

- Brighter Futures – early child development program
- Mental health crisis services

Primary Health Care Delivery

This section presents numbers for the following primary health care services delivered by QHS in 2012-13:

- ✓ Nurse practitioner and medical doctor
- ✓ Dental
- ✓ Mental health counseling
- ✓ Naturopathic

Nurse Practitioner and Medical Doctor Services Delivered: 2012-13

<i>Number of clients</i>	<i>Services received</i>	<i>Breakdown by community</i>
954	Nurse practitioner appointments	Not known
451	Medical doctor appointments	Not known

Children's Oral Health Initiative (COHI) Services Delivered: 2012-13

<i>Number of clients</i>	<i>Services received</i>	<i>Breakdown by community</i>
187	COHI screenings / examinations	Tk'emlups 155; Skeetchestn 26; WP 6
407	Fluoride varnish applications	Tk'emlups 351; Skeetchestn 45; WP 7
25	Pit and fissure sealants	Tk'emlups 13; Skeetchestn 12; WP 0

In addition, dental services delivered by QHS during the year included 170 appointments: these were for new patient examinations, hygiene services, restorations, and extractions.

Mental health counselling services delivered during the 2012-13 year consisted of 104 individuals served (Tk'emlups 75; Skeetchestn 25; Whispering Pines 4). This represents approximately 624 individual appointments. (Note that mental health services were not digitally tracked, so that individual appointments could only be counted through review of individual client files).

Service records show that naturopathic services delivered in 2012-13 included 420 individual appointments.

Home and Community Care

This section presents numbers for Home and Community Care services delivered by QHS in 2012-13:

- ✓ Home care
- ✓ Home support
- ✓ Medic Aid
- ✓ Tub program
- ✓ Chronic disease management referrals

Home and Community Care Services Delivered: 2012-13

<i>Number of clients</i>	<i>Services received</i>	<i>Notes</i>
183	Home care, either regularly or as needed. Tailored to individual needs – includes monitoring, teaching, and listening	Broken down by community: Tk'emlups 134, Skeetchestn 42, Whispering Pines 7
13	Regular home support from personal care workers	Not incl. some who received periodic home support
14	Medic Aid Program	Emergency response system
7	Tub Program	Bathing at QHS
32	Foot Care Program	Clients from each community

QHS has a registry of 16 chronic conditions. Cardiovascular disease, diabetes and severe forms of arthritis are the most commonly seen conditions. The majority of clients with a chronic condition have more than one. Monitoring for prevention purposes is done regularly. When a change is noted, QHS refers clients who are willing. In 2012-13 that included:

- ✓ 44 referrals to a general practitioner or nurse practitioner
- ✓ 9 referrals to the emergency room
- ✓ 8 referrals to Occupational Therapists
- ✓ 7 referrals for dietary counselling
- ✓ 7 referrals to specialists

Community Health and Public Health

This section presents summary statistics for community health and public health services delivered by QHS in 2012-13:

- ✓ Immunization / communicable disease control (prevention of disease from spreading)
- ✓ Circle of Life (Maternal Child Health, FASD program, and nutrition program)
- ✓ Dietician
- ✓ Youth health education
- ✓ Community development

Immunization / Communicable Disease Control Services Delivered: 2012-13

<i>Number of clients</i>	<i>Services received</i>	<i>Breakdown by community</i>
617	Total # of immunizations (all vaccinations, including those below)	Tk'emlups 404; Skeetchestn 179; Whispering Pines 34
217	Influenza vaccinations	Tk'emlups 272; Skeetchestn 114; Whispering Pines 31
63	Tuberculosis skin tests	Tk'emlups / Whispering Pines 52; Skeetchestn 11
45	Hepatitis A vaccinations	Skeetchestn 45 (none at Tk'emlups or Whispering Pines)

Other communicable disease control services delivered in 2012-13, in partnership with schools and child care programs, included the following:

- ✓ Little Fawn Daycare and Little Fawn Nursery: vision screening from Interior Health; immunizations, influenza vaccinations and tuberculosis skin tests for day care staff
- ✓ Kindergarten day, Tk'emlups: 19 children accessed hearing screenings, COHI, immunizations, and development screening
- ✓ Kindergarten day, Skeetchestn: hearing screenings (K-1 class attended as well as preschool group)
- ✓ Mother Loon play group / art group: public health teaching and support; growth assessments etc for attending children / families
- ✓ Skeetchestn Community School: all immunizations for one grade 6 student and two grade 9 students; tuberculosis skin tests for two grade 1 students

Circle of Life (Maternal Child Health) Services Delivered: 2012-13

<i>Number of clients</i>	<i>Services received</i>	<i>Breakdown by community</i>
56	Total # of Maternal Child Health clients, receiving \$50 monthly food vouchers	Tk'emlups 39; Skeetchestn 16; Whispering Pines 1
25	New Maternal Child Health clients (during the year)	Tk'emlups 20; Skeetchestn 4; Whispering Pines 1

The dietitian provided 206 appointments during the fiscal year. (Note that this staff member was on maternity leave during the last part of the year.)

