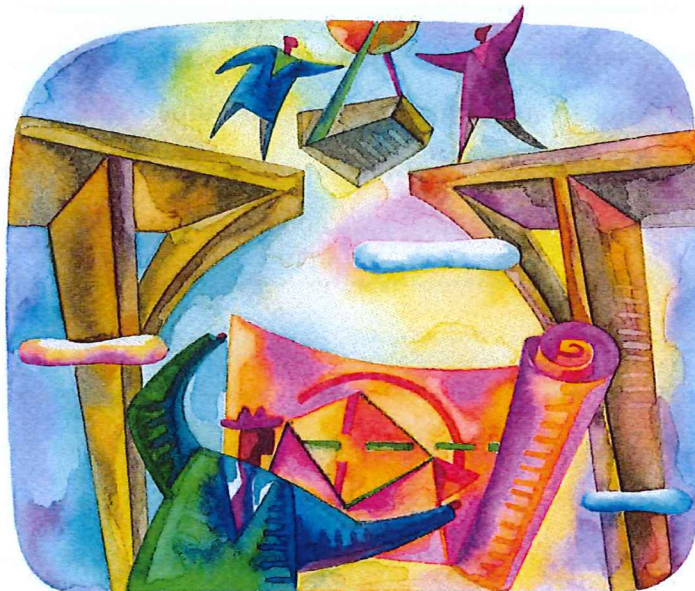




2013 Evaluation Report

September 30, 2013

 James Pratt Consulting



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Executive Summary

Introduction

Q'wemtsin Health Society (QHS) initiated an evaluation of its governance, operations and services in 2013. This report presents a summary of the results. The ultimate purpose of the evaluation is to enhance the capacity of QHS to contribute to the wellness of individuals, families and communities served.

Data gathering activities included:

- ✓ Collection of program statistics
- ✓ 178 surveys by community members
- ✓ 7 focus groups with community members
- ✓ 12 interviews with staff and Board members
- ✓ 2 day-long facilitated dialogue sessions with staff and Board members

Growth in Capacity

Over the past five years, QHS has built significant organizational capacity:

- ✓ Hired a skillful Health Director
- ✓ Developed additional policies
- ✓ Built a support team – Receptionist, Office Manager, Administrative Assistant
- ✓ Added dental and naturopathic services
- ✓ Expanded Doctor and Nurse Practitioner care, through partnership with Interior Health

In addition, QHS has played an important role in the transition to working with the

First Nations Health Authority, a new organization that will manage federal health funding designated for First Nations in BC.

Governance

Communication within the Board has been functioning well. The Board has met on a regularly monthly basis. It has made decisions by voting, most often by consensus. When facing a situation in which there is conflict or serious difference of opinion, the Board has practiced a tradition of talking it through - with members voicing their opinions and working it out.

Organizational Culture

QHS has developed a healthy organizational culture, with high morale. Over the past five years it has simplified and enhanced its organizational structure. With all staff based at the one site, and modest numbers on the team, internal communication has been fairly straightforward.

Communication

QHS has continued to prepare and distribute a monthly newsletter as a primary means of communication with community members. Other methods have included: the qwemtsin.org website; event posters and flyers, sometimes distributed door to door; annual health fairs; advertisements in *Secwépemc News*; information conveyed verbally and handed out at Band meetings; and information

distributed through Band offices and community newsletters.

QHS has gathered feedback from community members through a variety of methods, mostly informal. In addition, it started holding regular event planning meetings with key Band representatives.

Services

QHS services can be categorized in three clusters: 1) primary health care; 2) home and community care; 3) community health and public health.

Primary Health Care

- ✓ Nurse practitioner and medical doctor services include check-ups, physical examinations, prescriptions, referrals, and other general practitioner medical services.
- ✓ Dental care services include dental hygiene and other dentistry services as well as the Children's Oral Health Initiative (COHI).
- ✓ Mental health counselling services consist primarily of one-to-one counselling appointments.
- ✓ Naturopathic services include allergy testing, hormone testing, acupuncture, and lifestyle counselling.

