



Re Stsq'ey's es Qellqéllt.s
(Community Health Plan)

2018-2023

April 18, 2018



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Q'wemtsin Health Society

June 27, 2018

We are proud to present *Re Stsq'ey's es Qellqéllt.s*, our community health plan. This document will guide Q'wemtsin Health Society services and community-provided wellness programs from 2018 to 2023.

The planning journey, over the past nine months, had strong involvement by community members through surveys and facilitated discussions. The Elders Advisory Team played a key role, bringing wisdom and lived experience to help make this plan strong. Our excellent staff team rolled up their sleeves and provided input throughout the process.

We are committed to working together to carry out this plan, putting the good thinking of our people into action. It will take many hands to grow our healthcare services and wellness programs – developing the partnerships, securing additional resources, and meeting community needs.

Our people are strong, despite a history of genocide and ongoing colonial patterns. Designing and delivering holistic health and wellness services is part of reconciliation. We are grateful to First Nations Health Authority and all our partners for stepping up to help us toward a shared vision of healthy individuals, families and communities.

Kukwstsetsemc,

Darrel Draney, Board Member, QHS

Eagle Casimir, Board Member, QHS

Tracy Hewitt, Board Member, QHS

Jeanette Jules, Board Member, QHS

Orla LeBourdais, Board Member, QHS

Colleen Lessmann, Health Director, QHS

Executive Summary

Introduction

This Community Health Plan, *Re Stsq'ey's es Qellqéllt.s*, provides direction for delivery of healthcare programs and services from 2018 to 2023. It includes Q'wemtsín Health Society (QHS) and the three participating communities: Skeetchestn; Tk'emlúps te Secwépemc; and Whispering Pines / Clinton. The planning process included strong involvement by community members and by the QHS Board and staff.

Community Input

This plan reflects community input provided through 258 survey responses, four focus groups, a half-day workshop, and Elders Advisory Team meetings. Highlights of the community input are that:

1. People have high levels of satisfaction with existing healthcare provided by QHS, and would like to be more aware of the available services;
2. People want expansion of existing services (such as home care, general practitioner, massage, counselling and dietitian) and inclusion of members living off reserve and immediate family;
3. Expanded client transportation would help people access QHS healthcare;
4. People want more access to traditional wellness activities and healing resources, with caution to protect Secwépemc culture from outside interests;
5. In addition to traditional medicine and culture, people want to learn more about healthy eating, diabetes, mental wellness, substance issues, aging, eyesight, and other topics.

QHS Overview

QHS works toward a vision of “healthy Secwépemc individuals, families and communities”. It advances holistic health by providing programs, services and education. Its core values are: traditions and culture; respect; and professionalism.

Funded by First Nations Health Authority, QHS offers services through three departments: Primary Health, Home and Community Care, and Public Health:

- *Primary Health* services include: general practitioner (Doctor and Nurse Practitioner); naturopathic medicine; counselling; massage therapy; dental services; Children's Oral Health Initiative; and nutrition services.
- *Home and Community Care* services include: acute and chronic disease management; personal care support (including tub program); diabetes program; foot care; and wellness visits.
- *Public Health* services include: maternal & child health (Circle of Life); communicable disease control; injury surveillance and prevention; school health; harm reduction; events and training.

Future Directions

To achieve its mission, QHS works to achieve the following five goals and sets of objectives.

Goal 1. Build partnerships and collaborate. QHS has detailed action plans to:

- 1.1 Work with the three bands to enhance programs and services.
- 1.2 Collaborate and advocate with First Nations Health Authority, Interior Health, and other organizations.
- 1.3 Challenge funders so that QHS can extend services to off-reserve band members and other community members who are immediate family of band members.
- 1.4 Ensure funding transfers reach the community level.

Goal 2. Deliver programs and services addressing community needs. QHS plans to:

- 2.1 Deliver and evolve existing QHS services.
- 2.2 Expand primary clinic services.
- 2.3 Expand elders' services and other health services in the three communities.
- 2.4 Discuss and explore possibilities for expansion of services.
- 2.5 Stay abreast of technology change in healthcare.

Goal 3. Provide a trusting, open professional environment. QHS plans to:

- 3.1 Build relationships that ensure trust – at all levels.
- 3.2 Provide welcoming community environments.
- 3.3 Provide strong governance and administration.
- 3.4 Provide opportunities for professional growth of staff.

Goal 4. Create opportunities for learning. QHS plans to:

- 4.1 Organize educational health activities that bring people together.
- 4.2 Collaborate with other organizations to deliver health learning opportunities.
- 4.3 Support the three communities as they (re)connect with Secwépemctsin language and traditional wellness.
- 4.4 Provide educational sessions, resources, and materials on current, relevant health and wellness topics.
- 4.5 Raise awareness of what services QHS offers.
- 4.6 Encourage and support community members interested in becoming health professionals.

Goal 5. Evaluate effectiveness. QHS plans to:

- 5.1 Use feedback and input from community members.
- 5.2 Monitor healthcare service statistics and trends.
- 5.3 Do five-year evaluations of QHS services and programs.

Wellness Programs Provided by Communities

Band-delivered wellness programs complement the more clinical services provided by QHS. Communities address the broad determinants of health through diverse programs and services.

One of the areas that the Bands plan to lead in is traditional wellness and cultural reconnection activities. QHS will play a supporting role. For example, QHS could partner in creating new traditional wellness facilities.

Skeetchestn is located 60 km west of Kamloops, with approximately 500 Band members on and off reserve. Services provided with flow-through funding include: mental wellness; physical health; after school program; patient transportation; social services, prevention and referrals; and homemaking.

Preventative wellness programs are a priority for the coming years. This includes early childhood and parenting supports, with more resources invested in health from before birth to school age. Outreach services to prevent addictions and mental health issues will include supporting people to be close to the land and to Secwépemc traditions. Skeetchestn anticipates construction of a new health clinic, to be completed by 2020.

Tk'emlúps te Secwépemc, meaning “where the rivers meet”, is home to approximately 1,400 members on and off reserve. Programs provided with flow-through funding include: Brighter Futures; Community Health Representative; wellness counselling and solvent abuse prevention; and mental health.

Over the next five years TteS health priorities are to: 1) Work toward an Elders and Youth Complex; 2) Create a “Kitchen is the Heart of the Community” project; 3) Continue to assist members to navigate and maximize health benefits; 4) Create a healing space for traditional wellness practices; 5) Seek increased funding to better serve off-reserve members.

Whispering Pines/Clinton Indian Band, displaced in 1972 to 35 km north of Kamloops, has approximately 175 members on and off reserve. Services provided with flow-through funding include: elders care; health promotion and prevention; and basic needs.

Over the coming five years, Whispering Pines/Clinton intends to: 1) Combine health flow-through resources to do planning and referrals to healthcare services; 2) Revamp health promotion programs; 3) Sponsor gym memberships and sports activities; 4) Explore development of greenhouses to grow food and traditional wellness plants for the community; and 5) Offer traditional wellness activities, such as sweats.

Conclusion

With the assistance of James Pratt Consulting this plan was created by and for the members of Skeetchestn, Tk'emlúps te Secwépemc, and Whispering Pines / Clinton. It was designed as a guide for QHS and the three Bands as they continue to develop and offer culturally competent healthcare and wellness services, from 2018 to 2023.

Acknowledgements

The Q'wemtsín Health Society (QHS) Board and Health Director are grateful to participating elders, other community members, and staff for their roles in creating *Re Stsq'ey's es Qellqélt.s*. The Elders Advisory Team played a key role, providing wisdom and insight and would like thank the following Elders for their contribution: Barb and Mel Larson, Muriel Sasakamoose, Leona Thomas, Neil Leonard, Barb Eaton and Orla LeBourdais. We thank QHS staff member Christine Lessmann for her work as a Planning Assistant, mentoring with consultant James Pratt. Thanks also goes to Koleka Casimir and Garrett Gottfriedson for collecting surveys door-to-door, and Talan Baron and Imani Berridge for the artwork used within this document.



QHS Board members, with the Health Director and Consultant at January 2018 planning session (left to right): Tracy Hewitt, Sarah Candido, Debbie Van de Mosselaer, Colleen Lessmann, Darrel Draney, Jeanette Jules, Eagle Casimir, and James Pratt.

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QHS recognizes and endorses the **Truth and Reconciliation Commission of Canada Calls to Action**, especially those that are specific to health (numbered **18-24**):

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to **recognize and implement the health-care rights of Aboriginal people** as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and **close the gaps in health outcomes between Aboriginal and non-Aboriginal communities**, and to publish annual progress reports and assess long-term trends....

20. In order to **address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves**, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.

21. We call upon the federal government to **provide sustainable funding for existing and new Aboriginal healing centres** to address the physical, mental, emotional, and spiritual harms caused by residential schools....

22. We call upon those who can effect change within the Canadian health-care system to **recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients** in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

23. We call upon all levels of government to: i. **Increase the number of Aboriginal professionals working in the health-care field**. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all health-care professionals.

24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will **require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism**.

QHS recognizes that community-driven health planning is consistent with the **United Nations Declaration on the Rights of Indigenous Peoples**, especially **Articles 23 and 24**:

Article 23: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, **indigenous peoples have the right to be involved in actively developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions**.

Article 24: 1. **Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals**. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. 2. **Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health...**

Part 1: Introduction

Intention

This Community Health Plan, *Re Stsq'ey's es Qellqéllt.s*, provides direction for delivery of healthcare services and wellness programs from 2018 to 2023. It includes Q'wemtsín Health Society (QHS) and the three participating communities: Skeetchestn; Tk'emlúps te Secwépemc; and Whispering Pines / Clinton.

We designed the planning process to:

1. Strongly engage community members, with emphasis on giving elders meaningful roles;
2. Build community members' ownership of the plan, and of QHS;
3. Strongly involve staff and Board members, to create a useful plan.

We built this plan to:

- Let community members know about healthcare services;
- Serve community members, and do our best to give people what they're asking for;
- Expand and optimize services, making wise use of resources;
- Think ahead to changing technologies in healthcare;
- Bring in culture and tradition.

How We Built This Plan

The foundation of *Re Stsq'ey's es Qellqéllt.s* is *Mapping the Journey: Q'wemtsín Health Society Strategic Plan*. The strategic plan shows the big picture, and the community health plan spells out the details of healthcare and wellness programs for community members. Through the process of the community health plan, we also updated *Mapping the Journey* for the upcoming five years.

The planning process included strong involvement by members of the three communities, and by QHS staff and Board members.

The nine-month process featured:

1. 3 sets of facilitated dialogue sessions and meetings with the QHS Board and with staff;
2. 258 community survey responses, and 4 community focus groups;
3. 3 discussion circles at a "World Café" style workshop of elders and community staff;
4. 2 facilitated sessions with an Elders Advisory Team.

To build capacity and skills, the planning consultant mentored a community member and worked in close collaboration with the Health Director throughout the process. First Nations Health Authority and Interior Health representatives provided strategic input and advice.

Determinants of Health

Aside from healthcare and wellness programs, there are many factors that determine people's health. These determinants include:

- Land, water, air and environment;
- Housing and community spaces;
- Social support networks;
- Personal health practices and coping skills;
- Biology and gender;
- Early childhood development;
- Lifelong learning;
- Income and employment.