Youth health education services delivered during the 2012-13 (in Skeetchestn) year included the following:

- ✓ Girls Group: five after school sessions for girls in grades 2-5
- ✓ Lunchtime Girls Group: two sessions with girls in grades 6-7 on drugs/alcohol, hygiene
- ✓ Boys Group: three sessions for boys in grades 8-12 on drugs/alcohol, hygiene
- ✓ Boys Group: one session with boys grades 7-12 on birth control, healthy relationships
- ✓ Puberty and substance abuse education to grade four students
- ✓ Private Body Parts education to K-1 students
- ✓ Hand washing education for K-1 and grades 1-4

Community development programs delivered and activities coordinated in 2012-13 included the following:

- ✓ 2 Welcome Baby Ceremonies
- ✓ 2 Kindergarten Day events
- ✓ 2 Health Fairs
- ✓ 1 Ladies Luncheon event (featuring a presentation on hormonal changes)
- ✓ Ongoing food growing activities in the Garden of Friends
- ✓ 12 issues of the QHS newsletter

QHS also organized a men's health information night, but it was held in April 2013 and therefore outside the time scope of this report.

3.3 Strengths and Challenges

This evaluation identifies strengths and challenges of the programs and services provided by QHS, based on the results of facilitated dialogues and individual interviews with staff and Board members as well as analysis of community feedback through surveys and group discussions.

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



Great Aunt Violet Gottfriedson, Mother Vanessa Gottfriedson and son Logan at the Tk'emlups te Secwepemc Welcome Baby Ceremony – with QHS Health Director Colleen Lebourdais

Strength 1: Client Centered Approach

The client centered approach used by QHS was identified as a key strength by many participants in this evaluation. Staff from across a number of programs and services described their ability to provide individualized services and *“meeting them [clients] where they are”* as beneficial to their work. For other staff the client centered approach was described in terms of the strong relationships that form between staff and clients: *“it’s the relationships we have – the relationship is huge. They trust us. We built a relationship that works for them.”* Comments collected from the client survey demonstrate that this approach is appreciated. For example, one wrote: *“all the people who work for QHS are very friendly, inviting, competent and always willing to help.”* Treating each client on an individual basis and offering specialized services to meet their needs is important cornerstone of QHS service delivery.

Strength 2: Welcoming Environment

QHS presents a welcoming environment to both staff and clients. Some staff described how the sense of internal teamwork contributed to maintaining a welcoming environment for their clients, stating that: *“we can laugh together. [We have] a strong sense of team – we watch out for each other and support each other – and that sooner or later relates to the client service. If you’re happy in the work that will show.”* Clients who participated in the focus groups also discussed the welcoming environment they felt when visiting QHS, asking *“What other Dr. office can you go to where you can make yourself a tea or coffee? There’s a very informal attitude and yet they are very professional. Yesterday I was in there and we were all laughing and joking - they are like family.”* Survey results show that 66% of respondents felt that a welcoming and friendly environment is ‘very helpful’ to them accessing programs and services. These results suggest that the ability to make clients feel comfortable is an important factor in improving their access to the health services they require.

Strength 3: Community Outreach

Clients who participated in focus groups described the delivery of programs and services in the community as helpful for increasing both access to, and awareness of, health care services. Focus group feedback suggests that clients see outreach within the community as a key factor for QHS success, stating that *“having them come to the community is what makes an impact”*. Others described the impact that these initiatives had on their attitudes towards their own health suggesting that *“when they have the health fairs with all the information they give you it makes you want to take care of yourself more: Mentally, physically, spiritually.”*

