



Tâideldel

Community Health & Wellness Plan (CHWP)
2021 - 2031

September 16, 2021



ACKNOWLEDGEMENTS

We want to acknowledge the individuals who took the time to participate in the development of T̓ideldel's Community Health and Wellness Plan (CHWP). The completion of this plan would not have been possible without your knowledge and contributions.

A sincere Sechanalyagh to all the individuals who participated in the CHWP process. Our 129 participants included 17 Elders, 34 Children & Youth, 45 Community Members, 7 representatives from Leadership, and 26 staff members.

Your willingness to share your stories, experiences, ideas, and perspectives is what has made this process a success and a true reflection of our community health.

A heartfelt thank you to the **Elders** for sharing your knowledge and wisdom, and for teaching us about important cultural, spiritual, and land-based practices that keep us healthy and strong.

Thank you to the **Youth** and your eagerness to be involved throughout the planning process. Your contributions helped inform our plan, and we are grateful for your feedback and inspiring ideas.

Finally, we want to thank and acknowledge **Chief and Council**: Chief Otis Guichon, Councillor Jeremy Boyd, Councillor Percy Guichon, Councillor Nicole Setah, Councillor Maryanne Boyd, Councillor Clayton Charleyboy, Councillor Talia Baptiste for supporting the CHWP process and for your leadership in community learning, capacity building, and health governance. We would also like to acknowledge the TNG and FNHA staff who participated – Connie Jasper and Blaine Grinder.

Thank you to the many T̓ideldel Staff who contributed their time, knowledge, and experience as part of this process. Your input was invaluable.

Thank you to the hard work of Wanda Charleyboy for leading and guiding this process A thank-you to the wonderful food provided by Kim and Seraphine for many of our planning activities. Planning support was provided by Jeff Cook, Naomi Schatz and Paula Hay from Beringia Community Planning Inc.



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EXECUTIVE SUMMARY

Planning Context

Since time immemorial, T̓silhqot̓'in peoples that have lived upon the lands and waters of what is now called the Chilcotin. Today, fishing, hunting and plant gathering are central components of T̓sideldel culture. T̓sideldel people have planned for their health and wellness for thousands of years. Our stories, cultural practices, language, and deep relationship with the land supported our health and wellness. Canada's colonial history of dispossession, settlement, and Residential School impacted our health and ability to plan for our own wellness. Our history is one of strength and resilience and today we are reclaiming our governance over our own health and wellness.

In 2014 T̓sideldel and the five other T̓silhqot̓'in communities were involved in the development of an Interim Interior Regional Health and Wellness Plan supported by the First Nations Health Authority (FNHA). After it's completion, the FNHA supported the T̓silhqot̓'in Nation to deepen the process by completing a Nation Health and Wellness Plan (2016).

In 2020, the time came to develop our own ten-year Community Health and Wellness Plan (CHWP) for 2021-2031. This plan is an opportunity to manage our resource, assert governance over our own health and wellness, and guide our own decision-making. This process builds on other important planning work in our community, including our Comprehensive Community Plan (CCP).



“I am proud of my culture, hunting and fishing. It is a good place to be with my family.” – Community Member



Planning Approach

Our members, Youth, Elders, knowledge keepers, Women, Men and T̓sideldel staff and leadership came together to create our CHWP. The process launched in March 2020 and together we discussed and decided on our needs, values and priorities for health and wellness and built a ten-year Health and Wellness Plan for 2021-2031. Our CHWP is a living tool that guides us along our health and wellness journey.

Our CHWP shares T̓sideldel’s story about the past, present and future state of health and wellness based on cultural identity and relationship to healing, land, and culture. It is a way to manage resources, assert governance over our own health, and guide decision-making. The process helps ensure that community projects and programs make sense, are the best use of resources, and link to other community plans.

Our CHWP is a way for our community to:

- ✓ Share our story about the past, present and future state of our health and wellness
- ✓ Document our story and our community’s identity, relationship to healing, and how we look after our health and wellness
- ✓ Identify our values, needs, interests, opportunities, and priorities
- ✓ Come together as a community to decide our collective vision for health and wellness



“When I was growing up, all I did was hang about my Elders. I got to learn my language this way. When I speak to Elders in Tsilhqot’in I see smiles on their faces. We need more time with Elders to lean from them.” – Elder



Planning Process

Chief and Council authorized the launch of our CHWP process and establishing our planning team, comprised of Wanda Charleyboy, the T̓sidel̓del Health Team, and leadership. Jeff Cook, Paula Hay, and Naomi Schatz from Beringia Community Planning Inc. provided process and facilitation support, communication, results analysis, and report writing. Our CHWP led and guided by our community - it was a process designed by the people, for the people.

Our community's planning and engagement processes were guided by 7 principles:

- **Culturally Grounded**
- **Fun and Inclusive**
- **Strength-based**
- **Communicative**
- **Holistic**
- **Collaborative**
- **Safety and Trust**

T̓sidel̓del 's approach to planning is one that is community-led, wherein community members guide the process and have access to the information they need to meaningfully collaborate and decide their priorities for health and wellness.

T̓sidel̓del 's approach aimed to include as many members as possible with extensive community outreach. This effort was needed in particular due to Covid-19.

Community members, Chief and Council and Staff had the opportunity to share their knowledge and thoughts at **9** Community Gatherings, **55+** Meetings and Reviews, **37** Interviews and **3** Events and Activities delivered in community and via Zoom.

Our CHWP process included a review of our historical planning and research on our current situation with regards to health and wellness and various social determinants of health. We assembled a planning history summary and community health profile. Our assessment of our current strengths and challenges helped us identify key opportunities for strengthening our health and wellness, building on our long history and traditions of taking care of our community members.

We identified a Vision Statement and set of Principles to guide how we will improve our health and wellness, as well as a set of Goals and Strategies. We reviewed our health governance system and considered potential strategies for strengthening our health management. We gathered many ideas for Actions (human resources, programs, infrastructure, and plans) based on our current situation, all of which had implications for our health and wellness.



Our members shared that health and wellness has different meanings and is interconnected with many parts of their lives and the community. **Figure 2** represents the various areas (or Pillars) of Health and Wellness that are important in our community. Many of these pillars are connected, for example being out on the land helps our members cultural wellbeing, as well as physical, mental emotional and social.

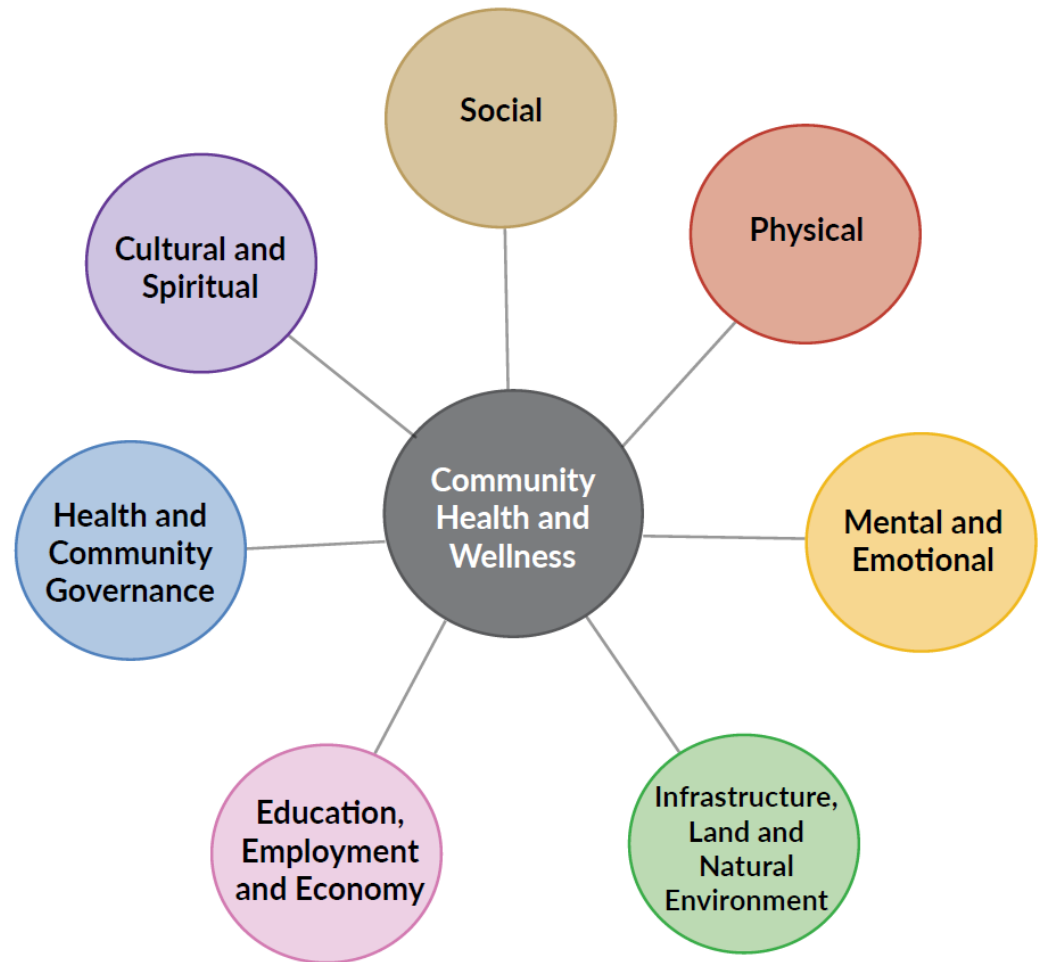


Figure 2: Our Health and Wellness Pillars



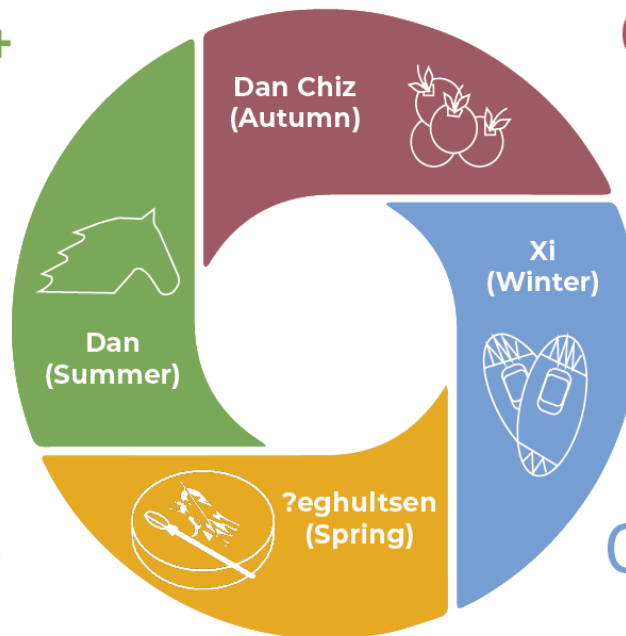
Our planning efforts took place from April 2020 to July 2021. Our planning process involved gathering knowledge and information related to health and wellness and analyzing and validating these results with community members. We heard from Youth, Elders, families, members, leadership, and staff how important the seasons are to health and wellness. Our planning process and final document is organized in four key stages, just like the rhythm of the seasons. The stages are summarized in **Figure 3**.

Putting Our Plan into Action and Reflection on Results

04

How will we get there? How will we know we have arrived?

- Setting up for success
- Developing to support implementation tools
- Celebrating the CHWP
- Preparing to evaluate results



01

Getting Ready to Plan

Are we ready to plan?

- Project launch and relationship building
- Honoring our past work
- Developing a Community Profile and Engagement Plan

Developing our CHWP Vision Framework

03

Where do we want to go?

- Defining our Vision, Mission and Principles
- Developing our Goals and Strategies
- Deciding our Priority Actions

02

Understanding our Current Situation

Where have we been? Where are we now?

- Analyzing our current situation
- Exploring community strengths, challenges and opportunities

Figure 3: Planning Phases



Vision Framework

We developed a shared understanding of our history and current situation by reviewing our past plans, developing a Community Profile, engaging community members, and completing a Current Situation. Based on this understanding of we discussed our vision for our future health and wellness. Our Vision Framework describes our vision for the future for health and wellness and how we will get there. This consists of a **Vision Statement**, a set of **8 Guiding Principles**, **7 Goals**, **15 Calls to Action (Strategies)**, and **26 Actions**. Our Outcomes & Results are the desired change we hope to achieve with regards to health and wellness. These are described in our implementation section, as well as how we need to organize and mobilize our resources for successful implementation. **Figure 4** summarizes our Vision Framework.

1. **Community Profile:** Inventory of key community and health facts that provide baseline information to compare where we are now with where we are at some point in the future.
2. **Current Situation:** Analysis of where we are now on our journey to health hand wellness, considering strengths, challenges, needs and opportunities.
3. **Vision Statement:** Summary of where we are going. Describes the long-term desired change our community wants to see.
4. **Principles:** Flow from our vision and capture our core values and cultural beliefs that guide decision making.
5. **Goals:** High level statements that describe what we will focus on to build on our strengths and address our challenges and needs.
6. **Strategies:** Calls to action that describe how we are going to achieve our Goals and inform our key Actions and next steps.
7. **Actions:** Specific initiatives (projects, plans, programs, human resources, infrastructure, events, and training) that will bring our Goals to life.

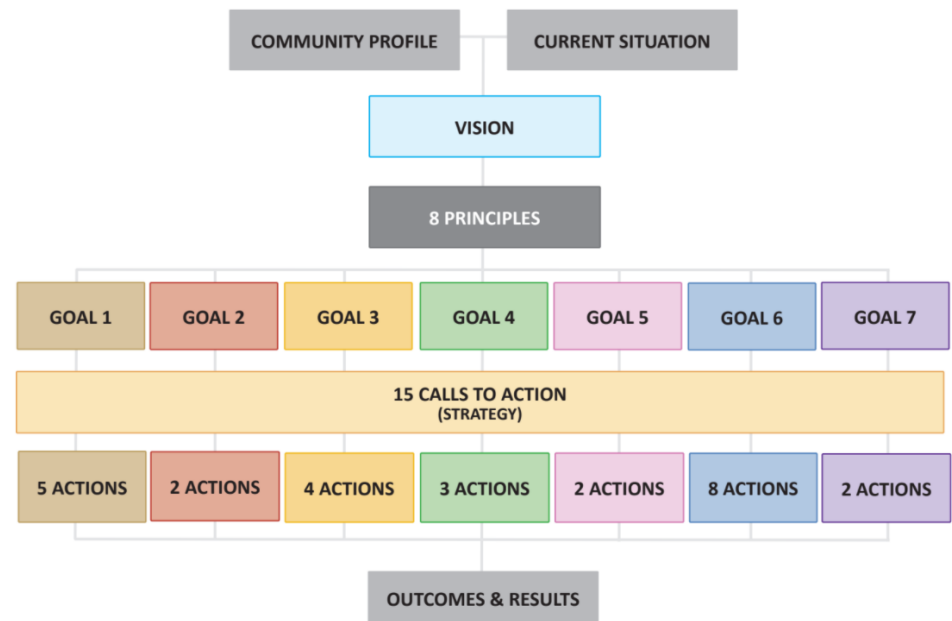


Figure 4: Outline of Vision Framework



Figure 5 shows the details of our vision Framework.

