To advocate for Syilx control and management of their health, programs and services
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Acknowledgements

On behalf of the Okanagan Nation Chiefs Executive Council and the Okanagan Nation Wellness Committee, I want to acknowledge our seven member bands for their Vision guiding this Syilx Health Plan to successful completion. I would also like to recognize the commitment of time, work, in-kind contributions and technical support.

We will continue to seek the support of our member bands to ensure that their input and direction is captured accurately and that it is consistent with our Nationwide initiatives.

The Health Plan will bring us closer to realizing our collective goal to assert, control, manage and deliver Health Programs and Services for Syilx people.

Lim'limpt.

Pauline Terbasket
Executive Director, Okanagan Nation Alliance
Executive Summary

The Chiefs Executive Council (CEC) members of the Okanagan Nation Alliance (ONA) are deeply concerned about the persistent health gaps and inequities facing their communities. Despite severely limited resources, the CEC in 2007 mandated staff to seek funding for the development of a Health Plan for the Syilx People. First Nation Inuit Health provided funding through a National funding program called the Aboriginal Health Transition Fund (AHTF) from the Integration “envelope.” The AHTF Integration Envelope supports improved coordination and integration between provincially funded health systems and federally funded systems in First Nations communities.

Working in partnership, the well established, long standing ONA Wellness Committee, the communities and the Community Health Analyst conducted a wide-ranging “environmental scan” of the ONA health environment. The environmental scan incorporated a review of previous reports and covered the preceding seven years. The environmental scan also included numerous community consultations, focus group sessions and surveys; an in-depth analysis of key local, regional, provincial and federal documents; the development of extensive community profiles; and a number of strategic planning sessions.

The findings from this wealth of information confirmed that there were serious health challenges. Further, a review of previous documents indicated that these health challenges had been virtually constant over time. This review provided conclusive evidence that, among many other issues, the most pressing health concerns continued to be alcohol and drug addiction, mental wellness, a wide spectrum of chronic diseases such as diabetes and heart disease, infant/neonatal and maternal health, deficits in dental care and a disproportionate number of suicide attempts. A review of the information through a Social Determinants of Health lens reinforced these findings and also revealed that housing, unemployment, low income levels, food security, poverty, children and family services, and transportation all contributed to the poor health status of Syilx people.

The ONA has developed an ACTION PLAN that will ensure that the Nation continues to move forward on projects already underway and explores funding opportunities so that they can begin to address all identified priorities. The Okanagan Nation Alliance will continue to coordinate regional activities and support local initiatives of the Bands to enhance current health services.

ONA ACTION PLAN (see Section Four of main document and Appendix B)
Addressing Current Health Priorities

1. Explore the potential for more effective and efficient use of existing resources between the seven (7) member communities and the Okanagan Nation Alliance.

2. Develop Nationwide initiatives to address Addictions (alcohol and drugs) and Mental Wellness. Explore model’s that would ensure the cultural safety component is addressed along with the need for individual, community and nation healing. The model should incorporate interagency groups to plan and implement the necessary partnership initiatives. See logic model in Appendix C.

3. Develop a Regional Wellness Program to address Chronic Disease Management (culturally & evidence based) by encouraging healthy lifestyles and become a resource for all seven (7) bands. The regional service delivery could be titled c’aw’c’ sawt (Delphine Derrickson, Okanagan community Based Focus Group, January 2010) meaning clean body, mind and spirit in the Okanagan language.

4. Build and sustain key relationships with regional (Interior Health), provincial (Ministry of Health & First Nations Health Council) and federal partners (Health Canada) to improve access to health services, promote cultural safety and build upon resources. A recent initiative to educate Interior Health staff on Okanagan culture is currently being implemented.

5. Address issues underlying HIV/AIDS as a priority; link with the Okanagan Aboriginal Aids Society, Chee Mamuk and the BC Center for Disease Control (BCCDC) for regional activities and services.

6. Partner with the Canadian Red Cross and offer RespectED: Violence and Abuse Prevention Training such as “Walking the Prevention Circle” training to all seven (7) Bands. Two of the seven communities have had initial training which has resulted in increased awareness. This training acknowledges the history, challenges and strengths of Aboriginal individuals and communities, while exploring issues related to abuse, neglect and interpersonal violence. Developing Nation initiatives would include a community development process.
Developing Frameworks

7. Work on a reciprocal Accountability Framework which involves a signed Letter of Understanding (LOU) with Interior Health to define relationships, communication protocols, operations (health plan), and reporting (Information Management System & data sharing agreement).

8. Continue to develop a Health Governance Framework via a community driven process that supports the aspirations of Syilx People, the Transformative Change Accord (TCA) - a First Nation Health Plan (Appendix D) which collaborates with the First Nation Health Council. This process will build capacity and ultimately impact on a First Nation Health delivery service at the community, regional and national levels.

9. Develop early childhood development initiatives and strategies within the Nation that assist in building capacity for early intervention services.

Strengthening Partnerships/Linkages

10. Continue to move forward on developing a Letter of Understanding (LOU) with Interior Health to safeguard the inherent rights to quality healthcare and services for the Syilx People. An LOU will establish co-decision making venues where a climate of safety and an attitude of mutual respect can exist. The Community Engagement Hubs could replace the AHWAC process for a more diverse and collaborative approach, with both urban and on-reserve representation.

11. Ensure that there is Okanagan Nation representation at all Interior Health policy and program development activities directly affecting the Okanagan Nations populations.

12. Explore ways to enhance systems and strengthening linkages with partners in Housing, Education, Economic Development, Child and Family Services that address Social Determinants of Health (poverty, employment and income levels on reserves) are necessary to address the structural inequalities.

Identifying Future Nation Health Priorities for Action

13. Revisit and review the specific recommendations arising from the ONA Report on the “Pathways to Health and Healing Report” (refer to page 50 of our report and Appendix E). Move forward on the priorities that have been identified in this report.
14. Based on the findings of the environmental scan, the Okanagan/Syilx Peoples are now moving forward with the Nation health priorities for urgent and specific action over the next 5 years. The Wellness Committee will be asked to:

- Develop, implement and assess a specific action plan to address the identified key Nation health priorities

**Strengthening the role of ONA in supporting the Health of the Syilx Peoples**

15. Ensure that the ONA Health office has sustainable and appropriate resources, through the requisite funding and staff, to act as a focal community health resource, support and advocate for its partners.

16. Ensure that the ONA and the member Bands are strongly positioned to secure future program funding for health challenges facing their communities.

Health planning is not a “one-time” activity. It is rather a series of steps ranging from data gathering, to the laying of a foundation, through data analysis, mapping directions for programs and services, implementing specific action plans and strategies, and then evaluating what has been done. It is also important to note that this is not a linear process. As the community addresses one priority, others may emerge and still others may no longer be of concern. The process is fluid and consequently evolving. The Health Plan should be reviewed annually to ensure that both the ONA and the Bands have agreement and move forward collectively on Health initiatives. This Health plan has laid a strong initial foundation, but it is the first step. More funding is needed to move ahead with subsequent phases of the health planning process. The time for consultation and data-gathering is past. The time for action is now.

However, the ONA has limited dedicated health planning capacity. Any previous planning initiatives have been achieved through the re-allocation of scarce resources, or access to one time funding envelopes. Access to dedicated core funding will enable the ONA to move forward with the next phases of Health planning and implementation for the development of a specific action plan to address some of the Nation’s health challenges identified through the environmental scan, which identified complex health priorities. The next crucial step will be for the ONA to lobby Health Canada and the Province to secure funding and to begin the research and implementation phases.
1.0 Chief Siya (Saskatoon Berry) – Vision & Innovation Perspective

For Syilx people, health is multifaceted, holistic and interconnected. The health of the Syilx people is reflected in the health of the individual, family, community and land. These elements are inseparable and cannot be looked at in isolation. The survival of the Nation as a whole is dependent on the well-being of the individuals, the families, and the community. The reverse is also true. We know that cultural pride, cultural identity and traditional knowledge are important to our individual health and to the health of our families, the community and the land. The long history of colonization has therefore played a major role in the current health of individuals, families and the Nation. This was very evident in the environmental scan.

We have therefore applied our Indigenous “way of knowing” as the framework for this Health Plan.

"COMMUNITY" in Nsyilxcәn (Okanagan) is a word that has the meaning that we are ‘OF ONE SKIN’. The one skin is not referring so much to the idea that we’re biologically related as to the idea that we share something which gives us a covering, a security, a protection – in the same way that our skin, stretched over our blood and bones protects us from dissipating back into our larger selves which is the external world. Your skin holds you together."

*(Sharing One Skin, by Dr. Jeannette Armstrong, 1998)*
1.1 Syilx Cultural Framework

The Syilx people have passed down their cultural way of knowing from one generation to the next, orally through storytelling. When we tell Chaptikwl, “our stories”, we breathe life into the ember that is waiting to come alive again. When we talk about how we are going to reclaim and restore the well-being of our communities, we are breathing life into our words and into our actions and into the people. This is a regenerating experience that creates fluid dynamic movement and begins to address the years of oppression when the colonial governments attempted to silence our stories, literally to strip us of the knowledge of our ancestors.

The Syilx (Okanagan) cultural framework is built on the foundation of Syilx cultural ways of knowing and of being and is drawn from a Chaptikwl called “How Food was Given.” In this story, Kul’nchut’n (creator) visited the Tmixw (including but not limited to the people, animal plants, air and water). Kul’nchut’n (creator) sent Senklip (coyote) to prepare for the future of the Stelsqilxw (people-to-be). Kul’nchut’n told the Tmixw that people were coming. The four (4) Chiefs: Skemxist (Black Bear) Siya (Saskatoon Berry), Spitlem (Bitter Root), Nyxtix (King Salmon) then came together and made a plan for how to feed Stelsqilxw (people to be). The story then tells how the differing perspectives of the four chiefs were brought together to inform the discussion, the problem solving, the decision making and the action plan.

The Chaptikwl illustrates the Enowkinwixw process, the cultural practice or discipline that describes how to plan, solve problems, make decisions, resolve conflicts and/or develop an action plan. It brings people together to dialogue on specific issues. The practice welcomes, encourages and supports the expression of differing perspectives that, at times, may be in opposition to each other. The practice of Enowkinwixw embraces the dynamic tension that emerges and uses it to develop a collective understanding or to shape a shared approach to an issue or concern. This process has been described as a “mind meld” (Okanagan Nation Response Team 2007 Booster Training Session).

