### Application Cover Sheet

Please attach completed form to each entry

<table>
<thead>
<tr>
<th>Name of Submission</th>
<th>Working It Out Together: Pikangum First Nation’s Healing Journey for Comprehensive Community Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsoring Organization</td>
<td>Beringia Community Planning Inc. and Pikangikum Health Authority</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Jeff Cook</td>
</tr>
<tr>
<td>Name of Relevant Manager</td>
<td></td>
</tr>
<tr>
<td>Postal Address</td>
<td>130 Lonsdale Avenue, Unit 130 North Vancouver BC V7J 1W8</td>
</tr>
<tr>
<td>Telephone Numbers</td>
<td>778-340-0103; 604-626-9165 (cell)</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:jcook@beringia.ca">jcook@beringia.ca</a></td>
</tr>
<tr>
<td>Award Category: National Awards and Project Awards</td>
<td>Indigenous Engagement</td>
</tr>
</tbody>
</table>
### Case Study Summary:

<table>
<thead>
<tr>
<th>Title</th>
<th>Working It Out Together: Pikangikum First Nation’s Healing Journey for Comprehensive Community Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizing Group</strong></td>
<td>Pikangikum First Nation</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Pikangikum, Ontario</td>
</tr>
<tr>
<td><strong>Key Question/Problem</strong></td>
<td>Pikangikum First Nation Leadership under the Pikangikum Health Authority set a mandate to initiate a community health process in response to a series of mental health crises in the community. The health plan process set out a foundation for PFN to lead its own community-based process to increase control over health governance that had been spearheaded by the Pikangikum Health Authority.</td>
</tr>
<tr>
<td><strong>Sample Methods</strong></td>
<td>Methods: Community feasts, open houses, carousel planning, Youth workshops, community radio, comic strips, art and collage, storytelling, story listening, digital response technology sessions; community conversations, face-book, staff surveys, paper surveys, dotmocracy polling, ranking exercises, word clouds, and digital photography; staff workshops, Elder’s sessions, Chief and Council meetings, Inter-agency meetings.</td>
</tr>
<tr>
<td><strong>Results</strong></td>
<td>Health Planning Framework for Action: Community Vision Statement, 18 health principles, 8 Directions (ends objectives), 22 Pathways (means objectives), 69 actions, including 25 top health actions with a supporting implementation strategy, action plan and budget.</td>
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<tr>
<td><strong>Impact Level</strong></td>
<td>Community Wide</td>
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<tr>
<td><strong>Time Frame</strong></td>
<td>24 months</td>
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<tr>
<td><strong>People Engaged</strong></td>
<td>33%+ (864) people personally engaged</td>
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<tr>
<td><strong>Web Link</strong></td>
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</tbody>
</table>
IAP2 Award Criteria

“Community members have been able to create and participate in a community-based process of discovering, reclaiming, and re-telling our community’s story. They have come out by the hundreds, including our elders and our youth, to share their hopes and dreams for Pikangikum’s health and well-being.”

- PHA Executive Director Billy Joe Strang

Project Summary

The Pikangikum First Nation (PFN) is on a journey of taking control of their health governance, increased self-determination and building a stronger, healthier community. They started this journey with a Community Health Needs Assessment (CHNA) based on over a year and a half of extensive community engagement, research and analysis completed in December 2013. Now two years later, PFN is celebrating the completion of its community-based, participatory Comprehensive Community Health Plan (CCHP), which translates the needs, identified in the CHNA into an innovative, accessible and “implementation ready” plan as to how to translate PFN’s needs, issues, strengths and vision for the future into tangible action.

The community had never completed a community-based process of this kind, driven by the community, for the community. The purpose of this CCHP process was to produce a well-researched, community-based, participatory health plan to directly support community decision making. In addition, other objectives included: 1) strengthening and celebrating of PFN’s local planning capacity; 2) reclaiming of culture, participation and community voice; 3) supporting community healing and understanding of health in a holistic way; 4) determining local health

Innovation and Contribution to Indigenous Community Engagement

Community Development Approach

Rather than being a technical assessment by health professionals, PFN’s CCHP was initiated and driven by the community, supported by a collaborative relationship with the Beringia planning team. Through adopting a community-development approach, this CCHP process emphasized local capacity-building, widespread participation and inclusion, and empowerment as a path to healing. These approaches are central to breaking the cycle of colonization and trauma, especially as concerns Aboriginal health and well-being. Rather than relying on a committee of health experts to impose a planning paradigm, PFN’s community development approach focuses on mobilizing key community individuals and organizations in a participatory and iterative process to engage in dialogue and structured decision-making.

