



2019
2020

Pelltiq't Community Garden (WPCIB)

Q'wemtsín Health Society

ANNUAL REPORT





Q'wemtsín
HEALTH SOCIETY

We are an assembly of Health Care Professionals who believe in providing holistic health services to our three Secwépemc communities:

Tk'emlúps te Secwépemc, Skeetchestn, and Whispering Pines/Clinton Indian Band.



mission

Advancing holistic health
by providing programs,
services, and education

vision

Healthy Secwépemc
individuals, families,
and communities

“ I would like to thank our staff for all their dedicated hard work, and we send gratitude to our partners and all those that help us succeed here at QHS.

I am pleased to present the Q'wemtsin Health Society (QHS) Annual Report which provides an overview of the programs and services delivered from April 1, 2019 to March 31, 2020.

QHS works toward a vision of “**healthy individuals, families, and communities**”. As an organization our mission is to “**advance holistic health by providing programs, services and education**”. As stated in our health plan, our goals are:

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

QHS works in collaboration with our three member bands: Tk'emlúps te Secwépemc, Skeetchestn, and Whispering Pines/Canton Indian Band. The board of directors meet monthly and the staff at QHS often works with the band staff to offer events and ongoing educational opportunities. The bands provide the following five prevention programs: NNADAP, Brighter Futures, mental health crisis, solvent abuse, and community health services, while QHS offers a number of clinical services and programs.

QHS continues to work in collaboration with several external partners such as the **Secwépemc Health Caucus**, the **Joint Project Board** cluster, **Interior Health (IH)**, and **First Nations Health Authority (FNHA)** to name a few. We are very grateful for the ongoing support of Dr. Ciriani and associates in our dental clinic.

One of the main focuses for 2019/20 was the implementation of our **diabetes program** and the development of a **food sovereignty and security plan** for the communities. We were about to host our first annual diabetes conference when COVID-19 shut everything down, so we had to postpone this and several other events.

Although the pandemic interfered with many planned activities, at the same time it peaked interest in food sovereignty and security. QHS has garden projects in each of the communities and we have been instrumental in a larger agricultural plan and fresh produce market. Learning how to grow our own food, how to harvest and process is one of the many traditional teachings we received from our elders, and now we are able to pass those lessons on. Food is medicine!

Colleen Lessmann

Health Director • Q'wemtsin Health Society

Everyone had a garden when
I was growing up, everyone.

Sometimes all we had to eat was
the vegetables out of the garden.

—Antoine (Tony) Larue

ACKNOWLEDGEMENTS



IN MEMORY

Antoine (Tony) Larue

January 9, 1958–June 16, 2020

It is with heartfelt gratitude that we say farewell to Tony Larue, elder, friend, and long-standing supporter of gardening projects at QHS. Tony volunteered many hours in the garden and enjoyed teasing the staff about his pet bull snake that lived under the shed. Tony was always willing to share his passion for growing food and speaking Secwepemctsin. He was a fluent speaker and enjoyed teaching the language. He was a respected knowledge keeper and was a founding member of our QHS Food Sovereignty team. He will be truly missed, and a tree has been planted in his memory here at QHS.



RETIREMENT

Picku Multani

Picku retired from QHS in September of 2019.

Picku provided mental health services to our three communities for 10 years and will be truly missed.

ADMINISTRATIVE STAFF

Lysa Madro | Human Resource Manager
Natika Shore | Receptionist
LeeAnne Denault | SIB Office Manager

Carrie Garbitt | Finance Officer
Brittany Jensen | Receptionist
Robert Kalina | Handyman

Behind the scenes of the “front line” workers is an amazing administrative team and we would like to acknowledge all the support they provide to the organization and all of the practitioners.





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Traditional medicine making workshop hosted by QHS for community members in Skeetchestn

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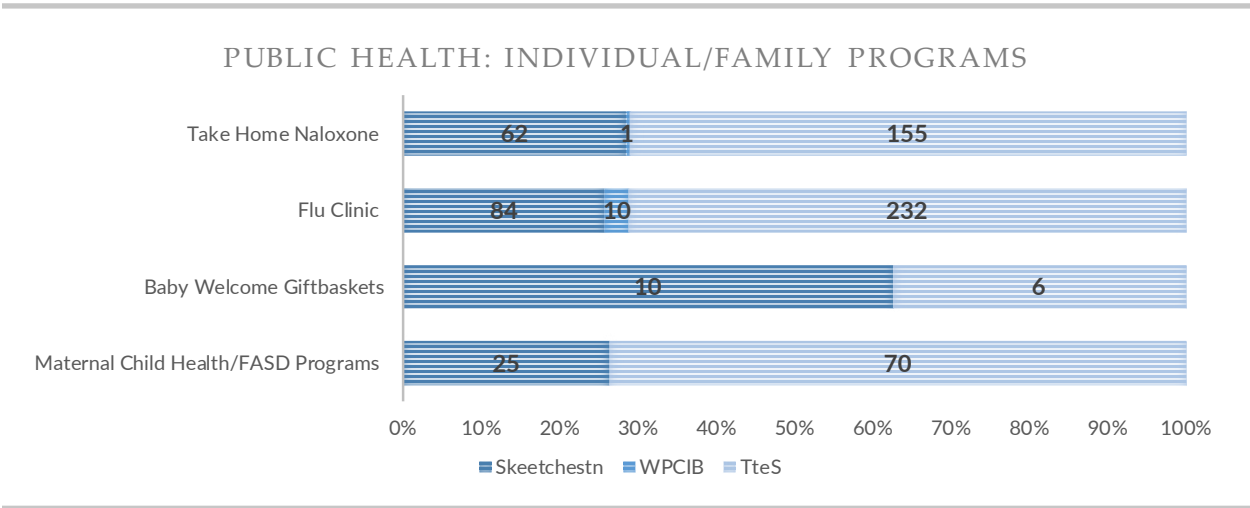
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Public Health Services

- Circle of Life
- Communicable Disease Program
- Harm Reduction
- Food Sovereignty

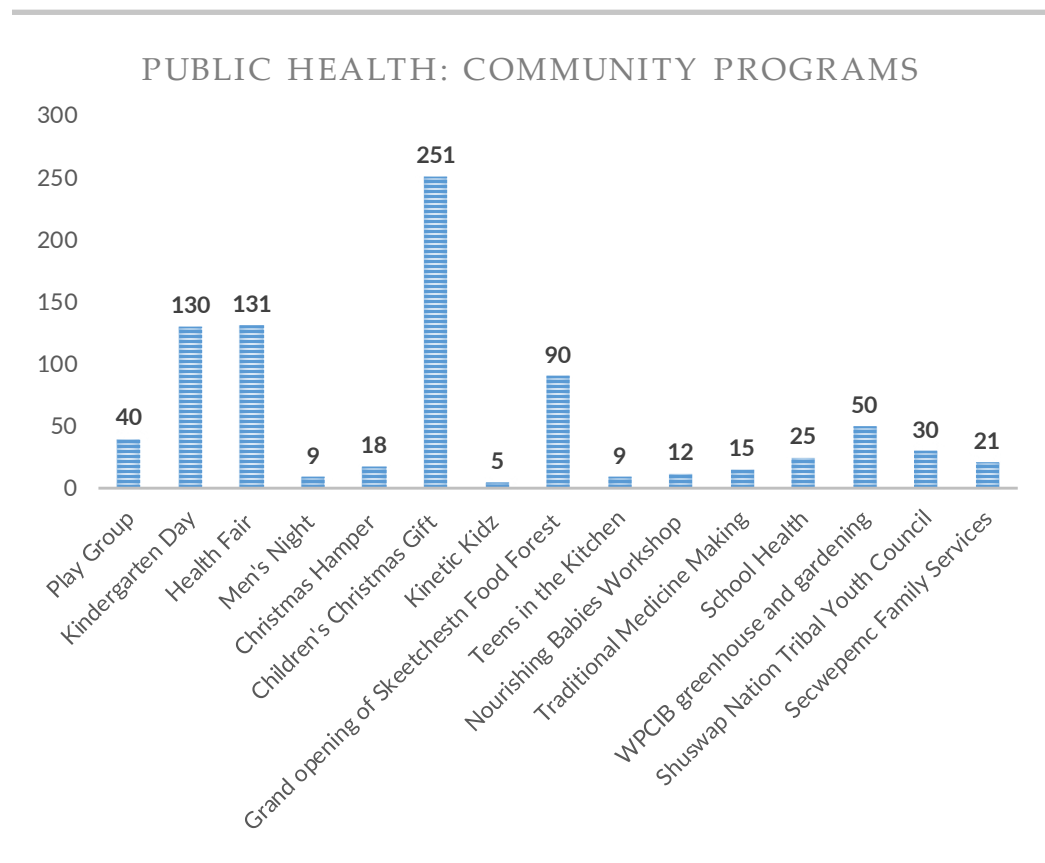
This department contains Circle of Life programs, School Health, Communicable Disease Control, Harm Reduction, and Food Sovereignty. QHS believes in the importance of relationship building. By hosting various community events and supporting the communities' Social Development Departments in their own programs, we greatly strengthen the trust and acceptance that our clients maintain for QHS team members. This is incredibly important because it breaks down barriers between clients and service providers; **we build trust and positive relationships with our clients and colleagues**, which in turn increases the communities' acceptance of the knowledge that our team members have to offer; ultimately, **empowering clients to take control of their health care needs**. The following graph shows the number of individual or family clients that accessed services in each of the QHS communities and the proportion of the overall services going to each community.