Home and Community Care Registered Nurses and Personal Care Workers provide:

- ✓ Nursing care
- ✓ Assessment and care giving based on identified clients needs
- ✓ Personal care such as assistance with activities of daily life
- ✓ In-home respite

Home and community care also offers:

- ✓ Foot care
- ✓ Wound care
- ✓ A tub program
- ✓ Chronic disease education and management

Community Health and Public Health QHS offers the following community health and public health programs and services:

- ✓ Immunization / communicable disease control (prevention of disease from spreading)
- ✓ Circle of Life (Maternal Child Health, Fetal Alcohol Spectrum Disorder program and Canadian Prenatal Nutrition Program)
- ✓ Dietician
- ✓ Youth health education
- ✓ Community development (such as health fairs, welcome baby ceremonies, kindergarten day events, health information events, and a community garden)

Funding

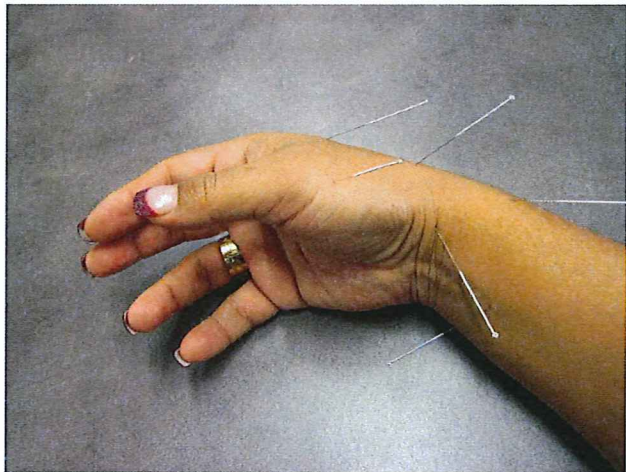
QHS financial statements for 2012-13 show total revenue of \$2,285,698. The vast majority of funding came from Health Canada: \$2,049,229. The First Nations Health Society provided \$189,559. Approximately \$47,000 came from interest and other sources.

In addition, 2012-13 Health Canada funding flowed through QHS to the member Bands as follows: \$270,765 to Tk'emlups te Secwepemc; \$135,126 to Skeetchestn Indian Band; \$80,491 to Whispering Pines/Clinton Indian Band.

Services Delivered

Primary health care services delivered in 2012-13 included:

- ✓ 954 nurse practitioner appointments
- ✓ 451 medical doctor appointments
- ✓ 170 dental appointments
- ✓ 187 COHI examinations
- ✓ 407 fluoride applications and 25 pit and fissure sealants
- ✓ 104 mental health clients served
- ✓ 420 naturopathic appointments



Acupuncture treatment at QHS

Home and community care services in that year included:

- ✓ 183 home care clients
- ✓ 13 regular home support clients
- ✓ 14 Medic Aid program clients
- ✓ 7 tub program clients
- ✓ 32 foot care program clients

Community health and public health services in that year included:

- ✓ 617 immunizations and 56 Maternal Child Health program clients

- ✓ 206 dietician appointments
- ✓ 11 youth group sessions (in Skeetchestn)
- ✓ 2 Welcome Baby ceremonies
- ✓ 2 Kindergarten Day events
- ✓ 1 Ladies Luncheon

Strengths and Challenges

The main strengths of QHS programs and services have been:

1. Client centered approach
2. Welcoming environment
3. Community outreach
4. In-home services
5. Cultural sensitivity

The main challenges faced by QHS programs and services have been:

1. Eligibility requirements
2. Lack of community awareness of services
3. Diversity of communities served

Results

Data from client surveys suggests the friendly and welcoming environment clients experience at QHS was the biggest factor in their increased access to health care services. Over 70% answered that a 'welcoming and friendly environment' was 'very helpful' to them in accessing health services. The convenience of location was the next most important factor.

