker program, Residential Care Worker, foster parent supports
- Nodin Child and Family Intervention Services
- Aboriginal Healthy Babies, Health Children Program and Prenatal Nutrition and Maternal Child Health

- Early Childhood Development program and daycare
- Family treatment centres and programs
- Crisis teams to support to families in crisis
- Income assistance and programs to prevent child poverty and support low income families

Connections: Why are supports for parents and families important for health?

~ Families are the foundation of our community, and our community health. From strong, healthy families we have strong, healthy community members who are active in our community and want to help others.

~ Children first learn about how to live from their families, including eating habits, exercise, how to have good relationships, and how to cope with difficulties. If our parents and families are struggling, it negatively impacts the physical and mental health of our children and Youth, and their children in the future.

~ Many aspects of community health impact families directly such as access to healthy food, good housing, clean water, and safety. Without these things, families and parents are under a lot of stress and need support from others and the community to keep their families healthy.

" I need more help from family members. "
(Community session 2)

" Need to learn how to raise kids in proper way - Elders could help teach healthy parenting. "
(Staff session 1)

" I like thinking about how to help the Elders and the Youth to go in the right path so they can show their children how to help others. "
(Community session 2)

" Teach skills so families can learn to understand each of their children. "
(Interview)

" [Need] Opportunities for healthy relationships between husband and wife. "
(Interview)

" need family therapy not just youth in separate place. "
(Interview)

Supports for Children & Youth

The 1989 UN Convention on the Rights of the Child establishes Youth's basic right to education and to a standard of living that meets their physical and mental needs. In addition they have the right to be actors in their own development and to express their views on all matters affecting their lives.[*] In addition to all the other community health needs profiled here, our children and Youth need specific supports for their health and development.

Community Perspectives

Our members want to help our children and Youth but often feel lost about how to help. Many people want to see a better future for young people where there are more opportunities, including fun activities. At our second community session, participants said they want to see more people talking with Youth to learn about their challenges. Band and Health Authority staff want to see more help for young people, especially better counselling and aftercare. Staff want young people get training to help their family, friends, and community. They want opportunities for Youth to be leaders. Staff think there needs to be more understanding between Youth and Elders. Elders said that they want to understand the needs of young people to support them. They are trying to help by offering teachings, but realize that Youth may need to hear different messages. Children and Youth told us that they do not have enough people to talk to and want to have more school and sports. They also said that they need more love and caring and less boredom, anger, and loneliness. Older Youth spoke about wanting more counselling and support programs, wanting to finish school, and needing guidance. Younger Youth and children told us how important it was for them to play, have fun, and spend time with family and Elders. All the groups of children and Youth told us that they want more things to do, especially in the evenings, and want to learn about Youth in other communities, visit other places, and have speakers and musicians from other places come share with them.

"Elders need to connect to Youth and better understand what Youth need. "
(Staff session 1)

" Kids need someone to talk to. "
(Interview)

"Teenagers to be involved in community events. "
(Community session 1)

"We love our young people and want to help them."
(Elders session)

"Youth need to be shown what's good instead of what's on T.V. "
(Community session 1)

Issues	Possible Reasons	Needs
» Poor parenting, lack of role models	~ Disconnect from culture, traditions	• Celebrate our children and Youth
» Boredom, discouragement	~ Trauma, impacts of residential school	• Youth role models, life guidance
» Harm (violence, abuse, addictions)	~ Lack of parenting skills	• Jobs and training opportunities for Youth
» Youth mental health issues (depression, suicide)	~ Disconnect from parents, family, friends, and other people to talk to	• Fun things for young people to do
	~ Poverty	• Train and support Youth leaders and mentors
	~ Lack of local activities, opportunities	
	~ Racism, lack of pride	

[*]UNICEF (1989)

Supports for children and Youth was prioritized as a high priority given the high percentage of our population that are Youth and the strategic advantage of investing them and setting them up for a healthy life. The following specific needs were identified through our process:

- *Celebrate our children and Youth* in ways like ceremonies, gatherings, and community news to encourage our young people and show them that we love them and are proud of them.
  - *Role models and life guidance for Youth* to learn about positive, healthy living and relationships.
  - *Jobs and training opportunities for Youth* to develop self-esteem and skills to support their futures.
- *Fun things for young people to do* such as a drop-in center, sports, and clubs, to prevent boredom and encourage healthy behaviour, self-esteem, and friendship.
- *Train and support Youth leaders and mentors* to be leaders for their peers and the community.