All these factors impact the health of individuals, families and communities. Healthcare services, such as those provided by QHS, are crucial resources. Wellness programs and cultural reconnection opportunities, such as those provided by the three communities, are vital for prevention and health promotion.

Context: Naming the “Elephants”

This Plan exists in a time when there is great healing from the past, as well as innovation in developing culturally appropriate First Nations healthcare. Organizations such as QHS provide services in an environment where leaders, staff, and community members are having to work with the existing systems, while also reconnecting with tradition and inventing new ways to deliver services.

Some of the “elephants in the room” that need to be named are that:

1. Healthcare funding is in transition;
2. The damage caused by residential schools and other genocidal programs continues to be felt and colonial patterns persist (for example ‘powers that be’ not recognizing traditional ways of knowing);
3. Secwépemc people are reclaiming culture, in the face of continuing colonization;
4. The desire to offer traditional wellness services faces many barriers.

Healthcare Funding in Transition

The formation of First Nations Health Authority (FNHA) showed how federal health funding can be reclaimed by a new provincial agency. However, the initial years have been challenging and organizations funded through FNHA have expressed frustration.

Healthcare funding relationships continue to change. FNHA and the Nations / communities it serves have opportunities to create innovative, responsive approaches.

Effects of Residential Schools and Colonization

The Truth and Reconciliation Commission documented the cultural damage of residential schools and other genocidal programs. The effects on First Nations communities, families and individuals have rippled forward in time. Many have spoken of how “lateral violence” within communities continues to take a toll.

The generations in this post-residential school era face the challenges of re-learning family roles, relationships, and cultural practices/language. The Elders Advisory Team spoke of “ReconciliACTION”.

Colonial patterns have continued in many shapes and forms. Recent examples in our communities include public agencies collecting personal information that focuses on negatives, generating data that could be used against the interests of participating individuals, their families and communities.

Secwépemc People Reclaiming Culture

In the face of continuing colonization, Secwépemc people are stepping up to reconnect with the land and with each other. On one hand, mainstream media and consumer culture are powerful forces threatening cultural revival. On the other hand, Secwépemc families and communities are increasingly strong: remembering who we are, and how to live in a good way.

The Secwépemc Nation has three broad health priorities:

- Primary healthcare;
- Mental wellness;
- Traditional wellness.

Barriers to Traditional Healing and Wellness Services

The idea of providing traditional First Nations healing and wellness services has been widely discussed. It is a health priority for the Secwépemc Nation, QHS, and member communities.

However, there are many barriers and challenges – such as:

- How to identify qualified traditional healers?
- How to pay them?
- How to avoid cultural appropriation of traditional wellness knowledge by outside interests?
- How to protect plants used in traditional healing from overharvesting?

This plan summarizes community input on questions such as these. It also identifies strategies that the three Bands could use as they develop traditional wellness services and resources.

Part 2: Community Input

Participation in Planning

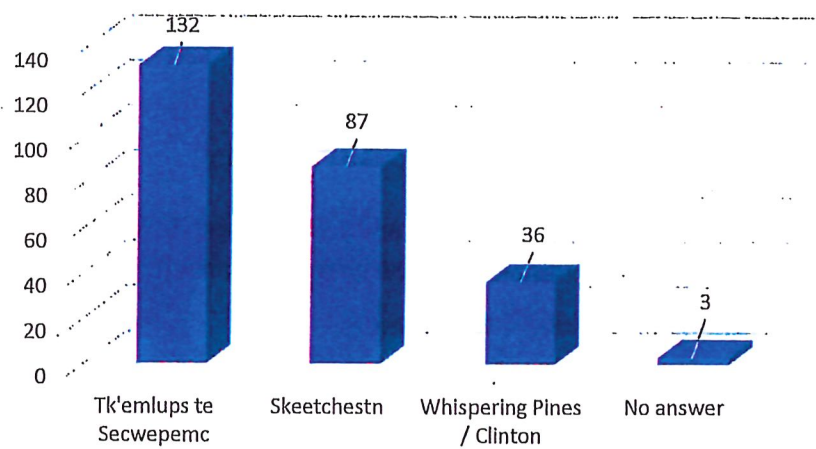
A total of 258 people completed community surveys, providing feedback on QHS services and the draft Strategic Plan. The planning team collected surveys at the two health clinics, at band offices, door-to-door, at community events, and as part of facilitated sessions.

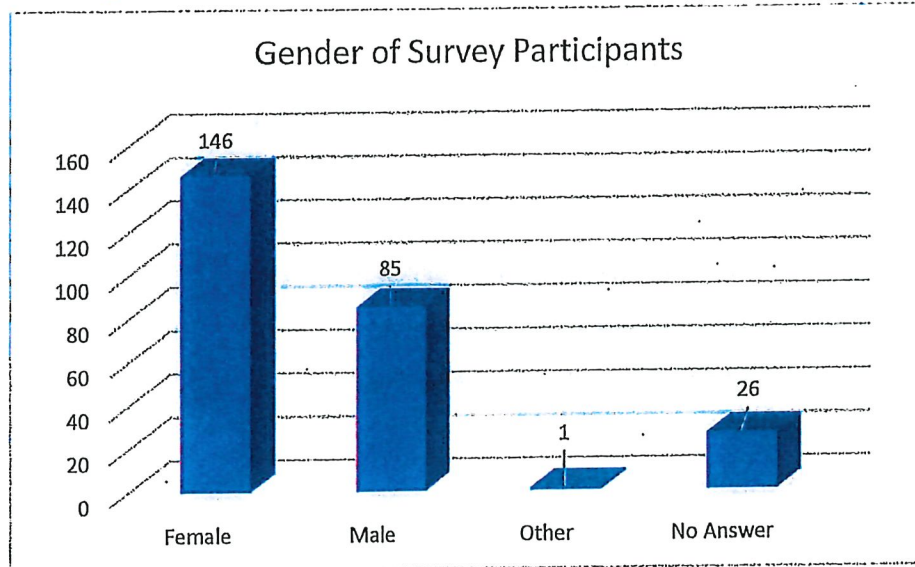
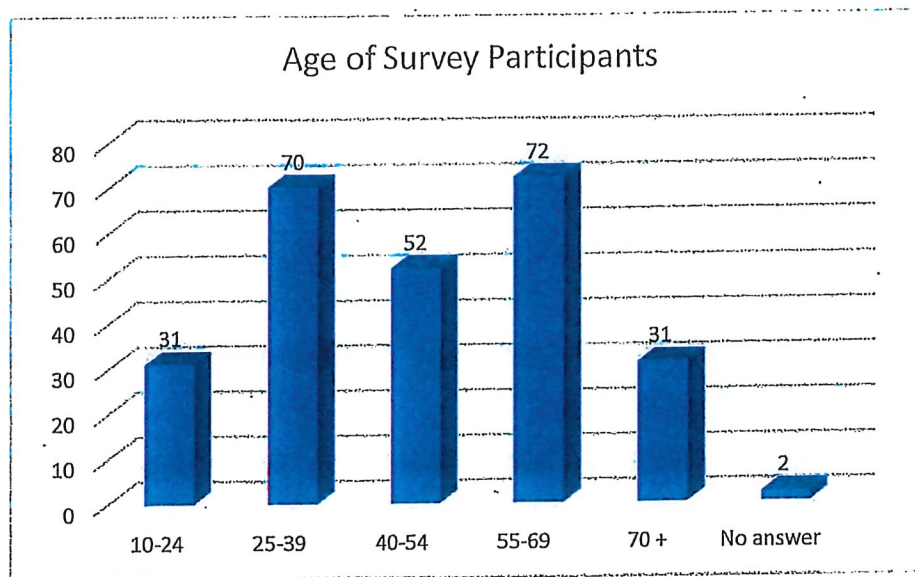
Facilitated sessions with community members included:

- 45+ members participated in 4 focus groups, during a community dinner event at Skeetchestn;
- 40+ elders and staff from all three communities participated in a half-day workshop with three World Café style discussion circles at Tk'emlúps te Secwépemc;
- 2 gatherings of the Elders Advisory Team, with 6 participants in each.

The charts below illustrate the community, age, and gender mix of people participating in the survey.

Community Membership of Survey Participants





Discussion in the focus groups and World Café circles revealed high levels of satisfaction with existing health and wellness services. Asked what they appreciate about the healthcare services provided by QHS and their Band, some of the most common themes in the comments were:

- Friendly, warm environment – for example, one participant said *“QHS is fantastic about making people feel welcome”*;
- Trusting relationships – for example, one spoke of *“the relationships with the staff and community members, and the trust everyone has”*;
- Provision of services in the community and in the home – convenient and accessible;

- The wide range and quality of services offered;
- Community events, such as health fairs and baby welcome gatherings.

Asked if they had any suggestions to improve QHS programs, 93 survey participants said yes, 126 said no, and 39 did not answer. This suggests that a large majority felt satisfied with the existing services.

Suggestions to Improve Services

The most common suggestions to improve programs and services (in order of frequency) were to:

- Increase general practitioner services;
- Strengthen communication to raise awareness of services - and to remind people of appointments;
- Expand in-home care;
- Increase access to massage therapy;
- Offer traditional medicine and wellness services;
- Offer dietitian services, to enhance nutrition and healthy eating.

Other suggestions, offered by multiple survey participants, were to:

- Expand service hours;
- Extend service to immediate family members of band members;
- Provide services to band members living off reserve;
- Offer more mental health and addictions counselling;
- Expand hospital follow-up care;
- Offer chiropractic services.

Focus group and World Café dialogue participants also spoke of these points. Additional suggestions were to:

- Reduce wait times for services such as footcare;
- Create an elders' centre / retirement facility;
- Weekly meetings for people to meet and socialize;
- Connect with youth who are aging out of foster programs.

Consultation with QHS staff confirmed many of the suggestions from community members, and generated additional ideas for enhancing services:

- Work with off-reserve band members;
- Provide service to immediate family of band members;
- Provide more services in homes, such as footcare;

- Utilize the yard space or areas around QHS to build traditional wellness areas;
- Partner in a hospice centre close by - with traditional healing, view of the river, large outdoor space, shaped as an arbour type building;
- Offer traditional and cultural wellness workshops;
- Spend more time with clients in all programs - including to provide cultural and traditional care such as listening to stories, berry picking, walking, smudging, etc.;
- Broaden counselling;
- Expand follow up for those coming out of alcohol and drug treatment;
- Have a youth clinic after hours - sexual health education, STI screening;
- Roundtables for all health professionals of QHS - education sessions;
- Increase transportation for clients;
- Improve collaboration with the three Bands, Interior Health, and other related services: continuity of care in a confidential, safe manner; communication regarding events and programming; open houses for networking; implement a shared policy and procedure for sharing information - step by step appropriate protocol;
- Utilize the clinic building and yard for more events and programs.

Access to QHS Services

Asked "are there any services available at QHS that apply to you, but you do not use?", 114 survey participants said yes, 110 said no, and 34 did not answer.

Of those who said yes, the most commonly mentioned reasons (in order of frequency) were:

- Time constraints – for example, due to clash of work schedule and clinic hours;
- Lack of awareness of services;
- Lack of service availability;
- Lack of transportation;
- Living away from the three communities;
- Living off reserve.

