

tuwa ak^ws xoxotʔa x^w yixmetet (ʔa) k^wʔms hehaw tʔms giʔe

"Care takers of the 'land of plenty' since time immemorial"



K'ómoks First Nation

HEALTH & WELLNESS PLAN

June, 2024



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Section 01:

Welcome



1.1 Health & Wellness Planning

Health and wellness are holistic and all encompassing. We, the people of K'ómoks First Nation, have understood this since time immemorial; cultivating our traditional practices that address our physical, mental, emotional, and spiritual health and well-being. Many of these practices have been disrupted, or purposely suppressed, by settler governments. This Health & Wellness Plan aims to champion our health and wellness practices by setting a clear vision, as well as goals and objectives for the next five to ten years and beyond.



1.2 Origin Story

Our stories hold knowledge that guides us today. While we have many origin stories from our Elders, we have chosen one story to share. This origin story is an account of bravery, cooperation and resilience. As we continue our journey of health and wellness, we will show bravery in speaking out about health concerns, cooperation in supporting all our Members, and resilience in the face of adversity.



“A long time ago Cia’tlk’am (sa’lth’qam) descended from the sky. He wore the feather garment, Qoa’eqoe (Kwe Kwe), and settled in Nga’icam (Quinsam). He became the ancestor of the Catlotq (sa’thloot). With him his sister Tesitla, arrived. The brother and sister wandered through the lands and visited the Nanaimo, Ni’cialt, Tlahus and many other tribes who all became their younger brothers.” Sathloot families: Frank, Billy, and Tommy Billy.

Ai’len (Ieelan) was the ancestor of the E’elsen (Ieeksan). Aie’len was the sun in the human form. He came down as a bird wearing a sun mask. Then he took off his mask and became human at Tlamatakw (Campbell River). Aie’len had three sons and a daughter. Two sons went out on their canoe. The elder brother shot arrows into the sky and this formed a rope that connected the two worlds. The elder brother climbed to the upper world while the younger brother held steady the rope made of arrows. The elder brother followed a path to a pond where the chief of the moon and his family lived. He married the youngest of the moons’ four daughters and that is why there is a crest of the sun and moon on Ieelans’ house. Ieeksan families: George, Hamilton (Nellie Cook’s descendants).

Koaimin and Hel’tun descended from the sky to become the ancestors of the Puntledge. The crest of the Puntledge is the Thunderbird and Whale. The Puntledge have lived in the Comox Valley from the beginning and have experienced severe climate change; this included when the heat influenced the ocean to recede a great distances, they experienced the great flow and then a glacier period. This is Norman Frank’s family.

The ancestor of the Sasitla came from Salmon River. His name was Komokoe. He was named Komokoe because of his wealth. He owned a lot of coppers. The crest is a grizzly bear: Sasitla families Hardy & Mitchell.”



To honour this story and bring life to the Plan, many of the graphics in this Plan use images of the sun, moon, and stars. We are, and have always been, connected to the land and water but these elements are timeless and we highlight them here.



1.3 Health and Wellness Vision

We started this journey by asking the question:

“What is Health & Wellness to you?”

Our Members’ responses were insightful and rooted in the love for our community and people. The following Vision Statement expresses where we see our health and wellness journey taking us.



K’ómoks First Nation’s health and wellness is based on the principles of inclusion, tradition, and balance. The physical, mental, and spiritual needs of our Members are met through culturally-informed care and together we will overcome the legacy of colonialism.

1.4 Planning for Health & Wellness

Until 2021, K’ómoks First Nation worked with Kwakiutl District Council Health (KDC Health) to provide health and wellness services to the community. Today, we have taken on the responsibility of providing health care to our Members and receive funds directly from the First Nation Health Authority (FNHA). This journey to managing our own health services will allow us to be more transparent and responsive to the needs of our community.

The K’ómoks Health Committee, consulted with Members, staff, Elders, and youth to create a community driven Plan that reflects our values. The diagram below demonstrates how this Plan will be evaluated and updated over time so it can continue to serve the community. This Plan is **a living document** that will be updated and used as a community and staff resource in years to come. Actions will be completed and replaced, objectives may shift to better represent pressing health and wellness issues, and new Health Partners may come on board. More information on this process is available in Section 6.2.

We’d like to thank the 2023 Health Committee for their role in developing this plan:

Facilitator – Tami Compton

Elders – Fernanda Pare, Melinda Knox, Barb White, Jackie Frank

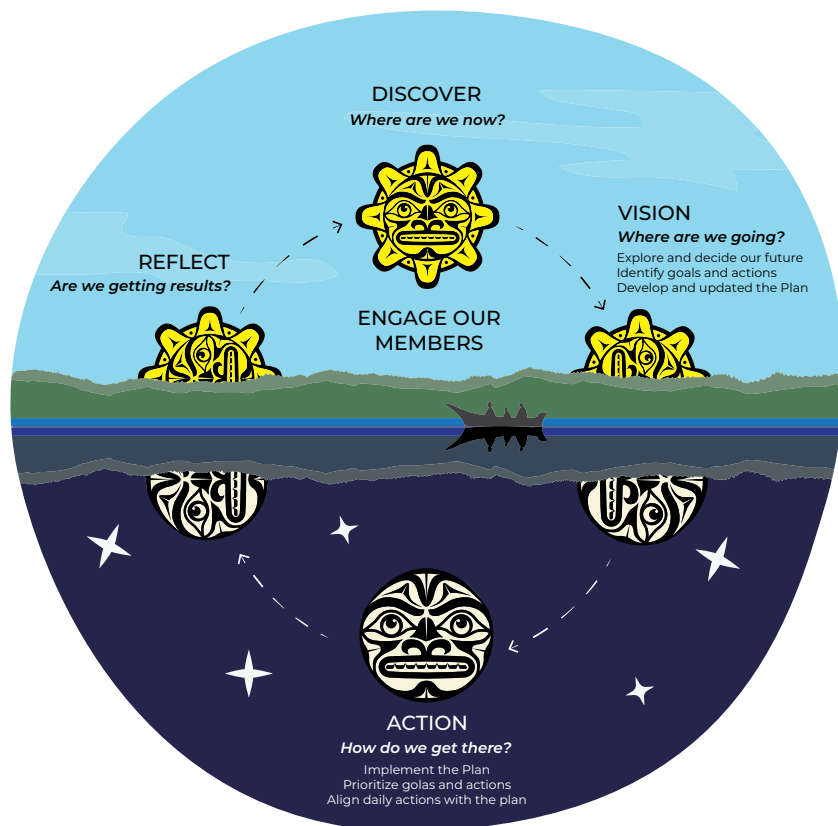
Adult – Simone Compton

Youth – Alex Webber

Council Member – Susan Savoie

Community Members – Fran Prince, Caitlin Dyke, Sharlene Frank, Kat Frank, Tiffany Gee



Figure 1: Planning Cycle

1.5 Applying a Health & Wellness Lens

In order to make meaningful progress in the areas of health and wellness, it is important to view planning and governance through a health and wellness lens. Improving health and wellness objectives depends on many factors outside the direct control of our Health Department. For example, the best clinics in the world cannot stop people from getting sick if they do not have a safe place to live. We must consider the wider social determinants of health that influence physical, mental, emotional, and spiritual health in all of our decision-making processes to affect real change.



1.6 How to Use Our Plan

Our Plan is a visionary document, community resource, and forward-looking strategy. The Plan was developed for three major audiences who may have different interests:

1. **Our Members** want to see that their concerns and ideas have been heard and are being addressed by the appropriate department, as well as integrated into the Strategic Plan.
2. **K'ómoks Staff** are focused primarily with implementing and evaluating the effectiveness of the Plan.
3. **Health Partners** are focused on how to support the long-term objectives of the Plan.

The following sections map out K'ómoks Health & Wellness journey:



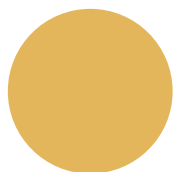
Section 2: Who We Are

Provides important geographic, demographic, and cultural information related to our health and wellness.



Section 3: Where We are Today

Provides an overview of the current state of community health and wellness.



Section 4: Where We Are

Highlights our 8 health and wellness goals and supporting objectives.



Section 5: How We Are Getting There

Identifies the actions we are taking to reach our goals and how we will monitor outcomes.



Section 6: Reflecting and Revising

Outlines how the Plan will be reviewed and updated.





Section 02:

Who We Are



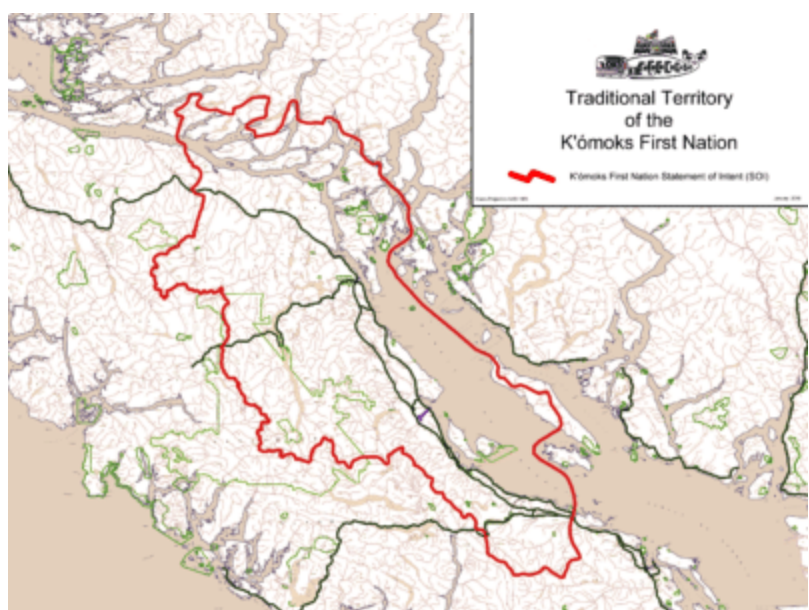


2.1 The Land of Plenty

The K'ómoks First Nation is proud to be part of two dominant cultures, Northern Coast Salish as well as Kwakwaka'wakw. Our territory is vast, stretching from the Salmon River to Englishman River Watershed and across the Salish Sea. In the "Land of Plenty" are a host of plants and animals that have sustained us since time immemorial. Salmon, shellfish, elk, and berries were once staples of the K'ómoks diet. Certain plants and herbs have also been gathered for medicinal and spiritual healing purposes (K'ómoks First Nation, 2014).

We have four reserves that support a variety of uses. Goose Spit IR #3 for example, is crucial habitat for the endangered Sand-Verbena Moth. Part of wellness for our people is living in harmony with native plants and animals. Collectively, we have 525 hectares of land divided between four reserves, three interim reserve lands, and four fee simple properties (K'ómoks First Nation, 2014).

Figure 2: Traditional Territory of the K'ómoks First Nation





2.2 Our People

2.2.1 Culture

Culturally, we hold both Coast Salish and Kwakwaka'wakw customs and language. European settlement on the traditional territories of these two groups brought our ancestors into close proximity. The resulting culture and people are distinctly K'ómoks and today we are a united people.

2.2.2 Population

Measuring our population is a complex task that deals with legal, cultural and legislative factors. Who we consider to be part of our community does not always align with how government agencies count our Members. This is especially true when it comes to health and wellness planning, as funding is often based on the number of registered on-reserve Members. Through Treaty negotiations we are exploring an opportunity to establish our own Process: for determining who is a K'ómoks Member. We are a caring people and have not let legal titles stop us from helping off-reserve and non-status Members.

In 2022, our population was 378 status and non-status Members (K'ómoks First Nation, 2022). Looking to the future, we anticipate between 29-220 new Members by 2033 as a result of legislative changes that could affect who is eligible to be a registered Member (Edmonston, 2019).

Our population is constantly shifting and it is crucial that we have an accurate picture of our community make-up. An increase in status Members does not necessarily mean more pressure on existing health care systems. In fact, the increased access to per capita funding could give our staff more resources to provide for our Members both on and off reserve.



2.2.3 Traditional Practices

We have a long history of health and wellness practices tied to culture, language, land and water. Through the bravery and resiliency of our ancestors and Elders we are blessed to practice many of these today. It takes concentrated effort however, and the dedication of our community to invigorate and maintain the traditions that have kept our people healthy.



