HEALTHY HAIDAS

Our Journey to know & honour Who We Are

THE ONLY JOURNEY THAT MATTERS

Xaaynangaa Naay
House of Life

XAAYDAGA DLAANG SOCIETY SKIDEGATE HEALTH CENTRE

ANNUAL REPORT 2018/19

Gud Gad is Sing.Ga Suu

Meeting Prayer - Xaaydaga Dlaang Society

Sah 'Laana Guu Nang iitl'lxaaydaGas.
Creator.

XaaydaGa kilGuhlGa id tll ngaaysdll gii.uu t'alang kyanang ga.
We ask for guidance to make good decisions for the healing of our people.

Xaaydas yahk'ii id ging ngaaysdll gii.uu t'alang kyagang ga.
We ask for the right people to help us heal.

Ga k'aay.yas, ga k'uulas sing.Gidts'ii Gaandang ad hla sding.
Be with the elders, leaders, and those who are suffering.

Id gii hla tllgad giinaa.ah 'láa, ad xaaydaGa kil yahda.
Help us to follow all that is good in our culture,
and in the laws of our people.

T'alang hlGang.gulxa guu k'uuga kyang.Ga,
ad k'ang.guudang.nga HlGaagilda guu.
Through our work let us show love, and kindness for
each Skidegate community member.

Haawa, Sah 'Laana Guu Nang iitl'lxaaydaGas.
Thank you, Creator.

Our Journey to know & honour Who We Are

THE ONLY JOURNEY THAT MATTERS

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OUTSIDE COVER PHOTO: Farah Nosh, SGaawaay K'uuna (Edge of the Knife) Haida Language Film

CHAIRPERSON'S REPORT

It is my pleasure to present this Annual Report for the XaaydaGa Dlaang Society (Skidegate Health Centre) as Chairperson of the Board of Directors. Since the advent of the new Society in March 2016 there has been much progress and we continue to be proud of the achievements of our Board, management and staff. All systems and processes to operate as an independent organisation were fully completed in 2018 and I want to personally thank all members of the Board, our Health Director and management team and all of the staff for their continued hard work. I raise my hands to the many Skidegate community members who participated in our community engagement meetings, our health events and educational sessions and who utilize our services.

During the past year we updated our original Strategic Plan and identified that we had already achieved a number of the objectives in our original plan including:

- Completing the formation of an independent entity
- Establishing robust systems and procedures in the organisation
- Completing our revised Community Health Plan and entering into yet another 10-year Contribution Agreement for funding with the First Nations Health Authority
- Completing the work to start building a new Health Center after the community engagement process

Much emphasis has been placed on ensuring that all of our decisions have been driven by our Skidegate community voices and we will continue to keep this commitment at the forefront of key decision-making processes. Our community members are pivotal in providing guidance and knowledge about what it is you want from a Health Centre and therefore I am humbled to see the varying 'community input' approaches – like Facebook and Lunchtime events - in an effort to gather your feedback.

We met with our members (who in turn represent the Clans) to seek their ideas on the findings of the Skidegate Community Health Survey which was completed in May 2018. We were pleased to see 162 people completed the survey and that 71% of these were Skidegate community members. If there was one disappointment it was that only 27% of responses were from men while the remainder were from women. We really need the voice of the men in our community to ensure we meet their needs as well and address their priorities.

Some of the results of the survey were surprising to some members – some were expected and well known to the community. We used the results of the Survey and the feedback from our clan members and staff to influence the revised 3-year Strategic Plan for 2018 - 2021. A copy of this new plan is included in this Annual Report.

I am especially pleased that we have included recognition of the broader Comprehensive Community Plan (CCP) developed by the Band leadership – where the community identified three key areas which relate to SHC and the services/programs that are delivered to the community. These are:

- Language and Culture
- Emergency Preparedness and Response
- Promoting Health and Wellness

In the community health survey, 94% of people who responded wanted to learn more about Haida language and culture and we are keen to ensure we contribute to this availability of learning.

The Board is also cognisant of the priorities determined by the community in terms of our strengths as a community as well as areas for concern. Identifying these priorities has helped us to focus on what is important, and what programs and services we need to provide to help address the areas of concern:

Strengths of the Community (in priority order)

1) Elders
2) Food gathering
3) Natural environment
4) Social connectedness
5) Traditional activities
6) Use of Haida language
7) Family Values
8) Community health programs
9) Good leisure activities
10) Low rates of crime
11) Economy

Challenges in the community (in priority order)

1) Alcohol and drug abuse
2) Insufficient education and training opportunities for community members
3) Mental Health
4) Lateral violence, gossip
5) Housing challenges
6) Lack of employment
7) Lack of life skills among many families
8) Lack of funding for more local services
9) Violence and abuse
10) Loss of culture among many people
11) Challenges with natural environment and resources
12) Chronic illnesses

These are troubling concerns – but things only we as a community can address ourselves – at an individual, family and community level. We commit to providing whatever support we can within our scope of responsibility to help address these concerns expressed by the community.

We would like to send our thanks to our partners and funders for your continued support of XaaydaGa Dlaang Society. It is a humbling privilege to work together with you all, particularly those who travel regularly to our beautiful lands. We look forward to continuing our positive and honest relationship with you. We all have an equal level of interest in delivering the best possible health and wellbeing outcomes to our community and without your commitment, many of our community members would go without the much-needed assistance and support.

On behalf of the Board of Directors, we would also like to acknowledge the dedication and tireless hours of the Health Director, Lauren Brown and her team who continue to successfully run the operations of XaaydaGa Dlaang Society. Your commitment is appreciated, not only by the Board of Directors but also by those you represent and support. And finally, and certainly not least, as Chairperson I would like to take this opportunity to thank the Board of Directors. You have all remained true to what we were set to achieve, and I am blessed to have you all on this journey alongside me.

We look forward to the future opening of the new Health Center and providing even more and better services from that site.

Haawa!

Cindy Boyko, Chairperson Board of Directors

MEET OUR BOARD OF DIRECTORS

Under our Haida governance model, XaaydaGa Dlaang Society members (Clan and community representatives) appointed five (5) Directors to the Board. The Clans and community completed their own clan selection process to put forward their best people for selection of the Society members in May 2017. The members then appointed the Board in August 2017. The Board of Directors' key purpose is to ensure the Society's long-term sustainable future by determining the strategic direction and vision; formulating Society policies; managing of the Health Director (the Health Director manages the operational day to day running of the Society); implementing risk management strategies; complying with legislation; ensuring robust and accountable measurements; general performance monitoring and ultimately ensuring that we meet the health interests of community members.

XaaydaGa Dlaang Society is blessed to have a wide array of skills across our Board of Directors who were all selected to bring their unique expertise and perspective to the XaaydaGa Dlaang Society. As per the community developed criteria, all of our Board of Directors are citizens of the Haida Nation and reside within Haida Gwaii communities. We believe we have successfully found people with the right mix of skills and expertise which represent families, elders, youth, Skidegate Band Council, community, financial, management, strategic, gender balanced and age balanced expertise.

It is evident from every meeting and engagement that the Society's Board of Directors have the best interests of the Society and the community at the heart of every decision they make.

Cindy Boyko – Chairperson

Cindy Boyko (Haida name Suddaahl) originates from the Skedans Clan located at the head of Cumshewa Inlet, Haida Gwaii. Cindy was originally appointed the Chairperson for the Interim Governance Board of XaaydaGa Dlaang Society during 2016 and early 2017 and is pleased and humbled to be re-appointed. Cindy has extensive health experience, including almost two years tenure at the Skidegate Health Centre as a trainer and being immersed in working within the health system and with the Federal Government. Cindy also had the privilege of representing the community for a short time as Band Manager many years ago. Furthermore, to add to Cindy's experience, she has spent nine years on the CHN Executive. Cindy has a soft spot for animals and loves to cook for her family. Cindy is very excited about the new inclusive approach to health and looks forward to achieving the vision of XaaydaGa Dlaang Society.

Isabel Brillon

Isabel Brillon (Haida Name IIjuu Xiilaay) is an elder and Matriarch of the Gidins Clan of HIGaagilda. As a Matriarch, Isabel has a duty to represent her Clan well and now is honored to play a role in the health and wellbeing of community members across Haida Gwaii. Furthermore, Isabel is an avid participant at Council of the Haida Nation, House of Assembly and Quarterlies where she enjoys reading the various literature made available. Isabel has been an active member of the Skidegate Haida Immersion Program and has a passion for installing and growing the Haida language amongst other elders and community members. Additionally, Isabel has sat on many Boards, worked for the Nygstle Society and worked in the Queen Charlotte General Hospital. On a personal note, Isabel enjoys keeping active and exercises regularly amidst the beautiful scenery of Haida Gwaii and loves to spend time with family. She is very grateful to have the opportunity to fulfill the position of Board Director and loves serving the community of Skidegate.

Cindy Boyko

Isabel Brillon

Michelle McDonald

Robert Russ

Linda Tollas

Michelle (Missy) McDonald

Missy was born from the Kyaauusalii Clan from Old Massett however spent much of her life living in Skidegate with some elders in Skidegate suggesting that Missy should be adopted into a Skidegate Raven Clan. In 2000, Missy was adopted by Thelma Shannon into Kaadas ga Kiigwaay Clan and given the name Naajuuaa. Missy has extensive experience in Board representation having sat on 20 Boards and Committees as a Skidegate Band Council representative. There are not many events that Missy is not involved in and takes great pride in supporting the community. Missy keeps her life busy with her family and pets who she just adores.

Robert Russ

Robert Russ (Taaxiou) is a member of the Haida Nation, a Master of ceremonies and keeper of protocol for his Clan and Nation. Robert has held significant and prominent roles within the community including one year as a Skidegate Band Council Councillor, 25 years as a Haida Fisheries employee and a Fisheries Guardian (and Research Diver) for over 20 years. Robert is the current Protected Areas Manager with the CHN. Robert is a loving father of six children and grandfather of his beautiful grandchildren.

Linda Tollas

Gaajiiaawa is a member of the Gaagyaals KiiGawaay Ravens of Skedans and a respected member of HIGaagilda Llnagaay. Aside from a twenty-five-year period, Linda has lived her whole life in Haida Gwaii, returning in 1997. Linda is a strong advocate for the community and has worked for the Gwaii Haanas National Park Reserve, National Marine Conservation Area Reserve and Haida Heritage Site. Linda serves as a local educator to university students from across Canada enrolled in the Haida Gwaii Higher Education Society (HGHES) since its inception in 2009. A highlight of her career with Gwaii Haanas was accompanying SHIP as they circumnavigated Moresby Island for their Haida place-naming project. Inspired with SHIP's work, Linda retired from Gwaii Haanas in 2012, and joined SHIP to learn the Haida language! Linda is constantly surrounded by a loving family and constantly advocates and cares immensely about the health and wellness of the Haida Gwaii community.

HEALTH DIRECTOR'S REPORT

As at March 2019 our independent health Society celebrates its third anniversary having been formed on April 1, 2016. This is now our 3rd annual report. Having our very own community driven Haida Governance Model underpinned by community developed values and guiding principles has put us in good stead for the years ahead. I was really pleased to have met with the Society's members representing the clans and the community, in June 2018 to receive their feedback on the results of our community health survey and to give direction on priorities for our new Strategic Plan.

Our continued emphasis on embedding our Haida Language and Culture into service provision could be an essential part to someone's health and wellbeing and therefore I acknowledge our elders who have supported our aim of being more competent in these areas through our language classes and cultural activities. We hope to continue this cultural prominence with the development of a Skidegate Cultural Framework and seeking opportunities to fund traditional healing solutions.

Our major accomplishment this year was completing the updating of a key planning document for the Society – our second Strategic Plan 2018 – 2021 in June 2018 (included in this report). Plans such as these provide us with clear direction and ensure we focus on the right priorities. To help inform the new Strategic Plan we conducted a Community Health Survey and the findings were presented in a summary report to our Society members for review in June 2018. The survey results are appended to this Annual Report. Some of the key findings from the survey were that:

- 46% of the community believe their overall health and wellbeing has been affected by having family members attend Indian Residential Schools.
- 47% consider themselves overweight
- 53 people are currently worried about a family member or friend harming themselves

These kinds of responses from our community tell us that community members are worried about the health and wellbeing of themselves and their family members and that we as organization need to help focus on mental wellness, suicide prevention and weight management options.