Community Strengths & Resources

- Our young people – they are resilient, brave, caring, smart, and hopeful.
- Our love for our children and Youth and believing in their strengths and potential.
- Our parents, family, Elders, friends, neighbours, and community leaders who want to build a better future.
- Teachers and community members helping in school.
- Organizations and staff working with children and Youth to keep them safe, provide counselling, and help them.
- Pikangikum Daycare to support child development.

- Past Youth conferences to build confidence, purpose, hope, and coping skills.
- Sport teams, clubs, and recreation opportunities for young people.
- Youth patrol to prevent and reduce solvent abuse and provide positive role models for other Youth.
- Youth Land-Based Healing Camp to help heal substance abuse and mental health concerns.

Connections: Why are supports for children and Youth important for health?

~ Children and Youth today are our future adults, parents, employees, professionals, and leaders.

~ Healthy habits (like eating well, being active, not using alcohol and drugs, and coping skills) begin in childhood.

~ Encouragement and motivation from the community help support children and Youth to stay in school longer, and this gives them skills and strong foundations for their lives.

~ Young people who are supported and encouraged can use their energy to help other people in the community and make our community stronger, healthier, more connected, and safer.

~ Community members feel joy and hope from seeing our young people happy, energized, and healthy.

~ Youth should be active members in shaping our community's future - they have unique perspectives and strengths.

"Youth and children have great ideas that need to be heard."
(Community session 1)

"[Get] Youth together with Elders to talk about values."
(Interview)

"My life would be better if I go out more, instead of staying home."
(Youth session, July 2012)

"Kids love to be seen and praised in activities."
(Interview)

"Elders in school - open, listen to Youth. Recognize how world has changed - open dialogue."
(Interview)

"Youth need reaffirmation, loved, to be honoured."
(Elders session, April 2013)

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High Priority

Access to Culture

"Go back to land and get our roots back." (Staff session 1)

A loss of language or knowledge or disconnection from culture, land and traditional practices can undermine strong identity and cultural continuity which negatively impacts mental and physical health and well-being.* Many community members want to revitalize culture and revive traditional practices.** There are signs that traditional knowledge is beginning to help guide healthcare initiatives and there are many Anishinaabe teachings and practices that can support health and healing.***

"Reconnection to our traditional ways, what we were meant to do as Anishinaabe."
(Staff session 1)

"A strong community is Elders who teaches us the old ways, how they live and how to hunt."
(Community session 1)

"Teach traditional life skills, survival and bush skills, navigational skills, traditional foods, medicine."
(Interview)

Community Perspectives

From the start of our community sessions culture, language, traditions, and teachings have been some of our greatest strengths and are highly valued. People especially enjoy hunting and fishing, though as one staff member suggested, "we need to broaden what we are trying to learn or re-learn - we need people to be story tellers, medicine men, dancers, singers… we don't just need hunters." Generally, members are concerned that there are not enough opportunities for traditional and cultural activities in the community, including learning from Elders.+ Elders have very important voices for wisdom and leadership in community and Elders expressed a desire for more intergenerational teaching to help families and Youth. Band and Health staff want more Elder involvement in programs because they think that reconnecting to our traditions would support health by teaching values, reduce addictions, encouraging more traditional diets and remedies, support people coming together with love and respect, and giving people a better sense of self-worth. At our second community session, 'talking to Elders' was one of the top suggestions for how to stop mental health problems. At session 3, one of the common visions for our community health was keeping traditions and teachings alive.