SIB Health Fair

This graph shows the number of clients engaged in group programs, events and other services that are intended to be delivered in a public and community-oriented approach.





Skeetchestn Baby Welcome Celebration 2019

CIRCLE OF LIFE PROGRAM

The Q'wemtsin Health Society Maternal Child Health and FASD programs are collectively called the 'Circle of Life Program'. The Maternal Child Health Program/FASD Programs are community-based programs that provide support to improve health outcomes of First Nations women who are pregnant, and families with infants and young children who live on reserve.

The Canadian Prenatal Nutrition Program (CPNP) is a community-based program that provides support to improve the **health and well-being of pregnant women, new mothers, and babies** in our community. The CPNP's main objectives are to provide:

- Support for healthy maternal nourishment
- Support, education, and awareness around breastfeeding
- Nutrition screening, education and counselling for pregnant women and new mothers living within our community.

Under the CPNP program and Maternal Child Health program we are able to provide monthly gift cards to help promote with maternal nourishment. Once a week we offer a play group for families to connect and access health care services, make food together, and build relationships.

In 2019/2020, a total of **16 gift baskets** were provided to families on our Circle of Life program. These baskets were given in lieu of Baby Welcome Celebration which was postponed this past year due to COVID. Baskets included quilts made by Rose Seymour. We plan to include all these families who were impacted by COVID in our next Baby Welcome Celebration.

Team members

Diane Procter | Community Health Nurse Manager

Sarah Bennett | Community Health Nurse



continued...

CIRCLE OF LIFE PROGRAM, *continued*

Outputs

| Program service (individual) | Stats by community | Skeetchestn | WPCIB | TteS | Total |
|------------------------------|-------------------------------------|-------------|-------|------|-------|
| MCH/FASD | # of individual clients/families | 25 | | 70 | 95 |
| | # of new clients/families this year | 5 | | 10 | 15 |
| Baby Welcome Gift Baskets | # of families | 10 | | 6 | 16 |

| Program service (community) | Location/ community | Description | # of community members impacted |
|-----------------------------|------------------------------|--|-----------------------------------|
| Play Group | TteS/ —Main office | Once a week we offer this time for families to connect and access health care services, make food together, and build relationships. | 40 |
| Kindergarten Day | SIB and TteS —Open to all | An annual event hosted by QHS for children ranging in ages 3–5. Children are provided a healthy lunch, outdoor activities, gift bags and both dental and audiologist screenings. | SIB = 50 TteS = 80 |
| Health Fair | SIB and TteS —Open to all | An annual event hosted by QHS for all community members—Approximately 30 informative booths, outdoor activities, a healthy lunch, and door prizes. | SIB = 80 TteS = 51 |
| Men's Night | SIB Open to all | An annual event hosted by QHS and either SIB or TteS; for 2019/20 SIB acted as the host community. The men received a seminar on healthy relationships, had a hearty home cooked meal and played poker for fabulous door prizes. | 9 |
| Christmas Hampers | TteS, SIB and WPCIB | Each year families registered for the Circle of Life program receive a Christmas Hamper. | TteS = 19 SIB = 9 WPCIB = 0 |
| Children's Christmas Gifts | TteS and SIB | Each year the children registered at either a community school or daycare receive a book (ages 3–5) or movie pass (ages 5–18). | TteS = 194 SIB = 57 |
| Kinetic Kidz | TteS | An afterschool program for students (ages 9–13) which focuses on healthy eating and physical activity. | TteS = 5 |



TteS Baby Welcome Celebration 2019



Outcomes

- Increased access to healthcare service
- Improved maternal, child, and public health

A combination of providing office and in-home visiting has really made our services accessible for our clients. We have seen breastfeeding rates continue to improve. Of the 5 babies born to TteS clients, all were breastfed at birth, with four breastfeeding until the age of 6 months. Of the 10 babies born to Skeetchestn clients, all were breastfed at birth with six breastfeeding until the age of 6 months.

Goals

To continue to provide COL program services, while ensuring COVID-19 pandemic policies and procedures are followed for the health and wellness of all community members.

“ I am incredibly grateful for everything you guys have done for us.

—Circle of Life client

Public Health Services

COMMUNICABLE DISEASE PROGRAM

The Community Health Nurses carried out **provincially and federally mandated Communicable Disease Control Program** initiatives within the community. These include:

- routine childhood and adult immunizations
- annual influenza immunization
- tuberculosis screening
- communicable disease outbreak surveillance
- compiling and submitting reports of results from each of these areas.

We provide public health services to the on-reserve schools (Sk'elep School of Excellence and Skeetchestn Community School). Services include immunizations and health teaching. We held flu clinics in community, which were followed up by mini-clinics and booked appointments.

Team members

Diane Procter | Community Health Nurse Manager

Sarah Bennett | Community Health Nurse

Outputs

| Program Service (individual) | Skeetchestn | WPCIB | TteS | Total |
|------------------------------|-------------|-------|------|-------|
| Immunizations | 84 | 10 | 232 | 326 |



“ Nothing but class here and everyone treats me humanely —I feel safe and trust everyone here.

—Anonymous Client



QHS offers and provides our services without judgment or expectation.

Outcomes

- Improved access to vaccines that protect against disease
- Improved overall health and wellness

QHS nurses providing Communicable Disease Services believe in the importance of vaccinations; however, we also recognize that some of our clients have fears and uncertainty around vaccinations. It can be time of great stress for our clients so our goal is to create a safe, welcoming space for clients, where we take time to answer questions so that clients can make informed decisions. We are flexible in our mode of delivery and will work out of our clinic space, schools, outdoor areas and other offices in order to meet the needs of our clients. We have strong immunization rates, in part due to our commitment to client wellness but more importantly due to strong relationships we build with clients. We offer and provide our services without judgment or expectation.

Goals

- To diligently provide Communicable Disease Control services, following the recommendations and guidance from public health officials, to reduce the impact of all communicable diseases in the communities, with a heightened focus on COVID-19 pandemic
- To continue to provide school health services, with a focus on keeping the school children, family members and staff healthy during the COVID-19 pandemic

HARM REDUCTION

The QHS Harm Reduction program aims to provide **culturally sensitive and non-judgmental support**, through education and the distribution of Harm Reduction supplies to any individual within the community that may be impacted by substance use. As of 2019/2020 QHS is a registered site for the distribution of both Take Home Naloxone (THN) Kits and Fentanyl Testing Strips.

Team Members

Diane Procter | Project Manager—Main contact for SIB

Bobbi Sasakamoose | Project Coordinator—Main contact for TteS and WPCIB

Outputs

| Program service (individual) | Stats by community | Skeetchestn | WPCIB | TteS | Total |
|--|--|-------------|-------|------|-------|
| Take Home Naloxone (THN): Distribution of THN Injectable Kits and Nasal Spray within the community | # of individual clients/ families whom received THN kits | 62 | 1 | 155 | 218 |



218
Naloxone Kits
Distributed

“ I believe the harm reduction program saves lives and it is part of the process of healing, recovery, and wellness.

—Dave Manuel • TteS Alcohol and Drug Counsellor

Outputs

| Program service (community) | Location/ community | Description | # of community members impacted |
|---------------------------------|---|---|---------------------------------|
| Wellbriety Celebration | TteS —Open to all | A gathering of Indigenous people whom have participated in the Wellbriety program throughout the past year—celebrating their success within the program. | 125 |
| Wellbriety Facilitator Training | TteS —Open to TteS, SIB, WPCIB, SFN, BIB, and HBFB | A Wellbriety train-the-trainer program hosted by the Secwépemc Health Caucus' Joint Project Board for the Interior Cluster. Each of the six communities sent three representatives to participate in the training with the intent of hosting the program within each community. | 20 |
| Needle Clean-up Hotline | TteS | A clean-up hotline initiated by QHS in response to an increase of improperly discarded needles within TteS. | 2 |
| Community Needle Clean-up | TteS | Volunteers swept the community for improperly discarded needles. Five needles were found near the Halston Bridge and one was found at the landfill. | 5 |
| Reconnecting with our Elders | TteS —Open to all | An elder's luncheon with a focus on Harm Reduction education. | 90 |
| Creating Connections | TteS —Open to all | A public event which focuses on the teachings of the Medicine Wheel to reduce the stigma associated with Substance Use Disorder. | 80 |

Outcomes

Community members are encouraged to participate in dialogue around Overdose and Substance use at public events where an informative booth is hosted; or by requesting either a private or group training session. When accessing the program clients receive culturally sensitive and judgment free care, in a safe environment. When they walk away, they will have all of the tools and resources necessary to make healthy, and more importantly, safer lifestyle choices, which will hopefully trigger their interest in other Health Care services later on.