We also asked community members if they had accessed our services and what they thought of that experience. As Health Director I was especially pleased to see that 78% of respondents had used our dental service in the past 12 months. The community is making very good use of this much needed service. 95% of the survey respondents said they were either 'very satisfied' or 'extremely satisfied' with the service they received from SHC staff which is very heartening - but we can always do better and strive for 100% satisfaction! In addition to the positive community feedback we also received a successful accreditation survey report from the Accreditation Canada health surveyors. This independent look into our organisation also gives us a sense of pride about the work we do – and that it is being recognised as being done to national standards.

We have continued to work on the development of the new Health Center and community members will have noticed the progress with the groundwork being done beside the CHN building. We are thankful to the First Nations Health Authority, Gwaii Trust and Council of the Haida Nation for supporting this capital development

project and are excited about one day moving into the new space and offering our services from there. I continue to offer my thanks with my chairperson to the Skidegate Band Council for their persistence in this Capital Project and commend the community for their innovative ideas towards the design of the new health centre.

Our current services and programs continue to be provided to a high standard. All program areas are kept busy and we have been able to introduce wonderful events for the youth as you will read in this report; expanded specialist dental services; expanded Nurse Practitioner services in primary care and mental health and we are now moving to expand into men's health. All of this aligns with our refreshed strategic goals and with the feedback we have received from our Society members and the wider community.

I thank our partners and funders, particularly those that we have shared such a long relationship with. My team and I have been fortunate to attend many collaborative meetings and events over the past year and although this can cause high demands on workloads at times, we acknowledge that these relationships are beneficial for collectively creating opportunities that will ultimately benefit the Skidegate community. We will continue to invest in maintaining, building and creating new relationships to ensure that new approaches and initiatives are developed.

Finally thank you to all of the community members of Skidegate for allowing us to support you over the past year. We hope you enjoy our third XaaydaGa Dlaang Society Annual Report for 2018/2019.

Haawa

Lauren Brown, Health Director

Sgiidagids • Skidegate Health • Xaayda Gwaii • Haida Gwaii

THREE YEAR STRATEGIC PLAN

2018 - 2021

OUR FOCUS FOR THE NEXT THREE YEARS

VISION:

EMPOWERING GENERATIONS OF HAIDA TO ACHIEVE THEIR HIGHEST LEVEL OF WELLNESS

OUR MISSION:

(1) TO PROVIDE QUALITY HEALTH AND WELLNESS SERVICES THAT EMPOWER OUR COMMUNITY

(2) TO WORK EFFECTIVELY WITH PARTNERS WHO ALSO DELIVER CARE FOR OUR COMMUNITY MEMBERS

OUR VALUES:

YAHGUUDANGA: Respect	AD KYAANANG TLAAGANG: To ask first	TLLYAHDA: Make it right	GINA 'WAADLUUXAN GUD AD KWAGID: Everything depends on everything else		
WISDOM	UNITY	INTEGRITY	EMPATHY	PROFESSIONALISM	PRIDE

OUR STRATEGIC FOCUS AREAS:

FAMILY-CENTRED CARE

EXPANDED SERVICES

XAAYDA KIL AD GIINAA'AH
Haida Language & Culture

WELCOMING FACILITIES

QUALITY MANAGEMENT SYSTEMS

GOAL ONE: HAIDA LANGUAGE AND CULTURE – a lifetime goal

A) Recruit a Cultural Coordinator to lead the work on embedding and integrating Haida language and culture throughout the organization in training / staff development; facilities; systems; processes, teams, engagements and communications

B) Ensure all teams develop work plans that describe how they will incorporate Haida Language and Culture into their work

C) Ensure resources are allocated to support Haida language and culture work

D) Form an Elders Committee to advise on embedding Haida language and culture and provide feedback on work carried out

GOAL TWO: FAMILY-CENTRED CARE

A) Revise our organization structure to align with a Family-Centred Model of Care and which encourages cross-team work

B) Promote models of shared care which have a focus on all age bands and genders in the Skidegate community

C) Review Service Delivery Policies and Procedures and ensure they support integrated team work for shared client care

D) Train staff on shared care models and facilitate service integration opportunities – including addressing privacy needs of clients

E) Create a web page for the Health Centre to promote services – not everyone has Facebook

F) Review Prescription Use in the community to determine whether current practice is safe and appropriate for the community

GOAL THREE: EXPANDED SERVICES

A) Continue to develop and grow Complementary Alternative Medicine (CAM) and Haida Traditional Healing (HTH) services

B) Work with men in the community to design and implement a Men's health and wellness program

C) Work with SBC, Recreation Centre staff and other experts to design and develop a physical sport and recreation plan to increase options for exercise for all groups in the community particularly Elders including Falls Prevention

D) Expand our Mental Health & Addiction services especially for youth (and working with Haida Child & Youth services) and with specific attention on anxiety and stress. Determine ways to destigmatize Mental Health to encourage people to come forward. Develop crisis response guidelines for community members

GOAL FOUR: WELCOMING FACILITIES

A) Continue to support the construction of the new Skidegate Wellness Centre and transition to the new Centre as seamlessly as possible so as not to overly impact client care

B) Support SBC with establishment of an Elder's Assisted Living and Independent Living facility – and prepare recruitment and education plan to build workforce for new Elders Facility

C) All health-related facilities (including ADP and Youth Centre) incorporate wellness messaging and service access information through multiple means

D) We ensure our SHC (existing) & Youth Centre are equally as welcoming as the new Skidegate Wellness Centre

GOAL FIVE: QUALITY MANAGEMENT SYSTEMS

A) Achieve and maintain our Accreditation while addressing all non-compliant items

B) Maintain a robust financial management system that is accurate and accountable to the community for funds we manage on their behalf

C) Review / adapt our documented Policies and Procedures and ensure implementation of these across the organization

D) Establish and implement our staff performance management system within 1 year including training register

E) Review the CCP Emergency Preparedness priorities set by the community and ensure SHC's mandated roles are being implemented

F) Review EMR option: Mustimuhw vs MOIS vs other options and make decisions on final patient record system for SHC

G) Develop Relationship Protocol with SBC

H) Establish robust Client feedback / evaluation system to capture all forms of feedback to inform continuous quality improvement

UPDATING OUR STRATEGIC PLAN

The year 2018 was an opportunity to review our previous Strategic Plan (2015 – 2018). It was time to reflect on progress towards our previous goals and identify a new plan moving forward. It was important to receive input from community, from our Board and to create a dialogue with staff around making our community dreams a reality. The following process was implemented:

Society Member Meeting June 5, 2018 (Board and Health Director observe):

- Review previous Strategic Plan (2015 – 2018)
- Review Health-related priorities from the CCP
- Review findings from the SHC 2012 and 2017 evaluations
- Review the Community Health Survey completed in May 2018
- Members determine priorities and communicate to Board

Board Meeting June 6, 2018:

- Review Member Priorities
- Review Strategic Plan
- Develop Board priorities / directions

Management and Staff Meeting: June 6, 2018 and June 7, 2018:

- Review Member and Board Priorities
- Review Strategic Plan – have we achieved what we said we would? What are the gaps that we need to carry forward?
- Review CCP health-related goals and ensure included in future thinking
- Review Community Health Survey
- Develop and discuss ideas for implementation of Board priorities
- Shape next Strategic Plan

Next Steps:

- Consultant/Facilitator prepared report on discussions and new draft Strategic Plan for review

After a review of the previous Strategic Plan, and consideration to the community feedback, the Board confirmed that the goals be reduced from 7 to 5 and they now include:

1. Haida Language and Culture

2. Family-Centred Structure

3. Service Expansion – member priorities, continue what is there now and grow, review Emergency Planning

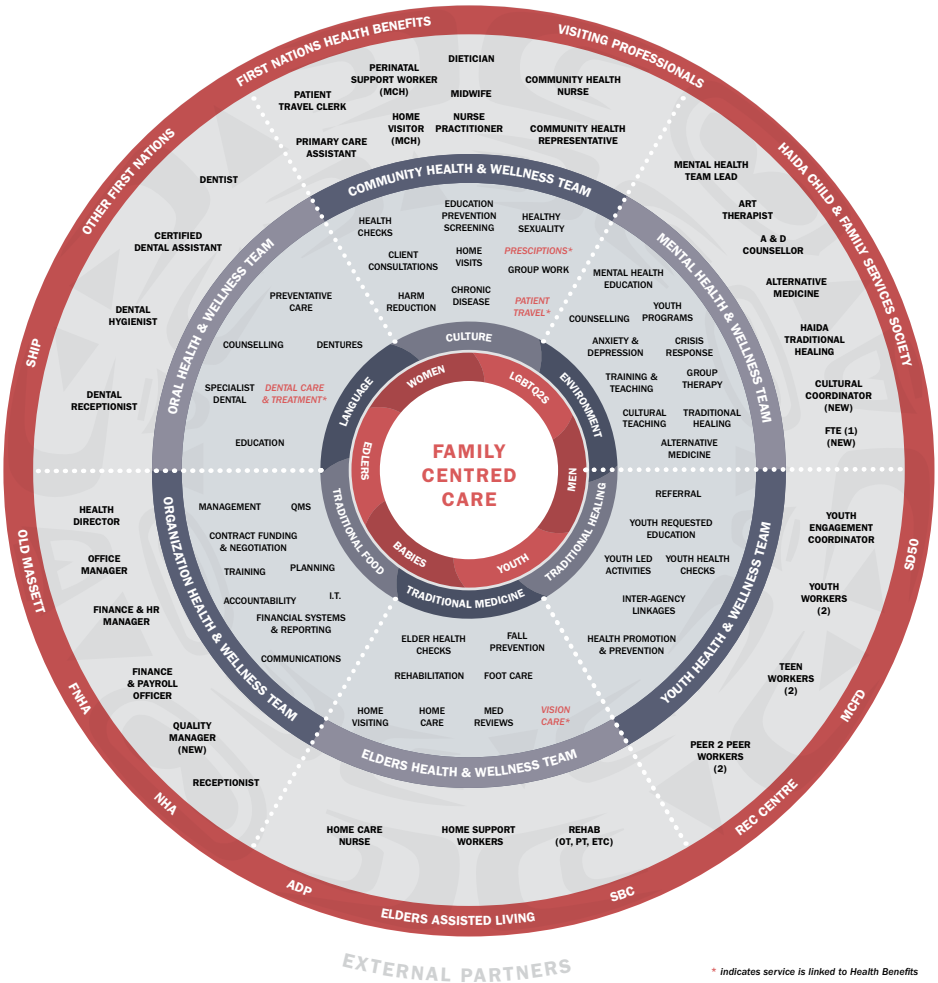
4. Facilities – Wellness Centre and Elders Facility

5. Quality Systems – implement P&P's, review IT system (EMR), Relationship Protocol with SBC, Emergency Preparedness (CCP)

The Health Department staff then had an opportunity to discuss the implementation of the goals into their work. This was also an opportunity to discuss moving from program-based thinking to family centered care. This discussion resulted in the development of the Health Service Model.

OUR SERVICE MODEL

Our Haida Health Service Model incorporates our structure and positions, our partners and our programs – all focused on delivering Family-Centred care to our community members.



* indicates service is linked to Health Benefits

"The Haida Health service delivery model has no hierarchy and the centre of the model reflects the inner core of 'who we are' as Haida people.... Mutual respect is one of the main reasons (the creation of) a model was recommended because it creates a shared understanding of the importance of Haida culture and also the value of already existing Western medical practitioners." (Implementing a Haida Healthcare Model of Practice Reflective of a Haida Health Governance Model, Lauren Brown, 2017)

Haida Moon Health Service Model

The Haida Health Service model is represented by a Haida moon and the design on this model is inspired based on the Haida song: "Eagle Women". The lyrics are:

Ha wey hii yaa ha wa'a hii yaa
Haay haay ho …..
Haa waa'a hii yey haa wa'a hii yaa
Haay haay ho
Oo ho aho
Gam gina guu dii is Gang ga.

