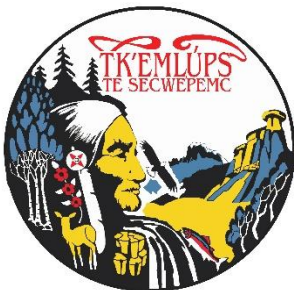




Q'wemtsin Health Society Five-Year Evaluation Report

October 17, 2023



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Executive Summary

Introduction

Q'wemtsin Health Society (QHS) engaged Pratt Consulting to lead a comprehensive evaluation of its programs and services over the past 5 years, 2018 to 2023. This report summarizes 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.

This evaluation assesses QHS performance over these past five years in terms of:

1. Response to change.
2. Meeting Community Health Plan goals and objectives.
3. Healthcare services provided.
4. Health and wellness outcomes.

The evaluation also provides a set of recommendations to support QHS in continued enhancement of its healthcare services and organizational capacity.

Evaluation methods included:

- ✓ 3 community feast events, including 7 focus groups with a total of 76 participants
- ✓ 187 surveys by community members
- ✓ An Elders focus group, with 4 participants
- ✓ 18 interviews with QHS staff
- ✓ 11 interviews with partner organization representatives
- ✓ Full day Board and staff workshops, to discuss future directions and draft recommendations
- ✓ Working meetings with the Health Director and HR Manager throughout the process
- ✓ Collection, review, and analysis of QHS documents

Response to Change

Pandemic Response

QHS responded effectively to the COVID-19 pandemic, taking timely action before and throughout the crisis. In the face of difficult challenges for healthcare providers, QHS delivered evidence-based, practical information and support to community members; pivoted to meet client needs by providing services in different ways; provided convenient access to COVID testing and vaccines; and effectively engaged with key health agencies and networks, including leadership in biweekly Secwépemc Health Caucus meetings.

Technological Change

QHS has effectively kept up with and embraced technological change and taken advantage of technology to enhance its healthcare services. Examples include switching its EMR (electronic medical records) system to achieve compatibility with mainstream healthcare providers; leading in cybersecurity; taking strong precautions to protect the privacy of client data; providing virtual services;

and expanding the role of Medical Office Assistants to support client access to online healthcare resources.

Legislative and Funding Change

QHS has continued to provide strong leadership in funding and legal changes affecting First Nations-delivered healthcare, for example through participation in the Secwépemc Partnership Accord table as an opportunity to build a new relationship with IH. Having a seasoned, outspoken Health Director has been an asset in systemic advocacy work.

Meeting 2018-2023 Goals and Objectives

The evaluation demonstrates how well the goals and objectives of QHS' 2018-2023 Community Health Plan were met, despite the pandemic. The vast majority of intended actions were carried out, with many being ongoing in nature. Some actions were no longer required, and a few were yet to be carried out.

Services Provided

The overview of services provided by QHS outlines what is offered, who by, who for, where, how, and why for each of the primary health, dental, home and community care, and public health programs / services. In addition, this evaluation presents output statistics showing how many people accessed these over the past 4 years.

While continuing to evolve its programs and services over recent years, QHS also developed new ones. Most notably, the Food Sovereignty initiative grew massively – with strong partnerships, and growing leadership by each of the 3 communities. In addition, QHS began to offer Respiratory Therapy.

Health and Wellness Outcomes

Survey and focus group evidence shows how QHS contributed to 3 sets of key outcomes: 1) enhanced access to healthcare services; 2) improved ability to make healthy choices; and 3) improved ability to meet physical and mental / emotional health goals.

Increased Access to Healthcare Services

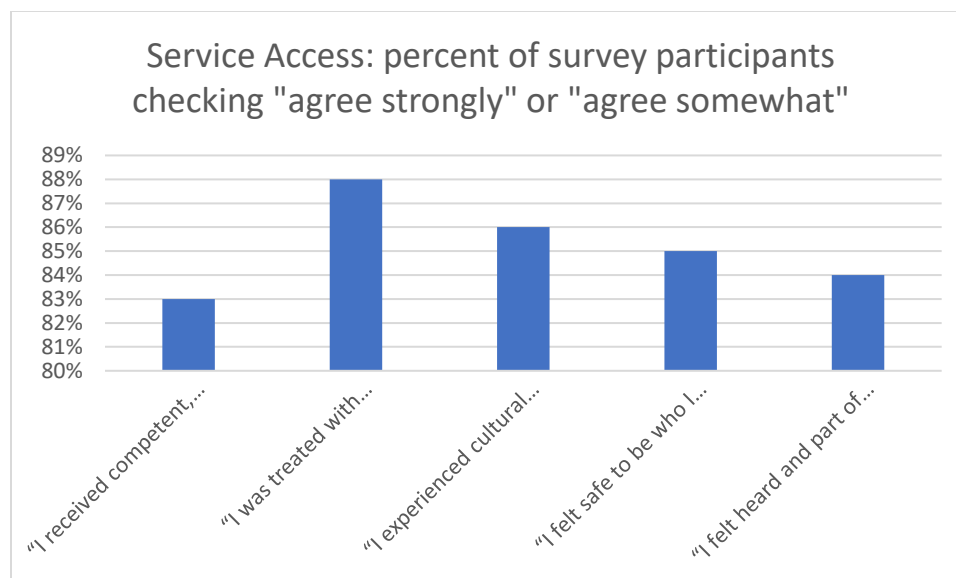
The evaluation provides evidence on 5 aspects of increased service access:

- Receiving competent, capable care
- Being treated with respect
- Experiencing cultural safety (non-judgmental, racism-free healthcare)
- Feeling safe to be yourself and say what you need to
- Feeling heard and included in decision making about care

Large percentages of survey participants indicated that, when they accessed QHS care in the past 5 years, they had positive experiences of these aspects of increased health care access. Regarding level of agreement with the statement:

- **“I received competent, capable care”**: 69% checked “agree strongly, 14% checked “agree somewhat”, 8% checked “not sure” and under 4% (7) indicated any level of disagreement.

- **“I was treated with respect”**: 82% (151 people) checked “agree strongly”, 6% (11) checked “agree somewhat, 5% (9) checked “not sure” and just 2% (4) indicated any level of disagreement.
- **“I experienced cultural safety (non-judgmental, racism-free healthcare)”**: 79% (144 people) checked “agree strongly”, 7% (13) checked “agree somewhat, 6% (11) checked “not sure” and under 3% (5) indicated any level of disagreement (5% did not answer).
- **“I felt safe to be who I am and say what I needed to say”**: 73% (133 people) checked “agree strongly”, 12% (23) checked “agree somewhat, 5% (10) checked “not sure” and under 3% (5) indicated any level of disagreement (5% did not answer).
- **“I felt heard and part of the decision making about my care”**, 72% (130 people) checked “agree strongly”, 12% (23) checked “agree somewhat, 8% (14) checked “not sure”, and under 3% (5) indicated any level of disagreement (5% did not answer).



Asked **“if you have eligible family members not seeking services at QHS, why is that?”**, 30% of survey participants (56 people) checked “lack of awareness about services offered”, 7% (13) checked “concerns about privacy”, 21% (40) checked “other reasons”, and 30% (56) did not answer. The most common other reason given for family members not accessing QHS services was transportation / distance and living off reserve.

Increased access to healthcare services is especially significant in terms of the [Truth and Reconciliation Commission of Canada Calls to Action](#), especially 18: “...recognize and implement the health-care rights of Aboriginal people”, and in terms of the [United Nations Declaration on the Rights of Indigenous Peoples Articles 23 and 24](#):

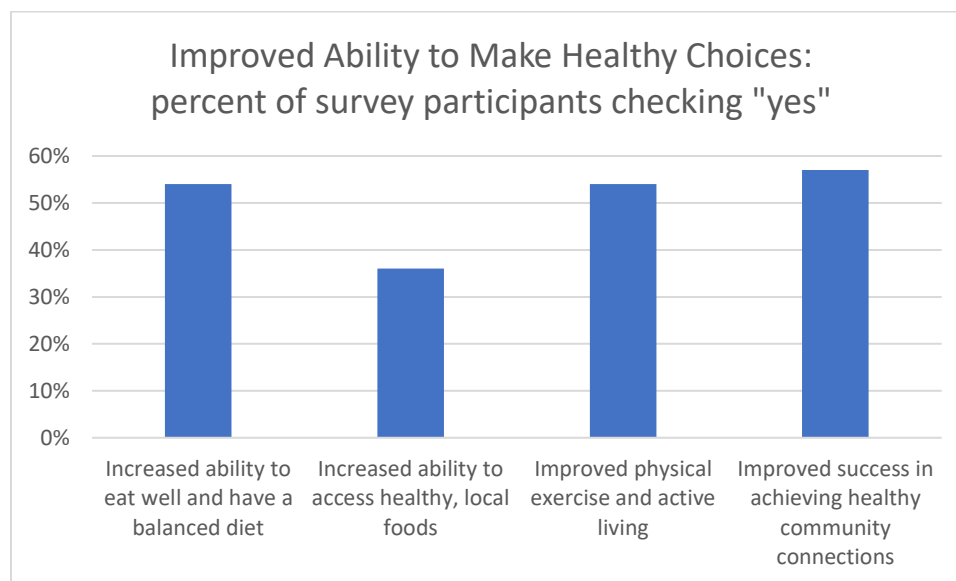
- *“Indigenous peoples have the right... to be actively involved in developing and determining health ... and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.*
- *Indigenous peoples have the right to their traditional medicines and to maintain their health practices....*

- *Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health...*

Improved Ability to Make Healthy Choices

The evaluation measured 4 aspects of improved ability to make healthy choices: 1) to eat well and have a balanced diet; 2) to access local, healthy foods; 3) to engage in physical exercise and active living; and 4) to achieve healthy community connections. Asked whether QHS has contributed to their:

- **Increased ability to eat well and have a balanced diet** over the past 5 years: 54% of survey participants (100 people) indicated “yes” and just 9% (14) indicated “no”. Another 14% (26) checked “not sure”, 16% (30) checked not applicable, and 7% (14) did not respond.
- **Increased ability to access healthy, local foods:** 36% of survey participants (64 people) indicated “yes” and 7% (13) indicated “no”. Another 8% (15) checked “not sure”, 41% (74) checked not applicable, and 8% (15) did not respond.
- **Improved physical exercise and active living:** 54% of survey participants (99 people) indicated “yes” and 12% (22) indicated “no”. Another 13% (23) checked “not sure”, 11% (21) checked not applicable, and 10% (18) did not respond.
- **Improved success in achieving healthy community connections** (for example, feeling good about how you’re connected with your community): 57% of survey participants (105 people) indicated “yes” and only 8% (15) indicated “no”. Another 23% (41) checked “not sure”, 4% (7) checked not applicable, and 8% (15) did not respond.

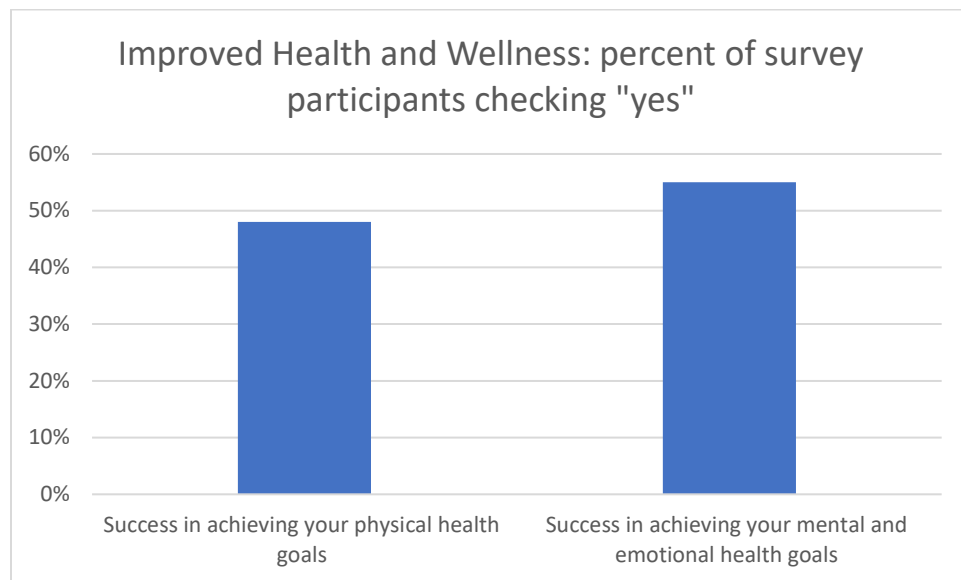


Improved Ability to Meet Health Goals

The evaluation measured improved ability to meet health goals, both physical and mental / emotional. Survey participants, asked whether QHS has contributed to:

- **Success in achieving your physical health goals** over the past 5 years: 48% (87 people) indicated “yes” and just 13% (23) indicated “no”. Another 17% (31) checked “not sure”, 11% (19) checked not applicable, and 11% (20) did not respond.

- **Success in achieving your mental and emotional health goals:** 55% (100 people) indicated “yes” and 8% (15) indicated “no”. Another 18% (32) checked “not sure”, 12% (22) checked not applicable, and 7% (15) did not respond.



Satisfaction with QHS

The evaluation provides extensive evidence of how community members are highly satisfied with QHS, consistent with the positive feedback from annual satisfaction surveys. Most importantly, clients value the location and accessibility of services, the friendliness and professionalism of staff, the personalized approach, the specific healthcare services offered, and the general excellence throughout the organization.

The evaluation generated numerous suggestions for the future of Q’wemtsin Health Society and its services. Feedback from community members, staff, Board members, and partner organization representatives provided the basis for 13 recommendations.

Conclusion

This evaluation shows how Q’wemtsin Health Society performed extremely well over the past 5 years, in terms of: response to change; meeting Community Health Plan goals and objectives; service delivery; client satisfaction; and health and wellness outcomes.

QHS has demonstrated integrity and resiliency, “walking the talk” of its core values and service principles - while also embodying Darien Thira’s Wellness Wheel of values and gifts. It has provided access to an impressive range of healthcare programs and services, delivered with a person-centred, holistic approach.

In addition, the evaluation reveals how QHS has helped address the broader determinants of health such as: personal health practices and coping skills; social support networks, early childhood development; and lifelong learning.

Recommendations

QHS Board and staff members collaborated in developing the following 13 recommendations, helping make them meaningful and viable.

New Programs

- 1. *Create an integrated mental wellness program.***
- 2. *Further explore opportunities to support community-driven traditional healing.***
- 3. *Initiate formation of crisis intervention teams.***

Existing Programs

- 4. *Continue to prioritize general practitioner and nurse practitioner services.***
- 5. *Deepen connection across QHS programs.***
- 6. *Explore family-based care.***
- 7. *Continue to explore service possibilities identified in the 2018 Community Health Plan.***

Administration

- 8. *Further strengthen communication and engagement with community members.***
- 9. *Explore expanded facilities.***

Governance

- 10. *Renew Social Development Lead / Community Service Manager participation on the Board.***
- 11. *Engage Elders through existing lunch gatherings.***

External Relations

- 12. *Continue to strengthen connections among member communities, families, and individuals.***
- 13. *Continue to actively engage in health tables and strongly advocate with health authorities.***

Acknowledgements

This evaluation was designed, conducted, and reported on by James Pratt in consultation and collaboration with Q'wemtsin Health Society. Health Director Colleen Lessmann and Human Resources Manager Bobbi Sasakamoose supported the evaluation work from start to finish. Olivia Holmes and Tanya Spahmann served as evaluation assistants, helping with community feast events and survey data entry.

The evaluator is grateful to QHS Board and staff members and the community members who participated. Their contributions, and the successes they have achieved, are worthy of celebration.



Staff Workshop Participants, with the Evaluator, May 2023

Part 1: Introduction

1.1 Intention

The ultimate purpose of this evaluation is to enhance the capacity of Q'wemtsin Health Society (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.

Evaluation is a process of learning about how things have been 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:

- ✓ Updating the QHS Community Health Plan.
- ✓ Considering potential for development of additional programs and services.
- ✓ Further enhancing existing programs and services.

1.2 Scope

This evaluation assesses QHS performance over these past five years in terms of:

- Response to change
- Meeting Community Health Plan goals and objectives
- Healthcare services provided by QHS
- Health and wellness impact

The evaluation includes all QHS programs and services:

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

The scope will not include evaluation of wellness services delivered by the three communities. Nor will it involve appraisal of staff performance.

This evaluation uses the following definitions of key terms:

- *Resources/inputs*: Leadership, staffing, funds, facilities, and equipment.
- *Activities*: What is offered to clients / families / the community.

- *Outputs*: Quantities of service provided (example: # of clients served) and deliverables or products (examples: workshops, reports).
- *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.

1.3 Approach

This evaluation honours and reflects Darien Thira's Wellness Wheel of values and gifts:

- ❖ **Caring connection** – the value of care leads to the gift of connection.
- ❖ **Respectful empowerment** – the value of respect leads to the gift of empowerment.
- ❖ **Contributing / purpose** – the value of contribution leads to the gift of purpose.
- ❖ **Cultural/spiritual wisdom** – the value of culture / spirit leads to the gift of wisdom.



Source: Darien Thira, thira.ca

The approach for this evaluation also featured the following elements:

1. **Collaborative** – the consultant works in close consultation with senior staff and the Board. This helps to build QHS capacity around evaluation and to generate a report that is meaningful and useful.

2. **Principled** – using a principled approach to evaluation helps keep the process culturally appropriate and reflective of best practice.
3. **Engaging** – gathering community member feedback and input on services requires creating participation opportunities that work for them.
4. **Appreciative** – using an appreciative approach means building on strengths and uplifting what is working - while also inviting constructive input and fostering creative thinking.
5. **Transparent** – evaluation processes are clear and open - and communicated to the communities in a variety of ways. Reports are prepared in plain language and shared with those interested.
6. **Respectful of privacy** – evaluation reporting protects the confidentiality of client data.
7. **Forward looking** – the evaluation report is designed to be helpful in a) ongoing evolution of services; and b) exploring opportunities to develop new programming - such as preventative mental health and capacity for emergency response.

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

Informal mentoring and working with staff members allowed for on-the-job professional development.

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

Evaluation Design

The design process included:

- Engaging with senior staff and meeting with the Board to develop the approach and confirm the evaluation scope, deliverables, and timeline.
- Meeting with staff to review the work plan and get feedback on data gathering tools.
- Gathering and reviewing relevant QHS reports / documents – QHS Annual Reports, newsletters, the CHP Action Plan, minutes of Board meetings, etc.
- Scheduling, planning, and designing data gathering and community engagement processes, as well as Board and staff workshops.

Data Gathering Methods

This evaluation included multiple methods for collecting data, including:

- ✓ 3 community feast events, including 7 focus groups with a total of 76 participants
- ✓ 187 surveys by community members
- ✓ An Elders focus group, with 4 participants
- ✓ 18 interviews with QHS staff
- ✓ 11 interviews with partner organization representatives
- ✓ Full day Board and staff workshops, to reflect on the evaluation and discuss future directions

- ✓ Working meetings with the Health Director and HR Manager throughout the process

Review of QHS documents included:

- ✓ The 2018-2023 Community Health Plan
- ✓ Annual reports
- ✓ Audited financial statements
- ✓ Program reports
- ✓ Monthly newsletters
- ✓ Annual satisfaction survey results

Report Development

Preparation of this report included review and synthesis of all the relevant data from the above sources. Program descriptions and statistics were checked with staff.

Once a draft was complete, the evaluator facilitated working sessions with staff (online) and the Board (in person) to review the final report and further develop the recommendations.

Sharing and Using the Results

QHS is committed to sharing this evaluation report with Board and staff members, interested community members, Chief and Council members, and funding partners.

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

The evaluator is committed to assisting QHS with building workable action plans around the approved recommendations (upon request).

Part 2: QHS Overview

“Q’wemtsín” is the Secwépemctsin word for “by the water”. The head office of QHS is located near the banks of the North Thompson River.