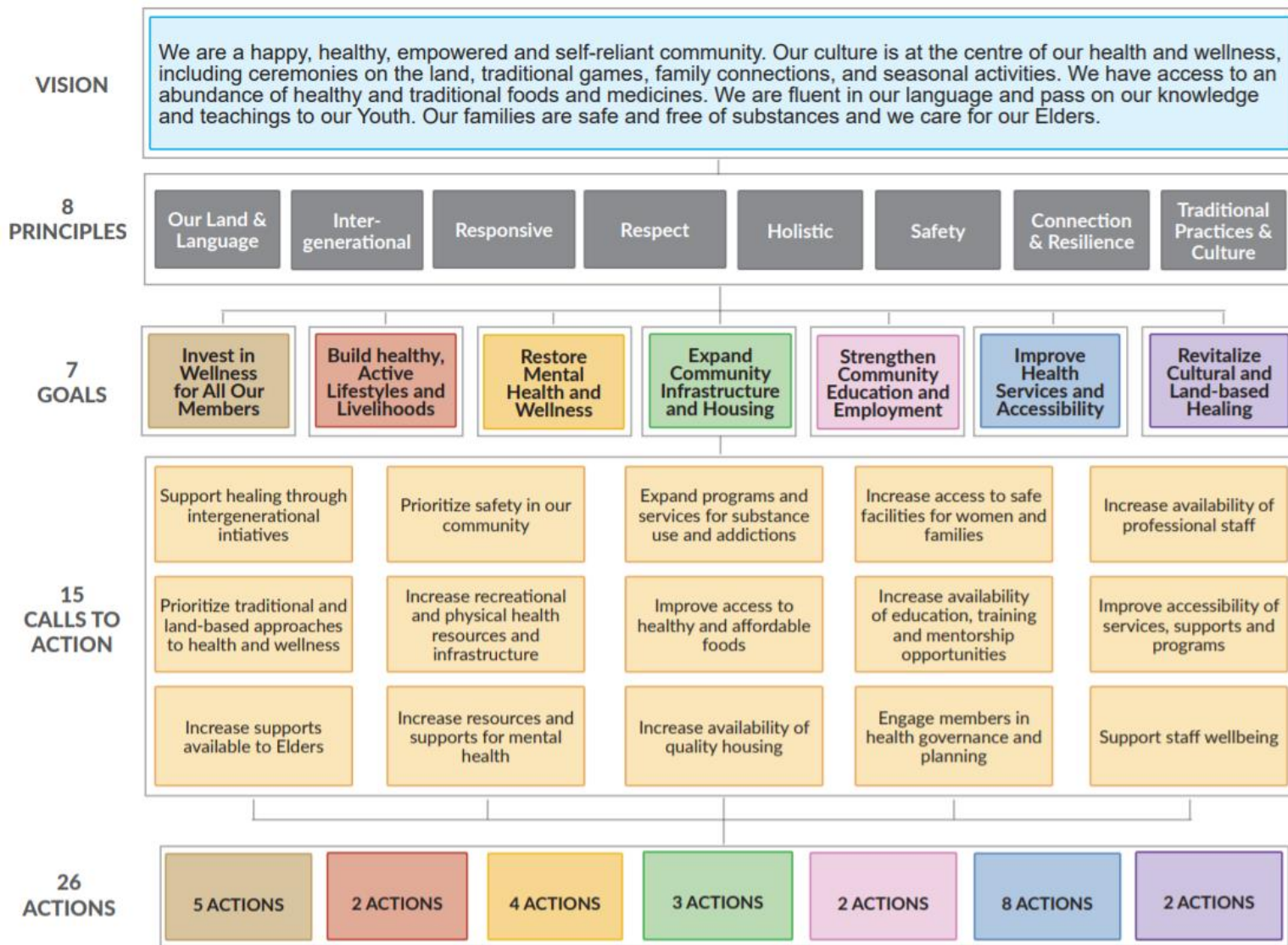


Figure 5: Vision Framework (Executive Summary)



Our Priority Actions are listed in **Figure 6** below.

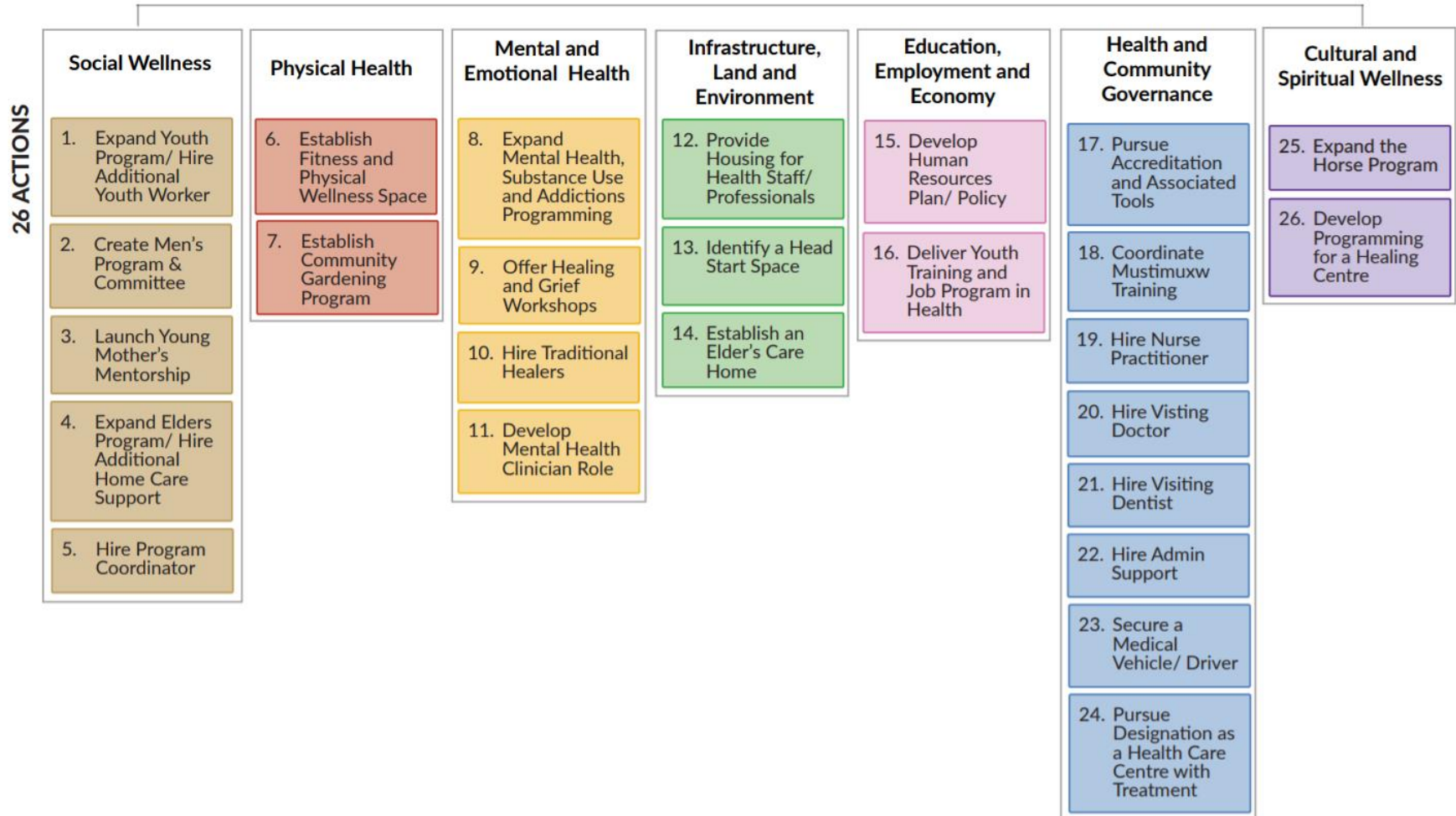


Figure 6: Vision Framework- Priority Actions (Executive Summary)



Putting our Plan into Action

Implementation involves preparing our Chief and Council, Staff and community members to activate the CHWP and all the related parts. Implementation is a time of transition and a process of preparing for change and scaling up how we actively govern our health. It includes deciding who is going to do what, when and how, and what resources are needed to carry out the sequencing of our Action priorities and activities.

Our Vision Framework will help guide us on where want to go (our 7 goals, 15 Calls to Action (Strategies) and 26 Actions that state our future direction). The T̓sidel community has a long tradition of observing and learning through our experiences with health and wellness.

We will build on our knowledge of our health governance by monitoring and evaluating (M&E) our CHWP. As we implement our CHWP, we will want to assess whether it is going what we hoped it would. Are we getting the results we wanted?

Are we getting closer to reaching our Vision? We will also want to understand the impact our CHWP is having on strengthening our overall health governance system, as well as the impact of our projects, programs, and policies.

The results of our M&E will help us identify opportunities to adapt and change our CHWP based on what is working and not working well. As circumstances change, the plan may need to be revised to respond to the context, priorities and needs of our community.

We recently received funding from the First Nation’s Public Service Secretariat, which will support us to build capacity and tools to implement the priority strategies and actions in our CHWP. This will include our CHWP implementation workplan, work planning for our priority Actions, job descriptions, and a M&E Framework. This Project will start in October 2021 and will support us to build capacity, mechanisms, and tools to support the activation of our plan, in a way that honors and involves our members.



“Young men have to get out of the shyness and need someone they trust. Needs to be the right person-kind and willing to teach.” – Community Member





“Education - very important; cultural; camps; hunting camp for people to use; garden - keep growing vegetables.” - Elder



“Being out on the land, hunting and fishing makes me feel happy and healthy.” - Youth



“Our land is our food and our medicine.” – Community Member



“In the future generations to come, I envision that the community is not only surviving but thriving. That members are happy and healthy, learning, growing, sharing.” – Community Member



INTRODUCTION

Planning Context

T̓sidel del is one of six distinct communities that comprise the T̓silhqot̓in Nation.

T̓sidel del is located 188km west of Williams Lake along Highway 20 and is 154 km from Xenigwet̓in. The current population of T̓sidel del is approximately 700 people.

T̓sidel del has one chief and 6 councilors, all elected by the community.

Since time immemorial, T̓silhqot̓in peoples that have lived upon the lands and waters of what is now called the Chilcotin. Today, fishing, hunting and plant gathering are central components of T̓sidel del culture. Community members fish for salmon and trout and collect berries and medicinal plants in the surrounding mountains and traditional areas.

T̓sidel del people have planned for their health and wellness for thousands of years. Our stories, cultural practices, language, and deep relationship with the land supported our health and wellness. Canada's colonial history of dispossession, settlement, and Residential School impacted our health and ability to plan for our own wellness. Our history is one of strength and resilience and today we are reclaiming our governance over our own health and wellness. T̓sidel del Health Staff provide basic medical services through the community health centre and offer additional therapeutic and educational services.



Nations such as the T̓silhqot̓'in are leading the way to increased self-governance and strengthened health planning practices. In 2014, after a 25-year journey to get recognized by the government of Canada, the Supreme Court unanimously recognized Native title to approximately 1,750 square kilometers of Crown land and Aboriginal rights across the larger region.

In 2014 T̓sideldel and the five other T̓silhqot̓'in communities were involved in the development of an Interim Interior Regional Health and Wellness Plan supported by the First Nations Health Authority (FNHA). After the Interim Interior Regional Health and Wellness Plan was completed, the FNHA supported the T̓silhqot̓'in Nation to deepen the process by completing a Nation Health and Wellness Plan (2016).

This process involved collaboration between the six community Health Departments and T̓silhqot̓'in National Government health staff.

In 2020, the time came to develop our own ten-year Community Health and Wellness Plan (CHWP) for 2021-2031. Although this plan is a requirement for our funding agreement with the First Nations Health Authority (FNHA), we also see planning as a way of managing resources, asserting governance over our own health, and guiding our own decision-making. This process builds on other important planning work in our community, including our Comprehensive Community Plan (CCP).



“For the sake of our nation, our culture and traditions, and most all for the sake of our children, we must find our way back. Finding our way back means connecting with ourselves, the land and the teachings around the sacredness of life.” – Community Member



Our Planning Process

Our members, Youth, Elders, knowledge keepers, Women, Men and T̓sidel̓el staff and leadership came together to create our CHWP. The process launched in March 2020 and together we discussed and decided on our needs, values and priorities for health and wellness and built a ten-year Health and Wellness Plan for 2021-2031. Our CHWP is a living tool that guides us along our health and wellness journey.

Planning has been a process of coming together as a community to discuss and decide on our needs, values and priorities for health and wellness. Building on T̓sidel̓el's history of planning, the CHWP ties together past and current priorities into a community Vision, with stated Goals, Calls to Action (Strategies), Actions and Outcomes to create a stronger future. We considered our health and wellness strengths, challenges, opportunities, and priorities and

The Health and Wellness Plan shares T̓sidel̓el's story about the past, present and future state of health and wellness based on cultural identity and relationship to healing, land, and culture. It is a way to manage resources, assert governance over our own health, and guide decision-making. The process helps ensure that community projects and programs make sense, are the best use of resources, and link to other community plans.

Our CHWP incorporates many aspects of our community, including: **Social, Cultural and Spiritual, Governance, Education and Employment, Land and Infrastructure, Mental and Emotional, and Physical elements** (see Figure 1).

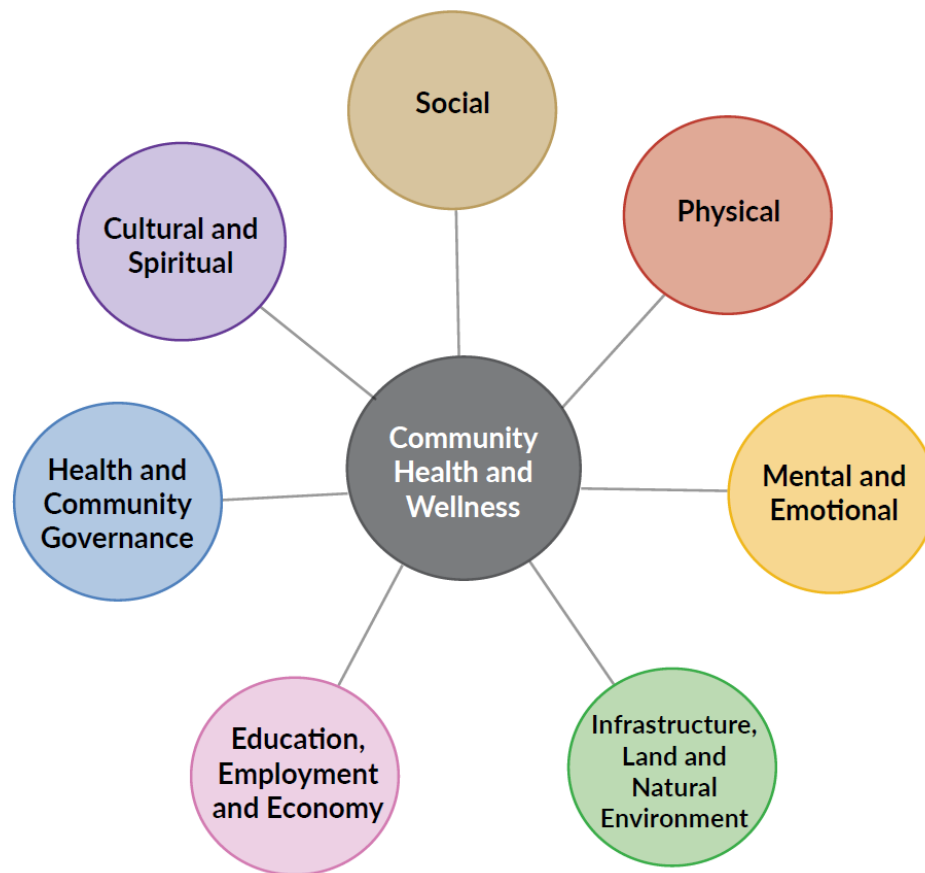


Figure 1: Community Health and Wellness Pillars



Our CHWP is a way for our community to:

- ✓ Share our story about the past, present and future state of our health and wellness
- ✓ Document our story and our community's identity, relationship to healing, and how we look after our health and wellness
- ✓ Identify our values, needs, interests, opportunities, and priorities
- ✓ Come together as a community to decide our collective vision for health and wellness

As we continue our health and wellness journey, our CHWP is a powerful tool for:

- ✓ Honour our ancestors and knowledge
- ✓ Celebrate and build on our strengths
- ✓ Provide direction for positive change
- ✓ To manage our resources and assert our governance over our health and wellness
- ✓ Guide decision-making
- ✓ Meeting the needs of current and future generations



“I wish for health and wellness for all and for our younger generation to learn what our knowledge keepers share.” – Community Member



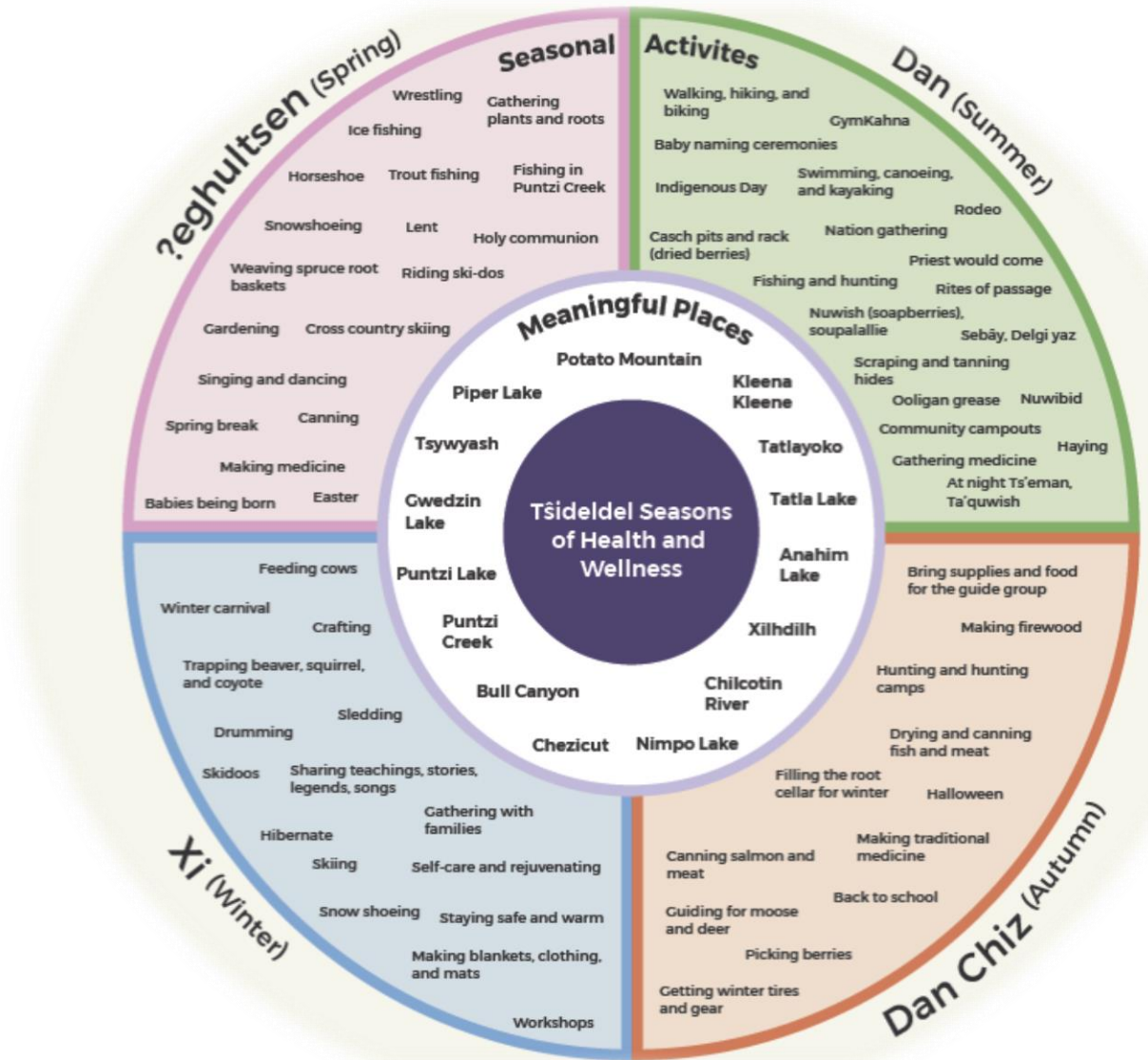
“The land here is our strength. We start to explore these places again and reconnect to land.”
– Community Member



T̓ideldel's Seasons of Health and Wellness

SEASONAL WELLNESS ACTIVITIES
 We heard from Youth, Elders, families, members, leadership, and staff how important the seasons are to health and wellness. **Figure 7** graphic shows the many community strengths and activities that members like to enjoy at different times of the year, detailed further in **Figure 8**.