Enowkinwixw is a consensus based practice developed on the principles of respect, trust and inclusion. The following principles/actions are embedded within the process.

- Consensus
- Establishment of Common Ground
- Protocols for discussion
- Full participation
Commitment to see the process to its end, regardless of the time involved
Differing perspectives (Siya, Spitlem, Skemxist, Ntyxtix) that have a defined place: Innovators, Traditional, Action, and Relationships
The process is complete when an action and implementation plan incorporating all views is in place.

Differing Perspectives

“How Food was Given” is a teaching that illustrates how the Okanagan/Syilx community can come together and make decisions about how to take care of future generations, especially in relation to their well being. It lends itself very well to providing a framework for, and an understanding of, the four main components of our health plan.

The Four Food Chiefs are described as having the following attributes (please note this list is not meant to be exhaustive.)
1. Chief Siya (Saskatoon Berry) embodies the spirit of creative energy, vision and innovation that can be associated with Youth. In this section of our health plan we provide those components that relate to the Nation’s **vision** and the **innovation** associated with the use of the *Syilx Cultural Framework* to assist in the understanding of the health plan.

2. Chief Spitlem (Bitter Root) describes relationships, and the interconnectedness among *Tmixw* including but not limited to the people, the animals, the plants, the land, the air and the water. This provides the “context” in which individuals, families and communities endeavor to live in harmony with each other, and with their relatives - the animals, the plants and the land. This section of our plan provides a description of the Okanagan Nation Alliance (ONA) including its **structure**, **capacity** and existing **programs**, and profiles of the seven Okanagan member Bands and the Wellness Committee. The need for the health plan and the phases of the health plan are also described.

3. Chief Skemxist (Black Bear) represents the traditions and cultural practices, the concept of reflection and contemplation on “what is” informed by an understanding of the past and how
that is connected to the future. It is this understanding that then shapes development of protocols. In this section of the health plan, the **environmental context**, the **analysis of data, research, key findings** and the establishment of **priorities** are the focus.

4 **Chief Ntyxtix** (King Salmon) exemplifies the process of preparing (readiness), determining the objective (aim), and then taking action (act). In this section, the **Findings**, **Action Plan** and the **Conclusions** are presented.

The concepts of individual, family, community, land (Armstrong, J. 2000-Let us begin with courage) are defined thus:

> “Each *individual* person is singularly gifted, each person actualizes full human potential only as a result of physical, emotional, intellectual and spiritual well-being – those four aspects of existence are always contingent on external things. Each individual is a single facet of a trans-generational organism known as family.”

> “Through this organism flows the powerful lifeblood of cultural transference designed to secure the best probability of well-being for each of the generations. *Family* systems are the foundation of a long-term living network called community.”

> “In its various configurations this network spreads its life force over centuries and across physical space; it uses its collective knowledge to secure the well-being of all by the short- and long-term choices made via its collective process. A *community* is the living process that interacts with the vast and ancient body of intricately connected patterns in perfect unison called the *land*.”

> “*Land* sustains all life and must be protected from depletion in order to insure its continued good health and ability to provide sustenance over generations.”

All of these Syilx concepts and framework are integrated in the Wellbeing of the Syilx.
2.0 Chief Spitlem (Bitter Root) – Relationship & Community Perspective

This section of the Health Plan provides a comprehensive overview of the structure, roles, functions and capacity of the Okanagan Nation Alliance and its member Bands. A brief description is also given of recently established and developing Health and Social programs.

2.1 The Okanagan Nation Alliance (ONA)

The Okanagan Nation Alliance (ONA), incorporated as a society in 1981, is the Tribal Council representing seven member Bands with 5081 Band members and encompassing 69,000 square kilometres of territory. The seven member Bands, from North to South, include the Okanagan Indian Band (OKIB), Upper Nicola Band (UNB), Westbank First Nation (WFN), Penticton Indian Band (PIB), Upper Similkameen Indian Band (USIB), Lower Similkameen Indian Band (LSIB) and the Osoyoos Indian Band (OIB).

The Purpose, Declaration and Principles:

The ONA’s purpose is to advance and promote the interests of Okanagan Nation members and to assist their members in the provision of required educational, cultural and socio-economic services. Under the direction of the Chiefs Executive Council (CEC), the ONA’s responsibilities include serving the Okanagan (Syilx) people as a collective by addressing common issues and opportunities for the Nation and supporting a shared vision that promotes asset and capacity-building for long term sustainable self-sufficiency.

The Okanagan Nation Declaration states:

We the Okanagan Nation make this declaration today as a sign for every generation to come. Therefore, we hereby declare that: We are the unconquered Aboriginal peoples of this land, our mother;

The creator has given us our mother, to enjoy, to manage and to protect;

We, the first inhabitants, have lived with our mother from time immemorial;

Our Okanagan Governments have allowed us to share equally in the resources of our mother;

We have never given up our rights to our mother, our mother resources, our governments and our religion;

We will survive and continue to govern our mother and her resources for the good of all for all time.
Sisoomsts yeex
S-Ooknahkchinx
OKANAGAN NATION
DECLARATION


We, the Okanagan Nation make this declaration today as a sign for every generation to come. Therefore, we hereby declare that:

Mnejunctet yeex koo xahtmaskchihluk, koo temskchiwohw yatalah te temwwoolah, yeex toomhtemhtet.
We are the unconquered aboriginal peoples of this land, our mother;
Telx kgoohentsooten swilizttxetet yeex toomhtemhtet, ksneewcemhtemhtet, ktsxtenhtimt oothl kskkethlchehwenhtemth.
The creator has given us our mother, to enjoy, to manage and to protect;
Telx mees ghesapihk, yeex koo xahtmaskchihluk koos queelewts eel toomhtemhtet.

We, the first inhabitants, have lived with our mother from time immemorial:
Yeex koo S-Ooknahkchinx yeex tsotechnologyet koo xeexxeexthim koo kgel yayart pheshwikstmentem an hchastan yeex telx toomhtemhtet.
Our Okanagan Governments have allowed us to share equally in the resources of our mother;

Loot penhkhin tde xeexxeexexmentem yeex stehlthetlet yeex kgel toomhtemhtet, yeex telx toomhtemh an hchastant, yeex tsideeplahntet oothl yeex noonewwoenhtanted.

We have never given up our rights to our mother, our mother’s resources, our governments and our religion;

Loot penhkhin koo tdeks ntsespoowalx. Peentk ktsxdiplahntemh yeex telx toomhtemh an hchastant koo kgel yayart, telx yarpnah oothl tdeswhoos.

We will survive and continue to govern our mother and her resources for the good of all for all time.
GUIDING PRINCIPLES

The following guiding principles and values have been utilized to guide the work of health planning for ONA.

- The Okanagan Nation Alliance (ONA) has an undeniable sovereign responsibility and mandate to ensure the cultural integrity, safety, and well-being of all Aboriginal children, families and community members living within the Okanagan Territory.

- The ONA declaration, supported by the United Nation Declaration on the Rights of Indigenous people, asserts that Health Care is a fundamental Aboriginal Right and access to health and social services will be delivered without discrimination.

- The ONA endorses the Nation to Nation principle that protects the Syilx Nation autonomy and jurisdiction for the collective interests of the Nation’s members and extends service delivery to all Aboriginal people residing within the territory. The ONA supports public policy that would see Indigenous Nations in their respective territories designing, controlling and managing their own programs and services. This is the only way to reduce the wide disparities and close the current gap in health status between First Nations and citizens of British Columbia.

- The Okanagan/Syilx People maintain an Indigenous way of knowing about health. This cultural perspective encompasses a holistic approach that includes an understanding that the physical, spiritual, intellectual and emotional wellbeing of the individual, family, and community are interconnected. The wellbeing of one influences the health and wellbeing of all others. (“Sharing one skin” Jeannette Armstrong 1998) (Individual, Family, Community, Land)

- Community driven processes are valued and inclusive of all Nation members.
2.2 **ONA Vision, Mission and Values Statement**

**Vision Statement**

We, the Sovereign Syilx Peoples, are the recognized owners of the lands and resources, living in political, social, cultural and economic unity for the purpose of exercising our inherent responsibilities, preserving and practicing our language, culture and traditions.

**Mission Statement**

We actively protect, advance and promote our jurisdiction over the peoples, lands and resources of the Syilx.

**Value Statements**

We, the Okanagan Nation Alliance Chiefs’ Executive Council, are guided by the following **Values**. We want our decisions and actions to demonstrate these Values. We believe that putting our Values into practice creates long-term benefits for our shareholders, partners, customers, and the communities we serve.

- **Respect** – We acknowledge and treat everyone with dignity & respect
- **Honesty** – In everything we do, we are honest, fair and consistent
- **Sharing** – We are committed to the spirit of sharing and caring
- **Trust** – We act in trust for the benefit of all Syilx peoples
- **Unity** – We work together with one another and the Syilx peoples we serve

2.3 **Community Profiles**

The following Table 1 shows the community profiles of the seven member Okanagan Nation Bands. The information for these profiles has been drawn from a broad variety of sources including each Band’s Community Workload Increase System (CWIS) information showing the breakdown of current resourced health care provider positions and total population age groups residing on-reserve. The communities serve Band members and other First Nation populations living on reserve which affect programming, as contribution agreements do not cover the other First Nation members residing on-reserve. This creates a financial and human resource burden and is evident with Upper Nicola Band, Westbank First Nation and Penticton Indian Bands.

The profiles also include data from the 2006 Canada census report and the most current Indian and Northern Affairs Canada (INAC) reports, which provide information about
community infrastructure, characteristics such as housing, health access, health transfer status, pandemic plan status, transportation and proximity to health services. Appendix F provides additional information on the health and social issues, together with recommendations from the community engagement process.

