

APRIL 4 – 6, 2023

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# First Nations Health & Wellness Summit



First Nations Health Authority  
Health through wellness

Sharing wise, community-driven practices for wholistic wellness

**APRIL 4-6, 2023**

**First Nations Health & Wellness Summit**

# **Celebrating Success – First Nations Primary Care Initiatives**



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Sharing wise, community-driven practices for wholistic wellness



# First Nations Wellness Centre



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# First Nations Wellness Centre – Our Journey



**Geraldine Manossa,**  
Regional Manager  
Primary Care, Interior  
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**Connie Jasper,**  
Director of Health,  
T̓silhqot'in National  
Government



**Debbie Grimes,**  
Director,  
First Nations Wellness  
Centre

# First Nations Wellness Centre

## Our Journey

*By the people for the people*

**Connie Jasper, Director of Health  
T̂silhqot'in National Government**



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# First Nations Wellness Centre – Our Journey

**November 2016** - IH/ FNHA received a complaint letter regarding culturally unsafe treatment of an Elder from the Xat'sül First Nation (Soda Creek)

**May 2017** - IH, FNHA and the Chiefs of the Dakelh Dene, Secwepemc and Tsilhqot'in Nations entered a *Declaration of Commitment* to embed cultural safety into the Williams Lake Hospital and community services

**July 2017** - A province-wide state of emergency declared in BC

**June 2018** - Nations signed BCRs/ TCR to develop a culturally safe solution to the health inequities within the Williams Lake areas



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# First Nations Wellness Centre – Our Journey



**There is a strong need for cultural revitalization and safe programming where communities can heal and begin to feel safe**

## **2017/18 Wildfire Seasons**

- Created significant loss and hardships for the Nations further escalating mental health and wellness conditions as well as access to all services – including ceremonial and economic losses

## **Summer 2021 and Winter 2022**

- Residential school children unmarked graves findings added mental health and wellness concerns






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# First Nations Wellness Centre – Our Journey



Nation	Community
<p><b>Secwepemc Nation</b> <b>SECWEPENCÚLECW</b></p> 	<ul style="list-style-type: none"> <li>• Tsq'escen' (Canim Lake)</li> <li>• Esketemc First Nation (Alkali Lake)</li> <li>• Stswecem'c Xgat'tem (Canoe Creek)</li> <li>• T'exelc (Williams Lake Indian Band)</li> <li>• Xatsull First Nation (Soda Creek Indian Band)</li> </ul>
<p><b>Tsilhqot'in Nation</b></p> 	<ul style="list-style-type: none"> <li>• Tsi Del Del (Alexis Cree)</li> <li>• Yunesit'in Government (Stone)</li> <li>• Xení Gwet'in First Nation Government (Nemiah Valley)</li> <li>• Tl'etomqox-tin Gov. Office (Anaham Reserve)</li> <li>• Tl'esqox-t'in (Toosey Indian Band)</li> <li>• ?Esdilagh (Alexandria)</li> </ul>
<p><b>Dakelh Dené Nation</b></p>  <p><b>SDNA</b></p>	<ul style="list-style-type: none"> <li>• Ulkatcho Indian Band</li> <li>• Lhoosk'uz Dene' Nation*</li> <li>• Lhtako Dene Nation*</li> <li>• Nazko First Nation*</li> </ul>

3 Nations and 12 communities are part of the catchment for WL FNWC



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# First Nations Wellness Centre – Engagements



## Fall / Winter 2019:

- Elders, health leads, health directors, technical and political leadership were each engaged once as a Nation to inform the Centre's vision, principles, parameters, scope of services, approach, and program needs of their communities.

## Spring 2020:

- All three Nation gathered together to reflect and affirm the key strategic areas: Traditional Wellness, Mental Wellness, and Primary Care, and development of the Centre's Guiding Principles.

## Fall 2020

- Urban and Away from home population and local health and community services organizations engaged



# First Nations Wellness Centre – Nation Leadership



- First Nation people need to feel **safe, connected, welcomed and respected** when accessing and entering health care sites and services.
- **Culture and ceremonies/traditional ways** need to be the foundation for care for our people.
- This is not about taking funding away from existing community and Nation services. This is about **adding capacity and addressing gaps.**

*“These conversations have been happening for a long time. We need to stop talking about and have action to move forward”*

*-July 2018 Engagement*





# First Nations Wellness Centre – VISION

- Provide **culturally safe primary health care services**, inclusive of mental health and substance misuse wrap around services, embedded within local First Nations cultures, values, and healing practices
- Provide a **model of care that recognizes that culture, colonization, income, education, adequate housing and diet** are all social determinants of health which contribute to poorer health and wellness outcomes.
- The team will aim to **attach 1,850 people** to a most responsible primary care provider (GP /NP)
- **Open 9:00am – 4:30pm (Monday – Friday)** until operations (services and staff established)



# Nation Engagement

- **Nation Engagement / Partnerships / Relationships**

- 3 Nations & 12 Communities
  - BCRs / TCRs supporting initiative
  - Determined location in neutral space vs one community; not in hospital
  - Leased the space in Williams Lake
- Senior Leadership involvement / Relationships with MoH - key to overcoming barriers, keep moving forward
- Internal/External Relationships -> Communication Pathways
  - escalate & address concerns