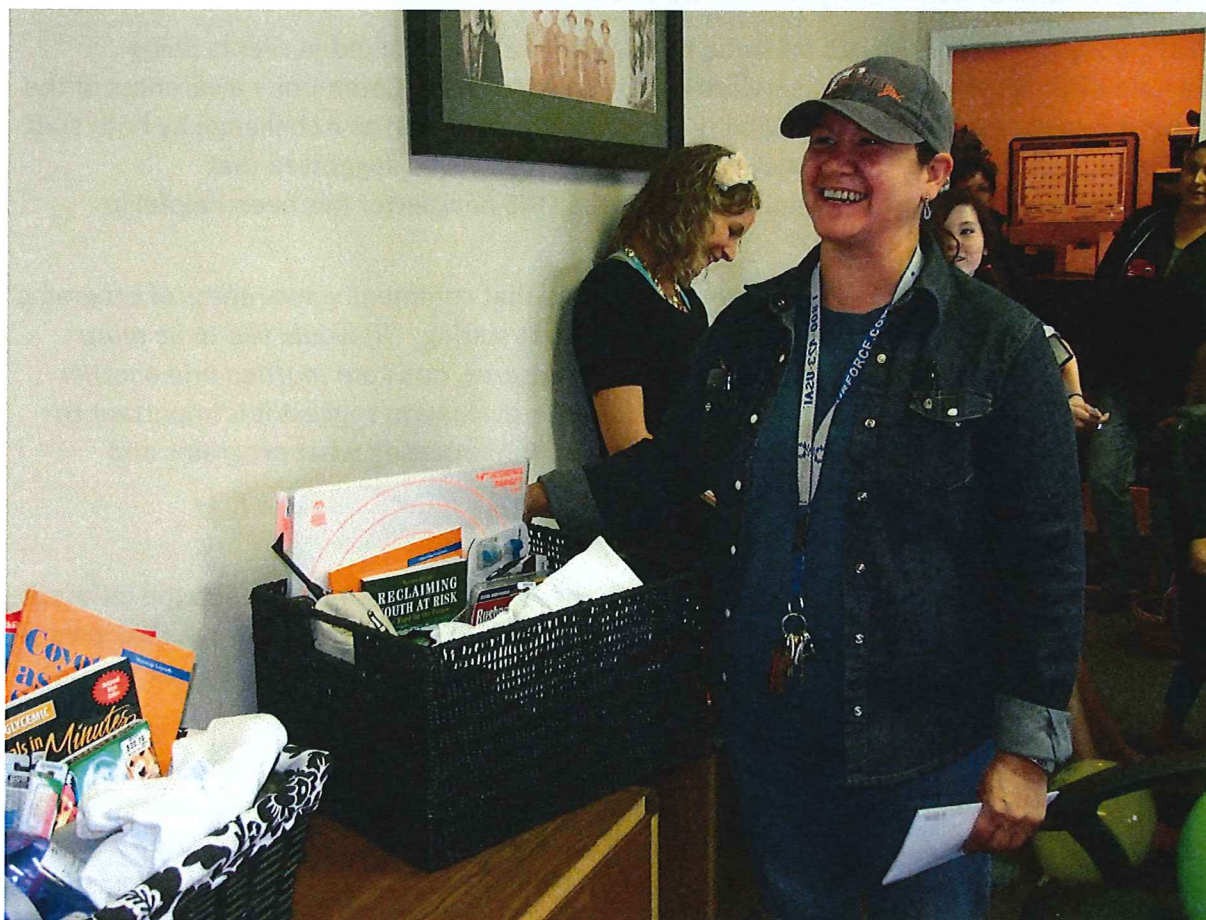
Comments collected from the survey also indicate that clients would like community outreach to continue. The outreach performed by QHS staff has been beneficial both in increasing access to health care services, and in increasing people’s ability to make healthy life choices.

Strength 4: In-home Services

Evaluation participants also described the value of in-home service delivery. Clients identified this as a strength across a number of programs describing how *“one of the things that was helpful was they came right to your home...”* Comments received in response to the question ‘what works well for you about QHS’ also highlight the importance of in-home service delivery: *“they [QHS staff] make home visits and are available and visible in the community”*.

Strength 5: Cultural Sensitivity

The evaluation confirmed that QHS is culturally sensitive in how it provides service. Culturally appropriate practices are incorporated in events delivered in partnership with the communities, for example having a food offering and a prayer so people feel respected and comfortable. This area of strength has great opportunity for further development. (See recommendation 5.5)



Prize winner Sandy LeBourdais of Whispering Pines-Clinton Indian Band is all set to go hunting after winning a door prize at a community health fair.

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

Challenge 1: Eligibility Requirements

Both staff and clients identified the eligibility requirements placed on some of the programs delivered by QHS as a challenge to service delivery. Home care nursing staff in particular described not being able to provide services to clients off reserve as a particular challenge for their program. This sentiment was echoed by focus group participants who commented on their inability to access some services because they live off reserve: *“I asked for help after surgery and I was refused because I lived off reserved. I am a WPCIB member, it shouldn’t matter if I live on or off.”* Survey results also indicate that the delivery of services to those living off reserve is a potential area of improvement for QHS. (See recommendation 5.)