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



2.1 Strategic Plan

QHS developed the following vision, mission, and values statements in 2015, and confirmed them in the 2018 Community Health Planning process.

Vision

Healthy Secwépemc individuals, families, and communities.

Mission

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

Values

Traditions and culture

- ❖ *Holistic approach*
- ❖ *Individual, family, and community*
- ❖ *Sense of belonging*
- ❖ *Connection*

Respect

- ❖ *Empathy, acceptance, caring and support*
- ❖ *Inclusion and connection*
- ❖ *Fairness and equity*
- ❖ *Honesty*

Professionalism

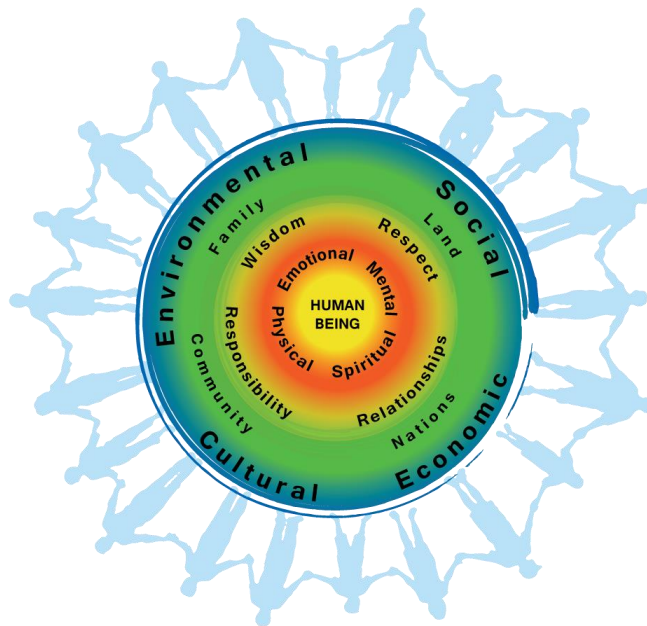
- ❖ *Collaboration*
- ❖ *Standards and ethics*
- ❖ *Confidentiality and trust*
- ❖ *Transparency and accountability*

2.2 Service Principles

The 2018-2023 Community Health Plan, *Re Stsq'ey's es Qellqéllt.s*, states that QHS staff provide services in ways that uphold the following principles:

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

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



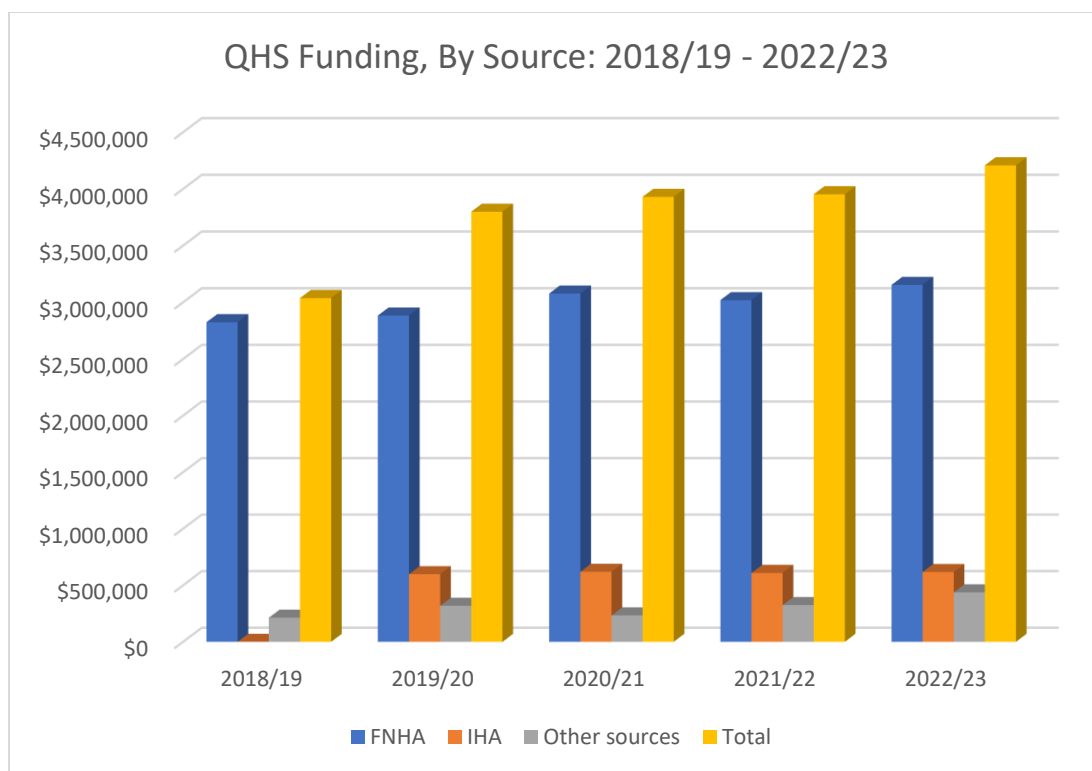
2.3 Resources (Inputs)

QHS receives core funding from First Nations Health Authority (FNHA). In 2022/23 FNHA provided \$3,153,159.

Interior Health (IH) provided \$616,983 for elder enhancement funding that QHS hosts for the Secwépemc Nation – most of which flows through to other communities. Of these IH funds, QHS received just \$87,671 to provide home and community care – a small portion of the \$423,454 actual cost of these services.¹

Revenue from other sources in 2022/23 totaled \$437,862.

The following chart shows core funding from FNHA, IH and other sources during the five years of this evaluation.



These funds provide for operations and services of the primary clinic, located at Tk'emlúps te Secwépemc, and a satellite clinic at Skeetchestn.

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

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

¹ Home and Community Care is a provincial mandate, so IH receives the funds to provide these services on reserves.

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

For the 2022/23 year, the flow-through amounts were:

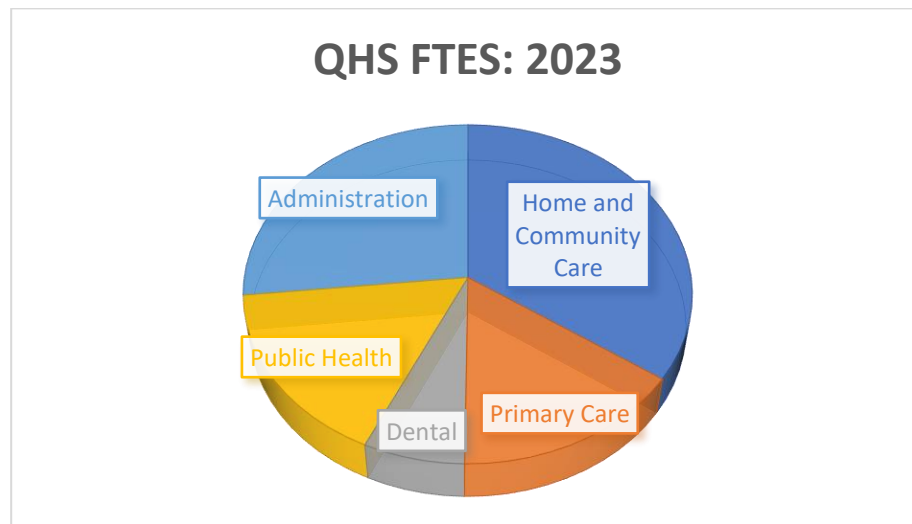
- \$ 365,111 to Tk'emlúps te Secwépemc, up from \$320,020 in 2017/18
- \$251,167 to Skeetchestn, up from \$148,975 in 2017/18
- \$113,335 to Whispering Pines / Clinton, up from \$82,765 in 2017/18

However, as noted in the introduction, these flow-through funds and the associated programming are outside the scope of this evaluation.

Staffing

Total QHS staffing, as of February 2023, was approximately 22.5 FTEs (full time equivalents), up from 18.5 FTEs in February 2018. As illustrated in the pie chart below, the approximate breakdown of staff by department is:

- 7.8 FTEs - Home and Community Care (up from 6 in 2018)
- 5 FTEs - Primary Care & Dental (down from 5.5 in 2018)
- 3.7 FTEs - Public Health (up from 3)
- 6 FTEs - Administration (up from 4)



In addition, as of 2023 QHS purchased services from contractors as follows:

- | | |
|--|------------------------------------|
| • Diabetes educator / dietician – 1 day/week | • Naturopathic Doctor – 1 day/week |
| • Mental health consultant – 1 FTE | • Dentists – 3 days/month |
| • Craniosacral RMT – 2 days/week | • Footcare – 1.5 days/week |
| • Respiratory Therapist – as needed, usually 1 day/month | • Janitor – daily |
| | • Technical support – as needed |

Part 3: Response to Change

3.1 Pandemic Response

The COVID-19 pandemic posed particularly difficult challenges for healthcare providers such as QHS. These included:

- An unknown global pandemic scenario unfolding rapidly – bigger than any for over 100 years.
- Mixed public awareness and responses to provincial pandemic guidelines and mandates.
- Limited capacity and mixed messages of provincial and federal health agencies.
- Rapid spread of misinformation, especially via social media.
- A need to continue providing essential services, even through lockdowns.
- High risk and high stress for frontline healthcare providers.

QHS provided responded effectively to the COVID-19 pandemic, taking timely action such as:

- *January 2020:* Began ordering personal protective equipment (PPE) and preparing for the possible pandemic.
- *February 2020:* Began providing education to community members on how to decrease chances of being infected by the virus and how to decrease spread. Also began providing current information from the BC Centre for Disease Control and the World Health Organization, on Facebook, the QHS website, and in monthly newsletters.
- *March 2020:* Board met with the Chiefs and decided to provide educational packages with some cleaning supplies. Shut down clinic facilities and began providing essential services, including:
 - In-home care
 - GP / Naturopathic Doctor services via telehealth
 - Mental health services via telehealth
 - Required immunizations and pre- / postnatal services.
- *April 2020:* Participated in teleconferences to stay updated and contribute to pandemic response leadership, regularly meeting with FNHA, IH, Secwépemc Health Caucus, First Nations Health Directors Association, and others. Nurses trained in collecting nasopharyngeal swabs; started providing COVID-19 testing.
- *May 2020 / onward:* Continued to provide essential services, testing, and education / information. Prepared and shared a detailed report on “QHS Response to the COVID-19 Crisis”.
- *2020 onward:* Provided COVID-19 vaccines.

QHS prepared and distributed three editions of the community information booklet, including:

- Reputable websites for information on COVID-19
- Phone resources for COVID-19
- Information / updates on provincial orders and restrictions
- “How to” information on topics such as:

- COVID testing
- Self-isolating and isolation support
- Tips for caregivers
- Vaccination
- Cleaning and disinfecting
- Masks, including guidelines for home-made ones
- Transportation options

QHS also prepared an updated, detailed Pandemic Plan – a document that is required ongoingly. With lived experience of navigating and providing services through COVID-19, QHS was able to make the new version of its Pandemic Plan more comprehensive and grounded in practical realities.

The three communities served by QHS got through the pandemic without a single COVID outbreak.

In the opinion of the evaluator, QHS excelled in pandemic response in several ways:

- Early action and preparation.
- Strong provision of evidence-based, practical information and support to community members.
- Pivoting to meet client needs by providing services in different ways.
- Providing convenient access to COVID vaccines – including outdoors / in harsh weather.
- Consulting with and supporting Chiefs and Council members.
- Regular engagement with key health agencies and networks, including leadership in biweekly Secwépemc Health Caucus meetings (benefitting the membership of all 17 Secwépemc bands).

3.2 Technological Change

QHS has kept up with technological change in healthcare. Examples include EMR (electronic medical record) systems, information sharing agreements, cybersecurity, and data privacy:

- Having used the Mustimuhw EMR since 2008, in 2018 QHS changed to MedAccess. This EMR allows QHS to connect with physicians and hospitals – who use this platform.
- QHS has information sharing agreements with the Province of BC, so they can use the Panorama EMR - a platform that allows sharing of information while protecting client confidentiality.
- The QHS IT person is known as a leader in cybersecurity in the Kamloops area.
- Following an assessment by a privacy lawyer, QHS instituted putting their server in a cage, even though it's behind two locked doors; also had a coded door for the medical records file room.

The COVID-19 pandemic necessitated expanded provision of virtual services. While this trend was already underway, QHS found that increased online healthcare has had advantages. For example:

- The mental health counsellor and diabetes educator continued to offer virtual services after the pandemic - and demonstrated reduced no-shows.
- QHS shifted to providing physician appointments online as appropriate. Having a medical doctor just one day a week, this allowed optimal use of the scarce resource. For those who do not have the ability to do virtual appointments at home, QHS sets them up in the boardroom.

With reduced physician service capacity, QHS expanded the MOA (Medical Office Assistant) role, including helping clients access primary healthcare options and setting clients up with pharmacists. Clients contacting QHS MOAs were able to take advantage of their research / knowledge of online healthcare resources. An anecdote illustrates how they became a local go-to for such information: IH staff called to ask QHS about primary care options online.

Overall, this evaluator perceives that QHS has effectively embraced technological change and taken advantage of technology to enhance its healthcare services.

3.3 Legislative and Funding Change

Major legislative and funding change affecting QHS in recent years includes:

- **DRIPA, the *Declaration on the Rights of Indigenous Peoples Act***, passed into law in 2019 as the BC government's framework for reconciliation.
- **The funding agreement with FNHA**, signed 2018, which reflects a much more easeful funding relationship than the one that previously existed with Health Canada.

Other recent legal and funding initiatives relevant to QHS include:

- Growing calls for resources so that First Nations can better respond to the mental health crisis
- Development of a Secwépemc Partnership Accord with IH
- Incorporation of the Secwépemc Health Caucus

From the perspectives of First Nations organizations on the front lines of the mental health and opioids crises, IH having teams identified as "Aboriginal" but not engaging with the communities is regarded as systemic racism. The crises have become highly emotional due to multiple opioid deaths. The Nations have started asserting the urgency of the situation and calling for expanded resourcing. In spring 2023, for example, Tk'emlups te Secwépemc called an emergency meeting to bring some mental health funds over to the Band. QHS and the Nations are mirroring what the Province is doing, such as providing naloxone and fentanyl test strips – but the numbers of deaths keep going up.

QHS is participating strongly in the table creating a Secwépemc Partnership Accord with IH. In 2020, Secwépemc Chiefs declined to sign the IH LOU, frustrated that things had not changed and wanting to create something with outcomes and deliverables. The Secwépemc Partnership Accord table is serving as an opportunity to build a new relationship with IH.

The Secwépemc Health Caucus (SHC) is transitioning to become an incorporated society. QHS' Health Director is an interim Board member. This change will allow the SHC to function independently and not have to operate under another organization.

QHS has continued to provide strong leadership in funding and legal changes affecting First Nations-delivered healthcare. Having a seasoned, outspoken Health Director has been an asset in this.

At times, proactive advocacy by QHS been challenging for health authorities. Some external interview responses suggest that those relationships may benefit from tending.

Part 4: Achievement Toward Goals and Objectives

QHS's 2018-23 Community Health Plan, *Re Stsq'ey's es Qellqéllt.s*, identifies five goals:

Goal 1. Build partnerships and collaborate.

Goal 2. Deliver programs and services addressing community needs.

Goal 3. Provide a trusting, open professional environment.

Goal 4. Create opportunities for learning.

Goal 5. Evaluate effectiveness.

A sixth goal, "Strengthen cultural reconnection", is mentioned in the evaluation section of the Plan. Achievement of this additional goal is beyond the scope of this evaluation, as the program activities relevant to it are carried out primarily at the community level rather than by QHS.

The following tables show the implementation status, over the past five years, for each action item flowing from these goals.

As this update shows, many actions are ongoing. Many more have been implemented and completed, despite the 3-year plus pandemic. Some remain to be implemented. Some others are no longer desirable or relevant.

Goal 1: Build partnerships and collaborate

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

Action		Implementation status 2018-23
1	Hold event planning meetings with the staff of the communities.	Implemented - quarterly
2	Have monthly Board meetings.	Implemented - monthly
3	Seek feedback, and initiate changes as required.	Ongoing – implemented biannual evaluation forms; suggestion box; portal on website for feedback
4	Link QHS and band newsletters.	Ongoing – Skeetchestn including material in <i>The Owl</i> ; Tk'emlups distributing QHS newsletter; Whispering Pines adding material on FB page / website; more QHS collaboration with Band staff
5	Participate in community events and activities.	Ongoing
6	Bring members of the three communities together (example: men's nights).	Implemented ongoingly – annual men's & ladies' nights, baby welcome gatherings
7	Partner with organizations already involved with food security and skill building (for example, Kamloops Food Policy Council, Mount Paul Food Centre, Thompson Shuswap Master Gardeners, and Farm to School).	Partnerships established 2018-19, and ongoingly

8	Develop a community food mentorship program, including train the trainer, working with the three communities.	Completed - program developed in 2019/20
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Partner Feedback

The following external interview comments speak to the quality of QHS partnerships and collaboration:

- They are excellent, as far as health issues and concerns - and keeping up with all the different organizations. The information is passed on so we can get it out to our membership – on reserve and off.*
- For our community it's worked well... They are always looking for funding and programs we can be involved in. As a collective it works better than if an individual community tried to access those funds on their own. And they are taking on all the reporting and numbers ...*
- I find them very helpful and very responsive. They share information and documents in a timely way. They ensure they have very good information ... they share very effectively and efficiently – get it to the community in a timely way.*
- It's a shared journey, and it's learning, collaborative, kind, respectful, mutually beneficial for both – certainly for our team. A wonderful group of people to work with. Honest, truthful, open, looking forward, innovative...*

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

Action		Implementation status 2018-23
1	Implement the Partnership Accord with IH and the six other Interior Nations, sharing resources and transforming relationships with the Province.	Ongoing
2	Participate in transformation at all levels, ensuring input to program changes.	Ongoing – QHS is a strongly active member of Secwépemc Health Caucus and the FN Health Directors Association
3	Share the QHS newsletter with IH, FNHA and other relevant organizations.	Ongoing
4	Invite FNHA and IH to attend QHS events, set up booths, and share information.	Ongoing
5	Stay current on organization charts for both health authorities and stay informed about opportunities for collaboration.	Ongoing
6	Provide space and hosting for IH and FNHA meetings at QHS.	Ongoing

7	Participate as a member of the Health Directors Hub, meeting monthly.	Monthly / ongoing
8	Provide input into the Secwépemc Nation health plan.	Ongoing
9	Participate in the LOU (Letter of Understanding) and work plan of IH and the Secwépemc Health Caucus.	Ongoing – now LOU is to be a Partnership Accord, to be signed off autumn 2023
10	Participate in Caucus meetings and other events such as forums and planning sessions.	Ongoing
11	Advocate to continue funding commitments for Maternal and Child Health – and other critical healthcare programs.	Ongoing
12	Advocate with First Nations Health Authority to lobby for transfer federal funding for Home Care, and seek further resources to provide consistent, culturally competent Home and Community Care services.	Ongoing
13	Advocate for development of domestic violence programs that are culturally safe and competent (for example, transition house, counselling, sharing circles, and workshops).	Each community to implement these programs – TteS working on safe house funding; QHS provided letter of support for Skeetchestn initiative
14	Advocate for programs such as Car 40 (a mental health nurse and police officer team) and Domestic Violence Unit to provide service on reserve.	In progress – justice worker at TteS taken this on, but HR continuity could be a challenge
15	Advocate with all levels of government to protect existing funding and to resource QHS plans (in keeping with the first principle of Community-Driven, Nation-Based).	Ongoing – work closely with TteS Intergovernmental Affairs Analyst
16	Support the QHS Board to work with Chief and Council members in advocating with the premier and ministers, to ensure briefing notes are prepared so that current issues are adequately presented in a timely manner - and to inform community on advocacy progress and challenges.	Ongoing – but mostly out of QHS scope <i>[Delete this action item in future draft of Action Plan]</i>

Partner Feedback

The following external interview comments speak to QHS' collaboration and relationships with FNHA, IH, and other partners:

- *We know each other and communicate frequently. I feel a great deal of respect and give respect for what they are doing.*

- *The level of independence they have is fantastic. Allows us to step back. We have good, open, and frank communication.*
- *Communication: it's open and honest, straightforward.*
- *My interactions with Colleen are that she is an amazing advocate for her communities, has a voice and is not afraid to use it... Having a longstanding Health Director in that position says a lot about the way they are run.*
- *If there are any enquiries, they are promptly answered. The reporting is prompt as well. Whenever I make contact, it's been good communication.*
- *We've had a long, fairly positive, history of working with QHS... a lot of interface and interactions. There have been more bumps post-COVID – which is true across the board. Particularly in this relationship.*
- *...There seems to be challenges, in the level of respect demonstrated...*
- *I always feel welcome when I go to Q'wemtsin, the space the provision of food, the acknowledgements, the attempts to improve our cultural awareness.*
- *I resonate with their behaviour and values – people-focused and -centred, rather than being distracted by systems or the noise. They are very good at focussing on what matters most.*
- *Having a partnership and collaborating – it is a model that should be shared thought BC and maybe Canada – maybe share more of their story and how they do things. Indigenous people have an opportunity to take the stage. They have knowledge that is much needed...*

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

Action		Implementation status 2018-23
1	Advocate with FNHA to include off-reserve band members.	Ongoing – QHS now welcomes away from home members for most programs now (except foot care, COHI, CDC, and homecare)
2	Document the number of people that QHS turns away and/or are on wait lists with QHS.	Turn aways have not been an issue; waitlist kept during 2023 gap in Nurse Practitioner services
3	Advocate with FNHA to enhance funding so that QHS can serve all family members.	Still no funds available – problematic to serve non-members <i>[Delete this action...]</i>

Objective 1.4: Ensure funding transfers reach the community level.