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# Centre Opening and Celebration (VIDEO)



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# First Nations Wellness Centre

## Operations Readiness & Implementation

Debbie Grimes, Director  
First Nations Wellness Centre



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# First Nations Wellness Centre – Primary Care Programs/Services Overview – First Phase



- Promote prevention and disease management with an emphasis on healthy living, and wellness, nutrition, traditional cultural foods and healing, physical activity and also providing education and care to support mental wellness concerns, smoking, vaping, and substance misuse .
- Provide a model of care that recognizes that culture, colonization, income, education, adequate housing and diet are all social determinants of health which contribute to poorer health and wellness outcomes.



# First Nations Wellness Centre – Primary Care Programs/Services Overview



## Mental Health Wellness and Substance Misuse Wrap-around Services

- Providing holistic, culturally informed team-based care to individuals with mild to moderate mental health conditions
- Key messages from all engagements included the need to offer family supports, drawing connections to community and Nations and ensuring that cultural traditional wellness practices and practitioners are central to the services and treatments.





# First Nations Wellness Centre – Primary Care Programs/Services Overview



## Traditional Wellness/Healing Services

- Traditional First Nation cultural wellness practitioners and healers, are integral team members because they provide the healing practices and approaches to wellness based on local customs and practices, inclusive of the physical, emotional, mental and spiritual needs of each individual and their families.
- Traditional Healers in this capacity can also facilitate the cultural learning workshops for staff and clients on an ongoing basis, and deliver of the cultural wrap-around health and wellness supports and services.





# First Nations Wellness Centre – Primary Care Programs/Services Overview



## **Virtual Health Care:**

The Centre will facilitate and provide supportive care by the Centre's team of providers (GP/NP/Traditional healers, Nurse, etc.) where required and will connect into First Nation communities

## **Real Time Virtual Supports (RTVs) and Virtual Substance Use Psychiatry Program (VSUPS)**

Another goal is to improve patient care through creating and increasing opportunities for various care providers to connect with each other to facilitate knowledge transfer, promote collaboration, support health prevention measures and patient education efforts through peer-to-peer discussions.



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# First Nations Wellness Centre – Primary Care Programs/Services Overview



## **Transportation Support Services**

Service Attributes:

The Centre will purchase a van and maintain qualified drivers to operate a scheduled transportation services

## **Navigation Supports**

The navigators will work closely with the Centre's clients and providers, as well as have a comprehensive understanding of the inventory of culturally safe external providers, services, First Nations in-community services (i.e: cultural ceremonies)



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# Lessons Learned & Successes: Approach



- **Planning level**
- **Project level**
- **Operational level**



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# Planning Successes

- **Gain perspectives from a few different clinicians/clinical specialists involved in planning - Committee**
  - Site design
  - Service planning
- **Involve Work Stream expertise earlier throughout service planning**
  - Work streams need to have the resources to respond to these requests
- **Involve Regional Health Authority and other PCN stakeholders with Nation Representatives and FNHA at early stages of planning**
  - Clarify roles and responsibilities
  - Establish partnerships



# Project Level Learnings

- **Each FNPCI will have unique needs & relationships**
  - Standardized templates won't be relevant to all situations
  - Information/key points adapted for every audience
- **There is a Critical Path – but it is not linear**
  - 3 critical documents assisted the work with all work streams
    - Service Plan with Budget; Employment Model; Service Delivery Model (Clinical and Traditional Wellness)
- **Impact of staff turnover**
  - Opportunity to continue to learn and grow
  - Work streams with dedicated project level resources were better able to support the project through staffing transitions



# Project Learnings Continued

## Service planning different from Operational & Implementation planning

- Rationale for onboarding site Leadership earlier on
- Project managers can't hold both roles; roles converge but resources for both are required 6 months prior to opening. Operations Plan
- Client & provider level detail required





# Operational Success



## Phenomenal Team

- dedicated team working together & with partners to establish:
  - relationships with the Nations, Communities, Elders, Knowledge Keepers, community-based programs/services, local resources and other service delivery agencies
  - processes
- continue to operationalize programs and services of the FNWC – WL

## Furnished/Equipped/IT enabled Facility

## EMR Implementation



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# Operations – Lessons Learned

## Systemic HR related issues

- Non-competitive salaries
  - Difficult to recruit
  - Retention also problematic
    - Turnover within FNHA -> Many vacancies – stretches HR supports
- No tax exemption for First Nations staff

## Other HR related items

- Onboarding entire team very unique
- Grounding in Culture – best practice
- 2 week Orientation insufficient
- Accommodations

**Adequate Administrative supports are required**



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# Operations – Lessons Learned



## Site Design

- Users of space involved in configuration of clinic rooms, reception and work stations
- Complexities & Considerations when more staff than work spaces
  - i.e. booking appointments by room, phones,
- More Storage
  - Consideration for traditional wellness programming supplies