Figure 7: T̓ideldel Seasons of Health and Wellness



DESCRIPTION OF OUR SEASONS

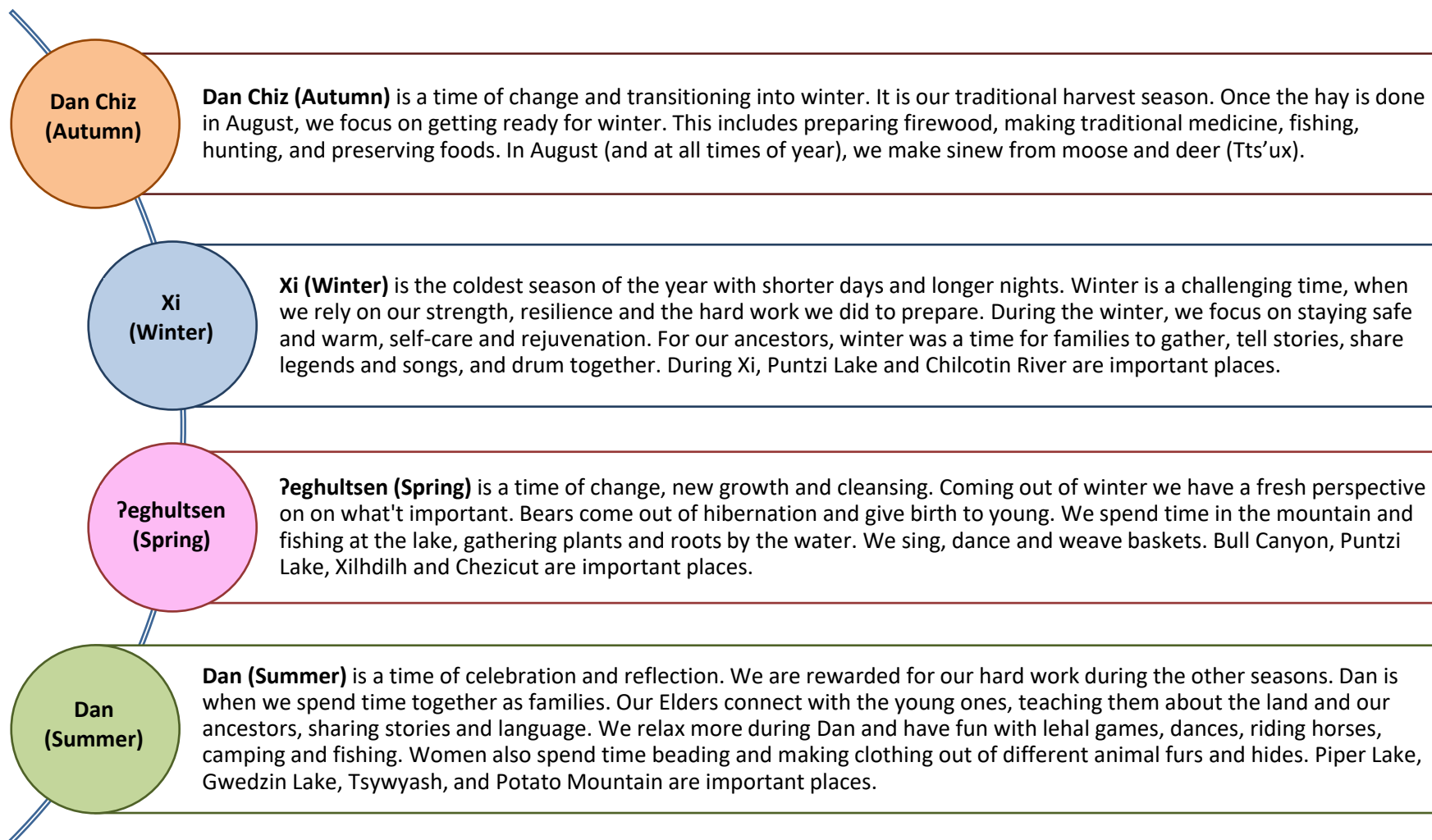


Figure 8: Descriptions of Our Seasons



PLANNING TEAM & PROCESS

Planning Team

Chief and Council authorized the launch of our CHWP, led by Health Director Wanda Charleyboy. Jeff Cook, Naomi Schatz and Paula Hay from Beringia Community Planning Inc. provided process and facilitation support, communication, results analysis, and report writing. Much like our CCP, the CHW was led and guided by our community - it was a process designed by the people, for the people.



“Life doesn’t work unless you have health.” – Community Member



“How people care for each other and the workers. People are always trying to find ways to help us. Find us the supports we need. Band staff and administration and staff.”

– Community Member



“I like listening to the elders. I have a cup of tea with them - they like that- and that’s when they tell me what’s the need and how I can help them. That’s when they open up and tell me what they need and how their health is going.” – Health Staff



Planning Phases and Activities

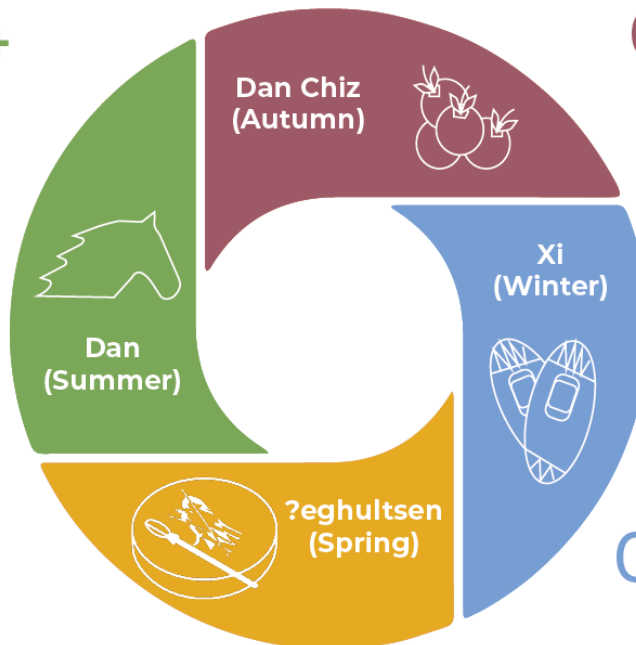
Our planning process involved gathering knowledge and information related to health and wellness and analyzing and validating these results with community members. Each round of engagement involved presenting results back to community members, giving participants an opportunity to respond, and asking for additional information and inviting feedback. Our planning efforts took place from April 2020 to July 2021 with our planning cycle organized in four key phases, represented by our four seasons. The phases are summarized in **Figure 9** and detailed in **Figure 10**.

Putting Our Plan into Action and Reflection on Results

How will we get there? How will we know we have arrived?

- Setting up for success
- Developing to support implementation tools
- Celebrating the CHWP
- Preparing to evaluate results

04



01

Getting Ready to Plan

Are we ready to plan?

- Project launch and relationship building
- Honoring our past work
- Developing a Community Profile and Engagement Plan

Developing our CHWP Vision Framework

Where do we want to go?

- Defining our Vision, Mission and Principles
- Developing our Goals and Strategies
- Deciding our Priority Actions

03

02

Understanding our Current Situation

Where have we been? Where are we now?

- Analyzing our current situation
- Exploring community strengths, challenges and opportunities



Figure 9: Phases of Planning

DESCRIPTION OF PLANNING PHASES

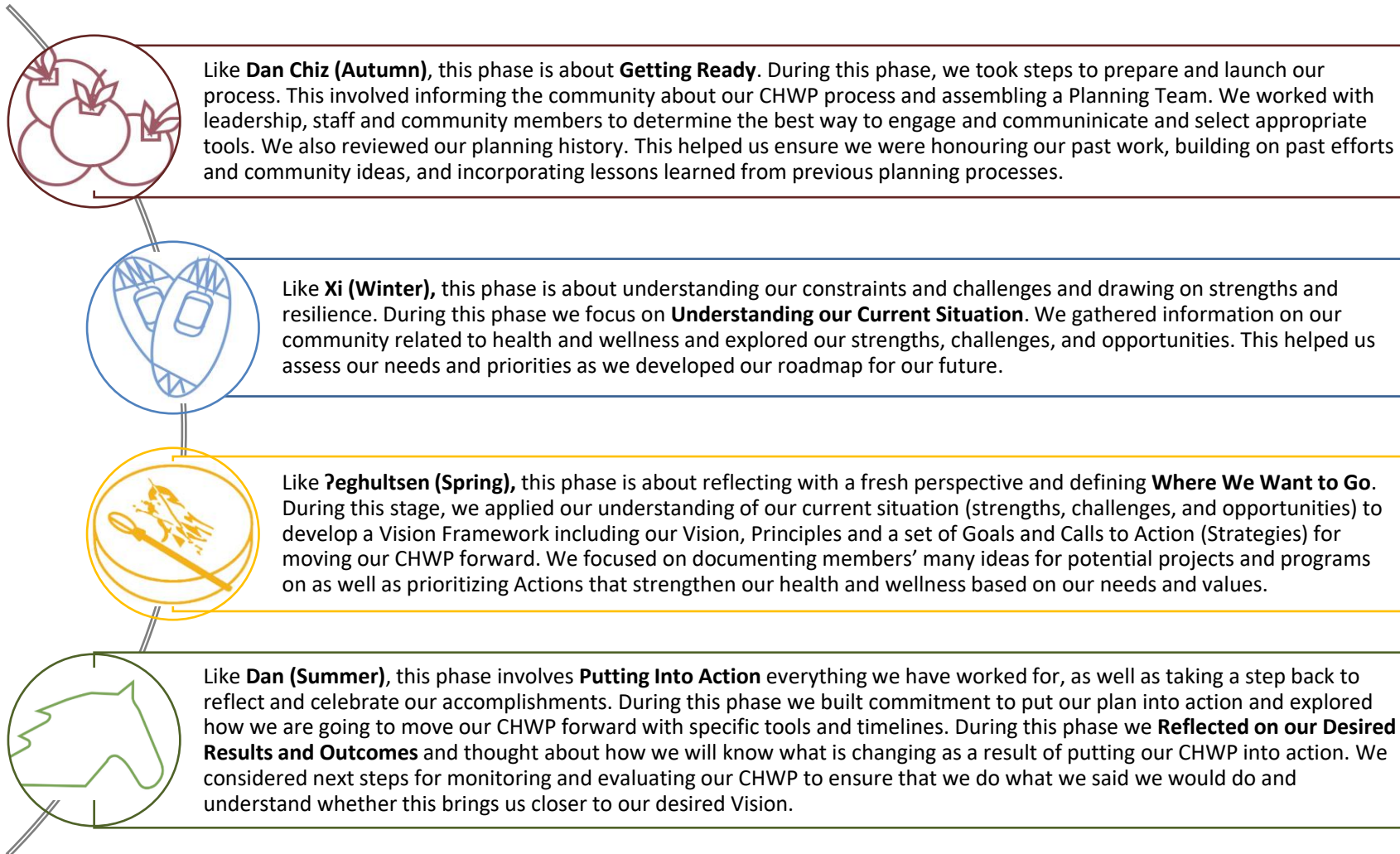


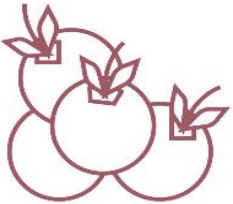


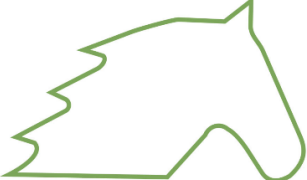
Figure 10: Description of Planning Phases



ORGANIZATION OF THE CHWP

Our CHWP is organized by our planning methodology, represented by the 4 seasons. The organization of our CHWP is summarized in **Table 1** below.

Table 1: Organization of our CHWP

Section	This Section Includes Our:	Page #s	Symbol
Getting Ready to Plan	<ul style="list-style-type: none"> Planning History: a timeline and summary of our past and existing planning work to ensure that the CWHP is connected and speaks to T̓ideldel’s other plans. Community Engagement and Communications Strategy and Process: a summary of our process Vision, Principles, Directions, Strategies and Methods and Tools for engagement, communication, and information sharing during our CHWP process. We also summarize our engagement process, timeline, tools and methods. 	12-16 17-21	
Our Current Situation	<ul style="list-style-type: none"> Community Profile: an inventory of key community health and wellness facts that provide a baseline of information to compare where we are at now with where we are at in the future. Current Situation: an analysis of where we are at now, considering our strengths, challenges and opportunities. 	23-24 25-30	
Our CHWP Vision Framework	<ul style="list-style-type: none"> Vision Framework: describes our future vision for our community’s health and wellness. It consists of a Vision statement, 8 Principles, 7 Goals, 15 Calls to Action (Strategies), and 26 priority Actions. 	32-46	
Putting our CHWP into Action	<ul style="list-style-type: none"> Implementation: How we will put our Vision Framework into action, decide who is going to do what, when and how, and what responsibilities are needed to carry out the sequencing of our priority Actions and activities. We also describe next steps for tracking and evaluating the impact of our Actions. 	48-56	



Berry picking is important to our culture. During Dan Chiz (Autumn), we collect berries, including saskatoon, strawberry, raspberry, and huckleberry. Traditionally, we would dry the berries and trade them with other communities. This was hard work but worth it as part of preparation for Xi (Winter). Now we usually freeze them. Today, changes in weather patterns and logging impact where our berries grow. Still, we continue to harvest them every year with our children and grandchildren.

“When a baby girl is born, her umbilical cord is placed under a berry bush so that she will become a good berry picker.”



Getting Ready to Plan





CELEBRATING OUR PLANNING HISTORY

Overview

Tâideldel has a long history of planning. Acknowledging our past community planning history is about honouring and celebrating past knowledge and understanding and carrying this important work forward.

Our plans are important because they provide context to the current planning work being done in Tâideldel and important insight into values, themes, and priorities that Tâideldel's community members have identified. Community health connects to many aspects of community life including economic development, housing, and safety, for example.

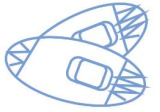
The following 12 plans were reviewed (see **Figure 11**):

1. Multi-Year Health Work Plan Transitional Funding Model
2. Alexis Creek First Nation Comprehensive Community Plan (CCP)
3. Alexis Creek First Nation Strategic Plan
4. Alexis Creek Indian Band Land Use Plan
5. Implementing our Housing Policy
6. Alexis Creek Indian Band (Tâideldel) Comprehensive Community Plan (CCP) Phase 3
7. Alexis First Nation Emergency Plan
8. Alexis Creek/ Tâideldel First Nation Strategic Plan
9. Tâideldel's Little Cubs' House
10. Tâideldel Economic Development Strategy
11. Alexis Creek Community Safety Plan
12. Tâideldel First Nation Communicable Disease Emergencies Preparedness Plan

The purpose of the plan review was to ensure that the health planning process builds upon past and existing planning work, and to make sure that the CHWP is connected and speaks to Tâideldel's other plans.