**Table 1- Community Profiles**

<table>
<thead>
<tr>
<th>Community Profile</th>
<th>UNIB</th>
<th>OKIB</th>
<th>WFN</th>
<th>PIB</th>
<th>OIB</th>
<th>LSIB</th>
<th>USIB</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(CWIS) January 1, 2009-December 31, 2009</strong></td>
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</tr>
<tr>
<td>Community Type</td>
<td>Rural Non-isolated</td>
<td>Rural Non-isolated</td>
<td>Urban/ Rural</td>
<td>Urban/ Rural</td>
<td>Urban/ Rural</td>
<td>Urban/ Rural</td>
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</tr>
<tr>
<td>Type of Health Facility</td>
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<td>Health Centre</td>
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<td>Age Category On-Reserve</td>
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<tr>
<td>Under 1 Year</td>
<td>13</td>
<td>9</td>
<td>38</td>
<td>19</td>
<td>30</td>
<td>15</td>
<td>N/A</td>
</tr>
<tr>
<td>1-4 Years</td>
<td>52</td>
<td>56</td>
<td>92</td>
<td>34</td>
<td>69</td>
<td>50</td>
<td>N/A</td>
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<tr>
<td>5-19 Years</td>
<td>148</td>
<td>229</td>
<td>540</td>
<td>195</td>
<td>180</td>
<td>135</td>
<td>N/A</td>
</tr>
<tr>
<td>20-64 Years</td>
<td>353</td>
<td>603</td>
<td>815</td>
<td>446</td>
<td>411</td>
<td>335</td>
<td>N/A</td>
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<tr>
<td>65+</td>
<td>44</td>
<td>100</td>
<td>101</td>
<td>31</td>
<td>45</td>
<td>55</td>
<td>N/A</td>
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<tr>
<td>Total On-Reserve Population Served</td>
<td>610</td>
<td>997</td>
<td>1586</td>
<td>725</td>
<td>735</td>
<td>590</td>
<td>N/A</td>
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<td><strong>Indian &amp; Northern Affairs Canada (INAC) Registered Population as of January 2010</strong></td>
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<td></td>
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<td>Total</td>
<td>866</td>
<td>1,772</td>
<td>688</td>
<td>950</td>
<td>476</td>
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<td>Off-Reserve Population Served by Health Facility</td>
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<td>1-4 Years</td>
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<td>28</td>
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<td>5-19 Years</td>
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<td>71</td>
<td>30</td>
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<tr>
<td>20-64 Years</td>
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<td>85</td>
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<td>65+</td>
<td>15</td>
<td>17</td>
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<tr>
<td>Community Profile</td>
<td>UNIB</td>
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<td>OIB</td>
<td>LSIB</td>
<td>USIB</td>
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<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>------</td>
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</tr>
<tr>
<td>Total Off-Reserve Population Served</td>
<td>217</td>
<td>N/A</td>
<td>204</td>
<td>125</td>
<td>included in total on reserve numbers</td>
<td>included in total reserve numbers</td>
<td>N/A</td>
</tr>
<tr>
<td>Resourced Health Positions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Director</td>
<td>.8 FTE HC</td>
<td>.5 FTE HC</td>
<td>.8 FTE</td>
<td>1 FTE HC</td>
<td>.8 FTE HC</td>
<td>1 FTE HC</td>
<td></td>
</tr>
<tr>
<td>Nurses</td>
<td>1.6 FTE (2-.8)</td>
<td>1.8 FTE</td>
<td>2 FTE</td>
<td>1 FTE</td>
<td>.6 FTE</td>
<td>1 FTE</td>
<td>0</td>
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<tr>
<td>LPN</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>.5 FTE MCFD prop</td>
<td>.5 FTE HC</td>
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<td>0</td>
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<tr>
<td>Community Health Rep</td>
<td>1 FTE</td>
<td>.6 FTE</td>
<td>1 FTE</td>
<td>1 FTE</td>
<td>1 FTE</td>
<td></td>
<td></td>
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<tr>
<td>Home Maker/Caretaker</td>
<td>2.5 FTE (INAC)</td>
<td>2 FTE (INAC)</td>
<td>.2 FTE</td>
<td>4 FTE (INAC)</td>
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<td>Certified Care Aid</td>
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<td></td>
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<tr>
<td>Clerk/Interpreter</td>
<td>1 FTE</td>
<td>.5 FTE HC</td>
<td>.5 FTE INAC</td>
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<td>1.0 FTE</td>
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</tr>
<tr>
<td>Janitor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 FTE</td>
<td>1 FTE</td>
</tr>
<tr>
<td>Diabetes Worker/Dietician/Nutrition</td>
<td>.6 FTE</td>
<td>.45 FTE (Dietician)</td>
<td>.5 FTE (Nutrition Specialist)</td>
<td>.6 FTE</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Early Childhood Education Worker</td>
<td></td>
<td></td>
<td>2 FTE</td>
<td>5.5 MOH 1.5 HC</td>
<td>1 FTE HC</td>
<td>.5 FTE INAC</td>
<td>1 FTE</td>
</tr>
<tr>
<td>NNADAP Worker</td>
<td>1 FTE</td>
<td>2 FTE</td>
<td>1 FTE</td>
<td>1 FTE</td>
<td>1 FTE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Support Worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Profile</td>
<td>UNIB</td>
<td>OKIB</td>
<td>WFN</td>
<td>PIB</td>
<td>OIB</td>
<td>LSIB</td>
<td>USIB</td>
</tr>
<tr>
<td>-------------------</td>
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<td>-----</td>
<td>-----</td>
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</tr>
<tr>
<td>Mental Health Worker/Crisis Response</td>
<td>1 FTE</td>
<td>0</td>
<td>1 FTE</td>
<td>1 FTE</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Counsellor</td>
<td>.2 FTE</td>
<td>.3 FTE</td>
<td>1 FTE</td>
<td>.2 FTE</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Youth Worker</td>
<td>1 FTE</td>
<td>1 FTE</td>
<td>1 FTE</td>
<td>1 FTE</td>
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<td></td>
</tr>
<tr>
<td>Total Resourced Field Staff</td>
<td>9.9 FTE</td>
<td>10.4 FTE</td>
<td>12.05 FTE</td>
<td>20.5 FTE</td>
<td>15.7 FTE</td>
<td>10 FTE</td>
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</tr>
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<td>Government of Canada-Aboriginal Canada Portal 2003</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Band Administrative Office</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>Off-Site</td>
<td>On-Site</td>
<td></td>
</tr>
<tr>
<td>Health Centre</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>Off-Site</td>
<td>Off-Site</td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>On-Site</td>
<td>On-Site K-Daycare</td>
<td>On-Site</td>
<td>On-Site</td>
<td>Off-Site</td>
<td>Off-Site</td>
<td></td>
</tr>
<tr>
<td>Police Detachment</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>Off-Site</td>
<td>Off-Site</td>
<td></td>
</tr>
<tr>
<td>Recreation Centre</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>Off-Site</td>
<td>Off-Site</td>
<td></td>
</tr>
<tr>
<td>Fire Hall</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>Off-Site</td>
<td>Off-Site</td>
<td></td>
</tr>
<tr>
<td>Heat/Hydro/Water Utility</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>Off-Site</td>
<td>Off-Site</td>
<td></td>
</tr>
<tr>
<td>Garbage/Sewage Facility</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>On-Site</td>
<td>Off-Site</td>
<td>On-site</td>
<td></td>
</tr>
<tr>
<td>Number of Housing Units</td>
<td>62</td>
<td>289</td>
<td>188</td>
<td>180</td>
<td>127</td>
<td>31</td>
<td>29</td>
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<tr>
<td>Health Transfer</td>
<td>Flexible Transfer Agreement</td>
<td>Transitional Agreement</td>
<td>Transitiona l Agreement</td>
<td>Flexible Transfer Agreement</td>
<td>Transitiona l Agreement</td>
<td>Flexible Agreement</td>
<td>Transitiona l Agreement</td>
</tr>
<tr>
<td>Pandemic Plan</td>
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<td>Yes-Complete</td>
<td>Yes-Complete</td>
<td>Yes-Complete</td>
<td>Yes-Complete</td>
<td>Yes-Complete</td>
<td>Yes-Complete</td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
**Upper Nicola Band**

“The people of Upper Nicola, with unity and respect of our traditional values, are creating the environment that promotes a higher quality of life for all; through responsibility, accountability, social health, education and economic development”.

The Upper Nicola Band (UNB) is located 35 km east of Merritt and 67 km south of Kamloops, British Columbia. The UNB has eight reserves (1600 hectares, numbered 1 through 8, which are located in the surrounding area of Quilchena (Nicola Lake) and Spaxomin (Douglas Lake).

**Okanagan Indian Band (OKIB)**

“Ensuring the Future through Cultural, Social, and Economic Development”.

The Okanagan Indian Band is located at the head of Okanagan Lake, with a land base of 11,282.5 hectares. OKIB is made up of six reserves and spread from Armstrong to Winfield and Westside of Okanagan Lake.

**Westbank First Nation (WFN)**

“To provide and develop local community governmental services in the most efficient and effective manner for the overall betterment of the Band membership and the community.”

The Westbank First Nation comprises five reserves totalling 2,161 Hectares (5,306 acres). The two populated reserves, Tsinstikeptum Reserves 9 and 10, border Okanagan Lake and are in close proximity to the City of West Kelowna, one of the fastest growing
cities in British Columbia. The remaining three reserve areas are located on the east side of Okanagan Lake in the Kelowna area and lie in generally unpopulated areas.

**Penticton Indian Band (PIB)**

The Penticton Indian Band (PIB) comprises 3 reserves with a 19,436 hectare land base and is located four kilometres from the Penticton City limits. Geographically PIB has the largest land base and is bordered to the north by the city of Summerland, to the west by the City of Penticton and to the South and West by Highway 97.

**Osoyoos Indian Band (OIB)**

“Preserving our past by Strengthening our Future”

The Osoyoos Indian Band is located in the Southern part of the Okanagan Valley, between the towns of Oliver and Osoyoos and covers 13,045 hectares of land base.

**Lower Similkameen Indian Band (LSIB)**

“We the Sovereign and respected Smalqmix of the Sukwnaqin-x are committed to preserve our Land, History, Language, Culture and Traditions, to enhance the quality of life for ourselves and future generations”

The Lower Similkameen Indian Band (LSIB) is a small, geographically isolated community in the Similkameen Valley, located in the South Okanagan. The Lower Similkameen Indian Reserve covers 15,276.4 hectares and services a total of 11 reserves, divided into pockets of land stretching over 90 kilometres.

