

HESKW'EN'SCUTXE HEALTH SERVICES SOCIETY

10 YEAR HEALTH PLAN



Cook's Ferry
Indian Band
Nlaka'pamux Nation

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EXECUTIVE SUMMARY

Heskw'en'scutxe: Taking Care of Ourselves Through Change

Heskw'en'scutxe Health Services Society (HHSS) is developing an updated Ten-Year Plan that sets the direction for our organization to support the health and well-being of the people of Cook's Ferry and Siska Bands. The Plan identifies critical wellness issues and concerns of the communities, and sets a path for HHSS to be a thriving organization.

Heskw'en'scutxe Health Services Society has the responsibility to support the health and well-being of on-reserve members of Siska and Cook's Ferry Bands, to bring our communities to the same level as those receiving care off-reserve – First Nations Health Authority, and the Provincial Health Authorities have the primary responsibility for health service delivery to our members and all citizens of British Columbia. We are also responsible for advocating for more services and supports for our members, improved systems for accessing care and support, and improving equitable care for all members, regardless of where they live.

We are in a time of major change and uncertainty, both locally and globally. Our healthcare systems are struggling to adapt to the ongoing effects of the pandemic, complex social issues, economic downturn and inflation, and an aging population.

Throughout the country and in our region, we are experiencing the consequences of a shortage of healthcare workers, doctors and nurses, and strained mental health services. More locally, our communities have been deeply impacted by fires and floods, resulting in significant losses in essential services and critical infrastructure, and causing great emotional distress and trauma for our community members.

In this context, this Plan is designed around **Key Themes** for Heskwen'scutxe Health Services Society, focusing our efforts and work to achieve critical Goals for the coming years:

- A **stable and strong organization** that can respond to the needs of our community members and adapt to the ongoing change;
- Expanded **physical, mental and emotional health services** in the communities we serve;
- **Greater access to health services** for our community members;
- **Stronger and more collaborative relationships** with our partners in wellness; and
- More integrated **connection to Nlaka'pamux culture and traditional practices**.

This Plan builds a foundation for adaptation and enhancement of the Society into the future. Heskwen'scutxe means "Take Care of Yourself"; this Plan is intended to help us take care of ourselves through a changing time.



Our Commitment to

As the Board of Directors of the Heskw'en'scutxe Health Services Society, we are honoured to share our latest Ten-Year Plan. This Plan provides a pathway for our organization to support the health and wellness of the people of the communities we serve. It is based on the priorities and needs of our people, building on our strengths and assets, and supported through collaboration with our many Wellness Partners.

Our Society is deeply committed to advancing the health and wellness of our communities, combining modern health science and practices with traditional knowledge, culture, and wisdom.

Over the past years, we have faced numerous unprecedented challenges that have tested our emotional and mental well-being, and deeply impacted our communities and members. Through these times, we have witnessed the resilience and strength of our people and communities. It is this spirit that has fueled the vision and mission of our organization.

Our Key Themes, as outlined in our plan, are:

Mental Health and Emotional Well-Being:

We will work to expand access to mental health counselling and emotional support services, with an emphasis on trauma informed and culturally appropriate services. Adding nursing capacity will allow improved Home Care support, which in turn supports greater mental and social well-being.

Expanded and Equitable Access to Health Services:

We will work to expand and improve access to primary care services for our members living in the communities we serve; we will expand access to critical services in the communities and improve coordination of services through centralized primary and urgent care providers. We will add critical nursing staff and in-community nursing services, to add support to members, and increase our Home Care capacity. We will work to expand and improve access to health and wellness services for members, including improved patient transportation options, through direct transportation support and public and other transportation providers, and advocate for more services for all members, including access to care for members living off-reserve.

Indigenous Health and Wellness

We raise our hands to our dedicated staff for their tireless efforts and commitment to the health and well-being of all members we serve – our work could not be done without them, and they deserve our thanks and respect.

We also thank everyone who has supported us in our goals, and in developing this plan – community members, Elders, youth, health service providers, and external partners throughout our Nation – and we invite all of you to join us as we move forward together.

Our Ten-Year Health and Wellness Plan represents our dedication to building a brighter and healthier future for our children, families, and generations yet to come. This Plan is not just a document: it is our commitment to the values and principles that define us as Indigenous peoples.

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Heskw'en'scutxe Board of Directors

Culture and Traditional Practice:

We will work with community members, Elders, and partners in wellness, to increase the availability and access to cultural activities and traditional practices, and work with health practitioners to better integrate traditional and cultural practices, and greater cultural awareness and safety into health service delivery.



Operational Effectiveness and Efficiency:

We will work to expand our internal capacity, create a stable, knowledgeable, and well-trained staff, and improve coordination and collaboration with other service providers and partners in health. We will work towards achieving and maintaining accreditation to continue to improve our service delivery, effectiveness, and accountability.

ABOUT HESKEW'EN'SCUTXE HEALTH SERVICES SOCIETY

Background:

Heskw'en'scutxe Health Services Society is a registered extra-provincial, non-share corporation under the *BC Societies Act*. The Society was first established in June 1997, originally with five signatory communities in the Fraser Canyon, and today provides supportive health services and programs to the Cook's Ferry and Siska Bands, through funding provided by the First Nations Health Authority.

We provide primary and supplemental health services in collaboration with and support of other health and wellness providers throughout the territory.

Our work and Mission Statement are guided by our Vision – what we as a Society are striving to be in an ideal future.

Vision Statement

Ten generations from now our members will continue to be healthy spiritually, emotionally, mentally, and physically, supported by their community and through Heskw'en'scutxe services rooted in Nlaka'pamux traditions, culture, and values.

Mission Statement: Our role

“Heskw’en’scutxe” = “Take care of yourself”

Heskw’en’scutxe Health Services Society supports the health and well-being of members of the Cook’s Ferry and Siska Indian Bands, by providing services, information, referrals, and support, based on cultural values and practices, combined with complementary wellness approaches. We will continue to work toward sustaining healthy families and communities; honouring and supporting each member’s independence and self-reliance.

Commitments:

Heskw’en’scutxe will consciously strive to realize its vision through communications, visibility in the communities, development of programs and continual improvement of the delivery of health services.

In accordance with the funding received from FNHA, the Mission and Vision of the society are to support community-based health programs and for people to maintain their independence and self-sufficiency.

GOVERNANCE AND STAFF

Board of Directors

The work and operations of the Society are directed by the guidance of our Board of Directors, and implemented by the Society Staff, through the leadership of the Health Manager.

The Board of Directors consists of four (4) appointed directors, as well as the Chiefs of each of Siska and Cook's Ferry Bands, as Community Member representatives.

The 2023-2024 Society Board of Directors are:

- Lorette Edzerza – Board Chair (Cook's Ferry Representative)
- Samantha Gush – Director (Siska Representative)
- Angela Phillips – Director (Siska Representative)
- Florine Walkem – Director (Cook's Ferry Representative)



Staff and Administration

Our Society’s work is undertaken and administered by its dedicated and hard-working staff. Staff report to the Health Manager and department managers. The Health Manager reports to the Board of Directors. Between 2019 and 2024, the Health Manager position was filled in an Acting capacity by the Society’s Finance Manager, Tina Draney.

NAME	ROLE
Mandy Cormier	Health Manager
Tina Draney	Acting Health Manager/ Finance Manager
Pamela Jules, RN	Home and Community Care Nurse (HCN)/ Community Health Nurse (CHN)
Scarleth Zwez-Ruiz, RN	Home and Community Care Nurse (HCN)/ Community Health Nurse (CHN)
Lisa Colwell, LPN, AFCN	Home and Community Care Nurse (HCN)
Nadine Methot	Administrative Assistant / Medical Transportation Clerk
Corynn Reveley	Receptionist Siska Office / Medical Transportation Clerk / Harm Reduction Coordinator
Clarissa Fredrick	Community Home Care Aid (HCA) / Nursing Assistant
Danielle Munro	Community Home Care Aid (HCA)
Jessie Munro	Community Home Care Aid (HCA)
Dayton Arnett	On Call Medical Travel Driver
Hazel Billy	On Call Medical Travel Driver / Custodian
Jean McKay	On Call Medical Travel Driver
Martha Van Dyke	On Call Medical Travel Driver
Christy Whittaker	Casual Support

OUR SERVICES AND AREAS OF CARE

Heskw'en'scutxe Health Services Society is an important partner among many service providers supporting health and wellness to Siska and Cook's Ferry members.

However, the Society and its staff have a relatively limited scope of services and supports that we provide – our services supplement the primary care provided through First Nations Health Authority and Provincial Health Authorities, among others.

The Society provides services as required through our multi-year funding agreement with First Nations Health Authority (FNHA).



Our Areas of Care and Services provided include:

Home Care

- Home Care Services
- Community Nursing
- Chronic Disease Management
- Medication Administration
- Wound Care
- Post-Hospital Care
- Palliative Care
- Referrals to Assessment for Assisted Living and Long-term Care

Health Promotion and Disease Prevention

- Communicable Disease Control
- Immunization
- TB Testing and Treatment
- Harm Reduction Supplies
- Diabetes Prevention and Support
- Dental Care (in-clinic and referrals)

Maternal and Children's Health

- Healthy Child Development
- Newborn Supplies and New Parents Support, Baby-Naming Ceremony Support
- Children's Oral Health
- Growth and Development Assessment
- Jordan's Principle Support

Other Services

- Patient Transportation Support
- Mental Health Referrals and Support
- Addiction and Treatment Referrals
- Referrals to Allied Health Care Providers
- Foot Care, Massage Therapy, and Referrals for Physiotherapy
- Funeral Service Support
- Treatment Support
- Community Events
- Medical Equipment and Supplies
- Pharmacy and Medication Pick-up
- Shopping and Household Support
- Health Infrastructure and Maintenance
- Collaboration with Social Development Departments
- Collaboration with Indigenous Services Canada
- Cultural Activity Support and Contributions to Attend Events
- Communications and Community Outreach, Newsletters, Facebook, Instagram, Cold-calling Clients, etc.