Issues
» Loss of traditions
» Lack of cultural opportunities
» Lack of spiritual guidance
» Intergenerational gap
» Loss of identity
» Loss of pride in culture

Possible Reasons
~ Reduction in traditional and land-based economy, skills
~ Colonialism and racism
~ Residential school
~ Damage by Churches, missionaries
~ Elders passing away
~ Family issues and breakdown
~ Influences of other cultures, media

Needs
• Bring Elders and Youth together
• Elder teachings and involvement
• Cultural programs and events
• Land-based activities and healing
• Traditional healers and medicines
• Cultural and land-based training programs and camps

* Hallett, D., Chandler, M. J., & Lalonde, C. (2007). Aboriginal Language Knowledge and Youth Suicide. Cognitive Development 22 (3), p.. 392–399; Cheechoo et al. (2006).
** Cheechoo et al. (2006); Participatory Assessment in Pikangikum (2008).
*** Auger, 2001, 84-85, 114.
+ Being a community 'Elder' does not depend solely on age, the status is also based on knowledge and leadership

Access to culture was prioritized as a high priority as it rated very high in popularity, especially due to the importance that key informants and the literature identified in culture as a foundation for healing. The following specific needs were identified through our process:

- *Bring Elders and Youth together* to pass on traditional teachings and skills to future generations, such as hunting and practices for good relationships and healing.
    - *Elder teachings and involvement* to share guidance, language, and traditions.
    - *Cultural programs and events* in different ways and venues to celebrate people who practice traditional skills and crafts and so others can learn about them.
    - *Land-based activities and healing* to support individual and community well-being.
    - *Traditional healers and medicines* from our community and others, for members who want them.
    - *Cultural and land-based training programs and camps* to teach knowledge and skills.

Community Strengths & Resources

- Our living traditional knowledge, culture, and land-based activities (hunting, trapping, fishing, crafting, story-telling).
- Elders, Hunters, Trappers, Fishers, Artists, Musicians, Dancers, Healers, Spiritual teachers, and Storytellers. from within our community and other communities.
- Eenchokay Birchstick school: language programming, Elders program, and cultural crafts programming.

- Annual Culture Break for our entire community.
- Land-based Youth camp for those struggling with addictions or mental health issues.
- Partnership to develop a curriculum with Elders teachings with college in Thunder Bay.
- Traditional Healing, Medicine, Foods & Support Program (Meno-Ya-Win Health Centre, Sioux Lookout).

Connections: Why is access to culture important for health?

~ Community members defined mental and spiritual health to include learning from Elders and sharing traditional beliefs. Loss of cultural knowledge and identity can negatively impact mental well-being.

~ Traditional knowledge, including traditional foods and healers, can help heal and prevent illness and injury.

~ Traditional teachings and practices, such as grieving ceremonies, can help some individuals and families to heal from trauma and grief and help restore balance in their lives.

~ Skills like hunting, fishing, trapping, and arts support our livelihoods, economy, and ability to stay healthy.

~ Teachings about respect for land and other people support our goals of having a clean, beautiful, safe and supportive community.

" Family traditional values get families to be more sociable towards other family members and community members. "
(Staff session 1)

" We need our people who know our teachings. "
(Elders session)

" I think our culture is the most important thing and not losing our language. "
(Community session 1)

" Elders need to teach children and youth about hunting. "
(Staff session 1)

" Going to trap line to get healed. "
(Staff session 1)

Community Engagement

Part of good governance and a strong, healthy community is actively involved community members. Children, Youth, Elders, men, women, staff members – everyone can be involved in community leadership, decision-making, and events. Whether they are part of formal leadership, on a committee, volunteering in the community, or attending and participating in programs, more involvement from our community members will improve our community governance and our community health.

"Get everyone involved." (Community session 1)

"Need more directing by community." (Interview)

"[We need] a better understanding of the needs of the people of Pik." (Ontario Works session)

"Chief and Council need more communication with community." (Interview)

Community Perspectives

Throughout our process, hundreds of community members have participated and expressed joy at coming together and having opportunities to work together. Community members want more ways to support each other and increase opportunities and activities for everyone. People want to see more community participation in events and more people getting involved in the community. Youth especially want more community activities and opportunities to get involved. Elders want to understand needs of Youth more and help where they can. In our first staff sessions, staff said they want more members to work together and get involved with programs. They think that more volunteers, especially Elders volunteering their time and knowledge, will help to make their programs and services better. Staff would also like to see community members get more involved with leadership and show more support for Chief and Council efforts. At our second staff session, Health Authority staff said they want to support more participation and need more volunteers and community support. Staff again identified Elders as the people they would most like to have more involved in programs. In interviews, people emphasized that we need a strong volunteer base and more encouragement of community involvement, especially Youth and women. At our third community session, 60% of participants thought it is high priority to increase community communications (radio, newsletters, websites etc.) and 56% thought it is high priority to increase community participation in decision-making.