Goals

- Increase the number of community members accessing Fentanyl Test Strips
- Develop steel sharps containers for safe community installation
- Continue to collaborate with other local organizations to increase access to Harm Reduction supplies for Indigenous people within the city, while concurrently striving to reduce stigma around substance use

FOOD SOVEREIGNTY

The Food Sovereignty team at QHS strives towards fostering a **regenerative and sovereign food system** by working in partnership with community members as well as Chief and Council and staff from TteS, WP and Skeetchestn. Other partners include **Secwépemc Health Caucus, Shuswap Nation Tribal Council, Community Futures Development Corporation of Central Interior First Nations, First Nations Health Authority, Kamloops Food Policy, Interior Health, City of Kamloops,** and **Thompson Rivers University**. The overall goal of food sovereignty is to facilitate land-based learning, mentorship, access to traditional foods, gardening and harvesting practices and developing a local food economy. In 2019, the team provided leadership and leveraged (in partnership with the communities) **over \$700,000 in funding** to support projects such as the Skeetchestn Food Forest, TteS and Skeetchestn Learning Circles, QHS Healing Garden, Whispering Pines Garden and greenhouse, and the new food garden at Sk'elep school. We have been working in partnership with teachers, principals, and students at **Sk'elep and Skeetchestn** to plan and implement healthy eating and garden projects.

Our team also chairs and/or participates at several food sovereignty committees in the region including:

- **Knowing our Roots Advisory Committee (Skeetchestn):** Laura acted as chair of the committee and supported proposal writing while Bobbi took on the role of secretary. A highlight of this committee was working with the Social Development Manager to secure a large Infrastructure grant for the continued development of the Skeetchestn Community School Food Forest.
- **TteS Food Sovereignty team and Sk'elep Advisory Committee for Garden project:** Laura, Bobbi, Natasha and Shelaigh supported the newly formed committee and sought funding for school garden and food forest. The committee has representation from each TteS department including Social Development, Natural Resources, Education, Public Works and other community partners such as CFDC of CIFN, School District 73, Thompson Rivers University, and Interior Health.
- **Kamloops Food Policy Council Agriculture Training Committee:** Shelaigh Garson, Laura Kalina and Bobbi Sasakamoose attended to represent QHS interests and Indigenous food sovereignty projects.
- **National Farm to School Conference:** Laura and Maureen Zutz represented QHS and shared experiences of SIB Food Forest.
- **First Nations Health Authority Dietitians in Health Committee:** Laura led an initiative to secure more food and nutrition services for indigenous communities. She presented on video conference on the work of QHS Food sovereignty team.

One of the new initiatives of the food sovereignty team is the **healing garden** which was created at the QHS office. The garden features traditional plants/medicine, a meditation circle, and water feature, and is a place where clients can come to relax and access traditional medicine.



Grand Opening of the Skeetchestn Food Forest—September 2019

Team members

Laura Kalina | Dietitian and Food Sovereignty Lead. Laura plays a key role in administration, proposal writing, partnership development and evaluation

Bobbi Sasakamoose | Community Wellness Champion and Land to School Coordinator. Bobbi provides support to the Schools—Sk'elep and Skeetchestn—in program delivery, curriculum development and evaluation.

Rob Kalina | QHS Healing Garden Coordinator

Natasha Deneef | Healthy Cooking Guru. Natasha supports all the workshops by planning, cooking nutritious foods in partnership with the participants and staff.

Shelaigh Garson | Permaculture Designer and Project Manager. Shelaigh plays a key role in the Food Sovereignty team by providing professional expertise in garden design, installation, maintenance and volunteer and contractor coordination.

Tony Larue | Elder. Inspiration for the Healing Garden at QHS.

“ I am a residential school survivor and many of us lost our traditional ways around food. It is important to support projects like the school garden, Food Forest, and growing our own food to help provide our families with healthy food. Food sovereignty, or our ability to take control over our food, is so important to make sure our children to do not lose the traditions of the past. We are so grateful that QHS is taking a lead role in this initiatives because we have always known that “FOOD IS MEDICINE.”

—TteS Elder

continued...

FOOD SOVEREIGNTY, *continued*

90

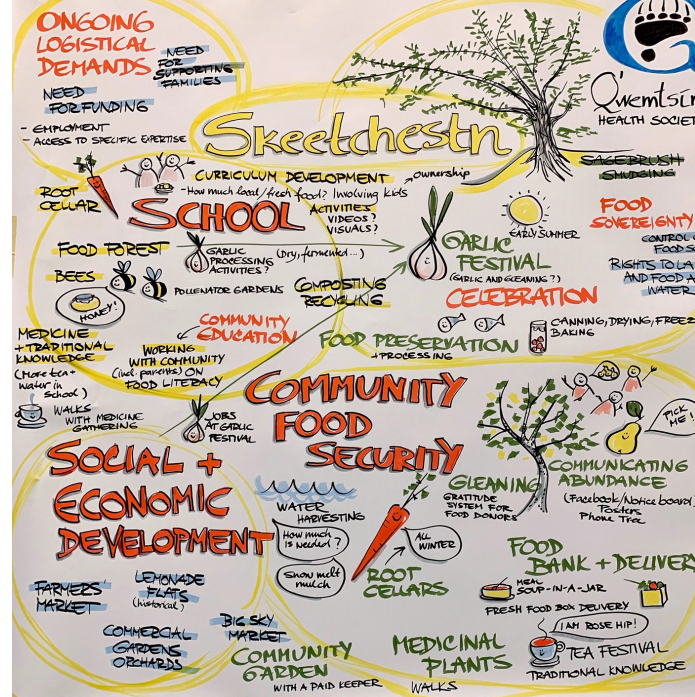
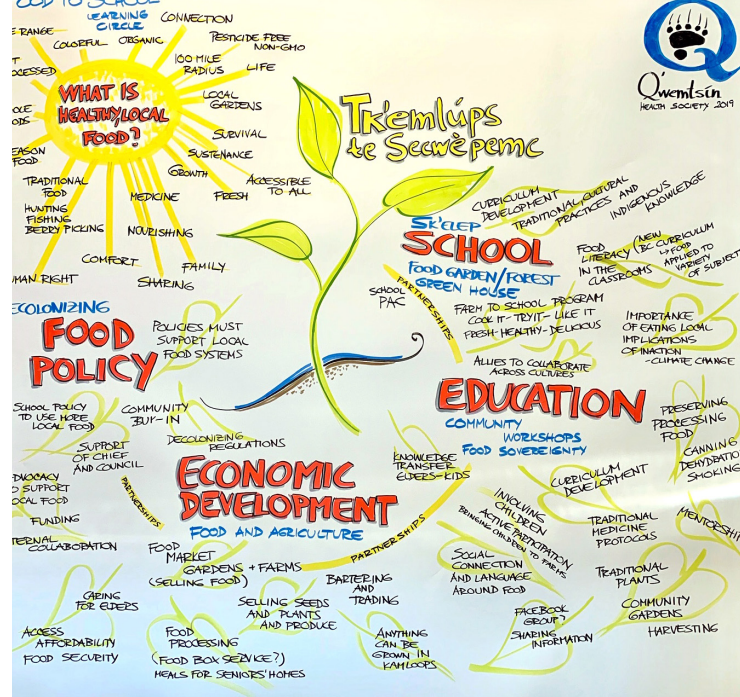
People participated
in the Skeetchestn
Food Forest
Grand Opening