Action		Implementation status 2018-23
1	Flow though funds to member bands as set out in the FNHA contribution agreement.	Ongoing
2	Advocate that health and wellness monies that come to the Secwépemc Nation flow to communities.	Ongoing

3	Advocate that new funding for elder care comes to QHS and communities.	Ongoing
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Goal 2: Deliver programs and services addressing community needs

2.1: Deliver and evolve existing QHS services.

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Provide existing QHS primary health, home and community care, and public health care services.	Ongoing
2	Engage communities to identify changes in needs.	Ongoing – 5-year evaluations
3	Evolve services in response to changing needs.	Ongoing
4	Embrace Secwépemc cultural competency and expertise - and integrate these in QHS programs and services as appropriate.	Ongoing

Objective 2.2: Expand primary clinic services.

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Inform community members about how Family Nurse Practitioners and Doctors provide the same services – and about their levels of professional training.	Ongoing
2	Expand General Practitioner and dentist services as necessitated by community need.	Ongoing
3	Head-hunt new and future graduates – especially GPs who are First Nations people – including through medical doctor residency programs.	Ongoing / implemented – for example FN residents serving with GP

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

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Offer individualized support for community members who are caring for members with challenging palliative care needs (caring for the caregivers).	Ongoing
2	Engage elders and their families regarding falls prevention and other age-related safety concerns.	Ongoing

3	Collaborate with the Secwépemc Health Caucus to develop ways to support aging gracefully at home.	Not implemented. SHC is not the body to lead this
4	Work in collaboration with the province to secure funding for palliative care.	No longer needed - palliative care service is now provided on reserve – working with QHS staff
5	Seek funding to provide respite care (to support family while they keep elders at home longer).	Unable to secure funding
6	Participate in planning for elder care facilities on Secwépemc Territory and collaborate with communities in planning for elders' complexes.	Provided input in past, but heard that Elders want to age at home; need to teach people to care for family members at home; QHS is preparing a handbook
7	Secure the transfer of home care funding from IH to QHS so that QHS can provide Home and Community Care services 24/7.	Not achieved yet, but will be raised at future meeting(s) with IH
8	Address elder abuse prevention and response, re-activating the React Program.	Collaborating with IH as needed – reaching out to them for paperwork etc.

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

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Find resources to provide client transportation to QHS appointments.	Completed 04/22; More patient transportation needed as Skeetchestn is pulling back driver – to get another vehicle, become more regular in providing patient transportation
2	Develop and expand nutrition counselling and education.	Completed - hired certified Diabetic Educator 01/19
3	Demonstrate needs and business cases for expansion of existing services, such as adding crowns and root canals to the dental clinic offerings.	Not able to expand dental program due to IH; no need to expand program, with changes to Blue Cross
4	Explore needs and successful models for residential addiction recovery after treatment, working with existing initiatives (examples: healing and sharing circles; trauma and grief workshops; life skills teaching).	Ongoing – not completed; unknown what will be include in new Tk'emlups te Secwépemc Healing Centre
5	Explore needs and delivery models for other new services, such as chiropractic (on Fridays, when space is available); audiology, and on-reserve mobile pharmacy services.	Not implemented – most of these services are accessible in Kamloops. May not be a priority to add these services.

6	Explore provision of public health nursing services on contract with other Secwépemc bands, such as Adams Lake, Bonaparte and Simpcw – building on the success of the 2017 pilot program.	No capacity to do this; unlikely to get funded for it. Would also be a recruitment challenge
7	Support the three Bands in building sustainable food systems, based on best practices.	Completed / ongoing; major work completed on Food Sovereignty – wow!

Objective 2.5: Stay abreast of technology change in healthcare.

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Use technology to provide access to health information, especially for youth (for example, crisis apps).	Worked on QHS website and Facebook presence. Exploring app development as of autumn 2023. Making portals more user friendly is ongoing
2	Promote online-based testing for STIs.	Promoted this IH program but it is gone – doing testing in house
3	Promote and assist with accessing online health information resources and other personal technologies such as Fitbits.	Ongoing – adapting to current personal health technologies: now promoting Apple watches
4	Assist elders and community members to navigate and use IH online client information services – including provision of computer access at QHS for medical purposes only.	Ongoing – MOAs gone above and beyond in connecting with virtual appointments – excellent success
5	Advocate with IH to make online client information systems more user friendly.	Ongoing
6	Explore other uses of information technology in better serving community.	Ongoing

Goal 3: Provide a trusting, open professional environment

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

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Provide consistent, high-quality care and services.	Ongoing
2	Provide training to staff on the nature of confidentiality - and how to reach a high standard of it in day-to-day service provision.	Ongoing
3	Maintain transparency and accountability through open communication with communities, via the website,	Ongoing

	newsletter, and open house forums, with current information on Q'wemtsin staff, goals, and what has been accomplished.	
4	Maintain a friendly approach in all interactions with clients.	Ongoing
5	Maintain a professional image in the workplace (example: clean desk policy) and as individuals providing services.	Ongoing
6	Follow job descriptions.	Ongoing
7	Follow approved policy and procedures.	Ongoing – adapting policies and procedures to meet current standards; reviewed and revised annually / as needed
8	Encourage staff to get to know community members as individuals.	Ongoing
9	Engage staff and Board in cultural learning with community members.	Ongoing – as of 2023 some young band members employed and available to assist with traditional medicine harvesting & preparation
10	Ensure policy and procedures are aligned with current harassment and ethics norms.	Ongoing

Objective 3.2: Provide welcoming community environments.

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Bring in Secwépemctsin language and tradition where possible.	Incorporated language around the clinics, in the newsletter; collaboration w. Skeetchestn Language & Culture Dept
2	Maintain a friendly front desk presence, greet clients when they come in – by name, when possible; treat people with kindness, genuine interest, and presence.	Ongoing
3	Maintain a clean and tidy environment throughout Q'wemtsin facilities, including waiting rooms.	Ongoing
4	Offer refreshments to all clients waiting – including healthy beverage options.	Ongoing
5	Introduce new staff to community members and provide them opportunities to experience community/cultural events.	Ongoing

6	Feature traditional / cultural items in decoration of office facilities.	Ongoing
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Objective 3.3: Provide strong governance and administration.

Action		Implementation status 2018-23
1	Develop, update and implement policy.	Reviewed and revised annually
2	Have regular staff, administration, and Board meetings, documented as minutes.	Ongoing
3	Support staff with organized, professional administration.	Ongoing
4	Review all policies to keep them current, consistent, and aligned with FNHA funding partnership.	Ongoing
5	Develop an operational procedure manual for the administration department.	Completed, updated regularly
6	Provide sound financial management.	Ongoing
7	Further develop and use a board orientation package, including a checklist.	Completed – new Board members get a binder
8	Provide ongoing governance training for Board members.	Completed every 2-3 years
9	Develop an unbiased personnel review process for the Health Director and implement annually.	Completed in 2018 and 2023
10	Seek accreditation, per FNHA guidelines.	Board opposed this - due to cost
11	Assess capital assets management and continue to meet ongoing needs (for example, vehicles).	Ongoing – buying new vehicle
12	Address the issue of appointment no-shows, enforcing existing policy, consulting with other communities, and communicating with members about this problem and costs to community.	No shows still an issue, but policy not implemented because it causes trauma and would be a barrier to care [Action item: to update the policy]

Objective 3.4: Provide opportunities for professional growth of staff.

Action		Implementation status 2018-23
1	Provide opportunities for training for all staff to stay current in their professions.	Ongoing
2	Provide opportunities for ongoing upgrading and recertification for immunizations, CPR (cardiopulmonary	Annual privacy training; overall more consistent with annual trainings

	resuscitation), WHMIS (Workplace Hazard Materials Information System), transportation of dangerous goods, and food safe.	
3	Support staff who want to upgrade or further their education relevant to QHS, providing leaves of absence if and when possible.	Ongoing
4	Provide opportunities and support for personal growth to improve communication skills and individual competencies.	Ongoing
5	Provide workshops, lectures, and other avenues for continued learning.	Ongoing
6	Plan for ongoing training needs, in connection with annual staff performance reviews.	Ongoing
7	Develop individual learning and professional development plans.	Annually – HR department now better defined

Goal 4: Create opportunities for learning

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

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Collaborate with communities in creating participatory learning opportunities.	Ongoing – challenged by community HR challenges since COVID
2	Collaborate with community staff.	Ongoing
3	Provide inspirational speakers.	Ongoing
4	Encourage participation in support groups.	Ongoing
5	Prepare and provide healthy food samples / snacks, with recipes.	Ongoing
6	Promote drug and alcohol-free community events – such as games nights and dances.	Ongoing
7	Collaborate in organizing and hosting men's, ladies', and youth events.	Ongoing
8	Provide a program of diabetes education sessions regularly, including nutrition discussions, working in partnership with the bands.	Hired CDE in 2019; started a Libre program for diabetic clients – FNHA following suit

9	Provide healthy eating workshops, including food samples and snacks – working in partnership with the bands.	Ongoing
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Objective 4.2: Collaborate with other organizations to deliver health learning opportunities.

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Collaborate with related organizations such as Secwépemc Child and Family Services.	Ongoing
2	Participate with post-secondary programs and engage with medical residents.	Ongoing
3	Provide site tours of QHS for student groups and visiting aboriginal groups.	Ongoing
4	Provide information sessions for mainstream service providers.	Not implemented <i>[Action to be deleted...]</i>
5	Develop partnerships around food security and healthy eating.	Hugely implemented – many partners!

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

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Participate in cultural activities and events.	Ongoing
2	Convene large-scale family conferences involving the three communities - with activities to engage whole families.	Not implemented – planned for 2024
3	Work with the three communities to collaboratively design and develop traditional healing spaces.	This is mostly outside QHS scope <i>[Action to be deleted...]</i>
4	Provide security and assurances to protect traditional knowledge property, based on standards defined by the Truth and Reconciliation Commission and the United Nations Declaration on the Rights of Indigenous Peoples.	Ongoing
5	Encourage attention to children and quality time – “hands-on, eyes-on” - by parents and extended family.	Ongoing

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

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Generate community interest in attendance and participation.	Ongoing
2	Work with bands to focus on children and the future; promote and support healthy values in kids (for example, intergenerational activities).	Ongoing
3	Work with bands where possible to increase awareness of alcohol and drug use affects and risks, including harm reduction and updates on current trends.	Ongoing
4	Work with bands to host a conference on youth at risk.	Not implemented, partly due to COVID
5	Provide community education on medical use of cannabis, how it differs from recreational use, and relevant science.	Workshops delivered - 2019
6	Provide sessions and workshops on other health topics, focusing on areas requested by community.	Ongoing

Objective 4.5: Raise awareness of what services QHS offers.

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Use social media such as Facebook and Twitter to share information on services and events – as well as information on resources.	Ongoing
2	Publish and distribute a monthly newsletter and link to partner organization and band newsletters.	Ongoing
3	Prepare and distribute flyers and posters.	Ongoing

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

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Selectively provide opportunities for summer student positions from community.	Implemented – students work with QHS each fall; attend job fairs
2	Describe what staff do as professionals and how to get into these – and offer one-to-one conversations for those	Ongoing – also comes to the Secwépemc Health Caucus table

	interested; link to FNHA health careers info; host booths at career fairs.	
3	Work with Interior Health, Thompson Rivers University, and other organizations on recruitment, hiring and retention of First Nations health professionals.	Ongoing
4	Find funding to enhance access to medical school and other costly, extended healthcare training (for example, scholarships).	Funding not secured, but raised at meetings where appropriate

Goal 5: Evaluate effectiveness

Objective 5.1: Use feedback and input from community members.

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Welcome community feedback and actively gather it through multiple methods, including a form in the newsletter and a suggestion box in Health Centre kitchens and on the website.	Implemented - ongoing
2	Demonstrate willingness to accept and use community feedback by ensuring suggestions are communicated to staff and followed up on.	Ongoing
3	Provide a complaints process.	Ongoing – info on website
4	Engage Elders, seeking input through formal and informal consultation.	Implemented in part - ongoing informal consultation with Elders
5	Attend community meetings, as invited, to share information.	Ongoing
6	Collect client evaluations on a regular basis.	Ongoing

Objective 5.2: Monitor healthcare service statistics and trends.

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Complete the transition to using Med Access electronic medical records system.	Underway / ongoing
2	Stay current with client database (individual client information, changed addresses, etc.).	Ongoing
3	Prepare and submit timely, engaging year-end reports.	Ongoing

4	Install Panorama EMR (electronic medical records) system and educate staff.	Completed – Panorama in place since 2019
5	Analyze changes in service statistics from previous years, as appropriate, and analyze year to year trends on service use and no-shows / cancellations.	Not implemented – a small operation; trends in service statistics not an issue

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

<i>Action</i>		<i>Implementation status 2018-23</i>
1	Engage people not accessing services and identify reasons why.	Implemented April '23 through three community feast gatherings, surveys
2	Look at technological change and implications for our services.	Completed 2023
3	Look at changes to legislation and funding systems that will affect QHS services.	Completed 2023
4	Assess changes in population numbers and services used.	Not implemented – a non-issue
5	Respond to demographic changes and address implications for healthcare funding.	Not implemented – would not have implications for funding

Part 5: Services Provided

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

As appropriate, each section (below) also provides output statistics for the services. These output measures show how many people accessed QHS programs and services over the past four years – 2019/20 through 2022/23.² Many aspects of the services are not reflected in these measures; rather, these are just a few of the things that can be counted from year to year.

Statistics for 2018/19 were mostly not available, as that was the year QHS changed EMRs - from Panorama to MedAccess.

5.1 Primary Health

QHS Primary Health services include:

- ✓ General practitioner (Nurse Practitioner and Medical Doctor)
- ✓ Naturopathic medicine
- ✓ Counselling
- ✓ Massage therapy
- ✓ Nutrition and diabetes education services

General Practitioner

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

General Practitioner and Nurse Practitioner services, provided in QHS facilities by the province, range from prescription refills to routine screening to minor procedures.

Respiratory Therapy

<i>What:</i>	Respiratory testing using spirometry.
<i>Who by:</i>	Registered Respiratory Therapist.

² Statistics for the past two years may be under-reported due to a human resource transition. It would be advisable to put statistics collection systems in place with guidelines that provide for consistency through staffing changes.

Who for:	Band members permanently residing in one of the three communities.
Where:	QHS clinic, Skeetchestn clinic.
How:	Reports get forwarded directly to a Registered Respiriology Specialist for interpretation and sent back to QHS, allowing clients to follow up with their regular provider for results.
Why:	To support respiratory health.

Starting during the pandemic, QHS added respiratory testing using spirometry - which measures lung volume and output. By offering this service directly at both clinics, QHS has been able to prevent longer wait times and allow clients to not have to make a separate specialist appointment.

Naturopathic Medicine

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

Acupuncture and intravenous vitamin therapy have been the most common treatments that the ND sees patients for. Other services provided include food sensitivity testing, hormone testing, nutritional counseling, and immune system support.

Counselling

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

QHS provides counseling for clients who are experiencing mental health concerns. This includes assessment, creating treatment plans, following them revising as needed, making preliminary diagnoses, referring to other health professionals as appropriate, and charting.

Craniosacral Therapy

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

QHS provides biodynamic craniosacral therapy, using gentle, neutral contact to support relaxation and recovery in any tissues of the body. Patients' objectives in accessing this therapy often include pain and trauma reduction, improved function, and improved mobility.

Nutrition Services

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

QHS provides nutrition assessment, counseling, and self-management support to help clients address their eating-related concerns, such as healthy weights, chronic disease prevention and management (including diabetes and cardiovascular disease), low iron and anemia, gastrointestinal issues /celiac disease, food allergies / intolerances, pediatric nutrition, cooking and traditional foods, sports nutrition, vegetarian / vegan nutrition, osteoporosis / low bone density, and pregnancy / infant nutrition.

Primary Health Statistics: 2019/20 – 2022/23

<i>Output measures</i>	<i>2019-20</i>	<i>2020-21</i>	<i>2021-22</i>	<i>2022-23</i>
General Practitioner appointments (including Nurse Practitioner)	2,388	245	2,782	1,901
Respiratory therapy services	98	27	45	51
Craniosacral therapy appointments	372	73 ³	302	296
Naturopath appointments	906	316	320	558
Counselling appointments	No data ⁴	545	610	572
Dietitian appointments	74	74	33	193

³ In 2020/21 the craniosacral statistics referred to “# of appointments/ encounters/immunizations” – a variance apparently due to the pandemic.

⁴ In September 2019 longtime QHS mental health counsellor Picku Multani retired, and the 2019/20 Annual Report included no data for that service.

5.2 Dental

In addition to dental services, QHS has continued to deliver COHI (the Children's Oral Health Initiative).

Dental Services

What:	Basic dental services: silver and white fillings; exams; digital x-rays; hygiene services; extractions; dentures; night guards; oral cancer screening.
Who by:	Dentists, Certified Dental Assistant, and Registered Dental Hygienist. (Dentistry 2-3 days / month. Hygiene 2-3 days / month.)
Who for:	Members of the three Bands, on and off reserve (with status number).
Where:	QHS clinic.
How:	Convenient, friendly, caring, comforting – and professional (top quality, great service).
Why:	Improved oral health, and overall health. Getting out of pain, reducing infections and spread of disease - prevention.

Basic dental procedures routinely done at QHS are as follows: new patient exams, specific or emergency exams, recall exams, oral cancer screenings, digital imaging (x-rays), restorations (amalgam or composite fillings), extractions, biopsies, oral sedation, impressions, night guards, complete dentures, partial dentures, denture adjustments, denture repairs, desensitization, scaling, polish and fluoride applications.

COHI – Children's Oral Health Initiative

What:	Screening; fluoride varnishes; sealants; educational visits (brush-ins); and hygiene; provides toothbrushes, toothpaste and floss to children and their families.
Who by:	COHI Aide and Dental Hygienist.
Who for:	Prenatal to 7 years old - living on or receiving services on reserve.
Where:	In communities – at the school, daycare, nursery, or clinic. (Screening yearly; fluoride 2- 4 times per year) - 3 QHS communities plus Adams Lake, Little Shuswap, and Simpcw.
How:	Close working relationships with community members - and daycare and Head Start providers, school principals, teachers, staff, and parents/guardians.
Why:	Reduced decay, fillings, and dental surgeries. Better care of teeth; more consistent dentist visits. Reduced fear of dentistry. Future parents connect oral health with overall health.