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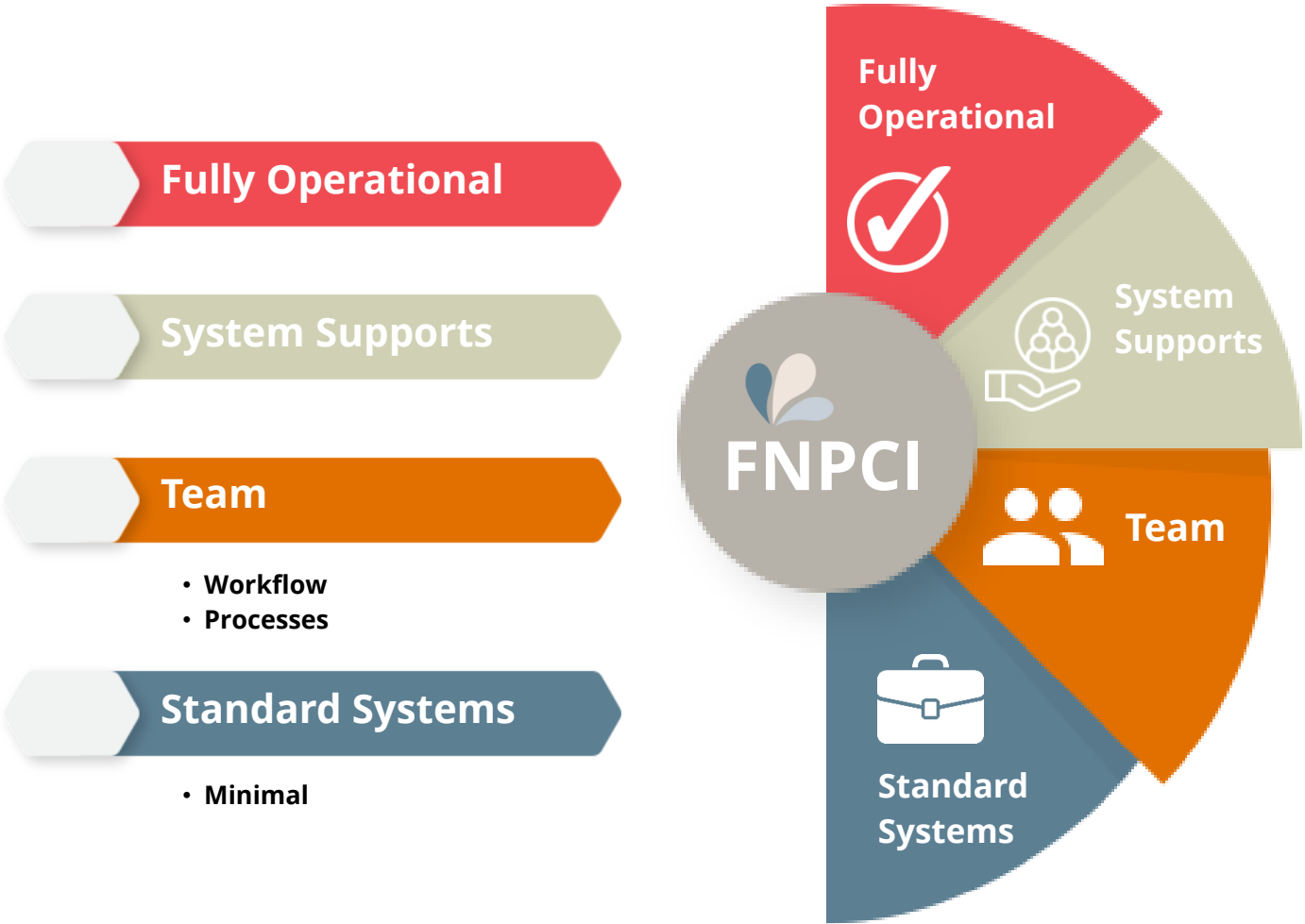
# Operations – Lessons Learned



- **IMIT/eHealth/EMR Challenges**
  - Skeletal Framework: without staff - no established workflows / processes
  - Significant impact on implementation of basic systems
    - Phones - not programmed when installed: form follows function
    - EMR – informed by workflows
  - Disconnect between eHealth & IMIT
    - eHealth requirements vs IMIT compatibility
- **Established work-arounds until permanent solutions in place**



# First Nations Wellness Centre – Lessons Learned



# First Nations Wellness Centre

## Current State & the Work Ahead

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Primary Care, Interior Region FNHA



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# Current State



- **Traditional Wellness Processes** – establishing Elder Advisory & Regional Team supports with cultural protocol – providing medicines
- **Regional team supports** FNWC ongoing operations
- **Strategic Planning** – documentation of existing operations and planning required
- **Targeted recruitment** for rural providers – MRPs and MHCs



# Current State

- **Weekly MAWO meetings:** Prioritization of clients – *first come first serve, clients who are attached & complexity*
- **Relationship building** with **Lu'ma Medical Centre** leadership
- **AMR – Complexity Model Pilot**
- **2 Year Transportation Services Plan** implemented NDIT
- Relationship with existing urban **Nation Health Society**







Thank you!



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