Outputs

| Program service (community) | Location/ community | Description | # of community members impacted |
|--|---------------------|---|---------------------------------|
| Grand Opening of Skeetchestn Food Forest | Skeetchestn | Community event in partnership with TRU Next Gen Naturalist, presentations, luncheon, garlic planting, and garden smudging by Terry Denault. | 90 |
| Teens in the Kitchen | TteS | A series of 6 cooking classes with Red Seal Chef Dustin Eberle for participants in the Senior Attendance program. This program was funded by ISPARC (Indigenous Sport, Physical Activity and Recreation). | 9 |
| Nourishing Babies Workshop | Open to all | Hands-on workshop on making baby food and positive feeding tips. | 12 |
| School Health | TteS and SIB | Laura and Natasha presented to Sk'elep Grades 4–5 on healthy eating. | 25 |
| WPCIB greenhouse and gardening project | WPCIB | As part of the funding from the First Nations Food Systems Project, partnered with Fred Fortier and the community to further expand the greenhouse and gardening project. | 50 |
| Shuswap Nation Tribal Youth Council | TteS and SIB | Presented to youth from the Nation on healthy eating. | 30 |
| Secwépemc Family Services | TteS and SIB | Conducted Nutrition tours of the supermarket for Food Skills for Families program. | 21 |
| Traditional Medicine Making Workshop | SIB —Open to all | Traditional knowledge keeper, Rhona Bowe, facilitated a traditional medicine making workshop where participants harvested and prepared their own medicines. | 15 |



Students getting hands-on learning about healthy eating at the Skeetchestn Food Forest



These graphics, created by Marie Bartlett of TRU, summarizes the brainstorming of the Learning Circles which had 50 attendees (TtS/SIB)

Outcomes

- Improved ability to make healthy lifestyle choices
- Improved maternal, child and public health
- Improved overall health and wellness
- Strengthened cultural reconnection

One of the most important outcomes for the Food Sovereignty team was receiving **\$50,000 from Farm to Cafeteria Canada and Social Planning and Research Council of BC** to conduct Learning Circles in Tk'emlúps te Secwépemc and Skeetchestn. The goal of the Learning Circle is to explore the local food systems, identify barriers and opportunities, and prioritize actions to make local, healthy, traditional and sustainable foods more available to our students and community. Attendance was excellent in both communities and as a result there is a clear vision for food sovereignty in the QHS communities.

Goals

- Build partnerships and collaborate
- Build program and service addressing community needs
- Embrace Secwépemc competency and expertise and integrate into QHS programs
- Create opportunities for learning
- Support all QHS communities to reconnect with Secwepemctsin language and traditional culture (working with Food Forest and language teacher on signage)

continued...





Food Sovereignty is one of the important initiatives at QHS. QHS hosted Learning Circles to explore the local food systems, identify barriers and opportunities, and prioritize actions to make local, healthy, traditional, and sustainable foods more available to our students and community. Students are being taught how to garden using traditional and medicinal plants of our culture. Healing/wellness gardens have been created at both the Skeetchestn and QHS head office.





Home & Community Care Services

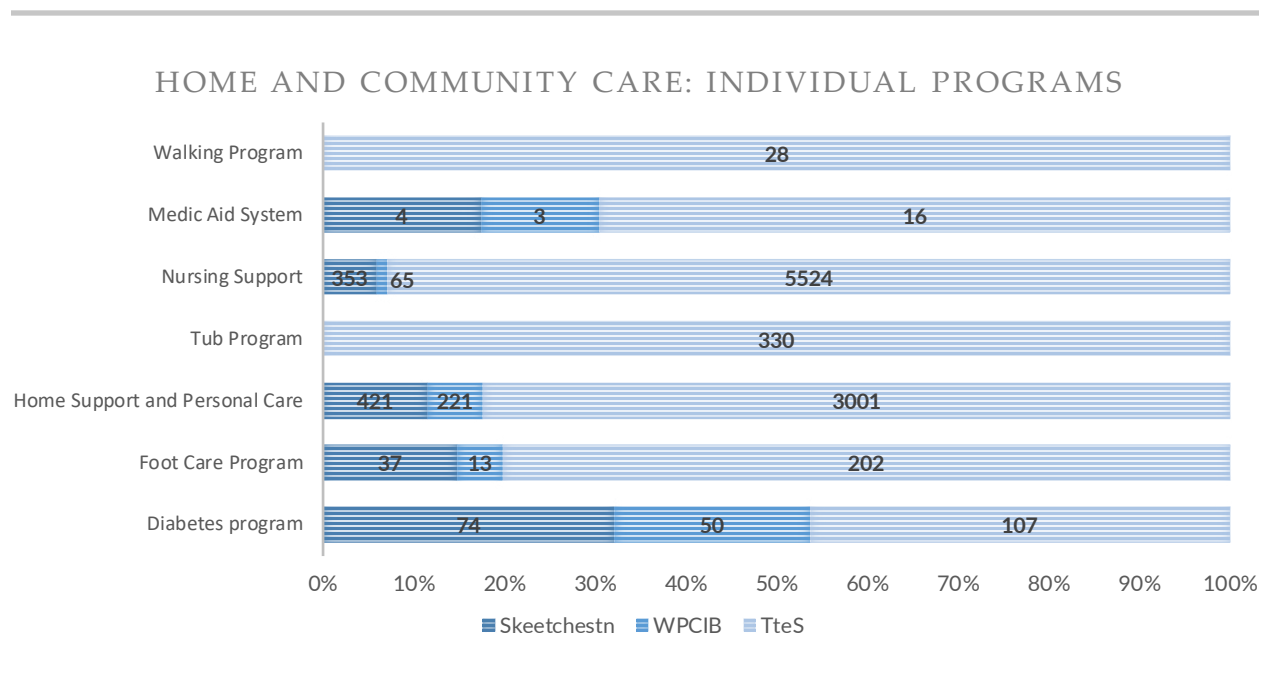
Diabetes Program

Foot Care

In-Home Care

The Home and Community Care department is comprised of the diabetes program, the foot care program, and the in-home care (which offers a number of services listed in the summary graphs below).

The following graph shows the total number of individual or family client visits that accessed services in each of the QHS communities and the proportion of the overall services going to each community.



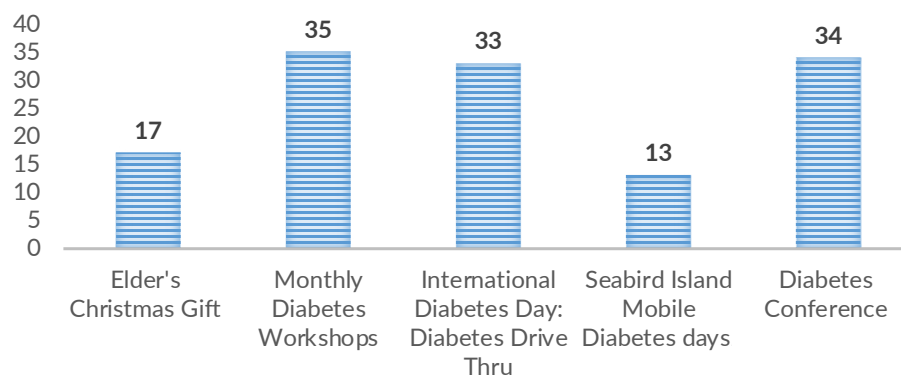


The tub service available at QHS

330
Tubs provided

This graph shows the number of clients engaged in group programs, events and other services that are intended to be delivered in a public and community-oriented approach. The community programs in Home and Community Care are all related to the Diabetes program.

HOME AND COMMUNITY CARE: COMMUNITY PROGRAMS



Home & Community Care Services

IN-HOME CARE

QHS Home and Community Care (HCC) department supports community members requiring assistance with **personal and health care needs**, who may also be living with chronic or acute illnesses or injuries. HCC is a client-focused program and staff work with members to maintain their ideal level of health and wellbeing by:

- assisting individuals and their families to develop and implement a care plan
- supporting clients, families and communities through continual personal, health, and environmental changes, and
- introducing, liaising, and advocating through various community services and Health Practitioners

The HCC support those in need of **chronic disease management**, or other acute illness and injury in various ways which include the Diabetes, Foot Care, Wound Care, and Tub programs. This department continues to see an increase in need yearly, and to support the program new nursing and health care assistant staff have been added to the team.