As seen in the Tâideldel Planning History Timeline (**Figure 11**), we have developed several plans that contain a wealth of information. Over 20 plans that have been completed by Tâideldel since 1994. Of these, 12 contain information relevant to the current health planning process. These plans were reviewed and analyzed for connections to the CHWP. The themes contained in these plans and connection to our CHWP are summarized in **Table 2** and in **Appendix 1**.





Planning History Timeline

Over the last decade, T̓sidedel has completed several important planning processes and plans, highlighted in Figure 11.

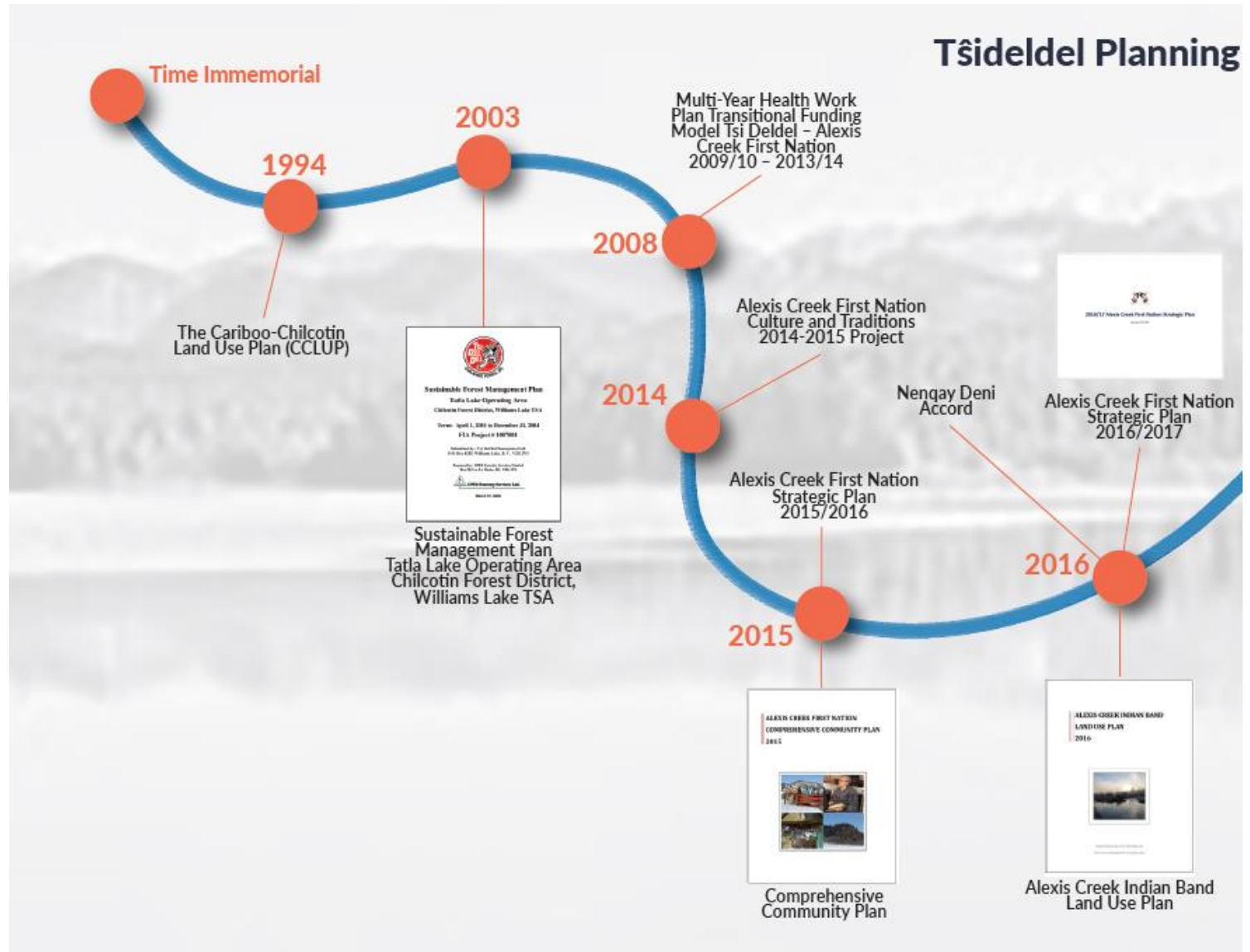
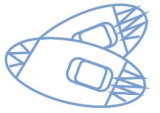
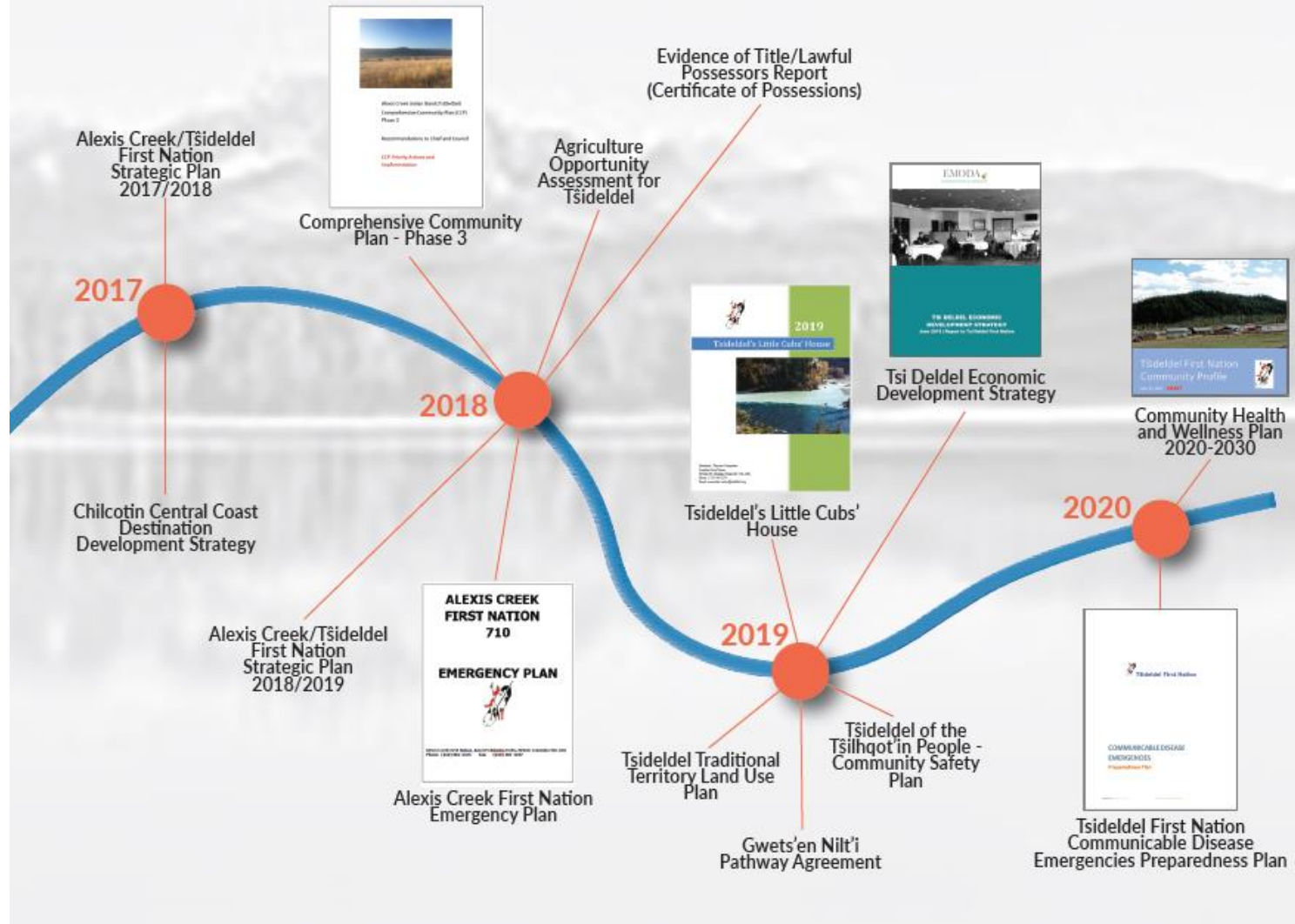


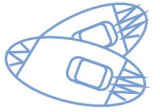
Figure 11: T̓sidedel Planning History Timeline





History Timeline





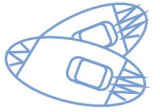
Key Priorities

The plan review outlined several priorities needs, including goals, strategies and actions related to health. These are summarized in **Table 2** below, organized by our health and wellness thematic areas. These priorities were reviewed by members and staff, along with the many new ideas shared during the CHWP process. Many of the priorities listed below have been addressed, while others have remained part of our revised set of 10-year CHWP priorities.

Table 2: Key Priority Actions

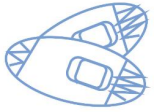
Thematic Area	Key Priorities	
Social	<ul style="list-style-type: none"> ✓ Address family violence ✓ Walk and run program ✓ Diabetes programming ✓ Prenatal care ✓ Guidelines for emergency preparedness and response, management, organizational procedures 	<ul style="list-style-type: none"> ✓ Youth mentorship ✓ Family and community events ✓ Presenting to community and leadership on health activities, accomplishments, issues ✓ Drug and alcohol programs and services ✓ Community safety programming ✓ Expanding Elders' program and support
Physical	<ul style="list-style-type: none"> ✓ Addressing chronic illness ✓ Increasing access to fitness and recreation ✓ Holistic primary care 	<ul style="list-style-type: none"> ✓ Health disease and disease prevention ✓ Recreational opportunities ✓ Access to traditional foods
Mental and Emotional	<ul style="list-style-type: none"> ✓ Incorporating traditional healing practices ✓ Increasing understanding and awareness of mental health issues ✓ Addressing addiction and mental health connection 	<ul style="list-style-type: none"> ✓ Teaching and mentorship on mental health and addictions, parenting skills ✓ Addressing multiple safety issues ✓ Programming for mental health counselling
Community Infrastructure, Land, and Natural Environment	<ul style="list-style-type: none"> ✓ Safe drinking water and security of water sources ✓ Establishing community gardening/ agriculture ✓ Emergency preparedness ✓ Greater access to recreational facilities ✓ Accommodation for professional service staff ✓ Pedestrian friendly roads 	<ul style="list-style-type: none"> ✓ Ambulance/ emergency vehicle ✓ Elder's care home ✓ Women's shelter ✓ Addressing housing issues ✓ Community gardening program ✓ Community healing / gathering space





Thematic Area	Key Priorities	
Education, Employment and Economy	<ul style="list-style-type: none"> ✓ Increasing employment and training opportunities ✓ Human resource policies and financial management support for health services ✓ Employing home care and recreation workers 	<ul style="list-style-type: none"> ✓ Training in trauma ✓ Health-based workshops (healthy living, parenting, anger management, etc.) ✓ Holistic early learning for children.
Health and Community Governance	<ul style="list-style-type: none"> ✓ Services for critical care emergencies ✓ Strengthening health records / information systems ✓ Health promotion and hospital support services. ✓ Child development services ✓ Health prevention and management programs ✓ Expansion for medical transfer services ✓ Health Manager ✓ Working with partners on public health promotion, hospital support services, and referrals 	<ul style="list-style-type: none"> ✓ Nurse practitioner ✓ Improved access to dental and vision care ✓ Doctor ✓ Physio-therapy services ✓ Hiring traditional healer ✓ Justice Coordinator ✓ Addressing chronic illness prevention ✓ Community health planning ✓ Emergency services
Cultural and Spiritual	<ul style="list-style-type: none"> ✓ Asking Elders for guidance ✓ Building on opportunities for Youth to connect to language, culture, and values, and learn from Elders ✓ Teaching women to hunt ✓ Expanding the daycare and Head Start program 	<ul style="list-style-type: none"> ✓ Incorporating Tshilqot'in language, culture, and traditional medicine ✓ Women's mentorship ✓ Youth culture camp





COMMUNITY ENGAGEMENT & COMMUNICATIONS

Introduction

We began our CHWP process by reflecting on what works well and doesn't work well in our community when it comes to engagement and communication. We launched the CHWP process by asking staff and community members how they wanted to be engaged and communicated with. The results shaped our Engagement and Communications Strategy, which is summarized in **Figure 12** on the next page and detailed in our full ***Community Engagement and Communications Strategy*** (separate document).

The Engagement and Communications Strategy summarizes our process Vision, Principles, Directions, Strategies and Methods and Tools for engagement, communication, and information sharing, and encouraging our members to participate in sharing, learning, and setting out a strong vision for our health and wellness.

Overall, our Engagement and Communications Strategy prioritized building safety and trust in the process through clear communication, providing good information in a timely manner, and providing opportunities for members to give consent. We also emphasized choice and providing a variety of communication tools and engagement opportunities, as well as integrating planning into existing activities. We aimed to empower members, particularly our Youth, and honour our Elders and Knowledge Keepers. By implementing our Strategy, not only did we keep our members informed, they also decided and validated values, needs, and priorities for our health and wellness.

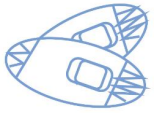
“Actually being on the land and being in community is so tangible”

– Youth



“Continued traditional teachings and support to members and economic opportunities” – Community Member





Community Engagement & Communications Process Framework

Our Community Engagement Strategy (Figure 12) captures our Vision for the CHWP process, Principles that guided our engagement and communication, Directions and Strategies that we focused on during our CHWP process, and community members' preferred methods and tools for successful engagement.

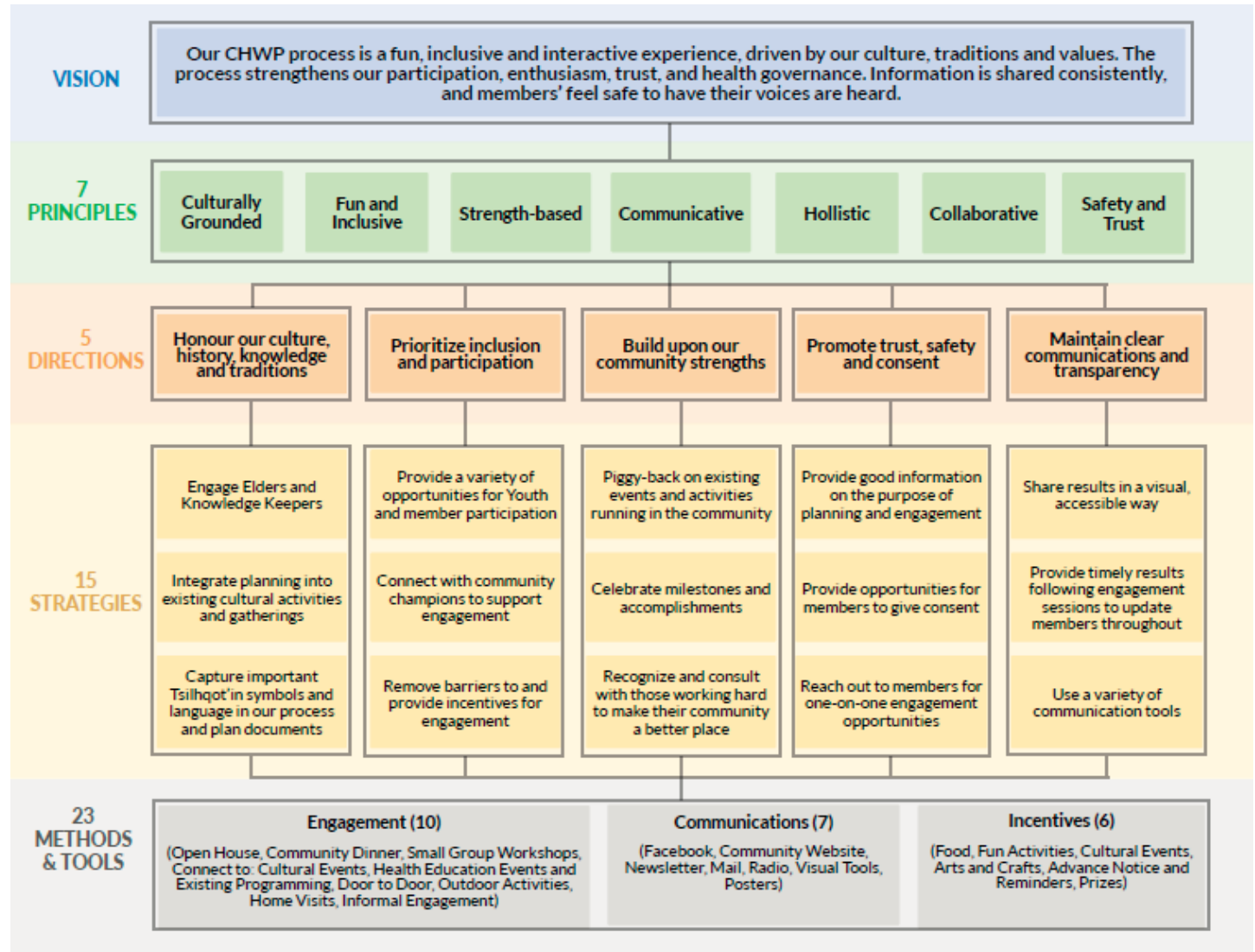
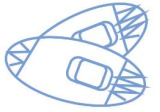


Figure 12: Engagement & Communications Process Framework





“I am very interested in using our traditional language in working with people who struggle through different life events and situations.” – Community Member



“When youth have someone that believes in them, it makes a huge difference.” – Community Member

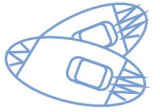


“Children growing up with no trauma, language and cultural revitalization” – Community Member



“Need for a male therapist and mentors for the teenage boys. Supporting our young men to become warriors.” – Community Member





ENGAGEMENT TOOLS AND TECHNIQUES

Members told us they wanted a variety of engagement methods, tools and techniques to be used to ensure member engagement. Methods and tools included workshops, newsletters, posters, handouts, and presentation. These are shown in **Figure 13**.