The two major areas of traditional health and wellness practices are diet and spirituality. Recent field work has uncovered more than 200 complex clam gardens in the intertidal zones of our traditional territory (K'ómoks First Nation, 2014). A diet rich in seafood provides fats and nutrients that boast many health benefits. Our people were aware of this and balanced seafood with the diverse berries, meats and roots that made up a traditional diet.



Spirituality is also a crucial part of health and wellness, and we have cultivated practices to enhance our connection to each other, the land, water, and the Creator. Our Elders are knowledgeable of practices like cedar brushing and river ceremonies which continue to be important culturally and for health. While many of our practices are sensitive and we cannot share them here, we encourage all Members to reach out to Elders, the Health Department, and the Culture & Language Department for more information on these practices.



The background is a scenic landscape photograph. In the foreground, a large, weathered tree stump sits on a pebbly beach. To the right, a body of water stretches towards the horizon. In the background, a forested mountain rises, with a large, stylized, light-colored graphic of a face or mask superimposed over the sky and upper part of the mountain. A yellow rectangular box is positioned in the center of the image, containing the section title. On the left side, there is a vertical green bar and a circular logo with a blue and yellow design. At the bottom left, there are two small red rectangular blocks.

Section 03:

Where We Are



3.1 Programs and Services Today

K'ómoks leadership, Health Team, staff and volunteers work together to provide a range of health and wellness programs and services. The majority of these services are offered from designated health spaces located within the community, where staff, counsellors, physicians and nurses reside. Many of these staff are part-time, so it's important that we work towards increasing our resources to provide health programs and services.

As health programs and services grow and develop, they've exceeded the physical capacity of our designated spaces. Space to hold private and concurrent appointments is already a challenge, and this is one reason we are exploring the construction of a new Health Building. This new facility will take multiple years to construct and is dependent on additional government funding.

As of January 2024, our health and wellness services are grouped into twelve service categories:

1. Nursing & Physician Care
2. Community Wellness Work
3. Home & Community Care
4. Counselling / Mental Health
5. Fetal Alcohol Support
6. Nutrition Programs
7. Child / Family
8. Elders & Youth
9. Traditional
10. Topical Programs
11. General
12. Site Admin / Reception



Please see Appendix A for a detailed list of services as well as who administers the programs.

In addition, we are engaged with the First Nation Health Authority who supports us with critical programs and planning including but not limited to:

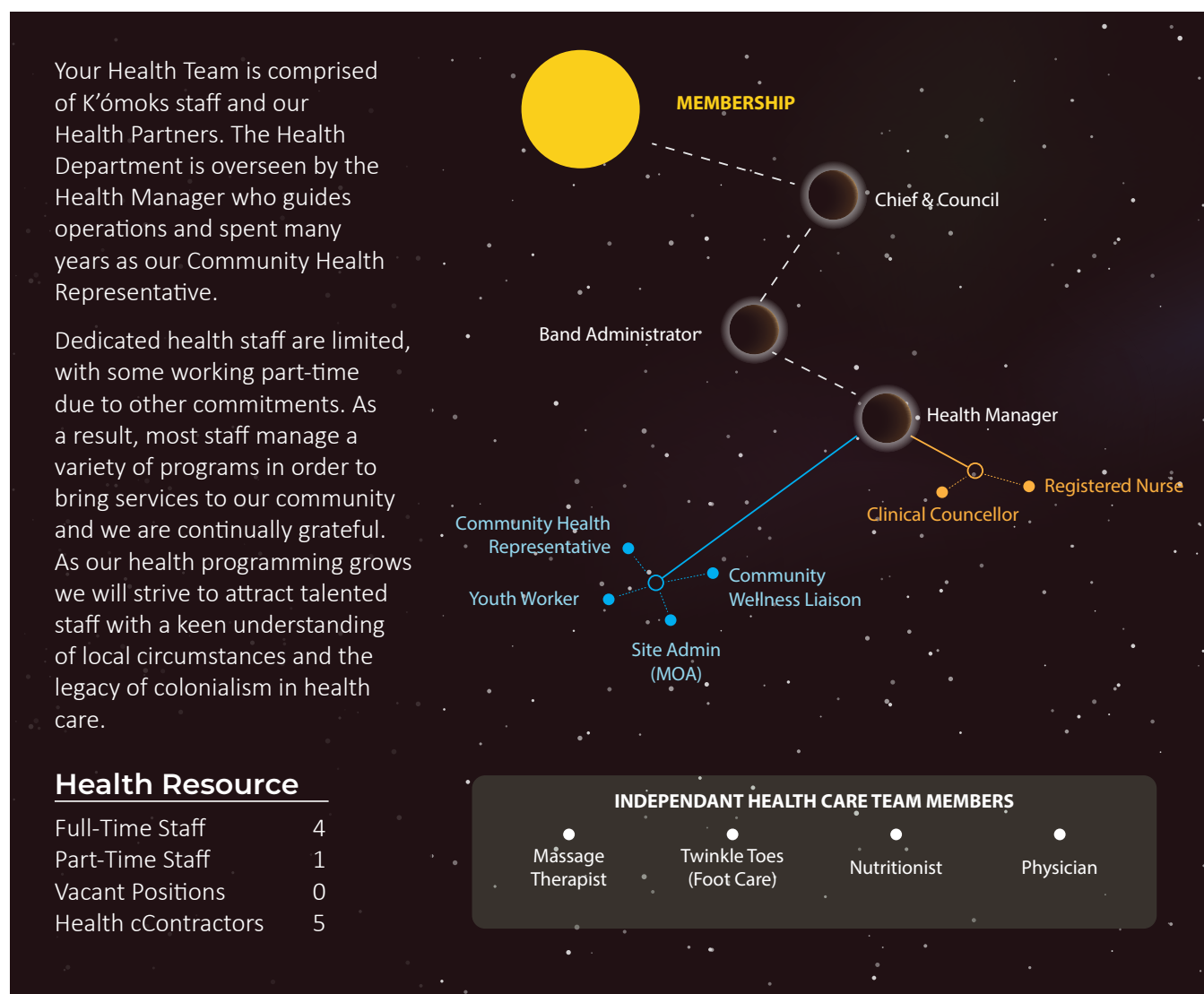
- Environmental Public Health Drinking Water Safety Program; and
- Communicable Disease Emergency (CDE) Response Planning.

We will continue to work with our Environmental Public Health Officer and Regional CDE Nurse Advisor and Management Team to plan for and administer critical health programs and plans.



3.2 Our Staff

Figure 3: Health Management Team & Providers



3.3 Our Health Partners

K'ómoks First Nation is dedicated to progressing health and wellness through partnerships with agencies, governments, and our Sister Nations – Tla'amin, Klahoose, and Xwémalhkwu (Homalco). A large part of our existing service network is only possible through these partnerships.

Our Health Partners include those that work from K'ómoks First Nation facilities (e.g. Physician) and those with mobile facilities (e.g. foot care or massage therapy). These services are only available at specific times of the week and only on-reserve currently. While these restrictions pose some challenges, our partners allow us to provide services we otherwise could not and are an integral part of service delivery at K'ómoks First Nation.



Over the next five years we intend to continue to foster or establish and develop our relationships with the following agencies and organizations:

1. First Nations Health Authority
2. Canadian Mortgage and Housing Corporation
3. Island Health and (Primary Care Network)
(formerly Vancouver Island Health Authority)
4. Sasamans Society
5. LUSH Valley
6. Loaves & Fishes
7. Island Food Hubs
8. North Island College
9. Aboriginal Head Start
10. First Peoples' Cultural Council
11. Walk-with-Me
12. Ministry of Children and Family Development
13. BC Emergency Health Services (BCEHS)
(Community Paramedic)

3.4 Engagement Summary

Our engagement Process: started with a survey over a year before this plan was completed. We asked Membership to tell us what services were working for them and where to focus our energies moving forward. Nearly, 20% of the community responded and we want to thank everyone who took the time to share their thoughts. Over the course of 2022 and 2023 we met with many groups within the community including Elders, youth, staff and Health Partners to develop a vision for this plan and refine the goals, objectives, and actions.

The following list summarizes all the ways we gathered the knowledge and views of our community for this plan:



3.5 Summary of Current Challenges

Our staff work very hard to maintain and improve the services we provide, but it will take concentrated effort from all parties to progress our health and wellness objectives as a community. Despite our best efforts we still face challenges. The following summarizes key concerns and challenges we have heard from our Members when discussing health and wellness:

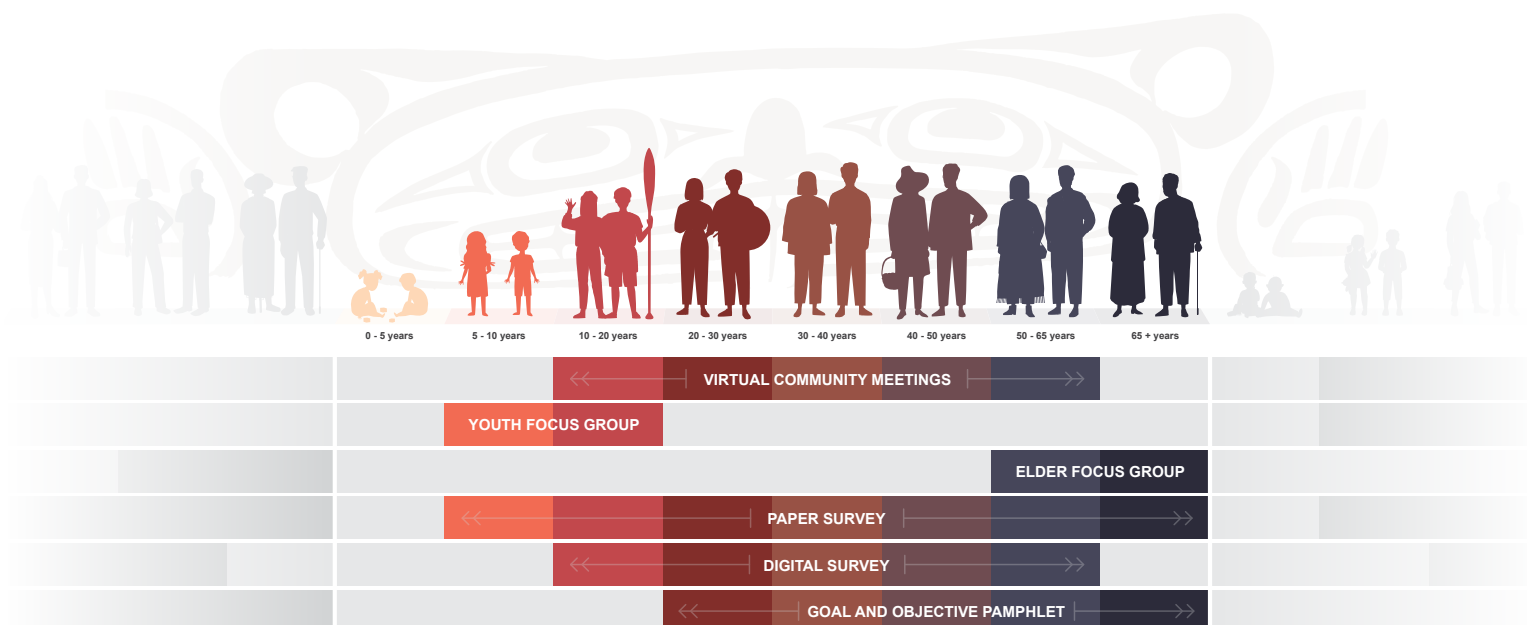
- Gaps in service coverage for our Members on and off reserve.
- Insufficient physical healthcare space within the community.
- Lack of specific Elder care.
- Key services (dental check-ups and physical therapies), are not available in-community.
- Cost of travel to access health services (e.g., lodging, lost wages).
- Cost of specialists and prescriptions.
- Lack of culturally-informed practices and traditional teachings.
- Food insecurity.
- Effects of colonization on health and wellness.