Team members

DeAnne Campbell | HCC Manager

Christine Lessmann | Home Care Nurse

Danika Kasten | Home Care Assistant

Tanya Seymour | Home Care Assistant

Virginia Sheep | Home Care Assistant

Lisa Perry | Home Care Nurse

Alyson Testawich | Home Care Assistant

Kathrin Jules | Home Care Assistant

Tiger Sperling | Home Care Assistant

Outputs

| Program service (individual) | Skeetchestn | WPCIB | TteS | Total |
|--|-------------|-------|------|-------|
| Home Support and Personal Care: In-home support for those who need assistant for various activities of daily living and needs. | 421 | 221 | 3001 | 3643 |
| Tub Program: Infinity tub in QHS for those needing tub/shower assistance. | | | 330 | 330 |
| Nursing Support: Case Management, Wound care, Wellness visits, Chronic Disease Management. | 353 | 65 | 5524 | 5942 |
| Medic Aid System: in-home, on-person, button system to provide connection to emergency services if needed and unable to get to phone. | 4 | 3 | 16 | 20 |
| Walking Program: HCA walk with members in a safe and appropriate environment. | | | | 28 |



A few members of the QHS Home Care team

5942
Nursing Encounters
with Clients

Outcomes

- Increased access to healthcare service
- Improved health of elders and people needing homecare
- Improved overall health and wellness

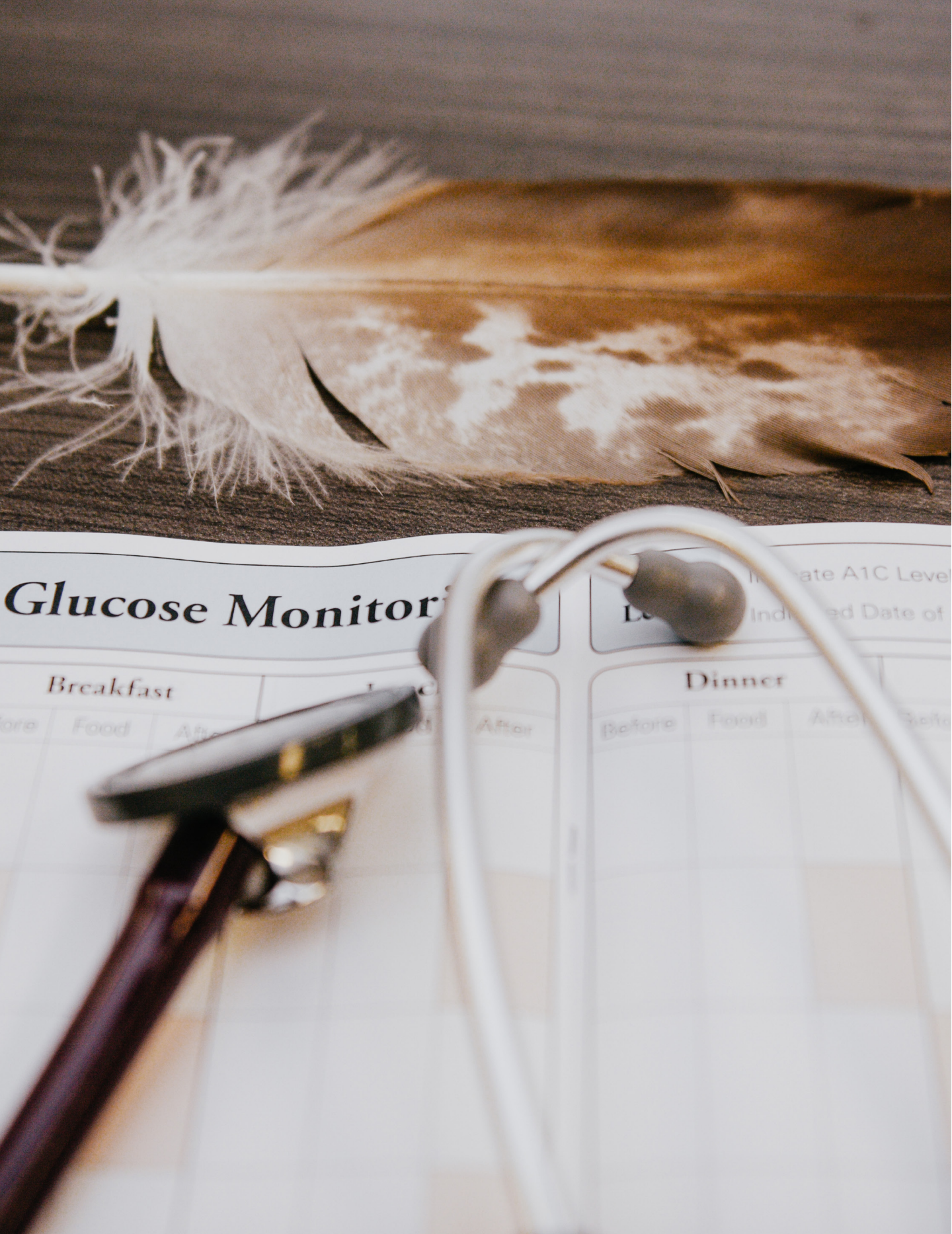
The Home and Community Care department strives to accommodate eligible community members the best way possible to achieve their goals of holistic health. The HCC staff believe building rapport by listening and providing a safe space for meaningful connection is vital in the care for members and their families' well-being. With access to the HCC department and programs, community members have increased resources to health care services such as: comprehensive assessments, respite, personal care support, nursing procedures and treatment, medication administration, linkages to other health care professionals and social services, education, and access to medical equipment and supplies. With all the programs listed above the HCC department allows for members to make informed choices regarding health and be a leader in their own care. The HCC department in conjunction with all other QHS departments and programs increases access to health care services and improves ability to make healthy lifestyle choices, in turn improving overall health and wellness. As the HCC department delivers services it will continue to enhance and increase programs as need increases within the community.

Goals

- Expand the current client base
- Team building
- Enhance the Diabetes Program

“Your team has provided exceptional care to me and my family.
We appreciate the quality of care that comes from the department.”

—In-Home Care client



Blood Glucose monitoring as part of the Diabetes Program at QHS

Home & Community Care Services

DIABETES PROGRAM

In the diabetes program, **support and education** is provided to those living with prediabetes and diabetes through one-on-one visits, seminars, and group workshops. There are also several community-based services and outreach activities that contribute to the program. For example, the diabetes team provided a booth at health fairs that members were able to engage in and have their blood sugars screened. At the health fairs information was provided about how to prevent and live with diabetes. Diala is our Certified Diabetes Educator (CDE) and Registered Dietitian (RD) who supports our clients in the Diabetes Program. Diala has extensive experience working with adults with Type I, Type II, and Gestational Diabetes. Through her individualized approach, she supports clients to successfully manage their diabetes while making healthier choices. Diala is passionate about **nutrition and healthy living** and works with clients to help them meet their goals in managing diabetes.

Team members

Diala Toulany | Certified Diabetes Educator

Lisa Perry | Home Care Nurse

Christine Lessmann | Home Care Nurse

DeAnne Campbell | HCC Manager

Outputs

| Program Service (individual) | Skeetchestn | WPCIB | TteS | Total |
|--|-------------|-------|------|-------|
| Diabetes Program: Support and education to those living with prediabetes and diabetes through 1 to 1 visit, seminars, and group workshops. | 74 | 50 | 107 | 231 |



continued...

Home & Community Care Services

DIABETES, *continued*

Outputs

| Program Service (community) | Location/ community | Description | # of community members impacted |
|---|---------------------|---|------------------------------------|
| Monthly Diabetes Workshops | QHS | Group classes addressing a variety of topics related to diabetes prevention and management. | 35 |
| International Diabetes Day: Diabetes Drive Thru | QHS | An event to help raise awareness about diabetes in our communities, its prevention and management. Drive Thru held in QHS parking lot. | 33 |
| Seabird Island Mobile Diabetes days | QHS | QHS collaborated with Seabird Island Mobile Diabetes Team to screen for Diabetes which also included diabetes assessment, kidney, and eye screening. | 13 |
| Diabetes Conference | TteS, SIB, WPCIB | Although cancelled due to the COVID-19 pandemic, the Diabetes Conference had a full registration list which will be re-assessed once provincial restrictions are lifted and community gatherings are permitted. | TteS = 14 SIB = 12 WPCIB = 8 |

Outcomes

- Improved glycemic control reflected by improved A1C, and decreased incidence of diabetes-related complications
- Assisted clients living with diabetes to expand self-management skills, and help minimize emotional burden associated with the disease

Goals

- Improve access to diabetes supplies
- Increase health care practitioner and community partners' awareness of Diabetes Program and what it has to offer, with improved referral process

Home & Community Care Services

FOOT CARE

Suzanne provides foot care services for clients with health conditions that put the client at a greater risk for infections and/or complications relating to these compromised health conditions. Suzanne also promotes healthy footcare practices and completes risk assessments and referrals where necessary. Suzanne is a Licensed Practical Nurse with a Bachelor of Science of Podology with Advanced Foot Care training. She shares her knowledge with clients as well as staff to promote healthy feet which improves overall health.