THE COMMUNITIES WE SERVE: COOK'S FERRY AND SISKA BANDS

Heskw'en'scutxe Health Services Society is guided by our multi-year funding agreement with First Nations Health Authority (FNHA). The Agreement sets out the services and supports that HSS provides to the members of the Cook's Ferry and Siska Bands. These communities are part of the Nlaka'pamux Nation located in the Southern Interior region of the province of British Columbia.

The Nlaka'pamux people have always moved through the territory using the resources available for fishing, hunting, and trapping, as well as gathering plants for food and medicines. The Nlaka'pamux remain distinct, and our cultural practices are strong, despite the devastating impacts of residential schools, colonization, and other assimilation attempts.

Cook's Ferry Indian Band has reserves of various sizes that are located primarily in the Thompson River Valley between Ashcroft and Lytton, with a small reserve at Antko (near the City of Merritt). Siska Indian Band has several reserves in the Fraser Canyon, primarily south of the Village of Lytton.

Heskw'en'scutxe Health Services Society provides health services to approximately 240 community members of both Siska and Cook's Ferry Bands, primarily living on-reserve at Siska, Spences Bridge and Antko near the City of Merritt. We also provide some services and support to off-reserve members, including those living in nearby communities.



Community Demographics

Both Siska and Cook's Ferry Bands are part of the Nlaka'pamux Nation; while they share many similarities, each community has its own specific characteristics, demographics, geography and social structures and approaches.

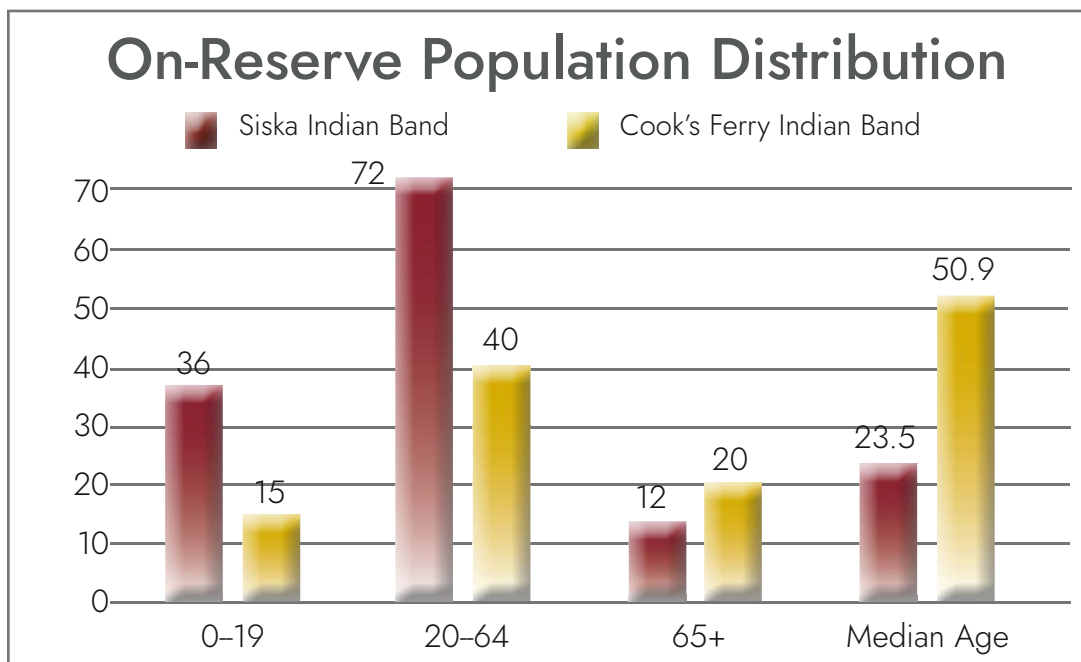


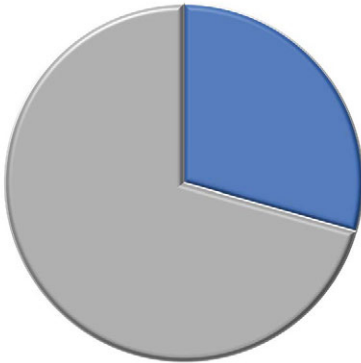
Figure 1: Siska and Cook's Ferry Band on-reserve statistics, 2023.
Sources: Statistics Canada (Cook's Ferry); Heskwen'scutxe Health Services (Siska)

The on-reserve populations of Siska and Cook's Ferry are quite different, with Siska having a markedly younger population than Cook's Ferry members, and a greater percentage of members living on-reserve, particularly those living at Spences Bridge (Figure 1). More of the Siska community is comprised of families with young children, whereas Spences Bridge has a much higher population of Elders.

Siska Indian Band and Cook's Ferry Indian Band have similar total populations, at 336 and 381 respectively, but the members living on-reserve versus off is slightly higher for Siska (Figure 2). A total of 77 Cook's Ferry members live on-reserve (their own or another reserve), while 114 Siska members live on-reserve (mostly at Siska). This means approximately two-thirds of Siska members and 80 percent of Cook's Ferry members live off-reserve, which can have significant impacts on members' ability to access some of the services provided by Heskwen'scutxe, as many members do not have readily available access to programs and services provided on-reserve.

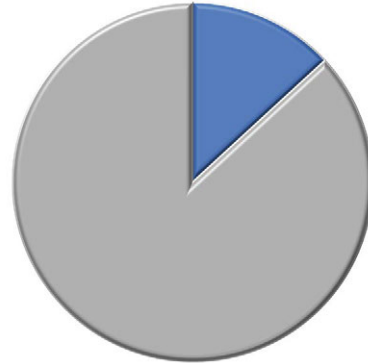
Note: the available population census data is incomplete, and the charts likely are not 100% accurate. However, they do demonstrate the general differences between the populations of the communities. It will be important for HHSS to work to compile and monitor accurate demographic data, as this will impact services and programs to be provided.

SISKA INDIAN BAND



■ Population on-reserve ■ Population off-reserve

COOK'S FERRY INDIAN BAND



■ Population on-reserve ■ Population off-reserve

Figure 2: Siska and Cook's Ferry Population Profiles, 2023

Geography also plays a role in the differences between each community. Members are dispersed and many must travel significant distances to receive services. Cook's Ferry members residing at Antko face a one-hour drive to Spences Bridge, and Siska members reside another 40-minute drive south of Spences Bridge. This creates barriers and challenges for service providers – especially nurses, who are often based in larger communities such as Kamloops and Merritt – as well as community members to receive consistent and readily available service and supports.

Heskw'en'scutxe has physical clinic and office space at both Siska and Spences Bridge. The office at Siska is in a temporary modular unit on land rented from the Siska Band. The HHSS clinic and office is co-located with the Cook's Ferry Band Administration building in Spences Bridge and rented from the Band. Members living at Antko have specific access concerns of their own – unlike Siska and Spences Bridge, currently there are no physical health or social service spaces on-reserve; many Antko residents expressed feeling isolated from health services.