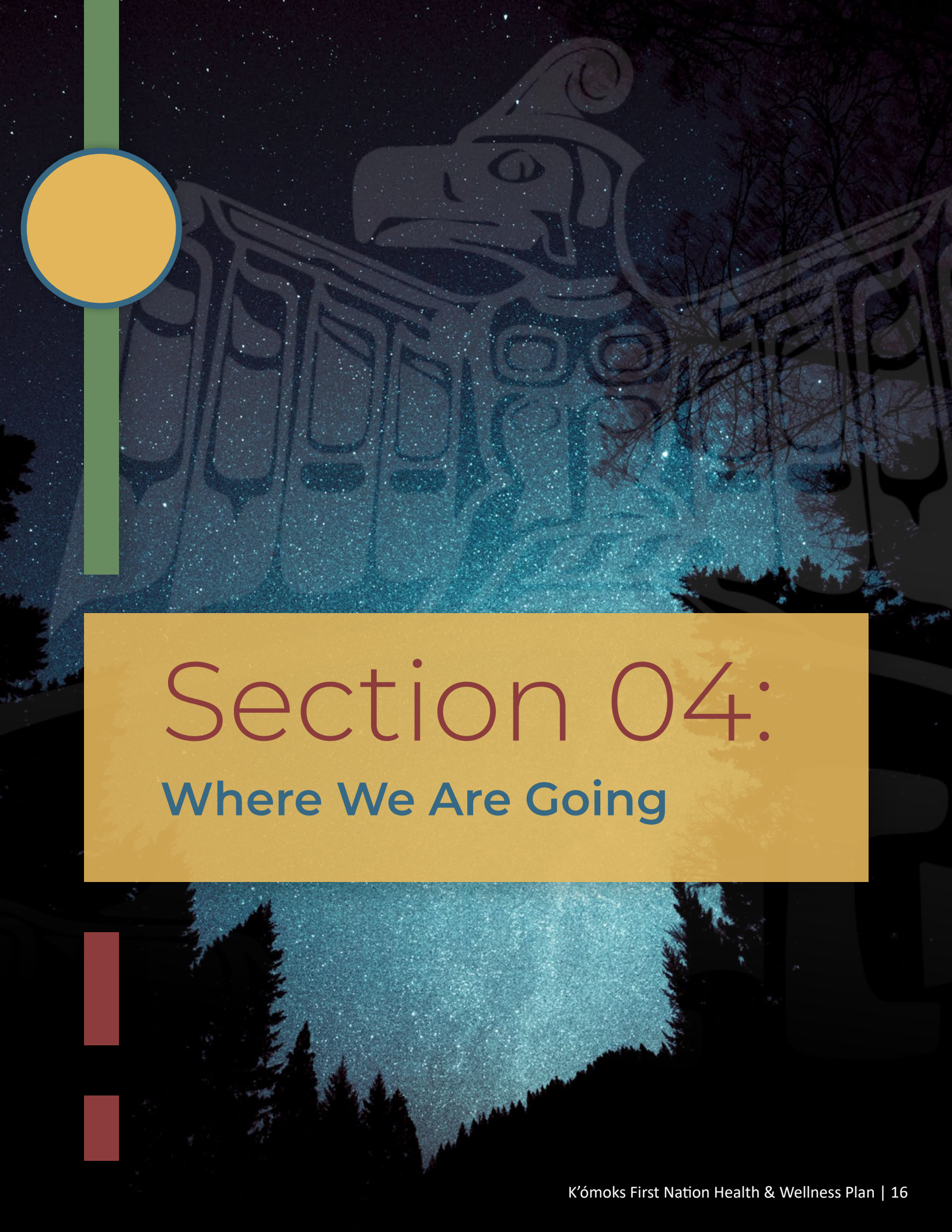
“It feels like...unless you live on reserve, we aren't going to get any help”

~K'ómoks Member

Looking forward, we will work to address these concerns and build a robust health and wellness system that addresses the trauma of the past, copes with financial and resource limitations, and brings our Members closer to our culture, land, and water.

Figure 4: Engagement for Everyone – A Demographic Perspective on Engagement





Section 04:

Where We Are Going

We have 8 **Goals** that outline our community health and wellness priorities for the next 5 years. They will guide our decision-making as a community, not only in terms of health policy, but in the many disciplines that influence our well-being. Each Goal is broken down into **Objectives** that are measurable and more specific. These will be crucial during the monitoring and review stages.

K'ómoks Health & Wellness Goals:



GOAL 1

Our Members' Physical Health & Wellness is Supported Throughout All Stages of Life



GOAL 2

Our Members Have the Tools and Support to Continually Improve their Mental Health



GOAL 3

Healthy and Nutritious Food Feeds Our Physical, Spiritual, and Mental Wellbeing



GOAL 4

Our Community Meets the Immediate Needs of Members in Crisis, and Supports Long-Term Recovery and Healing



GOAL 5

All Members Feel Valued, Connected, and Have a Strong Sense of Belonging



GOAL 6

We Have the Staff, Equipment and Space Needed to Support a Robust Health & Wellness Program for Our Community



GOAL 7

Our Health & Wellness Program Is Accountable to Membership and Anchored in Clear Communication and Transparency



GOAL 8

Health and Wellness Planning is an interdepartmental activity that acknowledges the diversity of circumstances affecting our Members.





4.1 Our Members' Physical Health & Wellness is Supported Throughout All Stages of Life

Physical wellness is often the first thing that comes to mind when discussing health, and the area with the most readily available supports. That being said, the physical needs of our Members vary widely and are ever-changing. In discussions with the community it was clear that one-size-fits-all doesn't apply to health and wellness, and that there are different needs at different stages of life. The Objectives and Actions under this goal seek to address existing service gaps, with an emphasis on two crucial demographics: Elders and expecting parents.

Objectives

1. Increase the types of health and wellness services provided to Elders living at home.
2. Diversify the range of health care services provided to Members to include physical therapy, massage, and chiropractic.
3. Increase the proportion of Members who receive regular preventative dental care.
4. Improve access to affordable optometrist services.
5. Increase and diversify physical recreation programming to accommodate different age groups within the community.
6. Increase the proportion of pregnant Members who receive prenatal and postnatal care.
7. Increase the range of institutional partnerships that support physical health and wellness.

*"a family that
can be active
together is
beneficial in so
many ways"*

~K'ómoks Member





4.2 Our Members Have the Tools and Support to Continually Improve their Mental Health

As previously discussed, our understanding of health and wellness is holistic. Physical, cultural, mental, and spiritual health combine to create a thriving individual and healthy community. Not all aspects of health, however, receive equal attention, funding, or respect and we want to take this opportunity to highlight the importance of mental health and wellness.

In 2022, our Members rated all our health services based on how important they felt it was to have robust programming in that area. Mental health related services received the highest average scores, indicating that our community is well aware of how crucial mental wellness truly is. That being said, there is much we can improve on in the coming years. It is helpful to note that many of the challenges we are experiencing as a community are not unique, but shared by other First Nations across Canada. The FNHA published a Policy on Mental Health and Wellness in 2018, that highlights key concerns based on “extensive community and individual feedback” and there is significant overlap. For example, K’ómoks Members stressed the need for trauma-informed and culturally-relevant mental health services across the board. The FNHA policy (2018) puts it this way:

“We heard that mental health and wellness approaches must be designed based on an understanding of the deep and ongoing impacts of colonialism, including experiences of intergenerational trauma and racism”.

Decolonizing our health system will require incorporating traditional medicine and ways of knowing and being into our practices. Using insights like these, this plan will contribute to design health and wellness programs that work for our Members. What we ask of you is to continue to be brave in seeking treatment, asking questions, and speaking up when things aren’t working.

Objectives

1. Increase Member’s awareness of how and when to access mental health resources.
2. Provide options for both individual and collective healing to Members.
3. Increase privacy and cultural relevance of clinical counselling services.
4. Increase awareness for those who live or work in the community of the enduring effects of colonization on the mental health of First Peoples.
5. Reduce stigma towards Members experiencing mental health challenges or pursuing treatment.

*“It’s time to
decolonize
health”
~K’ómoks Member*





4.3 Healthy and Nutritious Food Feeds Our Physical, Spiritual, and Mental Wellbeing

For both its nutritional value and deep connection to our culture and traditional practices, local foods are an important part of health and wellness at K'ómoks. Our people have been hunting, harvesting, gathering, and fishing on our traditional territory since time immemorial and Membership would like to preserve and enhance these practices. Too frequently today, it is difficult for Members, young and old, to find time to learn appropriate skills or there are financial barriers in their way. We aim to use strategic partnerships, community events, and existing facilities to promote healthy and nutritious food prepared as our ancestors have always done.

Objectives

1. Share and enhance traditional practices of cultivation, hunting, and preservation.
2. Increase the consumption of local produce, game, and traditionally preserved foods.
3. Increase availability of warm and nutritious meals for children outside the home.
4. Improve access to fresh groceries for Members.
5. Increase knowledge of the dangers of medical conditions related to poor diets.
6. Expand partnerships to reduce financial barriers to healthy and nutritious food.

"I think the services needed are as diverse as our members"
~ K'ómoks Member



4.4 Our Community Meets the Immediate Needs of Members in Crisis, and Supports Long-Term Recovery and Healing

Health and wellness encompass multiple areas of our lives including physical, mental, emotional, and spiritual health. Each of these areas can have immediate and long-term needs. A health crisis like a heart attack needs immediate attention and support, and is treated very differently from a long-term condition like chronic pain. The importance of both these extremes was apparent when talking to Membership and we've drafted Objectives and Actions to expand services and address a more complete spectrum of health and wellness needs.

Objectives

1. Reduce the presence and impact of illicit narcotics in the community without removing support for Members battling substance misuse.
2. Improve access to staff and resources for addressing sexual trauma in a manner that is sensitive to culture, identity, and sexual orientation.
3. Expand support resources for chronic pain sufferers, focusing on community and resiliency.
4. Increase accessibility of cultural healing practices as a method of addressing long-term ailments and substance misuse.

*"We need to keep
the old ways going
as our ancestors
were much
healthier that we
are today"*

~K'ómoks Member





4.5 All Members Feel Valued, Connected, and Have a Strong Sense of Belonging

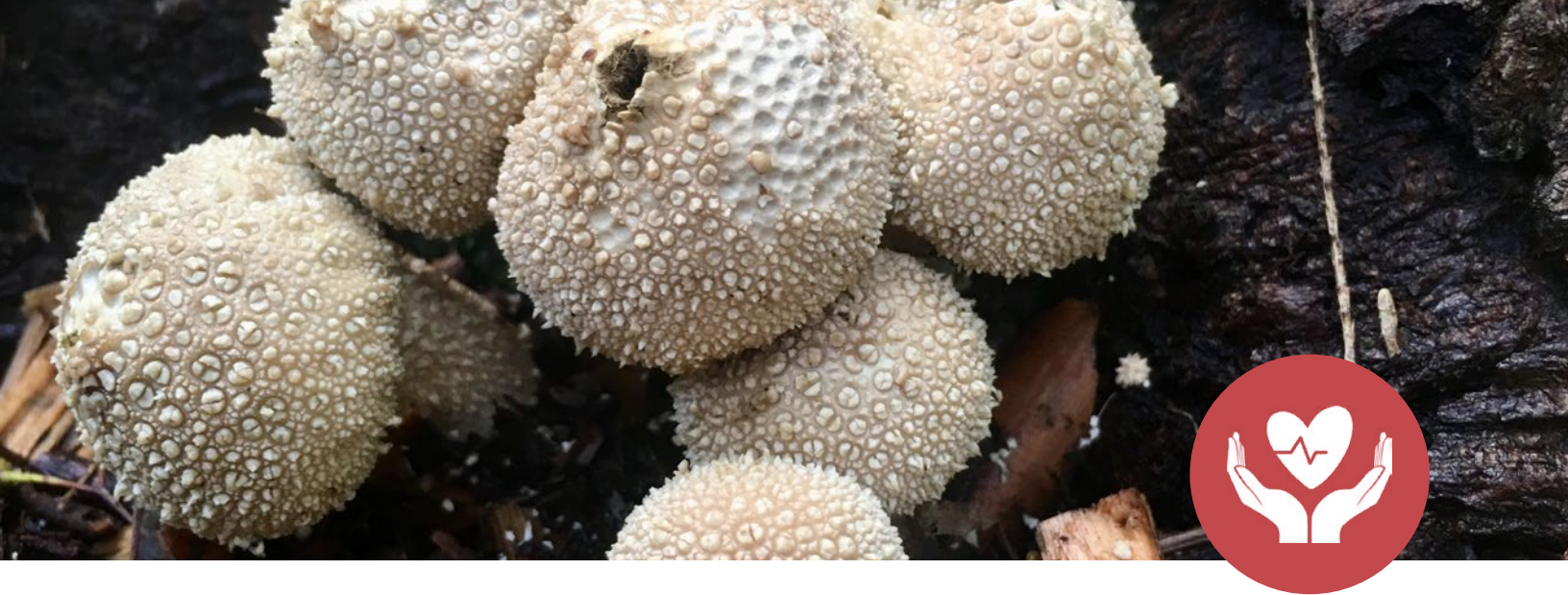
Social connection and a profound sense of belonging are at the core of our well-being. We thrive when we nurture bonds, as these connections provide us with a vital support network, promoting our mental and emotional resilience. By valuing every Member and fostering a collective sense of identity and purpose, we create a space where our cultural traditions and knowledge can flourish. We plan to increase opportunities for our Members to strengthen their social bonds while simultaneously decreasing barriers to participation. Membership has been clear that wellness, social connection, and cultural expression are interconnected and we are respecting that wisdom in our Health & Wellness Plan.