Haay haay ho ….
Kuu.ngaay uu xuusda.yaa ganii

Haay haay ho …..

Gidin Jaads uu ll k'uuGwaay kinst'aaga.

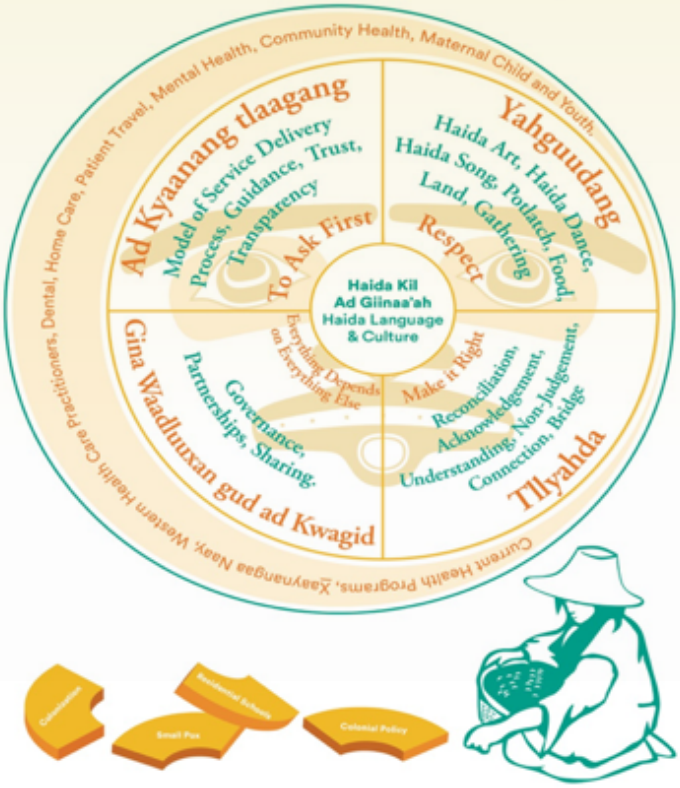
Haay haay ho ….
Ho ho aho ….

Translation:

I am not good at anything.
The moon did break.
Eagle Woman is going to pick up the (broken) pieces.

"In (the) model, the Moon is represented as full, with pieces of the moon falling off or 'shattering'. The Inner circle represents the core foundation of Haida culture; spirituality, ceremony, Haida identity, healing and Haida strengths. It is this inner core circle that is the foundation if targeted and focused on in a Haida model of health care delivery, will assist the nation towards restoring health. This inner 'core' is central in the Haida model and key towards moving Haida people towards overall wellness. The outer layer represents the health care delivery system currently, with western medical practitioners and health care programs that are relevant and necessary for the wellbeing of all our people. The four pie sections of the moon represent the four Haida Laws and includes key core concepts that will assist the overall goal of moving Haida towards wellness. The broken pieces of the moon represent colonization, the smallpox outbreak, residential school and colonial policy that disempower our people; finally, there is an Eagle woman picking up the pieces of the moon. She represents all the health care workers who have worked tirelessly in our First Nations communities, picking up the pieces of our broken history."

(Implementing a Haida Healthcare Model of Practice Reflective of a Haida Health Governance Model, Lauren Brown, 2017)



REPORT AGAINST OUR STRATEGIC GOALS 2018-21

GOAL 1: HAIDA LANGUAGE AND CULTURE – A LIFE-TIME GOAL

STRATEGIC GOAL 1	OBJECTIVES	INDICATORS OF SUCCESS
Everything we do is infused with XAAYDA KIL AD GUII-NAA'AH (Haida culture and language) in a respectful and appropriate way – according to Haida laws and our values	1. Recruit a Cultural Coordinator to lead the work on embedding and integrating Haida language and culture throughout the organization in training / staff development; facilities; systems; processes, teams, engagements and communications 2. Ensure all teams develop work plans that describe how they will incorporate Haida Language and Culture into their work 3. Ensure resources are allocated to support Haida language and culture work 4. Form an Elders Committee to advise on embedding Haida language and culture and provide feedback on work carried out	· All jobs, signage, posters and communique are bi-lingual and include Haida language · Haida culture is visible and alive in all that we do · Elders Committee is operational

The 4 Haida Laws have been continually threaded throughout all engagement and documentation materials both within the Health Centre environment and as guiding principles in the implementation of the new Society. The laws are:

1. Ya Yahguudang (respect)
2. Ad kyaanang tlaang (to ask first)
3. Tllyahda (make it right)
4. Gin'waadluuxan gudad kwagid (everything depends upon everything else)

ACHIEVEMENTS TO DATE

- Plans began this year to hire a Haida Cultural Coordinator position to provide guidance around integrating Haida culture into programs that are delivered within the Health Centre. The role will be responsible for overseeing staff development in language and culture and will also identify opportunities where cultural practices / traditions / values can be used to inform service delivery and programs. Funding for the position was sought from the FNHA's Joint Project Board funding, and the position was hired by the end of 2018 – however sadly the incumbent did not stay long and the position is now vacant again (however a new applicant will commence in May 2019)
- Most Mondays, staff gather at 9am to practice our Haida Health song
- Staff meetings are started with a fire and offering and our Haida Health song
- Weekly ceremonial fire is done at the start of each work week for staff to start in a good way
- Traditional approaches and practices are in place for death and dying proceedings
- Skidegate and OMVC have partnered to co-host a Healers Gathering in Gwaii Haanas in June 2019 and planning has begun for this
- SHC, Northern Health, and village of Queen Charlotte partnered to host a feast honouring the raising of the Gyaang Pole carved by Tim Boyko. This event brought together partners and contributed towards reconciliation and safety and trust amongst partners and community
- Plans are underway to begin answering telephones in Haida language
- Traditional Plant Medicine Walk around Spirit Lake lead by Vern Williams for youth
- Opportunities for staff language learning classes are currently being explored with SHIP

CHALLENGES AND WORK IN PROGRESS

- While an initial cultural framework has been developed to support our Health Centre services, there is a need to further explore a framework that integrates all services across Haida Gwaii and not only pays tribute and acknowledges our ancestors and history, but also to instill these learnings in our future generations
- We are aiming at bringing back the Coming of Age Ceremonies
- There has been no dedicated funding to implement our Traditional Healing service although the initial scope of this work has been completed. We have drafted funding proposals to the First Nations Health Authority and will present this in the next financial year
- Continuing discussions for language classes for staff with SHIP

RAISING A MEDICINE POLE

We were grateful to have been involved with a project that led to the raising of a medicine pole at the Haida Gwaii Hospital and Health Centre. The following is the Story of Kaahlii Ngaaysdll Naay GyaaGang - Skidegate Inlet Healing House Totem Pole by Tim Boyko, Master Carver.

The Haida Gwaii Hospital and Health Centre - Xaayda Gwaay Ngaaysdll Naay is the first facility in Northern Health that carries both an English and First Nation's name. This joint naming is symbolic of the joining of the HlGaagilda Skidegate and Daajing Giids Queen Charlotte communities when they raised Xaana Kaahlii Ngaaysdll Naay GyaaGang Skidegate Inlet Healing House Totem pole, on June 23, 2018, and hosted a feast to celebrate the first monumental pole raising in Daajing Giids in over 200 years.

From their earliest origins to present day, totem poles play a significant role in the social and cultural life of Haida Gwaii. They tell the story of the families and houses they are raised to represent. This pole tells the story of how our two communities combined western medicine and Haida health models to create a holistic approach to health and wellness on Haida Gwaii. The design of Xaana Kaahlii Ngaaysdll Naay GyaaGang has four purposes:

1. Welcoming
2. Healing
3. Unity
4. Traditional and Western healing practices

The following design elements were selected with these purposes in mind.

BEAR: The bear represents the welcoming protection of a mother. The Bear is embracing a doctor and she is telling stories as depicted by the extended tongue. Through her stories, the bear is teaching the doctor how to heal using ancient traditional knowledge and the doctor will unite this traditional knowledge with modern technology to care for the ill. This is symbolic of the Haida social and cultural aspects that have been incorporated into the design of the new hospital.

RAVEN: The raven represents all of the raven clans of Haida Gwaii. In this design there are figures in the raven's ears. On the right side is the fungus man, guiding the raven into the future and providing him direction on his journey in life. On the left side is a crying baby to symbolize the children that will be born at the new hospital bringing forth the next generation. In the middle of the raven is the carver of the pole who is part of the raven clan.

SHAMAN: The shaman represents the old ways of traditional healing. The shaman is in his regalia complete with rattles and is in a trance-like state. The shaman works with the doctors and nurses to unite the traditional and modern ways of medicine.

EAGLE: The eagle represents all of the eagle clans of Haida Gwaii and is integral to showing life balance with the raven.

WATCHMEN: The three watchmen look outwards and are protectors of Haida Gwaii. The watchmen on the sides represent the nurses who are an important part of the medical team and the centre watchman represents the doctor who must work side by side with the nurses in the best interests of the patient.

The intercultural dimension of this pole reflects over two centuries of cultural contact, exchange and colonialism, and the integrated histories that have been the result. The Xaana Kaahlii Ngaaysdll Naay GyaaGang pole reflects the changing, migrating and transforming nature of this relationship and the commitment of the communities of Hlgaagilda and Daajing Giids to learn from the past and work together towards a better future. In the spirit of reconciliation, the pole raising ceremony acknowledged that the Haida Gwaii Hospital and Health Centre - Xaana Kaahlii Ngaaysdll Naay is built on the traditional territory of the Haida Nation, and permission was received for both the past, present and future use of the land.

The Master Carver

Haida artist Tim Boyko was born in 1960 on Haida Gwaii and he began carving at the age of 14. He started his career in argillite and has expanded his repertoire to include jewelry design and wood carving. Tim apprenticed with celebrated artists including Master Carver Bill Reid, Argillite Carver Alfie Collinson, and Morris White. Tim's Chinaay (Grandfather), Tim Pearson, was an argillite carver. Tim has carved many poles including the Sgaang Gwaii Pole for the Haida Heritage Centre at Kay Llnagaay Centre; a pole for the acclaimed British Artists Damien Hirst; Chief Wigaanad clan pole; and a pole for the Sk'aadgaa Naay Elementary school in Skidegate.

Master Carver, Tim Boyko

Mentoring

An important part of the pole carving process is sharing knowledge and mentoring young carvers to learn and carry on the traditions. The complex task of creating a totem pole can only be learned by working alongside a master carver. Using this project to teach also utilizes the four purposes. Welcoming young artists to learn and share experiences that can provide healing by uniting traditional and modern techniques in creating a piece of art. The hospital that this pole will be placed at also mentors doctors and nurses and other healthcare professionals. By having apprentices work on this pole, the students of both Haida and traditional practices and modern medicine will be united.

Haida artist Tony Greene began his first apprenticeship with Robert Davidson in 1989-90 learning the Haida art of wood carving and painting. In 2000 he worked with James McGuire to learn how to work with metal. Prior to working with Tim Boyko as the Assistant Carver on this pole, he has worked on two poles with Garner Moody. Tyler York was the Apprentice Carver, and the pole was painted by Haida artist Billy Yovanovich III.

The Pole Raising Committee

The XaaydaGa Dlaang Society (Skidegate Health Centre) was the lead organization for the Pole Raising committee represented by: Cindy Boyko, Chair; Lauren Brown, Health Director; and Mary Kelly, our Office Manager at the time. The XaaydaGa Dlaang Society's partners for the Pole Raising were the Village of Queen Charlotte, represented by Mayor Greg Martin, and Lori Wiedeman, Chief Administrative Officer, and the Hospital Doctors represented by Dr. Tracy Morton.