Community Based – Community Driven

The planning process was designed to build local health planning and governance capacity. Starting with the group of local planners, consistent training sessions, workshops and planning meetings were held to help share knowledge, build skills and shape the process. Local planners played active facilitation roles during community workshops and helped organize, mobilize and direct sessions. To supplement face-to-face meetings, a planner’s binder is being created as a
resource tool containing all training, workshop and communications materials. This team of local planners helped navigate cultural protocol and customs, and direct when and who to engage at appropriate times.

**RELATIONAL PRINCIPLES**

PFN’s approach to planning and relationship building is based on five pillars: 1) **Community-based**: Planning activities and tools were designed to maximize community participation, community control, empowerment and voice; 2) **Capacity-driven**: As much as possible, the process built local Health planning capacity through tools, learning-by-doing and relationship building; 3) **Strength-based**: The process started with a focus on community strengths and assets as a foundation for community planning; 4) **Culturally-relevant**: The process always respected Anishinaabe culture, protocols, customs and Elders in all planning activities and provided 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.

**PROCESS METHODOLOGY**

PFN’s planning process was organized into five overarching phases of a cycle surrounded by seven illustrations inspired by the woodland art tradition that represent PFN’s traditional 7 clans. Each phase of the process is accompanied by a descriptive keyword and guided by a question: 1) Preparing: Are we ready?; 2) Discovery: Where are we now?; 3) Vision: Where are we going?; 4) Action: How do we get there?; 5) Results: Are we getting results?.

**PUBLIC ENGAGEMENT**

Based on a community participation survey and guidance from Elders, Chief and Council, and local planners, our engagement strategies were as follows: 1) Employ a diversity of engagement methods to create many opportunities for a wide range of community members to participate; Create multiple scales of participation from large-group open events to small private groups and interviews to share specialized or sensitive information appropriately; 2) 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 a wide variety of worksheets, 3) surveys and tools; 4) Support 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; and 5) Provide accessible community health information to members to support informed decision-making. Outcomes of our community engagement strategy were increased confidence of participants, healing, improved understanding of community issues and needs and recognition of traditional knowledge.

PFN’s CCHP process had historic community participation for Pikangikum (population 2,600), engaging more than 864 different community members. As well, an additional 77 individuals participated through one-on-one interviews. Using multiple scales of participation (large-group, small-group, interviews, online) and using a diversity of engagement tools and methods (drawing, creating comic strips, open discussion, community radio, digital response technology, storytelling, ranking) we placed particular emphasis on increasing the skill base of members through tools, consistent communication and workshops.
Community members were engaged in 6 large community open houses, 32 small group sessions, interviews, and through an online Facebook group (233 members). Special sessions for Elders and Youth ensured that voices from these groups were shared and celebrated.

Working in PFN, means engaging with people in their second language. Ojibway is spoken by 100% of the population and many Elders do not speak any English. Local translators were hired to translate during community workshops and open houses and when possible summary reports were translated into Ojibway syllabics and discussed on the radio in Ojibway.

Throughout the process, the team adapted and worked to create new ways of engaging participants to reach those who had not yet participated, such as door-to-door surveys, a women’s circle, postcards, community radio and Facebook. The use of fun activities such as interactive voting exercises, mural making, comic strip creation, story-telling, and video, as well as community sessions with food and door prizes made the process very popular with community members. At our final action-ranking workshop, we combined the workshop with a Bingo game to ensure maximum participation. 366 community members participated at this event and using digital response technology voted on their favourite action ideas.

Members were also invited to play important roles in the planning process as translators, workshop facilitators, cooks and researchers. A local community artist designed the winning entry for our logo contest. This logo branded our communications materials including T-shirts which were widely distributed. News from the process was shared regularly through 11 community newsletters, 14 community engagement session summary reports and 4 research reports. Outcomes of our community engagement strategy were increased confidence of participants, healing, improved understanding of community issues and needs, transparent decision making and recognition of traditional knowledge.