Asked for their thoughts on improving access to healthcare services, elders and staff in the World Café had the following suggestions in multiple discussion circles:

- Add patient travel to QHS services;
- More doctor days, and quicker access to the doctor for emergencies;
- Change eligibility to include off-reserve members and all Aboriginal people.

Priorities for Health and Wellness Learning

Asked about health and wellness topics they would like to learn about, participants most commonly mentioned:

- Traditional medicine and culture;
- Healthy eating and nutrition;
- Mental health, including depression, anxiety, trauma and grief;
- Diabetes;
- Alcohol, drugs and addictions;
- Health and wellness in general;
- Aging;
- Eyesight.

Other health learning topics mentioned by multiple participants were: physical exercise; pain; blood pressure; heart health; kidney health; skin health; understanding the medical system for First Nations people.

Learning about Traditional Medicine and Culture

Asked for suggestions on how to provide traditional healing services through QHS, the most common ideas from survey participants were to:

1. Offer opportunities to participate in ceremony - sweat lodge, drumming, singing, smudging;
2. Offer opportunities to learn about, and participate in, medicinal plant identification, harvesting, preparation and use;
3. Engage Elders to offer consultation, storytelling, workshops and gatherings;
4. Offer workshops, classes, and other group activities to teach about traditional wellness.

Elders and staff from all three communities, participating in facilitated World Café style discussion circles, suggested that traditionally people learned about wellness through activities such as sweats, listening to grandparents and elders, and hands-on activities such as hunting and fishing. Knowledge was passed down within families. In addition, there were designated people who held traditional wellness knowledge.

Elders and staff also spoke of what traditional wellness learning has worked well in recent years. They spoke of the power of sweats, healing circles, learning to give thanks (to Creator), food preservation classes, and learning about medicinal plants on the Secwépemc Traditional Territory. There has been success in taking youth out on the land to learn hunting, fishing, food preservation. Cooperation between bands has worked well – for example inclusion of youth from other bands in hunting camps.

Elders and staff suggested several additional ways to teach traditional wellness:

- Workshops on how to preserve and prepare seasonal and traditional food (*hooshum*, meat, fish, bannock, etc.);
- Workshops on harvesting and using traditional medicine;
- Cultural camp over two weeks - sit around a fire, tell stories, etc.;
- Pamphlets and other resources for traditional medicines and plants;
- Cookbook of traditional recipes – sourced from elders and copyrighted;
- Sharing circles, activities, and hands-on learning about traditional parenting – having elders involved with the children;
- Have elders go to the schools and nurseries one day a month to teach traditional practices;
- Elders room - have tea and coffee and visit with other elders in an informal setting.

Participants in the four focus groups at Skeetchestn had similar suggestions, including the following:

- Sweat lodges, for ceremonial purposes (women's and men's sweats, with sharing; how to build a sweat lodge);
- Workshops and field trips (berry picking, harvesting and using roots, pitch, sage and other traditional medicine; host gatherings in the evenings twice a month, as a group with all ages;
- Communities gathering together to learn about and trade traditional medicine – with discussion groups;
- Learning resources (a permanent glass display of medicines; literature, books and videos on medicinal plants);
- Natural medicine "pharmacy";
- Annual traditional wellness immersion (a week in the summer for healing circles, teaching about medicine, healing immersion);
- Vision quests – *"have a camp with a group of people to look after"*.

Participants suggested it is time to reintroduce traditional medicine to all community members. Learning activities should be open to all people in the communities. This learning can be integrated in community events, parenting workshops, daycare programs, etc.

QHS staff also spoke of their interest in learning about traditional Secwépemc medicine and healing. By gaining cultural knowledge, they may be able to integrate it into the ways they deliver services.

Mentorship Program

Asked how they would design a traditional healing mentorship program, elders and staff suggested using different wording than "mentorship", something like "knowledge keeper". They advised to

support mentors with gas cards or other payment. First steps are to reach out to community members, then to identify existing knowledge keepers, sweat leaders, etc.

Asked what they think of a traditional healing mentorship program, participants in the focus groups at Skeetchestn indicated support for the idea. One said, *"have a mentorship, teaching people in the community so they can keep carrying that on."*

Traditional Healer Services

Community members also provided input on provision of traditional Secwépemc healer services. Survey participants suggested it will be important to engage community in the process of identifying, recruiting and hiring traditional healers.

In addition to the learning opportunities identified in the last section, one of the common suggestions for traditional wellness services was to offer wellness circles and support groups that integrate traditional healing.

Discussion among elders and staff suggests that there is interest in accessing traditional healers. Some community members already have access, but many do not.

Elders and staff identified examples of traditional healing services: smudging; use of salves and essential oils; and medicines to support addiction recovery.

Approach and Cautions

Traditional medicine practices can be used for mental, emotional, physical and spiritual wellbeing - holistic healing. They could be used to help reverse the cultural damage caused by residential schools.

Participants suggested that teaching about traditional healing and medicine needs to be grounded in Secwépemc culture. One said: *"Our values and language should be offered in that – without it sometimes the integrity of the healing is lost."*

One concern is how to protect traditional Secwépemc medicines and knowledge from powerful interests such as pharmaceutical companies. A focus group participant said: *"if we do our own research, less threat of that."* Partnerships with outside organizations could be dangerous. Another participant said: *"we need to keep it among ourselves."*

There is also concern about how to pay and show respect for traditional healers. Participants expressed a mix of ideas on this. Some suggest that they should be paid on par with other healing professions. Some spoke of protocol regarding offering a gift. One elder said: *"Offer something that is of value to you to honour someone else."* Another said: *"Keep traditional practices when approaching healers/knowledge keepers by offering tobacco, sage and sweetgrass."* Traditionally, contact with a healer is personal and private. Some elders suggested that this needs to remain private, and that the payment is also a private matter.

Part 3: Healthcare Provided by QHS

This part of the Plan profiles QHS, shows details of healthcare currently being provided, and identifies future directions.

Overview of Q'wemtsín Health Society

"Q'wemtsín" is the Secwépemctsin word for "shore". The head office of QHS is located near the North Thompson River.

The QHS logo features a bear paw. This symbolizes strength and protection.



Vision

Healthy Secwépemc individuals, families and communities.

Mission

QHS advances holistic health by providing programs, services and education.

Values

Traditions and culture

Holistic approach

Individual, family, and community

Sense of belonging

Connection

Respect

Empathy, acceptance, caring and support

Inclusion and connection

Fairness and equity

Honesty

Professionalism

Collaboration

Standards and ethics

Confidentiality and trust

Transparency and accountability

Goals

To achieve its mission, QHS works toward the following five broad goals:

1. Build partnerships and collaborate;
2. Deliver programs and services addressing community needs;
3. Provide a trusting, open and professional environment;
4. Create opportunities for learning;
5. Evaluate effectiveness.

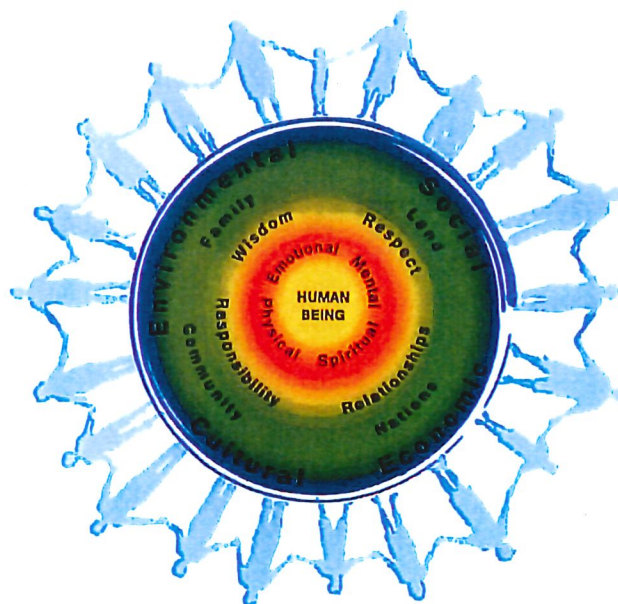
These five goals serve as a foundation for sets of specific objectives and action items, as spelled out in this plan.

Service Principles

QHS staff provide services in ways that uphold the following principles:

1. Welcoming environment and friendly service;
2. Professional, confidential, culturally safe and competent care;
3. Person-centred, individualized approach;
4. Holistic approach to health and wellness.

The meaning of “holistic health” includes balance of physical, mental, emotional and spiritual wellbeing, as illustrated in the First Nations Health Authority graphic below.



Resources

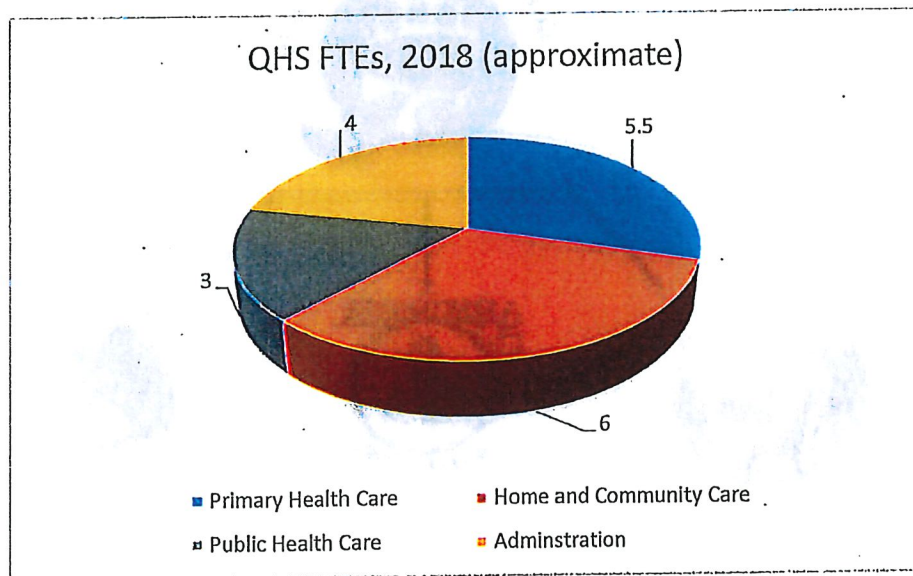
QHS receives all its funding from First Nations Health Authority. In 2017/18 it received \$1,395,729. These funds provide for operation of the clinic, located at Tk'emlúps te Secwépemc, and a satellite clinic at Skeetchestn.

In-kind contributions include Family Nurse Practitioner services provided through Interior Health, approximately 0.6 of a full-time equivalent (FTE).

In addition, the dental clinic services are largely self-sustaining, with fees for services billed primarily through client insurance. Similarly, physician services provided by QHS are covered through Medical Services Plan billings.