Funders

The carving and raising of the Xaana Kaahlii Ngaaysdll Naay GyaaGang pole was made possible through the generous financial contributions of the following organizations and individuals:

- Northern Health Authority
- Haida Gwaii Hospital Day Committee
- Ministry of Children and Family Development
- Gwaii Trust Society
- Northern Savings Credit Union
- Vancouver Foundation
- Community Foundations of Canada
- Doctors of BC
- Several Anonymous Donors

XaaydaGa Dlaang Health Director, Lauren Brown

Ngaaysdll Naay Haida Gwaii Hospital, Dr Tracey Morton

The community hosted a feast to celebrate the first monumental pole raising in Daajing Giids in over 200 years.

Significant In-Kind Contributors

The following organizations made significant in-kind donations towards the pole raising and feast which would not have been possible without their assistance:

- Council of the Haida Nation
- Skidegate Band Council
- Skidegate Haida Immersion Program
- Gwaii Haanas/Parks Canada
- School District 50
- Northern Health Authority
- Haida Gwaii Coop
- Husby Forest Products
- Vista Print
- Numerous volunteers and helpers

The Haida Gwaii Hospital and Health Centre - Xaayda Gwaay Ngaaysdll Naay is the first facility in Northern Health 's region that carries both an English and First Nation's name. This joint naming is symbolic of the joining of the HlGaagilda Skidegate and Daajing Giids Queen Charlotte communities when they raised Xaana Kaahlii Ngaaysdll Naay GyaaGang Skidegate Inlet Healing House Totem pole, on June 23, 2018

REPORT AGAINST OUR STRATEGIC GOALS 2018-21

GOAL 2: FAMILY CENTRED CARE

STRATEGIC GOAL 2	OBJECTIVES	INDICATORS OF SUCCESS
Amplifying the community voice so services and programs are responsive to the needs of families. Exploring and developing mechanisms to ensure that programs are tailored to address what families want and need	1. Revise our organization structure to align with a Family-Centred Model of Care and which encourages cross-team work 2. Promote models of shared care which have a focus on all age bands and genders in the Skidegate community 3. Review Service Delivery Policies and Procedures and ensure they support integrated teamwork for shared client care 4. Train staff on shared care models and facilitate service integration opportunities – including addressing privacy needs of clients 5. Create a web page for the Health Centre to promote services – not everyone has Facebook	· Autonomous health organization established with protocol with SBC · Health organization has all necessary accountability systems · Organization structure aligns with our vision

Focusing on the needs of the community is a priority for XaaydaGa Dlaang Society. To demonstrate this, we:

- Developed our Haida Health Service Model that focuses on ensuring programs are oriented toward families. This model was developed by staff to shape how services were to be developed and delivered
- Completed the Community Health Survey in May 2018 to ensure we have current information on health status and health needs in the community. This provides us with targets to improve or reduce, as well as setting priorities for funding requests

ACHIEVEMENTS TO DATE

Revise our organization structure to align with a Family-Centred Model of Care

- We developed a model of care through brainstorming sessions with staff, based on the feedback received during community engagement activities (surveys and meetings)
- We promoted models of shared care which have a focus on all age bands and genders in the Skidegate community
- Promotional events have allowed us to reach our community members through various health solutions and activities in a fun environment
- Home visits and activities undertaken with the intention of promoting our services and programs continue to be provided – this resulting in positive responses, particularly from those community members with transport barriers
- The attendance at the Youth Centre has increased dramatically with daily attendance being +25
- Held a successful Family Camp April 26-28 with funding from Haida Child and Family Services
  Society.

Create a web page for the Health Centre

- Our Facebook site (Skidegate Health Center) and general social media continues to be a key source of informing our community members of various activities including the promotion of our monthly activities; health events; community engagement workshops; health professional and specialist visits; support groups; health and wellness tips; advocacy groups; training solutions; and general information
- This year saw the first launch of our quarterly XaaydaGa Dlaang Society community newsletter. This resource, in booklet form provides a summary of what has happened in the Health Center over the duration of each quarter
- Promotion of our services and programs continues to be advertised through the Skidegate Band Council website

REPORTS FROM OUR TEAMS PROVIDING 'FAMILY-CENTERED CARE'

Guudang Ngaay Tl'aats'iga – 'Strong Minds House' - Mental Wellness

The Strong Minds House Team continues to provide mental health preventative work, crisis services and individual and couples counselling out of the Strong Minds House. Some highlights from our year:

- Mental Health Team (Janet, Sue and Alison (practicum student)) had 395 encounters, serving 145 community members

- Our team leader delivered 3 Mental Health First Aid (MHFA) Basic courses, one in Skidegate, one in Masset and one in Port Clements. MHFA Basic is intended for adults interacting with adults (18 years and older). This course focuses on the four most common mental health disorders including substance related, mood related, anxiety and trauma related, and psychotic disorders. Participants who take this course are well prepared to interact confidently about mental health with their family, friends, communities, and workplaces

- Our Mental Health Team was involved in the delivery of three Applied Suicide Intervention Skills Trainings (ASIST), in Masset and Port Clements

- Our Addictions Worker was selected by the FNHA to attend training for Indigenous Focusing-Oriented Therapy (IFOT). This involved multiple trips off island throughout the year. IFOT addresses complex trauma, as one of the underlying contributors to addiction behavior, from an Indigenous and strengths-based perspective. This training increases the capacity for Community Wellness Workers (i.e. community addictions roles funded via NNADAP) to deliver culturally safe, trauma-specific interventions with clients and families impacted by addictions. The training cohort (see photo) also forms a pool of trauma specialists that are available to go to any northern indigenous community in crisis

- Our Team Leader attended a Trauma Informed Expressive Arts Therapy three-day workshop in Saskatoon, delivered by Cathy Malchiodi, PhD. She refreshed some of her art therapy skills and came home with some wonderful art therapy exercises designed to promote mindfulness and grounding

- Both staff continued to take the Self-Regulation Therapy (SRT) Advanced level trainings which covered Medical and Dental Trauma, global activation, and relational trauma. SRT is a valuable therapy for anyone who has experienced trauma or prolonged stress. It's non-invasive, and works through the language of the nervous system, which is sensation. Two other staff are also trained in SRT and are becoming valuable mental health resources here at the Skidegate Health Centre

- The mental health team was also pleased to support the youth camp Skidegate Health Centre organized in September at Hiellen Longhouse Village. Promoting mental wellness with the youth and familiarizing them with ourselves and our services is vital in healing the future generations

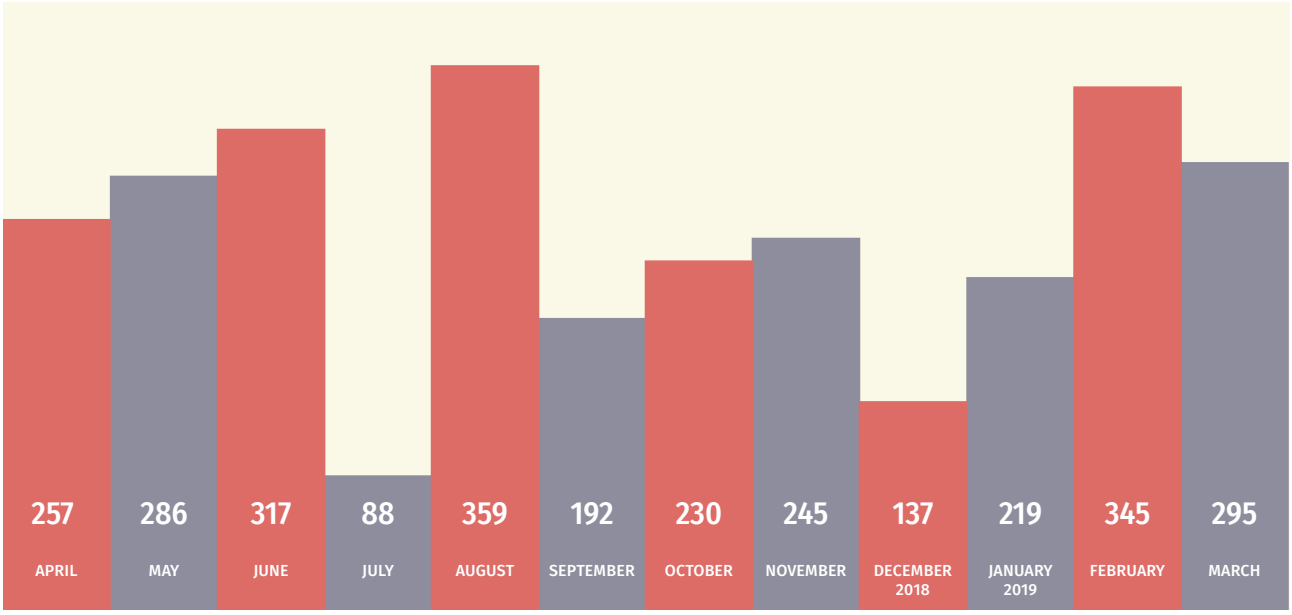
- A Nurse Practitioner, Mental Health is being hired to join the team who can prescribe medications and also provide a more clinical focus for client needs

Hiit'aGan.iina Kuuyas Naay – 'Young People Precious House' - Skidegate Youth Centre

Hiit'aGan.iina Kuuyas Naay is open from Monday to Friday offering regular programing to island wide youth age 7 – 19 years old. A typical week includes: Hala ga taa come and eat on Mondays, Right to Play on Tuesdays and Thursdays and a Teens only night on Friday from 6pm to 12am. Hiit'aGan.iina Kuuyas Naay strives to create a safe space for youth. The youth centre provides daily programing for youth many of which are inspired around Haida culture. Hiit'aGan.iina Kuuyas Naay receives funding from the Skidegate Band Council, Haida Child and Family Services, First Nations Health Authority, Ministry of Child and Family Services, Jordan's Principle and others. These funders assist with providing daily programing and opportunities to host events, planning extracurricular activities, facilitating training for staff to provide quality assistance to youth in areas of mental health, harm reduction, and overall wellness, as well as assisting in keeping our doors open during Christmas and Spring Break.

Highlights from our year include:

- In April community information and resource session on youth mental health and well-being, facilitated by members of the Kelty Mental Health & Resource Centre team based out of BC's Children's Hospital
- In May completed our 'Hunted to Danced' Traditional Deer Processing Series by dancing in regalia. Activities in the series involved butchering the meat and tanning the hides, drawing clan crest designs and painting them to bring them to life
- In June the Youth Centre hosted our second annual Guardians of the Art Indigenous Lacrosse Workshop Series, including skill teachings and development, cultural sharing with visiting Anishinaabe youth and guests, sleepover at Deadtree Longhouse
- In July Haida families 35 youth adults and elders went West Coast Fishing. Four trips involving 22 Families (51 people including 26 Youth, 25 Adults & Elders) visited the historic ancient village sites of their ancestors including Ancient Villages sites of K'uuna Llnagaay (Skedans), Gandll K'in Gwaay.yaay (Hot Spring Island), Hlk'yah GawGa (Windy Bay) and T'aanuu
- In August over 3 days, 7 Families including youth, adults and elders engaged in a fish canning workshop facilitated by Jenn Dysart with the support of local knowledge holder and elder Jenny Cross. Beading Workshop lead by Jeska Slater attended by 6 teens. Teen Dance held



Monthly Attendence at Youth Centre, 2018-19

HEALTHY HAIDAS

- In September, harvesting Packages were handed out to 13 Haida Families. 42 youth and 10 adults attended a land-based teen trip to Hiellen Long House Village
- In October Halloween Fun House with 123 community members walking through. Haawa to volunteers Allison Alsop, Jen Dysart, Graham Richardson, James McGuire
- In November a “Night at the Museum” event was held involving 19 youth who slept over at Haida Gwaii Museum at Kay Llnagaay. Rattle Making lead by Vern Williams. Culture and Creativity were immersed in teachings and discussions surrounding Haida clan crests and moieties, form line, design ideas
- In December Christmas Dinner was held through a power outage with 30 youth participants enjoying gifts, games, turkeys cooked by Edi Sanz and even a visit from Santa!
- In January, “Edge of the Knife” film screening for teen night a Haida Language Film with William Russ a Youth Worker as a starring role! Regalia workshop lead by Vern Williams; 12 youth engaged in Girl Guides lead by Denise Husband - themes supporting confidence, teamwork, skill training
- Junior NBA program introduced, age 5-7, skillsets in developing physical literacy in motivation, confidence and physical competence. Steve Nash Basketball programming consecutive Thursdays, ages 8 years and up. Total of 23 youth participants signed up
- Teen Spa Night. This was a reflection on positive self-care. Youth Sleepover with 14 youth participants
- Drone training, learning to pilot drones! by Nang K’uulas (Patrick Shannon) and TakingITGlobal Team. Filmmaking workshops for youth, learning filmmaking and screening films on the final night, led by Nang K’uulas (Patrick Shannon) and TakingITGlobal Team

Id Gidgalang Daagwiiyah – Our Strong Children - Maternal Child Health

- The two-midwife model on Haida Gwaii (developed from a collaboration between the Haida Nation communities of Skidegate and Old Massett, the First Nations Health Authority, the Northern Health Authority, the local Medical Advisory Committee, the Midwives Association of BC and two midwives) has been operating since late 2015. Prior to this only one midwife worked on Haida Gwaii however this had become unsustainable and a model was sought that would help alleviate concerns that Haida mothers may lose access to birthing services on-island. The model allowed two midwives to practice and support pregnancies and birth in a rural and remote environment, enhancing maternal and child health programs and services for all women on Haida Gwaii. The model aimed at midwives being linked to community-based programs and Northern Health staff and to have the ability to support labor and delivery at the homes of women or at the Haida Gwaii Hospital & Health Centre (QC). Although there are two hospital and health centers on Haida Gwaii at Queen Charlotte and Masset, there is no birthing suite at Masset.