Challenge 2: Lack of Community Awareness of Services

The eligibility restrictions placed on some programs have also resulted in clients being uncertain of which programs and services are available to them. Community awareness of the various program restrictions and eligibility requirements was seen as a challenge by both staff and clients who participated in this evaluation. Staff interviewed suggested that communicating about eligibility requirements in the QHS newsletter has been helpful in addressing this challenge.

However, feedback received at focus groups indicates that community awareness of programs and services remained a challenge, with one participant stating: *“[I] would like to be more informed on what services there are for me. I live off reserve, and I am married into another band, so my family can be included.”* The results of this evaluation suggest it is important to further experiment with the most effective ways of communicating what programs and services are available, and who is eligible for which programs.

Challenge 3: Diversity of Communities Served

Staff interviewed for this evaluation described the need to tailor their services to the different communities as a challenge. One staff described it this way: *“each community has their own set of rules, and there is a board member from each – when somebody asks what can be done I have to check...”*

The differences felt between communities in the availability of services also emerged from the focus groups with clients in Whispering Pines and Skeetchestn. While responses collected from Skeetchestn suggest that clients are highly satisfied with the services offered by QHS, results from the Whispering Pines focus groups demonstrate a lower level of client satisfaction. (See recommendation 4). This difference is also apparent in measures of outcome results for clients, with members of Whispering Pines reporting lower levels of outcome achievement (these results are discussed in the following section).

Part 4: Results

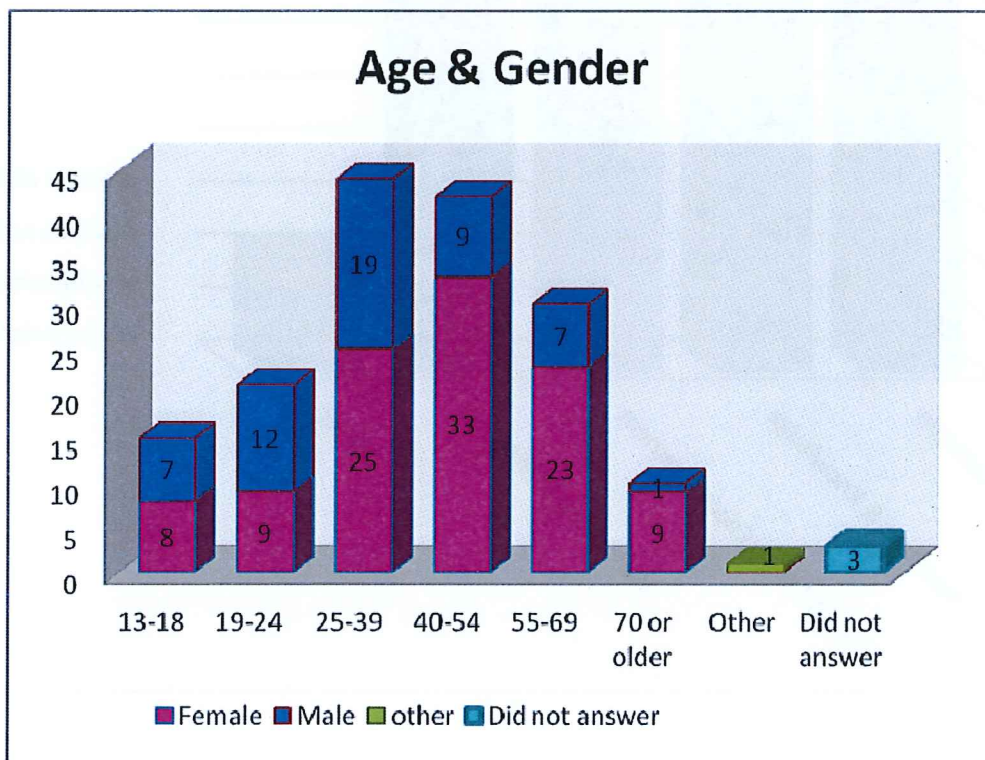
This section looks at results (outcomes) in four broad areas:

1. Improved access to primary health care services
2. Healthy connections among family and community members
3. Healthy choices and lifestyles
4. Overall health and wellness

The results described below are based on the 178 client surveys and 7 focus groups completed during this evaluation. Clients were asked about the changes they had experienced over the past five years.

Of the 178 survey respondents, 102 or 57% said they were Tk'emlups members, 35 or 20% said they were Skeetchestn members, and 37 or 21% said they were Whispering Pines members. (4 did not indicate their band membership.)