**Upper Similkameen Indian Band (USIB)**

The Upper Similkameen Indian Band (USIB) is located from Hedley to Princeton and begins 30 kilometres west of Keremeos in the Similkameen District. USIB has the smallest population with approximately 74 members. The USIB has a land base of 2,708.5 hectares and seven reserves, with the main community residing on Chuchuwaya I.R. No.2, on the Similkameen River.
2.4 **Okanagan Nation Alliance Organizational Structure**

The ONA organizational chart in Appendix G, illustrates how the Alliance of the seven Bands works together as a partnership. The ONA is under the direction of the Chiefs Executive Council (CEC). The Tribal Chair maintains direct links to the Finance Committee and to the Policy and Legal Advisors. The two principal organizational divisions within the ONA are Policy Development and Operations Management.

The **Policy Development** section is linked directly to the governance structure of the ONA. The seven member Bands at the top of the chart are represented in Health by the Wellness Committee. This is a technical committee mandated by the Okanagan Nation to provide information and direction to the Okanagan Nation CEC, so that the CEC can advocate for collective, equitable, and quality health and social services.

The **Operations Management section** includes the day to day operations of the ONA.

The Tribal Chair is the main link between the Chiefs Executive Council and the Executive Director. The managers of each department report to the Executive Director and are responsible for planning, budgeting and project management. These Operating departments fall under the themes of **people, land and resources:**

1. **People**: Children and Families, Health Services, Education, Culture and Language
2. **Land**: Land Use Planning Services, Information Systems, Economic Development
3. **Resources**: Fisheries Management Services, Forestry Management, Hunting and Wildlife, Traditional Plants & Medicines, Water Management

2.5 **ONA Strategic Opportunities**

In their Strategic Plan, ratified in April 2009, the Chiefs’ Executive Council of the ONA identified the following opportunities to:

1. Jointly develop and implement an improved ONA governance organizational structure
2. Jointly negotiate with governments to settle all outstanding land rights and title issues
3. Preserving and protecting our lands, resources, culture and the environment, e.g. Spotted Lake
4. Jointly pursue and develop revenue sharing processes and agreements with ONA members, industries and governments
5. Establishing business and political partnerships with First Nations, industries and
governments

6. Collectively capitalizing on residential, commercial, industrial, agricultural, tourism
and recreational development

2.6 Wellness Committee:

On September 27 2007, the ONA Chiefs Executive Council passed a Tribal Council
Resolution (TCR) to establish a Wellness Committee (See Appendix I). This is a
technical committee with a mandate to provide information and direction to the CEC, so
that the Council can advocate for collective, equitable and quality health and social
services.

ONA Wellness Declaration is:

To support a holistic approach to Health and Social
Development which will promote self-sufficient
Okanagan Nation communities by integrating our
traditional and cultural approaches to community
wellness.

The ONA Wellness Committee consists of two representatives from each of the seven
member Bands, one from Health and one from Social Development. As representatives,
these individuals are dedicated to the wellness of the Band, the community and the health
of the Nation. The committee members bring to the table numerous years of diverse
practical and operational experience and learning, as well as an understanding of local
issues. They have a strong commitment to this work at the Nation level, as it enhances
services within their communities and provides them with an opportunity to collaborate on
initiatives that will benefit all seven communities as well as the Nation. Collectively they
can respond to and influence changes in Provincial and Federal policy and programs.
Unfortunately, they are “stretched very thinly” due to a lack of both human resources and
capacity within their own communities. (See Appendix G for ONA Wellness Committee Terms of Reference.)

In developing the Syilx Health Plan, the Wellness Committee formed a health working group. The Working Group members at the time of writing this document were:

- Duane Tom, UNB Health & Social Director
- Brenda Ned, UNB Health Director Assistant
- Judy Marchand, OKIB Health & Social Director
- Cathryn Aune, WFN Senior Community Health Nurse
- Lynn Kruger, PIB Health Program Manager
- Jacki McPherson, OIB Health Director
- Lisa Montgomery-Reid, LSIB Band Manager
- Gwen Bailey, LSIB Community Health Nurse
- Chief Charlotte Mitchell, USIB

2.7 Health & Social Department Vision, Mandate and Goals

The Health and Social Department, established in 2004, continues to expand and build capacity as health needs are identified.

The Department’s Vision for the next five years is: “A Healthy and Strong Syilx Community.”

The Health Mandate is: “To advocate for Syilx control and management of our health, programs and services”

The ONA Business Plan: Core Businesses of Wellness (April 2009) are set out in the following chart.
Goal 1: To expand the quality, scope and range of the Wellness services to the Okanagan Nation.
Outcome: Enhanced service delivery and improved access to quality services

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a wellness environmental scan and gap analysis.</td>
<td>Number (#) of and percentage (%) increase in staff</td>
</tr>
<tr>
<td>2. Develop a plan for comprehensive health and social development services that identifies the role and responsibilities of each ONA member</td>
<td>Number (#) of and percentage (%) decrease of gaps in services</td>
</tr>
</tbody>
</table>

Goal 2: Increase access to services provided by the health department and other service providers to increase the health status of the community.
Outcome: Healthy members, families and communities

<table>
<thead>
<tr>
<th>Goals</th>
<th>Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a strategy to obtain sustainable funding for the implementation of the comprehensive ONA Health and Social Development Plan. (core funding)</td>
<td>To be developed</td>
</tr>
<tr>
<td>2. Conduct program evaluation and present to CEC, communities and funders.</td>
<td>To be developed</td>
</tr>
<tr>
<td>3. Develop a marketing strategy of ONA Wellness programs and services.</td>
<td>To be developed</td>
</tr>
</tbody>
</table>
2.8 Human Resources/ONA Health and Social Department

Staff

The human resource capacity of the Health and Social Department of ONA is shown in the chart below.

<table>
<thead>
<tr>
<th>Position</th>
<th>Current FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Director</td>
<td>Vacant</td>
</tr>
<tr>
<td>Clinical Supervisor</td>
<td>0.5</td>
</tr>
<tr>
<td>Community Health Analyst</td>
<td>1.0</td>
</tr>
<tr>
<td>Community Health Communications Coordinator</td>
<td>1.0</td>
</tr>
<tr>
<td>Okanagan Nation Response Team Coordinator</td>
<td>0.8</td>
</tr>
<tr>
<td>R'Native Voice Coordinator</td>
<td>2.0</td>
</tr>
<tr>
<td>Aboriginal Wellness Coordinator (AWC)</td>
<td>1.0</td>
</tr>
<tr>
<td>Aboriginal Family Group Conferencing Team</td>
<td>2.2</td>
</tr>
<tr>
<td>Children and Family Project planner</td>
<td>.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10.3</strong></td>
</tr>
</tbody>
</table>

*Note: This team is supported by the Events Coordinator, the Communication Coordinator, the Administrative Support staff, the Wellness Policy Advisor and the Human Resources Consultant. *Note a CEC member appointed to Health Governance*

2.9 Health and Social Programs

The ONA is currently providing, or is in the process of developing, a number of innovative Health and Social Programs for its communities. These include the following initiatives:

2.9.1 The Okanagan Nation Response Team (ONRT): Was established in 2005 (with a mandate to “Assist individuals and communities to find healthy paths along which people choose life.”)

The ONRT or Sax kanxit alx (meaning “Those Who Help”) is a team of Okanagan front line workers who respond to crises in the community when they occur and deliver
educational workshops. The team is built on the principal of “Okanagan’s helping
Okanagan’s”. This approach respects and honours the gifts of the people who are already
here, responding to the community by making themselves available to support others in
times of crisis.

All team members live within the Okanagan Nation Territory and each is a well known and
trusted member of their own community. Each community has a protocol agreement with
the ONA in which there are designated staff members who can access the Team. The
Team’s successes to date include increased response skills and capacity in every
community, the provision of responses to community incidents as they arise and a
partnership with R’Native Voice to deliver suicide /depression workshops.

2.9.2 R’Native Voice: R’Native Voice was established in 2004 to support Aboriginal
Youth in the Okanagan Territory. This program promotes teaching youth about their
culture and history and assists youth to develop self-esteem and to make positive lifestyle
choices. The program runs for 14 weeks in each community and covers topics such as
Okanagan History, Beliefs and Values, Traditional Foods and Nutrition, Drugs and
Alcohol, Lateral Violence and Racism, and Family Relationships. Following the
completion of 14 weeks of workshops, a Youth Gathering is held in June of each year to
celebrate and promote unity.

Additionally, the R’Native Voice, ONRT and the Community Engagement Hub have
team ed up for the past two years to raise awareness about suicide, community violence and
substance abuse. The programs hosted a Unity Run in April 2010 with the participation of
over 100 Youth.

2.9.3 Community Engagement Hub (CeH): The First Nation Health Council (FNHC)
funds the Community Engagement Hubs (CeHs) Initiative. The CeHs are groups of First
Nations communities who have agreed to plan, collaborate, and communicate to meet
their Nation’s health priorities. The Okanagan CeH is made up of 12 communities with
representatives from each of the seven Okanagan Bands and five urban representatives
from the First Nations Friendship Centre in Vernon, the Kelowna Friendship Society in
Kelowna, the Oookanakane Friendship Society in Penticton, the Okanagan Aboriginal AIDS
Society-Kelowna and the Lower Columbia All First Nations-Castlegar. (See terms of
reference in Appendix J.) This unique partnership represents not only Okanagan member
bands (on-reserve) but also urban organizations off-reserve such as Friendship Centres and
other Aboriginal organizations.
The formation of CeHs encourages natural collaborations based on tribal and geographical factors, and provides resources to augment existing capacity. CeHs also provide a vehicle for First Nations Communities to partner with the First Nations Health Council to implement the Tripartite First Nations Health Plan.

2.9.4 Aboriginal Health Transition Fund (AHTF) Projects: The Government of Canada established the AHTF in 2004. The intent of the AHTF was to:

- Improve the integration of federally and provincially funded health services
- Improve access to health services
- Make available health programs and services that are better suited to First Nations
- Increase the participation of First Nations peoples in the design, delivery and evaluation of health programs and services

The overall goal of the Integration Envelope was to enhance the coordination and integration of federally-funded (on-reserve) and provincially-funded (off-reserve) health services. The ONA submitted two proposals to Health Canada, First Nations Inuit Health Branch, for funding through the AHTF-Integration Envelope.