Services delivered by the COHI team include annual screenings, fluoride varnish applications, oral hygiene education, client support and referrals, parent resource kits, and oral health care supplies.

Dental Service Statistics: 2019/20 – 2022/23

<i>Output measures</i>	<i>2019-20</i>	<i>2020-21</i>	<i>2021-22</i>	<i>2022-23</i>
Dental exams / clinic visits	272	145	138	191
COHI screenings / examinations	269	174	223	169
COHI fluoride varnish applications	464	308	391	429

Dental care statistics include dental exams, COHI screenings / examinations, and COHI fluoride varnish applications. COHI statistics also cover services delivered to the three additional communities: Adams Lake, Little Shuswap, and Simpcw.

5.3 Home and Community Care

QHS Home and Community Care services include:

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

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

The QHS Home and Community Care department supports community members with short term or long-term care, depending on a person's expressed needs. Staff work with members to maintain their health and wellbeing by:

- Implementing services to individuals and their families to develop and implement a care plan
- Supporting clients, families, and communities through continual personal, health and environmental changes
- Introducing, educating, liaising, and advocating through various community services and health practitioners

QHS home care services assist members who are: aging and need assistance to live independently, are managing chronic health issues, are recovering from a medical setback, or have special needs / are physically challenged. Home care encompasses supports that vary from basic essential needs to medical needs and end-of-life care.

Chronic Disease Management – including Acute and Palliative Care

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

Personal Care Support

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

Diabetes Program

What:	Diabetic screening, counselling, education, treatment, meal counselling.
Who by:	Certified Diabetes Educator (CDE)/ Dietitian, working with Community Health Nurse, General Practitioner, Naturopathic Doctor.
Who for:	People with prediabetes and diabetes.
Where:	QHS clinic, Skeetchestn clinic, in community, in homes.
How:	In collaboration with the individual and the healthcare team; 1-1 client appointment; diabetic screening events; assessments through General Practitioner.
Why:	Reduced negative effects of diabetes; healthier life for people with diabetes.

Through the diabetes program, QHS provides support and education to those living with prediabetes and diabetes through one-on-one phone calls or visits. Through an individualized approach, the Certified Diabetes Educator supports clients to successfully manage their diabetes while making healthier choices.

Foot Care

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

QHS 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. The Foot Care

Specialist promotes healthy foot care practices, shares knowledge with clients as well as staff, and completes risk assessments and referrals where necessary.

Wellness Visits

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

Home and Community Care statistics indicate the number of appointments attended.

Home and Community Care Statistics: 2019/20 – 2022/23

<i>Output measures</i>	<i>2019-20</i>	<i>2020-21</i>	<i>2021-22</i>	<i>2022-23</i>
Home Care Assistants: in-home care, Century Tub program, and Medic Aid assistance	3,993	Not available ⁵	2,968	2,209
Acute and chronic health management appointments	5,942 ⁶	Not available	2,150	1,137
Diabetes appointments	231	173	260	210
Foot care appointments	252	66	281	341

5.4 Public Health

QHS Public Health services include:

- ✓ Maternal & child health (Circle of Life program)
- ✓ Communicable disease control
- ✓ Injury surveillance and prevention
- ✓ School health
- ✓ Harm reduction
- ✓ Events and training
- ✓ Food Sovereignty Program

⁵ In 2020/2021 the HCC program reported statistics differently, due to the pandemic. Instead of reporting number of home care and chronic disease appointments, it showed total 182 “individual clients / families” served and 3,820 “appointments / encounters / immunizations”.

⁶ In 2019/20 this statistic included “appointments / encounters” – generating a higher number than for other years.

Maternal & Child Health (Circle of Life)

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

The 'Circle of Life Program' encompasses Maternal and Child Health and FASD (Fetal Alcohol Spectrum Disorder) programs, in cooperation with the Canadian Prenatal Nutrition Program.

Circle of Life Statistics: 2019/20 – 2022/23

<i>Output measures</i>	<i>2019-20</i>	<i>2020-21</i>	<i>2021-22</i>	<i>2022-23</i>
New families / clients served	15	11	13	7
Total families / clients served	95	40	No data	25
Christmas hampers	28	22	22	25

The above service statistics do not include group programming. For example, the 2022/23 Annual Report shows that an informal, community-led Families and Tots program in Skeetchestn was offered 3 times, with total attendance of 18.

Communicable Disease Control

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

Communicable disease control services normally include:

- Routine childhood and adult immunizations
- Annual influenza immunization
- Tuberculosis screening
- Communicable disease outbreak surveillance

During the pandemic, QHS Community Health Nurses became known as local heroes – at times providing testing and vaccination services in the clinic parking lot, even in extreme winter conditions.

Communicable Disease Control Statistics: 2019/20 – 2022/23

<i>Output measures</i>	<i>2019-20</i>	<i>2020-21</i>	<i>2021-22</i>	<i>2022-23</i>
COVID-19 vaccines provided	-	830	994	403
Influenza vaccines provided	326	525	337	300
COVID-19 PCR tests provided	-	-	822	-

School Health

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

Harm Reduction

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

Harm reduction statistics include distribution of take-home naloxone injectable kits and/or nasal spray, (for use in case of overdoses) and distribution of fentanyl test strips (for drug testing).

Harm Reduction Statistics: 2019/20 – 2022/23

<i>Output measures</i>	<i>2019-20</i>	<i>2020-21</i>	<i>2021-22</i>	<i>2022-23</i>
Naloxone kits distributed	216	628	436	141
Fentanyl test strips distributed	-	1,004	846	55

Staff commented on the impact of COVID on community needs for harm reduction support: *“With the pandemic we saw a significant increase in substance use and overdoses, so the harm reduction program really picked up and that would be where those larger numbers are coming from.”*

Additional community-based harm reduction services in recent years included events and initiatives such as:

- An educational session for youth to learn about the proper collection and disposal of sharps and similar paraphernalia, provided in TteS (2021/22)
- A clean-up hotline initiated by QHS in response to improperly discarded needles within TteS (2021 – ongoing)
- A collaborative workshop with an RCMP drug specialist, offered in Whispering Pines (2022/23)
- An Overdose Awareness Day gathering, focused on reducing stigma, offered in Tk'emlups te Secwépemc (2022/23)
- A naloxone training session held at Skeetchestn (2022/23)

Events and Training

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

The mix of health events offered by QHS changes from year to year, and of course was impacted during the pandemic. For example, the following table shows participation levels in some the major events of 2022/23: Annual health fair; Preschool / Kindergarten days (2 events); men's night events; and women's night / events.

<i>Output measures</i>	<i>2022-23</i>
Annual health fair participants	150
Preschool / Kindergarten Day event participants	60
Men's Night event participants	30
Women's event participants	100

Women's events have included various types of gatherings and activities. For example, in 2019/20 there were Women's Health Days, a Mobile Mammogram Day, and a Women's Night.

Food Sovereignty Program

<i>What:</i>	Land-based learning, mentorship, supporting traditional foods, gardening, and harvesting practices.
<i>Who by:</i>	Dietitian and Food Sovereignty Lead; Land to School Coordinator; Permaculture Designer; Everyone Eats Coordinator.
<i>Who for:</i>	All community members.
<i>Where:</i>	In each of the 3 communities & at the QHS clinic.
<i>How:</i>	Partnership with community members, chief and council, band staff, TRU, others.
<i>Why:</i>	Fostering a regenerative and sovereign food system; developing a food economy.

In 2019 QHS created a food sovereignty team to facilitate land-based learning, mentorship, access to traditional foods, gardening, and harvesting practices.

The QHS Food Sovereignty Program is delivered in partnership with the three communities. The Food Sovereignty Lead plays an innovative role in the development, leadership, and overall administration of the initiatives. She provides consultation to the bands for project management, funding proposal and partnership development, strategic planning, and evaluation.

The portion of the program delivered primarily by QHS includes the forest garden/berry walk, located at Tk'emlups te Secwépemc next to the Sk'elep School of Excellence. It is open to the public and provides signage, self-guided tours, and a space to meet and learn. There are covered picnic tables, benches, and an information kiosk with a garden map. The garden is easily accessible for all visitors. This garden provides opportunities to learn about traditional wild foods and cultivated fruit species. It is a showcase of how local food security can be achieved through designing ecological succession plantings that mimic nature and provide food, medicines, as well as habitat for humans and wildlife to coexist.

Food Sovereignty program activities and statistics are highly variable from year to year, due to the dynamic nature of this initiative. The following are some examples just from this past year (2022/23).

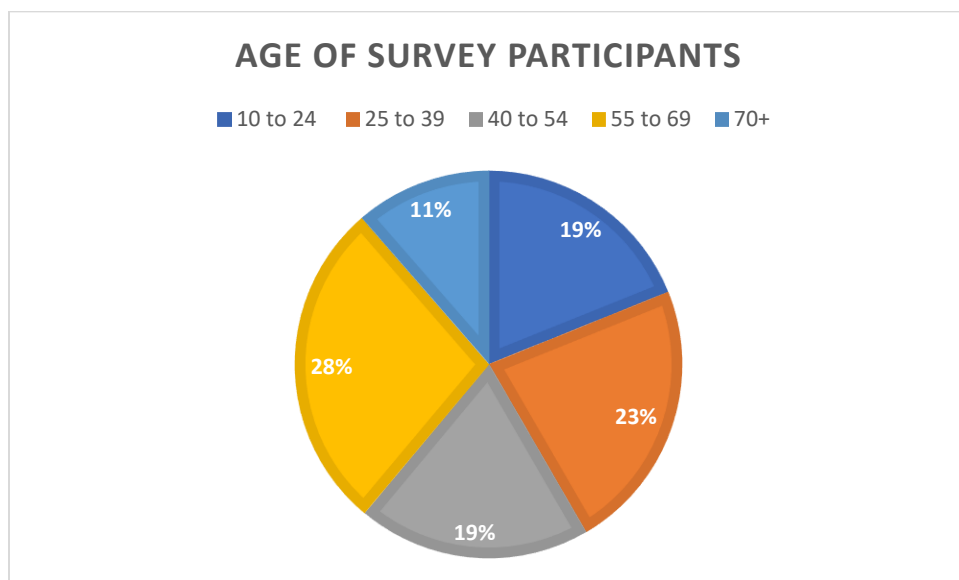
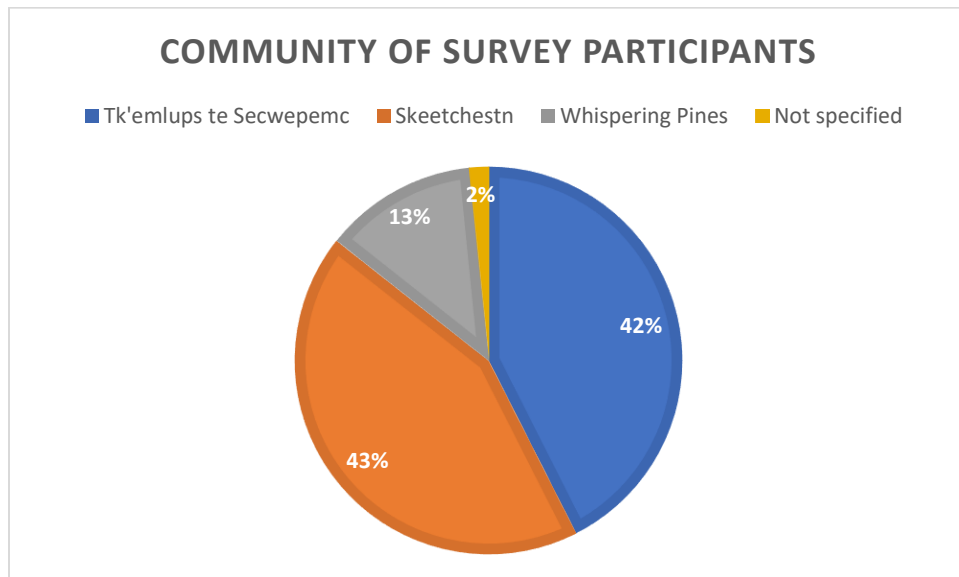
- Everyone Eats cooking classes (8 participants)
- Nutrition workshops, promoting healthy eating and video series (16)
- A luncheon with Agriculture Minister Lana Popham, highlighting indigenous food sovereignty initiatives (30)
- A feast to celebrate the graduation of summer camp students, featured an Everyone Eats sushi making activity (30)
- Community meetings to support indigenous food sovereignty initiatives (15)

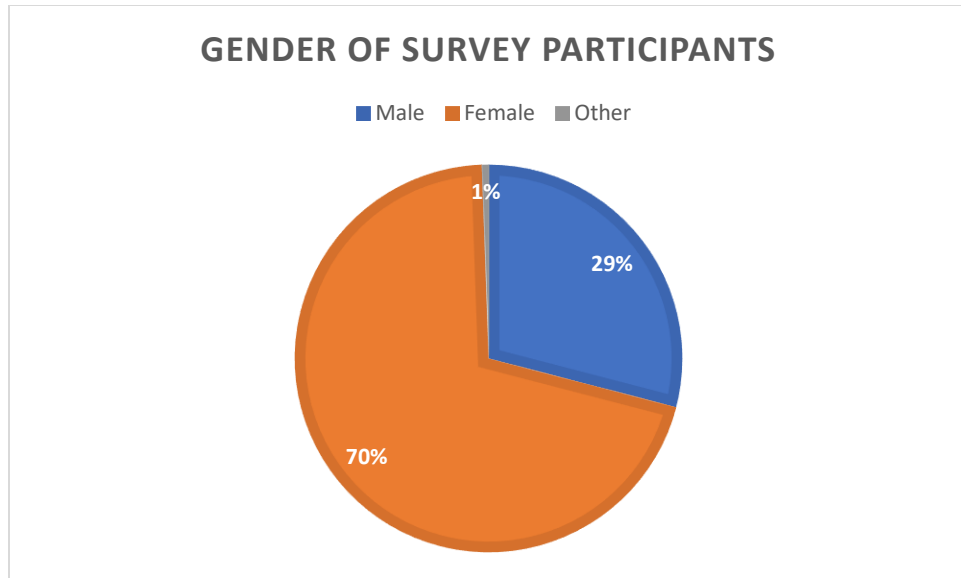
In addition, the program has produced and promoted a series of videos related to Indigenous food sovereignty, including gardening, food preservation, and hunting.

Part 6: Health and Wellness Outcomes

Much of the outcome data presented in this report comes from the 187 surveys completed by community members. As shown in the charts below, of those 187:

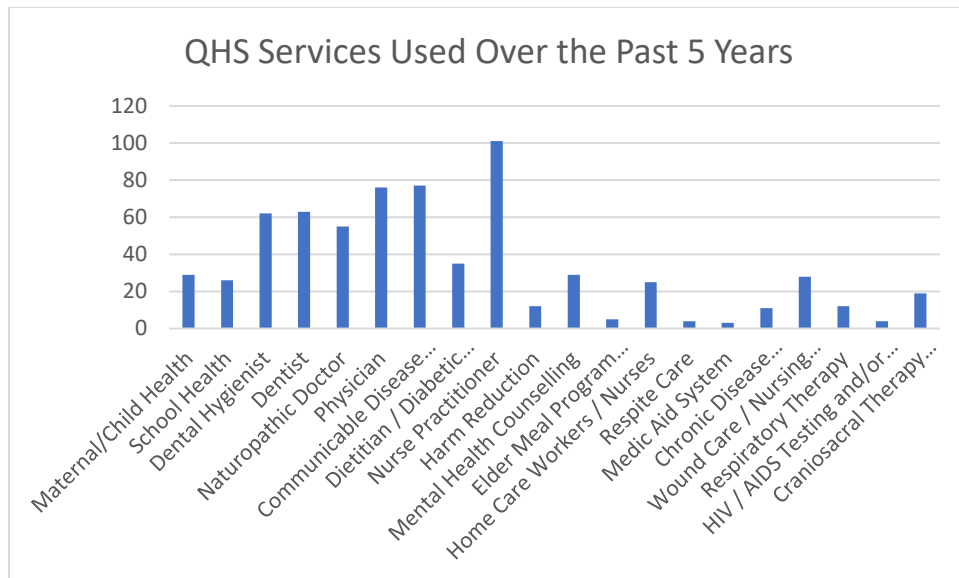
- 43% (81 people) indicated they were Skeetchestn members, 42% (80) indicated Tk'emlups te Secwépemc, 13% (24) indicated Whispering Pines, and 2% (3) did not specify.
- 19% (35 people) indicated they were 10-24 years of age, 23% (42) indicated 25-39, 19% (36) indicated 40-54, 28% (51) indicated 55-69 and 11% (21) indicated 70+.
- 70% (126 people) identified as female, 29% (52) identified as male, and 1% (1) identified their gender as other (some did not specify).





The following chart illustrates the numbers of survey participants indicated they had used specific QHS services:

- Maternal/Child Health - 29
- School Health - 26
- Dental Hygienist - 62
- Dentist - 63
- Naturopathic Doctor - 55
- Physician - 76
- Communicable Disease Control program (child and adult immunizations, flu and COVID vaccines, COVID testing) - 77
- Dietitian / Diabetic Educator / Food, nutrition, and cooking education sessions -35
- Nurse Practitioner - 101
- Harm Reduction - 12
- Mental Health Counselling - 29
- Elder Meal Program (delivery) - 5
- Home Care Workers / Nurses - 25
- Respite Care - 4
- Medic Aid System - 3
- Chronic Disease Management - 11
- Wound Care / Nursing Treatments / Foot Care - 28
- Respiratory Therapy - 12
- HIV / AIDS Testing and/or Services - 4
- Craniosacral Therapy (massage) - 19



6.1 Increased Access to Healthcare Services

Client feedback shows how QHS has strongly contributed to increased access to healthcare services for members of the 3 communities.

The survey asked 5 questions related to the following aspects of increased service access:

- Receiving competent, capable care
- Being treated with respect
- Experiencing cultural safety (non-judgmental, racism-free healthcare)
- Feeling safe to be yourself and say what you need to
- Feeling heard and included in decision making about care

As rigorously documented in the November, 2020 [In Plain Sight](#) report, systemic anti-Indigenous racism has been widespread in mainstream BC healthcare. This systemic racism has affected access to care, making services such as those offered by QHS even more important.

Increased access to healthcare services for First Nations individuals, families and communities is especially significant in terms of the **Truth and Reconciliation Commission of Canada Calls to Action**, especially number [18](#): “...recognize and implement the health-care rights of Aboriginal people”, and in terms of the **United Nations Declaration on the Rights of Indigenous Peoples Articles 23 and 24** (see Appendix 1 for selected sections of these 2 key documents):

- *“Indigenous peoples have the right... to be actively involved in developing and determining health ... and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.*
- *Indigenous peoples have the right to their traditional medicines and to maintain their health practices....*

- *Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health...*

The 5 questions this evaluation asked about increased access were designed in close consultation with QHS. The Health Director has widely advocated for clarification of “cultural safety”, a term that has become common but is not necessarily well understood. The evaluation survey offered a plain language definition (in brackets): “non-judgmental, racism-free healthcare”.

As illustrated in the charts and comments below, large percentages of survey participants indicated that, when they accessed QHS care in the past 5 years, they had positive experiences of these 5 aspects of increased health care access.