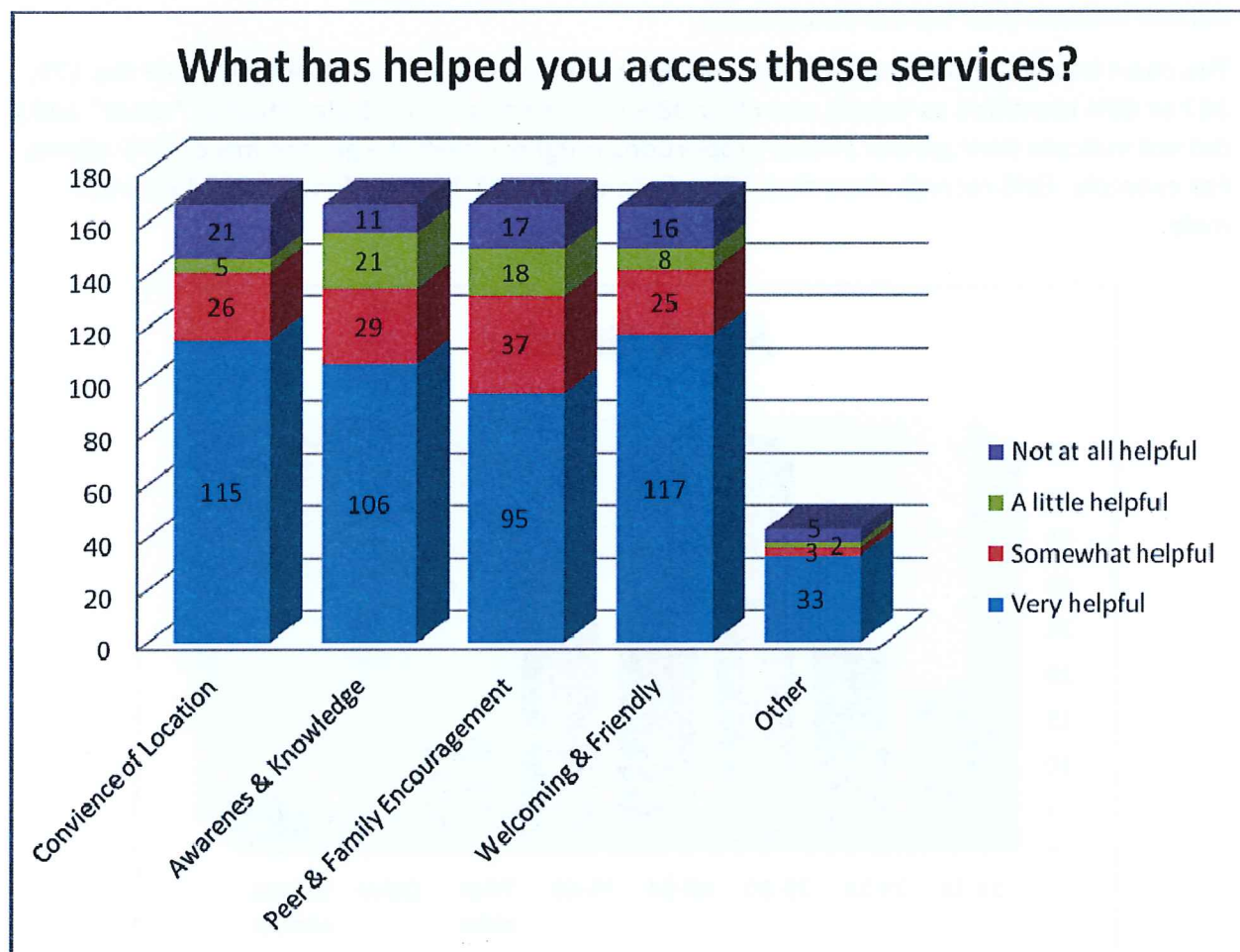
The chart below illustrates the gender and age breakdown of survey respondents. Of the 179, 107 or 60% identified as female and 66 or 38% identified as male. (1 identified as "other" and 4 did not indicate their gender.) These proportions roughly reflect the gender mix of QHS clients. For example, QHS records show that 57% of clients in 2012-13 were female and 43% were male.



4.1 Improved Access to Primary Health Care Services

Data from client surveys indicates that the friendly and welcoming environment clients experience at QHS is the biggest factor in increasing their access to health care services. This is based on the result that just over 70% of survey respondents answered that a 'welcoming and friendly environment' was 'very helpful' to them in accessing healthcare services.

The convenience of location was the next most important factor for increasing clients' access to health care services, according to survey results. Feedback collected during focus groups indicates that access to services within the local community is also an important factor in increasing people's access to health care. Client survey comments confirm that they value having access to services within the community and in their homes, and feel that this approach has increased their ability to access health care.