In 2008, the ONA received AHTF funding approval to coordinate a two year project entitled “The Okanagan Nation Integrated Partnerships Initiative”. The overall objective of this project was to improve Okanagan Nation members’ access to health services in the region. In June 2008, participants at a Community Health Nurses’ meeting identified a number of gaps in discharge planning after hospitalization including the lack of a coordinated approach to care. Okanagan Nation members were also not making full use of mainstream health care services. At the same time, the posting of the Aboriginal Patient Navigator (APN) positions at Interior Health provided a window of opportunity to develop a Shared Care Pathway that would provide a coordinated approach to client care.

A partnership then developed among Judith Stein, Mental Health Clinician (First Nation Inuit Health), Judy Maas, Aboriginal Program Advisor (Interior Health) and Pamela Crema, Health Analyst (ONA). This group collaborated in the development of a Shared Care Pathway process that would allow all professionals working together to ensure that a continuum of services followed the client after discharge from the acute care (hospital) setting. The group developed a procedure and a consent form, both of which are currently being utilized. This community driven process provides an example of a tripartite partnership between federal, provincial and First Nation representatives, working together to improve Aboriginal access to health services.
In 2009, the second AHTF project “Navigating Mainstream Health Care” received funding approval. The Project’s Vision was to improve the health of the Syilx by increasing and supporting their capacity to self-advocate and navigate through the health care programs and services in the Interior Health region, whilst maintaining their Syilx identity, traditional beliefs and practices related to health and wellness. The project’s two specific components were a Cultural Safety initiative and a Letter of Understanding between the ONA and Interior Health. The Cultural Safety component was called “Navigating the Pathways of Mainstream Health Care Curriculum.” Community members had not been utilizing mainstream health services due to the lack of trust, racism and trauma from the Residential School system. The purpose of this initiative was therefore to develop culturally relevant resources and curricula to assist the Syilx peoples in successfully navigating the complex and ever-changing mainstream health care system. The program initiated a pilot project of the training which took place in February 2010 and which received a positive response. Further training for all seven member bands is planned for the fall 2010.

The long-term goals of this project are:

- To improve Okanagan Nation members’ access to health services in the region by developing and delivering a health system curriculum to band health staff and community members. The intent is to deconstruct cultural differences within the health system that create barriers to access to services.

- To ensure that the ONA and Interior Health staff work collaboratively and proactively in a process that will engage Okanagan people to self-navigate mainstream health care systems and will provide Interior Health staff with a First Nations lens. The ultimate goal would be to ensure culturally appropriate services.

The Letter of Understanding (LOU) between ONA and Interior Health sought to establish an Accountability Framework that defined relationships and included communication protocols, operations (health plan), and reporting (data base). The objective was to improve Aboriginal health status. (See Framework in Appendix K)

Establishing an LOU is seen as crucial for the integration of health services as it will define how the Provincial Health Authority will collaborate and partner with the Nation in the future. The nature of the partnership will be identified in a protocol agreement where formal meetings will be held to develop specific processes for activities such as information sharing of data, using the OCAP (ownership, control, access, possession) principles. Communication will occur through open and transparent regular meetings.
ONA and IH will also share knowledge through an Information System that can interface with the seven bands, Health Canada and IH. The system will be used to collect statistics and to develop plans that address the health gaps. Both parties would then incorporate meaningful performance measurements and benchmarks to measure the success of health initiatives and to evaluate programs. This reciprocal accountability for implementing and monitoring **Health Plans** is necessary to improve Syilx health outcomes.

The LOU would further assist in Aboriginal engagement and inclusivity by ensuring that the Nation was an equal member working with the Provincial government in processes that followed the Transformative Change Accord-First Nations Health Plan. This LOU would also help in developing a formal relationship that established collaborative processes and the capacity to facilitate engagement and address health issues in the Syilx Territory.

The LOU would assist member Bands of the Nation to establish policy and not only procedures for local partnerships with IH on issues such as Integrated Health Networks (IHN), Home and Community Care (HCC) and Mental Health collaborations. The formal LOU will provide a framework for maintaining consistency and sustainable working systems.

### 2.9.5 Aboriginal Family Group Conferencing (AFGC) Program:

Aboriginal Family Group Conferencing recognizes and acknowledges the right and capacity of aboriginal families and communities to care for and plan for their children, through respecting and understanding Indigenous ways of being and knowing. The AFGC goals:

- To support families and communities to make informed decisions about the wellbeing and safety of their children
- To ensure aboriginal families receive support and service in a way that is appropriate to them and their culture
- To keep children within their family and community
- To empower families to be participants in decisions that affects them

The AFGC Program Coordinator liaises and promotes the program to Ministry of Children and Family Development staff, Band Social Departments and Friendship Centers, as well as coordinating and facilitating family meetings. One of the AFGC Program Coordinators main tasks is to ensure that MCFD considers the cultural context of families and that the plans strengthen family functioning. AFGC helps to promote and develop the capacity of aboriginal families and communities to care for and protect children and also supports child and family development.
2.9.6 Aboriginal Child and Youth Wellness Program: ONA in partnership with the Ooknakane Friendship Centre, Aboriginal Wellness Coordinator (AWC) assists families to navigate the wellness health system to access services that they may require and to identify services available to families. Also, the AWC provides education and training to support families and community to create awareness of mental health issues and inform families and communities on services available. The goal of the program is to assist in building Aboriginal community capacity to respond to children and youth with mental health concerns while supporting Aboriginal children and youth to ensure that they have equitable, timely access to meaningful and appropriate mental health services that are culturally relevant.
3.0 Chief Skemxist (Black Bear) – Traditions and Culture Perspective

This section of the health plan describes the reasons for the health plan, the approach that was used in its development and the key findings arising from the information that was gathered.

3.1 The Need for a Health Plan

The ONA Chiefs Executive Council (CEC) is committed to improving and safeguarding the health of their people not only for today’s community members but for the “stelsqilxw” - the people to be. The CEC had for many years been deeply concerned about the severe health gaps that existed between Aboriginal and non-Aboriginal populations and by the health inequities apparent in their communities.

In addition to poor Syilx health status, the Chiefs had also observed that:

- The mainstream health system and services were not working for First Nations.
- The First Nations’ population was growing rapidly and more resources were needed to build and sustain healthier communities and to address current health gaps.
- Social issues, particularly alcohol and drug abuse, mental health, and suicide, had reached epidemic proportions.
- First Nations had experienced horrendous suffering as a result of the Residential Schools and other government policies designed to assimilate First Nations. The resulting burden of unresolved pain and conflict which they were carrying was not being addressed.

As a result, the ONA CEC mandated the development of a Health Plan to help identify strategies for addressing the health gaps and disparities in their seven member communities. The anticipated outcome of the process was to identify priority items for urgent and transformative action. Then, by securing resources, forging partnerships and exercising jurisdiction over the land and the people, the Okanagan Nation Member Bands would apply cultural teachings and practices (ceremonies, traditional medicines & foods), to begin to narrow the health gaps and to ensure better outcomes for Syilx People.
3.2 The Development of the Health Plan

We approached the Syilx Health Plan from a Community Development perspective and structured it in 3 broad phases – (1) **Project Initiation** and **Data Gathering**; (2) **Data Analysis and Identification of Key Findings** and (3) the **Development and Design of an Action Plan and an Implementation Strategy**.

We also ensured full compliance with ethical research guidelines. Before conducting focus group sessions, the Health Analyst obtained approval, via the Wellness Committee, from the Health Directors of the member bands to conduct the research. The community members were informed about the purpose of the research and assured that the identification of the health needs and resources was intended to assist in the development in Syilx Health Plan. The research guidelines were based on the principles of:

- Cultural safety, where all members felt safe and trusted the current environment
- A commitment to honour and integrate Syilx Culture and Traditional Ways, i.e. protocols
- A commitment to a collaborative relationship building process
- Equality, where all members had a voice to speak freely
A community development process that incorporated a holistic approach (mental, emotional, physical and spiritual) to viewing individuals, families and communities

Capacity building to create healthier communities for future generations

3.2.1 Phase 1 Project Initiation and Data Gathering: Following the hiring of the Health Analyst and an inaugural meeting on May 1, 2008 with the ONA Wellness Committee, contact was established with other key stakeholders including Interior Health and the First Nation Health Council. Information on health issues, such as community needs and a gap analysis was gathered through a wide-ranging environmental scan and a community engagement process that included:

- Consultations and information gathering with communities and key stakeholders through nine focus group sessions (six on Health and Social issues & three for Traditional Foods) and three surveys (two on Traditional Foods with 63 participants and one for the Health and Social priorities-40 participants) designed to obtain qualitative data on health and social needs (Appendix L) and provides additional information on the community consultations. See also Appendix M for the complete Traditional Foods Report.

- Monthly meetings with band nurses and Interior Health, the Community Engagement Hub partners and the ONA Wellness Committee.

- The development of Community Profiles for each of the seven Okanagan Bands using information from sources such as CWIS data, Registered Population data, Resourced Health Positions, Infrastructure, Health Transfer, Pandemic Plan, Transportation Access, Proximity to Health Services.

- An in-depth analysis of key documents, health plans and policy papers including the 2nd report on “Pathways to Health and Healing” for 2007 from the B.C. Provincial Medical Health Officer; the Okanagan Nation Alliance General Membership Assembly’s report “Strategies and Solutions to combat Drug Trafficking on Reserve” (December 21, 2004) in Appendix N; “Best Practices for Chronic Disease Management” (Appendix O); a review of Governance Models (Appendix P); a review of the existing Health Plans from Lower Similkameen Indian Band, Okanagan Indian Band, Westbank First Nation, and Penticton Indian Band. (Note: The health plans for the other three Band communities Osoyoos Indian Band, Upper Similkameen Indian Band and Upper Nicola are underway.
with new funding arrangements from Health Canada-First Nations Inuit Health. However, data from these plans was not available at the time of writing this report).