Survey results show that the majority of respondents felt healthy connections among family and community members have improved over the last five years.

A majority of respondents experienced improved ability to make healthy lifestyle choices. Of the 178 clients surveyed, 59% indicated that their ability to make healthy lifestyle choices was either a lot or a little better than five years previous.

A majority also reported improved overall health and wellness. Some linked this general outcome to their healthy lifestyle choices. For example, one said: *"I'm exercising daily and eating healthy to keep fit."*

Conclusion and Recommendations

This evaluation reveals that QHS is a healthy, effective organization. It has strong governance, administration, programs and services. Staff members and the various programs work well together, with fairly seamless referrals of clients.

To build on strengths and address challenges, the evaluation offers six clusters of recommendations for consideration by QHS:

1. Develop and use governance documents
2. Continue developing administrative processes and resources
3. Enhance communication with community members and partners
4. Continue to work with the three communities in planning, delivery and evaluation of services
5. Continue strategic growth toward serving all members of the three bands
6. Continue to expand and enhance services

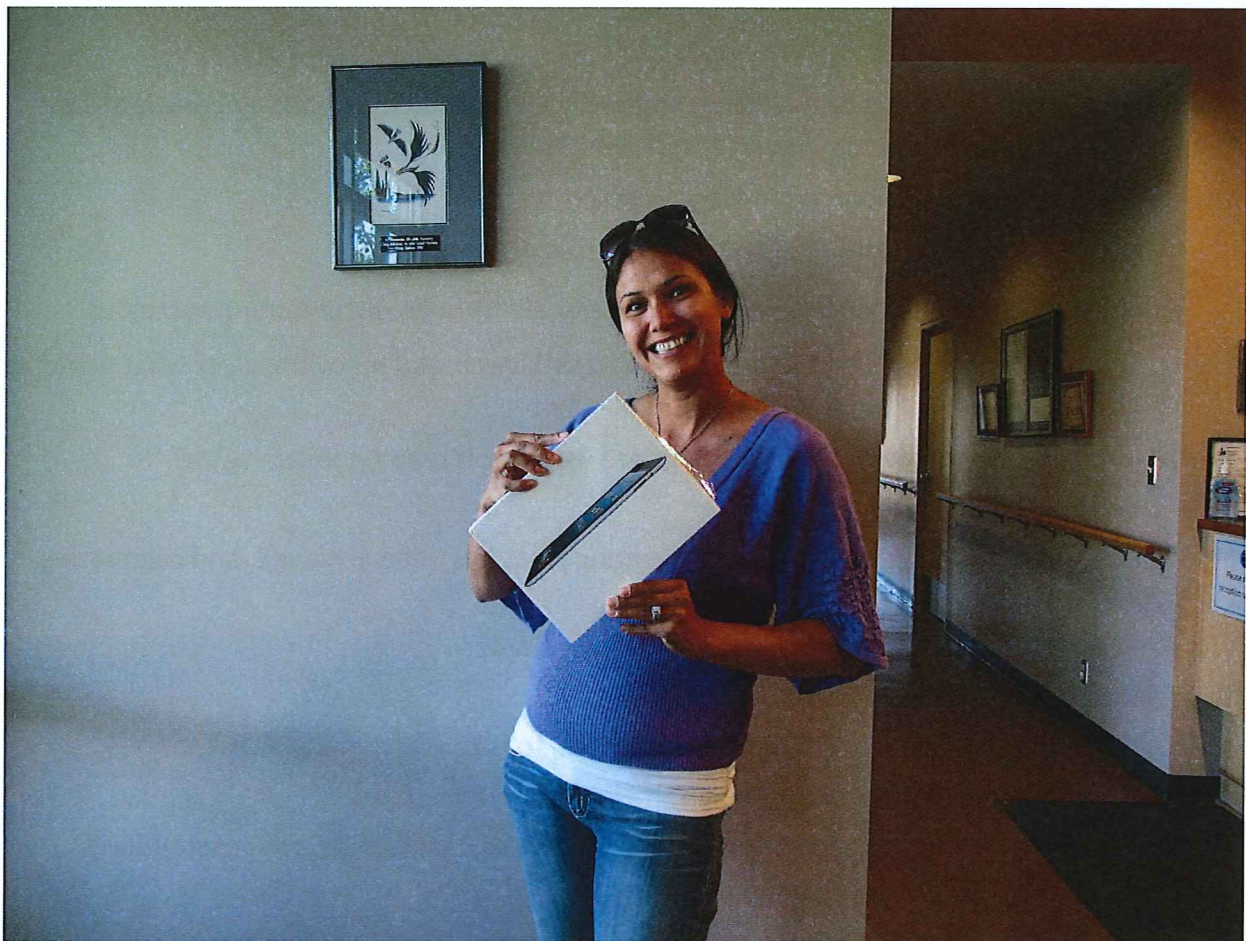


Counsellor Marshall Gonzales, Chief Michael Lebourdais, Chief Ron Ignace, Counsellor Don Ignace, Lael Lebourdais, and Justin Jules at the QHS men's night poker tournament

Acknowledgements

This evaluation was designed and facilitated by James Pratt Consulting, and funded by Health Canada. James Pratt served as the principal evaluator. Sarah Cullingham served as evaluation analyst. Bobbi Sasakamoose and Gayle Frank served as evaluation assistants. Lee-Anne Deneault and Farrah Waterfall provided feedback on the draft evaluation report so that it could be written in plainer language. Photographs in this report were taken by QHS staff.