Issues	Possible Reasons	Needs
» Lack of trust and communication	~ Trauma, abuse, violence, and hurt	• Opportunities for community dialogue
» Community conflict	~ Addictions, depression, and other mental health issues	• Participation in events and programs
» Lack of volunteers	~ Poverty	• Participation in decision-making
» Patriarchy	~ Poor health	• Community volunteers
» Lack of fun events and recreation opportunities	~ Other commitments (child care, caring for family members, work)	
» Low participation rates in programs	~ Discouragement, frustration, fear, shame, feeling overwhelmed	

Community engagement was prioritized as a supporting need given to its role in supporting health initiatives and the opportunity to build on the current momentum created by this planning process. The following specific needs were identified through our process:

- *Opportunities for community dialogue* to improve our communication, help heal hurt and conflicts, build trust and unity, and help leadership and staff know more about what is important for community members.

    - *Participation in events and programs* to help community members connect and build a sense of community and encourage organizers to do future events.

    - *Participation in decision-making* for more input in community decisions, Youth and women especially.

- *Community volunteers* to support community events and programs, give volunteers opportunities to learn and get involved, and to improve community connection and pride.

Community Strengths & Resources

- We have many children, Youth, men, women, and Elders who are passionate about strengthening our community and want to help
- Close-knit community and families
- Community leaders and role-models

- Program administrators and staff
- Community media (radio, websites etc.)
- Staff and leadership who want more community involvement
- Members with event planning experience

Connections: Why is community engagement important for health?

~ Community engagement helps improve our governance and planning for the community.

~ Community input and participation helps us make our programs and services better.

~ Volunteers support our programs, give staff encouragement in their work, and help staff run more programs.

~ Being involved in the community is a great way for individuals to improve their feelings of social connection and emotional and mental well-being.

~ Volunteering teaches new skills and empowers people to make positive changes in others' lives and our community.

~ Community involvement, participation in decisions and discussions, and volunteering helps empower our Youth and teaches them many skills to use in their lives.

" I would like for people to share their thoughts. "
(Community session 1)

" I like to see people helping each other. "
(Community session 1)

" I would like to see more participation from community members. "
(Community session 2)

" Good communication from the people [would help me do my job better]. "
(Staff session 2)

Strong Health Governance

> " [Improve] leadership - the way things are run. " (Community session 1)

Health Governance refers to the administration of health care and the overarching political decision-making related to health.* For many First Nations, health governance is the responsibility of the federal and provincial governments, but starting in the mid-1980s many First Nations began to reclaim their health governance. In 2008, the Pikangikum Health Authority was empowered to deliver and manage many of our local health programs and in 2010, the Pikangikum Social Health, Education and Elders (SHEE) Committee was formed to provide guidance to our social, health, and education governance. We are growing our local health governance capacity and improving our organization and governance systems to improve the quality of our health and health-related services.**

> " Build case management capacity. "
> (Interview)

> " We need proper program delivery, more resources for each program. "
> (Staff session 1)

> " [We need] a strong community and good leaders to help people to rise above. "
> (Interview)

Community Perspectives

Many staff members as well as community members identified the need for more leadership on health and healing. Generally, community members want to see more health services and programs available, and to support this we need better local governance in our health system. In October 2012, Band and Health Authority staff identified the need for more training and the potential to improve implementation of many existing programs. In June and July 2013, Health Authority staff identified that health governance could be improved through better organization and work planning and administrative support. They also reemphasized the need for more staff training to build skills, capacity, confidence, and reliability. Staff want to see leadership be more involved with programs and

help secure more funding, resources, and facilities. As well, staff identified the need to have better accountability through regular reporting, monitoring, and evaluation. Ontario Works staff added that they want a better understanding of community health needs through more workshops, presentations and research. In interviews, individuals identified the need for better staff management with tools such as work plans, clear job descriptions, and better systems for patient records and confidentiality. Interviewees recommended more training, leadership, and supervision.