- A strategic health planning session held in Osoyoos (October 29 & 30, 2008) with representation from the Leadership of the member bands, the Wellness Committee members, urban Aboriginal Health Hub Partners and Provincial and Federal government representatives. The delegates participated in a discussion on how the Transformative Change Accord priorities might be implemented in this region. The First Nations Health Council and Interior Health also provided a number of reports.

- Additional surveys that were completed at the 2009 ONA Annual General Assembly and the annual R’Native Voice Youth Gathering.

The community engagement process not only informed the development of the Syilx Health Plan but also assisted with the development of a Health DVD titled “Awakening Your Spirit”. This DVD is intended to motivate members to know that their strong cultural beliefs could inspire, or awaken, the spirit within and that traditionally Syilx people took responsibility for their own health.

Full details of the community consultations, key documents, surveys and strategic planning sessions are found in the Appendices accompanying this report.

3.2.2 Phase 2 Data Analysis and Key Findings: In Phase 2 we compiled and analyzed the data from Phase 1. This confirmed that the serious health challenges facing First Nations Peoples in general and the Okanagan Nation in particular had been well documented for many years. The Community engagement process served to re-emphasize many of the same issues that had already been clearly identified in previous reports, including the Annual Reports issued by the British Columbia Provincial Health Officer in 2001 and 2007, the “Strategies and Solutions to combat Drug Trafficking on Reserve Report” (December 2004) and the “Okanagan Region Aboriginal Needs Assessment Report” (September 8th, 2003).
Key Findings

The following section provides a synopsis of the Key Findings from various components of the Environmental Scan.

Community Consultations

1. **Alcohol and Drugs, and Mental Wellness** were identified as the most pressing health issues in all seven (7) communities. Drug and alcohol use was an issue in all seven Band communities, due largely to the drug trafficking on reserves and the close proximity of the South Okanagan bands to the US border. Although new Aboriginal RCMP resources had been put in place to address the cross border drug trafficking, increased access to drugs still persisted on reserves. The Mental Wellness of First Nations has been deeply affected by Indian Residential Schools (IRS), colonization, and the loss of culture and identity. The AHTF projects with Lower Similkameen and Osoyoos Indian Band have created partnerships with Interior Health Mental Health and Addictions staff to create an Aboriginal referral process for members and have increased awareness of services via a joint pamphlet. Despite this attempt to improve the referral process, services are designed and developed from a mainstream perspective and do not meet the needs of community members. Consequently, the gap in services persists. As a result substance abuse (**alcohol & drugs**), lateral violence, suicide, and family break downs have increased at alarming rates. Intergenerational trauma exacerbated by colonization threatens the **Syilx** culture, language and unity.

2. All communities identified **Chronic Diseases** as major health concerns. In many cases the problems were exacerbated by, or linked to, poor nutrition, inactivity and obesity. Community education and strategies to promote healthier lifestyle choices were identified as priorities for action to help reduce the incidence and prevalence of diabetes, arthritis, and coronary artery disease.

3. Problems were cited with access to, and coverage by, First Nations Inuit Health-**Non Insured Health Benefits** (NIHB). Health Canada’s policies restrict access through the rigid application of eligibility requirements. The prescriptive natures of the policies did not address the diversity of First Nations across Canada or address the real needs of individual situations. The community members made multiple references to problems associated with **dental services** and **medications**. For example, First Nations people are expected to pay the dentist directly and then to submit the bill to the Health Canada
NIHB program. Many members were unable to pay for the services in advance and, as a result, did not receive treatment. NIHB provides limited resources for counseling and the medication coverage plan continues to be very limited to its scope. In “mixed” families the status individual may qualify for coverage under NIHB but the spouse does not. This affects the wellbeing of the family unit and ultimately the community.

4. Another problem was Elder Care especially in relation to safety issues, abuse, isolation or access to services. Some communities cited the need for greater availability of assisted living units.

5. Respondents identified problems with access to Health Services (particularly to physicians and specialists) due to the location of the band, racism, and a lack of awareness about both mainstream and band health services. Due to racism and a mistrust of mainstream healthcare, many community members did not access services until they were acutely ill.

6. It was also emphasized that members needed to take responsibility for their own health.

7. Issues relating to the Social Determinants of Health, such as housing, poverty and the lack of employment, were major concerns. Several members lived below the poverty line with limited resources and relied heavily on the Band for funds. The limited availability of housing was an issue on all seven Okanagan Nation Bands. The Lower Similkameen Indian Band had the least amount of maintained housing units at 5%. This means that only 5% of the population maintained a Band housing unit. Upper Nicola Band maintained the second lowest amount of housing units at 10%, Westbank First Nations at 12%, Osoyoos Indian Band at 17%, Penticton Indian Band at 25%, Okanagan Indian Band at 29% and the Upper Similkameen Indian Band at the highest with 39% Band housing units being maintained. More research and resources are needed to study the impact of limited housing on the health of the Syilx people.
8. **High pregnancy rates** were identified in the Osoyoos and Okanagan Indian Band communities and the provision of maternal/child care services were also an issue for most communities.

**Food Security/Traditional Foods**

Community input on the topics of **food security** and **traditional foods** included both focus group sessions and surveys. The purpose of these community engagement sessions was two fold:

- To develop an initial vision and set of goals based on the broad concepts of local food systems and
- To identify and bring together a core group of community members to identify resources, challenges, opportunities and next steps.

The ONA, in conjunction with Okanagan Indian Band, Penticton Indian Band and Lower Similkameen Indian Band, hosted the Community engagement sessions on food security and food sovereignty. A survey on “Taking back traditional Okanagan foods” was also circulated to Okanagan youth at the 2009 **R’Native Voice Youth Rally** and to Okanagan community members at the Okanagan Nation Alliance **2009 Annual General Assembly** in Penticton, BC on June 23 & 24, 2009. A list of recommendations was then drafted articulating the community members’ vision of food sovereignty within the Okanagan. The highlights of this report identified the current issues facing Okanagan community members and provided recommendations for short, medium and long term goals. (See Appendix I)

**2009 R’Native Voice Youth Survey** identified the need to:

- Have a community garden with volunteers (families)
- Gain more knowledge of plants and medicines
- Learn when to harvest and when not to harvest
- Go on the land and learn how to gather traditional foods
Host gatherings/events to transfer the knowledge from Elders to the youth e.g. camps

**ONA 2009 Annual General Assembly Survey** identified the need to:

- Improve food nutrition and provide information on nutrition, growing traditional foods, and preparing traditional foods. This information should be available in the Okanagan language.

**Focus Group Sessions**

The main theme “to return to the land” was consistently identified by both youth and adults. Re-establishing connections to the land is an integral part of strengthening and rebuilding traditional food networks (Alfred, 2008). Many Okanagan community members recognized their responsibilities to their communities and the land through the regeneration of traditional Okanagan food systems.

**Wellness and CeH Committee Meetings**

At a July 30, 2009 ONA Wellness Committee meeting, the Aboriginal Health and Wellness Advisory Committee (AHWAC) representative, asked members to identify their community health priorities in order to provide planning direction for the IH Aboriginal Health Framework. The three priorities identified at this meeting were mental health and addictions (Alcohol & drugs, suicide), chronic disease management, and early child development (nutrition, school readiness, injury prevention).

The Okanagan CeH meetings identified similar health priorities including mental health and addictions, integration, building capacity with youth, cultural safety training, housing, and homelessness.

*An Analysis of The 2nd report on “Pathways to Health and Healing” for 2007 from the Provincial Medical Health Officer for British Columbia.*

The reports issued by the Provincial Medical Officer of Health’s Office serve as a continuation of the health surveillance of Aboriginal peoples in the Province of British
Columbia. They are valuable tools to inform stakeholders on the journey towards equality in health status. The ONA therefore commissioned a special report that specifically analyzed the results of the “Pathways to Health and Healing” 2007 document (see Appendix B). The emphasis was on the health indicators and statistics relevant to the Okanagan Health Service Area (OHSA), where services were accessed by Okanagan/Syilx people, in comparison to the provincial rates for other non-Aboriginal residents.

The ONA’s report contained chapters focusing on the outcomes and discussions relating to the determinants of health, pregnancy, infants and children, diseases and injuries, physical environment, health services and recommendations.

This ONA document highlighted a number of areas of concern relating to the Syilx people and provided the objective “hard” statistical data that supported the communities’ subjective findings. Due to the report’s focus on health issues specifically relevant to the Syilx, we have directly quoted portions of it in the following section of our document.

**Determinants of Health**

“Increasing employment rates for on-reserve First Nations remains a challenge in most communities; however, employment and income remain the largest important strategy and indicator for increasing health and well being of Aboriginal people. The income rate of less than $20,000/year for BC Aboriginal people has not changed since the 2001 trend of 64%, indicating that the majority of Aboriginals are living below the poverty level. In 2006, the unemployment rate for BC Aboriginal people was 13.7% compared to other BC resident populations at 4.7%. Although this rate improved from the 2001 Provincial Aboriginal Health report, the on-reserve unemployment rate is over double that for off-reserve Aboriginal people, and approximately 5 times the rate for other BC residents.

Houses in need of major repair have increased from 90% in 2001 to 121% in 2006/07 for BC Aboriginal people. The Okanagan On-reserve housing quality rates for 2006 show that just under half (45.5%) are in good condition compared to 68.7% of housing for non-Aboriginal homes. The major repairs required to Okanagan Nation homes (27.8%) are four times greater than the average non-Aboriginal home (6.8%) in BC.”

**Dental Rates and Children**

“Dental caries, a disease that damages the structure of the teeth, is the most prevalent form of tooth decay found within Status Indian children in BC. Factors found to be contributing
to tooth decay and dental surgeries are lack of oral hygiene (brushing teeth), diet (high in sugar, refined carbohydrates), socio-economic conditions (lack of awareness, transportation issues, lack of care or trust in health services), and lack of fluoridation in water sources.\(^1\) According to First Nation & Inuit Health reports; a roll-out of the Children’s Oral Health Initiative (COHI) in 2004 was initiated to address dental problems and target pregnant women, caregivers, pre-school children 0-4 years, and school children 5-7 years. There was an expectation that significant results would occur and benefit First Nation children.\(^2\) Apparently, this is not working to our benefit in the OHSA, further analysis will have to be undertaken on – reserve to determine if children are receiving any benefits of added dental protection activities, or regular dental check-ups.”