Team members

Suzanna Marsel | Licensed Practical Nurse
Bachelor of Science of Podology, Advanced Food Care Specialist

Outputs

| Program Services (individual) | Skeetchestn | WPCIB | TteS | Total |
|-------------------------------|-------------|-------|------|-------|
| Foot Care Visits | 37 | 13 | 202 | 252 |

Outcomes

- Improved foot care health
- Increased awareness of importance of self foot assessments and to seek medical attention when needed

Goals

- Increase community awareness of foot care program and access for those with compromised health conditions

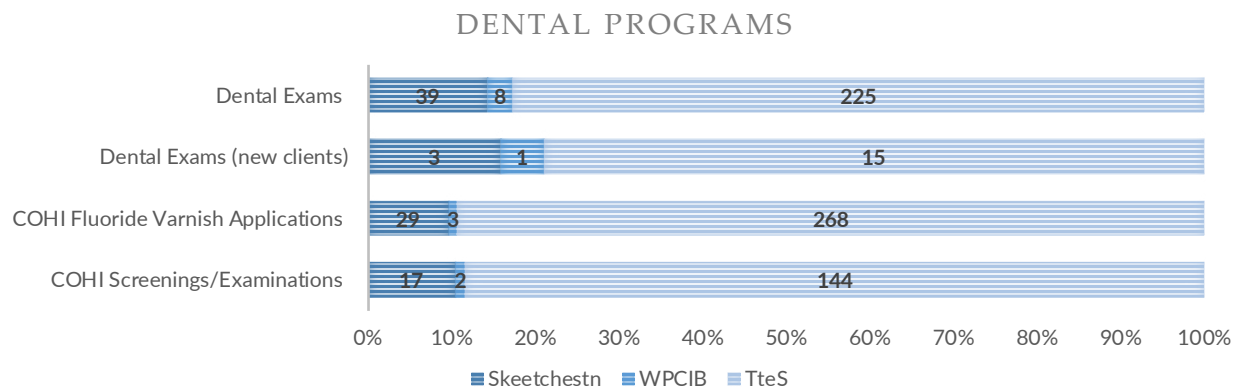




Dental Programs

Children's Oral Health Initiative (COHI) Program Dental Clinic

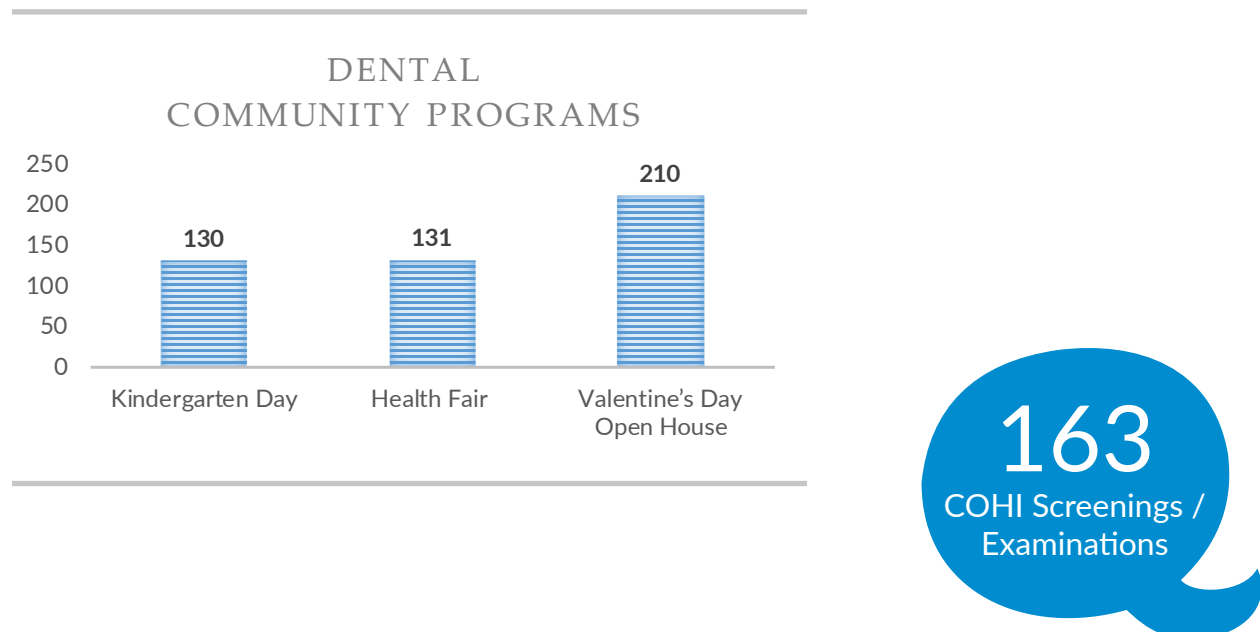
The dental department is comprised of two programs: the Children's Oral Health Initiative (COHI), as well as the dental clinic, which offers dental care to members of the QHS communities. The COHI program also offers services to Adams Lake, Little Shuswap, and Simpwic, and these numbers are reflected in the graph below along with the dental exams for QHS community members.





The COHI display set up at community programs—offering free truthbrushes and dental floss

The dental department also participates in various health fairs and community events throughout the year to promote their programs and will often offer free dental tools (like toothbrushes and floss etc.). This graph shows the number of clients engaged in group programs, events and other services that are intended to be delivered in a public and community-oriented approach.



Dental Programs

CHILDREN'S ORAL HEALTH INITIATIVE (COHI)

COHI is an **early childhood tooth decay prevention program** for children living on or receiving services on reserve. COHI provides dental services to children from birth to age seven and provides information to their parents/caregivers and expectant parents which will help their children build and maintain healthy smiles right from the start. Children enrolled in the COHI program are reached by attending schools, pre-schools, daycares, mom's and tots groups, baby circles, career and health fairs, kindergarten days and other community events on reserve, with the exception of a few select off reserve schools that contain a larger number of COHI participants. COHI children can also receive services at QHS. COHI services include the following:

- annual screenings
- fluoride applications
- sealants
- oral hygiene education
- parent information kits
- the provision of dental health supplies such as toothbrushes, toothpaste, and floss

Team members

Crystal Chartrand | Registered Dental Hygienist and COHI and Dental Programs Manager

Natasha DeNeef | COHI Aide

Outputs

| Program Services (individual) | Skeet-chestn | WPCIB | TteS | Adams Lake | Little Shuswap | Simpcw | Total |
|-------------------------------|--------------|-------|------|------------|----------------|--------|-------|
| COHI Screenings/Examinations | 17 | 2 | 144 | 39 | 40 | 27 | 269 |
| Fluoride Varnish Applications | 29 | 3 | 268 | 73 | 52 | 39 | 464 |

| Program Service (community) | Location/ community | Description | # of community members impacted |
|---------------------------------|---|---|---|
| COHI Valentine's Day Open House | TteS, LSIB, ALIB, and SFN —Open to all | The COHI program is a nation shared service hosted by QHS. During the 2019/20 year the COHI department hosted 4 Valentine's Day Open Houses for partnering communities. Children received fluoride, if necessary, as well as had an opportunity to participate in games, crafts, door prize draws, and to receive a healthy meal. | TteS = 60 LSIB = 45 ALIB = 40 SFN = 65 |



COHI hosted a photo booth along with dental care and a healthy meal at the Valentine's Day Open House

210
Valentine's Day
Open House
Attendees

Outcomes

- Increased access to healthcare service
- Improved maternal, child, and public health
- Improved overall health and wellness

Q'wemtsin Health Society's COHI program is a special and unique one. Not only are we able to deliver COHI prevention services to our communities but we have been able to take it to the next level by providing access to dental treatment when required. QHS has an on-site dental clinic that allows us to follow through with restorative treatment with one of our dentists in a state-of-the-art facility. In addition to improving access to care, by having our COHI children accessing services at QHS we can collaborate with other healthcare providers at the same time. Whether it's participating with our immunization nurses, our general practitioner, our nurse practitioner or one of our other amazing health care providers it can be combined at the same time and same location.

Having access to many different health care providers in one location allows for the community member to look at what is needed to improve their overall health instead of focusing on one aspect at a time. There is an increase sense of continuity having as many facets of health care under one roof as Q'wemtsin Health Society does.

Goals

- Increase awareness of importance of good oral health and its relation to overall health
- Help establish and maintain healthy teeth and gums
- Reduce the need for treatment in a surgical setting

“ I have been a member of the Q'wemtsin Health Society team for over 10 years now and I have had the privilege of meeting most of my clients at their first immunization appointment (2 months). It brings me great pleasure knowing that my clients and I have had this time together. Nothing beats a classroom of children calling out your name and excited to have their teeth checked. They trust me!