Total QHS staffing, as of February 2018, was approximately 18.5 FTEs. As shown in the pie chart below, the approximate breakdown of staff by department is:

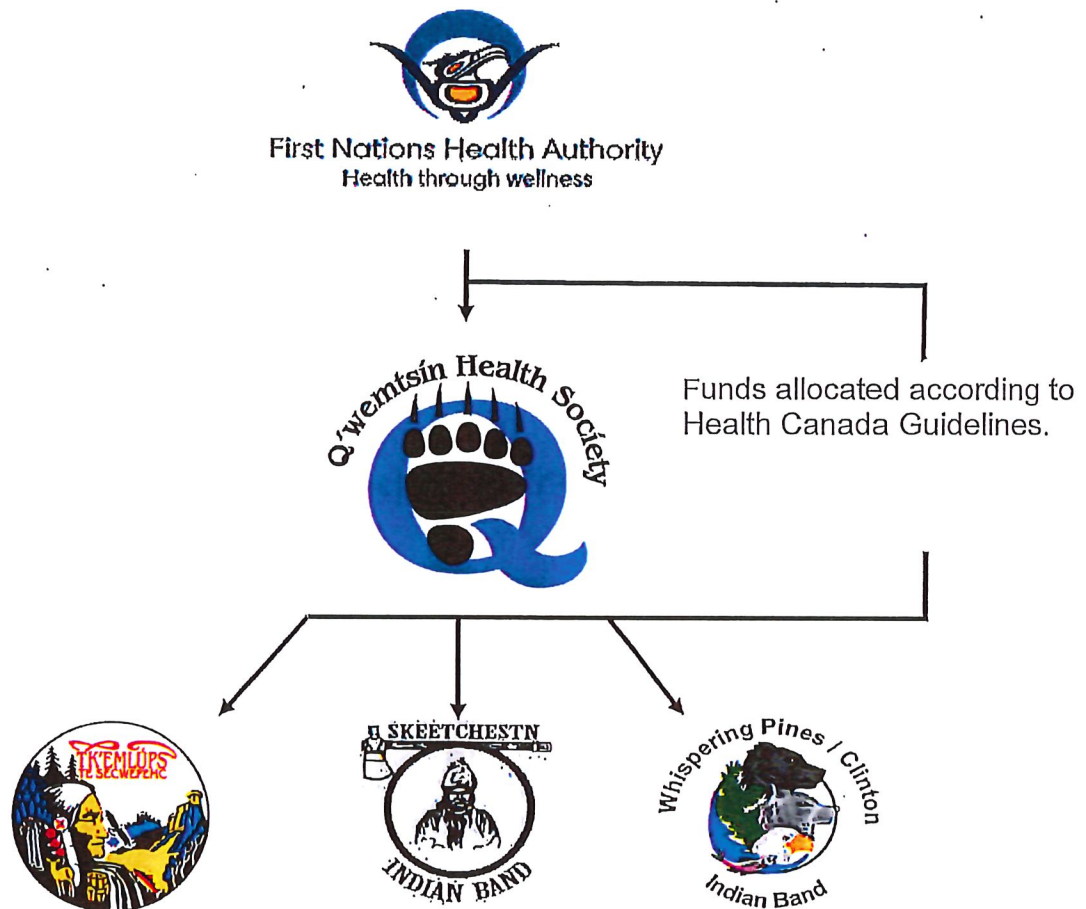
- 6 FTEs - Home and Community Care;
- 5.5 - Primary Care;
- 3 - Public Health;
- 4 - Administration.



In addition, First Nations Health Authority funds flow through QHS to the member Bands. These funds are linked to the following funding envelopes: Brighter Futures; Building Healthy Communities – Mental Health and Solvent Abuse; and Community Health Promotion and Injury /Illness Prevention.

For the 2017/18 year, the flow-through amounts were:

- \$320,020 to Tk'emlúps te Secwépemc;
- \$148,975 to Skeetchestn;
- \$82,765 to Whispering Pines / Clinton.



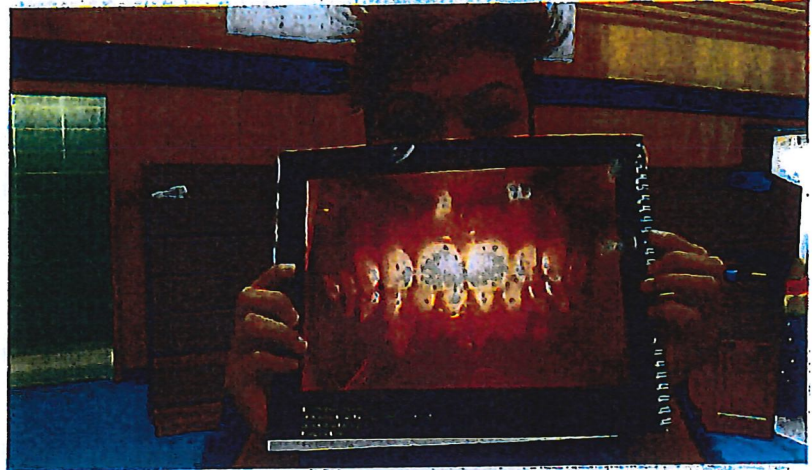
Services Currently Provided

The following tables describe healthcare QHS currently provides: what is offered, who by, who for, where, how, and why. These tables cover Primary Health, Home and Community Care, and Public Health. QHS provides these services by appointment or as scheduled, typically during weekday hours.

Primary Health

QHS Primary Health services include:

- ✓ General practitioner (Doctor and Nurse Practitioner);
- ✓ Naturopathic medicine;
- ✓ Counselling;
- ✓ Massage therapy;
- ✓ Dental services;
- ✓ COHI (Children's Oral Health Initiative);
- ✓ Nutrition services.



General Practitioner

<i>What:</i>	Primary health care: assessments, testing, referrals to specialists, treatment; education, advocacy and support.
<i>Who by:</i>	General Practitioners (Nurse Practitioner, Doctor), supported by Medical Office Administrator.
<i>Who for:</i>	Members of the three Bands who do not have a General Practitioner (GP).
<i>Where:</i>	QHS clinic, Skeetchestn clinic.
<i>How:</i>	Build a professional relationship with clients in order to develop a treatment plan for health concern; Long term follow up for chronic health conditions.
<i>Why:</i>	To support client health goals.

Naturopathic Medicine

What:	Nutritional support; vitamin injections; primary health care testing (allergy, blood, saliva, urine); acupuncture; scar therapy.
Who by:	Naturopathic Doctor (ND).
Who for:	Band members permanently residing in one of the three communities with a desire to include natural remedies for their health and healing.
Where:	QHS clinic, Skeetchestn clinic, Whispering Pines.
How:	Individually tailored treatment plans.
Why:	To support client health goals – for example: pain management, healthy weights, and personal control in managing diabetes / other conditions.

Counselling

What:	1-1 counselling; family therapy; referrals to specialists.
Who by:	Registered Social Worker (RSW).
Who for:	Individuals or families who have experienced trauma, grief and loss; have addictions; and/or have depression, anxiety, other mental health concerns.
Where:	QHS clinic; Skeetchestn clinic; in homes; in community.
How:	Develop a trusting and helping relationship with clients. Primary concern is client safety and confidentiality. Using evidence-based and harm reduction modalities.
Why:	To get functional, get back on track; have a toolkit and learn to manage symptoms; know where to go for help when needed; make better choices; connect to family / community.

Massage Therapy

What:	Manipulation of muscles, tendons, ligaments and joints.
Who by:	Registered Massage Therapist (RMT).
Who for:	Band members who have been referred by a GP or Naturopath for therapeutic massage.
Where:	QHS Clinic, Skeetchestn Clinic, Whispering Pines (in home).
How:	An initial assessment on the first visit, and a treatment plan based on clients' desired physical health goals.
Why:	To support clients' physical health goals; decrease pain; increase mobility.

Dental Services

<i>What:</i>	Basic dental services: silver and white fillings; exams; digital x-rays; hygiene services; extractions; dentures; night guards; oral cancer screening.
<i>Who by:</i>	Dentists and Dental Hygienist. (Dentistry 2 days / month. Hygiene 2-4 days / month.)
<i>Who for:</i>	Members of the three Bands, on and off reserve (with status number).
<i>Where:</i>	QHS clinic.
<i>How:</i>	Convenient, friendly, caring, comforting – and professional (top quality, great service).
<i>Why:</i>	Improved oral health, and overall health. Getting out of pain, reducing infections and spread of disease - prevention.

COHI – Children's Oral Health Initiative

<i>What:</i>	Screening; fluoride varnishes; sealants; educational visits (brush-ins); and hygiene; provides toothbrushes, toothpaste and floss to children and their families.
<i>Who by:</i>	COHI Aide and Dental Hygienist.
<i>Who for:</i>	Prenatal to 7 years old - living on or receiving services on reserve.
<i>Where:</i>	In communities – at school, daycare, nursery or clinic. (Screening yearly; fluoride 2- 4 times per year).
<i>How:</i>	Close working relationships with community members - and school principals, teachers, staff, and/or parents/guardians.
<i>Why:</i>	Reduced decay, fillings and dental surgeries. Better care of teeth; more consistent dentist visits. Reduced fear of dentistry. Future parents connect oral health with overall health.

Nutrition Services

<i>What:</i>	Nutrition counselling and education.
<i>Who by:</i>	Registered Dietitian and Naturopathic Doctor.
<i>Who for:</i>	Members of the three Bands.
<i>Where:</i>	QHS clinic, Skeetchestn clinic, in community.
<i>How:</i>	One-to-one client appointments; family appointments.
<i>Why:</i>	Food security (sustainable food systems); healthy eating and nutrition.

Home and Community Care

QHS Home and Community Care services include:

- ✓ Acute and chronic disease management;
- ✓ Personal care support (including tub program);
- ✓ Diabetes program;
- ✓ Foot care;
- ✓ Wellness visits.

These services are all offered to First Nations people who permanently reside in one of the three reserves. (Band members only residing in Sun Rivers & private trailer parks.) A referral is required.

Chronic Disease Management – including Acute and Palliative Care

<i>What:</i>	Assessments; care plan development; wound management; support; education; advocacy (assisting clients to navigate services).
<i>Who by:</i>	Home Care Nurses.
<i>Who for:</i>	Members who require support.
<i>Where:</i>	QHS clinic, Skeetchestn clinic, and in homes.
<i>How:</i>	Collaborate with individual, family and health care team; Based on client wants and needs - working with where they are at.
<i>Why:</i>	Support client goal of wellness and quality of life.

Personal Care Support

<i>What:</i>	Assistance with personal care needs.
<i>Who by:</i>	Health Care Assistant.
<i>Who for:</i>	People who require assistance with personal care needs.
<i>Where:</i>	In homes; QHS clinic.
<i>How:</i>	Care plans based on clients' personal needs and goals; assistance with activities of daily living in homes in accordance with care plans while promoting maximum independence. Tub program provided to those with unsafe bathing system in home.
<i>Why:</i>	Safely aging in place; Maintain independence; Maintain self care and hygiene.

Diabetes Program

<i>What:</i>	Diabetic screening, counselling, education, treatment, meal counselling.
<i>Who by:</i>	Home and Community Care nurses, working with Community Health Nurse, General Practitioner, Naturopathic Doctor, Dietitian.
<i>Who for:</i>	People with diabetes; people who have signs and symptoms.
<i>Where:</i>	QHS clinic, Skeetchestn clinic, in community, in homes.
<i>How:</i>	In collaboration with the individual and the healthcare team; 1-1 client appointment; diabetic screening events; assessments through General Practitioner.
<i>Why:</i>	Reduced negative effects of diabetes; healthier life for people with diabetes.