- It was agreed by the parties of the agreement that the two-midwife model would be evaluated toward the end of the 3-year contract (March 2018). This evaluation was completed after extensive consultation with the midwives, health authority, SHC and clients, in July 2018 - to determine whether the model was working, and whether any changes should be made to the ongoing arrangement. Three main questions and sub-questions were sought to be answered by the evaluation:

  - Is the Two-midwife model for Haida Gwaii working for pregnant women and their families; for the 2 Haida Nation Maternal Child health teams; and for the midwives?

  - Are there positive outcomes for babies, their Moms and the families being achieved through this model of care?

  - Is this a cost-effective model for the Haida Nations and for the midwives?

- The findings show that a very positive working relationship was evident between the midwives and NHA staff as evidenced by NHA feedback on the model as well as feedback from the midwives. It was clear that NHA personnel enjoy working with both midwives and value the Two-Midwife model operating on Haida Gwaii. NHA staff were also extremely positive about the training offered by the midwives and that it was hugely beneficial, and all felt that women on the island were accessing excellent midwifery care. Feedback from women who participated in the evaluation highlighted a very safe and caring service being provided by two very passionate and committed midwives. Data provided by the midwives indicates that in the period November 2015 – Dec 2017 since the two-midwife model started, the two midwives have helped a total of 150 clients with their pregnancies and births (58 clients or 39% for the north midwife and 92 clients or 61% for the south midwife). Of the total number of maternity clients seen – 53% (80) were Haida and 47% (70) were non-Haida women. The feedback mothers provided for the evaluation, as well as health professionals at NHA and the midwives, showed very strong support for the Two-Midwife model with positive outcomes for women and babies in all of the following areas - accessibility to care through this model; breastfeeding outcomes; healthy pregnancies; safer births; good care regimes pre and post-natal and improved parenting skills.

- Today midwifery care continues to be accessible through the Skidegate Health Centre, supporting expectant parents throughout pregnancy, childbirth and into the early postpartum period. Our newest babies have arrived through planned off-island deliveries, unexpected off-island deliveries, planned hospital deliveries and planned home deliveries.

- Balancing individual health priorities, medical safety and emotional/cultural safety remains a priority within our midwifery care services. In 2019 we have had a monthly prenatal childbirth education series hosted at the health centre, in addition to other workshop events. We look forward to continually providing care that meets the needs of our community members and welcome feedback to help us meet the needs of all our parents.

- The Maternal, Child and Youth Program continues to work closely with the Northern Health Authority, School District 50, Child Care Resource and Referral, Ministry of Child and Family Development, Island's Wellness Society and the Skidegate Youth Centre. The team works with the Skidegate Nursery school to go on weekly field trips, from Misty meadows to Sandspit and everywhere in between. Our worker continues to support the midwife and community health nurse with families – and she also completed the advanced level of self-regulation therapy and this is a main focus within the program. The program supports Childcare, resource and referral with weekly breastfeeding group and monthly information dinners for families. (font size needs to change to 10.5 ... Please write out acronyms)

- Growing Great Kids is a home-based parenting program that helps community members to reignite the things you already know and helps to put them into practice. The program focuses on six main components (what we refer to as the Daily Do's): Social emotional development, empathic parenting and compassionate children, cognitive development and learning, self-esteem and motivating learning, early language development, physical development and health.

- Monthly Food Co-op Cards – is a limited initiative whereby cards are provided for expectant families to help them with buying nutritious food until the infant is 6 months of age.

- Home Cookin' & Fill the Freezer – is gratefully funded through 'Success by Six' in partnership with Islands Wellness Society's team. Visits are made to families in their homes for Home Cooking. Families supply the kitchen and cooking utensils, and an idea on what they would like to learn to cook. Our team members supply the food and cooking instruction. From this program 'Fill the Freezer' evolved with the ability to create freezer meals to families after delivery. This allows families to worry less about what's for dinner and spend that time on bonding with their new addition.

Home and Community Care

- The XaaydaGa Dlaang Society's Home Care Program had a busy year providing services to clients with home making, bathing, meal preparation and shopping, as the mandate is to keep elders in their homes as long as possible. Home care also worked in the Adult Day Program to assist in the care and socialization of our clients. We also coordinated care with SHIP to give clients a ride to their program

- Partnering with Northern Health Authority allowed a weekly doctor's clinic to provide community care and the option of a doctor's home visit to the elderly in need. Bi-weekly rounds at the Queen Charlotte hospital was also a good way for the Home Care nurse to network and communicate for client's medical needs. Monthly educational lunches partnering with NHA's dietician also allowed dissemination of information on diabetes to up to 20 people at a time

- The Home Care nurse frequently worked alongside the XaaydaGa Dlaang's Community Health Nurse in delivering service for flu injections. The Home Care nurse delivered regular foot care to over 25 people in Skidegate during the year. This service is much needed to help diabetics and other community members maintain optimal foot health, avoiding the costly podiatrist fees

- Home Care also provided equipment loans for bath chairs and other equipment to assist clients after surgery or for their declining health. We also set up Alert Lines and handed out hearing aid batteries as part of our very busy Program. Home care also provided medication pick-up and delivery for Skidegate residents. All in all, it was a busy and productive year for Home Care

- The Adult Day Program (ADP) has been expanded with additional investment from SHC and the ADP (Northern Health) and administration of the program has now shifted to SHC

Nurse Practitioner Primary Care

- Historically the Nurse Practitioner position operating from SHC was a Northern Health Authority employee. We had always wanted to embed the position within our organization to better integrate the services and ensure we could govern what the role did when serving our community members

- In this period - we were successful in negotiating the transfer of this position from Northern Health to SHC and in return SHC will be supplying NP services to Queen Charlotte clinic for two days per week. This for us is the start of building our own primary care service as we prepare to offer this comprehensive service from the new Health Center

- SHC has begun working with NHA to create a Primary Care Network on Haida Gwaii which will attract more funding for primary care for the local communities. We have high aspirations for this work and hope it supports expansion of our service to full-time primary care

Community Health

The Community Health Team consists of a visiting NHA Dietician, Community Health Nurse (CHN) and the Community Health Representative (CHR). The team was very busy this year in a number of areas:

- Diabetes Education: Diabetes continues to be a high priority in terms of prevention and management. Monthly diabetes education lunches continue the last Friday of the month from 12-2 and when possible traditional foods as well as produce from our garden are served. Educational topics have included: the value of traditional foods and teas; Glycemic Index; Diabetes and Christmas holidays. The luncheons are always well attended. The CHR is an important connection to the community and she works hard to recruit community members to attend the various activities and programs that are hosted such as Screening Mammography; Pap Clinics; Mobile Diabetes Clinics. The CHR is also invaluable in the cooking of healthy meals.

- Communicable Disease Control (CDC): The CDC and immunization program is mandatory and has four main objectives: To control the spread of communicable disease when outbreaks occur; Decrease the incidence of tuberculosis (TB); Decrease the incidence of sexually transmitted infections including HIV; Decrease the incidence of all vaccine preventable diseases (VPD). The Nurse offers immunizations for infants during Well-Baby visits as per the BC routine immunization schedule at 2-4-6-12 and 18 months. Despite high vaccination rates in BC, there continues to be outbreaks of vaccine preventable diseases such as measles. The ongoing measles outbreaks have led to a province wide catch up program in all schools and the mandatory provision of vaccination records commencing September 2019. The Health Centre also hosts the annual three and five-year-old fair for children from Skidegate, Queen Charlotte, Tlell and Sandspit. This includes those with immunocompromising conditions or taking medications that can suppress the immune system. Some examples are cancer, diabetes, HIV and arthritis. Two influenza clinics were held in Skidegate plus visits to the Adult Day Program and SHIP as well as home visits as needed. Point of Care HIV testing and referral for STI testing is provided. The CHN has recently completed certification in STI diagnosis and treatment and attended a 3-day practicum at the BC Centre for Disease Control. The CHN provided an educational session to the SHIP members on water borne illness prior to them going to the ANBT (Prince Rupert water advisory)

- Early Childhood Development: Both on and off island health care providers provide vision and hearing screening, developmental milestone assessment, dental checks, nutritional advice, sexuality and immunizations are given to the pre-kindergarten cohort. Updating of adult immunizations is ongoing and the CHN will offer vaccines to clients, their family members and friends identified as higher risk.

- Well-Baby Care: Ongoing education and support is provided to parents and caregivers at routine well baby visits. The CHN also works with the Midwife in providing home or office visits to assess growth, assist with breastfeeding as needed. Parents who choose not to vaccinate their children are provided with vaccination information and highly encouraged to attend the well-baby clinics for the assessment and support offered.

- Harm Reduction Program: Clients identified at higher risk or referred by their family doctor (clients with HIV, Hepatitis, alcoholism or persons who use drugs) are offered support, vaccines, safer drug use teaching and equipment. The assistance of clients who use drugs was obtained in developing kits with supplies that will be used and not wasted. An example is finding screens that will be used to replace the brillo that many had been using which leads to respiratory problems. The CHR keeps the safer drug use kits stocked. There has been a decrease in the number of safe injection kits handed out. Take home naloxone kits continue to be provided to persons who use drugs and or their friends or family members. Elders on long term opioids are at an increased risk for inadvertent overdose and should also have naloxone available. Education sessions were held at the Youth Centre on overdose recognition and response and also provided to students as needed at the Secondary school during monthly nurses' clinics.

- Tuberculosis: Skidegate remains a low risk community for tuberculosis. There has not been an active case (and therefore infectious) of TB in Skidegate for over twenty years. There are annual surveillance activities including TB skin testing for children in grades one and six, new employees of the Health Centre, Daycare and Nursery schools. Persons attending Treatment Centres and clients commencing immunosuppressing medications are also tested prior to initiation of the treatment. The IGRA test remains available to those with a positive skin test and who have never received preventative treatment for TB. There have been no positive TBST results over the past year.

- Other: CHN assists with grade 6 and 9 school immunization programs; School clinics (shared clinics with 2 doctors and the QC PHN) ; Sexual health or harm reduction booths at community events; Allergy desensitization shots provided by CHN (this was started by the NP). CHN also can provide methotrexate injections. The CHR also provides support visits to ADP and hospitalized clients. She covers for the receptionist as needed. She decorates and plans snacks for various activities such as the women's health days, provision of breakfast and snacks for the mobile diabetes clients. The CHR is a valuable resource for persons with questions regarding medical benefits.