The evaluation team is grateful to Q'wemtsin Health Society Board and staff members and the clients and community members who participated. Their contributions, and the successes they have achieved, are worthy of celebration.



Candace Camille from the Skeetchestn Indian Band shares the iPad she won for participating in the evaluation. Congratulations!

Part 1: Introduction

The part of this report on organizational review covers both governance and operations. The evaluation of governance focuses on the functioning and accountability of the Q'wemtsin Health Society (QHS) Board. The operations part focuses on administration and management of QHS.

The part on program review covers: program and service activities; resources invested; results, including statistics and outcome evidence; strengths and challenges; and preferred practices.

The evaluation also provides a set of recommendations for continued development of QHS at all levels, from the services provided to administration and governance.

1.1 Intentions

The ultimate purpose of this evaluation is to enhance the capacity of QHS to contribute to the wellness of individuals, families and communities served.

Toward this end, the evaluation intends to achieve:

- ❖ Enhanced understanding of how well QHS is functioning
- ❖ Validation of achievements, boosting morale through documenting successes
- ❖ Greater ability to evolve programs and services based on evidence of what works as well as strategies for addressing challenges

Evaluation is a process of learning how things are working. It is an opportunity for:

- ✓ Renewal and growth
- ✓ Listening, gathering feedback, documenting what has been achieved, and celebrating successes
- ✓ Exploring challenges and prioritizing enhancements

This five year evaluation will be useful in:

- ✓ Negotiating the new QHS funding agreement, to take effect in 2015
- ✓ Improving the QHS Community Health Plan
- ✓ Preparing for accreditation (a process to certify QHS as meeting a set of standards)
- ✓ Identifying service gaps and opportunities
- ✓ Securing funding that reflects community priorities

1.2 Principles

All parts of the evaluation are guided by the following principles:

1. **Participation.** Clients and community members, staff, Board members, Chief and Councils have opportunities for meaningful involvement, so that evaluation serves as an opportunity to learn from their experience.
2. **Building on strengths.** Evaluation asks about what's working as well as what's not working.
3. **Capacity building.** QHS gains ability to actively participate in evaluations.
4. **Transparency.** Evaluation processes are clear and open, and will be communicated to the communities and leadership in a variety of ways. Reports are prepared in plain language and shared with those interested.
5. **Respect for privacy.** Evaluation reporting protects the confidentiality of client data.
6. **Practicality.** Evaluations are designed to be practical, so that the results are useful in ongoing planning and decision making. Data gathering, data analysis and evaluation report writing are designed to minimize wasted effort.
7. **Client, family and community ownership of outcomes.** Community members use multiple resources and sources of support. When people experience outcomes associated with accessing programs and services, they deserve the primary credit for achieving these.

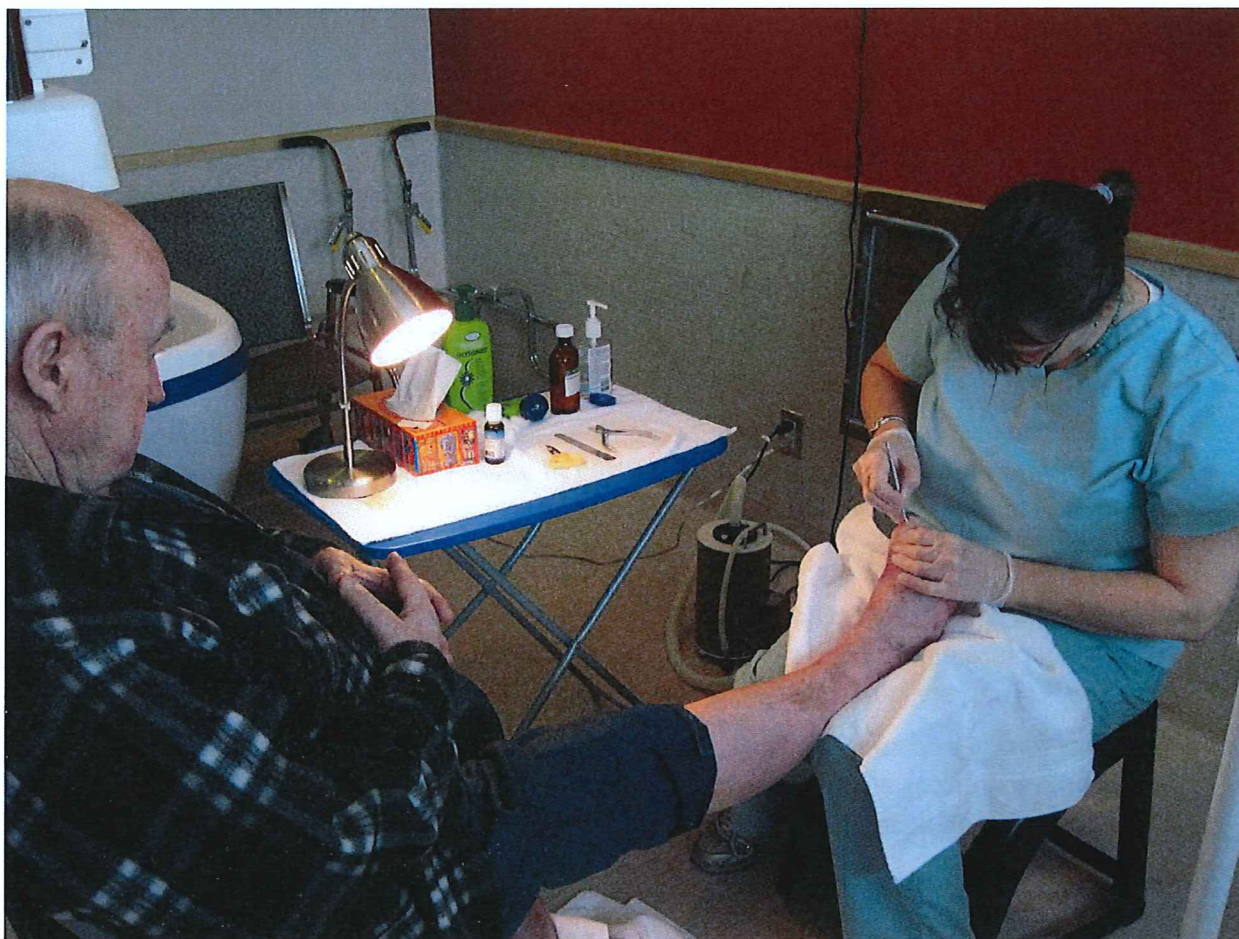
1.3 What is Included

This evaluation includes documentation of change and improved healthiness of individuals and families in the 3 participating communities – Skeetchestn, Tk'emlups te Secwepemc, and Whispering Pines.

The evaluation includes all QHS programs and services:

1. Primary Health Care
2. Home and Community Care
3. Community Health and Public Health

The evaluation looks at the past five years of QHS governance and administration. However, in looking at programs and services the evaluation primarily focuses on the 2012-13 year.



QHS Personal Care Worker Kathrin Jules performs diabetic foot care on Svend Paulson.

1.4 Approach and Methods

Approach

The Evaluation team used a participatory approach, working with QHS staff and Board members. This allowed for meaningful engagement throughout the process. It also contributed to building awareness of evaluation, how it can be carried out, and how the results can be used.

Evaluation usually has methods for four stages of the process: design; data gathering; data analysis and report development; and sharing the results.

Evaluation Design

The evaluator developed an evaluation framework, which was adapted from groundbreaking work by the Ktunaxa Nation. QHS staff and Board members provided feedback and input on the framework and on the overall evaluation strategy. Through this consultation, the evaluator identified the 4 key health outcomes (results) to be measured.