Foot Care

<i>What:</i>	Basic foot care such a nail trimming, callous removal, ingrown nails and corns; education on basic foot health; advice / recommendations on self care; walking and proper footwear assessments.
<i>Who by:</i>	Certified Foot Care Nurse.
<i>Who for:</i>	Members with diabetes, physical limitations and/or high-risk medical conditions – based on program capacity.
<i>Where:</i>	QHS clinic, Skeetchestn clinic, Whispering Pines, in homes as needed – based on clients' limitations.
<i>How:</i>	Assessment of foot health. Referrals to specialist if needed.
<i>Why:</i>	Maintain foot health; maintain / improve ambulation.

Wellness Visits

<i>What:</i>	Assess and support management of health.
<i>Who by:</i>	Home Care Nurses as needed, and Home Care Assistants as scheduled by the Home Care Nurse.
<i>Who for:</i>	QHS Home Care clients.
<i>Where:</i>	QHS clinic, in homes, in community.
<i>How:</i>	Build a trusting relationship. Collaborate with clients and their chosen health care teams.
<i>Why:</i>	Support client wellness and quality of life goals.

Public Health

QHS Public Health services include:

- ✓ Circle of Life – maternal & child health;
- ✓ Communicable disease control;
- ✓ Injury surveillance and prevention;
- ✓ School health;
- ✓ Harm reduction;
- ✓ Events and training.

Circle of Life – Maternal & Child Health (See Appendix 18)

<i>What:</i>	Pre-natal care; post-natal care; family support; baby assessments; growth and development assessments; support and education; play groups; school readiness.
<i>Who by:</i>	Community Health Nurses.
<i>Who for:</i>	Families who are expecting or who have children under the age of seven who permanently reside on one of the three reserves.
<i>Where:</i>	QHS clinic, Skeetchestn clinic, in homes, in community.
<i>How:</i>	Through development of a professional relationship between Community Health Nurse and family; In-home or clinic visit during pregnancy and after birth to assess, advocate and support families. Referral to midwife and doula services as needed.
<i>Why:</i>	To promote optimal family health.

Communicable Disease Control

<i>What:</i>	Immunizations from birth to elders, preventative education and support; communicable disease testing (includes sexually transmitted infections - STI), treatment, referral, support and education.
<i>Who by:</i>	Community Health Nurses, Doctor, Nurse Practitioner.
<i>Who for:</i>	Members of the three bands.
<i>Where:</i>	QHS clinic, Skeetchestn clinic, in community.
<i>How:</i>	Education, prevention, testing and treatment done according to individual needs.
<i>Why:</i>	To prevent and protect community from communicable disease transmission.

Injury Surveillance and Prevention

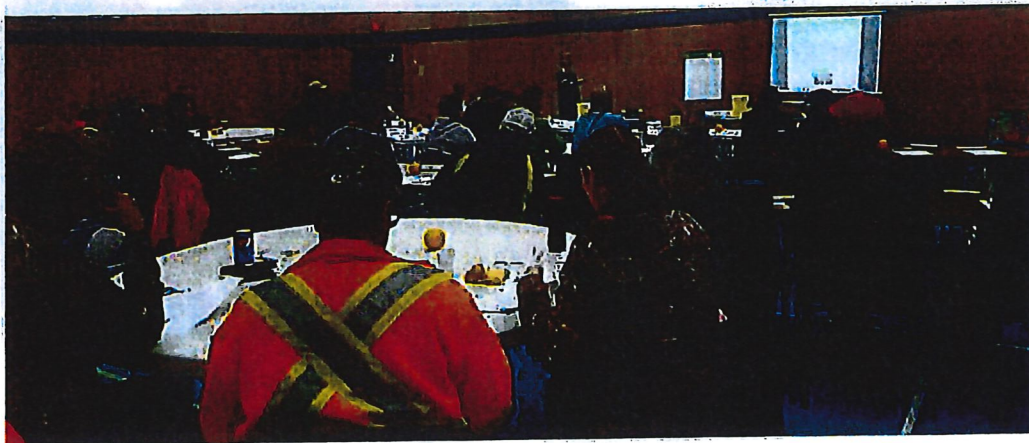
<i>What:</i>	Collecting injury surveillance data, to help identify and respond to injury risks.
<i>Who by:</i>	Staff at QHS, band offices, schools etc. fill out injury forms. Injury data clerk compiles.
<i>Who for:</i>	The three communities.
<i>How:</i>	Compiled data used to make a report at the end of each year.
<i>Why:</i>	Understand the impact of injuries within our communities. Start prevention programs and reduce known injuries.

School Health

<i>What:</i>	Immunizations; health and development support; education.
<i>Who by:</i>	Community Health Nurses.
<i>Who for:</i>	Students, families and school staff.
<i>Where:</i>	In schools, QHS clinic, Skeetchestn clinic.
<i>How:</i>	Provide support, education, and resources for students, families and staff.
<i>Why:</i>	To promote optimal health during the school age years.

Harm Reduction

<i>What:</i>	Naloxone training; sexual health education and supplies; STI (sexually transmitted infections) preventative education and treatment, support, and advocacy.
<i>Who by:</i>	Community Health Nurses.
<i>Who for:</i>	Community members permanently residing in one of the three communities.
<i>Where:</i>	QHS clinic, Skeetchestn clinic; in community; in homes.
<i>How:</i>	Individual or group educational sessions. Support and advocacy based on client needs.
<i>Why:</i>	Promote mental and physical wellness.



Naloxone Training at Skeetchestn

Events and Training

<i>What:</i>	Annual health fairs; Baby Welcome celebrations; Kindergarten Day; screening days; training events (for members as well as staff); guest speakers.
<i>Who by:</i>	QHS and community staff - collaborating.
<i>Who for:</i>	Members of the three communities; QHS and community staff.
<i>Where:</i>	In community, QHS clinic, Skeetchestn clinic.
<i>How:</i>	Host these events and trainings as community gatherings, in a spirit of celebration and learning together.
<i>Why:</i>	Build community; promote connection; promote health and prevent disease.

Future Directions for QHS Services

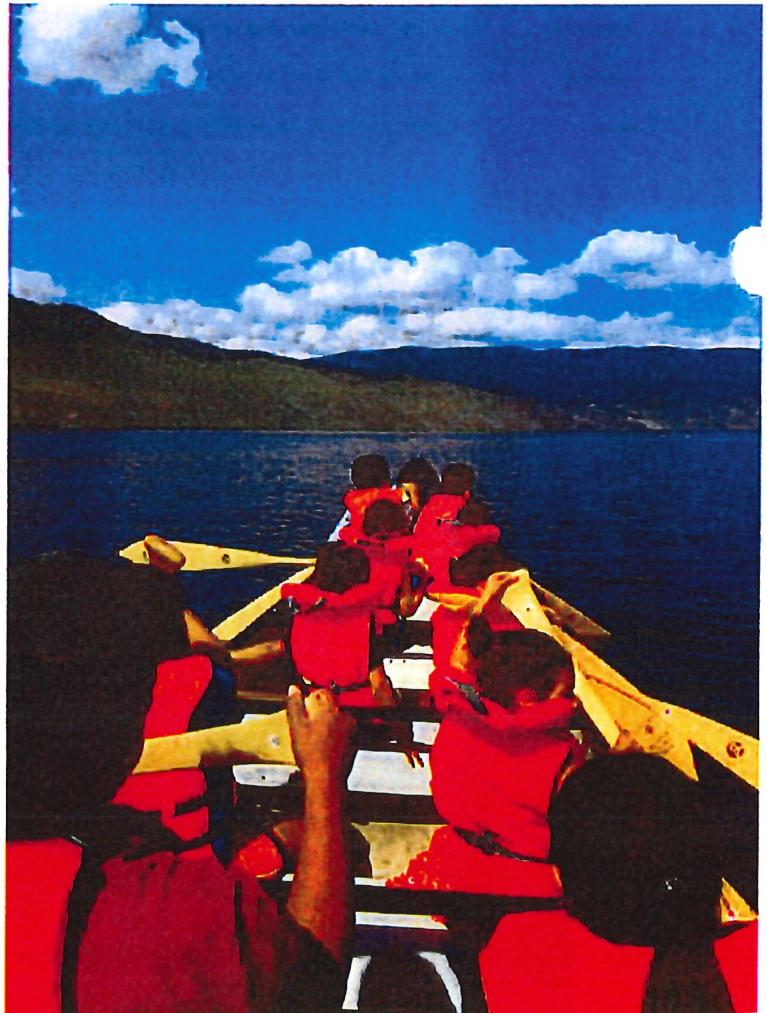
Considering input from community members and staff, QHS is committed to the following action items for each of its goals and objectives. Some of these actions are continuations of existing practices, and some are new or anticipated.

Goal 1: Build partnerships and collaborate

Objective 1.1: Work with the three bands to enhance programs and services.

Continue to:

1. Hold event planning meetings with the staff of the communities.
2. Have monthly Board meetings.
3. Seek feedback, and initiate changes as required.
4. Link QHS and band newsletters.
5. Participate in community events and activities.
6. Bring members of the three communities together (example: men's nights).



Anticipated actions are to:

7. Partner with organizations involved with food security and skill building (for example, Kamloops Food Policy Council, Mount Paul Food Centre, Thompson Shuswap Master Gardeners, and Farm to School).
8. Develop a community food mentorship program, including train the trainer, working with the three communities.

Objective 1.2: Collaborate and advocate with First Nations Health Authority, Interior Health, and other organizations.

Continue to:

1. Participate in the 2005 Partnership Accord with Interior Health (IH) and the six other Interior Nations, sharing resources and transforming relationships with the Province.
2. Participate in transformation at all levels, ensuring input to program changes.
3. Share the Q'wemtsín newsletter with IH, First Nations Health Authority (FNHA) and other relevant organizations.
4. Invite FNHA, IH and other organizations to attend Q'wemtsín events, set up booths, and share information.
5. Stay current on organization charts for both health authorities and stay informed about opportunities for collaboration.
6. Provide space and hosting for IH and FNHA meetings at Q'wemtsín.
7. Participate as a member of the Health Directors Hub, meeting monthly.
8. Provide input into the Secwépemc Nation health plan.
9. Participate in the LOU (Letter of Understanding) and work plan of IH and the Secwépemc Health Caucus.
10. Participate in Caucus meetings and other events such as forums and planning sessions.

Anticipated actions are to:

11. Advocate to continue funding commitments for Maternal and Child Health – and other critical healthcare programs.
12. Advocate with First Nations Health Authority to lobby for transfer of federal funding for Home Care, and seek further resources to provide consistent, culturally competent Home and Community Care services.
13. Advocate for development of domestic violence programs that are culturally safe and competent, working with community and partnering with other organizations (for example, transition house, counselling, sharing circles, and workshops).
14. Advocate for programs such as Car 40 (a mental health nurse and police officer team) and Domestic Violence Unit to provide service on reserve.

15. Advocate with all levels of government to protect and expand existing funding and to resource QHS plans (in keeping with the first principle of Community-Driven, Nation-Based).
16. Support the QHS Board to work with Chief and Council members in advocating with the premier and ministers, to ensure briefing notes are prepared so that current issues are adequately presented in a timely manner - and to inform community on advocacy progress and challenges.

Objective 1.3: Challenge funders so that QHS can extend services to off-reserve band members and other community members who are immediate family of band members.

Continue to:

1. Advocate with FNHA to include off-reserve band members.

Anticipated actions are to:

2. Document the number of people that QHS turns away and/or are on wait lists with QHS.
3. Advocate with FNHA to enhance funding so that QHS can serve all immediate family members.