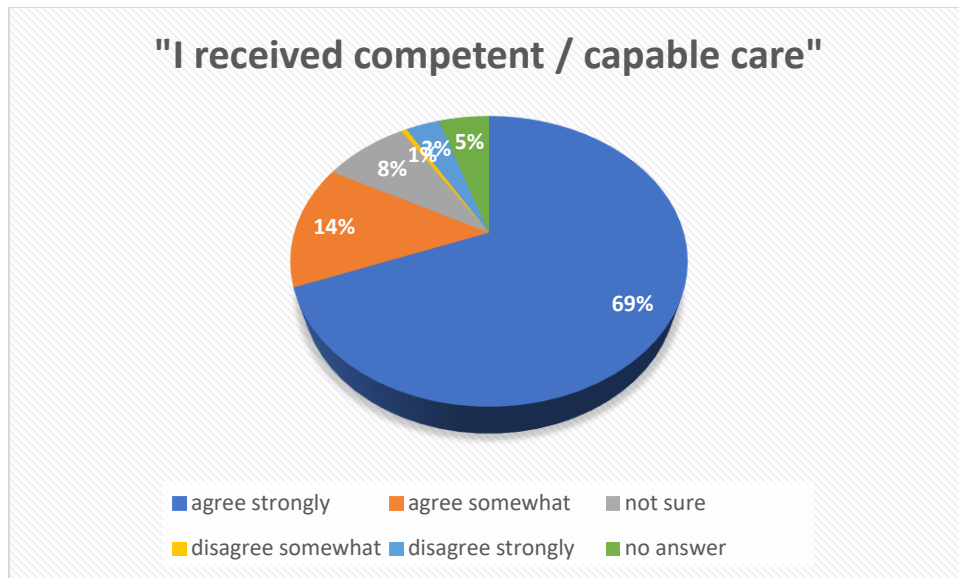
Receiving Competent, Capable Care

Regarding level of agreement with the statement “I received competent, capable care”, 69% checked “agree strongly, 14% checked “agree somewhat”, 8% checked “not sure” and under 4% (7) indicated any level of disagreement. Comments were:

- *Staff is very competent, helpful, and respectful.*
- *Very good services.*
- *Always helpful and attentive.*
- *Staff was great as I navigated my Mom's illness.*
- *Diane has been the primary nurse I work with, she's amazing!*
- *Depends on person.*

Community focus group comments on receiving competent, capable care included the following:

- *Very satisfied because they look up the information on the computer and everything about you is right there.*
- *My family would say 10/10.*
- *The immunization was great. The naloxone and harm reduction work was really great, I was able to bring clients there and it felt really accessible. And confidentiality was a huge part of that - and QHS handled it.*
- *I used QHS a lot and I think they are competent - and they were always available. They even sent me a home care worker. The care I got was good. The driver who picked me up was nice. They bathed me. Very good care.*



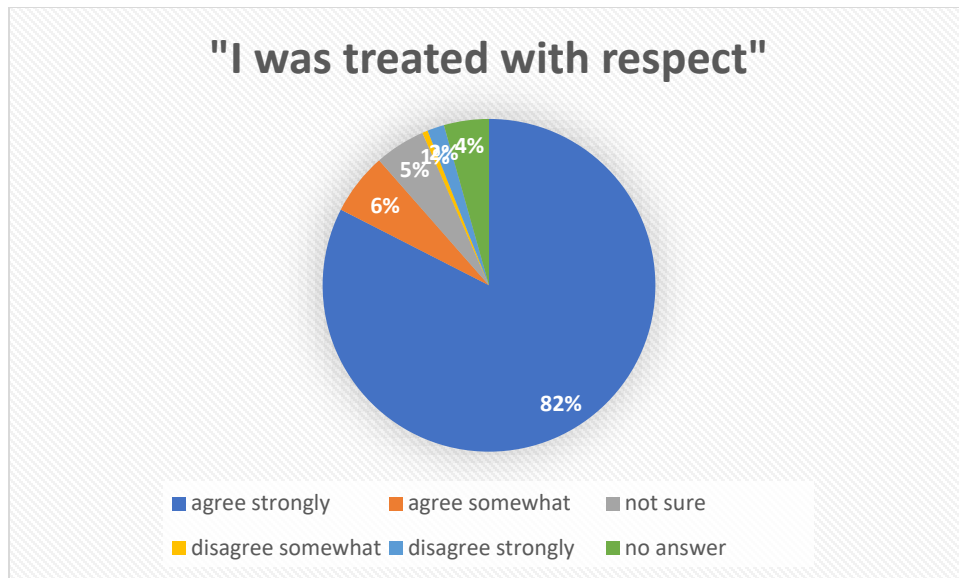
Being Treated with Respect

Regarding level of agreement with “I was treated with respect”, 82% (151 people) checked “agree strongly”, 6% (11) checked “agree somewhat, 5% (9) checked “not sure” and just 2% (4) indicated any level of disagreement. Survey comments were:

- *Never a bad treatment, always respect.*
- *Always listen to my concerns/issues.*
- *Depends on cultural awareness.*

Community focus group comments on participant experiences of being treated with respect included the following:

- *Yes, I felt respected.*
- *The way that the staff greeted you at the door, and people walked us to our appointments and welcomed us. They assist you with health issues and they also make you feel safe. Very respectful of feelings, my questions, and they validated me.*
- *I utilize a lot of First Nations agencies and QHS is the most respectful.*
- *I felt respected and more culturally comfortable.*
- *10/10 and that's coming in and being greeted at the desk right back to the practitioners.*
- *I thought the staff were respectful.*
- *Even through COVID it was awkward, they still were being respectful and that everyone was treated equally. ... We were in crisis and they were meeting the demands of people. There was a lot of COVID stigma but they did not judge us.*
- *Service is very good, very professional, respectful.*
- *Respect for our time, cool with being late...understanding.*
- *Nurses that come give the needles are excellent, they explain what they are all about.*
- *We also have QHS come out here and care for some Elders and they provide excellent service...*



Experiencing Cultural Safety

Indicating level of agreement with “I experienced cultural safety (non-judgmental, racism-free healthcare)”, 79% (144 people) checked “agree strongly”, 7% (13) checked “agree somewhat, 6% (11) checked “not sure” and under 3% (5) indicated any level of disagreement (5% did not answer). Survey comments were:

- *Never had any issues.*
- *People yes, systems no.*

Focus group comments on experiencing cultural safety included the following:

- *No racism at all ever.*
- *I always see QHS at the pow wow handing out water and helping people.*
- *Yes, it was racist free health care.*
- *The naturopath was very easy going.*
- *It feels different than the hospital and we like that.*
- *It was informal in a good way. It made me feel comfortable.*
- *Whenever you walk in the room for your appointment you are greeted with respect; the naturopath and nurses treat you with respect and they seem to really care. They were able to make me understand, they explained the process of the appointment and they contextualized my visit, which was helpful.*
- *There is a real effort made to treat everyone equally and respectfully. Even the environment has a sense of calm which contributes to respect.*
- *The workers and doctors should learn some of our ways. A lot of Elders do not like being touched, same with children. Ask if you can touch me. We don't know where these people are coming from. Be careful how you handle the kids and the people. We need that cultural awareness.*
- *The community members can support sensitivity training. QHS staff should also prepare doctors.*
- *We need to really understand the relationship we have with the land and the food. Elders look after food sources, and moving forwards, more awareness around this. Like food sovereignty has*

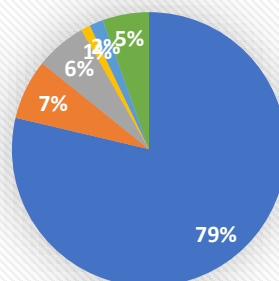
really enhanced cultural awareness... Canning and stuff and bringing back old ways is so important.

- *It's about community helping community. Food Sovereignty is excellent. And it helps fight poverty, which is a huge issue for our community.*
- *I didn't find any racism at Q'wemtsin. The nurse there knows me very well. I get really nervous, at Q'wemtsin [they let] me go in a private area. I've had horrible experiences at the hospital...*
- *The dentist it becomes a full day because I have to almost be knocked out to go there, because the things that have happened to me.*
- *10/10 throughout the whole building, just awesome.*

At Whispering Pines, discussion on cultural safety focused primarily on traditional medicine:

- *The only cultural thing I missed is we used to have a lady who offered traditional medicine and it would be nice to have her back.*
- *We could probably use more cultural medicine. We have almost lost our traditional way of life but there are still Elders in this territory that fully understand those ways. We haven't done enough in traditional/cultural medicine. A lot of us want to take traditional medicine. And we are grateful for these teachings.*
- *It would be nice if QHS would guide us in re-introducing cultural and traditional ways of health care.*
- *I am trying to wean myself off of so many pills that the doctor gives me, he doesn't guide you in a way that builds your health back.*
- *I believe we should have way more First Nations medicine. Get rid of the western pills and what comes with it.*
- *We are about fixing one another with our traditional medicine. It will cure everything.*
- *They gave [man's name] 3 weeks to live; he went up with the medicine man, when he came back 6 months later, he was fine.*
- *Whoever has the knowledge and would like to share is eligible to help and share.*
- *Traditional tea: balsam tea, juniper, rock moss, devil's club.*

"I experienced cultural safety (non-judgmental, racism-free healthcare)"



■ agree strongly
 ■ agree somewhat
 ■ not sure
■ disagree somewhat
 ■ disagree strongly
 ■ no answer

Feeling Safe to be Yourself and Say What You Need To

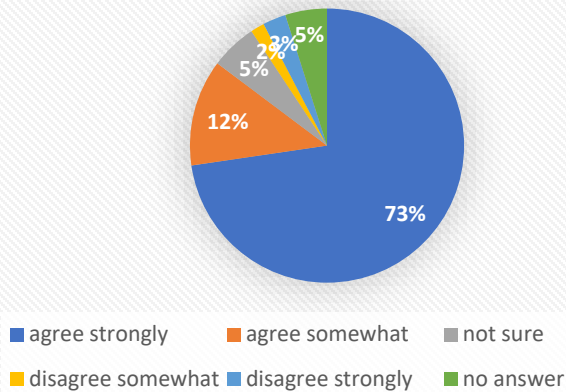
Regarding level of agreement with “I felt safe to be who I am and say what I needed to say”, 73% (133 people) checked “agree strongly”, 12% (23) checked “agree somewhat, 5% (10) checked “not sure” and under 3% (5) indicated any level of disagreement (5% did not answer). Survey comments were:

- *Always welcoming and friendly.*
- *Staff yes. Board process - NO! Band rep - NO!*

Focus group comments on feeling safe to be who you are and say what you need to say included the following:

- *I felt really safe...they know me.*
- *I feel safe enough to call after hours.*
- *Yup – safe, and they always listen.*
- *They keep your confidentiality with everything, and I could speak freely - and they make it real personable.*
- *When it came to the end of life for family members, they came for team meetings and the quality of life planning. They were there and supportive the whole way through.*
- *I feel safe that my information doesn't get out in the community, and they don't gossip about anybody even with each other or at the front desk.*
- *When you talk to them, they don't cut you off - they treat you with a lot of time and you don't feel like you're a nuisance.*
- *I felt really, really safe with them discussing my health and obstacles.*
- *I felt safe sharing.*
- *I have been to the massage, dietitian, doctor, etc. I felt safe saying what I had to say.*
- *If I have a confused look on my face they will try and reword it or help me understand. They don't just ignore me; they make sure I understand.*
- *I like how they made me feel like I could take my time. I didn't feel rushed.*
- *Because of the lateral violence, it's not assured that it is confidential.*
- *We feel very safe with QHS because they have been in our community for 10 - 15 years, you know who you are talking to. They have long-lasting staff, and we like that.*
- *Whatever you talked with them about they reassured you, and if you didn't understand they would elaborate further.*
- *I always felt safe at QHS. I liked the dentist that came up here, he always comes to the school, and they are very good with the kids; the dentist is gentle and patient with the kids and it's important. They have been doing that for years and they do a good job.*
- *QHS makes me feel so relaxed I didn't mind talking about anything. I really liked when they came to me and met me where I was at, it made me feel safe. I don't feel as safe traveling to Kamloops and going to a doctor in Valley View or whatever. I felt safe and comfortable when QHS came right to my community and cared for me here.*

"I felt safe to be who I am and say what I needed to say"



Feeling Heard and Included in Decision Making About Your Care

Regarding level of agreement with "I felt heard and part of the decision making about my care", 72% (130 people) checked "agree strongly", 12% (23) checked "agree somewhat", 8% (14) checked "not sure", and under 3% (5) indicated any level of disagreement (5% did not answer). Survey comments were:

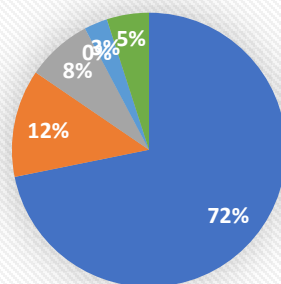
- *This is ALWAYS true.*
- *Wonderful care.*
- *With my support staff.*
- *The Best.*
- *Board needs more professional advisors!!!!*
- *I self direct my care and make any medical decisions.*

Focus group comments on feeling heard and included in decision making about care were:

- *I felt very heard. I have 4 kids and they immunized all of them and would include me on all decisions.*
- *When we made a decision, she was totally respectful and opened her schedule up to make space for us.*
- *I felt very heard and they were never pushy.*
- *Really work closely with client in wound care and would explain everything clearly.*
- *Yes, I did feel a part of decision making.*
- *Everything was explained thoroughly.*
- *They always included every detail specific to you and your care. And they explained it in a way that made you understand it clearly. I like how they make me feel like I am not rushed, you can just relax. It doesn't feel like the doctor's office, and we like that.*
- *When I had to decide about the vaccine, I had so many questions. I was so scared. I asked if I could pray with the needle and that was welcomed. And she went that length to make me feel comfortable and it made me feel respected. That medicine was going into my body, and I wanted to make sure it was safe.*

- *As a residential school survivor, I am terrified of needles... They had experiments ... and there is long lasting fear.*
- *Which ties into that cultural sensitivity piece - trauma is prevalent in our communities. Please get to know that people react violently and physically to something that was such a traumatic thing.*
- *I had to go to emergency and the doctor issued three kinds of painkillers and I didn't take them. If you don't get into Q'wemtsin, you don't get the help you need.*
- *I do feel hard, but I don't feel part of the program decision making – it is not the message I would be expecting from another carrier, and nobody gave us the option.*
- *I don't like the strict appointment times, if you are two minutes late the next person gets your appointment. If you have three times you are banned from services for a year. Like in town they tell you to keep it to 1 or 2 situations, and sometimes I have 5 or 6 things.*
- *They are pushing people to use the hotlines and I don't feel they really do the job. I had to call one when I thought we had COVID.*
- *Really one on one and they listen to everything we spoke about.*
- *Really listened.*
- *When we had the homecare worker, they noticed how much I changed within 24 hours and they kept a booklet and checklist...going from homecare worker to her boss and calling her boss to set up services instead of me having to go to the hospital.*
- *I went through a bad time, my health deteriorated and I was asked to write my will. My nurse and she came out to see me every day and I felt very safe with her by my side and was not afraid of anything. She got me into the counselor.*
- *I felt very heard and loved by staff there.*
- *They called a meeting with family and homecare staff and then when we had the meeting it was very supportive. Very good.*
- *I didn't feel hated for the way I communicated, and they would try to answer my questions and they reinterpreted it for me...*
- *No problem being heard. If I have thoughts on QHS I have no issue bringing that up to the Board or the staff.*

"I felt heard and part of the decision making about my care"



■ agree strongly ■ agree somewhat ■ not sure
 ■ disagree somewhat ■ disagree strongly ■ no answer

Reasons Family Members Not Accessing Services

Asked “if you have eligible family members not seeking services at QHS, why is that?”, 30% of survey participants (56 people) checked “lack of awareness about services offered”, 7% (13) checked “concerns about privacy”, 21% (40) checked “other reasons”, and 30% (56) did not answer.

The most common other reason given for family members not accessing QHS services was transportation / distance and living off reserve:

- *No ride / vehicles. (*4 people)*
- *Distance/siblings live out of town.*
- *Don't live in Kamloops.*
- *They are not local.*
- *Transportation to clinic from main village and subdivision, need one. Driver for specialist.*
- *Off reserve.*
- *Live off reserve and told to access city services or other services...*

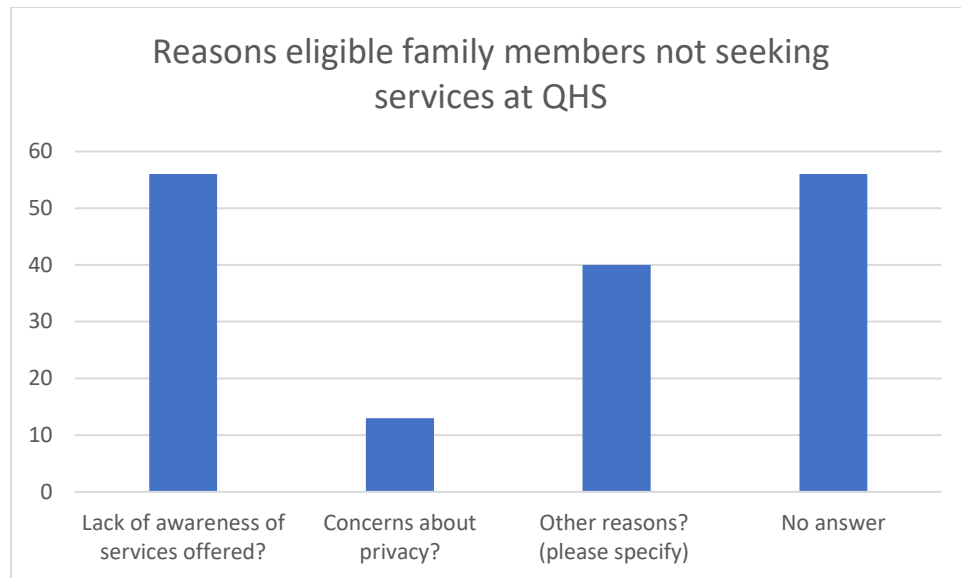
Several commented on a perceived lack of doctor / nurse practitioner access at QHS, or how family were accessing mainstream primary care:

- *Lack of nurse practitioner days to make an appointment.*
- *With no doctor hard to go there.*
- *They have no doctor.*
- *At time Doctors were not taking new patients.*
- *Not enough doctors or other necessary staff.*
- *Other doctors and RIH for emergencies.*
- *Regular doctors/dentists.*

Some mentioned family members not being members of one of the 3 bands - so would not be eligible for most QHS services. One survey participant suggested “*exceptions should be made*”. On the flipside, another participant claimed services are inaccessible because non-band members are using them.

Other reasons given were:

- *History/family dynamics.*
- *No phone at home. No doctor it's hard to get medicine when we need.*



Focus group comments on why eligible family members may not be accessing QHS services were similar. For example:

- *I know people use city services because they didn't know about QHS services.*
- *Not an integral part of people's day-to-day life. If they did know more about QHS they would access the services, but they just don't know.*
- *Living off reserve is a barrier.*
- *A virtual doctor could help.*
- *No ride or a lack of transportation.*
- *I have two teenage boys, but they don't feel very specific to the youth. Art, sports, music to engage with the youth and then use that opportunity to teach them.*
- *People want more information about when, where, how and why. Be specific.*
- *We need clearer direction on how to book appointments and access the service.*
- *Big concern around a lack of privacy. When we see our members down there, we start wondering what's wrong with one another. The waiting room can be awkward or make me feel like it isn't private.*
- *I used to have an issue with confidentiality because the receptionist asked what I was in for – it's harder with our community member asking... We do want our family members – but... People gossip, oh "so and so went down to Q'wemtsin..."*
- *It would be nice to be able to book online.*
- *We need better guidance on how to book an appointment.*
- *I think a lot of people don't understand what is available at QHS.*

6.2 Improved Ability to Make Healthy Choices

Client feedback shows how QHS has strongly contributed to improved ability to make healthy lifestyle, wellness, and healthcare choices.