- Another successful Kindergarten Fair was held in May 2018

- A successful PAP clinic was held in July 2018 that was attended by women in the community

- Successful influenza clinics have been held to offer the flu shots

Dental Clinic

- Dental services continue to be very busy with appointments often fully booked

- One of the goals of the Skidegate Dental Clinic is to increase visits from Specialists so our community does not have to travel off island for specialty dental care. During the year we had 7 different visits from specialists: Dr. Kafka, a Denturist from Prince Rupert came three times: Dr. Coil an Endodontist from Vancouver travelled here twice with a student from University of British Columbia; and, Dr. Korj an Oral Surgeon from Vancouver also travelled to our clinic twice

- As of beginning of March, our dentist Caitlin Meredith sustained an injury and will be off work for an undetermined amount of time. We will be obtaining a Locum Dentist when possible

- In November 2018 the Skidegate Daycare came and had a tour of our Dental office. Ensuring children are comfortable with our dental operatory and staff is really important to their dental health

- SHC is working with the FNHA to put in place a capital replacement budget for dental equipment as the technology changes quickly and equipment also wears out quickly. The clinic is planning for a new Xray machine in July 2019

- Training for the "Children's Oral Health Initiative" (COHI) program was completed in August for dental staff

- A Community Oral Health initiative began in September which involves visits to schools, day care, youth center and the Adult Day Program (ADP) to provide dental education and preventive services

- A dental chart audit was initiated in November to ensure charts are up to date, inactive files are removed, and information is current for patients

Patient Travel – Medical Transportation

- The Non-Insured Health Benefits (NIHB) Patient Travel (also known as Medical Transportation) Program provides a limited range of medically necessary health-related services not provided through private insurance plans, provincial/territorial health or social programs or other publicly funded programs, for eligible registered First Nations throughout Canada. The Medical Transportation benefit is provided to eligible community members to access medically necessary health services that cannot be obtained on the reserve or in the community of residence. If community members are eligible, there are a number of conditions that apply including that travel is to the nearest appropriate health facility; the medical service is not available locally and the most economical and efficient means of transport is used (to name a few). A more comprehensive description of the Medical Transportation benefit to show how the benefit is accessed, what is covered and the process is at www.fnha.ca/benefits

- In the 2018-2019 fiscal period - 2,446 nights of accommodation were booked by our Patient Travel Clerk for Non-Insured Health Benefits medical travel

- NIHB representatives from FNHA came to our community in January and held a community dinner obtaining feedback on vision, dental, medical supplies and equipment as they transition into a partnership with Pacific Blue Cross to improve access to benefits

CHALLENGES AND WORK IN PROGRESS

Whilst we have continued to keep busy delivering all of our services and programs – including significant expansion of care – we haven't yet created a new SHC website to promote services (since not everyone has Facebook). This will be a priority for 2019-2020 - watch this space!

REPORT AGAINST OUR STRATEGIC GOALS 2018-21

GOAL 3: EXPANDED SERVICES

STRATEGIC GOAL 3	OBJECTIVES	INDICATORS OF SUCCESS
Identifying opportunities to develop new, and or further advance and evolve, services and programs within the health department that focus on building community resilience, stability and wellness. Being flexible in our approach and being open to challenge the ordinary and think innovatively in how we design and deliver programs and services.	1. Continue to develop and grow Complementary Alternative Medicine (CAM) and Haida Traditional Healing (HTH) services 2. Work with men in the community to design and implement a Men's health and wellness program 3. Work with SBC, Recreation Centre staff and other experts to design and develop a physical sport and recreation plan to increase options for exercise for all groups in the community particularly Elders including Falls Prevention 4. Expand our Mental Health & Addiction services especially for youth (and working with Haida Child & Youth services) and with specific attention on anxiety and stress. Determine ways to destigmatize Mental Health to encourage people to come forward. Develop crisis response guidelines for community members	• A new health facility is constructed that meets client and staff needs • Our facility supports our vision

The need for expanded services was initially identified by our community members when they completed the health survey in April and May 2018. The call for more services was then reviewed and ratified by the Society members representing the clans and community members. We identified that the priorities for more services included:

1. Complementary Alternative Medicine (CAM) and Haida Traditional Healing (HTH) services
2. Men's health and wellness programs
3. Physical sport and recreation plan to increase options for exercise for all groups in the community particularly Elders including Falls Prevention (in response to concerns in the survey where a high number felt they were overweight)
4. Mental Health & Addiction services especially for youth (and working with Haida Child & Youth services) and with specific attention on anxiety and stress

ACHIEVEMENTS TO DATE

Complementary Alternative Medicine (CAM) and Haida Traditional Healing (HTH) services:

To help with planning and expanding these services we have drawn on information from prior Elder's dinners where we asked them about CAM services and what they would like to access. These are their responses:

- Acupuncture - /////////
- Massage therapy - ////////
- Acupressure - ////
- Reiki -//
- Naturopaths -/
- Hot rock massage - /
- Herbal Pharmacy - /
- Medicine men with traditional medicine
- Haida Plants - ///
- Learn Herbal medicine across North America -/
- Spiritual guidance
- (European medicine is alternative!!!)
- Healing retreats
- Retreat/access to Hot springs for our people
- Women's circles
- Men's circles
- Support Groups – love, trust
- P.O.V. Workshops
- Fire ceremonies
- Trauma work
- Group sessions – addictions, health, exercise
- Haida Movement – to keep our bodies in motion
- Haida Traditional Medicine – Dance, Food, Song
- Reflexology
- Cranial Sacral therapy
- Foot therapy
- Electro- medicine
- Hydrogen peroxide
- Colloidal silver
- (Nothing. We are too far gone.)
- Yoga
- Nutritional Healing
- Amethyst biomat
- Trifinity 8
- Treatments for arthritis and chronic pain
- Physiotherapy

Haida Traditional Healing was also explored at our Elder's Dinner and Elders were asked what Traditional services they want to see offered. Their responses were:

- Herbal
- Spiritual
- Sharing of knowledge
- Plant medicines
- Gathering of medicine
- Preparation of medicine
- Comprehension of each plant we use for medicine
- Medicines
- Learning about healing plants and preparations
- Gain knowledge of preparation of traditional medicine
- Elders who know their medicines.
- Indian medicines
- The more the better. Natural medicines. Mainly for Haidas.
- Access to Haida medicines
- Fire ceremonies – food offerings
- Talking circles
- Early morning ocean dips with prayers to the 4 directions
- Cultural camps
- Healing retreats
- Rites of passage – Men – birth, fatherhood, First kill hunters, manhood, marriages, divorce, illness, death. Women – birth, death, pregnancy, period, marriage, divorce, illness.
- Drumming – singing circles
- Teaching young people how to process food.
- Trauma work
- Massage therapy -/
- Group therapy
- Support groups
- Woman's groups
- Teach – self-love, self-respect, self-worth, confidence, sexual abuse
- Aroma therapy
- Essences
- (instead of yoga) HAIDA MOVES (like dance) What are our movements? - /
- Food gathering, knowledge, clarity, clean
- Singing/song
- FOOD – traditional easily access – like drinking healing green drinks from our wild plants to energize our bodies.
- Trips
- Reiki – I believe our people practiced this

During the year we had many Alternative and Traditional Healers visit our community. A BIG Haawa to them all:

We held a number of community workshops such as “Food as Medicine” (Traditional Diets by Dr Jay Wortman) in June 2018 and Shamanic Reiki (October 2018)

Mental Health & Addiction services:

- In partnership with the FNHA, we developed a Mental Health Teamlet. Creation of these Teamlets is part of a Northern Region strategy for expanding mental health services in locations with limited access to mental health care
- SBC and Mental health successfully obtained funding for another client worker
- We are part of a Research Grant through Royal Roads University to engage elders and clans in the community in the field of mental health
- SHC is hosting events such as Sobriety Dinners

Men’s Health and Wellness Programs:

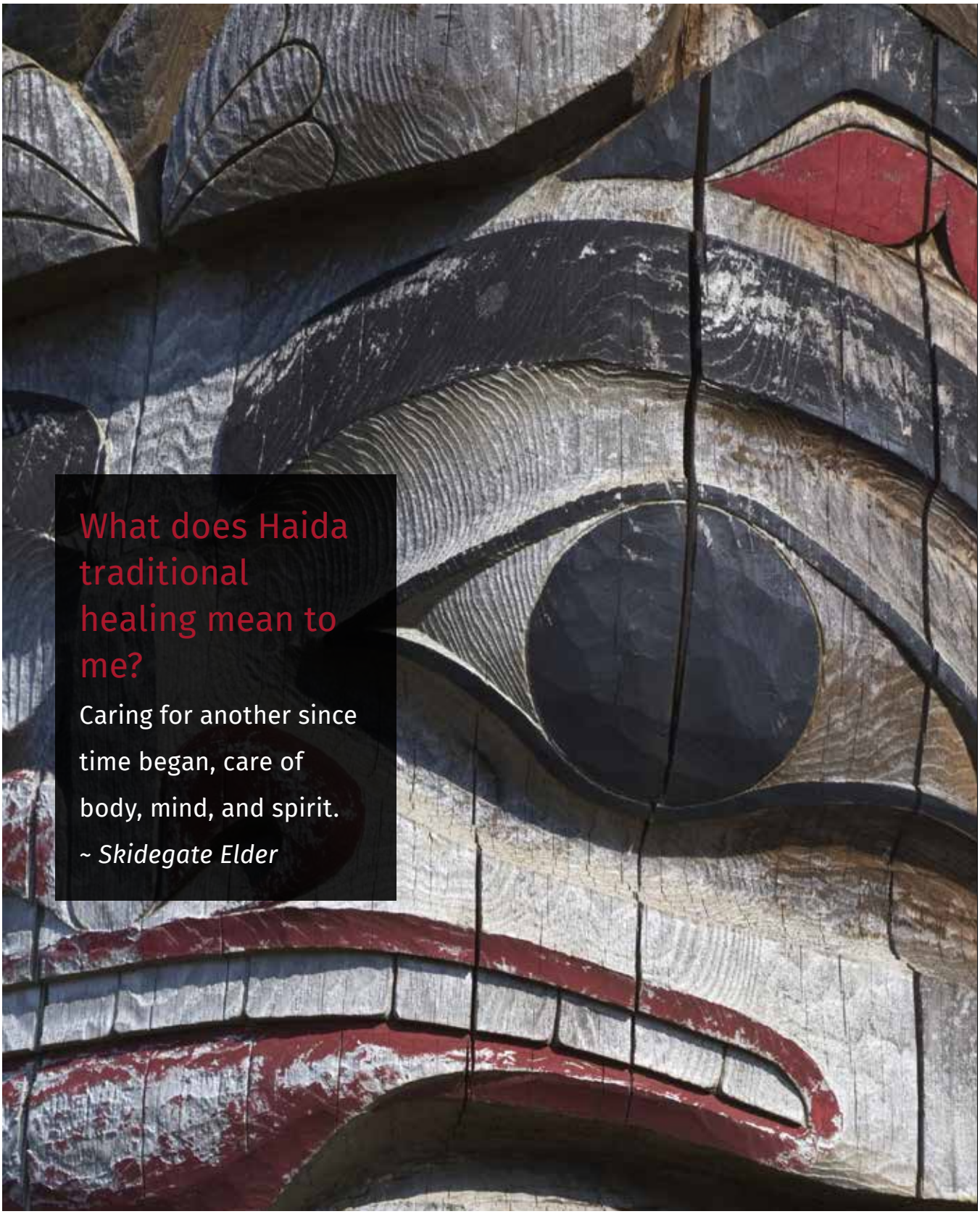
- SHC is planning a Men’s Wellness Event for April/May. A Theo Fleury talk to kick start the process followed by a prostate clinic, BBQ and most importantly a men’s engagement process to hear directly from men about the services they would like to see for men’s health and wellbeing. We intend for this to be planned by men and delivered by men with the Health Centre staff providing administration and logistical support

Physical Sport and Recreation Plan:

- Canoe Journeys started in July with funding from Harm Reduction Grants (Youth Centre)
- Family fishing and food preparation began in July with funding support from HCFS

CHALLENGES AND WORK IN PROGRESS

- Submit Traditional Healing funding proposal to FNHA and negotiate funds to expand this service for the community
- Implement the plans for men’s health and wellness fairs, clinics and engagement
- mplement the plans for physical sport and recreation
- Continue to expand availability of Complementary Medicines and practices such as acupuncture, homeopathy, reiki and naturopathy



What does Haida traditional healing mean to me?