Issues	Possible Reasons	Needs
» High rates of preventable health issues	~ Lack of resources and staff	• Leadership on health issues and governance
» Delays in services, emergencies	~ Inexperienced staff	• Health funding and resources
» Gaps, duplication in programs	~ Access issues for services, programs	• Monitoring and evaluation of services and programs
» Limited local health resources, staff	~ Lack of coordination	• Health data management
» Lack of confidentiality for patients	~ Limited data collection, monitoring	• Privacy, confidential records
» Poor participation in programming	~ Confusion over roles, responsibilities	
	~ Cultural differences between systems	

* First Nations Health Council of British Columbia. 2011. www.fnhc.ca/index.php/health_governance
** Chief Coroner's Report, 2011

Health governance was prioritized as a supporting need given its crucial role in supporting our overall health planning efforts. The following specific needs were identified through our process:

- **Leadership on health issues and governance** to give our staff and community members encouragement, motivation, and vision to continue their work on health and healing.
  - **Health funding and resources** to meet our community health needs.
  - **Monitoring and evaluation of services and programs** so that we can learn from what is working well and identify things to improve.
    - **Health data management** to improve accountability of staff and programs and track our progress.
- **Privacy and confidentiality of records** to manage our data and ensure that people feel comfortable using services.

Community Strengths & Resources

- Pikangikum Health Authority and our authority over our local health governance
- Chief and Council
- SHEE committee
- Many of our staff have done training and our local health governance capacity is increasing

- Programs that have regular reporting procedures could help other programs and staff to set up systems
- We have many members with experience in leadership and governance in our community
- Partnerships with regional, provincial, and federal agencies and programs

Connections: Why is strong health governance important for health?

~ Health governance problems negatively impact the availability and quality of services and programs

~ Strong health leadership is inspiring and motivating for community members who want to see issues resolved.

~ Many of our community staff members struggle with the same issues as our community members generally (addictions, limited access to education and training, family trauma and loss, food insecurity) and they need support and encouragement from their organizations and management. We need to support our health and community staff so that they feel empowered and energized to help others in our community.

~ Regular reporting, monitoring, and evaluation help us to improve our health services and programs and make sure we are effectively addressing community health needs.

~ Data management and confidentiality makes people more comfortable with getting help and using programs.

Coordination of Health Services

Coordination, organization, and communication help people get things done together. In our health system, these are very important because there are many staff, programs, and organizations to coordinate. In 2012, the Mental Health Commission of Canada identified that more coordination, sharing, and partnerships among mental health organizations are needed to promote understanding and effective action.[*] And the Sioux Lookout First Nations Health Authority has identified the need for better coordination and integration of health services in our region because our health system is difficult to understand and this prevents us from working together effectively.[**] Tools like case management use a team approach to help staff coordinate and increase access to programs and services.[***]

"Remind staff of role and job description." (Staff session 2)

"There's no coordination, too much duplication. We need an independent coordinator. We're not sure who is in what role, whose objectives, job responsibilities." (Interview)

"complete information of everything my job is related to." (Staff session 1)

Community Perspectives

For in-depth discussions about health and health-related programs and services, we had five sessions with Band staff, Health Authority staff, and Ontario Works staff as well as many one-on-one interviews. At our first sessions in October 2012, the most common thing that staff said would help them meet community needs was better communication and working together with all programs and organizations in the community. Staff wanted to see more unity, resource coordination, and efficient implementation of programs. At our second round of sessions in June and July 2013, staff again stressed that the most common need across programs was better coordination and collaboration. In September 2013, Ontario Works staff identified the need to share costs for programs and activities run by different departments and identified needs for more teamwork and communication. Interviewees also discussed the need to better understand who does what and the need for information sharing.