4.2 Healthy Connections Among Family and Community Members

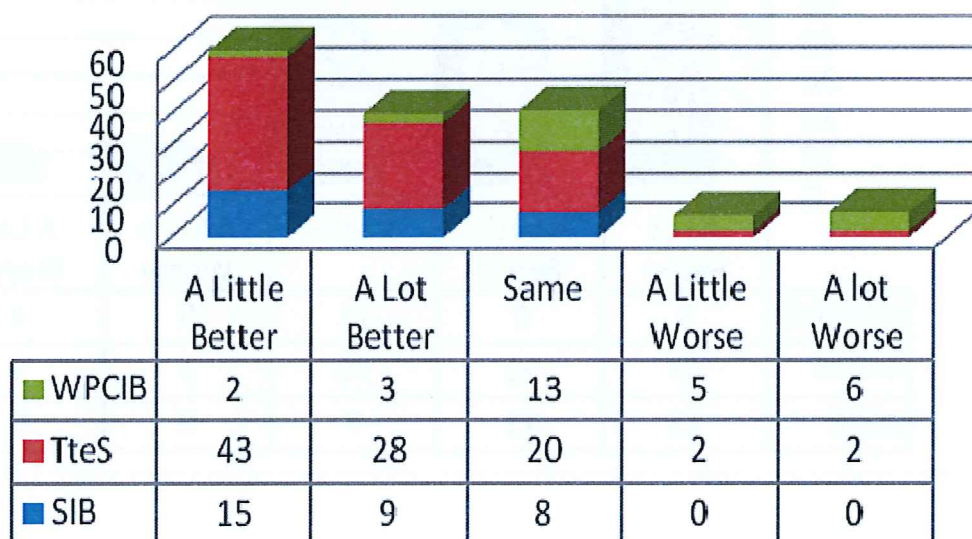
In general, survey results show that the majority of participants feel that healthy connections among family and community members have improved over the last five years. As illustrated in the chart below, most indicated this area of life was “a little better” or “a lot better”.

Comments included the following:

- *“I am experiencing more positive social time with both my friends and family.”*
- *“Through Q’wemtsin there are better connections with family and community.”*

Few clients indicated that healthy connections among family and community members had deteriorated in the last five years. Of those who reported deterioration in healthy connections with family and friends, the majority came from Whispering Pines.