Data Gathering

This evaluation included multiple methods for collecting and analyzing data. Data gathering activities included:

- ✓ Ongoing collection and compilation of program statistics
- ✓ 178 surveys by community members
- ✓ 7 focus groups with community members
- ✓ 12 interviews with staff and Board members
- ✓ 2 day-long facilitated dialogue sessions with staff and Board members

Report Development

The evaluation team reviewed all of the data gathered for this report and prepared an early draft for preview by QHS Board members and the Health Director. The evaluation team shared highlights of this report with the QHS Board and staff in face to face meetings. This approach allowed for any questions to be addressed, and for a greater sense of ownership of the evaluation findings.

To achieve plain language, QHS staff who are Band members reviewed the draft and flagged any parts that were unclear.

Sharing and Using the Results

QHS committed to sharing this evaluation report with community members, Chief and Councils, staff, the Board, the First Nations Health Authority and Health Canada.

In addition to proactively communicating about the report and providing it to those listed above, QHS committed to posting it on qwemtsin.org and putting highlights in the newsletter.

The evaluator committed to assisting QHS with building workable action plans around the recommendations. In addition, the consultant committed to following up with QHS and providing support and advice as appropriate for up to one year.

1.5 Definitions

This evaluation uses the following definitions of key terms:

- **Resources/inputs:** Leadership, staffing, funds, facilities and equipment.
- **Activities:** Services for clients / the community.
- **Outcomes:** Results for individuals or systems that can be attributed, either directly or indirectly, to a program. Outcomes may be initial, intermediate, or longer term.

Part 2: Governance and Administration

2.1 Transition to Self-Governance

This section looks at the following components of the transition to self-governance:

1. Capacity development
2. Participation in formation of the First Nations Health Authority
3. Self governance and health of the communities and Secwépemc Nation

Capacity Development

Over the past five years, QHS has built significant organizational capacity through the Health Transfer process (which involves First Nations taking on responsibility for meeting the health care needs of their communities).