Figure 1. Dental Surgery of Status Indian Children and Other Residents of the Okanagan Health Service Area (OHSA) 2006/07

![Dental Surgery Chart]

**Chronic Disease and Injury**

“The prevalence rates of chronic diseases such as diabetes, arthritis, ischemic heart disease, stroke, hypertension and congestive heart failure are steadily increasing in BC Status Indian populations. Based on 2006 Mortality Rates for diseases in the Okanagan Health Service Area (OHSA) for Status Indians and Other Residents, the HIV rate remains more than double the rate for both the OHSA and the overall province of BC. Addressing HIV was also identified in the community engagement work. There is a slight rise in all

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\(^1\) 2007 Provincial Health Officer’s Annual Report
\(^2\) Health Canada- FNIHB: Children’s Oral Health Initiative
cancer rates (18.7 per 10,000) for Status Indians in the Okanagan compared with other residents (14.9 per 10,000). Colorectal cancer remains higher in Status Indian populations for both BC and the Okanagan area.

Status Indians within OHSA show higher rates of endocrine/nutritional/metabolic disorders (3.4 per 100) and age-standardized rates for diabetes (3.1 per 100). This is evident in the community focus group session and recommendations for a chronic disease management program. **Participants in the community focus group sessions and also recognize the prevalence of chronic disease and the need for a program to improve management of these diseases.**

Heart disease (7.6 per 100) for Status Indians is very close now to other residents (16.5 per 100). Status Indians of BC show higher rates of diabetes (3.3 per 100) compared to other residents (1.7 per 100), almost 3 times greater. Circulatory rates (18.4 per 10,000) for Status Indians are slightly higher than other residents (16.5 per 10,000), and cerebrovascular diseases (4.8 per 10,000) for Status Indians are higher than other residents (3.7 per 10,000).

Overall, the rates of diabetes for both the OHSA and the BC Status Indian rate are higher than all other residents. Continued strategies targeted to decrease diabetes and its’ complications will remain a priority for the Okanagan/Syilx people.

Status Indians residing within the Okanagan area have equal rates of respiratory diseases (5.2 per 10,000) compared to other residents. Pneumonia and influenza rates (1.9 per 100) are also very close to other residents (2.0 per 10,000), which may reflect a healthy uptake of community health flu clinics or prevention programs. Higher rates for Status Indians in the Okanagan area are seen primarily in **digestive system diseases** (4.1 per 100) compared to other residents (2.1 per 100); basically double the rate. Mortality rates reveal the most common condition causing death in this category is chronic liver disease/cirrhosis, followed by conditions of peptic ulcer, inflammatory bowel disease, and gastrointestinal hemorrhage.³ **It is not surprising then that the participants in community focus groups identify the need for strategies to address alcohol and drug abuse as the number one priority.** This reflects the community focus group identifying the need to address alcohol/drugs and nutrition.”

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³ 2007 Provincial Health Officer’s Annual Report
Figure 2. 2006 Mortality Rates for Injuries in OHSA for Status Indians and Other Residents


Figure 2 demonstrates how deaths caused by unintentional injuries (6.4 per 10,000) in Status Indian populations for OHSA still remain double the rate of other residents (3.2 per 10,000). Motor vehicle accidents (MVA) rates for Status Indians also show a rate (3.3 per 10,000) that is approximately double the rate for other residents (1.2). However, mortality rates due to MVA for Status Indians have decreased from 1993 when it was reported to be 3.5 per 10,000 to 1.9 per 10,000 for 2006. A high percentage of MVA are alcohol related with Status Indian proportions of death (41%) compared to other residents (19%) from 2002 – 2006.
Figure 3. Hospitalization Rates in the Okanagan Health Service Area for Suicide Attempts 2006/07


Figure 3 shows the disproportionate rates of suicide attempts among Status Indians (122.5 per 10,000) in the OHSA and other residents (35.1 per 10,000).
Health Services

Hospitalization rates continue to be higher in the Status Indian population, particularly for diseases of the digestive system, which may indicate the need for alcohol prevention, better nutrition, traditional diet, and/or stress reduction programs.

The Report (Section 6.0) concluded by offering the following specific recommendations for the Okanagan/Syilx Nation Health Plan.

1. That health indicators from the Okanagan health service delivery area be included in the Okanagan/Syilx Nation Health Plan as priority areas; namely infant/neonatal health, dental, diabetes, digestive system diseases, colorectal cancer, injury prevention, and drug and alcohol prevention;

2. That economic development initiatives within Okanagan/Syilx communities also reflect long-term goals of improving health and disbursement of wealth amongst membership, including collaboration with health programs;

3. That evidence-based theory is used consistently in design and delivery of health promotion and chronic disease management programs;

4. That the Okanagan/Syilx Nation Health Plan be aligned with the current evidence provided by the 2007 Provincial Health Officer’s Report on Aboriginal Health and Well-being and used for building partnerships with the Interior Health Authority to address these health disparities.

The following Table 2 summarizes the findings of the community consultations, the BC Provincial Health Officer’s report, the ONA Needs Assessment document (2003) and Okanagan Nation Membership Assembly Report-“Strategies and Solutions to combat Drug Trafficking on Reserve Report (2004). Although seven years that have passed since the ONA Regional Needs 2003 report was completed, the health deficits and issues on reserve have, with few exceptions, remained constant. The BC MOH report (2007) provided the strong statistical evidence to support the community’s most recent concerns.
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The mental wellness of the community was also deeply scarred in 2004 by a tragic shooting incident that left three young men fatally wounded, two others seriously injured and one taken into police custody. Poverty, low income, poor level of education, drug trafficking and the increased use of alcohol and drugs have had a major impact on families and communities. The communities have called for support to address these issues with little success.

An emerging health issue of concern is the infant mortality rate for Status Indians in the Okanagan which stood at 5.8 per 1000 live births (2006 data), almost twice the rate (3.0 per 1000) for other residents in the region. Infant mortality is a sentinel indicator of child health and the well-being of society over time. A study released in 2010 by the Organization for Economic Cooperation and Development (OECD) of international infant mortality statistics in 2006, showed a disturbing trend. Canada, with a national mortality rate of 5.1 per 1000 births, had dropped from its previous sixth (6th) place in world ranking to twenty-fourth (24th) place, just above Hungary and Poland. By comparison, Japan, Sweden and Finland boasted infant mortality rates of under 3 per 1000 live births. The main causes for the differences were cited as poverty, isolation, premature births and, to some degree, the way data are collected. These statistics raise concerns about the effects of alcohol and drugs and the increased incidence of FASD on the reserves’ population.

Without the necessary resources and capacity to address these issues, the gaps in health status between First Nations and the mainstream in the Okanagan territory will remain inequitable.

Alignment with Other Health Plans

The Syilx Health Plan also aligns with a number of the findings from federal, provincial and First Nation Leadership initiatives (Table 3) including:

- Transformative Change Accord: First Nations Health Plan specifically in relation to the advancement of health promotion, disease and injury prevention, and health services.
- Interior Health Aboriginal Health and Wellness Plan, 2006 to 2010.

The table also shows how the Interior Health Aboriginal Health and Wellness Plan is not in an alignment on some issues with the Syilx Health Plan and the Transformative Change Accord First Nations Health Plan. This illustrates the need for health planning to be more heavily driven by First Nations as the communities have a clear understanding of the issues that affect their people’s health, and are better positioned to identify the strategies necessary to address their problems.
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<tr>
<th>Priorities</th>
<th>Syilx Health Plan 2010-2015</th>
<th>IH Aboriginal Health &amp; Wellness Plan</th>
<th>Transformative Change Accord (Appendix D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Wellness &amp; Addiction</td>
<td>Yes</td>
<td>Yes</td>
<td>#8, #9, #15</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>Yes</td>
<td>Yes</td>
<td>#17, #22</td>
</tr>
<tr>
<td>Community Connectedness (IRS-Mental Health)</td>
<td>No</td>
<td>No</td>
<td>#8, #9, #15</td>
</tr>
<tr>
<td>NIHB (dental &amp; medication)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Elder Care</td>
<td>Yes</td>
<td>#9</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Social Determinants of Health (unemployment rate; income; education)</td>
<td>No</td>
<td>#18, #25</td>
<td></td>
</tr>
<tr>
<td>Obesity/Inactivity</td>
<td>No</td>
<td>#7</td>
<td></td>
</tr>
<tr>
<td>Actions</td>
<td>Culturally appropriate care</td>
<td>Yes-for culturally competency training</td>
<td>#19</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Yes</td>
<td>#12, #22, #24</td>
<td></td>
</tr>
<tr>
<td>Improve access to services</td>
<td>No</td>
<td>#26</td>
<td></td>
</tr>
<tr>
<td>EMR-Data System</td>
<td>No</td>
<td>Yes-E-Health for education, not specific EMR</td>
<td></td>
</tr>
</tbody>
</table>
4.0 Chief Ntyxtix (Salmon) Action – Perspective

4.1 Phase 3 – The Development and Design of an Implementation Strategy

The plan thus far has identified the many health issues facing the Syilx people. We know what the reports and statistics tell us. The challenge now is to decide on the next step. What should be done? What can be done? How do we choose between competing priorities? Who, in fact, should be making these choices and on what basis?

The “next steps“ in the Health Planning process will be to validate the findings of the Environmental scan with the communities, determine the Nation's Health Priority areas and develop a number of specific strategies to address those health needs. The active involvement of the community is crucial to the success of this plan and to the success of any future actions on the identified priorities.

We have already sought feedback on the environmental scan and the draft report:

- From the ONA Wellness Advisory Committee at a working group session on May 26 & 27, 2010 at Spirit Ridge in Osoyoos, and subsequently through;
- Community visits to PIB, OIB and LSIB on June 10, 2010;
- Via the e-mail distribution of sections of the draft report on June 18, 2010, June 28, 2010, June 31, 2010 and July 19, 2010.

The draft document will continue to be circulated for input as needed and a draft was presented for discussion at the ONA Wellness Committee Working Group meeting on July 21st., 2010. The respondents’ comments and suggestions will be incorporated into a final document for submission and ratification by the CEC in the Fall of 2010. Following acceptance of the draft, the ONA plans to present the Syilx Health Plan to each community, to inform the design, implementation and monitoring of the integration projects identified in the Syilx Action Plan.