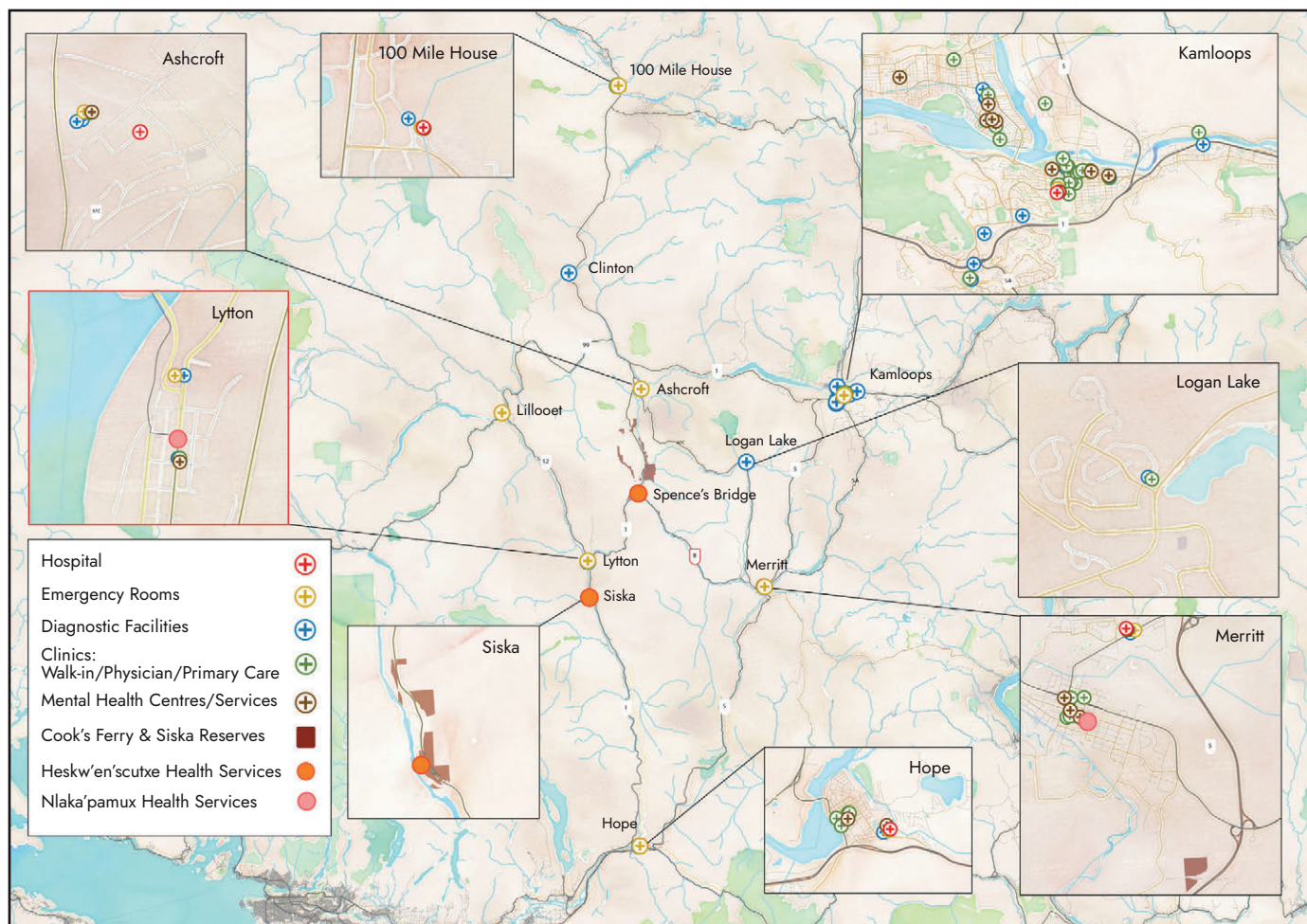
HHSS Office / Clinic at Siska



HHSS Office / Clinic at Spences Bridge



Community and Service Locations



Partners in Health and Wellness

Heskw'en'scutxe is committed to providing health services to the community members of Siska and Cook's Ferry Bands. The scope of services the Society provides is set out in our multi-year funding agreement with FNHA, and as directed by our Board, which includes Band-appointed community representatives.

Health takes many forms including social and community well-being. While the Society plays an important role in supporting the health and wellness of our communities' members, we are only one partner in a large network of organizations and agencies throughout our region.

The Society is only one partner in a large network of organizations and agencies throughout our region.



Individually each of these groups and organizations are important service providers with different roles and responsibilities to community members. Collectively, these groups can work to address a wide range of health issues arising from the broadest scope of health determinants.

Often, individuals and families are not clear on who to contact for specific situations or supports. The information provided below can help to explain each group's role and how we can work together.

Following is a description of the primary health, social and cultural service providers who support health and wellness for the members of Siska and Cook's Ferry Bands, and the Nlaka'pamux Nation as a whole.

Heskw'en'scutxe Health Services Society (HHSS):

Heskw'en'scutxe Health Services Society provides an array of supplemental services provided through the provincially funded Interior and Fraser Health Authorities, as well as social support services provided by the Bands and other agencies.

Services provided by HHSS include Home Care Nursing, Patient Travel support, Public Health and Education, Wellness Promotion and illness Prevention, Immunizations, Maternal Child, Communicable Disease, Jordan's Principle support, and emergency response support. Services are provided for on-reserve members from Cook's Ferry and Siska Indian Bands, as well as some support for members living off-reserve.



Cook's Ferry Indian Band (CFIB):

Cook's Ferry Indian Band provides various member services related to cultural health, social development, food security, and non-health related crisis response under the Community and Social Development department. Cook's Ferry Band is responsible for providing services to members living residing on and off-reserve.



Siska Indian Band (SIB):

Siska Indian Band offers a range of member services that include cultural health, social development, food security, and non-health-related crisis response through their Social Development Department.



First Nations Health Authority (FNHA):

In recognizing the health disparities created by colonialism, all B.C. First Nations members are entitled to health and wellness services through the contractual agreement through FNHA. The agreement with FNHA does not replace existing provincial services but creates increased financial capacity to provide services aimed at addressing the specific needs of the communities while taking a community-driven and Nation based approach.



FNHA acts in place of Health Canada, working with Indigenous communities and health organizations to provide services for members living on- and off-reserve, and funding an array of health programming, such as Mental Health and Substance Use, Primary Care, Public Health, Traditional Wellness and Healing programming, and more. Specific services supported by FNHA vary for different communities, based on the specific agreement.

Citxw Nlaka’pamux Assembly (CNA):



The Citxw Nlaka’pamux Assembly (CNA) was created in 2013 as a powerful and unifying voice for eight Nlaka’pamux Bands regarding the Teck Highland Valley Copper Mine (HVC). It is governed by a Board of Directors appointed by the eight Participating Bands: Ashcroft Indian Band, Boston Bar First Nation, Coldwater Indian Band, Cook’s Ferry Indian Band, Nicomen Indian Band, Nooaitch Indian Band, Shackan Indian Band, and Siska Indian Band.

The CNA’s work is rooted in hundreds of years of history and a legacy of protecting the n̓t̓k̓épmx people and our culture, values, and territory. Headquartered in Merritt, BC, the CNA provides training and job readiness services along with cultural, social, and technical programming to the over 2780 members of the eight Participating Bands.

Nlaka’pamux Health Services Society (NHSS):



Nlaka’pamux Health Services Society provides various services around Mental Health and Wellness, Homecare, Cultural Health, and Youth Programs. These programs are accessible to on-reserve CFIB and SIB members directly, or on referral from HHSS, and are meant as a supplementary support to already existing health services in-community. NHSS is funded by FNHA and supports 12 of the 15 Nlaka’pamux bands including Siska and Cook’s Ferry. NHSS also offers a suite of homecare services that supplement HHSS service when capacity aligns.

Nlha’7Kapmx Child and Family Services Society (NCFSS):



NCFSS provides many community-based and family-oriented services such as child protection services, family support services, mental health supports, addictions and counselling services, and alternative care/ family finder supports.

Interior Health Authority (IHA):



IHA is funded through the BC Ministry of Health and is responsible for providing health services to all BC residents within its boundaries, which includes all Cook’s Ferry reserve lands, Siska Indian Band members, and the homes of many members who live off-reserve. Services are offered in larger population centers, such as Kamloops and Merritt, as well as smaller centers, such as Ashcroft, 100 Mile House, and Lytton.

Fraser Health Authority (FHA):



Like Interior Health Authority, Fraser Health is responsible for providing health services to all Indigenous and non-Indigenous BC residents within its boundaries, which includes Siska Indian Band, and members who live off-reserve. Services tend to be offered in or from larger population centers, such as Coquitlam and Chilliwack, as well as smaller centers, like Hope.

Regional health services include Primary Care, Acute Care (Hospitals including Emergency), Residential Care (Long Term and Mental Health and Substance Use [MHSU]), Allied Health, Public Health, Communicable Disease, Health Prevention and Promotion, Maternal Child services, and more.

While both IHA and FHA have some specific Aboriginal Health and Wellness services, including IHA's Aboriginal Patient Navigator positions – which were established at the demand of Indigenous communities to address long-standing issues related to treatment of Indigenous members -- most services provided through provincial health authorities are based primarily on Western medicine values and traditions.

BC Ambulance: *The BC Ambulance Service operates in the area and is under the authority of the Ministry of Health. BC Ambulance operates stations in Logan Lake, Ashcroft, Lytton, Kamloops, and Merritt. It is funded by the BC Ministry of Health.*

Private Practices:

Private practices throughout the region provide dental care, primary care, mental health counselling, allied health services, and private residential care. Specialists from these private practices are often hosted by HHSS in-community to treat community members for various ailments. Foot care, massage and counselling are examples.

Other service providers throughout the region also support Indigenous health and well-being, including agencies such as Aboriginal Friendship Centres, BC Child and Family Services, Han Knakst Stitwx Society (Women's Transition House), BC Ambulance, Emergency Response, and others.



Partner Services

Each of our partners in health and wellness provides different yet integrated supports, services and programs.



Hesxw'en'scutxe Health Services Society
<https://hhssbc.ca>

- First line of support for members
- Community nursing and public health
- Maternal healthcare and children's oral health
- Homecare and Elders support
- Patient Transportation
- Alternative care - massage, medication pick-up, footcare
- Jordan's Principle
- Telehealth clinics
- Liaison support for mental health and substance use services

Citxw Nlaka'pamux
 Assembly
<https://www.cna-trust.ca/>

- Community-led
- Cultural programming
- Communications Coordinator
- Land-based focus
- Job readiness and training supports

Nlaka'pamux Health
 Services Society
<https://nlxhealth.com/>

- Mental health services: counselling and programs
- Patient Transportation
- Homecare support
- Advocacy

Nlha'7Kapmx Child and
 Family Services Society
<https://n7xservices.com>

- Child protection services
- Family support services
- Mental health support
- Addictions and counselling services
- Alternative care / family finder support

Siska Band

- Emergency support for members
- Space to gather
- Elder and youth programs
- Social Services Program
- Federal funding for community programs

Cook's Ferry Band <https://cookserry.ca/>

- Spaces to gather
- Elder and youth programs
- Community groups and programming
- Social Services Program
- Federal funding for community programs

First Nation Health Authority <https://www.fnha.ca/>

- Funding Agreements
- Health Benefits
- Referral Services
- Operational Support
- Training and Capacity Building
- Regional Coordination
- Doctor of the day program
- Cultural Events and Gatherings

Fraser Health Authority <https://cookserry.ca/>

- Primary and acute care
- Residential care - long-term and mental health and substance use
- Health prevention and promotion
- Maternal child services - including IHA's Aboriginal Patient Navigator
- Allied Health and Public Health

Interior & Fraser Health Authorities

<https://interiorhealth.ca/>
<https://fraserhealth.ca/>

- Emergency services: ambulance, emergency departments
- Urgent and Primary Care Services
- Mental Health and Addiction
- Community Health
- Aboriginal Patient Navigator (IHA)

Private Providers and Community Supports

- Mental health counselling
- Auxiliary health services (massage, foot care, etc.)
- Dentistry
- Han Knakst Stitwx Society
- Conayt Friendship Centre
- Helping Hands Food Bank

DEVELOPING THE PLAN

The work to complete our new Ten-Year Plan occurred over the course of nearly a year of research, consultation, examination of our strengths, capacities and challenges, and report preparation.