Figure 13: Community Engagement Tools and Techniques



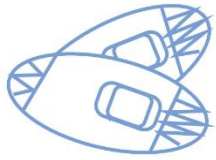
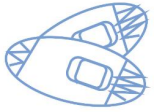


ENGAGEMENT EVENTS
 Community members, Chief and Council and Staff had the opportunity to share their knowledge and thoughts at **9** Community Gatherings, **55+** Meetings and Reviews, **37** Interviews and **3** Events and Activities delivered in community and via Zoom. See **Figure 14**.



Figure 14: Community Engagement Events and Activities



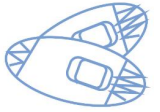


Our Current Situation

In Xi (Winter), we focused on trapping including beaver, muskrat, rabbit, coyote, wolves, squirrels, gray foxes, and mink. These animals used to be abundant. Our ancestors would wait until the young animals had grown up and stored fat. We never over-trapped or over-hunted. And we used all parts of the animal. For example, we would put the meat above stove to keep the drippings. We used to make pelts to sell.

“We have a story about a child that was eating and laughing so much that the food fell out of their mouth. The family told her not to waste the food but she didn’t listen. When the family left their village site, they left her behind. It took her days to find them. She was taught a harsh lesson on how to preserve, appreciate and share food.”





COMMUNITY PROFILE

Introduction

As part of understanding “where we are now,” we compiled a Community Profile which includes current information about social determinants of health including our natural environment, governance, economy, social and historical situation, and cultural traditions (see **Figure 15**). A Community Profile is an inventory of key community facts that provide baseline information to compare where we are now with where we are at some point in the future. By establishing a baseline, we can measure our progress and the outcomes of our planning process. In addition, knowledge gathered in a Community Profile can help inform our decision making along our CHWP journey. The information included in this report is a brief summary. See our full **Community Profile** (separate document) for more detailed information.



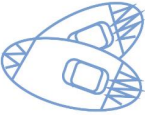
Figure 15: Organization of Profile

Methodology

We are creating the profile in a collaborative way using the information gathered through interviews, document review, and existing data collection methods of health and band staff.

- **Interviews with Knowledge Holders:** 22 health and T̓sideldel band office staff participated in phone interviews and shared a wealth of information that is included in the profile. Through reflection and storytelling, these knowledge holders shared information on our culture, history, lands, needs, resources, cultural sites, and more.
- **Document Review:** We reviewed a range of reports and online government databases (e.g. Statistics Canada, Indigenous Services Canada) for relevant data. Much of this data requires comparison and validation by other sources.
- **Existing Data Collected:** Health and T̓sideldel staff shared data collected through their programming, including health data tracked through Mustimuhw.





T̓sideldel First Nation Health at a Glance

Figure 16 below illustrates key health related data collected during interviews, document review, online research, and from health data records. This graphic also shows the interrelated nature of health, and how many factors affect our physical and mental health and wellness.

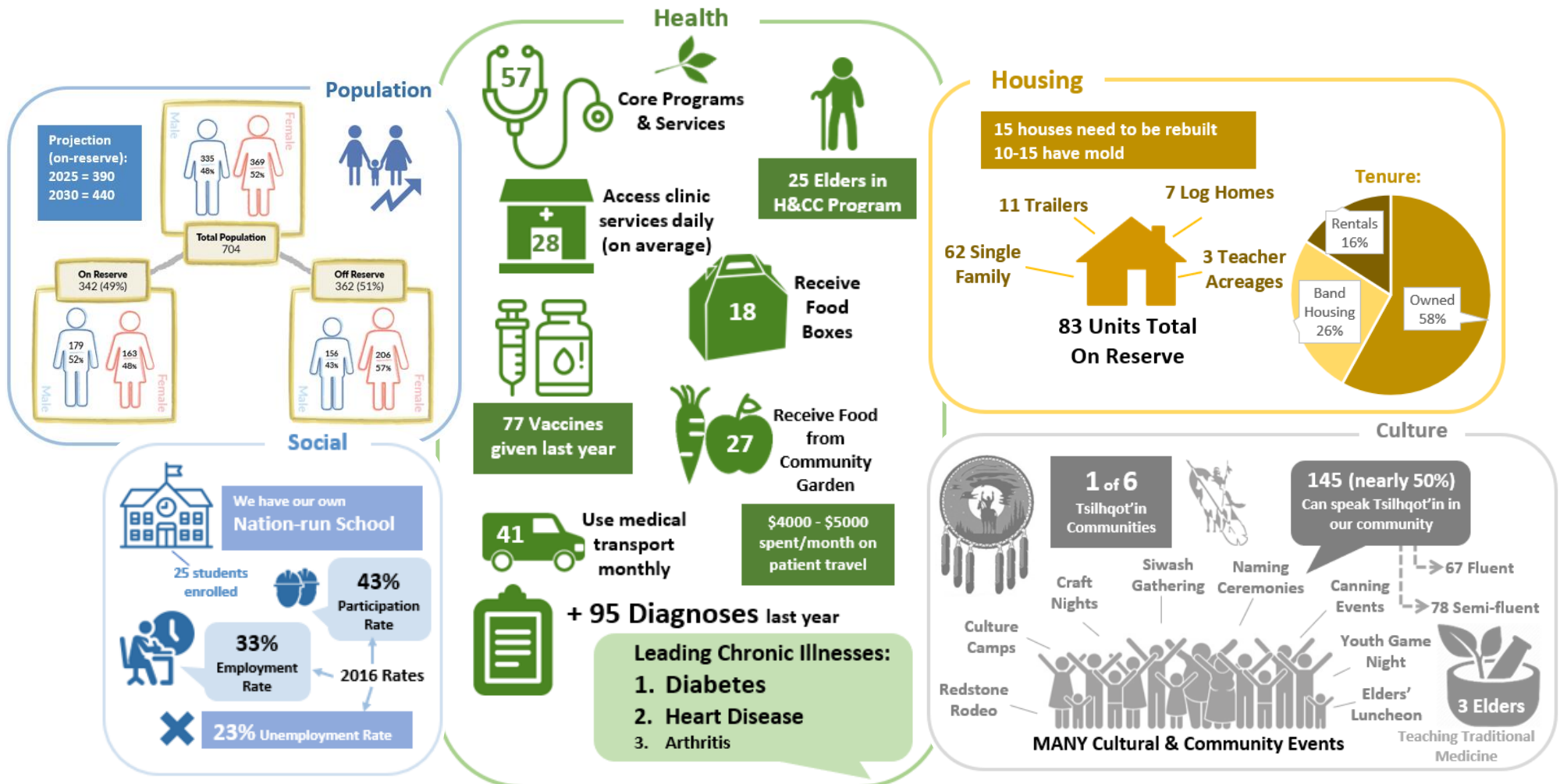
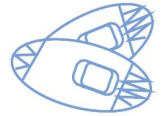


Figure 16: Infographic Health Summary





CURRENT SITUATION

Introduction

Our Current Situation is an analysis of where we are now, considering the strengths, challenges and opportunities relating to our health and wellness. This analysis, together with our Community Profile, helped us define and prioritize our CHWP Vision Framework. Our Current Situation was completed based on a review of our Community Profile, interviews with staff, and input from community members through our engagement process.

Our analysis is based on community input gathered throughout the last year. As we work towards implementing our Vision, we draw on our strengths to overcome challenges and capture opportunities. We also work on addressing our challenges as part of our Vision and take advantage of our opportunities to help overcome our challenges and build on our strengths.



“Gathering helps in terms of attachment and feeling isolated-social engagement and health through eye contact, for example, and making traditional arts together”
- Community member





Community Pillars of Health and Wellness

Our members shared that health and wellness has different meanings and is interconnected with many parts of their lives and the community. **Figure 17** describes what health and wellness means to our members. The outer ring describes the various areas (Pillars) of health and wellness that are important in our community. Many of these pillars are connected, for example being out on the land helps our members cultural wellbeing, as well as physical, mental, emotional and social wellbeing.

Our members shared many teachings that we should honor as we work towards our vision for health and wellness in the community. These emerging values and principles guide our decisions about health and wellness in the community and are summarized in **the inner ring** and further detailed in **our Vision Framework**.

The inner ring represents all the distinct community groups that are part of our health and wellness journey and have unique health and wellness needs. This includes our **children and Youth, Elders, and adults**. It also includes our **Nation** and community **staff** including health, administration, social, housing school, and other staff that each have a connection to our community's health. Our health staff are an important group who are both staff and members of our community. Our **leadership** also has an important role in our health and offer a strategic and long-term planning perspectives.



Figure 17: Health and Wellness Pillars





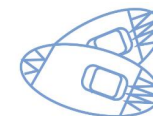
Summary of Strengths, Challenges and Opportunities

Figure 18 summarizes our key strengths and challenges organized by our Health Pillars. A more detailed listing and summary is provided in **Appendix 2**.

Strengths	<ul style="list-style-type: none"> • Safety planning • Consistency • Seasonal activities • Elders, women and Youth leaders • Off-reserve supports • Family programs 	<ul style="list-style-type: none"> • Physical health programs • Fishing, hunting • Traditional foods and medicines 	<ul style="list-style-type: none"> • Mental health programs • Family and social networks • Strong community members • Unity and resilience • Cultural teachings 	<ul style="list-style-type: none"> • Our land and land-based activities • Community gathering spaces • Pride • Better access to clean water 	<ul style="list-style-type: none"> • Health education • Innovation • Members returning home with skills • School programs • Youth role models 	<ul style="list-style-type: none"> • Staff • Community engagement • Variety of programs • Visionary team • Professional services • Proactive and adaptable 	<ul style="list-style-type: none"> • Connection to culture • Traditional practices • Language • Cultural gatherings • Land • Elders and Knowledge Keepers
	Social	Physical	Mental and Emotional	Community Infrastructure, Land and Natural Environment	Education, Employment and Economy	Health and Community Governance	Cultural and Spiritual
Challenges	<ul style="list-style-type: none"> • Racism and inequality • Lack of Youth resources • Bullying • Isolation due to Covid-19 • Limited family supports • Children in foster care 	<ul style="list-style-type: none"> • Chronic illness, diabetes, and obesity • Limited access to food • Lack of recreation spaces 	<ul style="list-style-type: none"> • Members struggling • Lack of supports • Alcoholism and substance use • Violence • Isolation 	<ul style="list-style-type: none"> • Traffic safety • Lack of housing • Wildlife threatened • Clean water concerns • Youth not getting out on the land 	<ul style="list-style-type: none"> • Poverty • Lack of access to training and employment 	<ul style="list-style-type: none"> • Staff capacity • Professional services • Barriers to access services • Emergency response • Lack of FNHA support 	<ul style="list-style-type: none"> • Loss of cultural knowledge • Inclusion of Elders • Lack of cultural gathering space

Figure 18: Our Health and Wellness Strengths and Challenges





Based on Strengths and Challenges, we have identified the following **Opportunities** by our Health Pillars, summarized in **Figure 19**. A more detailed summary is provided in **Appendix 2**.

Social	<ul style="list-style-type: none"> • Sharing cultural teachings related to families and parenting • Promoting early intervention for substance use and addictions • Offering opportunities for more social connection • Expanding programming and service provision for Elders
Physical	<ul style="list-style-type: none"> • Continuing our land-based practices and activities • Health education and promotion for preventing and managing chronic illness • Increasing access to affordable, healthy, and traditional foods and medicines
Mental and Emotional	<ul style="list-style-type: none"> • Prioritizing culturally appropriate services • Honouring role models in our community • Taking direction from our members to build safety
Community Infrastructure, Land, and Natural Environment	<ul style="list-style-type: none"> • Building new gathering spaces in our community • Ensuring adequate high-quality housing • Coordinating between different departments and working strategically with partners
Education, Employment and Economy	<ul style="list-style-type: none"> • Supporting education and career development opportunities for Youth • Supporting training and mentorship in health
Health and Community Governance	<ul style="list-style-type: none"> • Understanding and addressing barriers to access • Building relationships and trust with our members • Using appropriate information management systems • Implementing policies to support the privacy, confidentiality, and safety of our members
Cultural and Spiritual	<ul style="list-style-type: none"> • Providing cultural and land-based healing • Intergenerational learning opportunities • Supporting traditions, teachings, ceremonies, and values related to health and wellness

Figure 19: Our Health and Wellness Opportunities





Youth Health and Wellness

Our Youth inspire us to keep moving forward together and we understand that involving Youth in planning for our health and wellness is essential. Our Youth reflected on their unique strengths and the specific challenges they face and shared these with the Planning Team. The strengths, challenges and opportunities they shared are organized by our Health and Wellness Pillars in **Figure 20**, **Figure 21** and **Figure 22** below.

Health and Wellness Pillar Legend

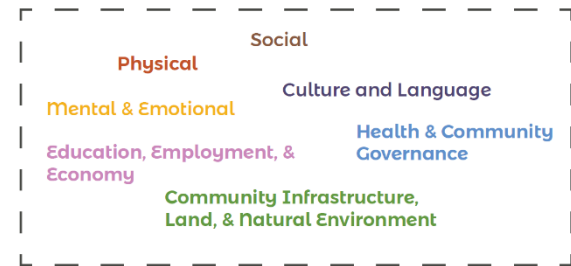


Figure 20: Youth Community Strengths



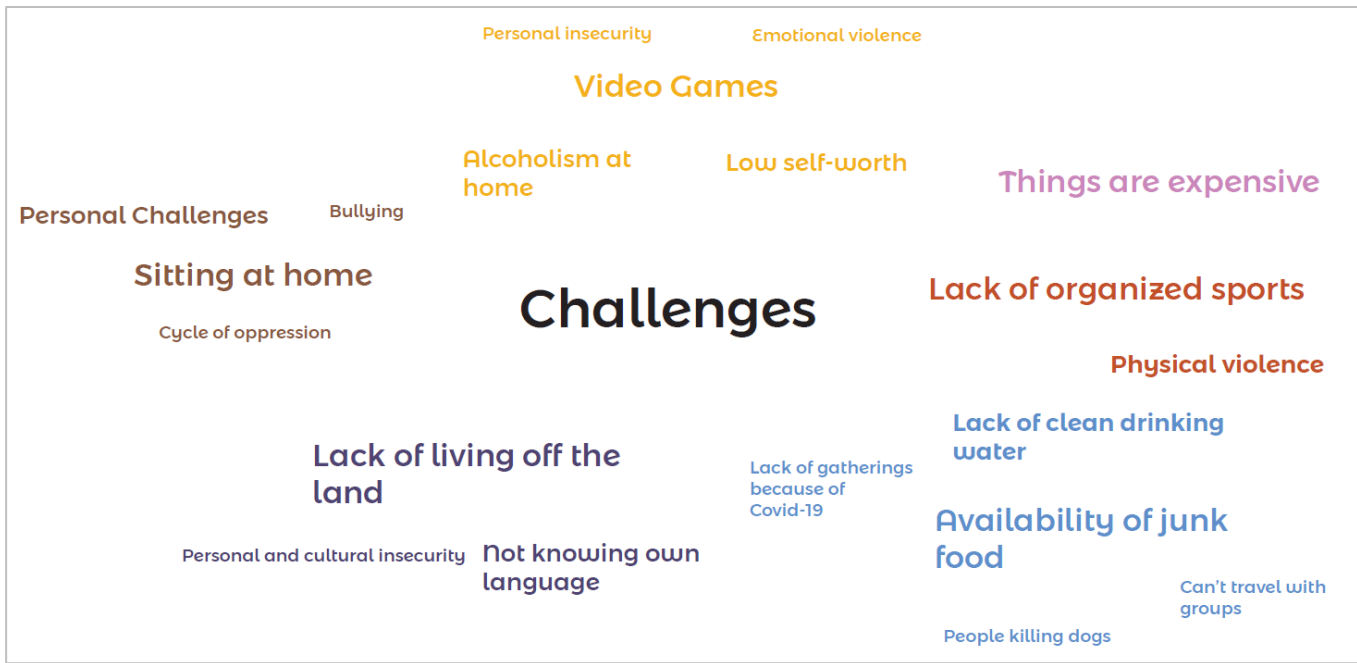


Figure 21: Youth Community Challenges



Figure 22: Youth Community Opportunities



During ʔeghultsen (Spring), we host a baby welcoming ceremony. Elders welcome and honour the baby with juniper. The mother is gifted moccasins and a feather. We pass the baby around the circle, praying for them. And we decide and agree on the name of the child. This is a significant moment in the child's life, as it begins their journey learning from Elders our traditional and cultural ways.