—Crystal Chartrand • Registered Dental Hygienist

Dental Programs

DENTAL CLINIC

Q'wemtsín Health Society's Dental Clinic provides dental treatment to our on and off reserve band members from our three communities: Tk'emlups te Secwépemc, Skeetchestn and Whispering Pines/Clinton. Dr. David Ciriani, Dr. Corbin Sallis and Dr. Kelsie Sallis along with their Certified Dental Assistants Sadie Jefferies, Kim Bartlett, and Angela Ovington are providing **dental services** 2–3 days per month, usually Wednesdays and Crystal Chartrand Registered Dental Hygienist provides **hygiene services** 2–3 days per month, usually Fridays. Dental Services Offered at Q'wemtsín Health Society:

- new patient exams
- specific/emergency exams
- recall exams
- oral cancer screenings
- diagnostic digital imaging
- extractions
- restorations (amalgam and composite fillings)
- hygiene
- biopsies
- oral sedation
- impressions
- wax bites
- occlusal registration
- night guards
- dentures and denture relines and adjustments

Team members

Crystal Chartrand | Registered Dental Hygienist / Dental Programs Manager

Dr. David Ciriani | Dentist

Sadie Jefferies | Certified Dental Assistant

Dr. Corbin Sallis | Dentist

Kim Bartlett | Certified Dental Assistant

Dr. Kelsie Sallis | Dentist

Angela Ovington | Certified Dental Assistant

Outputs

| Program Service (individual) | | Skeetchestn | WPCIB | TteS | Total |
|------------------------------|--|-------------|-------|------|-------|
| Dental Exams | # of new clients | 3 | 1 | 15 | 19 |
| Dental Exams | # of participations | 39 | 8 | 225 | 272 |
| 25 | New Patient Exams | 61 | | | |
| 35 | Specific Exams/Emergency Exams | | | | |
| 86 | Recall Exams (these are clients returning regularly for their annual check up) | | | | |
| 154 | Restorations (these are fillings either amalgam or composite) | | | | |
| 14 | Extractions | | | | |
| | | | | | |
| | | 4 | 12 | 2 | 18 |
| | | 3 | 2 | 3 | 8 |
| | | 6 | | | 6 |

In addition to the above procedures the dentists also write prescriptions and refer clients to specialists when needed. Some of the specialists include: oral surgeons, periodontists, endodontists, and pedodontists.



“ The experienced dental team at Q’wemtsin Health Society deliver excellent care to each client. Their diligence allows the clinic to be run efficiently, leaving their clients satisfied.

—Dental Team member

Outcomes

- Increased access to healthcare service
- Improved maternal, child, and public health
- Improved overall health and wellness

Q’wemtsin Health Society’s Dental Clinic exists to provide oral care to band members of all ages. In the past, it was evident that there was a huge disparity for our clients when it came to receiving dental care. It was only a year ago that 10% of the dentists in Kamloops (and the rest of the province) were willing to see our clients without making them pay out of their pockets for dental treatment. For example, if one of our elders who may require dentures, whether they are their first set of dentures or a replacement set, they would have to come up with approximately \$2,500.00 out of pocket. As a result, many of our clients went without dentures or the dental care they needed. Going without the dental care one needs affects one’s overall health. Eating, sleeping, talking, and one’s self-worth are greatly impacted by the condition of one’s oral health. It is for this reason that QHS set up a dental clinic to drastically improve access to care. Now our clients come to a state-of-the-art dental clinic and receive individualized, compassionate, evidenced-based dental treatment.

Goals

- Provide compassionate, individualized dental treatment
- Help clients achieve optimal oral health
- Eliminate dental pain and suffering from dental disease

291
Dental
Visits



Primary Health Care

Craniosacral Therapy

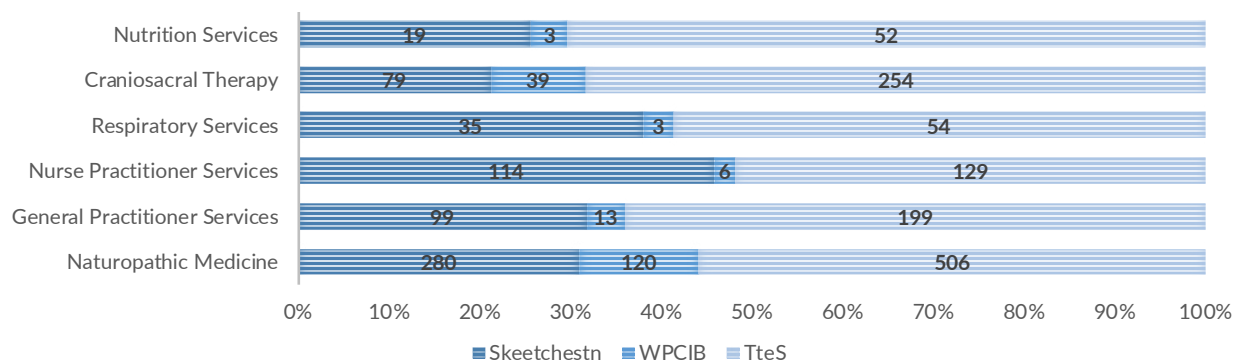
Naturopathic Medicine

Nurse Practitioner, General Practitioner,
and Respiratory Therapy Services

Dietitian Services

The Primary Health Care department is comprised of Craniosacral Therapy, Naturopathic Medicine, Mental Wellness (no report this year), Nurse Practitioner and General Practitioner services, and Dietitian Services. The following graph shows the total number of client visits that accessed services in each of the QHS communities and the proportion of the overall services going to each community.

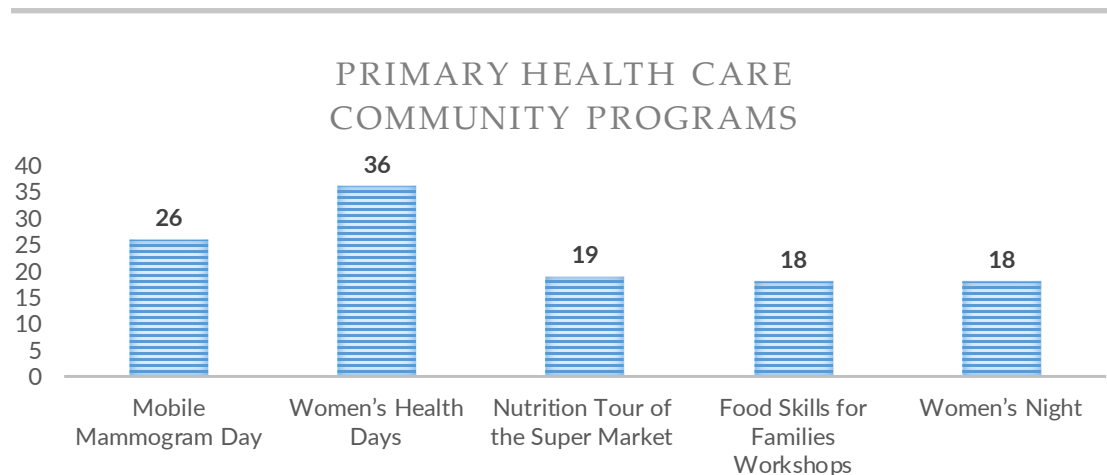
PRIMARY HEALTH CARE: INDIVIDUAL PROGRAMS





SIB Health Fair

This graph shows the number of clients engaged in group programs, events and other services that are intended to be delivered in a public and community-oriented approach.



26
Mobile
Mammograms

Primary Health Care

CRANIOSACRAL THERAPY

The Craniosacral Therapy program provides a holistic approach to healing. This treatment modality is a **hands-on, health orientated therapy** that helps to treat the entirety of an ailment. As a practitioner we hold therapeutic space for the patient to feel safe to fully express themselves. This space can provide a deep level of healing. This program is geared towards elders and patients with chronic pain.

Team members

Meaghan Jones | Registered Massage Therapist and Craniosacral Therapist

Outputs

| Program service (individual) | Stats by community | Skeetchestn | WPCIB | TteS | Total |
|------------------------------|--------------------|-------------|-------|------|-------|
| Craniosacral Therapy | # of participants | 33 | 9 | 56 | 98 |
| | # of encounters | 79 | 39 | 254 | 372 |

Outcomes

- Increased access to healthcare service. Provided a unique, health-orientated, holistic treatment modality.
- Improved ability to make healthy lifestyle choices, improved overall health and wellness. This program provided patients with a change in perspective. Patients started to recognize the health and vitality in their bodies vs. ailments. This practice remaps the patterning in our system to live a pain-free life.
- Improved health of elders and people needing homecare. Provided home visits to elders that were not able to attend treatments at the health center.

Goals

- Hold patients at their highest potential to heal
- Create a space that patients feel safe and welcome
- Provide patients with self-development tools to practice at home and to share with their community

“You taught our people another way to heal, and for that I thank you.

—Craniosacral Therapy client

Primary Health Care

NATUROPATHIC MEDICINE

2019/2020 was another successful year for Naturopathic medical services at QHS. Naturopathic services continued to be offered on site at the three bands: TteS, SIB, and WPCIB. This year marked the 10th year that Dr. Bradwell has been providing care to clients at QHS. It's happily reported that Naturopathic Medicine has been utilized by some clients for many or all of these years and, like most years, was introduced to some new clients. Some of the most popular services included [acupuncture](#), [IV therapy](#), and [nutrition counseling](#).