Issues	Possible Reasons	Needs
» High rates of preventable health issues » Delays in services, emergencies » Gaps, duplication in programs » Limited local health resources and staff » Lack of confidentiality for patients » Poor participation in programming	~ Lack of resources and staff ~ Inexperienced staff ~ Access issues for services, programs ~ Lack of coordination ~ Confusion over roles, responsibilities, and jurisdictions ~ Cultural differences between systems	• Communication and information sharing between staff, programs • Clarity on roles and responsibilities of health staff and programs • Coordinated case management • Cooperation and partnerships between agencies and organizations • Clear communication and access supports for members

Coordination of health services was prioritized as a supporting need given the prevalence with which it is identified in staff interviews and surveys and given the many needs that could be better addressed by better coordination of health services. The following specific needs were identified through our process:

- *Communication and information sharing* between staff, programs, and organizations, including on planning, events and programs, information, resources, and data management.
  - *Clarity on roles and responsibilities* of health staff and programs to ensure staff understand how they and others fit into our health system and how to work together.
  - *Coordinated case management* so services and supports are organized and consistent.
  - *Cooperation and partnerships* between agencies and organizations at all levels so that programs and services support each other instead of competing for resources and duplicating effort.
- *Clear communication and access supports for members* so they know what is available and what supports can help them to access them (e.g. transportation help, or finding child care to attend a workshop).

Community Strengths & Resources

- Pikangikum Health Authority staff, Nursing station staff, Band staff, and Ontario Works staff
- Trained and experienced staff and administrators
- Existing tools for staff teamwork and communication
- Staff and programs that are well coordinated could help provide guidance to other programs.

- Connections with external agencies and organizations with guidance and tools (e.g. Sioux Lookout First Nation Health Authority, NAN, IFNA Health Services Coordinator)

Connections: Why is coordination of health services important for health?

~ Staff within and outside of the community need to know what their roles and responsibilities are, and how to work with other staff and programs, in order to be most effective in their work to improve individual and community health.

~ Lack of teamwork and communication between governments, administrators, staff, and programs negatively affects the availability and quality of resources and services for our community health.

~ Overlap and duplication wastes resources and funding that could be used to address other health needs.

~ Community members experience lack of coordination as a lack of availability, low quality services, and confusion about where to go and how to get help.

~ Using cooperative approaches like case management, staff and support people within the community can come together and work to help individuals and families in ways that best suit their healing and support needs.

"[We need to] learn to work together with other organizations in the community."
(Staff session 1)

"Get all resources [and] workers together."
(Staff session 1)

"[We need] Workers to show their faces or show up where needed."
(Community session 2)

"Clearly defined roles – can be responsive and complementary service."
(Interview)

"communication /collaboration protocol on working together."
(Interview)

Needs Assessment Summary

These 23 health needs and their sub-needs provide a comprehensive, holistic, and organized summary of the health needs of our members, families, and community.

While all these health needs are very important for our community health, there are several that are extremely urgent and critical that we address in order to improve our health. The most critical community health needs that our CHNA process has identified are:

- Mental Health & Addictions Care (5 sub-needs)
- Quality Housing & Utilities (6 sub-needs)

- Diverse Education & Training (5 sub-needs)
- Safe Water Supply (6 sub-needs)
- Food & Nutrition (4 sub-needs)

These community health needs are both foundational to our present and future community health, and require urgent attention to address the suffering they are causing and to prevent them from worsening.

In addition, as discussed at the beginning of this section, many health needs that ranked as high priority or supporting needs scored highly on specific criteria, such as feasibility or popularity. When deciding what actions to take to address our community health needs, we will have to consider many different factors in choosing what to address, when, and how. Analysis of our health needs and how to address them is continuing through community discussions and exercises as part of our CCHP process.
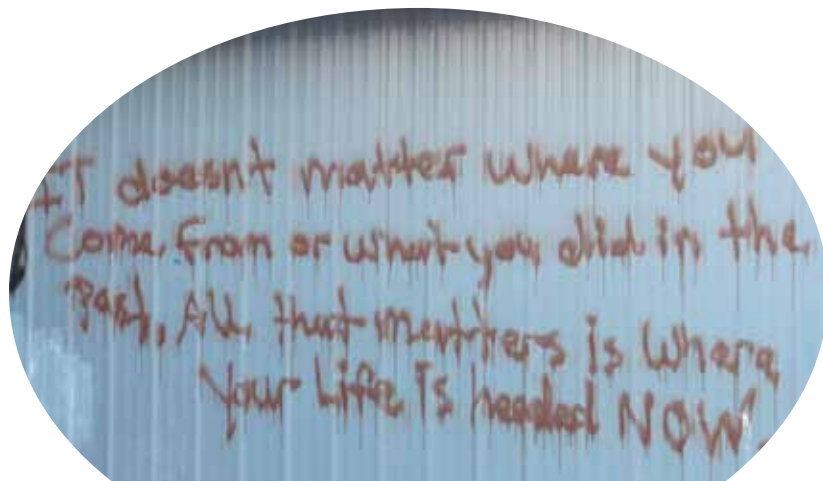
"It doesn't matter where you come from or what you did in the past. All that matters is where your life is headed NOW."