“As a child grows older, Elders will teach them discipline and mentor them.”



Our Vision Framework





VISION FRAMEWORK

We developed a shared understanding of our history and current situation by reviewing our past plans, developing a Community Profile, engaging community members, and completing a Current Situation. Based on this understanding of we discussed our vision for our future health and wellness. Our Vision Framework describes our vision for the future for health and wellness and how we will get there. This consists of a **Vision Statement**, a set of **8 Guiding Principles**, **7 Goals**, **15 Calls to Action (Strategies)**, and **26 Actions**. Our Outcomes & Results are the desired change we hope to achieve with regards to health and wellness. These are described in our implementation section, as well as how we need to organize and mobilize our resources for successful implementation. **Figure 23** summarizes our Vision Framework.

8. **Community Profile:** Inventory of key community and health facts that provide baseline information to compare where we are now with where we are at some point in the future.
9. **Current Situation:** Analysis of where we are now on our journey to health and wellness, considering strengths, challenges, needs and opportunities.
10. **Vision Statement:** Summary of where we are going. Describes the long-term desired change our community wants to see.
11. **Principles:** Flow from our vision and capture our core values and cultural beliefs that guide decision making.
12. **Goals:** High level statements that describe what we will focus on to build on our strengths and address our challenges and needs.
13. **Strategies:** Calls to action that describe how we are going to achieve our Goals and inform our key Actions and next steps.
14. **Actions:** Specific initiatives (projects, plans, programs, human resources, infrastructure, events, and training) that will bring our Goals to life.



Figure 23: Outline of Vision Framework





Figure 24 shows the details of our vision Framework.

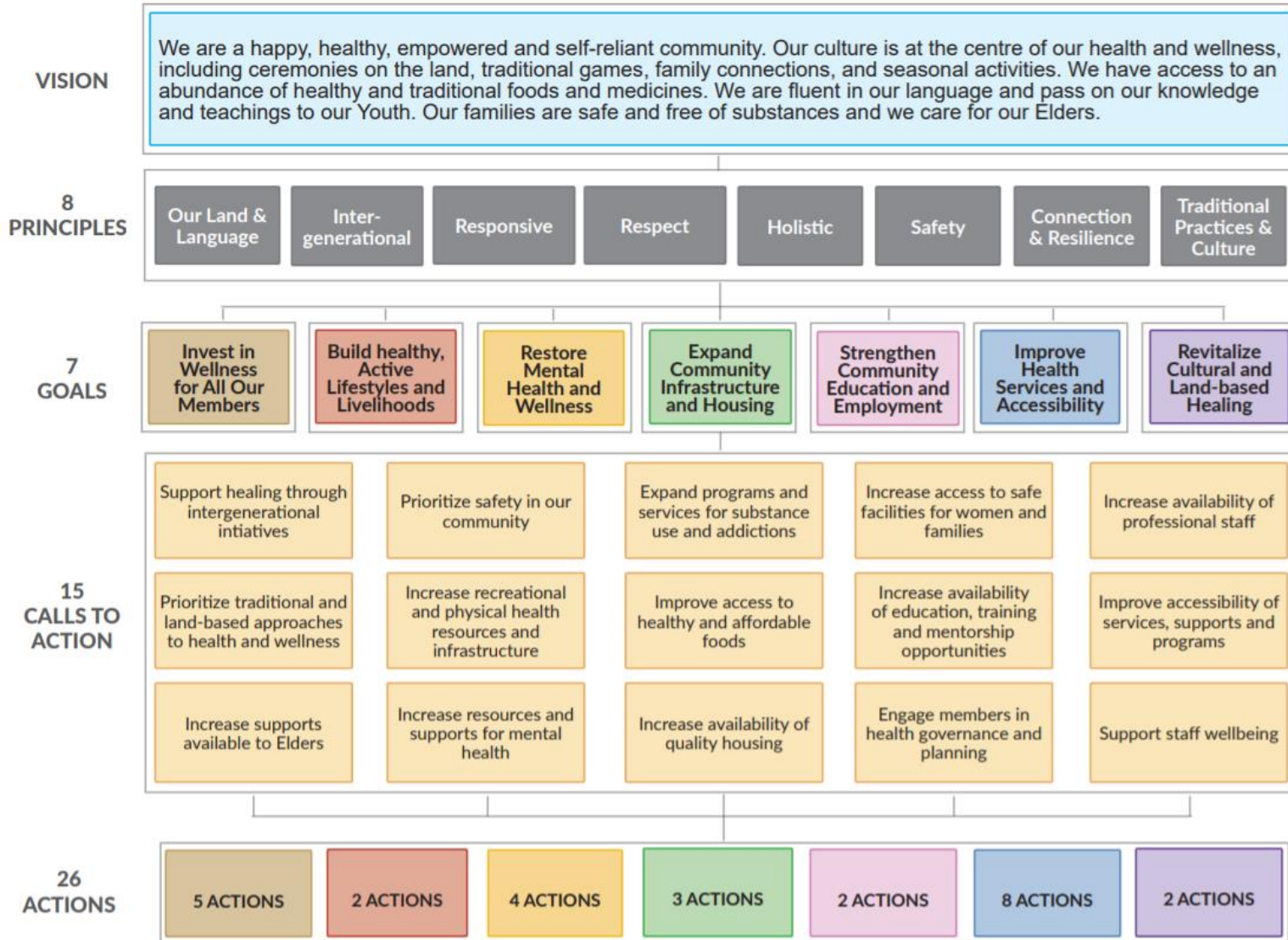


Figure 24: Vision Framework





Vision

Our Vision Statement describes our long-term desired change. Our Vision summarizes where we are going on our journey to community health. Our Vision considers the desired changes that our community wants to see based on our current situation.

Members wrote their visions for T'sideldel's health and wellness on a Vision Fish. **The Planning Team received over 100 vision fish!** Figure 25 summarizes the 10 key themes that emerged from the Vision Fish exercise as well as our Vision Statement.

“In our belief in mental, emotional, physical and spiritual tie in together and we can support every piece of that.”

– Community Member



We are a happy, healthy, empowered and self-reliant community. Our culture is at the centre of our health and wellness, including ceremonies on the land, traditional games, family connections, and seasonal activities. We have access to an abundance of healthy and traditional foods and medicines. We are fluent in our language and pass on our knowledge and teachings to our Youth. Our families are safe and free of substances and we care for our Elders.



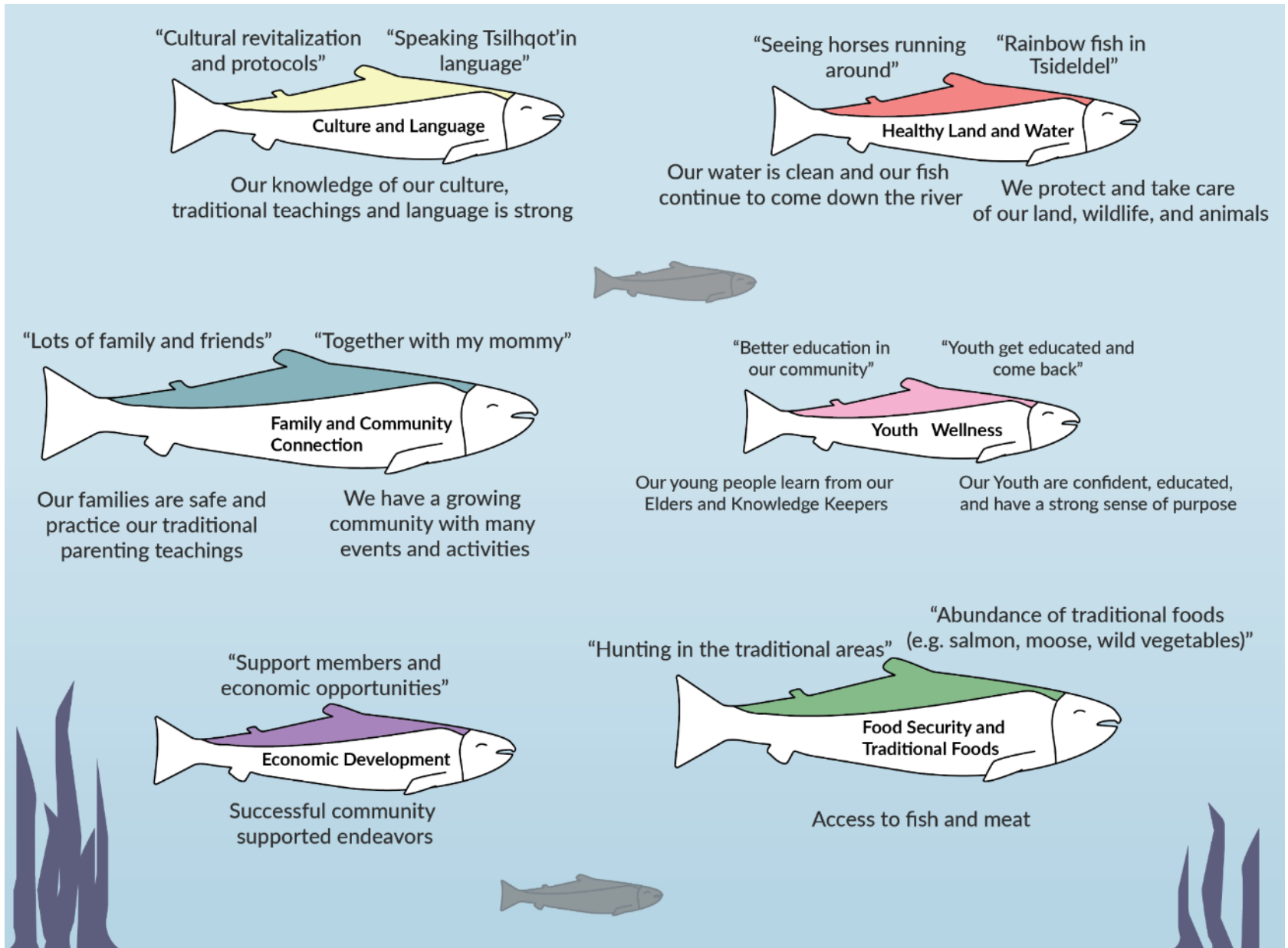


Figure 25:
Tsideldel
Vision for
Health &
Wellness





“Community empowerment” “Independent and strong members”



We move forward with ambition and determination to create a healthy, positive environment

“Tsilhqot’in Culture is strong” “Continued traditional teachings”



We honour our protocols and teach these to the next generation

“Dip netting and drying salmon at Siwash, Henny’s Crossing, and Chilko Lake” “Outdoors and fishing, camping, salmon”



We practice our ceremonies on the land

“Living a healthy life, drug and alcohol free” “Everyone owns a house”



Holistically healthy lifestyles We are not only surviving but thriving





Principles

Our Principles describe the core values and cultural beliefs that will guide our decision making related to health and wellness. Our members shared many teachings and values that we should honor as we plan for and decisions about health and wellness in the community.

Our Principles are described in **Table 3** on the following page.



“Balance diet based on protein, vegetables, and less carbs taught to members.” – Community Member



“Abundance of traditional foods (e.g., salmon, moose, wild vegetables).” – Community Member



“We enjoy every season- there is value in every season. We needs those elements throughout the whole year.” – Community Member

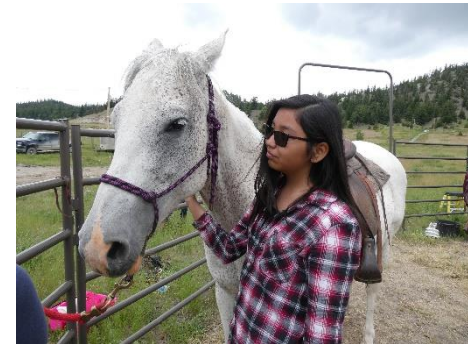




Table 3: Descriptions of Our Principles

Principles	Description
Our Land and Language	<i>Our connection to our language and our land are vital for our health and wellness. Our land is our home and the seasons ground us and guide us. Being on the land and water is healing and we have many sacred sites and important activities and practices on the land help us live well.</i>
Inter-generational	<i>We approach health and wellness with a view that we need to consider and connect with all generations. We work to build strong families and establish supportive connections with our children and Youth. We also take care of our Elders and honour our ancestors.</i>
Responsive	<i>We listen to and are responsive to our community members' needs. We advocate for those who need our support and work to find creative solutions to our health issues. We are responsive to crisis as well as building resilience and capacity in the long term.</i>
Respect	<i>We are respectful of the traditional protocols and knowledge that guide our approach to health. We are also respectful of each other. Each person in our community is on their own health and wellness journey, with their own personal views and practices.</i>
Holistic	<i>All aspects of community health and wellness are interconnected. We consider our hearts, mind, body, and spirit and take a holistic approach to supporting health and wellness.</i>
Safety	<i>We work together as a community to build a safe environment for our community members, including the most vulnerable members of our community. Safety also requires our own justice and holding our members accountable for their actions.</i>
Connection and Resilience	<i>Our connection to and care for each other is what makes us strong and builds our resilience. It is important that we care for ourselves to care for each other, act with kindness, and spend time together and gather in a good way.</i>
Traditional Practices and Culture	<i>We honour our traditional protocols and cultural and spiritual knowledge. Starting with your children, we model our teachings and tell them where we have been and our history. Listening to and learning from our Elders is an important way of sharing our knowledge and values and keeping our identity strong.</i>





Goals

Our Goals are high level statements about what we will focus on to strengthen our health and wellness, based on our Situational Assessment. Our Goals represent what we value and our shared understanding of what is needed to achieve our health and wellness Vision. Community members shared many Goals for Community Health & Wellness with the planning team. We brought together these great ideas and asked members to vote on their top Goals. Our 7 Goals are based on members' priorities and align with our Health & Wellness Pillars (Figure 26). Our Goals were translated into Tsilhqot'in (Figure 27). Our Goals are described in Table 4 on the following page.



Figure 26: Our CHWP Goals



Figure 27: Our CHWP Goals in Tsilhqot'in





Table 4: Descriptions of Our Goals

Goal 1 Invest in the unique wellness and safety needs of all our members	Our members have unique health, wellness and safety strengths and needs, influenced by where they are in their life cycle. We recognize the importance of investing in diverse wellness opportunities for Children, Youth, Elders, Women, Men, and Families. This includes opportunities to strengthen family and inter-generational connections, improving programming for Children and Youth, planning holistically for community safety, and ensuring that Men and Women have access to activities that support physical, mental, emotional, and spiritual wellness.
Goal 2 Build physical, healthy, and active lifestyles	Our health and wellness are deeply rooted in our connection to the land. This includes hunting, fishing, riding horses, harvesting medicines, and eating traditional foods. Our ability to address challenges such as diabetes, obesity and various chronic illnesses is closely tied to our ability to continue our land-based practices and activities.
Goal 3 Strengthen mental health and wellness	Our mental health and wellness are rooted in many interrelated parts: our family and social support, our health system and resources, our connection to land and culture, and our living conditions. Our mental health concerns are also connected to addictions and violence in our community. This Goal encompasses our priorities related to protecting our Children and Youth and planning for quality, culturally appropriate services to address our mental health and wellness challenges. This Goal is also closely connected to our priorities related to cultural and land-based healing, safety, and building active and healthy lifestyles.
Goal 4 Expand community infrastructure and housing	Our health, safety and physical well-being are supported by community infrastructure and housing. We are particularly excited about the new gathering spaces in our community and our new ice rink. Ensuring adequate high-quality housing is a top priority for members and includes assisting members in maintaining and caring for their homes. A safe recreation space is also a priority for our members as well as improving road and traffic safety. This Goal will particularly require coordination between different departments and additional planning.





Goal 5 Invest in community education and employment	Education and employment are key components of health and wellness. In particular, we want to ensure that our Youth are strong in their cultural knowledge, identity and values, as well as our language. Through our school and health programs we deliver important health and wellness education initiatives and activities to our Children, Youth and Families. Our education and economic development departments also play an important role in supporting education and career development opportunities for Youth, which will contribute to a healthy and vibrant community for generations to come.
Goal 6 Strengthen health services and accessibility	Our new health centre brings an exciting opportunity to improve our program and service delivery and functioning as an organization. This involves increasing our understanding of members' strengths, challenges and needs and reducing barriers to accessing health services. This Goal focuses on strengthening safety, trust, and accountability with our members. It also focuses on improving our use of space, how we manage data and information, and communication and collaboration among staff and other departments.
Goal 7 Revitalize cultural and land-based healing	Our strength as a community and Nation is rooted in our culture and identity. Despite suffering many losses, we continue to practice our traditions, speak our language, and connect to our land. We focus on establishing safe spiritual and cultural gathering spaces, healing activities on the land, and building our relationships and opportunities for learning with Elders and Knowledge Keepers. It is important that we integrate our language and cultural in all aspects of our health and wellness work.