Objective 1.4: Ensure funding transfers reach the community level.

Continue to:

1. Flow funds to member bands as set out in the FNHA contribution agreement.

Anticipated actions are to:

2. Advocate that health and wellness monies that come to the Secwépemc Nation flow to communities.
3. Advocate that new funding for elder care comes to QHS and communities.

Goal 2: Deliver programs and services addressing community needs

2.1: Deliver and evolve existing QHS services.

Continue to:

1. Provide existing QHS primary health, home and community care, and public health care services.
2. Engage communities to identify changes in needs.
3. Evolve services in response to changing needs.
4. Embrace Secwépemc cultural competency and expertise - and integrate these in QHS programs and services as appropriate.

Objective 2.2: Expand primary clinic services.

Continue to:

1. Inform community members about how Family Nurse Practitioners and Doctors provide the same services – and about their levels of professional training.

Anticipated actions are to:

2. Expand General Practitioner and dentist services as necessitated by community need.
3. Head-hunt new and future graduates – especially GPs who are First Nations people – including through medical doctor residency programs.

Objective 2.3: Expand elders' services and other health services in the three communities.

Continue to:

1. Offer individualized support for community members who are caring for members with challenging palliative care needs (caring for the caregivers).
2. Engage elders and their families regarding falls prevention and other age-related safety concerns.

Anticipated actions are to:

3. Collaborate with the Secwépemc Health Caucus to develop ways to support aging gracefully at home.
4. Work in collaboration with the province to secure funding for palliative care.
5. Seek funding to provide respite care (to support family while they keep elders at home longer).
6. Participate in planning for elder care facilities on Secwépemc Territory and collaborate with communities in planning for elders' complexes.
7. Secure the transfer of home care funding from Interior Health to QHS so that QHS can provide Home and Community Care services 24/7.
8. Address elder abuse prevention and response, re-activating the ReAct Program.



Objective 2.4: Discuss and explore possibilities for expansion of services.

Anticipated actions are to:

1. Find resources to provide client transportation to QHS appointments.
2. Develop and expand nutrition counselling and education.
3. Demonstrate needs and business cases for expansion of existing services, such as adding crowns and root canals to the dental clinic offerings.
4. Explore needs and successful models for residential addiction recovery after treatment, working with existing initiatives (examples: healing and sharing circles; trauma and grief workshops; life skills teaching).
5. Explore needs and delivery models for other new services, such as chiropractic (on Fridays, when space is available); audiology (hearing – with follow up service), and on-reserve mobile pharmacy services (monthly – and/or after a GP is in community).
6. Explore provision of public health nursing services on contract with other Secwépemc bands, such as Adams Lake, Bonaparte and Simpcw – building on the success of the 2017 pilot program.
7. Support the three Bands in building sustainable food systems, based on best practices.

Objective 2.5: Stay abreast of technology change in healthcare.

Anticipated actions are to:

1. Use technology to provide access to health information, especially for youth (for example, crisis apps).
2. Promote online-based testing for STIs.
3. Promote and assist with accessing online health information resources and other personal technologies such as Fitbits.
4. Assist elders and community members to navigate and use Interior Health online client information services – including provision of computer access at QHS for medical purposes only.
5. Advocate with Interior Health to make online client information systems more user friendly.
6. Explore other uses of information technology in better serving community.

Goal 3: Provide a trusting, open professional environment

Objective 3.1: Build relationships that ensure trust – at all levels.

Continue to:

1. Provide consistent, high quality care and services.

2. Provide training to staff on the nature of confidentiality - and how to reach a high standard of it in day-to-day service provision.
3. Maintain transparency and accountability through open communication and information with communities, via the website, newsletter and open house forums, with current information on Q'wemtsín staff, goals, and what has been accomplished.
4. Maintain a friendly approach in all interactions with clients.
5. Maintain a professional image in the workplace (example: clean desk policy) and as individuals providing services.
6. Follow job descriptions.
7. Follow approved policy and procedures.
8. Encourage staff to get to know community members as individuals.
9. Engage staff and Board in cultural learning with community members.
10. Ensure policy and procedures are aligned with current harassment and ethics norms.

Objective 3.2: Provide welcoming community environments.

Continue to:

1. Bring in Secwépemctsin language and tradition where possible.
2. Maintain a friendly front desk presence, greet clients when they come in – by name, when possible; treat people with kindness, genuine interest and presence.
3. Maintain a clean and tidy environment throughout Q'wemtsín facilities, including waiting rooms.
4. Offer refreshments to all clients waiting – including healthy beverage options.
5. Introduce new staff to community members and provide them opportunities to experience community/cultural events.
6. Feature traditional / cultural items in decoration of office facilities.

Objective 3.3: Provide strong governance and administration.

Continue to:

1. Develop, update and implement policy.
2. Have regular staff, administration, and Board meetings, documented as minutes.
3. Support staff with organized, professional administration.
4. Review all policies to keep them current, consistent and aligned with FNHA funding partnership.
5. Develop an operational procedure manual for the administration department.
6. Provide sound financial management.

Anticipated actions are to:

7. Further develop and use a board orientation package, including a checklist.
8. Provide ongoing governance training for Board members.
9. Develop an unbiased personnel review process for the Health Director and implement annually.
10. Seek accreditation, per FNHA guidelines.
11. Assess capital assets management and continue to meet ongoing needs (for example, vehicles).
12. Address the issue of appointment no-shows, enforcing existing policy, consulting with other communities, and communicating with members about this problem and costs to community:

Objective 3.4: Provide opportunities for professional growth of staff.

Continue to:

1. Provide opportunities for training for all staff to stay current in their professions.
2. Provide opportunities for ongoing upgrading and recertification for immunizations, CPR (cardiopulmonary resuscitation), WHMIS (Workplace Hazardous Materials Information System), transportation of dangerous goods, and food safe.
3. Support staff who want to upgrade or further their education relevant to QHS, providing leaves of absence if and when possible.
4. Provide opportunities and support for personal growth to improve communication skills and individual competencies.
5. Provide workshops, lectures and other avenues for continued learning.
6. Plan for ongoing training needs, in connection with annual staff performance reviews.
7. Develop individual learning and professional development plans.

Goal 4: Create opportunities for learning

Objective 4.1: Organize educational health activities that bring people together.

Continue to:

1. Collaborate with communities in creating participatory learning opportunities.
2. Collaborate with community staff.
3. Provide inspirational speakers.
4. Encourage participation in support groups.
5. Prepare and provide healthy food samples / snacks, with recipes.
6. Promote drug and alcohol-free community events – such as games nights and dances.
7. Collaborate in organizing and hosting men's, ladies' and youth events.

Anticipated actions are to:

8. Provide a program of diabetes education sessions regularly, including nutrition discussions, working in partnership with the bands.
9. Provide healthy eating workshops, including food samples and snacks – working in partnership with the bands.

Objective 4.2: Collaborate with other organizations to deliver health learning opportunities.

Anticipated actions are to:

1. Collaborate with related organizations such as Secwépemc Child and Family Services.
2. Participate with post-secondary programs and engage with medical residents.
3. Provide site tours of QHS for student groups and visiting aboriginal groups.
4. Provide information sessions for mainstream service providers.
5. Develop partnerships around food security and healthy eating.

4.3 Assist and support the three communities as they (re)connect with Secwépemc in language and traditional wellness.

Continue to:

1. Participate in cultural activities and events.
2. Convene large-scale family conferences involving the three communities - with activities to engage whole families.

Anticipated actions are to:

3. Work with the three communities to collaboratively design and develop traditional healing spaces.
4. Provide security and assurances to protect traditional knowledge property, based on standards defined by the Truth and Reconciliation Commission and the United Nations Declaration on the Rights of Indigenous Peoples - working with Secwépemc Health Caucus.
5. Encourage attention to children and quality time – “hands-on, eyes-on” - by parents and extended family.

Objective 4.4: Provide educational sessions, resources, and materials on current, relevant health and wellness topics.

Continue to:

1. Generate community interest in attendance and participation.

2. Work with bands to focus on children and the future; promote and support healthy values in kids (for example, intergenerational activities).
3. Work with bands where possible to increase awareness of alcohol and drug use affects and risks, including harm reduction and updates on current trends.
4. Work with bands to host a conference on youth at risk.
5. Provide community education on medical use of cannabis, how it differs from recreational use, and relevant science.
6. Provide sessions and workshops on other health topics, focusing on areas requested by community.

Objective 4.5: Raise awareness of what services QHS offers.

Continue to:

1. Use social media such as Facebook and Twitter to share information on services and events – as well as information on resources.
2. Publish and distribute a monthly newsletter and link to partner organization and band newsletters.
3. Prepare and distribute flyers and posters.

Objective 4.6: Encourage and support community members interested in becoming health professionals.

Continue to:

1. Selectively provide opportunities for summer student positions from community.
2. Describe what staff do as professionals and how to get into these – and offer one-to-one conversations for those interested; link to FNHA health careers info; host booths at career fairs.

Anticipated actions are to:

3. Work with Interior Health, Thompson Rivers University and other organizations on recruitment, hiring and retention of First Nations health professionals.
4. Find funding to enhance access to medical school and other costly, extended healthcare training (for example, scholarships).

Goal 5: Evaluate effectiveness

Objective 5.1: Use feedback and input from community members.

Continue to:

1. Welcome community feedback and actively gather it through multiple methods, including a form in the newsletter and a suggestion box in Health Centre kitchens and on the website.

2. Demonstrate willingness to accept and use community feedback by ensuring suggestions are communicated to staff and followed up on.
3. Provide a complaints process.
4. Engage elders, seeking input through formal and informal consultation.
5. Attend community meetings, as invited, to share information.

Anticipated actions are to:

6. Collect client evaluations on a regular basis.

Objective 5.2: Monitor healthcare service statistics and trends.

Ongoing actions are to:

1. Complete the transition to using Med Access electronic medical records system.
2. Stay current with client database (individual client information, changed addresses, etc.).
3. Prepare and submit timely, engaging year-end reports.
4. Install Panorama EMR (electronic medical records) system and educate staff.

Additional action is to:

5. Analyze changes in service statistics from previous years, as appropriate, and analyze year to year trends on service use and no-shows / cancellations.

Objective 5.3: Do five-year evaluations of QHS services and programs.

Continue to:

1. Engage people not accessing services and identify reasons why.
2. Look at technological change and implications for our services.
3. Look at changes to legislation and funding systems that will affect QHS services.

Anticipated actions are to:

4. Assess changes in population numbers and services used.
5. Respond to demographic changes and address implications for healthcare funding.

Part 5, "Putting This Plan to Work", offers further details on the evaluation approach, content, outcomes, measurement methods, and timing.

Part 4: Wellness Programs Provided by Communities

For each community, this part of the plan provides a brief overview, a summary of existing wellness programs, and future directions. These directions reflect the health content of the Comprehensive Community Plans for Skeetchestn, Tk'emlúps te Secwépemc, and Whispering Pines / Clinton.

This section also provides an overview of community resources and analysis of possible community-driven traditional wellness programs.



Resources

Skeetchestn, Tk'emlúps te Secwépemc and Whispering Pines / Clinton deliver wellness programs, using First Nations Health Authority funds that flow through QHS – as shown in Part 3.