Caring for another since time began, care of body, mind, and spirit.

~ Skidegate Elder

REPORT AGAINST OUR STRATEGIC GOALS 2018-21

GOAL 4: WELCOMING FACILITIES

STRATEGIC GOAL 4	OBJECTIVES	INDICATORS OF SUCCESS
Deliver programs and services in facilities that are welcoming for community members, that focus on client experience and contributes to empowering their wellness, socialization and generational unity.	1. Continue to support the construction of the new Skidegate Wellness Centre and transition to the new Centre as seamlessly as possible so as not to overly impact client care 2. Support SBC with establishment of an Elder's Assisted Living and Independent Living facility – and prepare recruitment and education plan to build workforce for new Elders Facility 3. All health-related facilities (including ADP and Youth Centre) incorporate wellness messaging and service access information through multiple means 4. We ensure our SHC (existing) & Youth Centre are equally as welcoming as the new Skidegate Wellness Centre	• Our community feels they have a voice and that it is being listened to and respected (measured by positive feedback)

When our Society members, Board and staff reviewed our strategic plan to discuss facilities – we felt that the focus was too much on the new health center and that there wasn't a balanced focus on other health facilities including the Elders Facility, our current SHC and the Youth Center. We also wanted to ensure that we created 'welcoming spaces' in ALL of our facilities and not just the new health center – including ensuring ALL of them promoted wellness messaging through TV and other media.

In addition to the health facilities, the SHC also began working with the Skidegate Band Council in 2017 to look into Elders housing and care needs. In Haida Gwaii there are a total of 8 Assisted Living Units (4 in Queen Charlotte and 4 in Masset) based in stand-alone facilities, as well as 12 Long Term Care (LTC) beds (8 at Queen Charlotte and 4 in Masset). In Queen Charlotte one not-for-profit society also manages a 10-bed independent living facility. A Home Health program is offered through the Inter-Professional Team based at Queen Charlotte hospital which includes a mix of Primary Care Nurses, Physicians / Nurse Practitioner and allied health personnel. In Skidegate – *there are no Assisted Living Units or Residential Care facilitie*s – however there is a Home and Community Care program (among others) and an Adult Day Program. This scenario is indicative of many First Nations across Canada, most of whom who have inequitable access to Elder care services.

In December 2016, SHC and SBC initiated a project to investigate the options for Long Term Residential Care for Elders including looking at complex care and assisted living models. The project considered matters such as the BC Ministry of Health Policy on Long-Term Residential Care; the eligibility criteria for Residential Care Services; access to Long-Term Residential Care Services (including Veterans and Couples access); the population and demographic needs; the Costs for Long-Term Residential care services; a review of existing Long-Term Residential care services (including information from other Frist Nations / Aboriginal Facility sites); and a Literature review of First Nations Assisted Living and Long-Term Residential care services. In April 2017, representatives from the Skidegate Health Centre (SHC) and Skidegate Band Council (SBC) met with Northern Health (Province of BC) to discuss the addition of an Elders Complex which is proposed to be near the new Health Centre funded by the First Nations Health Authority (construction for this began in mid-late 2017). The SBC and SHC established a partnership with Northern Health to complete a Needs Assessment and a Feasibility Study and secondly to look at models to fund ongoing operational costs of an Elders Complex.

ACHIEVEMENTS TO DATE

Construction of the new Skidegate Wellness Centre:

- Fire ceremony held at site
- Construction was delayed until additional funds could be negotiated due to the final costs for the project being greater than originally planned. We were successful in obtaining additional funds from Gwaii Trust and from the Council of the Haida Nation
- Site preparation begun. Grubbing and clearing and logs removed along with stumps. Tender packages were prepared for final choice of a construction company including final architectural plans. We ran into issues with insufficient water pressure
- A Project Manager was hired to manage the project moving forward to ensure completion of the construction according to agreed design
- We're excited with everything that's currently taking place with the construction of our new House of Life Wellness Centre. Progress is on track and it is great to see the developments become a reality
- Construction is now well underway!

Our new Wellness Centre will be the container that will hold the 'sacred space' for our Haida Governance Model of Health, so it is vital that this container be created intentionally by means of sacred ceremony and ritual. Photo Credit: Rhonda Lee McIsaac

LEFT, TOP & BOTTOM: Adding powerful Quartz Crystals into our new Wellness Centre's foundation, to program and apply our intention and vision of 'Empowering generations of Haida to achieve their highest level of wellness.' RIGHT: Cleansing ritual of burning Sage to rid 'the space' of our new Wellness Centre of any not-so-positive energy and welcome in fresh and positive healing energy!

Support SBC with establishment of an Elder's Assisted Living and Independent Living facility

- Engagement with Elders in the community was conducted to seek their support, and ideas for, an Elders facility. We received many great ideas from the Elders about what they would like to see in such a facility. There was unanimous support for an Elders complex / Assisted Living facility with residences being constructed in the Skidegate community – both for those wanting to live independently and for those needing support. A mix of self-contained apartments where people are still self-sufficient and some rooms provided for those with minimal needs for personal care. Community members spoke of several concerns related to wanting a facility on-reserve:
  - Skidegate members wanting to return home to retire but having nowhere to go
  - Skidegate members not wanting to be re-located off-reserve to Martin Manor or the hospital for long term care, and losing the socialization and connection with their Skidegate family, neighbors and community
  - Fear of people dying 'alone' and not in the care of others
  - Elderly couples not wanting to separate so one is often trying to care for the other, when they themselves need help and support
  - Preference to be surrounded by friendly faces – 'people you know' 'people who are like you'
  - Community members not wanting to leave the community where they have lived all of their lives – not wanting displacement and losing being part of the community
- In June 2018 SHC working with the Band Council, received the report of the Needs Assessment and Feasibility Study for Assisted Living, Low Income Housing and Community-Based Care for Elders. This included consideration for an Elders living facility to be potentially constructed next to the new SHC. With the Feasibility study in hand, discussions have now been initiated with relevant agencies including BC Housing, to look at the potential for capital funding to support construction of an elder's facility

All health-related facilities (including ADP and Youth Centre) incorporate wellness messaging

- Work in progress

SHC (existing) & Youth Centre are equally as welcoming as the new Skidegate Wellness Centre

- The current SHC had a new roof installed in this period to ensure maintenance of the building and protection for staff and clients

CHALLENGES AND WORK IN PROGRESS

- Continue with construction of our new Wellness Center
- Progress negotiations for funding to implement the Elders residential facility
- Continue to incorporate wellness messaging in our facilities
- Maintain safety of existing SHC and Youth center buildings

REPORT AGAINST OUR STRATEGIC GOALS 2018-21

GOAL 5: QUALITY MANAGEMENT SYSTEMS

STRATEGIC GOAL 5	OBJECTIVES	INDICATORS OF SUCCESS
Ensure our organization has and maintains robust internal systems that support the development, review and delivery of services, that empower generations in our community towards wellness and keep us accountable for our work.	1. Achieve and maintain our Accreditation while addressing all non-compliant items 2. Maintain a robust financial management system that is accurate and accountable to the community for funds we manage on their behalf 3. Review / adapt our documented Policies and Procedures and ensure implementation of these across the organization 4. Establish and implement our staff performance management system within 1 year including training register 5. Review the CCP Emergency Preparedness priorities set by the community and ensure SHC's mandated roles are being implemented 6. Review EMR option: Mustimuhw vs MOIS vs other options and make decisions on final patient record system for SHC 7. Develop Relationship Protocol with SBC 8. Establish robust Client feedback / evaluation system to capture all forms of feedback to inform continuous quality improvement	• Independence & self-care increases in our community • Comprehensive (mind, body, spirit) wellness focused services are available on-site and in homes

ACCREDITATION CANADA

Better Quality. Better Health.

Accreditation is an ongoing process of assessing an organization against standards to identify what you do well, where you can make improvements, and how to make them happen. Accreditation Canada is an independent, not-for-profit organization that is dedicated to improving the quality of health care systems in Canada and is the certifying body who certifies organizations to become accredited. Becoming accredited demonstrates our commitment to:

- Improving quality and safety
- Reducing risk
- Increasing efficiency and decreasing costs
- Implementing best practices

Becoming accredited is a vital goal that XaaydaGa Dlaang Society wishes to achieve. It is a certification that ensures our organization has an accountability process in place for everything that we do. It will require us to maintain internal quality controls and systems that help ensure consistency and quality health services are being delivered to you. It is also a forum to monitor quality improvement and demonstrates our commitment to always looking for ways to do things better.

We acknowledge that it will take hard work and a dedicated effort on reviewing, improving and documenting our quality management systems and processes. And we are excited that this journey has begun.

ACHIEVEMENTS TO DATE

Achieve and maintain our Accreditation

- Between January and March 2017, our entire organization documented all of our processes under four major categories:
  - General Policies and Procedures – includes our strategic documents such as our Haida Laws, guiding principles and values, Strategic Plan, Ethical framework and Haida language and culture; Governance and Management policies; Human Resource and Personnel policies; Financial Management policies; Administration policies; Information and Technology policies; Facility policies and guidelines; Business continuity plan; Health & Safety and Risk Management
  - Service and Program Delivery – includes our cultural framework for service delivery; client safety policies; welcoming, screening, assessment, planning, interventions and evaluation; clinical policies; infection control and specific services and program policies
  - Quality Management – describes our Quality Management and Improvement policies as well as document control procedures
  - Client Feedback – designed to gather client feedback from our services and programs as a process for ongoing improvement

2018 AGM – Signing our meeting out in a Good Way with Vern Williams, Haida Traditional Healer

- We underwent our first accreditation assessment in March 2018 and received a glowing report from the Accreditation Canada survey team. The rating we received was A+ with 93% compliance – and this was our first time being surveyed! Very rarely does a new organization meet that level of the standards from the outset. Comments from the surveyors were:

  "Skidegate Health is doing an incredible job"

  "Haida Cultural strength & values are client & family centered and is a real strength"

- The survey validated how well we are doing and encouraged us to continue building programs in the direction the Community has set for us. The achievement of this success is due to the extensive work undertaken by our leadership and staff and the extent of Policy and Procedure documentation that we have maintained. We were very pleased to achieve this milestone – we now have to maintain it!

Maintain a robust financial management system

- We were pleased to achieve another clean audit last year to submit to our AGM in September 2018
- Our finance team does a wonderful job tracking our budget and revenues/expenditures and reporting these to each quarterly Board meeting
- We achieved a great end of year result and have been able to meet all financial management requirements of our auditors and presented our audited accounts with the annual report at our September AGM
- We have a dedicated Finance Manager and Finance and Payroll Officer for processing all of our financial data and reporting on performance to our Board

Review / adapt our documented Policies and Procedures

- We had developed a full set of policies and procedures for our accreditation review and these were considered appropriate at the time of the assessment. We have yet to fully review and update these – but certainly a task for next year!