“Our focus is primary care which means other programs aren’t always given the attention and resources they need.” – Health Staff



“We need to follow up with people who aren’t accessing health services and rebuild trust.” – Health Staff





Calls to Action (Strategies)

Our Calls to Action (Strategies) describe how we are going to achieve our Goals and inform our key Actions and next steps (**Figure 28**). Our Calls to Action give clearer direction on the Actions we will undertake to meet our Goals. Our Calls to Action meet multiple Goals, summarized in **Appendix 3**.

Figure 28: Calls to Action (Strategies)



“Language and culture - take it seriously and honour it - participate, traditional dance, regalia.”

– Community Member



“Healthy well-educated children.”

– Community Member





Systems Level Calls to Action

Tsidel's community health and wellness is directly linked to and impacted by regional and provincial health systems and policies. The planning process is way to support community health transformation. By looking at systemic level challenges, priorities and opportunities, we are better able to understand, document, communicate and advocate for systemic level change. Aligning with the First Nation Health Authorities (FNHA) Directives, **Figure 29** summarizes key systems-level priorities and Tsidel's calls to action. Further details can be found in **Appendix 4**.

Directive #1: Community-Driven, Nation-Based	•Improve communications to be proactive and responsive to communities
Directive #2: Increase First Nations Decision-Making and Control	•Increase supports and resources to build local, on-the-ground capacity
Directive #3: Improve Services	•Increase opportunities, resources and support for program and service development
Directive #4: Foster Meaningful Collaboration and Partnership	•Strengthen proactive communication and responsive to communities
Directive #5: Develop Human and Economic Capacity	•Improve accountability and oversight to strengthen clinical services
Directive #6: Be Without Prejudice to First Nations Interests	•Strengthen responsiveness to community needs and priorities
Directive #7: Function at a High Operational Standard	•Increase funding to ensure transfer community wages align with FNHA-funded communities

Figure 29: Systems Level Calls to Action





Actions

Our Actions are the specific initiatives (events, projects, positions, and operational plans) that we will undertake to realize our CHWP Vision and Goals. These Actions fall under our 7 Pillars and are a mix of Projects, Programs and Initiatives, Events, Plans, and Infrastructure. Our 26 Priority Actions are summarized in **Figure 30**. More than 70 Tsidel community members, Elders, Youth, and staff helped to decide on our priority our Health and Wellness actions through discussions, activities, and a questionnaire. This input helped to inform which actions to prioritize in our CHWP. Details on prioritization are summarized in **Appendix 5**. Our priority Actions are summarized in **Appendix 6**. In total we identified 76 Actions, detailed in **Appendix 7**. As we implement, monitor, and evaluate our CHWP, we will continue to review these important ideas.

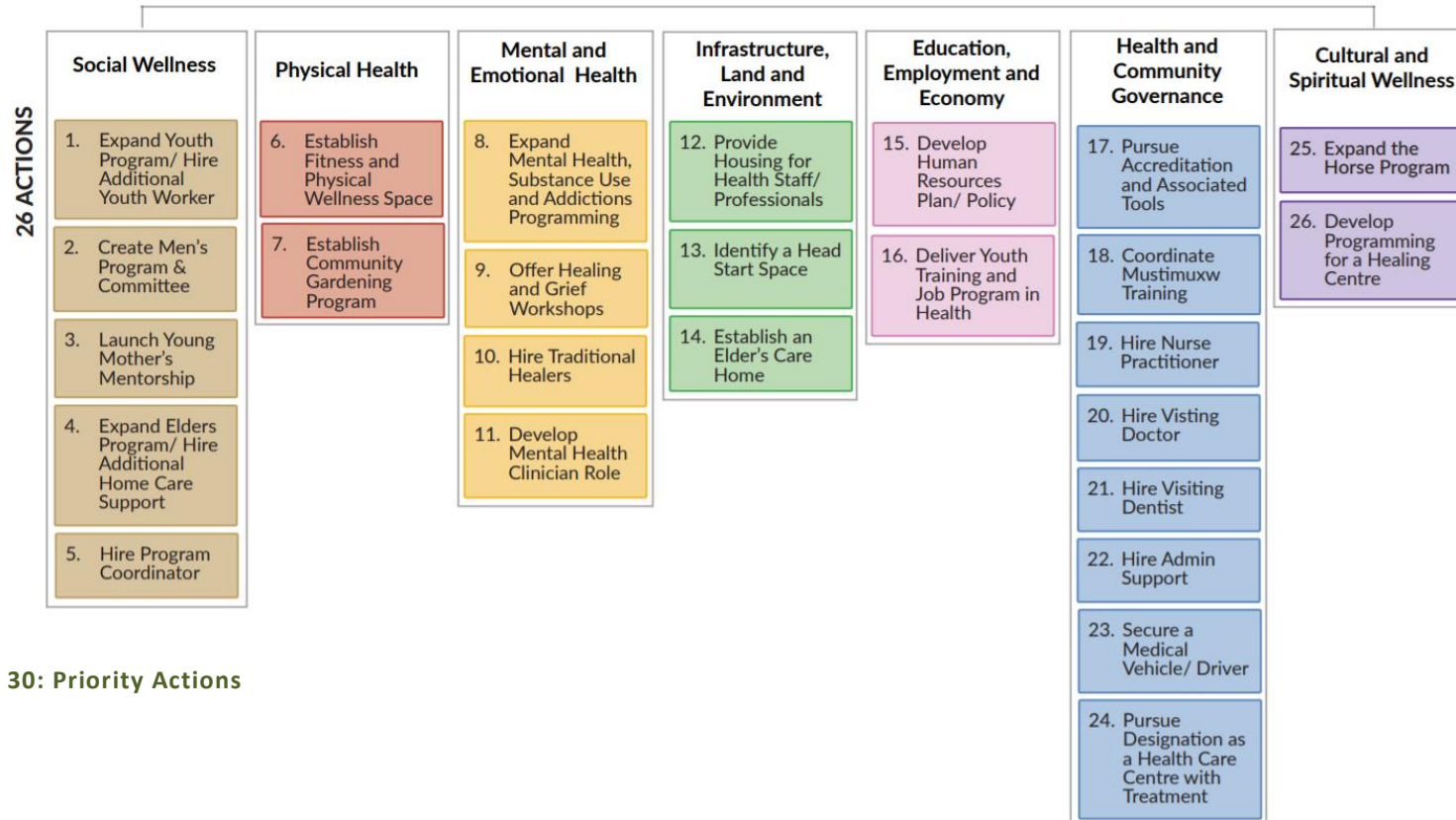


Figure 30: Priority Actions





Youth Priorities

Our Youth also helped us prioritize our actions. Youth were given fake money and asked to where they would invest their money on our community's actions. **Table 5** below shows the results by Health Pillar and the top actions that Youth would invest money in.

Table 5: Youth Priority Actions

Social	Physical	Mental and Emotional	Community Infrastructure, Land and Natural Environment	Education, Employment and Economy	Health and Community Governance	Cultural and Spiritual
1. Big Brother Mentorship Initiative 2. Youth Leadership Program	3. Horse Program 4. Family Meals 5. Gardening Program 6. Recreation/ Sports Programs	7. Traditional Healer 8. Community Vote 9. Mental Health and Wellness Program 10. Substance Use and Addictions Program	11. Housing Support in Williams Lake 12. New Youth Centre 13. Playground 14. Safe House 15. Animal Welfare Program	16. Youth Job Program 17. Youth Training Program 18. Youth Driver's Licenses 19. Parent Engagement Program	20. Hire Doctor and Nurse 21. Community Health Calendar 22. Dentist 23. Medical Van	24. Hunting and Fishing Equipment 25. Tsilhqot'in Language and Culture Program 26. Youth Culture Camp 27. Cultural Library 28. School Seasonal Activities Policy





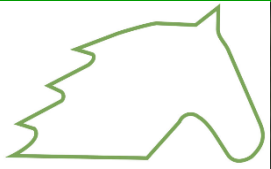
Priority Actions were identified through community and staff validation and prioritization, as well as considering their impact on health governance. Many of our priority Actions will take coordination within the health department and well as between multiple departments such as social and housing.

Table 6 below shows a listing of all 26 Actions and their priority level, from **Critical** (something we cannot do without), to **Important** (needs to happen, but not as urgent as critical) to **Supporting** (needs to get done at some point). This prioritization helps us to identify which Actions to start with and establish priority for implementation.

Table 6: CHWP Action Prioritization

Type	Critical	Important	Supporting
Infrastructure	1. Identify a Head Start Space	8. Secure a Medical Vehicle/ Driver 9. Establish an Elder’s Care Home 10. Provide Housing for Health Staff/ Professionals	
Training	2. Coordinate Mustimuxw Training		16. Deliver Youth Training/ Job Program in Health
Human Resources	3. Hire Nurse Practitioner 4. Hire Admin Support	11. Hire Visiting Doctor 12. Hire Visiting Dentist	17. Develop Mental Health Clinician Role 18. Hire Program Coordinator 19. Hire Traditional Healers
Program/ Initiative	5. Expand Elders Program/ Hire Additional Home Care Support 6. Pursue Accreditation and Associated Tools 7. Develop Human Resources Plan/ Policy	13. Expand Youth Program/ Hire Additional Youth Worker 14. Expand Mental Health, Substance Use and Addictions Programming 15. Establish Fitness and Physical Wellness Space	20. Offer Healing and Grief Workshops 21. Expand the Horse Program 22. Develop Programming for a Healing Centre 23. Establish Community Gardening Program 24. Create Men’s Program & Committee 25. Launch Young Mother’s Mentorship Initiative 26. Pursue Designation as a Health Centre with Treatment





Putting our Plan into Action



In the summer, we travelled by horse (wagon and saddle) to camp, hunt and fish. We enjoyed cooking lots of Bannock, meat and fish. Our time together in the summer is still an opportunity to connect and learn from the generations that came before us. Hunting, gathering, drying, and preserving our food for the winter were lessons learned from our Elders that we pass onto our children.

“When a baby boy was born, our ancestors would place their umbilical cord and hang their baby basket on a deer trail so that they would become good hunters.”





IMPLEMENTATION

Overview of Implementation

Now that we are clear on where we want to go (our 7 Goals, 15 Calls to Action (Strategies) and 26 Actions that state our future direction), the next phase of the CHWP process is converting the Vision Framework into action.

Implementation involves preparing our Chief and Council, staff, and community members to activate the CHWP and all the related parts. Implementation is a time of transition and a process of preparing for change and scaling up how we actively govern our health. It includes deciding who is going to do what, when and how, and what resources are needed to carry out the sequencing of our Action priorities and activities.

Ensuring that the CHWP is activated and followed through on will signal to community members that T̓sideldel leadership and staff value the CHWP as a governance tool and are moving forward with implementation. The community believes that the course of Action identified in our CHWP will bring about the desired change and results. The value of CHWP implementation includes:

- Demonstrating good health governance
- Advocating for our right to decide our own health and wellness priorities
- Showing community members that they are being heard and their ideas are being put into action
- Fulfilling responsibilities and brings more certainty
- Building trust and accountability by keeping the CHWP alive and delivering on priorities
- Ensuring desired change will happen
- Bringing the community together and preparing for future generations
- Reducing negative impacts to our community members and culture
- Actively using the CHWP to keep members updated and engaged





Successful Implementation

Implementation will likely involve health staff doing things in a different way. Important to acknowledge is that the CHWP Actions might include additional workloads for leadership and staff and will require extra human resources, funding and project management capacity to deliver on the Vision that our community members have identified. See **Figure 31** for a summary of tips and success factors. Expectations are high and delivering results in a timely way requires that we plan for implementation in a strategic and realistic way.

Successful implementation of the CHWP will depend on many things:

- Staff and leadership buy-in
- Use of the CHWP on a daily basis (e.g. to guide operations)
- Individual or team designated to lead the implementation
- Leadership values CHWP in decision-making
- Shared understanding of roles and responsibilities
- Current workloads and availability of time and people
- Skills and abilities of project champions
- Capacity, time, and resources to implement actions, including project planning
- Level of additional or external support
- Adequate funding and resources
- Successful partnerships and collaboration internally and externally

IMPLEMENTATION TIPS AND SUCCESS FACTORS

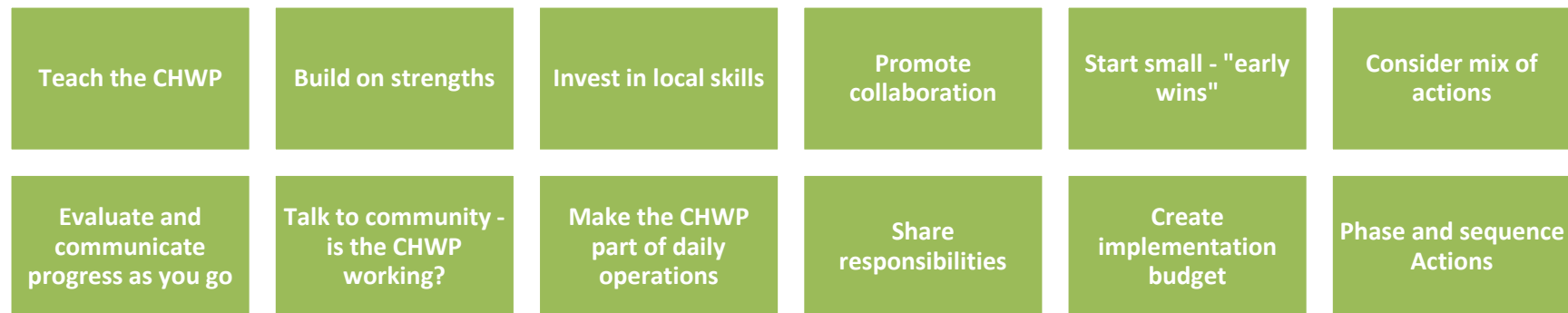


Figure 31: Implementation Tips and Success Factors





Implementation Challenges

Preparing to implement our CHWP requires a lot of resources, effort and time. Projects require sequencing, juggling, and adequate human and financial resources to carry out project planning and implementation cycles. Thinking about implementation challenges and potential strategies ahead of time can minimize delay, disruption or disappointment. Some example challenges, strategies, and opportunities to address them are presented in **Table 7** below:

Table 7: Implementation Challenges, Strategies and Opportunities

Challenges	Strategies	
CHWP not understood or valued	<ul style="list-style-type: none"> • Work on understanding and awareness • Teach the Health Plan 	<ul style="list-style-type: none"> • Keep members informed, communicate, and celebrate successes
Lack of CHWP ownership/ buy-in from staff and community	<ul style="list-style-type: none"> • Start small, scale up gradually • Secure community approval of Health Plan 	<ul style="list-style-type: none"> • Report back to the community on challenges • Demonstrate results
Unrealistic community expectations	<ul style="list-style-type: none"> • Develop communications strategy 	<ul style="list-style-type: none"> • Make the plan visible (e.g., posters, newsletters, social media)
Too much work to do	<ul style="list-style-type: none"> • Build on community strengths • Create work plans and establish priorities 	<ul style="list-style-type: none"> • Hire enough staff, provide training
Underestimation of capacity and effort	<ul style="list-style-type: none"> • Increase skills to implement • Form partnerships and alliances for support 	<ul style="list-style-type: none"> • Collaboration, cooperation, and learning • Work together, build capacity
Limited or lack of ongoing funding	<ul style="list-style-type: none"> • Seek funds, fundraising 	
No one takes responsibility to implement and the CHWP sits on a shelf	<ul style="list-style-type: none"> • Strengthen organization structures • Share of roles and responsibilities • Commit resources (time, people, budget) 	<ul style="list-style-type: none"> • Hire/ identify implementation champions for specific Actions • Succession planning, training, and professional development to fill in staffing gaps
Leadership disruptions and staff turnovers	<ul style="list-style-type: none"> • Get community buy-in and involvement in decision-making 	<ul style="list-style-type: none"> • Get commitment from leadership
Lack of coordination	<ul style="list-style-type: none"> • Establish implementation working group 	
Not sure if implementation is working	<ul style="list-style-type: none"> • Dedicate time and resources to monitoring and evaluation 	<ul style="list-style-type: none"> • Decide process and timelines for Health Plan review and update





Implementation Support Tools

Implementation supports and tools can assist in moving our CHWP forward in a targeted and strategic way (See **Figure 32**). Examples include:

1. Designating or hiring an Implementation lead or Team Committee
2. Developing an implementation work plan and communications strategy
3. Adjusting how staff and administration works together and creating new tools
4. Conducting a participatory budgeting process
5. Creating a funding strategy
6. Hiring a proposal writer
7. Hosting regular health planning meetings
8. Adding implementation roles and responsibilities to each staff member's job description
9. Monitoring and evaluating how well our CHWP is working
10. Having a process to review and change our CHWP with the community as required



“Hearing from people that they appreciate the gatherings- women’s wellness weekends and cultural wellness.” – Community Member