This Plan reflects our overarching Mission to support the health and well-being of members of the Cook's Ferry and Siska Indian Bands, by providing services, information, referrals, and support, which are based on values and practices, combined with complementary wellness approaches.

Building on the strengths of the previous Ten-Year Health and Organizational Change Plan, our current Plan is based on a positive vision of health and a holistic approach to health and wellness. This Plan takes a strength-based approach, acknowledging and honouring the resources, assets, and gifts held by our community, health and wellness team members, and community members.

To complete the plan, the Society engaged the services of professional community wellness consultants with more than 20 years' experience working with Indigenous communities and organizations across Western Canada. The consultants conducted extensive background research, reviewed previous reports and studies, met directly with Society and Band staff and leadership, as well as Elders, youth, and adult community members, and conducted and analyzed in-person and on-line surveys.

- ▶ **BACKGROUND RESEARCH AND INTEGRATION OF OTHER PLANNING**
- ▶ **COMMUNITY ENGAGEMENT:**
 - IN-PERSON SESSION**
 - COMMUNITY SURVEYS**



Following is a description of the process we took to develop this Plan.

Background Research and Integration of Other Planning

As a starting point, we reviewed numerous sources of foundational background information, which helped to orient and assist in guiding the planning process.

These documents include:

- Heskwen'scutxe Health Service Society Annual Narrative Report, 2021-2022
- Heskwen'scutxe Health Services Society Community Health Plan Discussion: Identifying Health Priorities, 2017
- Heskwen'scutxe Health Services Society Website
- Heskwen'scutxe Health Services Society Planning documents
- Community Health Plan Evaluation Report, 2017-2018
- Nlaka'pamux Health Services Needs Assessment for Nursing Enhancement, 2019
- Partnership Opportunities with Heskwen'scutxe Health Services Society, 2018
- Health and Wellness Plan: 10 Year Health Plan, 2010
- Nlaka'pamux Nation Health Services Annual Report, 2021-2022
- Nlaka'pamux Nation Health Profile, 2020
- Cook's Ferry Indian Band Health Centre Feasibility Study, 2023
- What We've Heard: Siska's CCP Progress Community Report, 2023
- Siska Indian Band and Cook's Ferry Indian Band Community Profiles
- FNHA Health and Wellness Planning Toolkit for First Nations
- First Nations Health Council 2022 Gathering Wisdom Report



Community Engagement

Community input was essential to ensure that the Health Plan accurately reflects what our members are experiencing and what they feel they need. Community engagement occurred over several months, and involved a combination of community meetings, direct interviews, as well as print and on-line surveys.

In-Person Sessions

During the months of April and May of 2023, consultants attended events at both Cook's Ferry and Siska, and met with community members. "Community Bingo" cards were distributed, which included questions about health and wellness needs, goals, desires and existing health and wellness assets.

In June of 2023, the planning team hosted engagement sessions at Siska, Spences Bridge and Antko reserves. Afternoon and evening sessions were hosted in-community and were open to any member. Discussion topics included community members' health and wellness goals and aspirations, current health issues and concerns, as well as the tools to support health and wellness. Responses were recorded during these discussions, and for members who did not wish to speak in the group, paper workbooks were provided where they could provide their input. A significant portion of the discussions focused on various tools and assets members have that support their health, and ways these assets might be strengthened or improved upon.

In addition to meeting with community members, the consultants also engaged with healthcare professionals from the network of regional service providers. Direct meetings and interviews were conducted with several health care practitioners and support service providers throughout spring and summer of 2023. These included:

- HHSS Board and staff members
- Social Development Officers from Cook's Ferry and Siska
- Band Leadership
- Aboriginal Patient Navigator from Interior Health Authority
- Staff from Citxw Nlaka'pamux Assembly
- Staff from Nlaka'pamux Nation Health Services Society
- Private Practice Counsellors that serve Cook's Ferry and Siska members

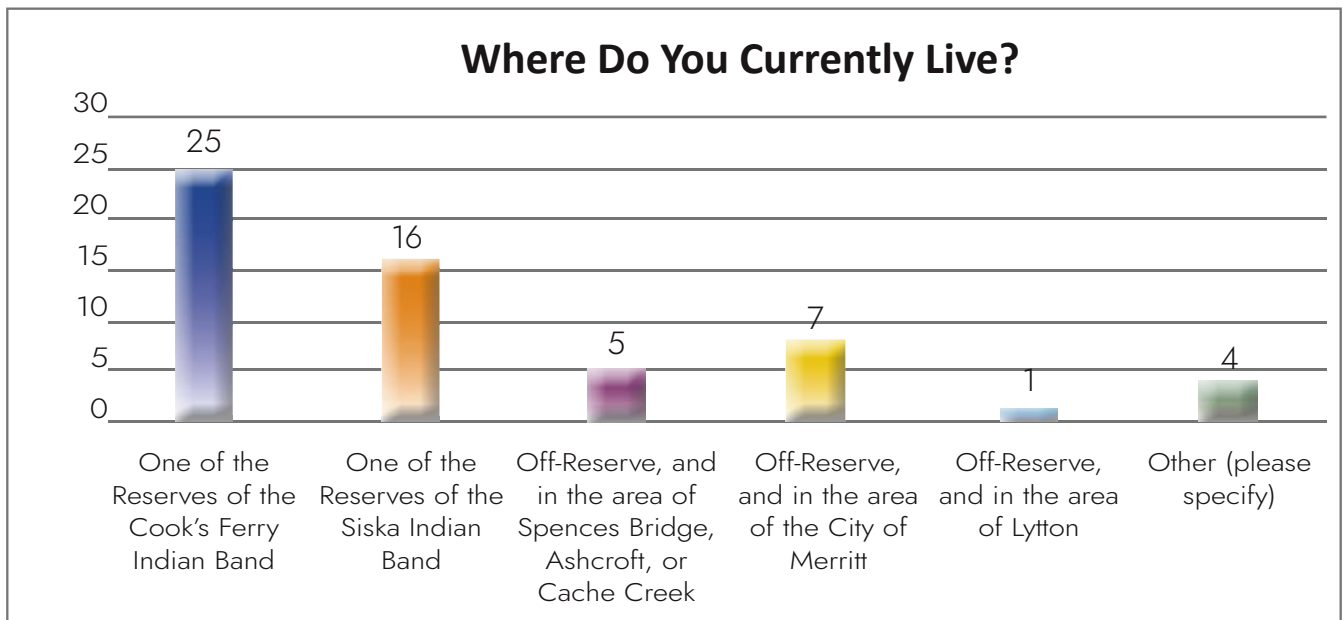
Throughout the engagement process, information was gathered about the possible networks of support for Siska and Cook's Ferry members, healthcare gaps and needs that are not being adequately addressed, as well as services that are currently being left untapped. These meetings helped us to better understand the interrelation between healthcare services, and helped us to create a "services map" that forms part of the basis for this health plan.

Community Surveys

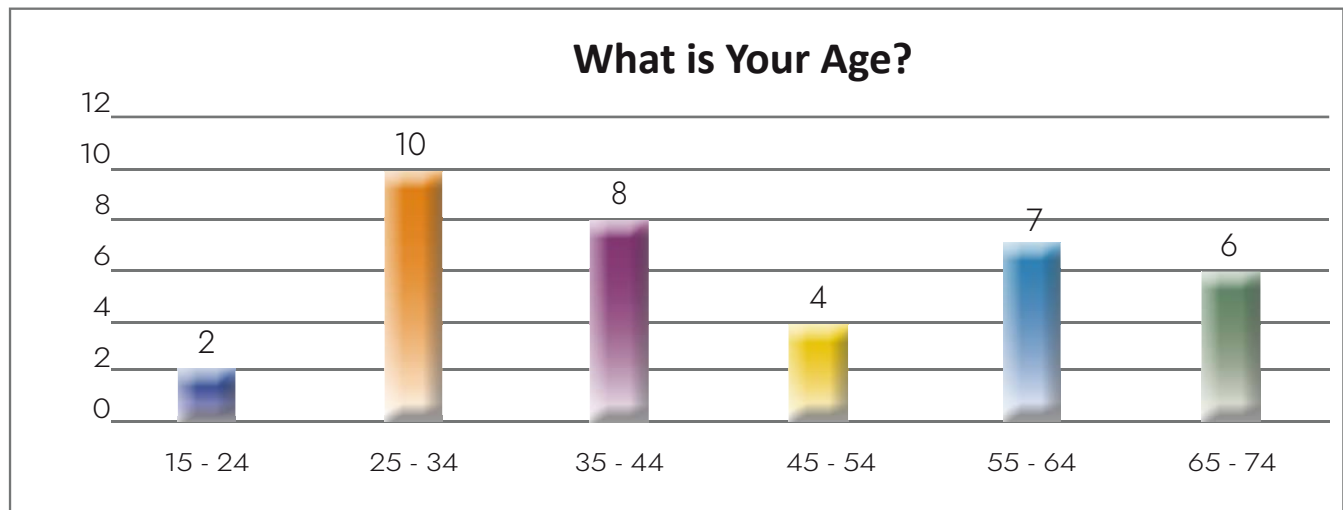
Consultants administered both printed and online surveys to gather information, grounded in themes that arose during the earlier meetings with community members and healthcare partners. The survey helped us to gather important input from members who did not attend in-person community sessions.

The surveys were well received, with relatively high levels of participation across the communities and different cross-sections of members, however they do not reflect the opinions of all members as there was not a 100% response rate. The community surveys reflect responses from engaged members, and are an important piece of the larger picture that makes up the needs of HSS community members.