Objectives

1. Increase opportunities for Elders to be involved in community activities in meaningful ways.
2. Foster a culture of volunteerism and support between Members of K'ómoks First Nation.
3. Disrupt and address cycles of violence between intimate partners or family members.
4. Increase the frequency of in-person Member social events grounded in culture/tradition.

*“Culture creates
a community of
belonging and
meaning”*

~ K'ómoks Member



4.6 We Have the Staff, Equipment and Space Needed to Support a Robust Health & Wellness Program for Our Community

To build a robust health and wellness program that truly benefits every Member, we recognize the fundamental importance of having the right resources in place. This means ensuring we have a sufficient number of skilled staff, with sufficient funding, and equipped with the knowledge and cultural awareness necessary to address the unique needs of K'ómoks First Nation.

Having the right tools and equipment is paramount to delivering effective care and support. Physical, mental, emotional, and cultural wellness all have unique requirements. We must create an environment that fosters well-being, which includes providing adequate space for both communal and private health services. It's the combination of these core resources—knowledgeable staff, proper equipment, and sufficient space—that forms the backbone of a program designed to enhance the health and wellness of every individual in our community, leaving no one behind.

Objectives

1. Increase facility space for communal *and* private health and wellness services.
2. Reduce barriers to accessing licensed doctors and nurses.
3. Enhance alignment of Health Department funding with obligations to non-status and off-reserve Members.
4. Build a Health & Wellness Team that is diverse, culturally informed, financially compensated, and supported in their roles.
5. Establish dedicated resources to support Elders, youth, and children in their health and wellness journeys.

*“Our community
has been lacking
supports for so
long”*

~ K'ómoks Member





4.7 Our Health & Wellness Program Is Accountable to Membership and Anchored in Clear Communication and Transparency

At K’ómoks, we appreciate the importance of clear and open communication between leadership and Membership, recognizing it as a cornerstone in the successful administration of our health and wellness programs. We believe that transparency, confidentiality, and trust are key ingredients in creating a program that truly serves the best interests of our Members. By upholding these principles, we aim to foster an environment where everyone feels informed, supported, and valued in their pursuit of health and well-being.

Objectives

1. Increase frequency of monitoring health and wellness indicators in the community.
2. Report back on health and wellness data/observations to the group it was collected from in a way that preserves personal privacy.
3. Continue to adjust health and wellness goals during plan review cycles based on Member priorities.
4. Improve transparency in decision-making related to the health and wellness of Members.

“I would like to be informed about any new and available information”

~ K’ómoks Member





4.8 Health and Wellness Planning is an interdepartmental activity that acknowledges the diversity of circumstances affecting our Members.

The well-being of our Members is influenced by multiple factors that extend well beyond healthcare itself. For example, adequate housing, good relationships with law enforcement, and supports for parents and children play pivotal roles in determining the overall health and wellness of our community. To address these complex challenges, inter-departmental cooperation becomes a critical component of our success. It is through collaboration and coordination that we can create a holistic approach to health and well-being, ensuring that all Members have the opportunity to thrive in a supportive and nurturing environment.

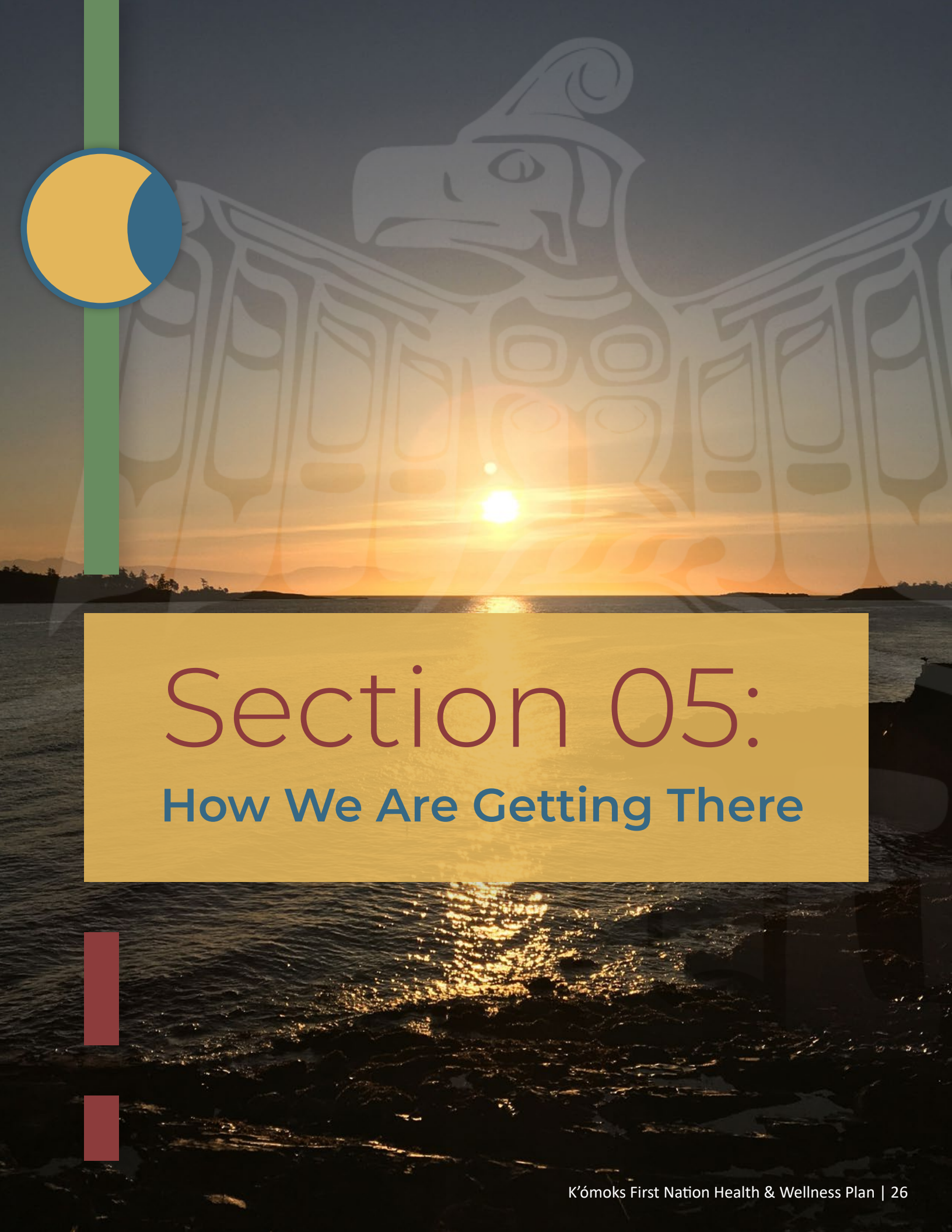
Because of this, we have included an eighth and final Goal dealing with subjects that are not entirely controlled by the Health Department. With this Plan, it is our intention to work closely with other K'ómoks departments to pursue key actions. While we have included timeframes for these actions, please be aware that progress will depend on the workload, staffing, and budgets of multiple departments.

Objectives

1. Promote long-term housing options that provide a foundation for strong health and wellness.
2. Reduce the frequency of break-ins in the community, and address the lasting psychological impacts of past offenses.
3. Diversify Member housing to accommodate various family sizes and compositions.
4. Establish resources to assist in custody and foster-care disputes in a culturally safe, professional and transparent manner with the best interests of the child in mind.
5. Reduce response delay for intervention to both physical and mental crises in the community.

"Our members are really struggling and need the consistent supports in place for long term"
~ K'ómoks Member





Section 05:

How We Are Getting There



With a clear view of where we are and where we would like to go, we turn our attention to how we are getting there.

5.1 Financial Planning

One crucial aspect of this health and wellness journey is financial planning – acquiring the resources we need to achieve our goals. Each fiscal year (April- March) K'ómoks First Nation sets an annual budget, including funds for the Health Department to provide health services and pursue the goals and actions of this Plan. The size of the budget for the Health Department depends largely on our First Nations Health Authority Contribution Agreement. This per capita (per person) funding is also supplemented by grants for specific health-related projects and our team members are constantly looking for new revenue sources.

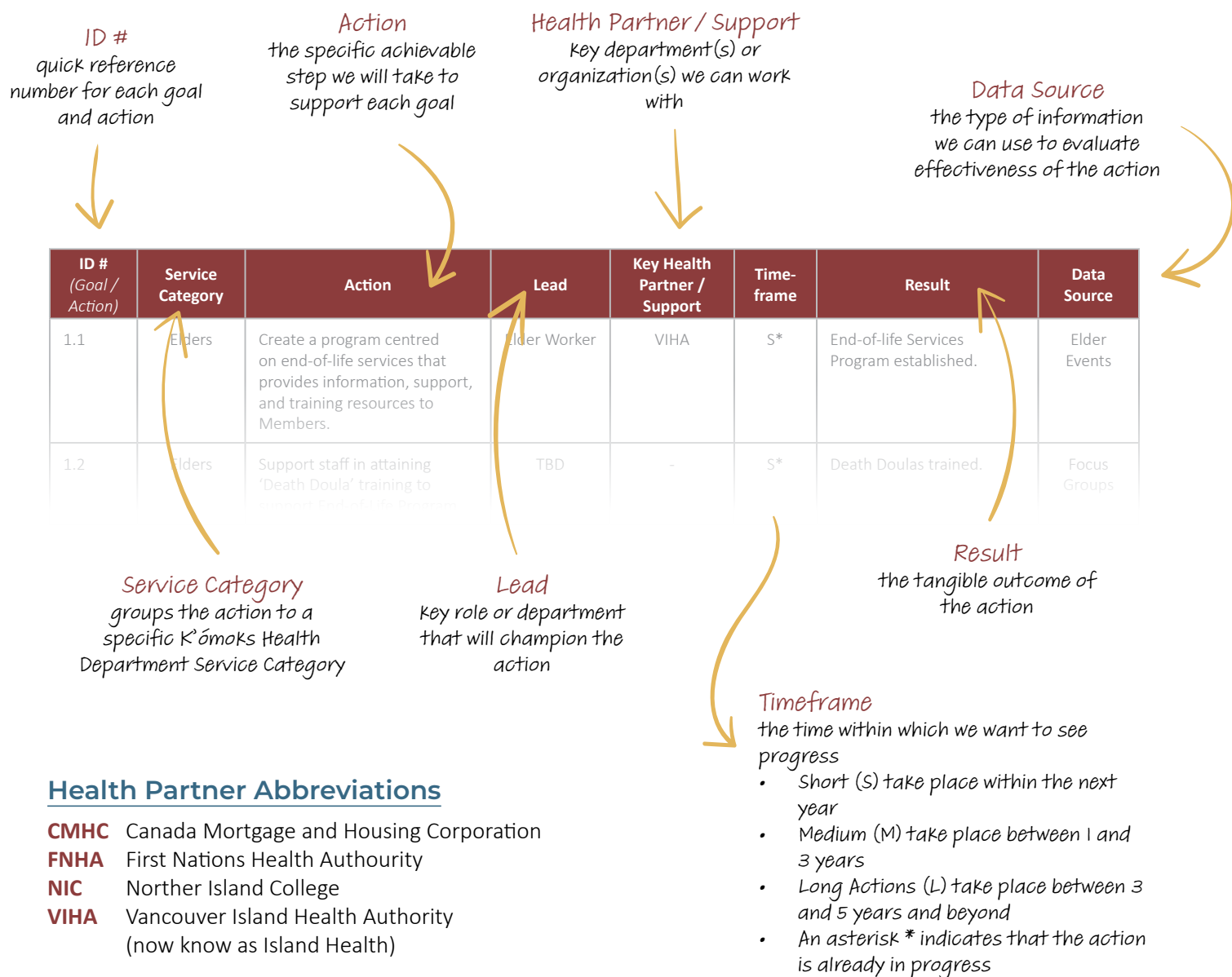
To assist with the implementation and success of this Health & Wellness Plan, it is important to:

- Continue to build and strengthen external partnerships with private and public sector groups
- Align the annual budget with the staff and resource requirements of this Plan
- Identify long-term and alternative funding opportunities
- Identify projects that can be completed quickly and on budget to maintain momentum
- Assess the pressure that this plan puts on key existing staff positions



5.2 Actioning our Goals

This part of the Plan lays out how we are going to work towards our Goals. The following figure explains how to read the action tables.