**Strength Based Approach and Telling their own story**

In a community where negative media reporting has dominated the community’s reputation and image, the importance of starting with the community’s strengths and existing assets was paramount in order to build community pride, optimism, and acceptance of the process as an internal process and not something imposed from the outside. Community members engaged in activities that helped them re-tell their personal and community’s story. Planning activities that helped community members identify and share community strengths were integrated into multiple engagement activities, such as a holistic community strengths wheel, survey questions, drawing pictures, and story-telling. In doing so, community members were actively confronting a history of colonization, exclusion, lack of power and trauma.

**Working with Trauma**

PFN is a community healing from historical and current trauma, and is regularly dealing with community crisis including suicide and addiction. PFN’s rapidly growing population is exasperating existing crisis levels of trauma and mental health challenges which was highlighted in a 2011 Chief Coroner’s Inquest in response to a string of Youth suicides. This creates multiple barriers to community participation and working with local planners. It is a planning context where the importance of building trust and relationships is paramount in working together to define a stronger future together. The process needed to adapt constantly to allow time for grieving after a community or personal crisis. As an oral culture, based on patriarchal society that is very private, it

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was important to provide community members with a mix of planning tools and choices as to how to engage with the process that allowed for privacy, confidentiality and sharing of sensitive community knowledge and circumstances. In particular, the inclusion of women voices, values and perspectives was essential in harmonizing different views and roles and increasing the confidence of women to come forward and speak out.

**Storytelling as a Planning and Healing Tool**
A diversity of engagement methods were applied during this planning process including surveys (paper and online), talking circles, video clips, art and workshops. Storytelling was a particularly powerful culturally relevant engagement tool that allowed us to access poignant details about community member’s health needs, issues and vision for the future while also providing an opportunity for healing. Borrowing from a long tradition of storytelling and honouring people’s hesitance to share personal stories orally, opportunities to share a written story where facilitated throughout the planning process with both adult and Youth participants. The result was a total of over 300 stories and poems from community members, which were compiled as an additional planning tool called “Sharing our Stories of Hope, Strength and Courage”.

**Focus on Youth Engagement**
In addition, activities for community members, especially Youth, were designed with the goal of providing maximum opportunity for learning about their community and the planning process, including strengthening the voice of Youth in community governance and creating safe spaces for speaking and sharing. Youth involvement and endorsement of the process was essential given that Youth represent the largest segment of PFN’s population (75% of the population is under the age of 35).

**Defining Health through Local Knowledge**
PFN’s planning approach is based on traditional and local knowledge and values. The planning process was informed by four principles that are central to Anishinaabe teachings about the lives of individuals, families and a community: Ohnissheesheen (Health); Chiimeenoowe-chitjeeeyong (Relationships), Oohuhchikayween (Planning) and Anishihnaabe-Bimaadiziwin (way of Life). Collectively, community members defined community health through our process as a balance of physical, mental, spiritual and emotional health for individuals, families and the community as a whole.

**Clarity of Goals and Objectives**
PFN’s CCHP is structured around a Vision framework that includes 8 Directions and 12 Paths. These Directions and Paths are the result of multiple rounds of identification and verification with community members, leadership and staff and reflect the interrelated nature of the PFN’s health needs and vision for health. As a complete set, the Directions and Paths cover all of the 117 sub-needs identified in the CHNA as well as PFN’s health strengths and issues. The help make the link between PFN’s needs, strengths, issues and actions a series of diagrams show our Directions are the direct result of the information we learned during our CHNA process.

**Communicating Results**
Vibrant, engaging, and accessible presentation was a core goal of this process and all of its planning products. A multitude of colourful, culturally-inspired diagrams are used throughout the document to help summarize important knowledge and information. Photos and quotes from community members are used throughout to emphasize the community-driven nature of the CCHP and to validate, acknowledge and celebrate community voices. To keep the document easy to navigate and accessible, all background information, summary reports and research are included in an appendices binder.
Cultural symbols representing PFN’s traditional clans along with vibrant colours are used to help readers access the report by clearly identifying the report’s structure. Chapters are organized to reflect our 5 planning phases (Preparing, Discovery, Vision, Action, Results) as a way to easily organize information and teach the planning process. Honouring PFN’s oral and visual tradition, results are translated into accessible visual tools. Results are presented in five different ways, as a complete 180 page CCHP, as a 34 page summary guide, as an 8 page quick guide, as a poster and as a 400 page appendices binder. There are plans to create a video to summarize the results of the process. This diversity of ways of expressing results ensures that the tools are available for multiple audiences, uses and needs.