A total of 54 surveys were completed by members living in Siska and Cook's Ferry Reserves, as well as others living off-reserve (mostly within Heskwen'scutxe's service delivery area or nearby).



The ages of survey respondents ranged from 15 to over 75, with most being between 35 and 74.



HEALTH AND WELLNESS OF OUR COMMUNITIES - CHALLENGES AND OPPORTUNITIES

Our Health and Wellness Plan considers the overall condition of the health and well-being of the people we serve. This requires consideration of the historical, the current, and potential challenges that impact our communities and organization.

There are a wide range of determinants of health and well-being, particularly for Indigenous communities and organizations. As stated by the First Nations Health Council (FNHC) in their 2022 Gathering Wisdom Report¹, these include “political conditions, systemic conditions, societal circumstances, population characteristics and individual behaviours.” The Gathering Wisdom Report – and the work of the FNHC in general – provides important direction and guidance on the best practices and approaches that should be taken for Indigenous health care; HHSS strives to follow these important principles and directives in all our work.

The members of our communities and the people of our Nation are affected by many of these issues which impact our overall health and create specific challenges and opportunities for Hesk’w’en’scutxe and our health partners. Our social determinants of health, as outlined in the report, include: generations of colonization and racism; poverty and wealth disparity; inadequate housing and infrastructure; barriers to consistent and meaningful employment; food insecurity; and racism and gender bias in the health care system.

The following are some of the determinants of health described by our community members that inform our health goals.



1 “10-Year Strategy on the Social Determinants of Health Reclaiming Our Wellness. Remembering Our Future”, First Nations Health Council, 2022. www.fnhc.ca/wp-content/uploads/2022/10/GWXII_10-year-strategy_web.pdf

Economic Challenges and Food Insecurity

Many of our members have significant economic challenges. Rising costs of fuel, food, and other necessities has created greater stress and strains on families and individuals.

More of our members have come to rely on our food programs, which have only limited consistent funding and require significant time and effort from our Health and Band staff, as well as volunteers and external programs.



Infrastructure and Transportation

The infrastructure that connects our communities to each other and to vital services and supports have been severely damaged by recent fires and flooding.

Many of our members do not have adequate or reliable transportation, either personal vehicles or public transportation. It is difficult for members to obtain Driver's Licences due to costs and travel barriers and a lack of locally available driver training and testing.



Substance Use, Addiction and Lethal Drug Supply

We are increasingly impacted by high levels of substance use and mental health challenges, exacerbated by drug poisoning. The gateway of trauma fuels feelings of depression and isolation, post-traumatic stress passed on inter-generationally, as well as effects from recent disasters, displacements, and a continued loss of connection to traditional values and cultural practices.



Discrimination in the Health System



Outside of the services provided by Indigenous health and wellness providers – including HHSS, NHSS, CNA and others – we witness our members experiencing discrimination, racism, and neglect within the Provincial health system.

Inadequate training and staffing levels at our major hospitals in cities like Merritt, Kamloops, and the Lower Mainland, among others, can result in members feeling neglected, fearful of seeing health professionals, suspicious of western medical care, and in some cases abused by health care practitioners.

It is not uncommon for members to be discharged from hospitals following medical procedures without a clear discharge plan, a safe ride home, or follow-up care. Our Medical Transportation Clerks, Nurses and Home Care staff work diligently to provide necessary after-care and are a vital link to families and individuals who receive treatment and procedures outside of the community.

Housing



Healthy and secure housing – specifically adequate and affordable housing – is a key determinant of health. Like many Indigenous communities, our reserve-based communities are in a continual housing crisis, with many community members concerned about the number of unhoused community members. There is limited housing available, much of which is inadequate or inappropriate for Elders and people with disabilities. Due to low employment, fast-rising housing costs and transportation barriers, many Siska members have chosen or feel it necessary to live in crowded and inadequate housing on reserve.

The recent fires destroyed much of the housing that members living in and around Siska relied on, which has created a greater shortage; this has had the dual impact of driving members out of the community and increasing the pressures on the existing housing supply on reserve.

Additionally, because of regionally increasing housing costs, Cook's Ferry members have begun to expand outwards, living in mobile homes on previously uninhabited Cook's Ferry reserve lands. This trend of outwards member expansion should be monitored as it could have health service delivery impacts in the future, should it continue.

It is important to note that while there are general differences in demographics and socio-economic situations in each community, which give important insights into health needs, our staff and health care partners consider each individual, family, and community as unique, and strive to meet the specific needs of everyone.

Mental Health

A primary focus of our work – and that of all Indigenous health care providers – has increasingly shifted to address mental health, emotional well-being, and connectivity among members.

Multiple levels of trauma – both inter-generational trauma from colonization, residential schools and systemic racism, and more direct trauma from recent tragic events, violence, and substance-related issues – are impacting our members. There is a growing and unmet need for more mental health care providers, trauma-informed practitioners, community support, residential treatment, and culturally responsive care.

This is needed across all generations of our members in every community. Unfortunately, there are very few reliable and effective resources and practitioners in our area. We access the best resources we can and have excellent counsellors who work with our members. However, there is a growing and evolving need for more services and supports; this is a significant focus of our Plan.



Demographic Difference

While many of the conditions and health determinants are consistent across our communities, there are some more distinct trends within the communities themselves, which will impact the way HHSS works to address health and wellness for our members. Our communities have different demographics, and different health priorities.

Indigenous communities tend to be younger than provincial averages, with higher birth rates and lower overall life expectancies. We see this demographic trend with our Siska members and Cook's Ferry members living at the Antko reserve, both of which have relatively young populations. Younger populations may have different health priorities, including care for babies and children; education and training support; diet, nutrition, and physical activity requirements; additional food security and support; mental health care; and substance and addiction treatment and supports.

Cook's Ferry members living in and around Spences Bridge tend to be older, with more people living out their senior years in the community while younger members leave for work or education purposes. An aging or older population may have different health and service priorities, such as increased homemaking and home care support, diet and nutrition support for diabetes, high blood pressure and heart disease, chronic health treatment, cancer treatment and support, mental health related to isolation, cultural connectivity, and palliative care.

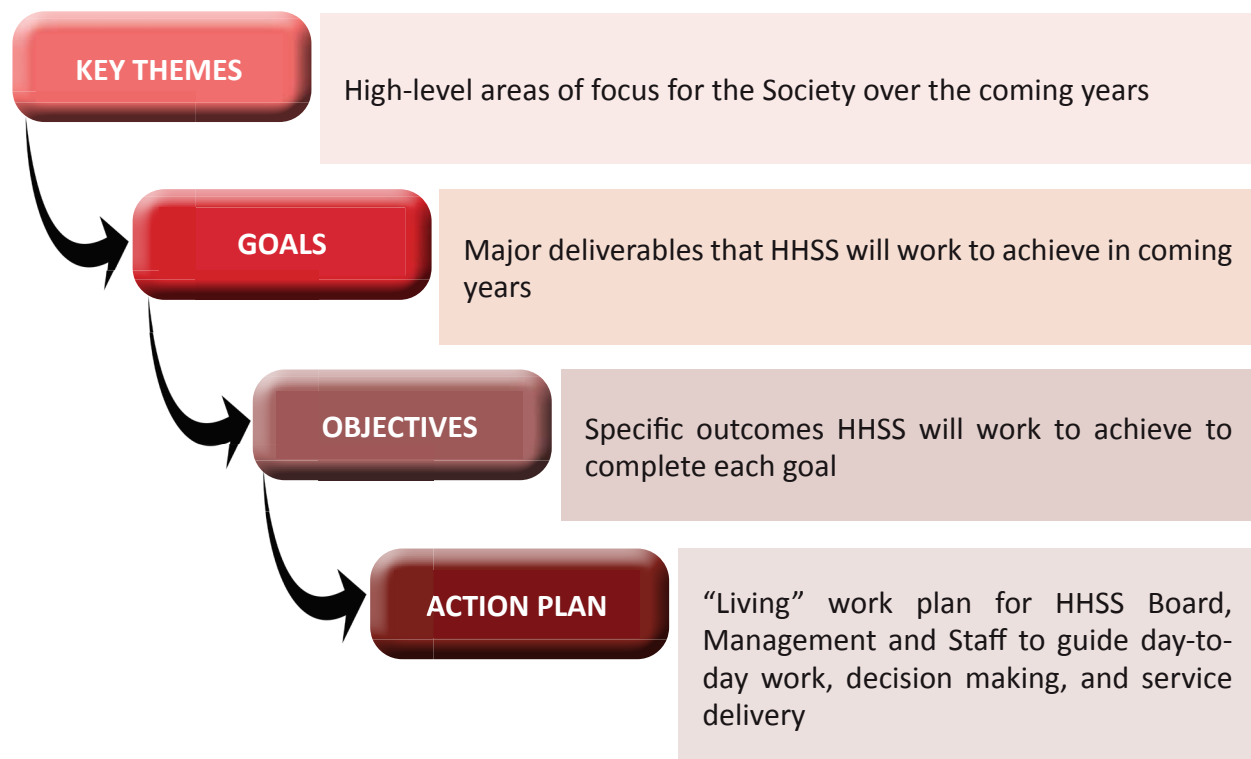


STRUCTURE OF THE PLAN

The Ten-Year Plan is structured around Key Themes identified in the planning process. These Themes represent the high-level areas of focus for the Society over the coming years. For each Theme Area, a set of critical Goals and Objectives has been identified.

The Goals are the major deliverables that the HHSS Management, Staff and Board will be striving to achieve in the coming years; they are specific and measurable and may have different levels of urgency.