Health Partner Abbreviations

CMHC	Canada Mortgage and Housing Corporation
FNHA	First Nations Health Authority
NIC	Norther Island College
VIHA	Vancouver Island Health Authority (now know as Island Health)

While led by the Health Department, please note that the Actions described below involve resources and support from multiple departments. This is in pursuit of the best outcomes for the community.



5.2.1 Goal #1 – Our Members' Physical Health & Wellness is Supported Throughout All Stages of Life



ID #	Service Category	Action	Lead	Key Health Partner / Support	Time-frame	Result	Data Source
1.1	Elders	Create a program centred on end-of-life services that provides information, support, and training resources to Members.	Elder Worker	VIHA	S*	End-of-life Services Program established.	Elder Events
1.2	Elders	Support staff in attaining 'Death Doula' training to support End-of-Life Program.	TBD	-	S*	Death Doulas trained.	Focus Groups
1.3	Elders	Appoint an advocate for Elders' interests and to manage concerns.	Health Manager	Elder Worker	S*	Elder Advocate is elected or appointed.	Elder Events
1.4	Child / Family	Develop a list of agencies and practitioners able to offer trauma-informed support for parents.	Community Wellness Liaison	FNHA	S	Trauma-Informed Parental Support Resource List developed and advertised.	Member Health Survey
1.5	Traditional	Coordinate regularly scheduled traditional dances as a mode of exercise.	Youth Worker	Culture & Language Department	S	Traditional Dance Schedule established.	Attendance Statistics
1.6	Traditional	Encourage youth to take on leadership roles in traditional dances and ceremonies.	Youth Worker	Culture & Language Department	M	Multiple K'ómoks Members under 18 are able to lead traditional dances.	Staff Workplan Reporting
1.7	Topical Programs	Increase availability of physical therapies, specifically chiropractic, massage, and physiotherapy.	Health Manager	FNHA	M	Members have access to subsidized chiropractic, massage, and physiotherapy.	Staff Workplan Reporting
1.8	Home & Community Care	Increase availability of home-making workers for on and off-reserve Elders.	Elder Worker	VIHA	M	Island Health and K'ómoks are providing coordinated home-making support for all Elders.	Focus Groups


Goal #1 – Our Members' Physical Health & Wellness is Supported Throughout All Stages of Life

ID #	Service Category	Action	Lead	Key Health Partner / Support	Time-frame	Result	Data Source
1.9	Topical Programs	Expand mobile health services that do not require facility space focusing on existing gaps in services (e.g. dentistry, cancer screening, optometry).	Health Manager	FNHA	M	Mobile health services are expanded in both type (e.g., dentistry and optometry) and frequency of service.	Member Health Survey
1.10	Topical Programs	Advocate for a dedicated physical therapy space in future health and wellness facilities.	Health Manager	CMHC BC Housing FNHA	L	The new Health Building contains a dedicated physical therapy space	Council Minutes
1.11	Child / Family	Offer parent-child exercise classes in conjunction with health education initiatives as needed.	Community Health Representative	VIHA	L	Parent-child exercise classes are available when there are K'ómoks Members with infants.	Focus Groups
1.12	Child / Family	Develop resources to connect Members with Indigenous Birth Doula services as needed.	Site Admin	VIHA	L	Indigenous Birth Doula information package developed.	Focus Groups
1.13	Child / Family	Offer post-partum support for Members as needed.	Clinical Counsellors	VIHA	L	Clinical Counsellors are trained and prepared to assist in instances of post-partum stress or depression.	Focus Groups

5.2.2 Goal #2 – Our Members Have the Tools and Support to Continually Improve their Mental Health



ID #	Service Category	Action Text	Lead	Health Partner / Support	Time-frame	Result	Data Source
2.1	Counselling / Mental Health	Enhance the promotion of mental health resources into existing community events with a 'Mental Health Minute'.	Clinical Counsellors	Communications Department FNHA	S	The 'Mental Health Minute' is a consistent part of K'ómoks First Nation community events.	Member Health Survey
2.2	Counselling / Mental Health	Promote the Island Health Counsellor in Courtenay dedicated to K'ómoks First Nation as a key resource for local off-reserve members.	Clinical Counsellors	VIHA	S	Off-reserve Island Health Counsellor information available to Members digitally and through the newsletter.	Focus Groups
2.3	Child / Family	Facilitate psycho-educational assessments during early years to improve access to school and post-graduation support resources.	Community Health Representative	Aboriginal Head Start	S	Psychoeducational assessments through Aboriginal Head Start are available for all Members-in-need at an early age.	Staff Workplan Reporting
2.4	Child / Family	Explore grants to help parents with travel related expenses for psycho-educational assessments.	Site Admin	FNHA	M	Financial barriers to accesses psychoeducational assessments have been reduced or eliminated for Members.	Focus Groups
2.5	Counselling / Mental Health	Develop a Land-Based Trauma Treatment Program to address traumatic community experiences in collective memory. (e.g. the 60's Scoop, Residential Schools, Indian Day Schools, and the Nanaimo Indian Hospital)	Health Manager	Culture & Language Department	M	A Land-Based Trauma Treatment Program is established, staffed, and advertised.	Focus Groups
2.6	Traditional	Provide financial assistance directly to Members who practice traditional ceremonies and rituals.	Health Manager	First Peoples' Cultural Council	L	Financial support for Members practicing traditional ceremonies and rituals is made available.	Staff Workplan Reporting

5.2.3 Goal #3 – Healthy and Nutritious Food Fees our Physical, Spiritual, Emotional, and Mental Wellbeing



ID #	Service Category	Action Text	Lead	Health Partner / Support	Time-frame	Result	Data Source
3.1	Community Wellness Work	Source high-quality local produce and facilitate delivery to Members with limited mobility.	Health Manager	Local Farms, Nutritionist, Community Health Representative	S*	Local produce is routinely available to Members of all mobility levels at a discount.	Member Health Survey
3.2	Community Wellness Work	Increase the community garden area by installing a greenhouse with dedicated resources to promote cultivating traditional plants.	Community Health Representative	Guardian Watchmen, Traditional Knowledge Keeper, Nutritionist	S*	Traditional Plant Greenhouse installed.	Focus Groups
3.3	Nutrition Programs	Expand the range of diet and nutrition services to include individual and paediatric diet consults.	Community Health Representative	Island Health, Nutritionist	S*	Individual and paediatric diet consults are available to Members.	Member Health Survey
3.4	General	Explore using the Salish Seafood Building as an additional community space to host traditional food Process: ing activities and classes.	Health Manager	Economic Development Department	S	An additional space for traditional food Process: ing activities and classes has been identified.	Staff Workplan Reporting
3.5	Community Wellness Work	Supplement funding and resources (e.g. fresh fish) for existing hot breakfast and lunch programs at local schools attended by K'ómoks Members.	Health Manager	Chief & Council	S	Funds and supplies are made available to school-based hot breakfast and lunch programs locally.	Staff Workplan Reporting
3.6	Community Wellness Work	Increase availability of affordable local produce and food staples through partnerships.	Health Manager	Island Food Hubs Loaves & Fishes	M*	Partnerships established with Island Food Hubs and Loaves & Fishes.	Staff Workplan Reporting



ID #	Service Category	Action Text	Lead	Health Partner / Support	Time-frame	Result	Data Source
3.7	Child / Family	Host an annual youth gardening event each Spring to encourage young Members, and their families, to apply for garden and greenhouse plots.	Youth Worker	Communications Department	M	Youth Gardening Event hosted annually.	Focus Groups
3.8	Community Wellness Work	Publish an annual Member calendar of seasonal cooking and preservation activities/classes.	Site Admin	Communications Department	M	Food Preparation Calendar developed and published to community annually.	Member Health Survey
3.9	General	Create a committee to support the distribution of food fish in support of food sovereignty.	Community Health Representative, Guardian Manager	Nutritionist	S	Food fish is more quickly and equitably distributed when available.	Member Health Survey



5.2.4 Goal #4 - Our Community Meets the Immediate Needs of Members in Crisis, and Supports Long-Term Recovery and Healing



ID #	Service Category	Action Text	Lead	Health Partner / Support	Time-frame	Result	Data Source
4.1	Site Admin / Reception	Maintain a list of crisis intervention hotlines to offer support in an emergency until help arrives. (e.g. KUU-US Crisis Line Society, Hope for Wellness Help Line, IRSSS Crisis Line)	Site Admin	Communications Department FNHA	S*	Crisis intervention hotline list is accurate, complete, and available in digital and physical form.	Admin. Document Review
4.2	Counselling / Mental Health	Prioritise skills to address Member sexual trauma when hiring, training or upgrading the training of clinical counsellors.	Clinical Counsellors	-	M	Male and female counsellors with skills to address sexual trauma are available to Members in need.	Member Health Survey
4.3	Community Wellness Work	Establish a program to help Members share their stories with others who have experienced substance use.	Clinical Counsellors	Walk-with-Me	M	A Walk-with-Me program is established on reserve with a focus on substance misuse.	Attendance Statistics
4.4	Community Wellness Work	Establish a system to check-in with Members who have shared potentially traumatic experiences.	Clinical Counsellors	Clinical Counsellors	M	Mental Health Check-Up System to follow Walk-with-Me events established.	Staff Workplan Reporting
4.5	Community Wellness Work	Seek funding for in-community facilities to support those transitioning out of rehabilitation.	Community Wellness Liaison	CMHC		Safe transition spaces are available in the community.	Staff Workplan Reporting
4.6	General	Advocate for crisis stabilisation spaces in the new community health building.	Community Wellness Liaison	Chief & Council, CMHC		Crisis stabilisation spaces are included in the new Health Building.	Council Minutes
4.7	Elders	Establish respite care services for family members who support Elders.	Elder Worker	VIHA Other Respite Organizations		Care-giving relatives on and off reserve are able to access respite services.	Member Health Survey
4.8	Topical Programs	Establish a Chronic Pain Management Group that consists of Members, staff, and rotating subject matter experts and meets monthly.	Community Wellness Liaison	FNHA		Chronic Pain Management Group established.	Focus Groups

5.2.5 Goal #5 – All Members Feel Valued, Connected, and Have a Strong Sense of Belonging



ID #	Service Categories	Action Text	Lead	Health Partner / Support	Time-frame	Result	Data Source
5.1	Elders	Consult Elders about accessibility concerns for community activities (e.g., speaker volume, seating availability).	Elder Worker	K'ómoks Elders	S*	Elder accessibility engagement conducted.	Staff Workplan Reporting
5.2	Traditional	Transition to using locally sourced K'ómoks regalia, art, or foods for prizes and incentives.	Site Admin	Culture & Language Department	S*	Culturally-relevant prizes acquired and distributed regularly.	Staff Workplan Reporting
5.3	General	Revise the policy on volunteer honouraria to focus on those that provide sustained support and engagement.	Health Manager	Chief & Council	S	Policy on volunteer honouraria updated.	Focus Groups
5.4	General	Introduce an optional Volunteer Spotlight on K'ómoks social media with culturally relevant prizes.	Youth Worker	-	S	Volunteer Spotlight regularly published on social media.	Member Health Survey
5.5	Child / Family	Start a private Instagram account to distribute traditional land and resource use knowledge to youths in a fun interactive manner.	Youth Worker	Guardian Watchmen, Communications Department	S	Instagram account created with appropriate privacy settings.	Member Health Survey
5.6	Elders	Produce, and internally distribute, an Elder Accessibility Brief for community events.	Elder Worker	Human Resources	M	Elder Accessibility Brief produced and distributed.	Elder Events
5.7	Child / Family	Increase the number of youth outreach trips (e.g. camping, fishing, foraging) each season by collaborating with local First Nations to share costs.	Youth Worker	Guardian Watchmen, Neighbouring First Nations	M	Youth outreach trips increase in frequency and popularity.	Attendance Statistics
5.8	Counselling / Mental Health	Address lateral and intimate-partner violence through specific or directed programming.	Clinical Counsellors	Culture & Language Department	M	Lateral and intimate-partner violence programming established.	Focus Groups