Meanwhile, the ONA has already begun moving the health planning agenda forward with those initiatives which are already underway including:

- Developing key elements in the 2010 Action Plan such as alcohol and drug and mental wellness strategies, chronic disease management, a health governance framework and an HIV/AIDS prevention strategy. (Please refer to the workplan in Appendix ).
Initiating a unique process with Interior Health (IH) through a Letter of Understanding (LOU), designed to increase Aboriginal access to health services and to develop permanent meaningful and full partnerships with IH.

Exploring innovative ways to address some of the barriers to accessing services, such as creating a curriculum to educate community members about Mainstream Health Care. This project is called “Navigating Pathways to Mainstream Health Care“

Creating a “Shared Care Pathway“ between IH and the Band, designed to provide a coordinated approach to client care

Hosting an annual “Unity Run - Spirit of Syilx“, a youth run that creates awareness on the issues of suicide and violence. Səx̱ kw̓ ax̱t̓ alx, the Okanagan Nation Response Team and R’Native Voice Programs are also providing ongoing suicide and depression workshops.

Continuing with a collaboration between the University of British Columbia-Okanagan (UBC-O) and the ONA to guide the design, development and implementation of the FN Health curriculum-Swknaqinx Health Modules which focus on First Nations health. The modules are intended to be integrated into existing courses in nursing, social work, health studies and human kinetics. The project goals include preparing health professionals to respond sensitively to the current realities and health issues facing FN’s people and educating faculty on the content. This process has strengthened ONA’s relationship with UBCO.

Increasing community capacity through the ONA’s Hub by providing training skills and improving collaboration with external partnerships, Interior Health, First Nations’ Health Council, Friendship Centers and other urban aboriginal organizations.

Nevertheless, many more health issues need to be addressed. This will require ongoing and sustained efforts to prioritise health needs, to seize any future opportunities to secure resources, to develop partnerships and to engage the communities directly in taking action to improve their health.
4.2 Actions

Based on the findings of the environmental scan, we offer the following actions and suggestions for consideration in the development of an action plan and implementation strategies. These recommendations generally fall into 5 broad categories addressing current health priorities, developing frameworks, strengthening partnerships, identifying future Nation priorities and strengthening the role of the ONA in supporting the health of the Syilx Peoples.

Addressing Current Health Priorities

1. Explore the potential for more effective and efficient use of existing resources between the seven (7) member communities and the Okanagan Nation Alliance.

2. Develop Nationwide initiatives to address Addictions (alcohol and drugs) and Mental Wellness. Explore model’s that would ensure the cultural safety component is addressed along with the need for individual, community and nation healing. The model should incorporate interagency groups to plan and implement the necessary partnership initiatives. See logic model in Appendix C.

3. Develop a Regional Wellness Program to address Chronic Disease Management (culturally & evidence based) by encouraging healthy lifestyles and become a resource for all seven (7) Bands. The regional service delivery could be titled c’aw’c’sawt (Delphine Derrickson, January 2010) meaning clean body, mind and spirit in the Okanagan language.

4. Build and sustain key relationships with regional (Interior Health), provincial (Ministry of Health & First Nations Health Council) and federal partners (Health Canada) to improve access to health services, promote cultural safety and build upon resources. A recent initiative to educate Interior Health staff on Okanagan culture is currently being implemented.

5. Address issues underlying HIV/AIDS as a priority; link with the Okanagan Aboriginal Aids Society, Chee Mamuk and the BC Center for Disease Control (BCCDC) for regional activities and services.

6. Partner with the Canadian Red Cross and offer RespectED: Violence and Abuse Prevention Training such as “Walking the Prevention Circle” to all seven (7) Bands. Two of the seven communities have had initial training which has resulted in increased awareness. This training acknowledges the history, challenges and strengths of Aboriginal individuals and communities, while exploring issues related to abuse, neglect and interpersonal violence. Developing Nation initiatives would include a community development process.
Developing Frameworks

7. Work on a reciprocal **Accountability Framework** which involves a signed Letter of Understanding (LOU) with Interior Health to define relationships, communication protocols, operations (health plan), and reporting (Information Management System & data sharing agreement).

8. Continue to develop a **Health Governance Framework** via a community driven process that supports the aspirations of Syilx People, the Transformative Change Accord (TCA)- a First Nation Health Plan (Appendix D), which collaborates with the First Nation Health Council. This process will build capacity and ultimately impact on a First Nation Health delivery service at the community, regional and national levels.

9. Develop **early childhood development** initiatives and strategies within the Nation that assist in building capacity for early intervention services.

Strengthening Partnerships/Linkages

10. Continue to move forward on developing a **Letter of Understanding** (LOU) with Interior Health to safeguard the inherent rights to quality healthcare and services for the Syilx People. An LOU will establish co-decision making venues where a climate of safety and an attitude of mutual respect can exist. The Community Engagement Hubs could replace the AHWAC process for a more diverse and collaborative approach, with both urban and on-reserve representation.

11. Ensure that there is Okanagan Nation representation at all Interior Health policy and program development activities directly affecting the Okanagan Nations populations.

12. Explore ways to enhancing systems and strengthening linkages with partners in Housing, Education, Economic Development, Child and Family Services that address Social Determinants of Health (poverty, employment and income levels on reserves) are necessary to address the structural inequalities.
Identifying Future Nation Health Priorities for Action

13. Revisit and review the specific recommendations arising from the ONA Report on the “Pathways to Health and Healing Report” (refer to page 32 of our report and Appendix E). Move forward on the priorities that have been identified in this report.

14. Based on the findings of the environmental scan, the Okanagan/Syilx Peoples are now moving forward with the Nation health priorities for urgent and specific action over the next 5 years. The Wellness Committee will be asked to:

- Develop, implement and assess a specific action plan to address the identified key Nation health priorities.

Strengthening the role of ONA in supporting the Health of the Syilx Peoples-link to ONA Policy

15. Ensure that the ONA Health office has sustainable and appropriate resources through the requisite funding and staff, to act as a focal community health resource, support and advocate for its partners.

16. Ensure that the ONA and the member Bands are strongly positioned to secure future program funding for health challenges facing their communities.
4.3 Resource Needs

The Health Canada document “Developing and Implementing a Health Plan: A Guide for First Nations and Inuit” (April 2007) views the process of health planning as involving multiple steps within 5 general phases. Based on this document, the ONA sees itself as in the Mapping Directions Phase. We recognize that planning is a fluid process rather than a linear one and that there are a number of limited initiatives already underway within the ONA to begin to address some of the health needs.

The ONA has responded to pressing community health needs to date by beginning the development of its health plan through the re-allocation of scarce resources from other program areas. However, it does not have the necessary financial and human resources in its budget specifically dedicated to health planning activities. As well, one-time funding is not sustainable for regional service delivery. In order to proceed further with the full development of the Syilx health plan, the Nation needs adequate, sustainable funding over time to develop the infrastructure for health services and to fund core health promotion and prevention programming. We are also aware that the ONA Health Management structure may need to be revised as its Health department expands and as it is able to secure core funding. Some ONA health initiatives (i.e. Cultural Safety) are already being implemented and evaluation would also need to evolve to meet the identified community needs.

We have consequently developed the following initial budget that will allow the ONA to begin to move further ahead with the planning process as well as with supporting a number of health planning initiatives already underway. See Table 4 below for resource budget allocations.
<table>
<thead>
<tr>
<th>Resource for Initial Steps transitioning from Phase I of Health Planning to Phase II</th>
<th>Amount</th>
</tr>
</thead>
</table>
| Health Director  
(includes benefits)  
(to oversee, plan and project manage the development of the Syilx Nation’s Health Plan and begin process of implementing the Action item) | 91,250.00 |
| Community Health Worker  
(includes benefits)  
(Ideally nursing background to work with each community directly – public health education and promotion on specific issues such as but not limited to: chronic disease management & cultural safety. Working with seven bands to identify other areas of health education and promotion). | 82,125.00 |
| Contractors / Consultant  
(research and support) | 30,000.00 |
| Administrative Assistant | 47,750.00 |
| Travel to communities and Accommodation | 14,200.00 |
| Community Engagement  
(includes an annual three day meeting of the Health staff from the seven bands and monthly Advisory meetings) | 25,000.00 |
| Community Table Meetings in each community ($7,500 x 7) | 52,500.00 |
| Communication and Dissemination | 20,000.00 |
| Walking the Prevention Circle Training (7 x $3,950) | 27,650.00 |
| Supplies and Services | 12,950.00 |
| Equipment & Office Rental costs (includes computers and three offices) | 24,500.00 |
| Evaluation | 22,000.00 |
| Admin. 10% | 44,992.50 |
| **Total** | **494,917.50** |
4.4 Conclusion

This plan offers a road map for supporting and delivering quality health services to the Syilx communities. Like any plan, it must be a "living" document that is regularly reviewed and updated to address the known, as well as the emerging health issues. The plan is only the beginning of an ongoing process. The Syilx people face serious health challenges that have been many years in the making. The solutions will be neither quick nor simple. The health issues may be obvious but the strategies to address them must come from the communities themselves. Strategies have to be holistic and reflect the Syilx framework. For instance, addiction counselling has to address more than just the symptoms, it has to look at the root of the behaviour and develop support networks that strengthen the community. It must also address intergenerational trauma. This can be achieved by Syilx people designing and implementing these programs. The communities are prepared to use outcome based evaluations and demonstrate accountability.

Syilx have the “right to Health and it’s our responsibility. It’s timely given the health challenges. The Future will be stronger” Grand Chief Stewart Phillip

The ONA has ably demonstrated that they can achieve a great deal with one-time funding. However, any gains that have been made will be unsustainable if resources are meagre and uncertain. The ONA needs secure core funding to develop and establish the requisite capacity in their communities and to effectively meet the challenges facing them. We cannot do this alone. We ask that our partners primarily the Provincial Health Authority (Interior Health) and the Federal Government (Health Canada-First Nation Inuit Health) to demonstrate their commitment by funding phase II so our work can carry on. The AHTF-“Okanagan Nation Integrated Partnership Initiative” needs to continue as it was intended to foster long term integration partnerships amongst First Nations and Governments. Support us in improving the scope, quality and effectiveness of health services that the Syilx People deserve!