Team members

[Dr. Melissa Bradwell](#) | Naturopathic Doctor

Outputs

| Program service (individual) | Stats by community | Skeetchestn | WPCIB | TteS | Total |
|------------------------------|-------------------------------------|-------------|-------|------|-------|
| Naturopathic Medicine | # of individual clients/families | 55 | 9 | 93 | 157 |
| | # of new clients/families this year | 7 | 1 | 12 | 20 |
| | # of appointments/encounters | 280 | 120 | 506 | 906 |

Outcomes

Naturopathic Medicine is an important complement to the other services provided at QHS. Dr. Bradwell worked very closely with the other primary health care providers and programs to ensure that our clients received the best care possible. Dr. Bradwell feels that the unique clinical environment at QHS increased the awareness and access of our services which improved the health and wellness of those we proudly care for.

Goals

- Increase patient visits and improve patient retention
- Introduce naturopathic medicine to more new patients in the communities
- Continue integrative work with other primary health care providers for prevention and treatment of disease

906
Naturopath
Encounters

Primary Health Care

GP&NP, AND RESPIRATORY THERAPY SERVICES

Primary health care services provided by a general practitioner and a nurse practitioner.

Respiratory services provided by a registered respiratory therapist.

Team members

Sarin Burke | Executive Office Administrator

Dr. Shirley van der Merwe | General Practitioner

Lisa Creelman | Family Nurse Practitioner

Katie Wright | Medical Office Administrator

Kaden Romain | Registered Respiratory Therapist

Outputs

| Program service (individual) | Stats by community | Skeetchestn | WPCIB | TteS | Total |
|-------------------------------|-------------------------------------|-------------|-------|------|-------|
| General Practitioner Services | # of individual clients/families | 99 | 13 | 199 | 311 |
| | # of new clients/families this year | 8 | 0 | 13 | 21 |
| | # of appointments/encounters | 296 | 112 | 997 | 1405 |
| Nurse Practitioner Services | # of individual clients/families | 114 | 6 | 129 | 249 |
| | # of new clients/families this year | 31 | 3 | 13 | 47 |
| | # of appointments/encounters | 404 | 148 | 431 | 983 |
| Respiratory Services | # of individual clients/families | 35 | 3 | 54 | 92 |
| | # of new clients/families this year | | | | |
| | # of appointments/encounters | 37 | 3 | 58 | 98 |

“ Together we can achieve higher levels of health, happiness, and wellness for all individuals in our communities which is an expression of gratitude to the body, mind, spirit, and emotions.

—Sarin Burke, Executive Office Administrator

| Program service (community) | Location/ community | Description | # of community members impacted |
|-----------------------------|---------------------|---|---------------------------------|
| Mobile Mammogram Day | QHS | BC Cancer Breast Screening services provided mobile mammogram screening bus visits to remote areas to provide screening mammograms to First Nations people for prevention of breast cancer. | 26 |
| Women's Health Days | QHS | Women's health services such as breast screening and pelvic exams performed. | 36 |

Outcomes

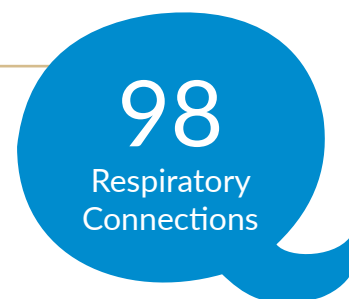
Our program played a role in the following health outcomes:

- Increased access to healthcare service
- Improved ability to make healthy lifestyle choices
- Improved maternal, child and public health
- Improved overall health and wellness

By bringing the technologists and diagnostic equipment to remote areas a larger patient range can be reached to increase prevention along with providing education to decrease the occurrences of diseases among our first nations populations. For example by combining different testing, such as having a women's health day where patients receive a screening mammogram and a pelvic exam on the same day we target those higher risk patients who would not otherwise book 2 separate appointments and/or attend both of those separate appointments, improving the health of all women of our first nations populations. Another example is joining with Seabirds Mobile Diabetes unit who not only test patient's blood but their vision as well and results are reviewed by an endocrinologist which provides recommendations to our GP and NP on how best to treat patients. To get all the tests provided during this 1 visit, a patient would have to go to 3 or 4 different appointments and potentially travel to the nearest facility each time.

Goals

- Bring lab services to our remote areas to help facilitate patients needing blood testing where transportation is an issue
- Coordinate more mobile services of various kinds to our remote areas





Dietitian Laura and the Rethink Your Drink booth at the Health Fair • TteS Teens in the Kitchen showing off their creations

Primary Health Care

DIETITIAN PROGRAM

The Dietitian Services program provides **nutrition counselling services and workshops** to band members in Tk'emlups te Secwépemc, Skeetchestn Indian Band, and Whispering Pines/Clinton Indian Band. This includes one-on-one nutrition counselling in the areas of:

- general health and wellness
- healthy weights
- chronic disease prevention including diabetes and cardiovascular disease
- low iron and anemia
- gastrointestinal issues
- food allergies or intolerances
- pediatric nutrition
- cooking and traditional foods
- sports nutrition
- vegetarian or vegan nutrition
- osteoporosis or low bone density
- pregnancy and infant nutrition

We provide nutritional support and nutritious snacks to families in the **Nourishing Our Families** educational program and Play Group. At the QHS staff luncheon in January Laura presented on low glycemic eating and Natasha prepared a nutritious snack to bring in the healthy habits for 2019. We also provide ongoing support for development of the Diabetes Wellness Program that is culturally sensitive and have provided leadership in the strategic planning of the newly formed Diabetes Program with Home and Community Care at QHS. At TteS and Skeetchestn health fairs we set up the **"Sugar Shocker"** educational display highlighting the sugar content in various drinks in partnership with the certified diabetes educator.

Team members

Laura Kalina | Registered Dietitian (RD) (MAdEd)

Diala Toulany | Registered Dietitian (RD) and Certified Diabetes Educator (CDE)

Outputs

| Program service (individual) | Stats by community | Skeetchestn | WPCIB | TteS | Total |
|------------------------------|-------------------------------------|-------------|-------|------|-------|
| Nutrition Services | # of individual clients/families | 12 | 2 | 32 | 45 |
| | # of new clients/families this year | 10 | 1 | 16 | 27 |
| | # of appointments/encounters | 19 | 3 | 52 | 74 |

continued...

Primary Health Care

19
people participated
in the Supermarket
Tours

DIETITIAN PROGRAM, *continued*

Outputs

| Program service (community) | Location/community | Description | # of community members impacted |
|------------------------------------|--------------------|--|---------------------------------|
| Food Skills for Families Workshops | Skeetchestn | A series of 5 classes facilitated with Mel Ablitt –Elder Mentor at SIB | 15–20 |
| Women's Night | Skeetchestn | Presented on healthy eating for Women's night | 18 |
| Nutrition Tour of the Supermarket | TteS | 2 sessions shopping tips and label reading | 19 |

Outcomes

- Improved ability to make healthy lifestyle choices
- Improved overall health and wellness

The nutrition program supports individuals and families to make healthier lifestyle choices through education, one on one counselling, and practical hands-on cooking workshops

Goals

- Work with 3 bands to enhance programs and services (Health Fairs, Nourishing Families Play group support, developing new diabetes wellness program)
- Deliver programs and services that address community needs

“ I recently had bypass surgery and my wife and I struggle with shopping and cooking. Laura helped us learn how to read food labels and make healthier choices for my heart health. I actually can cook some simple nutritious meals now! We also learned about other valuable resources in the community like the Mount Paul Food Centre.

—TteS Client

QHS BOARD MEMBERS



Tk'emlúps te Secwépemc

Councilor Jeanette Jules, *president*

Councilor Thomas Blank



Skeetchestn

Councilor Darrel Draney

Councilor Tracy Hewitt



Whispering Pines/Clinton Indian Band

Kukpi7 Michael LeBourdais

Orla LeBourdais, *secretary*

On behalf of the board of directors we would like to thank the staff for all their hard work and for their diligence in keeping our families and communities safe during this very difficult time. Please adhere to social distancing, wash your hands, wear a mask, and keep yourself and your family safe.



Public Health Services

[Circle of Life](#)

[Communicable Disease Program](#)

[Harm Reduction](#)

[Food Sovereignty](#)

Home & Community Care Services

[In-Home Care](#)

[Diabetes Program](#)

[Foot Care](#)

Dental Programs

[Children's Oral Health Initiative
\(COHI\) Program](#)

[Dental Clinic](#)

Primary Health Care

[Craniosacral Therapy](#)

[Naturopathic Medicine](#)

[Nurse Practitioner,
General Practitioner, and
Respiratory Therapy Services](#)

[Dietitian Services](#)



Q'wemtsín
HEALTH SOCIETY

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