5.2.6 Goal #6 – We Have the Staff, Equipment and Space Needed to Support a Robust Health & Wellness Program for Our Community



ID #	Service Categories	Action Text	Lead	Health Partner / Support	Time-frame	Result	Data Source
6.1	Counselling / Mental Health	Increase anonymity for Members receiving counselling services.	Health Manager	Clinical Counsellors	S	More private access to and circulation near counselling areas provided on and off K'ómoks.	Member Health Survey
6.2	Site Admin / Reception	Publish a Member newsletter to provide information on supports (e.g., transportation, culturally-informed practitioners) to Members with out-of-town medical appointments.	Community Health Representative	Communications Department	S	Medical Travel Newsletter published in digital and physical copies.	Member Health Survey
6.3	General	Prioritize funding for key health service gaps identified in the 2022 Health & Wellness Survey: • Dental • Optical • Chiropractic • Massage • Physiotherapy	Health Manager	Chief & Council FNHA	—*	Priority health service gaps are addressed and available to all Members.	Staff Workplan Reporting
6.4	Child / Family	Re-staff Youth Worker position.	Health Manager	Human Resources	S*	Youth Worker position filled.	Staff Workplan Reporting
6.5	General	Conduct an internal review of human resources within the Health Department required to align with the Health & Wellness Plan (2023).	Health Manager	Human Resources	S	Staffing review complete.	Admin. Document Review
6.6	General	To increase funding, use treaty negotiations to seek an alternative legal definition of “member” that more closely reflects K'ómoks' understanding of Membership.	Health Manager	Treaty Team	L	Definition of “member” renegotiated in a manner that increases access to per capita health and wellness funding.	Council Minutes



ID #	Service Categories	Action Text	Lead	Health Partner / Support	Time-frame	Result	Data Source
6.7	Nursing & Physician Care	Coordinate with existing and future mobile health partners to service off-reserve and out-of-town Members.	Health Manager	Various	L	Members are able to access mobile health services regardless of what part of K'ómoks traditional territory they live on.	Focus Groups
6.8	General	Routinely conduct a community census of status and non-status Members in conjunction with future well-being studies.	Health Manager (to delegate)	Chief & Council	L	Member census conducted.	Admin. Document Review



5.2.7 Goal #7 – Our Health & Wellness Program Is Accountable to Membership and Anchored in Clear Communication and Transparency



ID #	Service Category	Action Text	Lead	Health Partner / Support	Time-frame	Result	Data Source
7.1	Site Admin / Reception	Employ existing communication channels to educate and inform Members about health and wellness.	Site Admin	Communications Department	S*	Members are more informed on health and wellness matters that affect them.	Member Health Survey
7.2	General	Track attendance numbers for all K'ómoks-organized classes, social events, and health services.	Site Admin	-	S	Attendance statistics are easily and consistently recorded and reported to the Site Admin by event organizers.	Admin. Document Review
7.3	General	Update, implement, and communicate the K'ómoks Ethics and Confidentiality in Health Care Policy with Members.	Health Manager	-	S*	Members feel their health information is protected and being held in a confidential manner.	Council Minutes
7.4	General	Conduct an annual Member Health Survey to assist in tracking Health & Wellness progress.	Health Manager	Community Health Representative	S	Member Health Survey conducted annually.	Admin. Document Review
7.5	General	Update the K'ómoks webpage to represent the Health Department and the services it provides.	Communications Department	Site Admin	S*	K'ómoks Webpage updated.	Member Health Survey
7.6	General	Support data collection related to Well-being Indicators.	Site Admin	Treaty Team	M*	Well-being indicators consistently tracked.	Staff Workplan Reporting
7.7	Community Wellness Work	Identify local health champions for middle-aged (31-54) Members to promote programs and assist in data collection.	Health Manager	-	M	Health Champions have been selected and informed about the breadth of programming available to Members.	Focus Groups
7.8	General	Review and update the K'ómoks Health & Wellness Plan every 5 years.	Health Manager	-	L	K'ómoks Health & Wellness Plan updated in 2028-2029 fiscal year.	Staff Workplan Reporting
7.9	General	Implement neurodivergent-supportive hiring and screening practices.	Site Admin	Human Resources Department	L	Neurodivergent-supportive hiring and screening practices adopted.	Staff Workplan Reporting

5.2.8 Goal #8 – Health and Wellness Planning is an inter-departmental activity that acknowledges the diversity of circumstances affecting our Members.

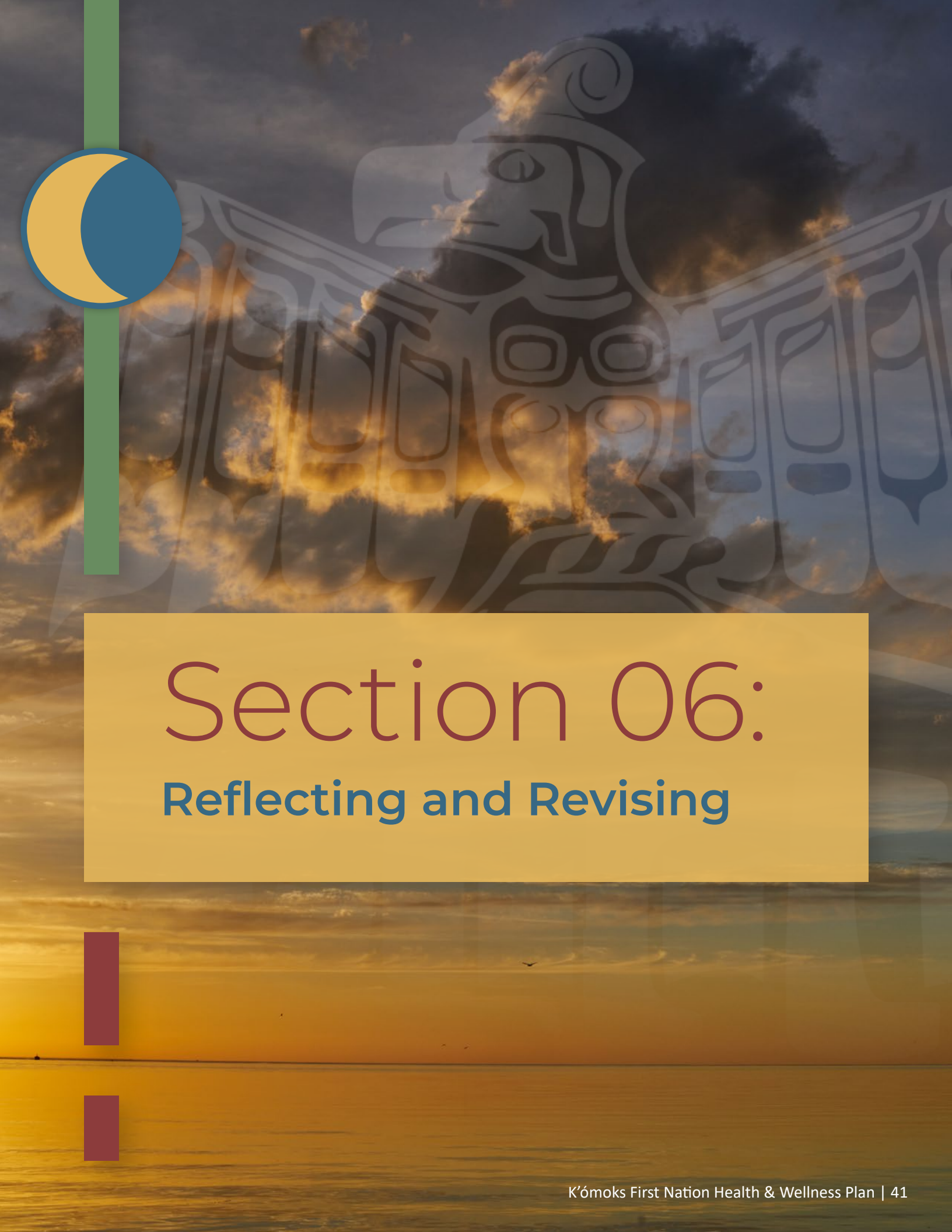


ID #	Service Category	Action Text	Lead	Health Partner / Support	Time-frame	Result	Data Source
8.1	Home & Community Care	Create and distribute education materials related to mould prevention.	Community Health Representative	Communications Department	S	Mould prevention resources and information developed and shared with Members.	Member Health Survey
8.2	General	Implement the Chief & Council policy for cultural training for all K'ómoks staff and contractors (including non-indigenous employees).	Health Manager	Chief & Council	S*	All new and existing K'ómoks staff and contractors complete cultural training in accordance with appropriate policy.	Staff Workplan Reporting
8.3	General	Obtain culturally-informed training resources.	Site Admin	North Island College	M	Culturally informed and accurate cultural training resources are accessible for staff training purposes.	Council Minutes
8.4	Home & Community Care	Coordinate annual home safety assessments for on and off-reserve Elders who consent.	Elder Worker	Housing Department Occupational Therapist	M	Home safety assessments are conducted annually for all willing K'ómoks Elders on and off reserve.	Staff Workplan Reporting
8.5	Home & Community Care	Provide Elders with tailored home safety recommendations in accessible print based on the results of their Home Safety Assessment.	Elder Worker	Housing Department	M	Actionable recommendations and support resources are shared with home owners and their families.	Elder Events
8.6	Elders	Identify off-reserve Elders in need of safe, appropriate on reserve housing.	Elder Worker	Housing Department	M	Off-reserve Elder Housing Need Assessment complete.	Staff Workplan Reporting
8.7	Traditional	Identify, designate and protect a permanent outdoor space for healing events.	Health Manager	Lands Department	M	An outdoor healing space is designated in the next Land Use Plan update.	Staff Workplan Reporting
8.8	General	Continue to build a culturally-safe relationships with local law enforcement officers through social and cultural events.	Health Manager		L*	Personnel invited to cultural events when appropriate.	Staff Workplan Reporting



ID #	Service Category	Action Text	Lead	Health Partner / Support	Time-frame	Result	Data Source
8.9	Child / Family	Enhance collaboration with the Ministry of Children and Family Development (MCFD) to ensure that all foster homes are fit for children.	Community Health Representative	Ministry of Children and Family Development	L	MCFD Foster Home Audit completed and passed.	Focus Groups
8.10	General	Promote construction of Nation owned rental accommodation for Members who are trying to come home and/or waiting for a land allocation or their home to be built.	Health Manager	Housing Department	L	Members are able to live on reserve while waiting for land allocations.	Council Minutes





Section 06:

Reflecting and Revising



Reflection is essential for maintaining the Plan's effectiveness. Reflection allows us to fine-tune our actions, incorporate new insights, and align our objectives with the most current community aspirations. The following section lays out how we will evaluate and revise our plan.

6.1 Evaluation

Results have been assigned to each Action and are a tool to quickly determine if the action has been accomplished. Results are listed in each row of the Action Tables (Section 5).

Evaluation Questions help us evaluate the overall progress of each Goal. Evaluation questions are divided into three groups – Process, Outcome, and Efficiency. Staff will use these questions to measure progress, evaluate outcomes, and identify inefficiencies. *Evaluations Questions can be found in Appendix B.*

Data Collection is a crucial part of our staff and community's ability to evaluate progress. Health and wellness data include statistics (like the number of annual nurse visits) as well as testimonials (like the valued opinions of our Elders). In order to measure our Results and answer our Evaluation Questions we look to seven key data sources:



1. Member Health Survey

Action 7.4 is to conduct an annual Member Health Survey. This survey will offer Members an opportunity to share their thoughts on health programming and services, challenges, personal struggles, and more with the Health Department.



2. Focus Groups

To measure the success of programs and services that only affect a subset of our Members (e.g. new parents) focus groups will be hosted. These are informal safe-spaces for Members to discuss and evaluate specific programs and services.



3. Elder Events

We value the opinions of our Elders both as knowledge keepers and as Members who access health and wellness services. We will integrate opportunities for feedback on health programs and services into existing Elder events.



4. Attendance Statistics

Action 7.2 is to track attendance at K'ómoks-organized classes, social events, and health programs and services. Knowing how many Members access / attend events helps us understand the success of these projects and ultimately direct funds more appropriately. All attendance tracking will comply with the K'ómoks First Nation Ethics and Confidentiality in Health Care Policy.





5. Council Minutes

Many Actions involve programs that will require Chief and Council input or approval. In these situations, the meeting minutes from council sessions can be used for reporting purposes.