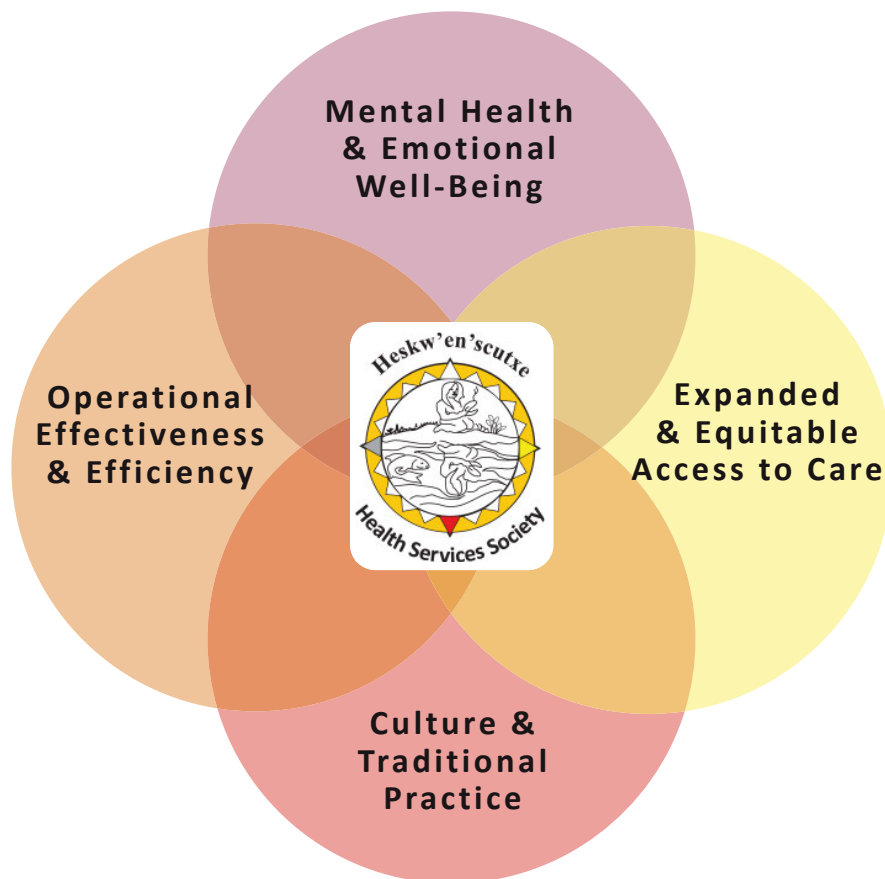
For each Goal, we have identified one or more Objectives – these are some of the specific outcomes HHSS will be working to achieve as they complete their Goals. Some of these Objectives may change, be added to, or removed in time, depending on the circumstances and changes in external or internal factors.



The following pages show the Theme Areas, the Key Goals and Objectives. A more detailed Strategic Action Plan is included as an appendix, and acts as a working document for HHSS Management, Staff and Board members. These strategies will help guide day-to-day decision making and will be adapted and changed regularly.

KEY THEME AREAS FOR HEALTH AND WELLNESS

The results from our surveys, community meetings, interviews with health partners, and background research helped to inform the following Key Themes for the Health Plan.



Theme Area:

Mental Health and Emotional Well-Being

Mental health concerns were at or near the top of all participants' priority lists, both among community members and healthcare providers. Mental health concerns clearly need to be a key area of focus for Heskwen'scutxe over the coming years.

During the engagement sessions, members from all three reserve communities spoke about ongoing trauma stemming from the recent fires and floods, as well as ongoing historical and intergenerational trauma. Many spoke about lasting effects from COVID-19, and about significant concerns related to isolation as well as a general lack of connection between members.

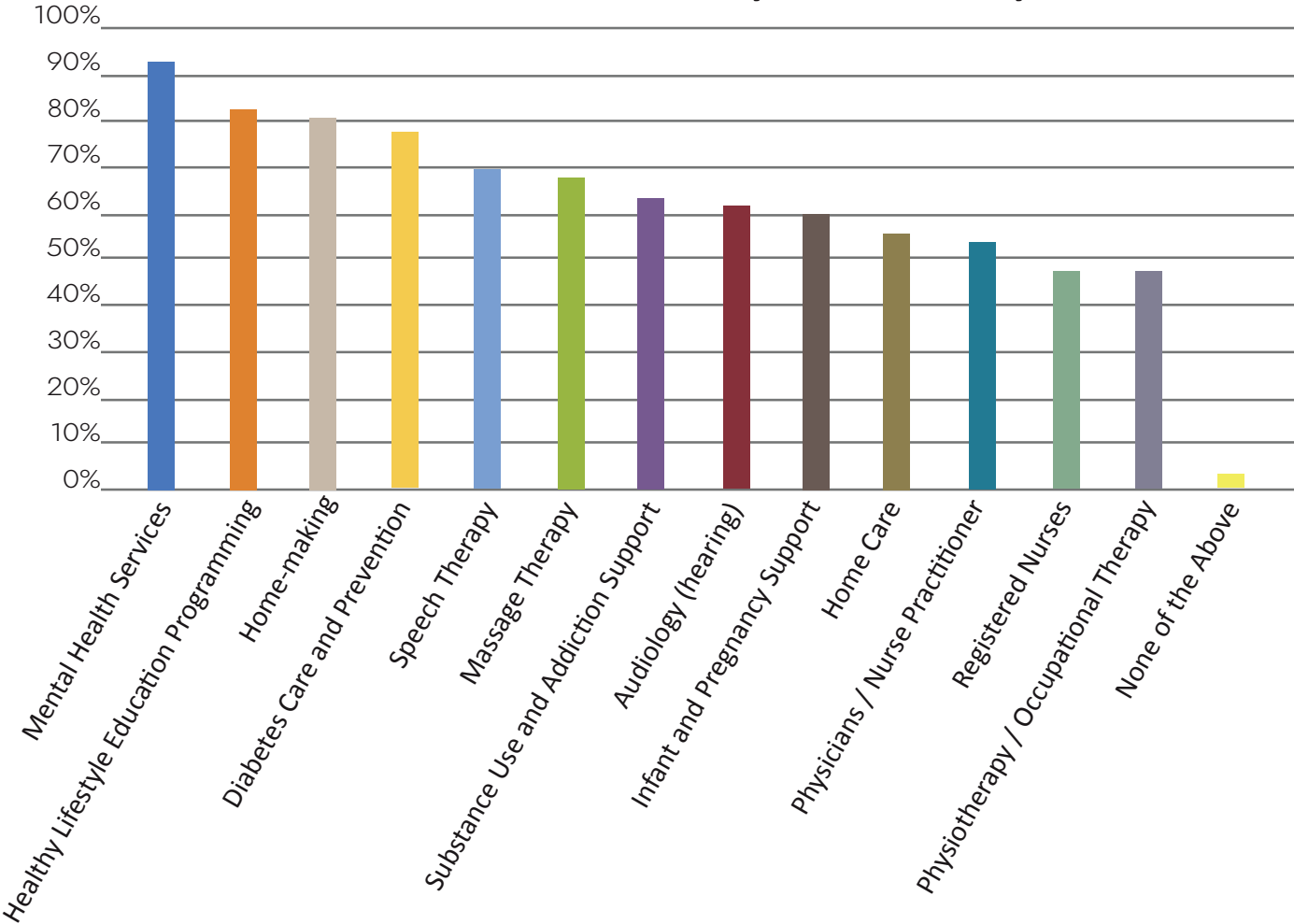
People expressed a significant need for grief support, and a lack of available counselling, particularly trauma-informed and culturally appropriate services. Members are also very worried about unaddressed issues related to alcohol and drug abuse in communities, without adequate supports for members who are currently in active addiction.



Some health partners raised concerns related to their own mental health, referencing large caseloads, and the feeling that they lack the ability to provide support for all those who need it. Health partners also flagged concerns over a **lack of adequate funding** to provide the levels of support being requested.

The community surveys clearly demonstrated a strong desire for more mental health services and supports and important to overall health and well-being. Respondents from Siska ranked Mental Health as the top service they would like to see more of, while that was the second-highest response among Cook’s Ferry survey respondents.

What health services would you like to have greater or continuous access to in your community?



Goals and Objectives - Mental Health and Emotional Well-Being

Goal 1

Improve and expand mental health counselling supports.

- Objective One: Increase availability of information to overall counselling services to all communities, to educate resource pathways.
- Objective Two: Increase access on a regular basis to mental health practitioners and facilitators specifically trained to address and treat trauma/ C-PTSD.
- Objective Three: Increase mental health programming to meet people where they are at.
- Objective Four: Ensure appropriate and confidential space for members to access mental health and counselling services.
- Objective Five: Address mental health services gap by advocating for increased funding and supports.

Goal 2

Expand and support in-community crisis response.

- Objective One: Foster the development and sustainability of in-community peer support groups, including those targeting different age ranges (i.e., youth and adult).

Goal 3

Increase access to and harm reduction and recovery support services.

- Objective One: Increase access to in-community harm reduction trained counsellors.
- Objective Two: Increase uptake of available substance use referral to recovery support services.

Theme Area:

Expanded and Equitable Access to Primary Health Services

During community sessions, some of the most frequently raised issues and concerns related to access to services in community, and a need for more effective transportation to access services outside of communities. Barriers to accessing health and wellness services from the remote Heskwen'scutxe communities have been compounded in recent years because of fires and floods, and the resulting infrastructure damage. The Village of Lytton has not begun to be rebuilt, and major road construction continues to disrupt travel up the Fraser Canyon and on Highway 8 connecting Spences Bridge to Merritt.

Community members identified other transportation barriers, such as members lacking drivers' licences or vehicles, and a lack of consistent and convenient access to public transit to and from major centres. They also cited inadequate levels of patient transportation, lengthy or sometimes impassable travel times to access services in major centres, as well as a need for increased access to homecare support.