Band-delivered wellness programs complement the more clinical services provided by QHS. Along with other services funded from numerous sources, flow-through funded programs address the broad determinants of health.

Increasingly, Bands are generating own-source revenue to meet community needs for wellness programming. This necessitates an ongoing search for grants and other funding partnerships. Making wellness programs viable often involves enhancement of resources with additional, leveraged funding. Often grants are one-time only, creating challenges for sustainability of successful programs.

Traditional Wellness and Healing

One of the areas that the three Bands intend to lead in is traditional wellness and related cultural reconnection programming. QHS will play a supporting role in this area. For example, QHS could partner in new traditional wellness facilities located near QHS clinics. These spaces, designed for gathering in circles, ceremony and experiential learning, will accommodate band-driven programs and activities.

Based on community input to the plan, some of the learning activities suited to these spaces would be:

1. Opportunities to participate in ceremony - sweat lodge, drumming, singing, smudging;
2. Opportunities to learn about, and participate in, traditional medicine preparation and use;
3. Elders offering consultation, storytelling, workshops and gatherings;

4. Workshops, classes, and other group activities to learn about traditional wellness.

To reintroduce traditional medicine to community members, such facilities could be used to provide access to:

- Learning resources, such as a glass display of medicines;
- Literature, books and videos on medicinal plants;
- Meeting space for knowledge keepers and mentorship participants.

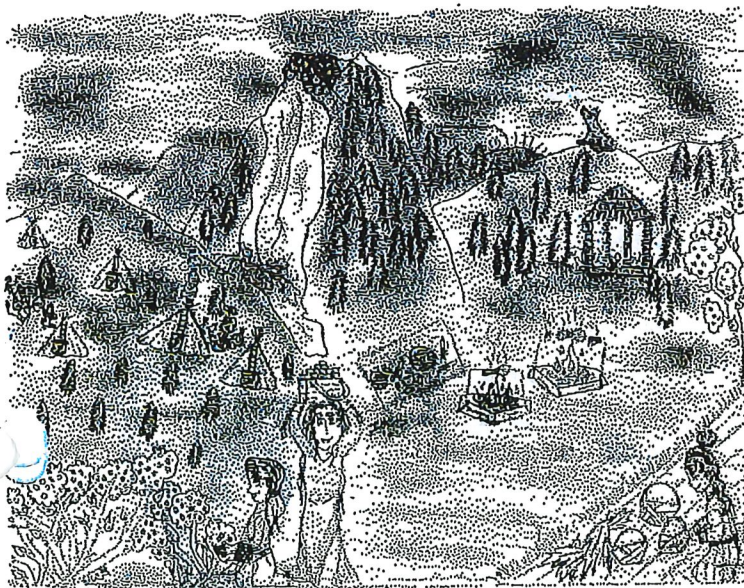
Developing the protocols for provision of traditional medicines will require further consultation and research, to protect traditional knowledge from external exploitation and to find appropriate ways to balance traditional practices with modern realities. For example, a system of healer remuneration could be developed that combines money and gifting.

Part of the research needed is to adapt approaches used by other First Nations to protect their culture, in keeping with the UN Declaration of Rights of Indigenous Peoples; especially Article 24: *"Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants..."*

Skeetchestn

Overview of the Community

Skeetchestn is a community of approximately 250 people located 60 kilometres west of Kamloops. In addition, approximately 250 Skeetchestn Band members currently reside outside the community. For information on community history, culture, leadership, governance and departments, see the Skeetchestn Indian Band (SIB) website at www.skeetchestn.ca



Community vision: Skeetchestn is a strong, prosperous and sustainable community of the Secwépemc Nation that respects all people, our culture, our land, water and all living things.

Existing Wellness Programs and Services

SIB provides an array of health services and supports to community members. In partnership with QHS, the Skeetchestn Health Clinic delivers on-reserve access to health services including medical (conventional and naturopathic), dental, counselling and wellness services - in addition to home and community care. SIB also provides wellness related resources to members, including extended health and dental benefits, a wellness and recreation fund, and information sessions focussed on specific health issues. Skeetchestn supports healthy lifestyles through health and wellness programming that includes Zumba, Karate, yoga, an annual 5km fun run and other physical activity programs.

The following tables show details of services provided with flow-through funding: Mental Health; Physical Health; After School Program; Patient Transportation; Social Services, Prevention and Referrals; and Homemaking.



Mental Health

What:	Retreats for Elders, adults, youth, families and staff; workshops on wellness, resilience through art; cultural arts; sports; music.
Who by:	Social Worker, Cultural and Youth Coordinator.
Who for:	Skeetchestn community members.
Why:	Self-growth and development of desire to invest in well-being.

Physical Health

What:	Zumba classes; yoga classes; floor hockey; softball team; drop-in volleyball; kick boxing; other physical activities.
Who by:	Social Worker, Cultural and Youth Coordinator, others.
Who for:	Skeetchestn community members – with some classes for youth; adults; elders.
Why:	Improved physical fitness; ability to make healthy lifestyle choices.

After School Program

What:	Traditional / cultural activities; inclusive sport activities; arts and craft activities; exploration and field trips; guitar lessons.
Who by:	Cultural and Youth Coordinator.
Who for:	Skeetchestn school-aged community children and youth and Skeetchestn Community School students.
Why:	To promote an engaged lifestyle, through interest-based and inclusive learning opportunities.

Patient Transportation

What:	Rides to SIB health clinic as needed; rides to medical appointments in Kamloops.
Who by:	Patient Travel Coordinator.
Who for:	Skeetchestn community members.
Why:	Improved access to healthcare services.

Social Services, Prevention and Referrals

What:	Individual meetings; group / family meetings; parenting workshops.
Who by:	Social Worker.
Who for:	Community members.
Why:	Ability to navigate through various services and programs, healthy lifestyle choices.

Homemaking

What:	Weekly homemaking services; Home visits; Group activities and outings; Elders birthday luncheons.
Who by:	Homemaker / Elders Coordinator.
Who for:	Elders who are Band members or are immediate family members.
Why:	To help expand elders' social circles and offer a greater sense of security.

Future Directions

Preventative wellness programs are a priority for the coming years. This includes early childhood and parenting supports with more resources invested in supporting mental and physical health from before birth to school age. Effective outreach services to prevent addictions and mental health issues will include outreach staff supporting people to be close to the land and to Secwépemc traditions.

Skeetchestn anticipates construction of a new health clinic, to be completed by 2020. This facility will accommodate additional healthcare services being provided in the community, including: dental services; a tub program; and others (to be confirmed).

Tk'emlúps te Secwépemc

Overview of the Community

Tk'emlúps te Secwépemc (TteS), formerly known as the Kamloops Indian Band, is the largest band of all the Secwépemc Bands. Tk'emlúps, meaning "where the rivers meet", is home to approximately 1,400 Tke'emlupsemc (people of confluence) - members living on and off reserve. TteS utilizes the land for various development and economic opportunities, constantly strengthening their community for the wellbeing and future of their youth and community. Highly in tune with the land and culture, TteS also hosts large events for all Secwépemc communities. For further information visit

<https://tkemlups.ca/>



Community Mission: To promote & ensure the physical, mental, emotional & spiritual well-being of our people and community.

TteS is dedicated to supporting their community in health and wellness holistically. As stated on the website, the Band is "...committed to developing, managing and delivering health and well-being programs and services which provide the TteS members with income support, skill development, and other opportunities, as well as many learning resources to help the community thrive economically and socially." TteS organizes a variety of annual events to keep the community active, such as the Moccasin Mile, Pow Wow, and many others. TteS has an extensive youth program, allowing youth to explore various activities including traditional and cultural education and experiences. TteS understands the importance of including and focusing on individuals of all ages, families and the community.

TteS upholds the following principles in how it delivers programs and services to community members:

- Responsive to expressed needs;
- Trauma informed practice;
- Opportunities and services that reduce the effects of poverty.

The following tables show details of programs and services provided with flow-through funding: Brighter Futures; Community Health Representative (CHR); Wellness Counselling (NNDAP) and Solvent Abuse Prevention; and Mental Health. All of these are provided for Tk'emlúps Band members and their immediate family members.

Brighter Futures

What:	Retreats for men, women, and elders; community resource library; food and playground equipment and supplies for youth centre; after school tutoring and homework program; parenting workshops, youth workers (contracted services); youth day camps.
Who by:	Community Services staff and qualified facilitators.
Why:	Reduced effects of poverty, motivate and challenge youth to excel; help parents with coping skills and tools to improve family relationships and communication, improve school outcomes; increase health – physical, mental and spiritual – holistic wellness.

CHR (Community Health Representative)

What:	Supports for new parents; education around FAE (fetal alcohol effects); Moccasin Mile; nutrition and diabetes support; community kitchen programs; girls and boys groups, healthy education supplies; administration of patient travel, benefits, medical/dental program; wellness visits; community garden; annual wellness fair (with QHS).
Who by:	CHR and other Community Services staff.
Why:	Improve food security; reduce unwanted pregnancy; gestate healthier babies; decrease diabetes, decrease incidences of FAE (fetal alcohol effects); improve holistic wellness; improve physical literacy; improve healthcare access and navigation; increase access to funding for patient travel / eyewear / dentures etc.

Wellness Counselling and Solvent Abuse Prevention

What:	Wellbriety program; community feasts; community wellness dance; weekly men's and women's sweats; transportation to AA meetings, 1-1 counselling, enrollment in treatment facilities; wellness visits; post treatment care; adult and youth harm reduction training; education on wellness shortfalls in First Nations communities (with TRU Social Work program); substance abuse interventions on request; family counselling and crisis support; addiction prevention workshops, resources and referrals.
Who by:	Drug and Alcohol / Wellness Counsellor, other Community Services staff, Thompson Rivers University practicum students and staff.
Why:	Prevent suicide; prevent overdosing; reduce addiction rates; increase family healing; improve community connectedness; closure after trauma; improve mental wellness.

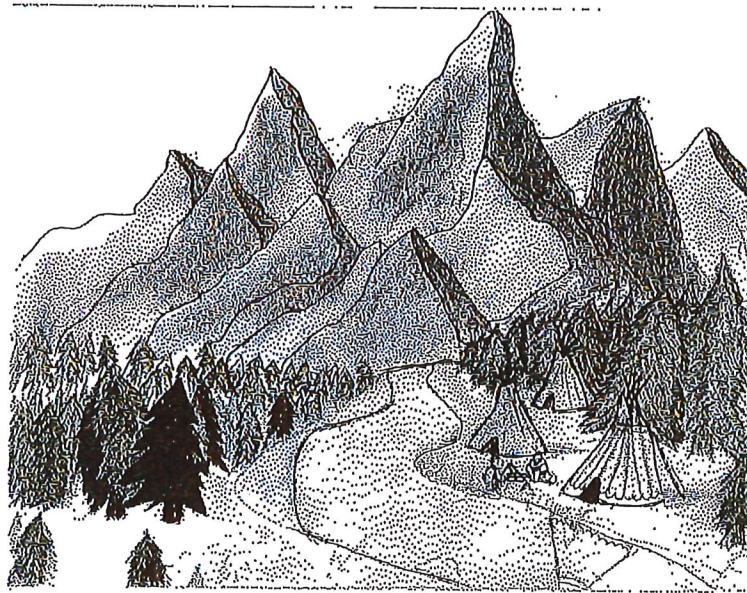
Mental Health

What:	Referrals to individual, couple and family counselling; first aid training; mental health first aid training and intervention; conflict resolution, communication, personality type, and various other mental wellness workshops; CHOICES program funding; referrals to 1-1 counselling and supports.
Who by:	Community Services staff and qualified facilitators.
Why:	Improve mental wellness, improve family communication, reduce effects of trauma, assist with grieving process, increase community awareness of mental wellness; improve quality of crisis response.