6. Administration Document Review

A large part of what the Health Department does involves understanding and navigating existing healthcare resources and funding opportunities. Administrative document review is helpful for these tasks and will be crucial when evaluating our progress annually.



7. Staff Workplan Reporting

As first-hand administrators of health care services in our community, our staff have lots to say about the efficacy of certain initiatives. Through the annual workplan Process, staff will be encouraged to share insights about project and service delivery.

6.2 Review and Revise

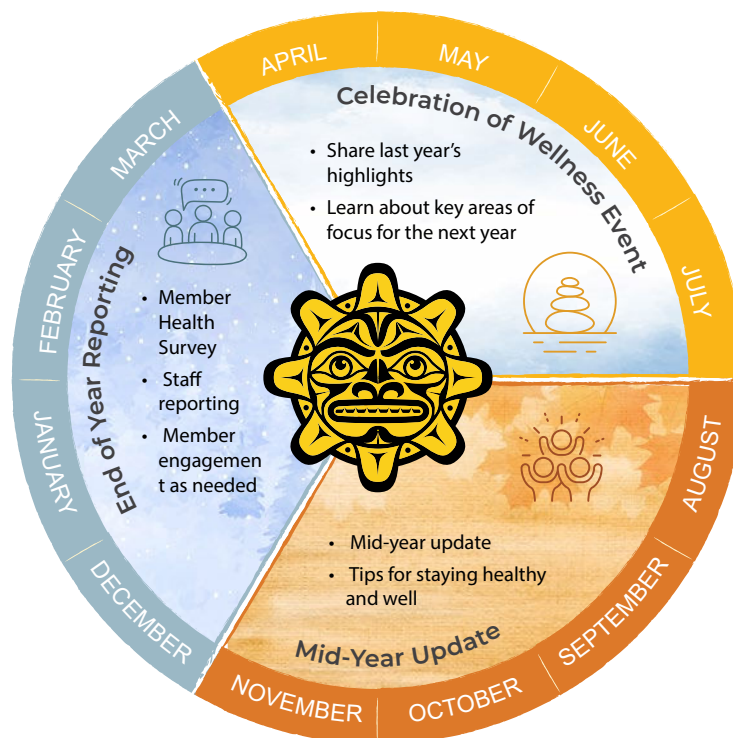
6.2.1 Annual Review

May – Each year, the review cycle begins in May with a Celebration of Wellness Event. This community event highlights last year's progress and is an opportunity for the community to learn about key health and wellness activities for the upcoming year.

September – After summer, as children return to school and we approach flu season, a special issue of the community newsletter can be produced with a focus on health and wellness as well as tips for staying active and healthy during the cooler months.

January – End-of-year reporting starts. The Member Health Survey is distributed, staff workplan reporting begins, data is compiled, Focus Groups are held as necessary, and the Health Committee convenes. All of this information is included in the annual health reporting and a summary is shared with the community (e.g., at the Celebration of Wellness Event).

Figure 6: Annual Review Cycle



6.2.2 Five-Year Review

A comprehensive review of the Health & Wellness Plan should take place every five years. The review will focus on aligning the goals and objectives of the Plan with the constantly evolving needs of the community. In addition, it will evaluate if the Health and Wellness Vision still represents the community, and be an opportunity to come together on health and wellness issues and opportunities. The five-year review will be led by the Health Manager with the support of leadership and the Health Committee. Members can expect additional engagement during this time.



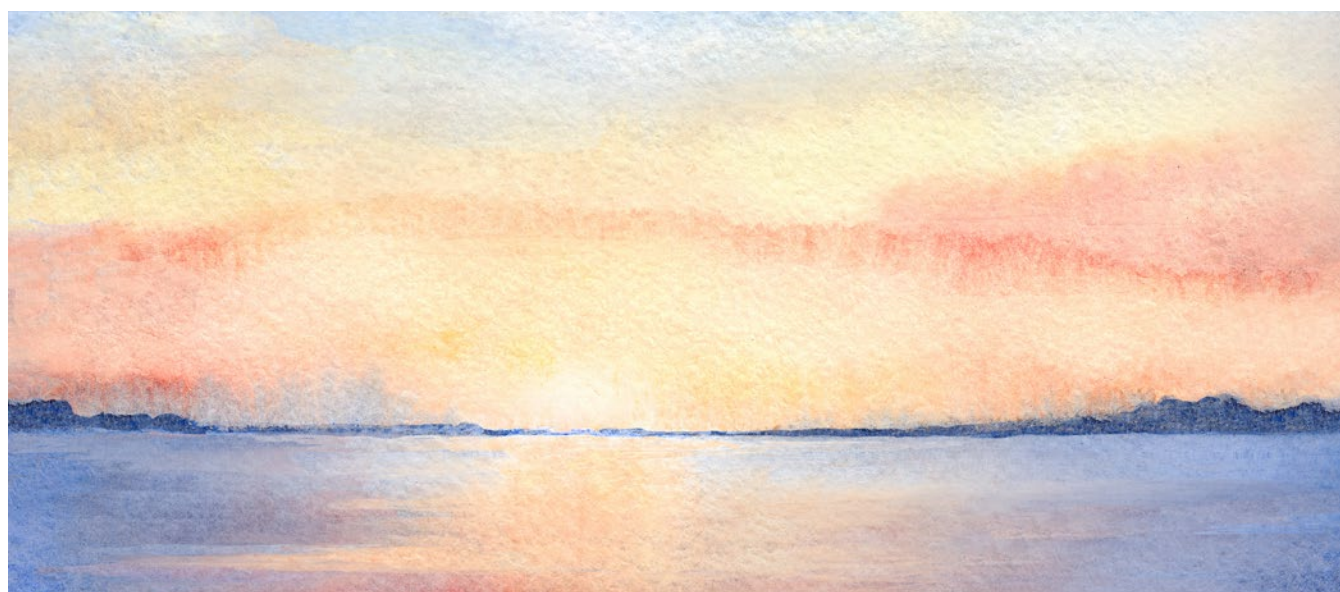
6.3 Sharing Results & Updates

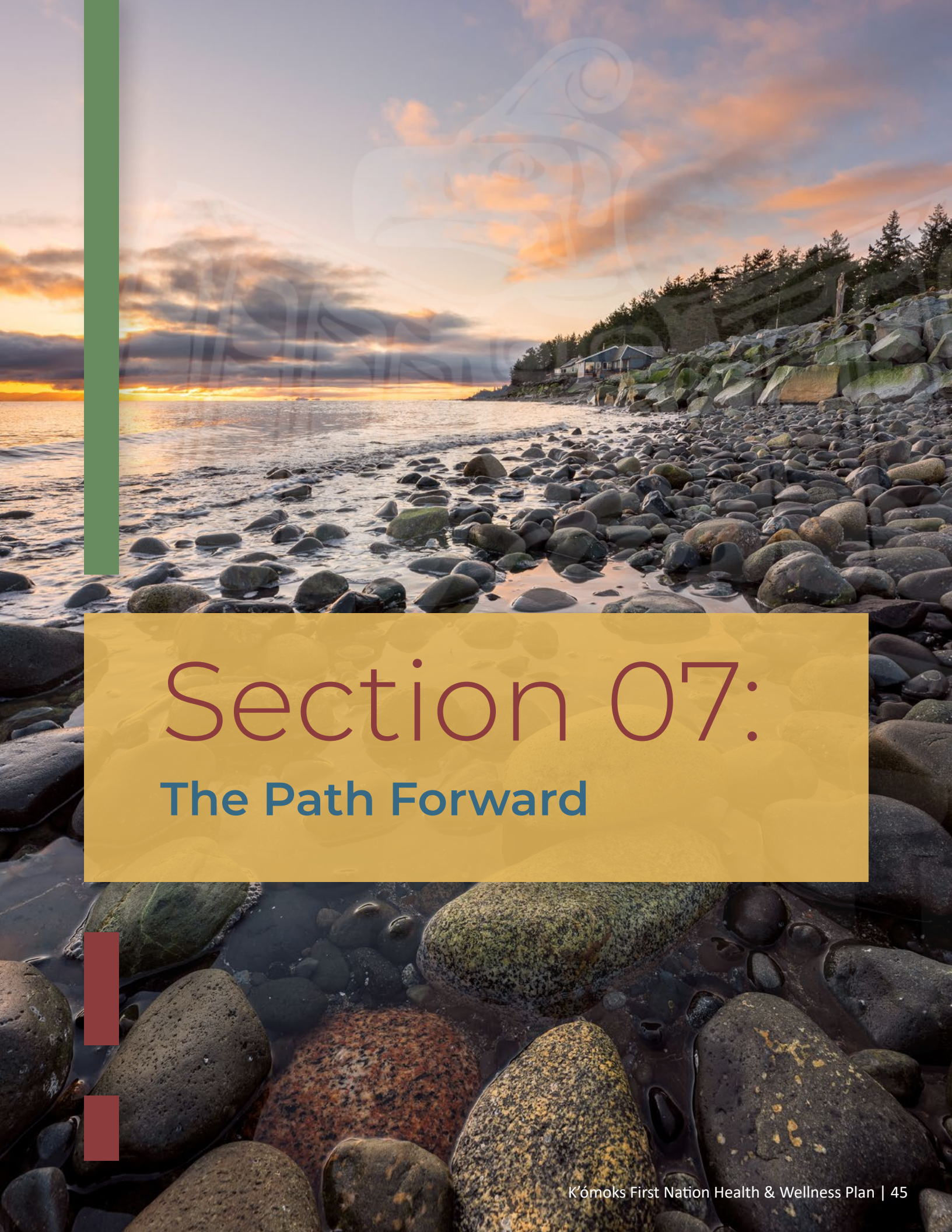
Results and updates on our Health & Wellness Plan can be shared with Members using the communication channels outlined in Table 3.

Table 1: Health & Wellness Communication Channels (2023)

Communication Channel	Topics & Notes
Facebook	This is a closed group for K'ómoks Members that is primarily used to announce upcoming events and mobile services.
Community Newsletter	Distributed digitally and physically monthly by our Communications team, we plan to collaborate closely with them to deliver relevant and useful health information.
Button Bulletin	A community email blast sent out between newsletter when there are time-sensitive announcements.
K'ómoks Website	A new Health Section is in development for the K'ómoks website. This will be a vital communication tool in the coming years.

Please make sure your contact information is up-to-date. We also ask that you please answer the regular calls from our Band Administrator. This will help us share health and wellness information quickly and effectively. If you are not comfortable with digital communication or have a disability that prevents you from receiving updates in any of these forms please contact the Health Manager at (250) 339-6591 or visit the K'ómoks First Nation Health Centre at 3320 Comox Rd.