The following are some highlights of achievements in this strengthening, as identified by the QHS Board:

- ✓ Hired a skillful Health Director
- ✓ Developed additional policies
- ✓ Built new positions, a support team that makes life easier for front line staff – Receptionist, Office Manager, Administrative Assistant
- ✓ Added dental and naturopathic services
- ✓ Expanded primary health care, through partnership with Interior Health Authority (medical doctor and nurse practitioner services provided at the QHS office)

Building from this place of strength, the QHS Board identified the intention to continue to develop organizational capacity and expand services over the next five years. The following are some priorities:

1. Get accredited – through the First Nations and Inuit accreditation process (as noted above, accreditation is a process to certify QHS as meeting a set of standards)
2. Prepare to become able to serve all members of the 3 bands, including off-reserve
3. Prepare to serve additional Secwépemc communities in the future
4. Expand the QHS building, facilities and parking
5. Expand funding and staffing to meet the growing demand for services – especially nursing, home care, and Maternal Child Health
6. Provide more mobile services – including outreach to buildings with urban elders
7. Support care givers who are family or community members: offer respite; communicate with professional care providers; assist with access to training and transfer of tasks from staff to volunteers (for those willing to take on that responsibility)

To support achievement of item seven above, QHS intends to work with Interior Health Authority to provide workshops. Topics would include how to move and transfer a person, and exploration of what it means to “take care” of someone. QHS would then do follow up contact with the volunteer caregivers to make sure they are doing it properly: supporting and showing other ways; listening to the client elders; and facilitating any assistance they need. QHS intends to carry out such follow up in a respectful, non-judgmental manner, recognizing family and community expertise.

Participation in Formation of First Nations Health Authority

QHS has played an important role in the transition to working with the First Nations Health Authority, a new body that will manage federal health funding designated for First Nations in BC. QHS has been instrumental in building the Secwépemc Health Caucus. This group brought the 17 Secwépemc chiefs together in a constructive forum, working together for a common purpose.

The Secwépemc Health Caucus started functioning in August 2012. It has met every second month. It hosted a traditional healers meeting and a “social determinants of health” meeting (about the many factors that affect health). As of May 2013, it had already: developed a Terms of Reference document; written a communication plan; and created a “research protocol” (a set of guidelines to be followed by researchers).

QHS has also provided leadership in development of a data sharing protocol. This agreement will provide rules and procedures for sharing data among First Nations health agencies.

In addition, QHS has continued to host the meetings of Secwépemc Health Directors. These meetings provide a venue for sharing of preferred practices and for jointly addressing challenges.

QHS Board members indicated hope that the First Nations Health Authority (FNHA) will help create access to additional funding and programs. Ideally the FNHA will also function as a shared voice for First Nations in BC, advocating for health resources and services. Board members identified an urgent need to assess what services are actually needed, and how existing services are making an impact on health of community members. It will be important to analyze numbers to determine what is actually being paid for, and to ensure accountability of this new funding organization.

QHS Board members indicated serious concern about the level of funding committed to the FNHA versus the actual need. The expected 5% increase in federal health funds cannot meet community needs, given that, for example, in recent years approximately 60% of Non-Insured Health Benefits needs were unmet (note: Non-Insured Health Benefits are being renamed as First Nation Health Benefits).



Tony LaRue of Tk'emlups te Secwepemc showing off a delicious bean grown in the Garden of Friends

Self Governance and Health

The transition to the FNHA has positively affected prospects for Secwépemc Nation self governance. The Secwépemc communities have similar problems, according to QHS Board members. Leaders had been unable to agree on other matters, but they all acknowledged that their people need help. As a result of working together at a common table (the “hub” structure), Health Directors have been *“marching to the same beat, speaking the same language”*.

QHS Board members note that their Bands will be affected by many factors on their journey to self governance. For example, treaties will be a big challenge, given mixed opinion on whether to go that way. Each Band has its own definition of self governance, creating a need for more discussion and agreement on what that really means.