Healthy Connections with Family & Community



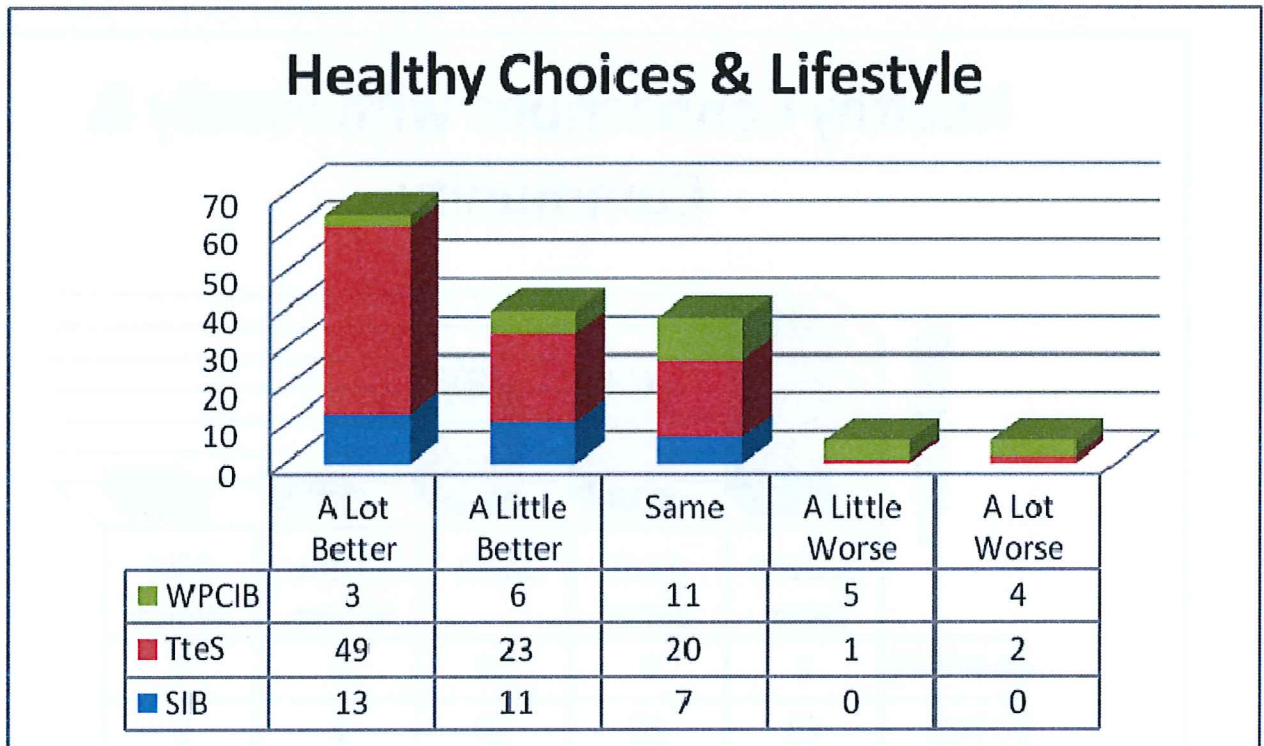
4.3 Healthy Choices and Lifestyles

Results from the client survey suggest that the majority have experienced improvement in their ability to make healthy lifestyle choices. Of the 178 clients surveyed, 59% (106) indicated that their ability to make healthy lifestyle choices was either a lot or a little better than five years previous.

The following comments illustrate people's experience of this outcome:

- *"I am trying to achieve better and being the best "me" I can be."*
- *"Advice on diet and health is very good and always available".*

Few respondents said that their ability to make healthy lifestyle choices had deteriorated in the last five years. However, of those who did, again, the majority were from Whispering Pines.

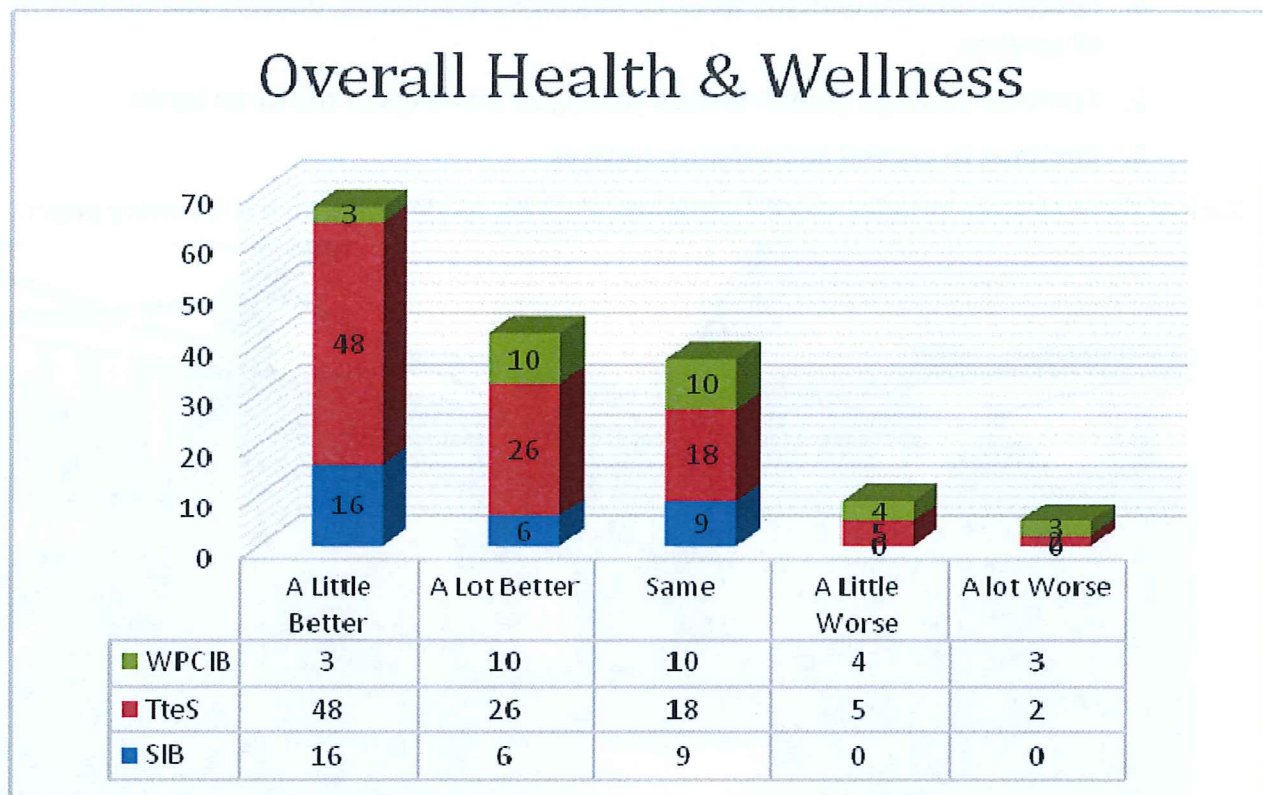


4.4 Overall Health and Wellness

Results for overall health and wellness indicate that many clients felt their health and wellness improved from 5 years previous.