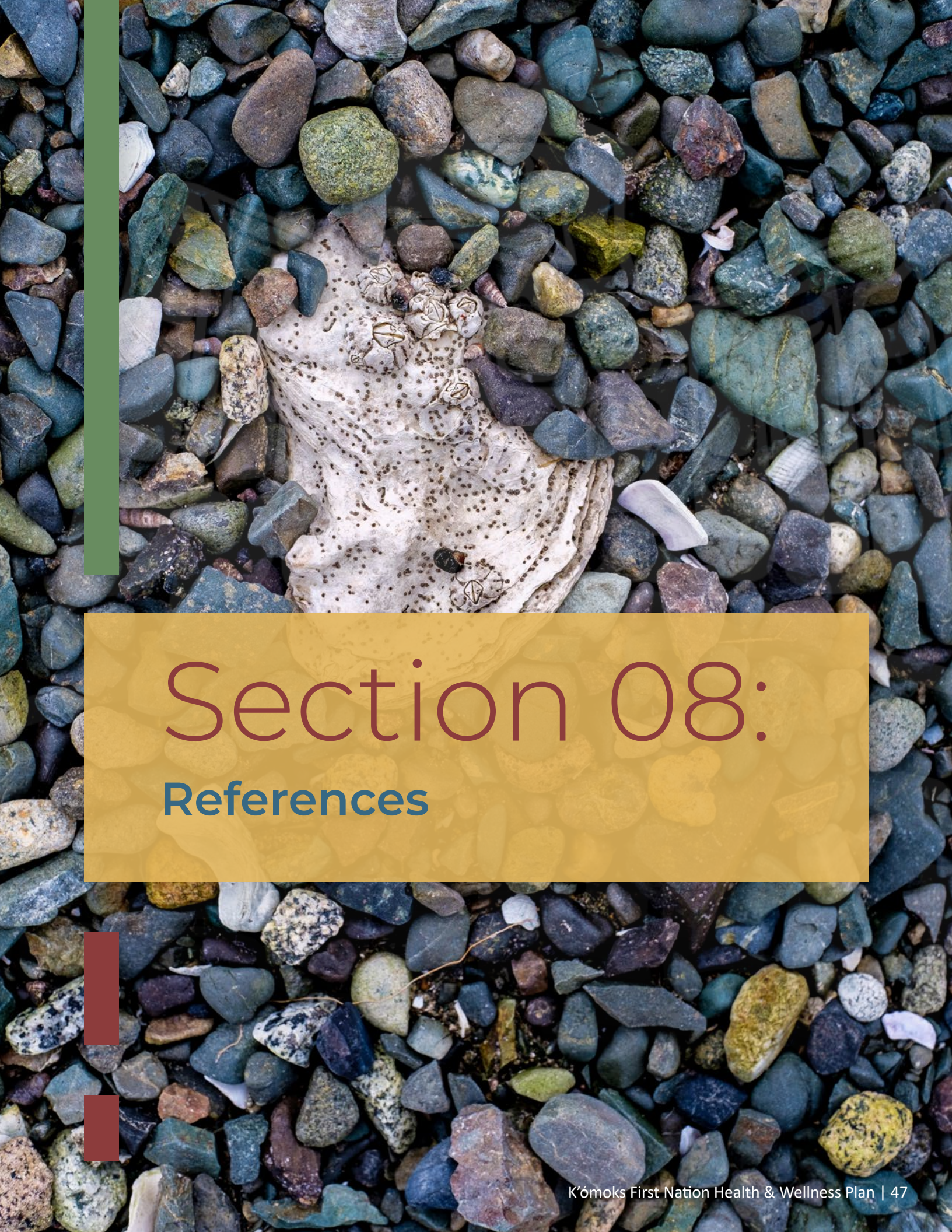
Section 07:

The Path Forward



This Plan supports us in our journey of regaining authority and autonomy over the health and wellness of our community. It will take the commitment of not only our Health Department and Health Team, but also leadership, Membership and all our departments to make meaningful progress to improve our health and wellness. We are a people in the early stages of a healing journey and today many key services are inaccessible to our Members due to financial barriers, a lack of culturally-informed care, or simply availability near our community. The physical, mental, emotional, and spiritual health of our community is non-negotiable and for too long we have been part of systems that are not designed to respect our inherent right to self-determination and self-government. With the right tools in place we will be better equipped to meeting our community's health and wellness vision.





Section 08:

References



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APPENDIX A

K'ómoks Health Department Existing Services

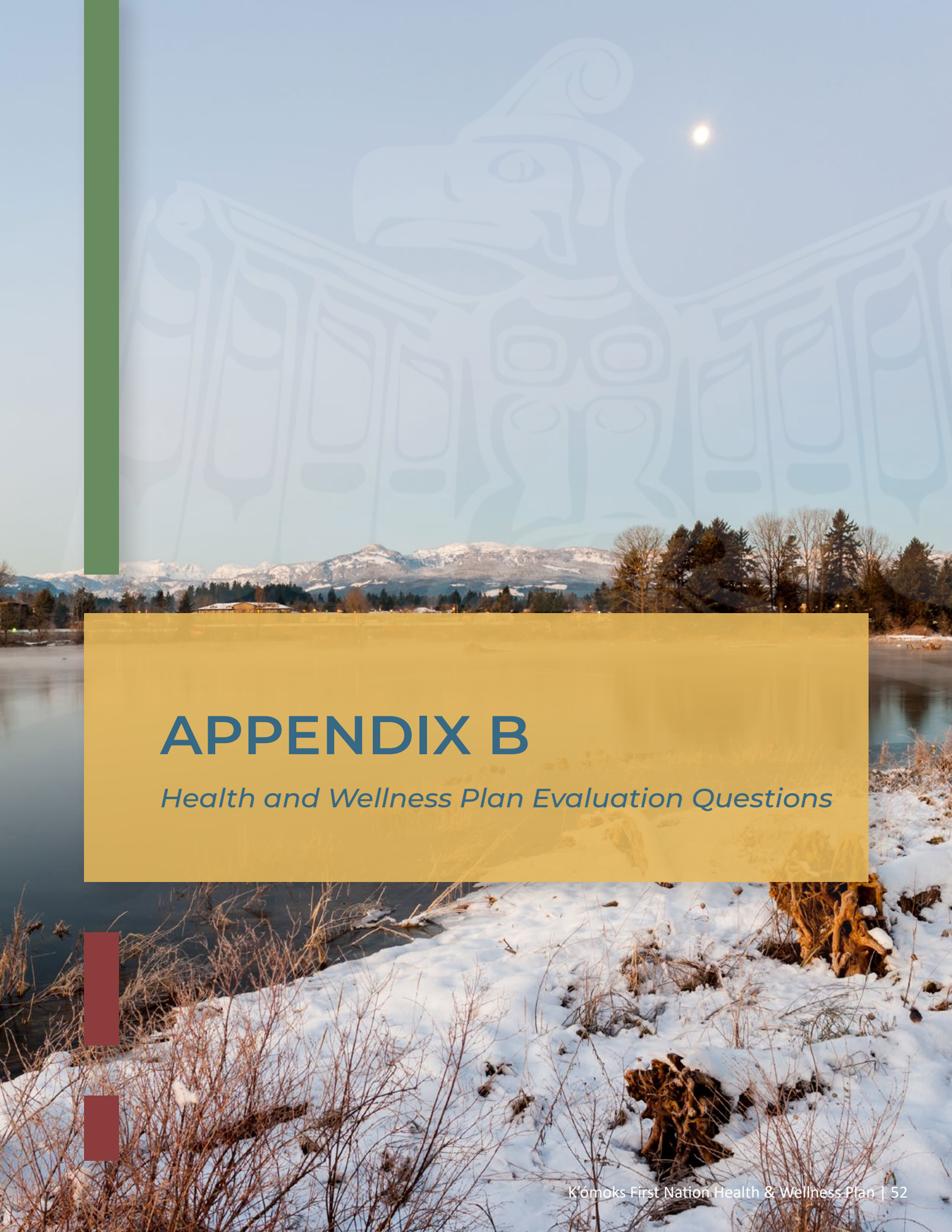
Existing Services K'ómoks First Nation Health and Wellness Services

Table A-1: Existing Health & Wellness Services (2023)

Service Category	Service	Administrator
Nursing & Physician Care	Immunizations / Vaccinations	Licensed Practical Nurse
	Diabetic Foot Care	Licensed Practical Nurse
	Diabetes-related Programs	Nutritionist
	Physician Clinic Appointments	Physician
Community Wellness Work	Suicide Support	Clinical Counsellors
	Drug & Alcohol / Harm Reduction & Substance Use	Community Wellness Worker
	Trauma Support	Clinical Counsellors
	Stress & Anxiety	Clinical Counsellors
	HIV / AIDS Prevention	Community Wellness Worker
	Lunch & Learns (Monthly)	Health Director
Home & Community Care	Acute & Chronic Illness Home Support	Registered Nurse
	Help to Access Additional Support	Registered Nurse
Counselling / Mental Health	Trauma Support	Clinical Counsellors
	Stress & Anxiety	Clinical Counsellors
	Depression	Clinical Counsellors
	Grief & Loss	Clinical Counsellors
	Parenting / Attachment	Clinical Counsellors
Fetal Alcohol Support	FASD At-Risk Mother and Family Support	Community Health Representative
	Personal Support (Apmt's, Shopping & Budget Mgmt)	Community Health Representative
Nutrition Programs	Pre- / Post-natal Support	Registered Nurse
	Infant & Toddler Feeding Support	Registered Nurse
	Diabetes Info Sessions	Community Health Representative
	Elder Nutrition Activities	Community Health Representative
	Food Preservation Classes	Community Health Representative
	Community Garden Support	Community Health Representative
Child / Family	Baby Programs	Community Health Representative
	Dental Hygienist Clinics (0 to 6 years)	Community Health Representative
	FASD Programs	Community Health Representative



Service Category	Service	Administrator
Elders	Elders Lunches	Community Health Representative
	Fall Prevention	Community Health Representative
	Foot Care	Twinkle Toes
	Chair Massages	Massage Therapist
Traditional	Traditional Salves	Guardians Program
	Medicinal Teas	Guardians Program
Topical Programs	Diabetes Awareness	Community Health Representative
	Arthritis & Chronic Pain	Community Health Representative
	Drug & Alcohol Prevention	Community Health Representative
	Men's Health	Clinical Counsellors
	Women's Health	Clinical Counsellors
	HIV / AIDS Awareness	Community Health Representative
	Sun Safety	Community Health Representative
	Canning and Preserves Workshops	Community Health Representative
	Community Garden	Community Health Representative
General	Overall Wellness & Prevention Programs	Community Health Representative
	Self-care Awareness	Community Health Representative
	Physical Activity Promotion	Community Health Representative
	Vaccine Clinic	Licensed Practical Nurse
Site Admin / Reception	Admin Support (Travel Reimbursement Paperwork, faxing, etc.)	Site Administrator
	MSP & Pacific Blue Cross Support	Site Administrator
	In-town Service Recommendation Support	Community Wellness Worker



APPENDIX B

Health and Wellness Plan Evaluation Questions

Health and Wellness Evaluation Questions

Sample

Goal 1. Our Members' Physical Health & Wellness is Supported Throughout All Stages of Life

- **Process:** Is it clear to staff which Actions are the priority for implementing in the next year?
- **Outcome:** Are youth and Elders better able to access physical health and wellness services than they were last year?
- **Efficiency:** Can we improve the cost efficiency of any existing programs through new partnerships?

Goal 2. Our Members Have the Tools and Support to Continually Improve their Mental Health

- **Process:** Are staff contributing to a 'culture of support' surrounding mental health?
- **Outcome:** Are more Members accessing mental health services than last year?
- **Efficiency:** What percent of mental health services being accessed are provided by K'ómoks First Nation?

Goal 3. Healthy and Nutritious Food Feeds Our Physical, Spiritual, and Mental Wellbeing

- **Process:** What percent of food related programs are available to off-reserve Members?
- **Outcome:** Is there increased access and desire for healthy, nutritious, local or traditional food compared to last year?
- **Efficiency:** As programs have grown this year, is there any unnecessary overlap in food programming (e.g. subsidised produce going unclaimed due to lack of demand)?

Goal 4. Our Community Meets the Immediate Needs of Members in Crisis, and Supports Long-Term Recovery and Healing

- **Process:** Has new programming this year been tailored to address the most pertinent issues within the community?
- **Outcome:** Have Members increased their health and wellness resiliency this year (i.e. knowledge and resources that allow one to cope with health challenges in the short and long term)?
- **Efficiency:** Are there any FNHA programs that are sufficiently accessible and appropriate to replace K'ómoks funded initiatives related to crisis and recovery?

Goal 5. All Members Feel Valued, Connected, and Have a Strong Sense of Belonging

- **Process:** Has it become easier or more difficult to attract volunteers since last year?
- **Outcome:** Are Members of all ages gathering in-person more regularly than last year?
- **Efficiency:** Is the Health Department hosting events or requesting community input when there are opportunities to collaborate and diffuse costs between departments instead?

Goal 6. We Have the Staff, Equipment and Space Needed to Support a Robust Health & Wellness Program for Our Community

- **Process:** Which staff members could increase their service delivery most with additional resources?
- **Outcome:** Has the number and quality of health related programs increased since last year?
- **Efficiency:** Is the cost, in terms of time, effort, and money, proportional to the direct community benefit for all programs?



Goal 7. Our Health & Wellness Program Is Accountable to Membership and Anchored in Clear Communication and Transparency

- **Process:** Has attendance to Health-related events been consistently tracked and easy to gather?
- **Outcome:** Has Member perception of the accountability of the Health Department and Chief and Council (with regards to Health) improved over the last year?
- **Efficiency:** Has there been a correlation between event attendance and time/effort spent advertising to Members?

Goal 8. Health and Wellness Planning is an interdepartmental activity that acknowledges the diversity of circumstances affecting our Members

- **Process:** Have tensions risen between departments in the last year?
- **Outcome:** Have interdepartmental projects, or projects administered by different departments, had clear health and wellness goals, or meaningfully contributed to the Objectives of this plan?
- **Efficiency:** Are there barriers to working efficiently between departments that add time or cost to collaborative activities?