Health partners spoke about current patient transport funding being insufficient to address community needs, difficulty retaining patient transport drivers, and overburdened nursing staff unable to keep up with demands and needs of members.

The community survey showed similar trends. Both Cook's Ferry and Siska members responded at very high rates indicating the importance of transportation and accessing out-of-community care as critical to remaining healthy. Additionally, members responded at very high rates indicating they would like greater access to health supports such as healthy lifestyle and educational programming, homecare and homemaking supports, physicians, nurses, and massage therapy. Although these services are offered and provided by Heskwen'scutxe, these results indicate that members feel that their physical health needs are not being met adequately to support their health.



Goals and Objectives - Expanded and Equitable Access to Primary Health Services

Goal 1

Increase home care support and in-community nursing services in all communities.

- Objective One: Work with partner organizations to obtain more support to fill home care and nursing gaps within communities.
- Objective Two: Expand and maintain in-community nursing positions and services.

Goal 2

Increase in-community public health program offerings.

- Objective One: Continue to provide care and support for chronic illness, disease prevention and health promotion.
- Objective Two: Increased preventative health and wellness programming, in addition to regular public health services (i.e., diabetes prevention, smoking cessation programs, parenting education programs, healthy eating).



Goal 3

Improve patient transportation and reduce barriers to accessing services outside of communities.

- Objective One: Use patient transport resources from other partner health providers.
- Objective Two: Access increased funding to expand current patient transport options.
- Objective Three: Create incentives to attract and retain more patient transport drivers.
- Objective Four: Improve bus and alternative transportation services for Antko residents.

Goal 4

Increase mobile and externally provided healthcare offerings.

- Objective One: Work to increase regular in-community services, including travelling doctors / nurses, and specialists, among others.
- Objective Two: Increase use of Telehealth and remote services (i.e. Doctor of the Day, Zoom consultations), where appropriate.



Theme Area:

Culture and Traditional Practice

Cultural identity and connection were frequent topics of conversation throughout the community engagement sessions, as well as during conversations with healthcare partners. Members feel a disconnection to their culture and are eager for opportunities to engage with cultural practices.

Community members noted that they feel a lack of community connection, which has been exasperated by COVID-19, as well as a general disconnect from cultural services and reflection of culture in health and wellness offerings.

Health partners noted that there are an increasing amount of available cultural resources and traditional programming that are currently being untapped, and there was much discussion around potential pathways to collaboration among organizations.

In the community surveys, both Cook's Ferry and Siska members shared the top response to the question: "The best thing we have to help us stay healthy" with the answer: "Our land, air, water, plants, medicines and territory." This demonstrates the importance of land and culture in supporting members' health and wellness.

Additionally, the results from the Bingo surveys showed that members from both communities responded at a high rate that the greatest strength in supporting members' health is "Elders and others with wisdom to share", underlining the critical role that culture and tradition play in members' wellness.



Goals and Objectives - Culture and Traditional Practice

Goal 1

Increase access to culture to support wellness.

- Objective One: More frequent cultural / traditional crafting program offerings.
- Objective Two: More frequent opportunities for members to get out on the land.

Goal 2

Foster culturally relevant health supports.

- Objective One: Support the growth of community-based mental health programs such as the “Natural Helpers” and “Street Angel” programs, among others.

Goal 3

Increase frequency of community gatherings and cultural events.

- Objective One: Revitalize monthly community dinners.
- Objective Two: Support the growth and sustainability of existing community groups like the walking and sewing groups.

Theme Area:

Operational Effectiveness and Efficiency

A key priority area for the Plan is the operational effectiveness and efficiency of Heskwen'scutxe as an organization. Like many Indigenous Health providers, Heskwen'scutxe has high expectations of itself and from the members we serve. Although we have a highly dedicated staff, we are a small organization covering a large area, and there are many areas that could be improved, both in terms of our operations and the way we engage with our members.

Community members, staff and other partners identified concerns over unclear communication, a lack of understanding among members about what HHSS provides and does not provide, as well as uncertainty about relationships and services offered by partner health organizations. Some participants noted a desire and need for greater collaboration between partner organizations and direction-setting from within HHSS.

Some community members expressed feelings of concern over confidentiality when receiving services from HHSS, and a desire for the organization to be more transparent and communicative about budgets and the splitting of services between communities. Concerns were also raised about the clinic facilities not providing secure and confidential spaces for services or treatments.

Heskwen'scutxe staff spoke about feeling overburdened and unable to provide the level of service requested of them. Partner organizations reported feeling disconnected from HHSS, and unsure about where they could fit in to provide gap-filling services, indicating an overall lack of collaboration and communication between organizations.

The community survey responses showed a slightly different picture, with most respondents indicating that they were comfortable accessing Heskwen'scutxe services, with only a small minority responding with "not really comfortable." This suggests that although there is work to be done to improve communication and collaboration between HHSS and members, there is a strong base of support and value of the organization that can be strengthened and enhanced.

Heskwen'scutxe has developed a comprehensive website that provides information on all services, staff, events, reports, health information, and information about our partners in health. We produce regular newsletters and host frequent community events to promote health and share information, and we are active on social media such as Facebook and Instagram. As a key Goal to improve communication, HHSS will continue to promote our work and activities, and seek input from community members on ways to provide more information and create a welcoming environment.

Goals and Objectives - Operational Effectiveness and Efficiency

Goal 1

Organizational improvements.

- Objective One: Hire a permanent Health Director to guide HHSS.
- Objective Two: Band Leadership to request a review of Board structure to ensure Board is still serving the needs of the organization and members.
- Objective Three: Band Leadership to meet more regularly to share information and liaise with Board members and Management.

Goal 2

Improve collaboration and communication.

- Objective One: Improve and strengthen collaboration with other health service providers.
- Objective Two: Improve communication with members to foster better understanding of available health services.
- Objective Three: Establish a community health liaison position for each community, with responsibility for acting as a liaison between members and HHSS as well as other partners in health.

Goal 3

Expand and improve facilities in communities.

- Objective One: Expand or replace the existing clinic and office at Siska, to provide more appropriate space for treatments, improving confidentiality and working space.
- Objective Two: Move the HHSS office and clinical space to a larger or more appropriate space at Cook's Ferry, allowing for more usable and dedicated clinic space, improved equipment, and confidentiality.
- Objective Three: Obtain or develop a dedicated space for HHSS service delivery and client engagement at Antko Reserve.

CONCLUSION AND NEXT STEPS

The Heskwen'scutxe Health Services Society Ten-Year Plan identifies some of the most pressing and important health and wellness priorities for our organization and the communities we serve, both today and into the coming years. In addition to the social and health issues we face today, we will face growing pressures due to the climate emergency, increased food insecurity, income disparity, and other significant determinants of health.

To address these priorities, we have articulated specific Goals and Objectives that we will work towards. The next step – perhaps the most important step – is to turn our Goals and Objectives into Action.

For each of the Goals and Objectives we have identified, we are building a set of Strategies and Action Plans for the HHSS Board, Management and Staff. These will form the basis for our day-to-day work planning and provide structured guidance for our team going forward.

Each strategy and action item will be monitored to determine our progress and measure our success. The action plan is very much a living document and will be updated and adapted to progress and changing circumstances as needed; it is therefore attached as an Appendix rather than as a fixed component of the Ten-Year Plan.

In addition to our own work planning, we have identified the functions, roles and capacities of many of our Partners in Wellness, and suggest how Heskwen'scutxe can collaborate with our partners and complement their services and supports. These are intended to demonstrate how – by working together – we can achieve our shared Wellness Priorities.

Finally, we are committed to continuing to work to serve the needs and priorities of our communities, and to remain open, transparent, and accountable. We welcome feedback, recommendations, and questions from all our members, clients and partners.

We look forward to continuing to serve, and to help our communities take care of ourselves.





REFERENCES AND COMPANION DOCUMENTS

References

Cook's Ferry Indian Band Population Profile. (2023)

First Nations Health Council, Gathering Wisdom Report. (2022)

Heskw'en'scutxe Health Services Society Community Survey. (2023)

Siska Indian Band Population Profile. (2023)

Crown Indigenous Relations Canada. (2023)

Companion Documents (Available Upon Request)

- HHSS Annual Budget
- Community Survey Questions
- Survey Results

HHSS HEALTH PLAN:

THEME AREA

GOALS & OBJECTIVES

HHSS ACTION ITEMS

MENTAL HEALTH & EMOTIONAL WELL-BEING

Goal 1. Improve and expand mental health counselling supports.

Objective One	Increase availability of information to overall counselling services to all communities, to educate resource pathways.	Continue to provide referral support to members to connect with counselling services.
Objective Two	Increase access on a regular basis to mental health practitioners specifically trained to address and treat trauma/ C-PTSD.	Continue to provide referral support to members to connect with trauma/PTSD specific counselling services.
Objective Three	Increase mental health programming to meet people where they are at.	Collaborate with partner organizations to increase mental health programs offered to community.
Objective Four	Ensure appropriate and confidential space for members to access mental health and counselling services.	Provide more confidential counselling spaces at HHSS office locations through space upgrades (insulating rooms better, building a secure secondary entrance).
Objective Five	Address mental health services gap by advocating for increased funding and supports.	TBD

Goal 2. Expand and support in-community crisis response.

Objective One	Foster the development and sustainability of in-community peer support groups, including those targeting different age ranges (i.e. youth and adult).	Utilize funding to support the growth of existing, and development of new in-community peer support groups.
		Collaborate with partner organizations to support the growth of age-targeted peer support groups.

Goal 3. Increase access to harm reduction and recovery support services.