Future Directions

Over the next five years TteS health priorities are to:

1. Work towards an Elders and Youth Complex on reserve, with a focus on assisted living for those with dementia and brain injury;
2. Create a "Kitchen is the Heart of the Community" social enterprise project to increase food skills and security as well as knowledge of traditional food preparation and preservation;
3. Continue to assist membership to navigate and maximize their health benefits;
4. Create at least one healing space on reserve for traditional health practices;
5. Work with funding partners to increase Community Health and NNADAP (Alcohol and Drug Abuse Program) funds to cover two full-time positions in each, to better assist with needs not only on reserve, but off reserve.



Whispering Pines / Clinton



Overview of the Community

The Whispering Pines / Clinton Indian Band originated as the Clinton Indian Band. In 1972 the Province displaced the Band from Clinton to build a hydro station on their traditional lands. The Band was forced into a land exchange that involved moving members to Whispering Pines, 35 km north of Kamloops. As a result, Band members have had to travel approximately two hours to gather berries, fish and hunt on their traditional lands.

Known as the Pelt'iq't people - people of the white earth, there are approximately 175 Band members on and off reserve. The Whispering Pines / Clinton Band has various recreational activities and special events. For further information visit www.wpcib.com

Existing Wellness Programs and Services

The following tables show details of services provided with flow-through funding: elders care; health promotion and prevention; and basic needs. All of these are provided for Whispering Pines/ Clinton community members.

Elders Care

What:	Transportation for elders to appointments; work in partnership with QHS to provide home care and other services to support.
Who by:	Contracted staff.
Why:	Improve access to healthcare; improve health and wellness of elders.

Health Promotion and Prevention

What:	Naloxone training and other workshops; annual flu clinics and mini-health fair; annual family fun day with health promotion activities (with QHS); Occupational Therapist assessments for safety of homes.
Who by:	Contracted staff.
Why:	Improve community connectedness; improve mental wellness; reduce addiction rates; prevent overdosing.

Basic Needs

What:	Deliver bottled water and wood; food for elders and other community members in need.
Who by:	Maintenance staff.
Why:	Safety and wellness of elders; meet basic needs.

Future Directions

Over the coming five years, Whispering Pines/Clinton intends to:

1. Combine health flow-through resources to do planning and referrals to healthcare services;
2. Revamp health promotion programs;
3. Sponsor gym memberships and sports activities;
4. Explore development of greenhouses to grow food and traditional wellness plants for the community;
5. Offer traditional wellness activities, such as sweats.

Part 5: Putting this Plan to Work

Plan Implementation

QHS will implement this Community Health Plan using an ACTION Plan that shows who leads, who else is involved, and anticipated timing for each action item. The Health Director will continuously track progress and report to the Board on what has been achieved. Annual reports will inform the communities and funding partners about how it is going.

Another way of putting this plan to work is linking it to budgeting and financial management. For example, the action items can be used to:

1. Identify priorities for funds that become available in the event of an operating surplus;
2. Plan for capital and operating costs associated with changes in services and facilities.

QHS will adjust the Plan annually and as needed in response to opportunities and changing needs. The Health Director and Board may identify ways to expand services, develop new programs, and/or adjust existing services. This could be in response to emerging needs identified by community members. It could also be in response to new and changed health funding.

Evaluation

In addition to annual reporting, QHS will do a five-year evaluation that will document how well services and programs are working. The idea is to assess progress. (*"Are we there yet?"*)

The evaluation will aim to:

1. Learn how effective programs and services have been, and opportunities to improve;
2. Learn why some people have not been accessing services;
3. Refine and develop services to better meet needs;
4. Demonstrate results to community members and funding partners;
5. Maintain accountability and transparency.

Approach

The evaluation will be collaborative, building evaluation knowledge and skills. It will be designed to empower, so that clients benefit from sharing their stories and information. It will likely involve surveys of service users, key interviews, focus groups, and facilitated dialogues of the Board and staff.

It may be feasible to partner with Thompson Rivers University Research and Graduate Studies (including faculty) to conduct the evaluation.

Content

QHS anticipates that the five-year evaluation will document the following kinds of information:

- **Resources/inputs:** leadership, staffing, funds, facilities and equipment.
- **Activities:** what is offered to program participants / service users; what gets done.
- **Outputs:** quantities of service provided (example: # of clients served) and deliverables or products (examples: workshops, reports).
- **Outcomes:** changes in individuals or systems that are associated with a program or service. Outcomes may be initial, intermediate, or longer term.

Service Usage (Outputs)

The QHS evaluation will document service usage for each category of services by tracking output measures as shown in the table below.

Output Measures

<i>Department</i>	<i>Individual service outputs</i>	<i>Group service outputs</i>
Primary Care	For each service: # of individual clients	# and attendance of community service visits (COHI - screening, fluoride) # and attendance of family appointments (counselling; nutritionist)
Home and Community Care	# of new clients # of appointments / encounters	# and attendance of events, by community (diabetes screening);
Public Health	# immunizations, by type (Public Health)	# and attendance of family appointments # and attendance of school service visits # and attendance of educational events, by type # and attendance of other events, by type

Outcomes, Indicators and Measurement Methods

The evaluation will measure outcomes such as:

1. Increased access to healthcare services;
2. Improved ability to make healthy lifestyle choices;
3. Improved maternal, child, and public health;
4. Improved health of elders and people needing homecare;
5. Improved overall health and wellness;
6. Strengthened cultural reconnection.

Increased Access to Healthcare Services

<i>Outcomes</i>	<i>Indicators</i>	<i>Measurement methods</i>
All band members have access to culturally competent healthcare in whichever program they need to access	Number and percent of QHS services and programs offered to all band members, regardless of address	Tracking changes to QHS service eligibility over time – yearly monitoring of access criteria
Immediate family members of band members on reserve share access to healthcare	Number and percent of QHS services and programs offered to immediate family members	
Access to culturally safe healthcare	Clients report their experience to be culturally safe and that they were treated with respect	Client survey responses – numbers and words
Access to person-centred, individualized healthcare	Clients report being heard and having a part in the decision making about their care	

Improved Ability to Make Healthy Lifestyle Choices

Outcomes	Indicators	Measurement methods
Healthy nutrition; improved access to local / healthy food; food self sufficiency	Clients report eating well, having a balanced diet; Examples of successful food action initiatives	Client survey responses – numbers and words
Healthy physical exercise	Clients report optimal levels of physical exercise	
Healthy and safe substance choices	Clients report less use of commercial tobacco	Tracking by staff
	More alcohol & drug-free community events	
	Less drug overdoses and alcohol related deaths	
Regular, effective oral hygiene practices (brushing, flossing...).	Reduced oral disease	

Improved Maternal, Child and Public Health

Outcomes	Indicators	Measurement methods
Healthy maternity	Expectant mothers on-reserve receive pre- and post-natal care	Tracking by staff
Healthy babies	Babies are born within healthy weight guidelines	
Reduced spread of diseases	Immunizations schedules are being followed	
	Children attending band-run schools are immunized	
	Flu clinics are offered annually and well attended	
Increased awareness of healthy living	Promotion and prevention educational opportunities are offered and well attended	
Increased safety	Safety awareness of increases and injuries decrease	
Improved oral health	Children have less cavities and decreased need for oral surgery	

Improved Health of Elders and People Needing Homecare

Outcomes	Indicators	Measurement methods
Elders and others needing homecare are well taken care of, as needed	Elders report receiving competent in-home personal care Elders report feeling engaged and included in decision making	Client survey responses – numbers and words
People coming home from hospital are well cared for	Clients receive appropriate follow up care following discharge from hospital	Client and family survey responses – numbers and words
Family members of people needing homecare are well supported	Families report feeling adequately supported to care for elder / family member at home	

Improved Overall Health and Wellness

Outcomes	Indicators	Measurement methods
Excellent physical health	Clients report success in achieving their physical health goals	Client survey responses – numbers and words
Excellent mental and emotional health	Clients report success in achieving mental and emotional health goals	
Healthy self-determination	Clients report ...	
Healthy community connections	Clients report ...	

Strengthened Cultural Reconnection

Outcomes	Indicators	Measurement methods
Healthy connection within families	# of people participating in ceremony; # of people feeling a sense of belonging	Collection of community stories. Examples of cultural programming from community staff
Healthy connection to the land	# of people fishing, hunting, tanning hides, gathering and preserving traditional foods; food growing	
Healthy knowledge of the Secwépemctsin language	# of people learning the language; # of people speaking the language	Client survey responses – numbers and words
Re-established cultural ways of knowing and being	# of people attending seasonal gatherings; examples of restorative justice, healing and sharing circles (stories / narratives)	

Timing

The five-year evaluation will be timed to feed into the next Community Health Plan (anticipated for 2023 – 2028). This way, what is learned can be used to look ahead. The evaluation will build on QHS annual reports, providing comprehensive documentation of the services provided, evidence of outcomes, and community feedback. This information will be vital in planning for the subsequent five years.

Conclusion

Re Stsq'ey's es Qellqéllt.s was designed as a guide for QHS and the three Bands as they continue to develop and offer healthcare services and wellness programs, from 2018 to 2023. It was created by and for the members of Skeetchestn, Tk'emlúps te Secwépemc, and Whispering Pines / Clinton.

Part of reconciliation involves securing and using the necessary resources to provide culturally competent healthcare and wellness services to ALL members of the communities. The strengths of Chief and Council members, elders, and staff are vital in this effort to reclaim health.

Reconnection with the land, Secwépemc culture, community and family are at the heart of this healing journey. Reconnecting is happening in many ways. One way is working together to create suitable facilities and locally-driven traditional wellness programs and healing services.

Continuing to develop holistic approaches to healthcare and wellness programming is our contribution toward the shared vision of healthy Secwépemc individuals, families and communities. The action items in this plan are steps on the path.



Appendices

Appendix -1	Administrative Information
Appendix -2	QHS Corporate Documents
Appendix -3	QHS Certificate of Good Standing
Appendix -4	Approved Budget 2018/19
Appendix -5	QHS Board Motion – for five year agreement
Appendix -6	MOU – for flow thru agreement
Appendix -7	QHS Financial Policies
Appendix -8	Liability and Malpractice Insurance
Appendix -9	QHS Human Resource Manual
Appendix -10	QHS Job descriptions/ Organization Chart
Appendix -11	QHS Occupational Health & Safety Manual
Appendix -12	QHS Privacy Policies & Procedures
Appendix -13	QHS Operating Policies
Appendix -14	Complaints Process
Appendix -15	Emergency Plan/Pandemic Plans
Appendix -16	Business Resumption Plan
Appendix -17	Future Improvements & Proposed Budgets
Appendix -18	Circle of Life Program (FASD/MCH/CPNP)
Appendix -19	Map of Area covered by QHS