Some link this general outcome to their healthy lifestyle choices. For example, one said: *"I'm exercising daily and eating healthy to keep fit."* Others link their improvement in overall health and wellness to the high quality of service received from QHS. For example, one commented on QHS' *"absolutely exceptional service"*.

Very few clients reported deterioration in their overall health over the past five years.



Part 5: Conclusion and Recommendations

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

The evaluation provides six clusters of recommendations for consideration by QHS, as follows:

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**

Each of these clusters includes specific recommendations, as identified on the following pages.



Lia Vivian and QHS Community Health Nurse Diane Proctor support FASD awareness at a Thompson Rivers University barbeque, with student Tiffany Peterson.

5.1 Governance

Recommendation 1: Develop and use governance documents.

1. Create and use an orientation package for new and alternate Board members – building on existing Board binder materials.
2. Create an updated strategic plan.
3. Review all policies to make them consistent with each other – and to fit with First Nations Health Authority funding partnership.
4. Update bylaws to clarify that the membership is just the three bands, and any other housekeeping.
5. Develop and use a QHS Board Terms of Reference.

5.2 Administration

Recommendation 2: Continue developing administrative processes and resources.

1. Hold administrative and management team meetings as well as staff meetings, in sequence.
2. Develop an operational procedure manual for the administration department, including procedures for critical events such as power outages.
3. Update the QHS orientation checklist, and require new staff sign-off that confirms orientation completion.
4. Develop a personnel review process for the Health Director, to be done every 2 years at a minimum.
5. Create a Human Resources Committee, with Terms of Reference defining membership to include the Health Director, Office Manager and one member of the Board.
6. Integrate, develop and use a policy and procedures framework for Home and Community Care.

5.3 Communication

Recommendation 3: Enhance communication with community members and partners.

1. Consult with community members to gain insight on how best to communicate with them.
2. Create and use a QHS suggestion box process – online, at the QHS office, and in each band office Social Development area – encouraging people to give their names while also allowing anonymity.
3. Invite feedback from community members on specific questions that QHS is facing, using the newsletter and qwemtsin.org.

4. Develop and use a more formal client feedback system for Home and Community Care and any other programs and services where that is not already in place.
5. Distribute the QHS newsletter Aboriginal Health Teams, Interior Health Authority – and to the Tk'emlups te Secwépemc media person.
6. Create an orientation video on QHS programs.
7. Update and enhance QHS website information on services, programs and events.
8. Explore use of social media, such as Facebook.



Annalise Thomas from Tk'emlups te Secwépemc celebrates the importance of oral care for infants, in the QHS dental chair after she had her mouth examined.

5.4 Working Together

Recommendation 4: Continue to work with the three communities in planning, delivery and evaluation of services.

1. Continue holding event planning meetings with key staff of the 3 communities, establishing a consistent monthly day and time.
2. Review flow-through funding and strengthen MOU agreements with communities, in preparation for signing in 2015.

5.5 Strategic Growth

Recommendation 5: Continue strategic growth toward serving all members of the three bands.

1. Continue working with Secwépemc Health Directors, First Nations Health Authority and Interior Health Authority regarding development of capacity and resources to serve all band members.
2. Document the need and demand from members of the three bands who are not currently eligible for QHS services due to living off reserve.
3. Continue to compile and update health resource information for people ineligible for QHS services.
4. Continue building QHS capacity and organizational excellence, including accreditation through First Nations and Inuit Health Services (a process to certify QHS as meeting a set of standards).
5. Continue to embrace Secwépemc cultural competency and expertise, and integrate these in QHS programs and services as appropriate.

5.6 Service Expansion and Enhancement

Recommendation 6: Continue to expand and enhance services.

1. Seek resources to expand the nurse practitioner services offered to become a full time position and to expand doctor services at least to a half time position. These medical services are highly valued by QHS clients.
2. Continue to seek resources for expanded dental services. With the facilities already in place, it makes sense to increase access to dentistry.
3. Develop capacity to offer Elder exercise programs, in collaboration with the communities. These could be offered as group programs, as well as having home and community care staff trained to teach chair exercises.
4. Seek resources to offer massage therapy, particularly for home and community care clients. Such service has been provided in the past, in a successful 6-month pilot.
5. Expand facilities to meet the growth in services, and to ensure that there is suitable space for the services offered.
6. Provide more mobile services – including outreach to buildings with urban elders.
7. Support care givers who are family or community members: offer respite; advocate and communicate with professional care providers; and assist with access to training and “transfer of function” from staff to willing volunteers.