Objective One	Increase access to in-community harm reduction trained counsellors.	Collaborate with partner organizations to increase availability of addictions and substance abuse trained counsellors providing services to community members.
Objective Two	Increase uptake of available substance use referral to recovery support services.	TBD

PRIORITIES, GOALS AND OBJECTIVES

THEME AREA	GOALS & OBJECTIVES	HHSS ACTION ITEMS
CULTURE & TRADITIONAL PRACTICES	Goal 1. Increase access to culture to support wellness.	
	Objective One More frequent cultural / traditional crafting program offerings.	Collaborate with partner organizations to support the increase of cultural/traditional program offerings to community members.
	Objective Two More frequent opportunities for members to get out on the land.	Collaborate with partner organizations to support the increase of opportunities for community members to get out on the land.
	Goal 2. Foster culturally relevant health supports.	
	Objective One Support the growth of community-based mental health programs like the “Natural Helpers” and “Street Angel” programs, among others.	Collaborate with partner organizations to support the growth of community-based mental health programs.
	Goal 3. Increase frequency of community gatherings and cultural events.	
	Objective One Revitalize monthly community dinners.	Reboot and host monthly community dinners, incorporating partner health organizations to be in attendance.
	Objective Two Support the growth and sustainability of existing community groups like the walking and sewing groups.	Promote and encourage member participation in community activity groups and other healthy activities.

**THEME
AREA**

GOALS & OBJECTIVES

HHSS ACTION ITEMS

EXPANDED & EQUITABLE ACCESS TO PRIMARY HEALTH SERVICES

Goal 1. Increase home care support and in-community nursing services in all communities.

Objective One Work with partner organizations to obtain more support to fill home care and nursing gaps within HHSS communities.

Coordinate regular planning meetings with key health partners, including IHA and NHSS, as well as community organizations working at or near Lytton.

Objective Two Expand and maintain in-community nursing positions and services.

Hire additional full-time nurse to the HHSS healthcare team to support current overburdened nursing staff. (Complete)

Goal 2. Increase in-community public health program offerings.

Objective One Continue to provide care and support for chronic illness, disease prevention and health promotion.

Increase public health programs currently offered to encompass a more holistic view of health.

Objective Two Increased preventative health and wellness programming, in addition to regular public health services (i.e., diabetes prevention, smoking cessation programs, parenting education programs, healthy eating).

TBD

**THEME
AREA**

GOALS & OBJECTIVES

HHSS ACTION ITEMS

EXPANDED & EQUITABLE ACCESS TO PRIMARY HEALTH SERVICES

Goal 3. Improve patient transportation and reduce barriers to accessing services outside of communities.

Objective One Use patient transport resources from other partner health providers.

Contact BC Transit and request more frequent and consistent bus service through the communities.

Objective Two Access increased funding to expand current patient transport options.

Present need for Patient Transportation funding to FNHA, advocate for more in annual budgets.

Provide and facilitate training for local community members to become patient transport drivers (removing barrier of housing for out-of-town applicants).

Objective Three Create incentives to attract and retain more patient transport drivers.

Increase patient transport driver wages.

Objective Four Improve bus and alternative transportation services for Antko residents.

Support CFIB as requested.

Goal 4. Increase mobile and externally provided healthcare offerings.

Objective One Work to increase regular in-community services, including travelling doctors / nurses, and specialists, among others.

Advocate for increased mobile healthcare options for HHSS communities from FNHA.

Advocate for FNHA to encourage and incentivize doctors to come to community.

Objective Two Increase use of Telehealth and remote services (i.e. Doctor of the Day, Zoom consultations), where appropriate.

Negotiate agreements with FNHA/IHA/FHA to provide HHSS communities with travelling doctor/ nurses on regular schedule so members do not always have to travel.

**THEME
AREA**

GOALS & OBJECTIVES

HHSS ACTION ITEMS

OPERATIONAL EFFECTIVENESS & EFFICIENCY

Goal 1. Organizational improvements.

Objective One Hire a permanent Health Director to guide HHSS.

Get Board approval to hire new Health Director.
Contract out hiring to their party.

Objective Two Review / amend qualifications, training and credentials required of board members & community representatives, as needed.

New Health Director to initiate this change shortly after beginning in their role.

Objective Three Band Leadership to meet more regularly to share information and liaise with Board members and Management.

TBD

Goal 2. Improve collaboration and communication.

Objective One Improve and strengthen collaboration with other health service providers.

Resume hosting monthly community dinners ensuring that invites are sent to partnering health organizations to be in attendance.
New Health Director to make improving health organizations collaboration top priority and function of their role.

Objective Two Improve communication with members to foster better understanding of available health services.

Create and expand on communication tools to be distributed to members (i.e. pamphlet detailing services map with contact information, offered both online and hardcopy in newsletter).

Objective Three Establish a community health liaison position for each community, to liaise between members and HHSS as well as other partners in health.

Get Board to request funding in FNHA budget, and approve the addition of Health Navigator positions for both communities.
Hire for these positions.

Goal 3. Expand and improve facilities in communities.

Objective One Expand or replace the existing clinic and office at Siska, to provide more appropriate space for treatments, improving confidentiality and working space.

Work with Siska, FNHA and IHA to explore financing feasibility study, design and construction of a new facility at Siska

Objective Two Move the HHSS office and clinical space to a more appropriate space at Cook's Ferry, allowing for dedicated clinic space, improved equipment and confidentiality.

Work with Cooks Ferry Band, FNHA, IHA and others to explore financing and construction of a new facility at Cooks Ferry.

Objective Three Obtain or develop a dedicated space for HHSS service delivery and client engagement at Antko Reserve.

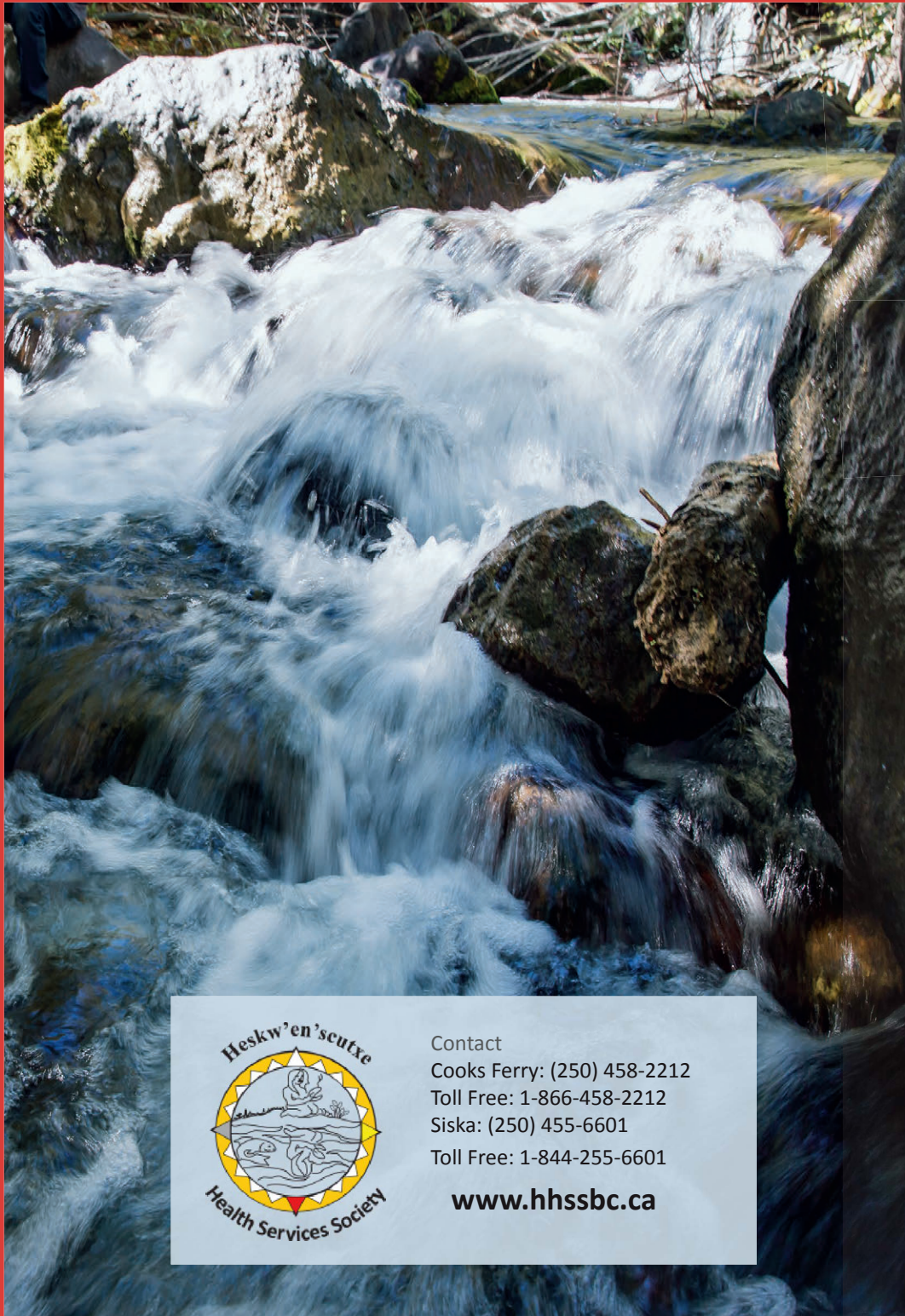
Work with Cooks Ferry Band, FNHA, IHA and others to explore financing and construction of a new facility at Antko.



We gratefully acknowledge all community members, staff, partners and leaders who took the time to participate and provide their input into the development of this Plan.

Further, we acknowledge our ancestors who continue to provide us with guidance and examples of wellness for future generations.

ýe tək siłq̄t ~ Good day



Contact

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