“Our kids futures...programs for families. Its nice to see families coming out and doing it. We listen to what the community wants and provide it.” – Community Member



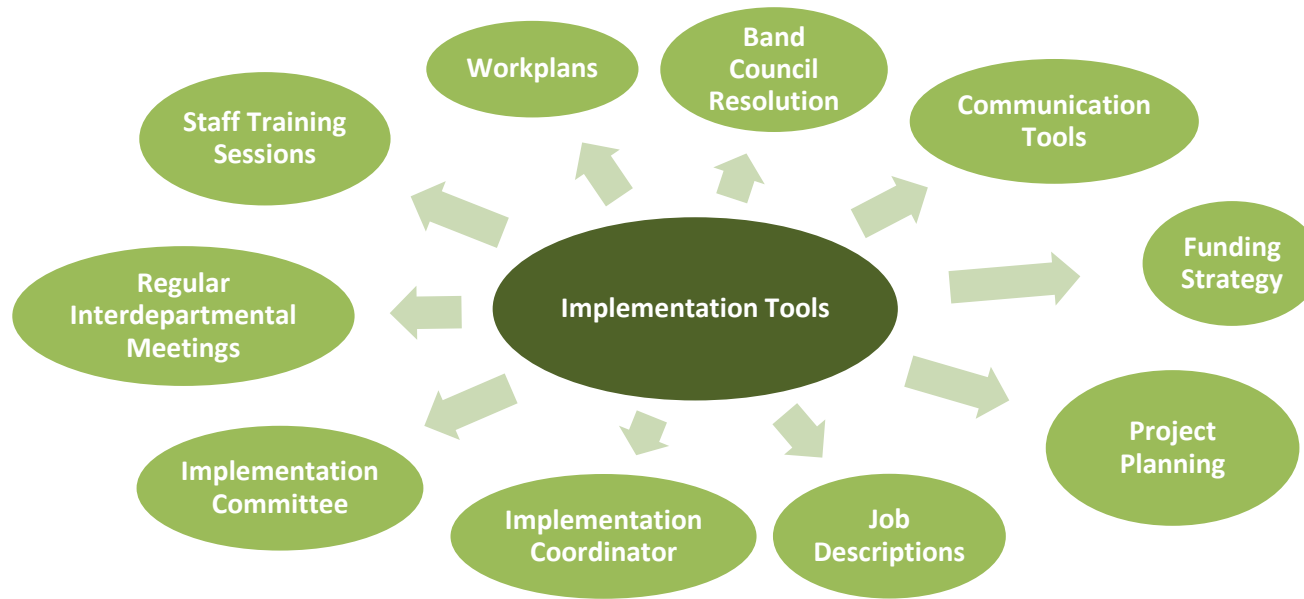


Figure 32: Implementation Tools



“There is so much strength in this community.” – Staff Member





Implementation Timeline

Our implementation timeline, summarized in **Table 8**, provides an initial estimate for when each of our 26 Priority Actions may be completed between 2021 and 2031. Timelines are key to organizing Actions when implementing our CHWP, as they provide a guideline as to which Actions will happen when. This helps us to organize and manage our Actions in a strategic way and to ensure what we take on over a certain time span is manageable, realistic in scope and aligned with our priorities.

Most of our Actions occur over a five-year timeline. We anticipate reviewing, reflecting on, and revising our priorities annually and undertaking a detailed analysis and re-prioritization at our half-way point in five years.

Table 8: CHWP Implementation Timeline

#	List of Actions	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
1	Offer Healing and Grief Workshops										
2	Develop Mental Health Clinician Role										
3	Identify a Head Start Space										
5	Coordinate Mustimuxw Training										
6	Hire Nurse Practitioner										
8	Expand Mental Health, Substance Use and Addictions Programming										
4	Deliver Youth Training and Job Program in Health										
7	Hire Visiting Doctor										
9	Expand the Horse Program										
10	Create Men’s Program & Committee										
11	Hire Program Coordinator										
19	Expand Elders Program/ Hire Additional Home Care Support										
13	Hire Visiting Dentist										
14	Hire Admin Support										
15	Secure a Medical Vehicle/ Driver										
16	Develop Human Resources Plan/ Policy										
17	Launch Young Mother’s Mentorship										





#	List of Actions	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
18	Pursue designation as a Health Centre with Treatment										
19	Expand Youth Program/ Hire Additional Youth Worker										
20	Establish Fitness and Physical Wellness Space										
21	Provide Housing for Health Staff/ Professionals										
22	Develop Programming for a Healing Centre										
23	Establish Community Gardening Program										
24	Hire Traditional Healers										
25	Pursue Accreditation and Associated Tools										
26	Establish an Elder’s Care Home										

“Language gives a sense of purpose, without language and culture we have nothing.” – Community Member



“Living well is means being respectful regardless of differences.”
– Community Member





Implementation Work Plan

Having an Implementation Work Plan is key to organizing our implementation process as it provides a guide for organizing tasks and tracking progress. The Implementation Work Plan below is a template for organizing key tasks and activities associated with implementing the CHWP, as well as who is responsible for completing each task, and completion dates for each task. The following work plan, described in **Table 9** is an initial high-level start with Critical and Important Actions to be reviewed and expanded upon in the next stage of our CHWP process.

Table 9: Implementation Work Plan

Priority Action	Activities	Responsibility	Target Completion
1. Offer Healing and Grief Workshops	•		
2. Develop Mental Health Clinician Role	•		
3. Identify a Head Start Space	•		
4. Deliver Youth Training and Job Program in Health	•		
5. Coordinate Mustimuxw Training	•		
6. Hire Nurse Practitioner	•		
7. Hire Visiting Doctor	•		
8. Expand Mental Health, Substance Use and Addictions Programming	•		
9. Expand the Horse Program	•		
10. Create Men’s Program & Committee	•		
11. Hire Program Coordinator	•		
11. Provide Housing for Health Staff/ Professionals	•		
12. Hire Visiting Dentist	•		
13. Hire Admin Support	•		
14. Secure a Medical Vehicle/ Driver	•		





Priority Action	Activities	Responsibility	Target Completion
15. Develop Human Resources Plan/ Policy	•		
16. Launch Young Mother’s Mentorship	•		
17. Expand Youth Program/ Hire Additional Youth Worker	•		
18. Expand Elders Program/ Hire Additional Home Care Support	•		
19. Establish Fitness and Physical Wellness Space	•		
20. Develop Programming for a Healing Centre	•		
21. Establish Community Gardening Program	•		
22. Hire Traditional Healers	•		
23. Establish an Elder’s Care Home	•		
24. Pursue Accreditation and Associated Tools	•		
25. Offer Healing and Grief Workshops	•		
26. Pursue Designation as a Health Centre with Treatment	•		



“Live a healthy life without alcohol – drugs. Good education - I wish I went to school.” - Elder





MONITORING & EVALUATION

Introduction to M&E

Our community has a long tradition of observing and learning. We will build on our knowledge of our health governance by monitoring and evaluating (M&E) our CHWP.

As we implement our CHWP, we will want to assess whether it is doing what we hoped it would. Are we getting the results we wanted? Are we getting closer to reaching our Vision? We will also want to understand the impact our CHWP is having on strengthening our overall health governance system, as well as the impact of our projects, programs, and policies.

Designing our own M&E system gives us the opportunity to make sure that we are measuring the things that matter most to us.

M&E supports us to:

- Fulfill our CHWP Vision and determine if we are meeting our Goals and Strategies
- Reflect on our results and gain motivation to continue planning and learning
- Increase our accountability and trust by sharing information with community members on what we are doing and the decisions we are making
- Keep our CHWP alive by adapting it as we go
- Strengthen data governance and control over information about our health to inform our decision making
- Take back control and increase empowerment and self-determination
- Learn what is and is not working well by tracking progress in an ongoing way
- Use resources wisely and make informed decisions

Setting up our M&E system involves:

- ✓ Deciding what success looks like
- ✓ Choosing what is important to observe and measure
- ✓ Collecting information on impacts and outcomes
- ✓ Making observations
- ✓ Thinking and learning
- ✓ Making decisions and adapting Actions based on those decisions
- ✓ Changing our CHWP as needed



We will need to keep track of what Actions we complete, and ideally understand the impact of our Actions. We want to be able to track, document and celebrate the change based on our Vision, Principles, Goals and Calls to Action (Strategies). Our CHWP is an important governance tool that can strengthen our self-determination.

Stages of M&E

Monitoring is the first stage of the M&E process. During this stage, we need to collect information and track results. In order to undertake monitoring, we will need to:

1. Define what we are going to monitor
2. Decide the indicators we will use
3. Collect information
4. Determine an evaluation method
5. Record and store the information

Evaluation is the second stage of M&E. During this stage, we review all the information collected during the monitoring process to decide if we are getting the results and outcomes we wanted from a particular Action. With this information, we can make decisions about what is working and what we need to change in our CHWP.

There are several different levels to monitor and evaluate our CHWP. For example, we might start by tracking how, when and why the CHWP is being used by community members, staff and Chief and Council. We can also monitor different levels of our CHWP Vision Framework, such as our Vision, Principles, Goals, Strategies or Actions depending on where we decide to focus our time and resources.

“In search of a way to heal from all the damage that has been done to our culture and our people”
– Community Member



“A place where everyone embraces their culture. We are more connected with the land and each other. Nation gatherings are bringing people together. There are more healing ceremonies.” – Youth



Types of M&E

Compliance monitoring is the process of tracking if we have done what we said we would do (e.g. how many of our Actions have been completed over time). Our CHWP identifies 26 Priority Actions. Compliance monitoring would enable us to track if our Priority Actions have been implemented within our planned timeframe.

Compliance monitoring supports us to:

- ✓ Manage the implementation of our CHWP
- ✓ Stay accountable to what we committed to do
- ✓ Keep track of what is being accomplished
- ✓ Report back on what progress we have made

A sample tracking tool is summarized in **Table 10**. It involves checking to see if an Action was completed, why or why not, when it was completed, and other observations.

Table 10: Monitoring Tools

Action	Responsibility	Completed? Yes/ No	Why or Why Not?	Date	Notes

Impact monitoring supports us to track the impact, or big picture effects, of what we are doing or have completed. Based on the level at which we choose to evaluate our CHWP, we also need to develop indicators to measure how something is changing. As we continue to build a plan for M&E, we may decide to track the impact at the Principles, Calls to Action (strategies) or Actions levels.



M&E Plan

M&E Work Plan

One of the ways to avoid common challenges associated with M&E is to develop a M&E Plan. For example, our Health staff may feel they have too much work to do and not enough time, capacity, or resources for M&E, making the process seem like an additional burden. Although M&E can be complex and requires a commitment of time and resources, it is crucial to the success of our CHWP and should not be overlooked. A M&E Plan describes what success looks like, what is important to observe and measure, and how we will adapt our Actions based on our observations and measurements, and communicate results.

M&E is more manageable when broken down into steps. The following eight steps can be used to launch a **M&E Plan**:

1. Agree on why M&E are important
2. Agree on what level of our CHWP we will evaluate
3. Decide on indicators that will be tracked
4. Make a plan for gathering information on each indicator
5. Identify baseline data and set targets for each indicator
6. Gather data
7. Analyze and evaluate data
8. Communicate results



“Outdoor on the land community space to teach cultural activities with smokehouse” – Community Member



M&E WORK PLAN

A M&E Work Plan describes the information needed to measure each indicator we have chosen to track in our M&E Plan. It details our information needs (e.g. what we are counting), our information gathering method for each indicator (how we will get the information we need), by who (establish who is responsible for tracking each component), where information will be stored, and how often information will be collected (e.g. yearly, weekly, daily, etc.).

The information gathering and analysis methods we choose will be partly determined by the human and financial resources we have available. In addition, the more indicators we track, the more time and resources will be needed for M&E. An M&E plan and tools will be developed during the next planning phase in 2021/2022.

“We have to move to stay healthy.”
– Community Member



“Healthy living is to be mentally strong and self-care”
– Health Staff



“Logging and interfering with our land is causing our berries not to grow.” – Community Member



SAMPLE INDICATORS FOR OUR CHWP

Table 11 includes the indicators by Goal/ Pillar that we collected from our members and staff. These include what we might track, notice, hear and see happening in the community to demonstrate that we are achieving our Goals. As part of the next stage of our planning process, we will explore how we might track and measure these indicators.

Table 11: Sample Indicators by Goal

Goals	List of Indicators
Goal 1: Invest in the unique wellness and safety needs of all our members	Increase in men accessing mental health and wellness supports Increase in Elder's living independently Increase in sheds full of wood in preparation for winter
Goal 2: Build physical, healthy, and active lifestyles	Increase in access to healthy and affordable food Increase in members joining in hunting and fishing expeditions Increase in Youth attending after-school programming
Goal 3: Strengthen mental health and wellness	Decrease in people using alcohol and drugs Increase in members participating/ volunteering in cultural and community events
Goal 4: Expand community infrastructure and housing	Increase in safe and accessible recreation facilities Increase in quality housing available for members and staff
Goal 5: Invest in community education and employment	Increase in opportunities for Youth to learn about and plan for future careers in health Decrease in people on social assistance Increase in health-related educational and outreach activities
Goal 6: Strengthen health services and accessibility	Increase in members accessing services at the health clinic Increase in responsiveness of FNHA to community needs Increase in health specialists available at the clinic
Goal 7: Revitalize cultural and land-based healing	Increase in traditional ceremonies Increase in activities for Youth to learn from Elders Increase in opportunities for Youth to learn about Tsilqot'in culture and language



“We need to come back and have our own laws.” – Community Leader



“Before going fishing, you have to prepare the tools.” – Community Member



“We had to dry enough meat to last us the winter. We had to preserve the food.” – Elder



“Our culture is in our DNA. We need to trust ourselves to carry out the teachings we were taught.”
– Community Member



“We are starting to see people come in that we don’t usually see.” – Health Staff



CONCLUSION

As we continue our journey towards increased health governance, our CHWP is a powerful tool in managing our health and wellness and informing our service delivering. Our CHWP positions us to assert our needs and revitalize our cultural practices related to health.

Since April 2020, we have had multiple gatherings as a community to explore our priorities related to health and wellness. We are grateful to the 129 individuals that participated in multiple planning events and engagement opportunities. Our community-based CHWP process and the level of community involvement are testimonies to the strength and commitment of T̓ideldel members, as well as staff and Chief and Council who participated in the process.

Our CHWP is grounded in and framed around our seasonal activities and includes important T̓ideldel stories, teachings, and language. By attaching cultural meaning to the CHWP process, we hope to make it more accessible and culturally respectful for our members. Our CHWP process included a review of our historical planning and research on our current situation with regards to health and wellness and various social determinants of health. We assembled a planning history summary and community health profile. Our assessment of our current strengths and challenges helped us identify key opportunities for strengthening our health and wellness, building on our long history and traditions of taking care of our community members.

We identified a Vision Statement and set of Principles to guide how we will improve our health and wellness, as well as a set of Goals and Strategies. We reviewed our health governance system and considered potential strategies for strengthening our health management. We gathered many ideas for Actions (human resources, programs, infrastructure, and plans) based on our current situation, all of which had implications for our health and wellness. Community members reviewed and prioritized these Actions.

The final CHWP summarizes community and Youth priorities related to each of our pillars of health and wellness: **Social, Physical, Mental and Emotional, Infrastructure, Land and Natural Environment, Education, Employment and Economy, Health and Community Governance, and Culture and Language.**

Planning is followed by implementation, and both processes require continual updating and integration with current and future plans. We explored how we will put our CHWP into action and tools for tracking and evaluating the results, impacts and outcomes of our CHWP. We tried to be realistic by mapping out our 26 priority Actions over a 5-year timeline, as these cannot all occur at once. We anticipate reviewing, reflecting on, and revising our priorities annually and undertaking a detailed analysis and re-prioritization at our half-way point in five years.



Keeping our CHWP Alive

Our CHWP plan is a helpful guiding tool for our community, but we need to ensure that we have the tools and mechanism, informed by our members, to implement the plan. Our members were instrumental in building our CHWP. The plan is ‘by T̓sidel̓del, for T̓sidel̓del’ and we want to continue our inclusive approach to community determination of our health and wellness. Our members are experts in their own health and wellness needs, priorities and opportunities and we are excited to continue to work alongside members to implement our CHWP.

We recently received funding from the First Nation’s Public Service Secretariat, which will support us to build capacity and tools to implement the priority strategies and actions in our CHWP.

This will include our CHWP implementation workplan, work planning for our priority Actions, job descriptions, and a CHWP communication strategy.

This Project will start in October 2021 and will support us to build capacity, mechanisms and tools to support the activation of our plan, in a way that honors and involves our members.

Our CHWP is a living document. The results of our M&E will help us identify opportunities to adapt and change our CHWP based on what is working and not working well. As circumstances change (e.g. Covid-19 gathering restrictions), the plan may need to be revised to respond to the context, priorities and needs of our community.



“I do beadwork. I bead in the morning- it helps me relax, its my therapy and gives me balance.”

–Community Member