Community focus group participants, asked about whether QHS contributed to them achieving healthy self-determination (such as making your own life choices), said:

- *Yes, definitely!*
- *They were really good with resources.*
- *We really like the newsletter and it is informative. They update on upcoming events and they make it accessible online as well.*
- *It feels like a lot more decision making is going toward the patient. They ask.*
- *I use Indian medicine, and I'm able to talk about that with the Q'wemtsin Health ... And it works.*
- *They found the resources available – if we want to quit smoking or whatever – nobody is shoving it down your neck.*
- *I found the staff very supportive about medication – they know I don't like to take pill, they were very supportive in cutting back.*
- *They showed a lot of support, a lot of ideas and ways to help myself and information they really supported me.*
- *The staff that's in place now are great, working with the staff now they are mentoring me to make healthy life choices.*
- *Things like helping with long term disability, helping set up your own health portal...they do that.*
- *How the doctor took the time to go through all the questions... taking the time to help and listen, very genuine.*
- *If there were more doctors and NPs, then definitely. I was on the road to figuring stuff out, then there was no doctor, so I was back to square one.*
- *Naturopath was very helpful giving me a pill to help with adrenal glands and sleeping and helped me figure out that my eating and exercise were not the reason I wasn't losing weight, that it was my thyroid. I needed B12 shots and vitamin shots to make healing happen. I didn't know that but they helped me make those choices.*
- *Not pressured when I didn't want to do what they suggested, they were patient with me and supported me even when I was drinking.*
- *During COVID they had a lot of videos coming out and I was really interested. I never really looked at my diet before, but then ... I started exercising a bit more and drinking more water because I felt isolated. And it was up to me - and those videos educated me and made me want to try. The facilitator was excellent in those.*
- *I used the breast examination at the clinic and I felt so much more comfortable. It makes you feel more inclined to get your breast exam.*
- *The health fair supports me and gives me good information.*
- *Before COVID we had sweat lodges which really helped with mental health...*
- *A lot of us have been making healthier choices through traditional plants and medicines. As opposed to the medicine at the store, it is poisonous. Food from the store is all sprayed with chemicals and it is affecting the younger generations.*

- *A lot of people are getting older and our diets change - before we ate hot dogs and drink beer. But now we try to make better meals that are better for our systems. We have to look after ourselves and in any way that can happen it will help.*

The survey asked about 4 outcomes related to healthy lifestyle choices:

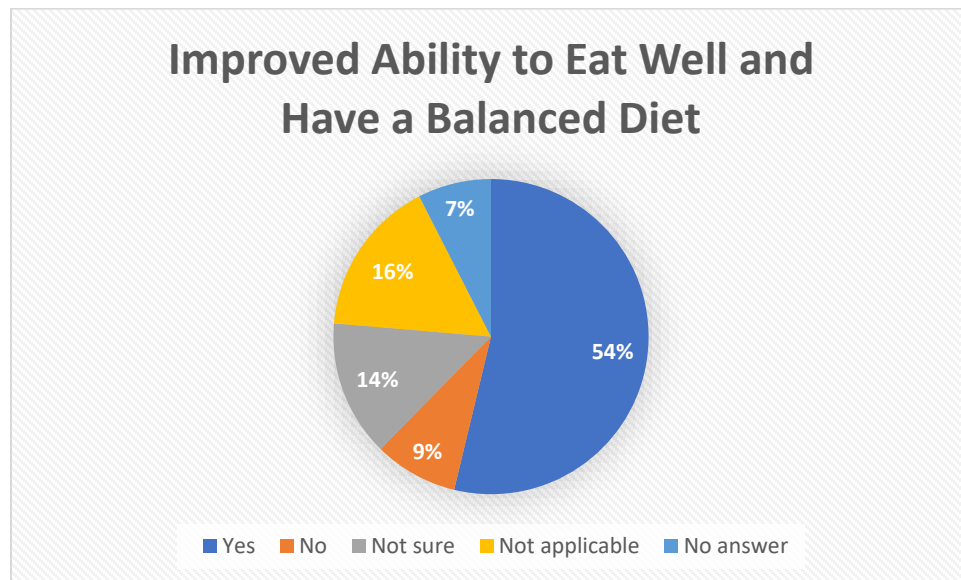
- Improved ability to eat well and have a balanced diet
- Improved ability to access local, healthy foods
- Improved physical exercise and active living
- Success in achievement of healthy community connections

Improved Ability to Eat Well and Have a Balanced Diet

Asked whether QHS has contributed to their ability to eat well and have a balanced diet over the past 5 years, 54% of survey participants (100 people) indicated “yes” and 9% (14) indicated “no”. Another 14% (26) checked “not sure”, 16% (30) checked not applicable, and 7% (14) did not respond.

Survey comments of those who indicated “yes” illustrated some client experiences of this outcome:

- *I have eaten well at community gatherings.*
- *My sister makes sure I eat healthy.*
- *On / off.*
- *Some meals depend on someone to cook and eat what they eat...*



Comments of survey participants who indicated “no” reveal some of the barriers to healthy eating that community members face:

- *Broke student - basics can be a challenge / not every Indigenous student is band sponsored.*
- *Too busy.*
- *I am overweight and struggle with an eating disorder.*

One comment revealed that they did not need this outcome (essentially that it was not applicable): *“I have always practiced good eating habits.”*

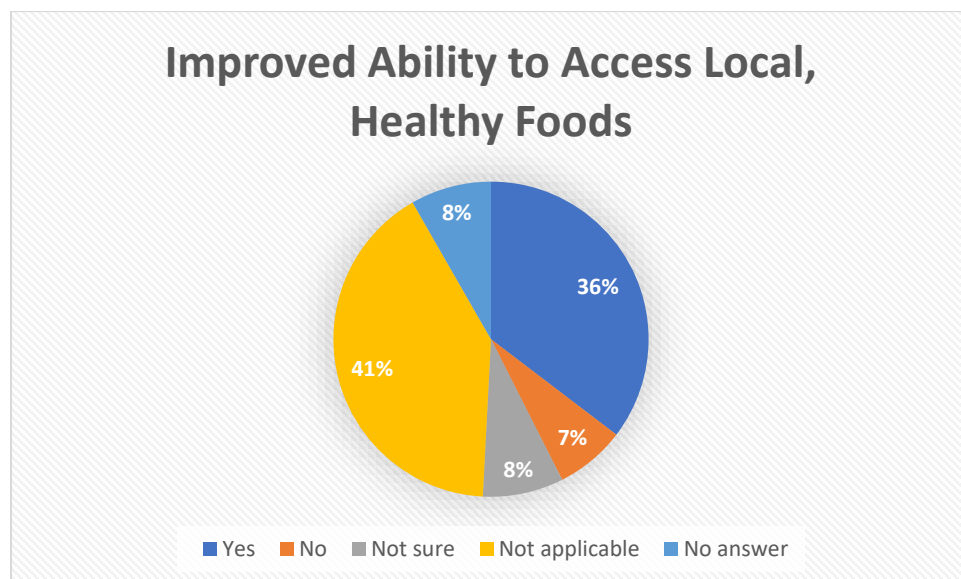
Improved Ability to Access Local, Healthy Foods

Asked whether QHS has contributed to their ability to access healthy, local foods over the past 5 years, 36% of survey participants (64 people) indicated “yes” and 7% (13) indicated “no”. Another 8% (15) checked “not sure”, 41% (74) checked not applicable, and 8% (15) did not respond.

Survey comments of those who indicated “yes” illustrated some client experiences of this outcome, suggesting ability to access healthy, local food is a work in progress:

- *... my brother grows a garden and brings us some vegetables and we purchase beef from local butcher and they deliver and buy some fruits and vegetables at farmers market ... and this year we are growing a small garden.*
- *But not always.*
- *I will this year.*
- *Shit, I'm bionic now, 50% new parts.*

One who indicated “no” commented that *“poverty hinders this outcome”*.



Improved Physical Exercise and Active Living

Asked whether QHS has contributed to “improved physical exercise and active living” over the past 5 years, 54% of survey participants (99 people) indicated “yes” and 12% (22) indicated “no”. Another 13% (23) checked “not sure”, 11% (21) checked not applicable, and 10% (18) did not respond.

Survey comments of those who indicated “yes” illustrated some client experiences of this outcome:

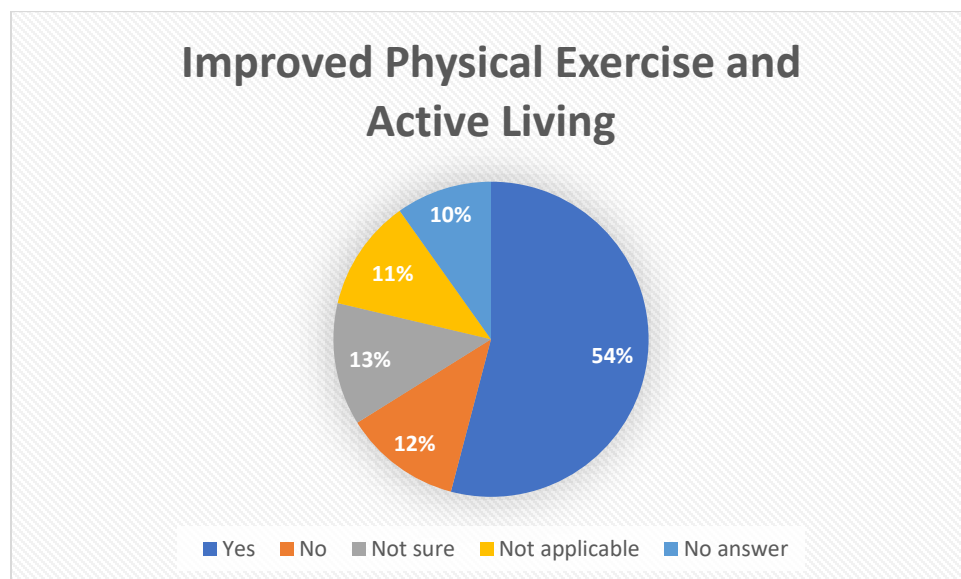
- *Walking.*
- *Working on it.*
- *Support, encouragement.*

- *In the past had physiotherapy / walks would like to start in summer.*
- *Just got my pool access pass registered.*
- *Do some mobility exercises on own as no physiotherapist is available or no worker available to help - used to pay someone to drive me to swim at TCC ...*

Comments of those who indicated “no” illustrated some of the challenges – such as facilities access – and suggest this too is a work in progress:

- *We lack facilities to do so. Gained 40-50 pounds during COVID /We need a training gym.*
- *Need a gym/pass/trainer/facility.*
- *Need to do more for myself. Elders should automatically be able to get on treadmill here...?*
- *A little but not as much as I would like to.*
- *Somewhat.*

People who checked “not sure” commented: “*I work out when I have time*” and “*Getting stiffer (losing flexibility) harder to get up and down on floor.*”



Success in Achievement of Healthy Community Connections

Asked whether QHS has contributed to “improved success in achieving healthy community connections (for example, feeling good about how you’re connected with your community)” over the past 5 years, 57% of survey participants (105 people) indicated “yes” and only 8% (15) indicated “no”. Another 23% (41) checked “not sure”, 4% (7) checked not applicable, and 8% (15) did not respond.

Survey comments of those who indicated “yes” illustrated some client experiences of this outcome:

- *I have attended many community days they put on and they are always wonderful and great for meeting their team.*
- *Very knowledgeable.*

Comments of those who indicated “not sure” suggest that some of the challenges affecting achievement of healthy community connections are related to the pandemic, community disconnection / alienation, and need for more culturally appropriate connecting:

- *COVID concerns - don't attend social activities.*
- *I ... don't have much interaction with community. Not enough play.*
- *I am outspoken / so targeted when it comes to employment/training etc.*
- *On their terms - too colonial with approaches.*

Some of the “not sure” comments suggest this outcome, too, is a work in progress:

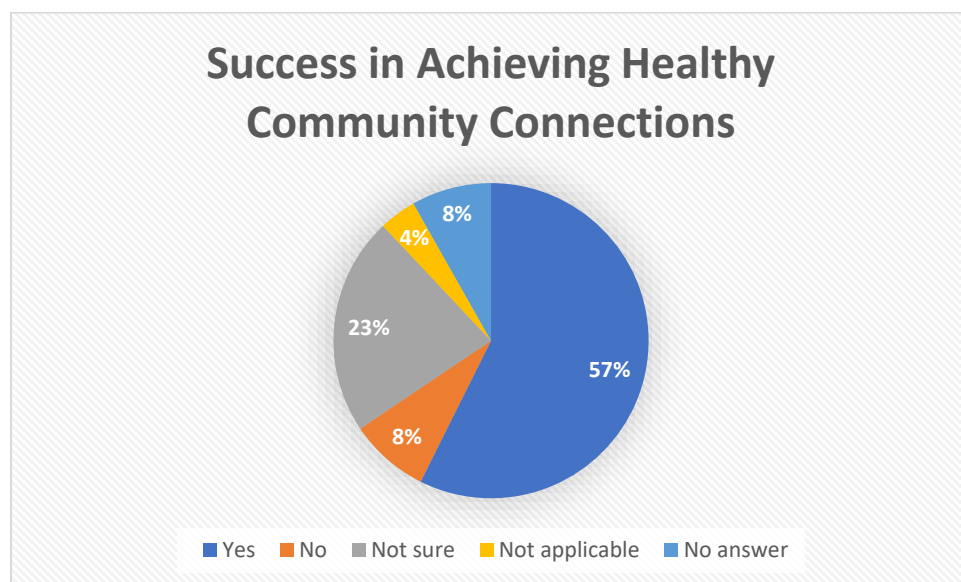
- *Working on it (ongoing).*
- *Once in a while if I go to a workshop, maybe once a year.*

A person who checked “no” wrote: *“lateral violence is still too unchecked in the Indigenous community.”*

Community focus group comments on QHS contributed to people achieving healthy community connections:

- *Yes, the health fair...it allows you to be able to catch up with people you don't usually see.*
- *Love the health fair.*
- *Events like this [community feast with focus groups] help with community, to come together and have a meal is a good way to build community.*
- *The Health Fair was really good, and you could go talk to people.*
- *Flu shots and health fairs help community connection. They make us aware through upcoming events of what services to be offered and then they follow through with those services; it's good.*
- *Not sure how much QHS has to do with that – that is a community thing, with our social development and things like that.*
- *I think that is where they fall short – because there are so many of them, the band or QHS or the mainstream. It would help if you could make a connection. Without being able to see someone consistently who understands you, it's really hard.*
- *The newsletter really helps us connect, we love it and it is helpful. We put the newsletter on Facebook to make it more accessible.*
- *I like that there is always an opportunity to provide feedback, looking for how they can improve. It makes me feel heard.*
- *If our entire community showed up there would be so many here; the programming is there and it is open, it is up to the community showing.*
- *As for mental health, when the 215 happened it brought up a lot of old feelings. That is an experience you don't talk about at the dinner table. We pray for all of those who were lost.*
- *Knowledge keepers are recognized, and they have honorable people on the walls at QHS. It caught me off guard but at the same time I felt so honored. Even for those who are gone or passed, it is so important to honor and recognize the impacts they have made on our community. We should always remember and honor them. The work these people have done to support the agency and they have played a huge part in QHS, so it is a really important thing to build that legacy; that creates a connection with our community.*

- *When we do the men's and women's night it is really awesome for the community. I love the baby ceremony and it's so special. We welcomed 14 babies in and it was beautiful.*
- *The diabetes program as a covid response...they had students in a drive thru. They asked you questions and tested you*
- *Ladies and men's night coming up!*
- *Towels, snacks, juice in the facility...always appreciated.*
- *Food sovereignty helps with connection; we get all the kids to work in the garden. They are picking plants they will grow themselves. Stuff that they want and like.*
- *Our Garden is doing an incredible job serving this community. We are so grateful for fresh veggies at our doorstep. The people working on these gardens are doing an incredible job and we are so grateful for them. Homegrown food that is chemical free is so excellent.*
- *Something like this [community meal with focus groups], or men's night or women's night, getting everyone together. This gets people having fun. We get to laugh with and at each other.*



Focus Group Discussion on Holistic Health

Community focus group participants spoke of what they've noticed over the past 5 years in terms of healthy lifestyle, such as eating well and having a balanced diet, levels of physical exercise, and achieving physical and mental health goals:

- *Naturopath was very helpful giving me a pill to help with adrenal gland and sleeping.*
- *Diet and exercise...they are very helpful with getting you on the right plan.*
- *Changed the way I'm eating, and I drink more water because of the dietitian and her advice.*
- *They referred me to [the Dietitian] and she really asked me questions and dug in to my health and diet and made excellent recommendations.*
- *The homecare nurse helped me with suggestions like walking and doing stairs and always supported me at every transition...*

- *Diabetic meal once a month - and really show you how to eat balanced and healthy by giving tools needed for healthier lifestyle.*
- *I like that monthly newsletter. They have recipes and exercise information and it's really good.*

6.3 Ability to Meet Health Goals

Client feedback shows how QHS has contributed to their ability to meet their physical and mental / emotional health goals.

Physical Health Goals

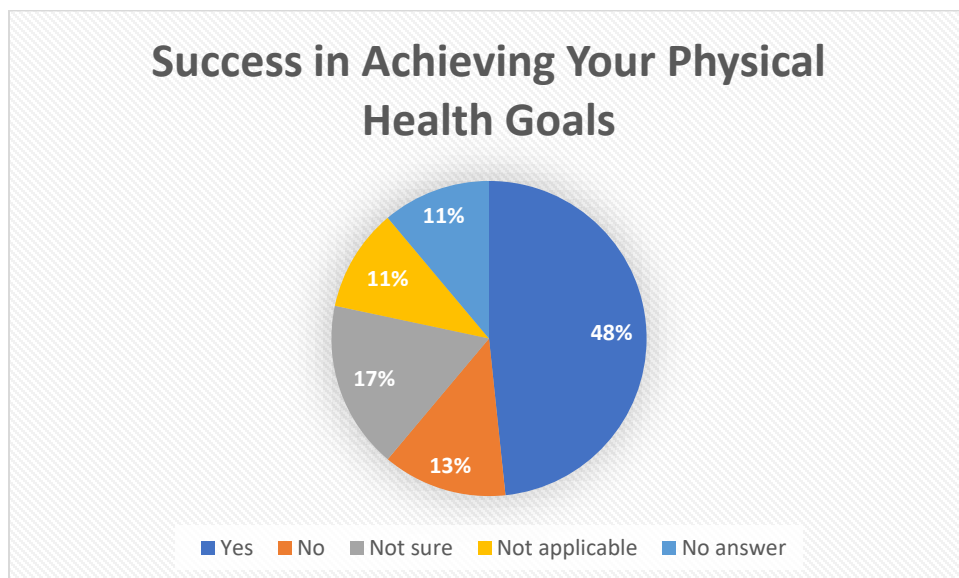
Asked whether QHS has contributed to “success in achieving your physical health goals” over the past 5 years, 48% of survey participants (87 people) indicated “yes” and just 13% (23) indicated “no”. Another 17% (31) checked “not sure”, 11% (19) checked not applicable, and 11% (20) did not respond.