The process of actively participating in the transition to the FNHA has made Secwépemc leaders more unified, in the best interests of their people. The front line workers and health directors gained the leadership’s attention. Overall, the process has caused the Bands to work together better.

QHS Board members spoke of their belief that achieving greater self governance will positively affect the health of individuals and communities. *"It will improve our health status. But we need to have strong leadership ... standing up and working together – to make sure the Interior gets a strong voice."*

2.2 Effectiveness and Efficiency of Governance

This section looks at the following components of QHS governance effectiveness and efficiency:

- ✓ Nominations and appointment of Board members
- ✓ Board mix, in terms of backgrounds, skill sets and qualifications
- ✓ Communication, decision making, and conflict management
- ✓ Meeting format and structure
- ✓ Strategic planning, including vision, mission, goals and values
- ✓ Financial oversight and budget management
- ✓ Policy approval and oversight
- ✓ Society bylaws

Nominations and Appointment of Board Members

The process for nomination and appointment of QHS Board members involves appointment by Chief and Council and a band council resolution. For Tk'emlups te Secwépemc (formerly known as Kamloops Indian Band), that appointment happens every three years. For the Whispering Pines and Skeetchestn bands it happens every two years. Each community designates one representative and one alternate.

QHS has rarely had to use the alternates, and has tended to proceed with meetings with two of the three communities present when necessary.

The Board identified a need to develop and use a Terms of Reference document, including qualities needed at the Board table. (See recommendation 1.5)

Mix of Backgrounds, Skill Sets and Qualifications

The ideal mix for QHS to have on the Board would balance the need for strong representation of each community as well as the diversity of skills and backgrounds related to the services provided. In the past five years this type of mix has been well served. In addition to the Health Director, who has attended the Board meetings as the primary QHS staff representative, each community has maintained a strong presence at the table. The mix has included one person with a Master's in Social Work, one person with 30 years' experience in community health and

home care, and one elected member of Council who has a strong record of accountability back to the community and serving as an effective voice for the people. Speaking to the strong mix that exists at the Board table, one member stated: *"it takes a lot to stump us. If there's stuff to be done, policies to be made – we get it done."*

The fact that the Health Director was a founding member of the Board, and therefore knows how things were done with the health transfer process, has been a major asset for continuity and historical context. Another member concluded that *"the mix works well; we work together well."*

One of the strengths of the Board is a culture of openness. For new Board members, it is okay to ask questions and 'learn on the job'.

The Board acknowledged that it is important to plan for new members joining, and this is another area of strength. For example, one commented on a younger Council member recently attending as an observer: *"when someone shows interest, we invite them to observe."* However, Board members also acknowledged that action is required to provide an orientation package for new members and alternates. (See recommendation 1.1)

QHS Board members emphasized the importance of having a team that can work together, that the communities accept, and that elders approve of. It is vital that the Board members balance community representation with the bigger picture. One stated: *"it's important to be here for the right reasons...because we want the best for our people and communities. We come in the right spirit of things, not just 'what's our per capita share?' We are all fair. We are equal, and see value in each community."*

Communication

Communication within the Board has been functioning well. One member summarized the general consensus on this as follows: *"It is working very well, for the best interests of our communities and staff. We have open communication. It is easy because it is a small group, and everyone gets along well. The three communities work well together, and the members function well as a group."* Observation of Board meetings by the evaluator confirmed this positive assessment.

Communication with management and staff has also been functioning well. This communication has mostly been through the Health Director. Over the past five years there was significant improvement in this regard. One Board member said: *"there has been a change in how staff members feel about the Board – in the past they were fearful, and had been told they were not allowed to talk to Board members. Now when Board members come in staff members communicate with them and have lunch etc."* Another stated: *"there is transparency now... Staff are happier..."*

Staff interviews by the evaluator confirmed these positive assessments. For example, one said: *"management always appreciates our input – for example in care planning... Quite often we are part of the decision making."*