Conclusion

What an exciting journey this has been so far! Over the last year and a half, so many of you have come out and shared your hopes and ideas for a healthier Pikangikum. After multiple rounds of engagement, data collection, research and analysis, we are ready to present our CHNA and all of the resources that support it. Starting with community strengths, our CHNA builds on our foundation of community planning and action. Shaped by community voices, our CHNA defines health based on our values and perceptions of health. The result of our process is an assessment that reflects the interconnected nature of our community health and wellness needs.

Our CHNA reflects our understanding of Pikangikum's health needs at a particular point in time based on the information we collected over the past year and a half. Our understanding of our community health needs will evolve as we continue the process with our CCHP. Specifically, some information gaps that will continue to be filled include:

- **Health data:** As described in our Health Status Report (appendix 5), we were not able to find data for all of the indicators we initially identified. Any other data collected through the CCHP process will help shape our final plan.

- **Community strengths**: We have started the process of gathering information on community strengths in our CHNA to set a foundation for our CCHP. Figure 13 and Appendix 24 list all of the community strengths shared thus far. This list will continue to be populated as more strengths are shared during our CCHP process.

- **Underlying causes**: In our CHNA we proposed some possible causes for our community health needs. Exploring root causes is a complex and ongoing process and we will continue discussions with community members to better identify these as the process continues.

- **Prioritization**: While understanding that all needs are connected and influence each other, our CHNA's preliminary prioritization helped identify needs that are strategic to focus on based on our current understanding of PFN's health needs. Our CCHP planning process will allow us to further work with the community to refine prioritization criteria, and explore and rank options for addressing our health needs.

- **Program review**: Our initial program review drew from staff and key informant interviews and helped us identify some strengths, issues and needs relating to existing health programming. During our CCHP this analysis will be strengthened as we continue to gather information on how all of the programs and health players interact with each other in the overall health system.

Our CHNA will be a powerful tool for future decision-making, communication and evaluation. Immediately, it will serve as the foundation in the next phase of our community development strategy. Having identified our priority needs, we are poised to take the next step of creating a plan to address these needs.

Next steps of our CCHP include:

- **Creating a vision statement** for PFN's CCHP based on community feedback on draft vision statements

- **Developing a set of health care principles** that will guide PFN's CCHP and future health decisions

- **Developing a set of health directions and paths** to guide decision making

- **Gathering ideas for actions or solutions** to address our health needs

- **Packaging different solution actions** to have community members rank

- **Implementation Strategy and monitoring and evaluation plan**

Our health needs have become clear to us; our vision for a healthier Pikangikum is becoming clearer. The directions we will take and the paths we will take to get there are still to be determined. We look forward to continuing the journey with you!

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

List of Appendices

Please see the accompanying Appendices Binder for the following appendices:

Number	Appendix Title
#1	CHNA Glossary
#2	How to use this CHNA
#3	Step by step needs assessment guide
#4	Guide to Community Health Needs Assessment Supporting Reports
#5	Health Status Report
#6	Community Health System Profile
#7	Community Health History
#8	Community Health Trends Analysis
#9	Community Participation Survey Report
#10	Community Open House Report #1
#11	Community Open House Report #2
#12	Staff report #1
#13	Youth Report
#14	Elders report
#15	Community Open House Report #3
#16	Staff report #2
#17	Key informant interviews report
#18	Staff report #3: Ontario works report
#19	Issues Analysis Full Version
#20	Program Review
#21	Newsletters 1-6
#22	Full list of Community Health Providers and Infrastructure
#23	History Quick Facts
#24	Full list of Community Strengths
#25	Guide to Prioritization
#26	Overall Ranking Results
#27	Top results based on focusing on one criteria