Survey comments of those who indicated “yes” illustrated some client experiences of physical health outcomes:

- *Always take advice from doctors and health care professionals.*
- *Maintain mobility but would like to strengthen muscles...*
- *Continuing.*

Comments from participants who checked “no” were as follows:

- *Not enough time to focus on this.*
- *I'm terrible, I forget about myself.*
- *Health issues have been limiting.*



Comments from survey participants who did not check a box on achievement of physical health goals suggest that the survey question may have been confusing – it appears that some had the impression that checking “yes” would mean they’ve already achieved their goals:⁷

- *Just setting my goals.*
- *Still working on it.*
- *Some yes, some no.*

Mental and Emotional Health Goals

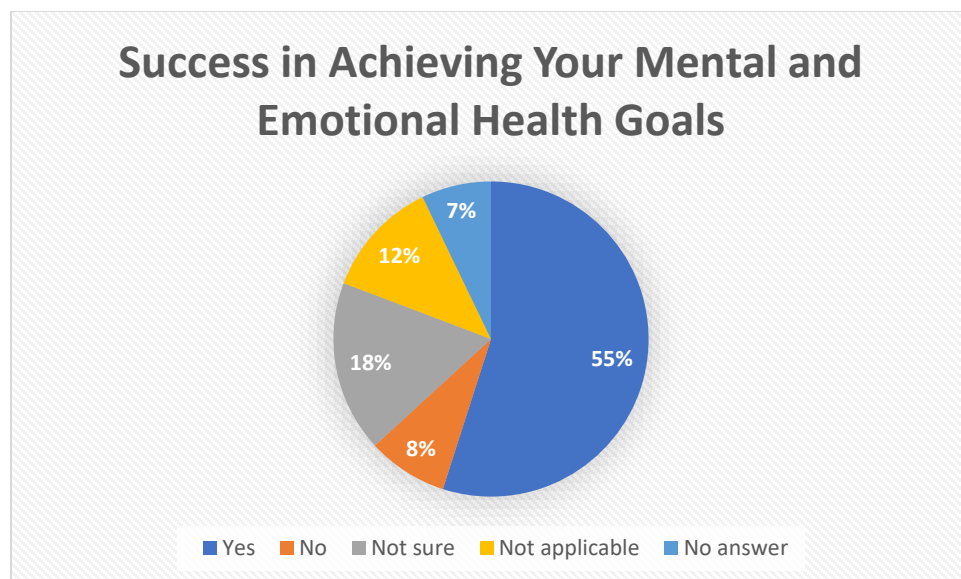
Asked whether QHS has contributed to “success in achieving your mental and emotional health goals” over the past 5 years, survey participants 55% (100 people) indicated “yes” and 8% (15) indicated “no”. Another 18% (32) checked “not sure”, 12% (22) checked not applicable, and 7% (15) did not respond.

Survey comments of those who indicated “yes” illustrated some client experiences of mental and emotional health outcomes:

- *Yes, definitely have improved in this area.*
- *Boundaries are better but not all the way there yet.*
- *At times.*

Comments of those who indicated “not sure” included:

- *Never talked to anyone.*
- *I feel the same all the time.*



⁷ Clearer, more meaningful wording for this survey question (in future) would be something like “...setting and working toward your physical health goals”.

6.4 Satisfaction with QHS

What Works Well

The survey confirmed what annual QHS satisfaction surveys show: that people are very satisfied with QHS. Asked “what about QHS works well for you”, the most common survey responses were: location and accessibility; staff (in general); specific services / staff; services in general; and “everything”. The following list shows how many participants mentioned this (asterisks indicate number of responses):

1. **Location and accessibility** ***** (25) *“Location - love it. In the community and accessible.” “Accessible and friendly.” “Close to where I live.”*
2. **Staff (in general)** ***** (22) *“Caring, respectful, knowledgeable staff.” “All the workers are very helpful in everyway.” “Excellent staff - take care please.” “...Everyone is open minded and will listen and help figure out what you need.” “The staff are friendly, informed, and knowledgeable. If they don't know something they will find appropriate resources to get back to you.” “Relationship with staff is excellent.” “The workers are amazing and super respectful.”*
3. **Specific services / staff** ***** (21)
4. **Services (in general)** ***** (13) *“Everything we need is there.” “Absolutely excellent care. ... I am treated with total care and compassion.” “Services are great and variety of services.”*
5. **Everything** ***** (11)

Other survey comments on “what about QHS works well for you” included:

- *The access, the treatment, the team, the enthusiasm.*
- *They help connect me to other resources quickly.*
- *Great help for my family.*
- *Openness and acceptance.*
- *Great friendly atmosphere, only GP service available to me.*
- *Loved being able to try new things.*
- *Community based health care.*
- *Proactive with all health concerns*
- *I am fortunate to be able to have dr. here, services I can use and people that I know are dedicated to doing all they can to help me in all areas.*
- *Very understanding. They never turn you away.*
- *Socialization, communication.*
- *Knowing everyone working makes me more comfortable coming here.*
- *Every program they offer to the community is fantastic. The people don't only do an amazing job but it's done with love and genuine compassion for the members and extended people of the community.*
- *The convenience, support, availability, assistance.*
- *The cultural aspect of well being.*
- *Respect, good communication.*

- *That I always feel welcome and respected.*
- *Always cheerful.*
- *Access to other services, cultural awareness.*
- *Newsletter is well circulated with updated info on services...*
- *Everything works great they have flexible times for appointments.*
- *Friendly.*
- *Family friendly.*
- *I appreciate knowing they are available to assist and answer questions.*
- *Clean comfortable treatment rooms. Access to my medical records.*
- *Good service – courteous, prompt.*
- *The hours of operation.*

Analysis of focus group discussions on “what about QHS works well for you” showed a pattern of comments that was like the pattern of survey results. Participants frequently mentioned location and accessibility; staff; services; and “everything”. Comments included:

- *They keep up with appointments and good referrals to other services like specialists and speech therapy.*
- *They are so friendly and that is my favorite thing.*
- *QHS is understanding no matter what.*
- *The receptionists are always timely, professional and friendly.*
- *The Food Sovereignty team is really good.*
- *The healing garden is lovely.*
- *They do great homecare with our Elders and to be honest that may be the only visit the Elder gets, so it is important. It is a positive and helpful thing to know our Elders are taken care of.*
- *Doing a home visit with a nurse felt like it was beyond health care, it was kind and personal and it was wonderful to see.*
- *QHS is easy to contact and get in touch with, they always return phone calls.*
- *Something that is really important: there are some long-term staff there and that longevity is great for community corporate knowledge. It helps people feel comfortable when you know that long term staff is there. It provides familiarity and comfort.*
- *I like when QHS employs band members and community members. It is so nice to see them there.*
- *Workshops are great and helpful; if we as a community feel there is a need then I am confident QHS will help facilitate that. Like naloxone training for example: there was a need, and we did it.*
- *They suggest other programs in QHS that help me.*
- *No complaints, I love the service there. They work diligently. They are always trying to help.*
- *The mental health and the naturopath healthcare, without the acupuncture and massage therapy I’d be a cripple and wouldn’t be able to get out of my house.*
- *What works for me is I like the cultural awareness, how comfortable it is when you go in there, and they have the connections - in town, how well they work with other agencies*

- *I'd like to see more Indian medicine integrated – our guys facilitating it, so we could get out there. Sharing of our medical heritage.*
- *All the services have the appointments set up, and reminders. And social media, we find it way easier to get out there. They put a lot of effort into events!*
- *Everything is ok, its working out good.*
- *I like the services they provide – the building up there, but getting rides to it is a problem. Transportation is something on our wish list...*
- *I like all the services they provide. The amount of stuff they do offer is quite a good amount.*
- *And their support through COVID was pretty good, I'd give them good marks.*
- *I like that the newsletters, it's a lot of information that comes out regular...*
- *Now that the population is aging, do we have any plans for that – that would be something to think about.*
- *QHS is miles ahead providing health services in North America. We are models and we should be proud and grateful for this service.*
- *QHS is so amazing. We are so grateful for this service.*

Suggestions for Improvement

Asked for “any suggestions for how QHS could improve”, the most frequent comments were: no change needed; restore / expand levels General Practitioner services; and expand other services.

1. **No change needed.** ***** (44) *“QHS is amazing” I don't think there is anything that there is they can improve on. They offer a huge variety of service which is amazing. “They are all so helpful whenever I need anything.” “QHS improves everyday.”*
2. **Restore / expand levels General Practitioner services.** ***** (26) *“Employ a Doctor and NP” “Need more time for nurse practitioners.”*
3. **Expand services** ***** (20)

Within the suggestions for expanded services, common themes included facilities, specific new and expanded services, expanded hours, and expanded eligibility.

Facilities suggestions from survey participants included:

- *Build their own Elders Lodge for assisted living that need 24-hour care.*
- *More home units for Elders and people with mental health and allergies.*
- *Get a walk-in clinic - better help filling prescriptions.*
- *Become a full-service hospital with dental, physio, birthing unit, Elders building, A+D, mental health, wellness team, emergency room, spiritual room...*
- *Open Skeetchestn facility up totally to everyone on a daily basis (instead of being buzzed in doors and having separate appts. for family).*
- *Have a TV room to show some health topics of interest.*
- *A hot tub to help my psoriasis...*
- *Build a fitness centre with a hot tub, sauna, and cold plunge.*
- *Boxing bag in weight room. Good for cardio, stress release, and self defense.*

Specific new and expanded services:

- *Yes, get dialysis program, fill their building, get more workers.*
- *Hearing clinic.*
- *More Doctors, Nurses, Nurse Practitioners and Dental Hygienists.*
- *More services in SIB, prenatal massage, dental, vision, acupuncture, holistic healing. More counselling options...*

Expanded hours:

- *Increase the home care services for evenings, weekends and holidays as the care provided by Interior Health and other contractors is not consistent or reliable....***
- *Open longer.*
- *To stay open on summer weekends because I work weekdays.*
- *Please put events on after hours as well as it is very difficult to attend due to working M-F 8:30-5 for example QHS ladies day.*

Expanded eligibility:

- *More services! Open it up to TteS spouses to attend services like SIB is allowed to do.*
- *Include spouses in all health services.*

Other expanded services:

- *Cultural position for three communities.*
- *Host more events.*
- *A bit more kid activities.*
- *QHS should be preparing regular meals for Elder program. Not community members or if they have food safe only.*
- *It is tough to find rides and parking at the hospital...*

Other survey suggestions (not necessarily to do with expanded services) included the following, with themes around member communication and engagement, and involvement of community as service providers.

Member communication and engagement suggestions were:

- *Maybe make a list of all services and practitioners at QHS. Let people be aware!*
- *Reach out to membership, check ins.*
- *To reach out to the people that they don't see here, lots of people could benefit here.*
- *More health information ... especially for elders & visits when not feeling well.*
- *Communication to all - some Elders get more promo than others.*
- *More social media.*

Involvement of community as service providers:

- *More practitioners from the people.*
- *Use community Elder as advisors and knowledge of community, culture, families etc.*

Other:

- *Allow spouses to use Dr. services as well like SIB is allowed...⁸*

⁸ Note that this type of comment, coming from several survey participants, reveals a misconception regarding non-member spouses having access to QHS General Practitioner services.

- *COVID hit they packed up and took off ... we needed more support from you and you weren't there.*
- *Lollipops when you get needles. :)*
- *Work on retention/recruitment of staff. We really need consistent/reliant doctors, NPs, etc.*
- *Privacy - calling in - it has gotten better - but still fearful the staff will ask medical questions above their skill set or responsibility. I appreciate the improvement.*

Focus Group Suggestions

Focus groups with community members generated numerous suggestions on how QHS could improve. The following suggestions, organized by community, do not necessarily include ideas that are definitely not in the QHS scope and are more in the realm of community-provided services – for example sports and recreational activities, and first aid training.

Skeetchestn:

- *Try to get more engagement, to get more people to access services.*
- *More newsletters in the mail for Elders and families who don't have Facebook and email.*
- *Work with Social Development. We should all be working together.*
- *Open a walk-in clinic. Have doctor come more often/once a week or every day.*
- *Get a doctor and a dentist here in our community. There is space but no equipment.*
- *More resources out here in the community in terms of equipment for nurses, dentists, and doctors.*
- *More mental health awareness.*
- *More programming and resources for the youth.*
- *Drug, alcohol, addiction awareness specifically for youth.*
- *Life saving, naloxone, harm reduction.*
- *More counseling services (specifically for alcohol and drugs).*
- *We have parents who have children using drugs and parents need support: what support can we put in place to bring our family members home?*
- *Maybe a detox or resources on sobriety or safe detox.*
- *More specific care for Elders. Someone who looks after the Elders and goes and sees if they are okay or just to even check in.*
- *QHS works here 4 days a week. We have a lot of non band members in the community that require medical attention – if they could open it on Friday for the non band members – so they don't have to go to Kelowna. I'm sure they would be happy to pay for that service.*
- *We're an aging community – in the next 5 years I'm going to have to go to an old age home – or have someone come – more home care. We've been promised a building here – they have a spot up there behind the clinic – I'd like to go to a care home here.*
- *Yes, with the same design as the 4-plex. No stairs. Like the one they have in Ashcroft. ... It should be dealt with by individual bands or together, to come up with the funding...*
- *There is an epidemic of overdoses... I would like more facilitation, integrating them back. They are human beings, still our people, and we should be trying to help them more.*

Tk'emlups te Secwépemc:

- *More connection to culture: opportunity to listen and learn about my culture and traditional foods. That is a huge part of my mental health and I want to learn about my traditional way.*
- *Homecare for Elders and disabled people is good, and we need more. Find out what the Elders need, maybe they wanna go to town for shopping or whatever it is.*
- *Gathering of foods: educating us on when and where to go.*
- *Diabetes workshops would be great.*
- *One women's day and then a night too, for those who work.*
- *24/7 emergency line would be really helpful: weekends and holidays.*
- *Become a full-fledged hospital. For First Nations people - and hiring FN people as much as possible.*
- *Having cultural awareness for the doctors who do come in there.*
- *Kids services – pediatrician. Maternity services. The Okanagans have done well at putting together a culturally sound wellness team. They support people at funerals...*
- *Put the budgets together from the band wellness and QHS...*
- *Food for the funerals and the wellness team. You need a balance of men and women – fire keeping and food preparation.*
- *Keeping elders comfortable and served in the community by reaching out.*
- *Make a list of the practitioners and services - and get the information out there.*

Whispering Pines:

- *Keep putting together pamphlets and newsletters so we are aware of what is on offer. Plus, it reminds us of what we really need to do to take care of ourselves.*
- *QHS emails are good and so is the newsletter, keep them coming.*
- *This type of gathering is good, lure them in with food and gifts and then start a conversation.*
- *An annual or seasonal dinner or event to reinforce QHS services and just being open and honest.*
- *Transportation or a shuttle service would be beneficial. Not everyone has a driver's license. Or a nurse to come out once a month, but we need a proper medical room.*
- *Making children-parent friendly; maybe QHS could treat a family at once or make it more of a group experience. We are easing our youngest into the dentist and she watches her Dad go and that could help.*
- *Certain medicines aren't covered, and we should be looking at that. Especially for the Elders that need them.*
- *The way the system is set up, the payment towards us is so minimal, but the final price is much more than the subsidy we get.*
- *Going out and picking medicines would be nice, community and cultural activities are always good.*
- *Nice guidance and help through mental health services, I would access that every day if I could.*
- *Like for example an Elder mentioned needing a grieving workshop that is specific to Secwépemc ways. I think QHS would do a great job supporting that.*
- *If there was a loss of a family member, maybe QHS can visit after time has passed. At first, there were a lot of people visiting, but then that dwindled, and we could get someone who understands loss and grief to come visit my home.*

Part 7: Conclusion and Recommendations

This evaluation report shows that QHS was hugely successful over the past 5 years, despite facing a unique set of challenges: being a frontline First Nations healthcare provider through the COVID-19 pandemic; the aftermath of the 215 unmarked graves at Tk'emlups te Secwépemc; and the worsening toxic drug supply / overdose crisis.

The QHS team demonstrated integrity and resiliency, “walking the talk” of the core values and service principles - while also embodying Darien Thira’s Wellness Wheel of values and gifts. QHS continued to build its reputation for excellence, both with members of the three communities it serves and with partner organizations.

In terms of responding to change, the evaluation shows how QHS:

1. Responded effectively to the COVID-19 pandemic, keeping community members well informed, offering COVID vaccines and tests, and pivoting to continue providing services as much as possible while upholding safety requirements.
2. Kept up with and embraced technology change in healthcare, to better serve clients.
3. Continued to provide strong leadership regarding funding and legal changes affecting First Nations-delivered healthcare.

The evaluation demonstrates how well the goals and objectives of QHS’ 2018-2023 Community Health Plan were met. The vast majority of intended actions were carried out, with many being ongoing in nature. Some actions were no longer required, and a few were yet to be carried out.

The overview of services provided by QHS outlines what is offered, who by, who for, where, how, and why for each of the primary health, dental, home and community care, and public health programs and services provided. In addition, this evaluation presents output statistics showing how many people accessed the various QHS programs and services over the past 4 years.

While continuing to evolve its programs and services over recent years, QHS also developed new ones. Most notably, the Food Sovereignty initiative grew massively – with strong partnerships, and leadership by each of the 3 communities. In addition, QHS added Respiratory Therapy as a new service.

Survey and focus group evidence shows how QHS has contributed to key outcomes:

- **Enhanced access to healthcare services;** clients shared about their experiences of receiving competent, capable care, being treated with respect, cultural safety (non-judgmental, racism-free healthcare), feeling safe to be themselves and say what they need to, and feeling heard and included in decision making about care.
- **Improved ability to make healthy choices,** including to eat well and have a balanced diet; to access local, healthy foods; to engage in physical exercise and active living; and to achieve healthy community connections.
- **Improved ability to meet health goals,** both physical and mental / emotional.

The evaluation provides extensive evidence of how community members are highly satisfied with QHS. Most importantly, clients value the location and accessibility of services, the friendliness and

professionalism of staff, the personalized approach, the specific healthcare services offered, and the overall excellence throughout the organization.

QHS has demonstrated integrity and resiliency, “walking the talk” of its core values and service principles - while also embodying Darien Thira’s Wellness Wheel of values and gifts. It has provided access to an impressive range of healthcare programs and services, delivered with a person-centred, holistic approach.

In addition, the evaluation reveals how QHS has helped address the broader determinants of health such as: personal health practices and coping skills; social support networks, early childhood development; and lifelong learning.

The evaluation generated numerous suggestions for the future of Q’wemtsin Health Society and its services. Input from community members, staff, Board members, and partner organization representatives provided the basis for the following recommendations.



Board Workshop Participants, with the Evaluator, May 2023

Recommendations

Recommendations from this evaluation are organized in the following 5 categories:

1. New programs
2. Existing programs
3. Administration
4. Governance
5. External relations

QHS Board and staff members collaborated in developing the 13 recommendations, helping make them meaningful and viable.

New Programs

1. Create an integrated mental wellness program.

Much of the input from Elders and other community members focused on the need for strengthened mental health resources. The three communities face a mental health crisis, following the trauma associated with the pandemic and the publicity around the discovery of unmarked residential school gravesites.

Resources focused on substance misuse and addictions can be included as part of mental wellness programming. Typically, people who are “self-medicating” are doing that for legitimate reasons. Evaluation participants emphasized the importance of doing more around the opioid crisis, and the need for more follow-up support to facilitate better outcomes for people who have gone away for treatment.

An integrated mental wellness program will bring together:

- Existing QHS counselling and harm reduction services.
- Mental health, addictions, and related services currently offered through the Bands.
- New resources as needed, including resources to better respond to the opioid crisis.

Board discussion identified the need for a strategy around opioids, emphasizing prevention planning – becoming proactive and addressing unresolved trauma. Elements of this strategy could include:

- *Finding ways of healing together, on the land. Walking through the bush, letting ourselves brush off with the long grass – “no we don’t need all your pills”.*
- *Using brain science to demonstrate the power of traditional wellness activities:*
 - *Compare the brain on opioids vs. when drumming, doing cold water plunges – the physiology to prove our theory that doing these things is healing.*
 - *Reference existing research on how rattling together brings out empathy.*
- *Providing drug users access to safe substances and safe places to use them – to keep people alive through the opioid crisis.*

Board and senior staff discussion included the following points:

- *This crisis is going to get worse. People are dying at home / in family members’ homes.*

- *Getting into schools early and teaching young people what trauma is, how it affects them, and what to do when you've experienced it.*
- *Factors such as racism and loneliness – of our youth and elders. We need to deal with loneliness, putting on events strategically, through the winter especially – having winter gatherings. We have lots of laughter, lots of conversation. The events are so important to heal the loneliness.*
- *People missed ceremonies due to COVID – a multi-nation gathering for healing needs to happen.*
- *Drugs and alcohol disconnect people from their communities and families – so reconnection to ourselves, our family, and our Nation is so important. Every time we gather people are healing. "This is what healing looks like".*
- *We need to look at it through the lens of new families – first 2-6 years of life.*
- *Some mental health conditions do require medication. However, with so many people getting labelled with anxiety and depression, many do not need medications – need to go outside, get off the phone, exercise, and eat healthy. Some of the prescriptions are very physically addictive.*
- *FNHA is talking about "on the land" – but much of it is just talk – we need action.*
- *This is the beginning: we are talking about hundreds of years of trauma. So, we have to get going on this stuff.*

2. Further explore opportunities to support community-driven traditional healing.

QHS has maintained the view that traditional medicine and contemporary healthcare do not generally mix well. However, the 2018-2023 Community Health Plan does include objective 4.3, *"Assist and support the three communities as they (re)connect with Secwépemctsin language and traditional wellness"* – along with five action items. Community members participating in this evaluation advocated for QHS taking a stronger role in this area.