ENSURING RESULTS
PFN’s CCHP is a living document that is already achieving results for the community. One the plan’s top priority actions is the purchase and development of a local healing facility. In 2014, PFN was able to secure funding to acquire the facility with the help of the CHNA and CCHP planning process results. The CCHP emphasizes a culture of learning and adapting to help ensure that the CCHP remains a living document. As a First Nations community that is highly regulated by outside bodies, monitoring and evaluation is often associated with accountability, report writing and oversight by others. PFN’s CCHP monitoring and evaluation strategy attempts to break this pattern and reframe monitoring and evaluation as an opportunity for empowerment, self-direction, learning and reflection. PFN’s monitoring and evaluation strategy represents a blending of two systems. While incorporating traditional monitoring and evaluation tools such as compliance monitoring and developing and tracking indicators and targets, the monitoring and evaluation strategy also incorporates more culturally relevant evaluation models that rely heavily on learning through observation, storytelling and journaling. The plan includes 11 practical monitoring and evaluation tools to help PFN implement their monitoring and evaluation strategy and a process for plan revisions.

SUMMARY REFLECTION
• Pikangikum today is a community healing from complex and severe impacts of generations of trauma, including impacts of residential school and addiction. In this context, to see community members, leadership, and staff come together and engage in sharing, safe dialogue and decision-making about health and healing was an incredibly powerful step for this community.
• Fundamental to this process, was the importance of relationship and trust building. This included having multiple opportunities to review and validate the process. This was accomplished through meetings with Elders, Chief and Council, and the PHA Board. The local planning team was instrumental to building trust with the community.
• This planning process and plan has created hope for the community of Pikangikum. It is an inspiring example of how planning can be a source of healing and celebration of community strengths - despite severe community challenges and conditions – through effective community design, participation, trust building, and in honoring local culture and language
• Chief and Council endorsed the planning process and approved the health plan by a formal Band Council Resolution.
Working It Out Together: Pikangkum First Nation’s Healing Journey for Comprehensive Community Health

Sharing Our Stories of Hope, Strength, and Courage
Pikangkum First Nation
Working It Out Together: Pikangkum First Nation’s Healing Journey for Comprehensive Community Health
Consent to reproduce material

Please attach completed form to each entry

I, the undersigned, do hereby authorize IAP2 Canada to use the material provided by (Insert name of contact person):

Jeff Cook

on behalf of (insert name of organization or individual):

Beringia Community Planning Inc.

and I/We agree that IAP2 Canada may use or permit other persons to use the material provided in such a manner as may be deemed appropriate. This may include, but is not limited to, newsletters, websites, marketing materials, educational information, brochures and media releases.

Signed: 

Name: Jeff Cook

Date: May 4, 2015
2015 CORE VALUES AWARDS

Application Checklist

Please attach completed form to each entry

ORGANIZATION NAME: Beringia Community Planning Inc.

CONTACT PERSON: Jeff Cook

PHONE: 604-626-9165
EMAIL: jcook@beringia.ca
DATE: MAY 4, 2015

<table>
<thead>
<tr>
<th>ITEM</th>
<th>COMMENTS</th>
<th>PLEASE CHECK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application addresses the criteria for each category</td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Application has taken the Style Guide into consideration.</td>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>Application Cover Sheet</td>
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</tr>
<tr>
<td>Consent Form to Reproduce Material</td>
<td></td>
<td>YES</td>
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<tr>
<td>Application is no longer than 10 typed pages in length</td>
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<tr>
<td>Application is under 5MB in size.</td>
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<tr>
<td>Additional creative/interactive materials</td>
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</tr>
<tr>
<td>Application Fee</td>
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<td>YES</td>
</tr>
</tbody>
</table>
Pikangikum First Nation References:

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