The massive success of the QHS-led Food Sovereignty initiative illustrates what is possible in collaborative program development and mobilization of resources. The QHS role in that has involved planning, engagement, partnership development, and pilot projects. The results include extensive Food Sovereignty programming being funded and delivered by QHS in partnership with the 3 communities – with QHS providing support and leadership of the overall initiative.

Board input on traditional healing possibilities included:

- *Celebrate the new babies and who they are – at an annual event. Have it on a consistent date, like the Pow Wow, so people know to plan their lives around it.*
- *TteS wanting to have bundles and naming done.*
- *All levels of meetings talk about "on the land" – and QHS could be the leader in this, but we just need to figure that out. We all have different hunting camps and fishing camps – all of those could be used for on the land healing areas. Round Lake is proof that it works. It does need to be community driven.*
- *We have three documents on land-based approaches / healing strategies for traditional wellness – we're at the point of how to operationalize these ideas. This isn't about*

ceremony but about processes – including hiking, seasonal rounds, hunting and gathering. How do we make these things a reality? We have to be able to prove that these processes are as beneficial as the medications that are prescribed.

- *We need champions – the only way it is successful is there being a champion. Whether is berry picking, fishing camps, or canning, there's got to be a champion who doesn't allow it to die.*
- *QHS could serve as the traditional wellness spearhead, working with community champions.*
- *Budgetary wall: leaders of FNHA to learn what it looks like – have a few as a Nation, and smaller ones as communities – smaller budget to have on-the-land healing sessions. Discussions at all levels need to happen.*
- *Skeetchestn – arnica harvesting, devil's club – lots going on seasonally right now. People would not want to share harvesting locations. QHS can buy supplies, do promotion. Will vary over time – winter may be more a time for indoor crafts.*
- *Go back to prevention: how do we get wellness for our youth? Before they start getting addicted to their phones, opioids, or sugar.*
- *The canoe journeys are an amazing experience, experiencing culture in traditional ways. Unity rites.*

Staff input included:

- *Like with the Food Sovereignty initiative, QHS can serve as a resource; proposal writing; building partnerships; organizing workshops; etc.*
- *Could have rotating traditional workshops. Each community has their own harvesting grounds and different practices. Rebooting the traditional wellness workshops, doing traditional crafts. Up to communities to decide whether to include members of other communities.*
- *"We used to be a Nation; with colonization we were divided. We're all unique, but we should all be working together."*

3. Initiate formation of crisis intervention teams.

When communities go into crisis, due to accidental deaths, floods, fires, etc., it often happens after hours and on weekends. QHS will address this by securing funding and putting together a crisis intervention team that will be on call after hours, plus a therapeutic intervention team with a psychologist and a psychiatrist. These resources will support Band staff, Chief & Council.

Existing Programs

4. Continue to prioritize general practitioner and nurse practitioner services.

Predictably, community members expressed an urgent need for improved access to primary health care – especially general practitioner and nurse practitioner services. Recently QHS faced an extreme HR challenge in this regard, working with IH to secure access to these essential primary care practitioners.⁹

⁹ The GP and NP services themselves are provided by the Province, and the QHS role is to provide the facilities.

5. Deepen connection across QHS programs.

Through the pandemic there was some loss of connectivity across QHS programs. This is now rebuilding, and newer staff are better able to connect with the broader team. As the team grows, it may be valuable to explore how QHS can enhance services by working together more closely, and how to keep all staff connected with each other - including contractors who mostly work offsite.

Regular planning meetings with community staff will contribute to this connectivity.

Staff input:

- *It is a high priority for communities that staff are connected and understanding of one another for continuity of care.*
- *Staff within the office work together closely, and it would be good to engage contractors who work offsite how they can be meaningfully connected.*

6. Explore family-based care.

Community members suggested that a family-based approach to health would make sense. For example, a focus group participant said: *“maybe QHS could treat a family at once or make it more of a group experience.”* This approach would be in keeping with the proposed mental wellness initiative, which will have a holistic focus on working with families rather than just with individual clients.

Staff input:

- *Working with ancestors can be a powerful approach in family-based care.*
- *Taking an individualized approach is key – allowing clients to choose what family members to include.*

Board discussion:

- *Currently community members bring family members to appointments as they wish. But it must be clear that other family members can't also access appointments.*
- *Where this could happen is when we do community group work – at workshops or community events (medicine picking, etc.). Need to encourage members to do it as a family.*

7. Continue to explore service possibilities identified in the 2018 Community Health Plan.

Evaluation input suggests that some of the service development possibilities identified in *Re Stsq'ey's es Qellqéllt.s*, the 2018-2023 Community Health Plan, are worthy of further attention and implementation in 2023-28. These include:

- Challenge funders so that QHS can extend services to *urban and away from home* members... and other community members who are immediate family of band members (Objective 1.3). *Board discussion:*
 - *Not in agreement with serving “other community members...” – need to delete this from the updated Community Health Plan.*
 - *This advocacy is ongoing.*
 - *All programs are open to urban and away from home members except for public health and pre- and post-natal services.*

- Expand elders' services and other health services in the three communities (Objective 2.3). *Staff input:*
 - *Need to start teaching respite care, and how to take care of your Elders.*
 - *Need to assess what services we are providing, and what are the gaps. Getting feedback from the Elders and community members.*
- Organize educational health activities that bring people together (Objective 4.1). *Staff input:*
 - *Transportation is key – bringing people to sessions.*
 - *Rotating educational sessions among communities.*
 - *Educational series on mental wellness – to be informed by community.*
 - *These activities and events are ongoing.*
- Provide educational sessions, resources, and materials on current, relevant health and wellness topics (Objective 4.4).

Administration

8. Further strengthen communication and engagement with community members.

Community members and staff participating in the evaluation indicated that, despite ongoing, extensive communication and outreach efforts by QHS, many people remain unfamiliar with what programs and services are available – and for whom. Existing communication and engagement activities include the monthly newsletter, updated website, annual satisfaction surveys, and ongoing community outreach through hosting and attending events.

A robust communication and engagement plan could be helpful. This would guide the work of the QHS communication team and help build on the strengths of existing activities.

Board discussion:

- *Skeetchestn is doing more recorded messages to community – positive feedback on this. Kukpi7 Darrel Draney is willing to star in video messages for QHS. For example, male Board members could promote Men's Night on a video.*
- *Could make video ads featuring Board members a standing item at Board meetings.*
- *Health Director Colleen Lessmann is willing to come to Band meetings to present – Skeetchestn could add QHS into the rotation of manager reports.*
- *Explore having QHS messaging on the digital board by the TteS gas station, and on Skeetchestn's sign.*
- *Also get a digital sign for QHS.*

9. Explore expanded facilities.

Facilities planning will ideally consider needs 20+ years into the future. One option would be to create a second floor of the main clinic. To do that would require a temporary site that would allow for continuity of services during construction. Another option would be to create an addition, which could have 2 floors.

Governance

10. Renew Social Development Lead / Community Service Manager participation on the Board.

Staff representation from each community on the Board is important. It improves the ability to communicate and maintain relationships between QHS and community service teams. Staff from the field are aware of front-line realities - and can bring things to the table the Council members may not be able to.

The staff representative's role is to share information, in a non-voting capacity. Normally the position would be filled by a Community Services Manager or Social Development Lead from each community.

11. Engage Elders through existing lunch gatherings.

QHS intends to establish an Elders advisory process by partnering in gatherings already being organized for Elders. The aim is to facilitate these quarterly. This process will involve having Elders coordinators inviting QHS to cohost Elders' lunches as Tk'emlups (with Whispering Pines Elders also invited) and Elders' birthday gatherings in Skeetchestn.

[Note: the evaluator drafted a recommendation to establish an Elders advisory committee, based on input from a facilitated dialogue session with Elders, but staff and Board members rejected this idea.]

External Relations

12. Continue to strengthen connections among member communities, families, and individuals.

Connection and gathering, especially being on the land, are powerful ways to heal. Opportunities to laugh and cry together are key. Opportunities to be in ceremony together, including drumming and singing, uplift health through the power of culture.

QHS, with a Board comprised of leaders representing the 3 communities, is uniquely positioned to bring people together and support connectivity.

13. Continue to actively engage in health tables and strongly advocate with health authorities.

QHS is known for maintaining a strong presence in many health tables and processes. Continuing to engage in these ways will provide opportunities to further influence planning, policy, and programs – reflecting the expertise and wisdom of QHS as a respected, innovative service provider.

Appendix 1: TRC Calls to Action and UNDRIP

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

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

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

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

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

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

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

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

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

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

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

Appendix 2: Decolonization of Healthcare

As outlined in *Re Stsq'ey's es Qellqéllt.s*, QHS's 2018-2023 Community Health Plan, decolonization of healthcare includes consideration of several factors:

- First Nations healthcare funding is in transition.
- The damage caused by residential schools and other genocidal programs continues to be felt and colonial patterns persist (ex: 'powers that be' not recognizing traditional ways of knowing).
- Secwépemc people are reclaiming culture, in the face of continuing colonization.
- The desire to offer traditional wellness services faces many barriers.
- Consideration of the determinants of health is key.

The following provides some analysis of these factors as they relate to QHS.

First Nations Healthcare Funding in Transition

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

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

Effects of Residential Schools and Colonization

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

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

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

Secwépemc People Reclaiming Culture

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

The Secwépemc Nation has three broad health priorities:

- Primary healthcare
- Mental wellness
- Traditional wellness

Barriers to Traditional Healing and Wellness Services

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

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

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

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

Consideration of Determinants of Health

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

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

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

Q'wemtsin Health Society Five-Year Evaluation:

– Staff Interview Questions

April 13, 2023

The purpose of this interview is to gather your perspective on how well QHS has been functioning how it could become even more effective. If there's anything you prefer to keep confidential, please indicate that. If you have any questions or concerns about the interview, you can contact the Evaluator: James Pratt james@prattconsulting.ca 250-858-1001 (cell) 250-920-7826 (land) (working on contract for QHS).

Part 1: Response to Change

1. How well do you think QHS responded to the COVID-19 pandemic?
 - a. Anything you're especially proud of in that response?
 - b. Any lessons learned and / or suggestions for future pandemic response?
2. How well do you think QHS has responded to technological change over the past five years?
 - a. Anything you're especially proud of in that response?
 - b. Any lessons learned and/or suggestions for future technological change response?
3. Any other kinds of QHS innovation over the past five years that you're proud of?

Part 2: Program Evaluation

4. Are there significant activities or services not covered by annual report documentation and stats? If yes, what are they?
5. Do you have any recommendations or action priorities to enhance the effectiveness or efficiency of QHS services?

Part 3: Overall Feedback

6. Any recommendations or action priorities to enhance QHS administration or governance?
7. Anything important that we've missed?

Thanks for your time and input!

Q'wemtsin Health Society (QHS) Five-Year Evaluation:

– External Interview Questions

April 2023

The purpose of this interview is to gather your perspective on how well QHS has been functioning how it could become even more effective. Your responses are confidential.

Part 1: Partnership

1. How would you describe the partnership between your organization and QHS?
2. What is working well in this partnership?
3. Do you have any suggestions or ideas that could strengthen or improve this partnership?

Part 2: Response to Change

4. How well do you think QHS responded to the COVID-19 pandemic?
5. How well do you think QHS has responded to technological change over the past five years?
6. Any other kind(s) of QHS innovation over the past five years that you'd like to comment on?

Part 3: Overall Feedback

7. Do you have any suggestions or ideas that could enhance QHS effectiveness or efficiency?
8. Anything important that we've missed?

Thanks for your time and input!

Q'wemtsin Health Society – Focus Group

March 2023

The purpose of this focus group is to gather information on how Q'wemtsin Health Society (QHS) is contributing to your health and how their programs and services could become more effective.

Like the survey, the choice to participate in the focus group is up to you. Door prizes will be after the focus groups are over.

All responses are strictly anonymous – no names are ever connected to feedback statements.

If you have any questions or concerns about the focus group, you can contact the evaluation consultant: James Pratt, 1-250-920-7826 or james@prattconsulting.ca (working on contract for Q'wemtsin Health Society).

Part 1: If you accessed services through QHS in the past 5 years... (show of hands?)

1. ... how competent was the care you received?
2. ... how was your experience of being treated with respect?
3. ... how much did you experience cultural safety (racism-free healthcare)?
4. ... how much did you feel safe to be who you are and say what you needed to say?
5. ... how much did you feel heard and part of decision making about your care?

Part 2: Over the past 5 years, what changes have you noticed in terms of:

6. ... achieving healthy self-determination (such as making your own life choices)?
 - a. Did QHS support this? How?

7. ... achieving healthy community connections?
 - b. Did QHS support this? How?
8. healthy lifestyle, such as eating well and having a balanced diet, levels of physical exercise, and achieving your physical and mental health goals?
 - c. Did QHS support this? How?

Part 3: Feedback on Q'wemtsin Health Society

9. What about QHS works well for you?
10. If you have family members not seeking services at QHS, why is that?
 - a. Lack of awareness of services offered?
 - b. Concerns about privacy?
 - c. Other reasons?
11. Any suggestions about how QHS could improve?

Thank you for participating in this focus group!

5-Year Evaluation Survey of Q'wemtsin Health Society (QHS)

The purpose of this survey is to gather information on how Q'wemtsin Health Society is contributing to your health and how their programs and services could evolve and grow.

To participate you must be a member of Skeetchestn, Tk'emlups te Secwépemc or Whispering Pines / Clinton.

The choice to participate in the survey is up to you. All responses are confidential. Everyone who completes a survey will be entered to win an Apple watch.

If you have any questions or concerns about the survey, you can contact the evaluation consultant: James Pratt, 1-250-920-7826 or james@prattconsulting.ca (working on contract for Q'wemtsin).

Part 1: Basic Information

Today's date: _____

1. Which community are you a member of? *(please mark one box)*

☐ Tk'emlups te Secwépemc
 ☐ Skeetchestn
 ☐ Whispering Pines / Clinton
2. What is your age group?

☐ 10-24

☐ 40-54

☐ 70 or older

☐ 25-39

☐ 55 - 69

3. What gender are you?

☐ male ☐ female ☐ other (specify if you wish):

Part 2: Services Used

4. Over the past 5 years which of the following QHS services have you used? *(Please check boxes)*

Maternal/Child Health services (Circle of Life program, including pre and postnatal care)		Mental Health Counselling	
School Health Programs		Elder Meal Program (delivery)	
Dental Hygienist		Home Care Workers / Nurses	
Dentist		Respite Care	
Naturopath Doctor		Medic Aid System	
Physician		Chronic Disease Management	
Communicable Disease Control program (child and adult immunizations, flu and COVID vaccines, COVID testing)		Wound Care / Nursing Treatments / Foot Care	
Dietitian / Diabetic Educator / Food, nutrition, and cooking education sessions		Respiratory Therapy	
Nurse Practitioner		HIV / AIDS Testing and/or Services	
Harm Reduction		Craniosacral Therapy (massage)	

Part 3: Outcomes

Please circle a number, 1 – 5, to indicate your level of agreement with each statement below.

When I accessed services through QHS in the past 5 years...

5. ... I received competent / capable care.

agree strongly agree somewhat not sure disagree somewhat disagree strongly

1 2 3 4 5

Comments:

6. ... I was treated with respect.

agree strongly agree somewhat not sure disagree somewhat disagree strongly

1 2 3 4 5

Comments:

7. ... I experienced cultural safety (non-judgmental, racism-free healthcare).

agree strongly agree somewhat not sure disagree somewhat disagree strongly

1 2 3 4 5

Comments:

8. ... I felt safe to be who I am and say what I needed to say.

<i>agree strongly</i>	<i>agree somewhat</i>	<i>not sure</i>	<i>disagree somewhat</i>	<i>disagree strongly</i>
1	2	3	4	5

Comments:

9. ... I felt heard and part of decision making about my care.

<i>agree strongly</i>	<i>agree somewhat</i>	<i>not sure</i>	<i>disagree somewhat</i>	<i>disagree strongly</i>
1	2	3	4	5

Comments:

Please check a box for yes, no, not sure, or “not applicable” if this was already fully achieved.

Over the past 5 years, would you say QHS has contributed to you improving your:

10. ability to eat well and have a balanced diet? ☐ yes ☐ no ☐ not sure ☐ not applicable

Comments:

11. ... ability to access local, healthy foods? ☐ yes ☐ no ☐ not sure ☐ not applicable

Comments:

12. ... physical exercise and active living? ☐ yes ☐ no ☐ not sure ☐ not applicable

Comments:

13. ... success in achieving your physical health goals? ☐ yes ☐ no ☐ not sure ☐ not applicable

Comments:

14. ... success in achieving mental and emotional health goals? ☐ yes ☐ no ☐ not sure ☐ not applicable

Comments:

15. ... success in achieving healthy community connections? *(for example, feeling good about how you're connected with your community)* ☐ yes ☐ no ☐ not sure

Comments:

Part 4: Feedback on Q'wemtsin Health Society

16. What about QHS works well for you?

17. If you have eligible family members not seeking services at QHS, why is that?

- ☐ Lack of awareness of services offered?
- ☐ Concerns about privacy?
- ☐ Other reasons? *(please specify)*

18. Any suggestions about how QHS could improve?

Thank you for doing this survey!

Appendix 4: Interview Participants

External interview participants:

Karen Cooper, Director, Clinical Operations, Primary & Community Care, Thompson, Interior Health
Loretta Eustache, Band Manager, Whispering Pines / Clinton Indian Band
Simon Gee, Funding Arrangements Advisor, First Nations Health Authority
Orla LeBourdais, Health Director, Whispering Pines / Clinton Indian Band
Anne Leonard, Community Health Representative, Tk'emlúps te Secwépemc
Mary McCullough, Executive Director, Interior Region, First Nations Health Authority
Christine Matuschewski, CEO, Supporting Team Excellence with Patients (STEP) Society
Casey Neathway, Director, Regional Health Emergency Management and Environmental Public Health Services - First Nations Health Authority
Shawn Scotchman, Nation Health Manager, Secwépemc Health Caucus
Vivian Simon, Band Manager, Skeetchestn Indian Band
Lisa Zetes, Executive Director, Clinical Operations, Kamloops Community, Interior Health

Staff interview participants:

Sarah Bennett,
Melissa Bradwell, Naturopathic Physician
Crystal Chartrand, Dental Programs Manager
Tracy Davison, Mental Health Clinician
Lee-Anne Deneault, Office Manager, Skeetchestn Health Clinic
Sheryl Hamilton, Registered Massage Therapist
Kathrin Jules, Home Care Aide
Laura Kalina, Dietitian / Food Sovereignty Lead
Vinnita Lamarche, Medical Office Assistant
Christine Lessmann, Acting Home Care Manager
Colleen Lessmann, Health Director
Vickie Lyons, Receptionist, Relief Medical Office Assistant
Lindsie Manywounds, Receptionist
Suzanne Marsel, Footcare Specialist
Tiffany Peterson, Receptionist
Diane Proctor, Community Health Nurse Manager
Lakshana Ramdhonee - Finance Officer
Megan Rosette, Office Manager / Medical Office Assistant
Bobbi Sasakamoose, HR Manager
Diala Toulany, Diabetes Educator/Dietitian