Establish and implement our staff performance management system

- Work is in progress and will be completed in 2019-2020 year for performance plans and training register

Review the CCP Emergency Preparedness priorities

- The Skidegate Fire Department representative is now the new Emergency Coordinator
- The Health Director is on the Tsunami / Emergency Alert list

Review EMR options

- SHC did undertake a comprehensive review of our client / patient management system Mustimuhw to assess whether this fully met our needs or whether we should move to the MOIS (Medical Office Information System) used by Northern Health. We have held a number of meetings with Northern Health to explore this further as a key benefit would be that our eligible / authorised staff would be able to access patient data held by Northern Health. Presently we have two separate charting systems for our clients - one in house (Mustimuhw community EWR) and one used by Northern Health (MOIS or Medical Office Information System EMR). With the exception of the NP and the Midwife, none of our staff have access to MOIS and the NP and Midwife have to double chart in both systems. This is a great barrier to care and poses a great danger for errors and oversights. We are currently looking at MOIS to see if we can standardize our system with Northern Health so that all practitioners are accessing all information. We are still in the planning and negotiation stages for this but are fully aware of the situation and know we need to improve and streamline our data collection, reporting and evaluation

- We see this as a particular benefit because SHC can then plan for care after hospitalisations and surgeries while also checking things like prescriptions and tests that have been provided by Northern Health for shared clients

- A decision was made to move to MOIS and also look at the financial system and EMR moving to a secure cloud-based system to avoid the need to host an in-house server

Develop Relationship Protocol with Skidegate Band Council

- A work in progress

Establish robust Client feedback / evaluation system

- We have a documented client feedback process but have not fully implemented this yet
- We asked questions about our services in the Community Health Survey in May 2018
- We will target to look at client feedback in the next fiscal year so that the community does not feel over-burdened with questions about our services

CHALLENGES AND WORK IN PROGRESS

- Continue review of appropriate patient management systems for SHC and clients
- Continue review of Policies and Procedures to align with new Service Model
- Develop and sign protocol with SBC
- Continue maintaining our accreditation requirements

OUR AMAZING TEAM

CAPACITY

Jessie's Last Wellness Lunch

During the 2018-2019 fiscal, we had 35 staff on our payroll. Twenty-five (71%) of our staff are Haida or other status First Nation and 10 are non-status. We said goodbye to some longstanding, valuable contributors to our organization that included Tracy Hageman, Jessie Newman, Mary Kellie, Leah Sanky, Patti Gladstone, and Angela Williams. We wish to thank them all for their service and wish them all well for the future. We also welcomed new staff: Kamila Mlynczak, Caleb Taguchi, and Lorraine York.

BURSARY

This year the XaaydaGa Dlaang Society established a bursary at GidGalang Kuuyas Naay Secondary School. This $1,000 bursary will be awarded annually to a Haida Skidegate Band Member. In 2018, the bursary was awarded to Kennedy Jones who began studies at UBC Okanagan Campus studying human kinetics.

STAFF PROFESSIONAL DEVELOPMENT

XaaydaGa Dlaang Society is committed to continual training and staff development, in order to enhance our services and give our community the best care possible. Here are some of the professional development opportunities undertaken by our team:

- Four staff attended the Advanced Self-Regulation Therapy (SRT) Training in alignment with our goal to expand our response to critical incidents in the community. This new method of working (with the sensations of trauma and in the language of our nervous system) completely changed the way that we are able to work with clients. We now have a method that can help relieve anxiety and PTSD, among other mental stressors, in a non-threatening way that isn't dependent on re-telling the traumatic event as we are used to doing. SRT allows our clients to learn how to regulate their own nervous systems and break out of habitual patterns of reaction to stressors

- Lateral Kindness Training, September 24-25 with Joanne Mills - In response to the destruction caused by lateral violence in Indigenous communities, the concept of lateral kindness has emerged, drawing on Indigenous values that promote social harmony and healthy relationships. Emmy Manson of the FNHA defined lateral kindness in the simplest of terms: "It's holding each other up." Instead of focusing on negative behaviours and issues, lateral kindness celebrates positive behaviours in others, even small ones. It is a system in which individuals are lifted and supported

- Reiki Training public and staff by Barbara Moreau – 6 staff completed the two-day course
- Building Your Bundle October 16-17, Kimi Haxton - Two-day staff and teamwork development from an Indigenous Perspective. Highlights included activities to promote communication, trust building, organizational trust and personal growth (change font size to 10.5)

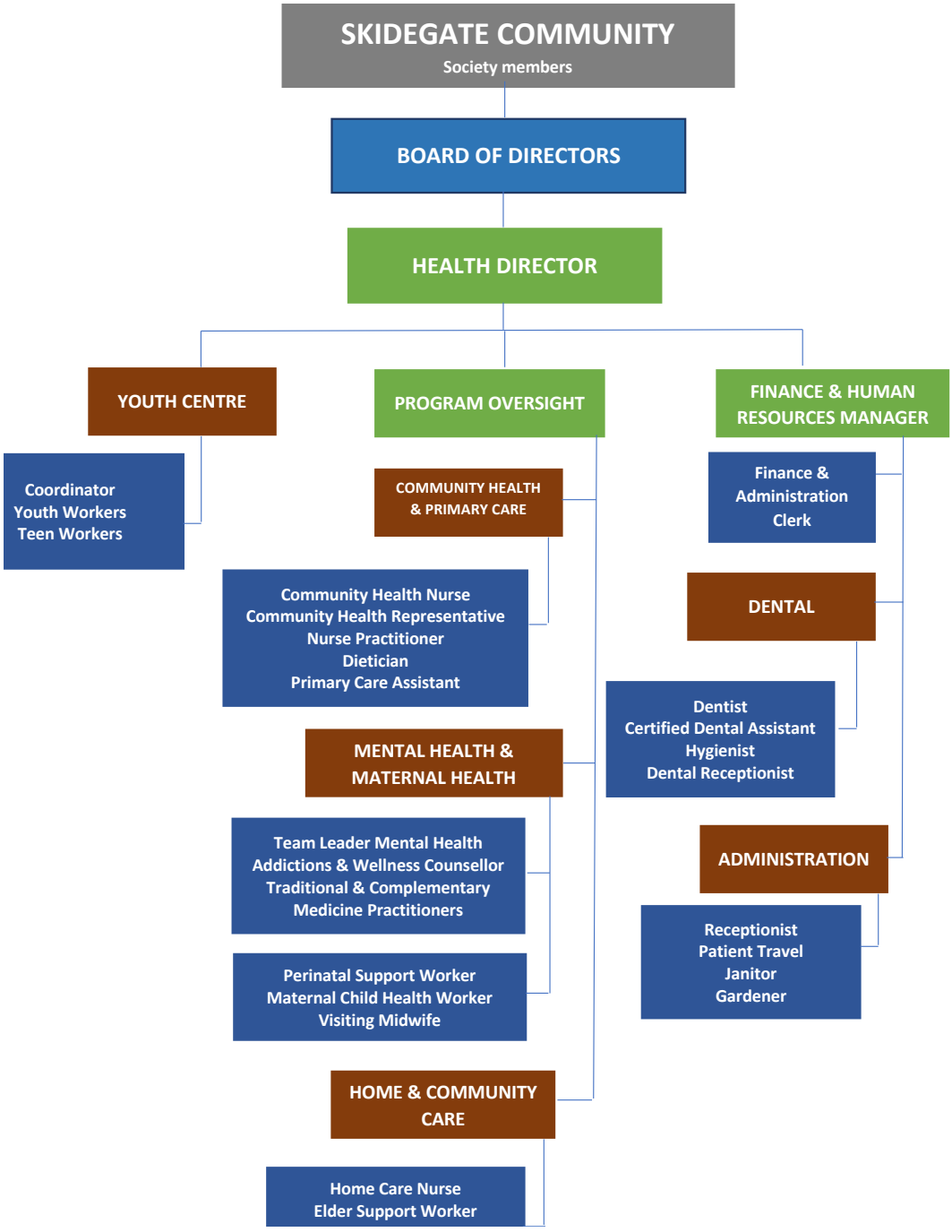
Building Your Bundle Training – Kimi & Lauren

- Gift Enhancement Training, November 24-25, Barbara Moreau
- New Zealand Indigenous Health Tour, February 21-March 8, 2019: Both our Health Director and Community Engagement Coordinator attended and learned more about indigenous Maori approaches to health care design and delivery
- Our CHR, CHN and HCN attended a 3-day training called Around the Kitchen Table which is a harm reduction program focusing on prevention of HIV and Hepatitis. We are planning on implementation of the program in the Fall of 2019
- The CHN attended a one-day training on Dried Blood Spot testing for the diagnosis of Hepatitis C. Both Skidegate and Old Massett are intended to be pilot projects for this program
- The FNHA holds an Annual Nursing Forum in November and both the CHN and HCN attended. There is monthly nursing teleconference hosted by FNHA as well as webinars offered as needed
- The CHN was unable to attend the annual CDC conference due to illness but this is typically an annual update
- Our dental staff attended the Pacific Dental Conference in Vancouver in March 8, 9, 10. This annual event is a great opportunity for our Dentist, Certified Dental Assistant, and Hygienist to learn about new technologies and techniques. They also get a chance to network with others in their profession
- Non-Insured Health Benefits Training was taken by two of our Patient Travel / Reception staff

STAFF SUPPORT & EMOTIONAL WELLNESS

- Anti-bullying pink shirts bought for all staff and worn May 4
- Staff wore orange shirts to work to acknowledge Orange Shirt Day, September 30
- Women's Wellness Day
- Wellness lunches once a month are a very popular event where staff gather one Friday a month to cook and eat a meal together, always accompanied by LOTS of laughter and fun!

ORGANISATION CHART (MARCH 2019)



LISTENING TO THE VOICE OF OUR COMMUNITY

Facilitating the voice of our community and people who use our services is pivotal to what we do. We want their voice not only to come through the formal structure (from community to Society members to the Board), but also on a daily, weekly and monthly basis through other means such as:

- Verbal feedback and input to Board management and staff
- Facebook
- Community health surveys
- Service evaluations
- Responses to newsletters
- Community gatherings and events

We take the voice of our community seriously. If there is a strong call for a change or improvement – we will listen! If people have good ideas on what more we need to do to serve the community's wellness, we will advocate for resources to make those ideas happen. Please continue to voice your ideas, feedback and any concerns – these ALL make us stronger and help us retain our accountability to the community!

ACHIEVEMENTS

- Our client evaluations and complaints processes continue to provide informative feedback from community members as part of our quality improvement process
- Our Facebook site (Skidegate Health Center) and general social media continues to be a key source of informing our community members of various activities including the promotion of our monthly activities; health events; community engagement workshops; health professional and specialist visits; support groups; health and wellness tips; advocacy groups; training solutions; and general information
- XaaydaGa Dlaang Society Health Fair, Skidegate Days and promotional events have allowed us to reach our community members through various health solutions and activities in a fun environment
- Home visits and activities undertaken with the intention of promoting our services and programs continue to be provided – this resulting in positive responses, particularly from those community members with transport barriers
- The well attended community engagement sessions continue to be a positive forum for opening up discussions on health and wellness
- The Skidegate Youth Center Hiit'aganiina Kuuyas Naay remains tenacious in reaching our youth by providing a variety of youth programs including those that are goal oriented; resilience focused; knowledgeable and inclusive of general wellbeing
- XaaydaGa Dlaang Society has been fortunate to be supported by the FNHA community engagement coordinator Waneeta Richardson who has worked tirelessly advocating for our communities between Massett and Skidegate
- Community Outreach in the form of educational and participatory activities have increased due to requests from the community at engagements. Nutrition lunches, Mental Health lunches, and Maternal Child Health offerings are some examples
- NIHB representatives from FNHA came to our community in January and held a community dinner obtaining feedback on vision, dental, medical supplies and equipment as they transition into a partnership with Pacific Blue Cross to improve access to benefits
- Community Survey to inform Three-Year Strategic Plan (see summary in appendix)

ACCOUNTANTS AND BUSINESS ADVISORS

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Independent Auditors' Report

To the Members of
Xaay daGa Dlaang Society

Opinion
We have audited the financial statements of Xaay daGa Dlaang Society, which comprise the statement of financial position as at March 31, 2019, and the statements of operations and accumulated surplus and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Society as at March 31, 2019, and the results of its operations, its changes in its net debt, and its cash flows for the year then ended in accordance with accounting standards for not-for-profit organizations.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Society in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Matter
Our audit was conducted for the purpose of forming an opinion on the basic financial statements of Society taken as a whole. The supplementary information included on the schedules on pages 10 - 34 is presented for the purposes of additional analysis and is not a required part of the basic financial statements. Such supplementary information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Responsibilities of Management and Those Charged with Governance for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations., and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Society's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

AUDITED FINANCIAL STATEMENTS

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Society to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on Other Legal and Regulatory Requirements
As required by the British Columbia Society Act, we report that in our opinion, these principles have been applied on a basis consistent with that of preceding year.

REID HURST NAGY INC.
CHARTERED PROFESSIONAL ACCOUNTANTS

RICHMOND, B.C.
OCTOBER 3, 2019

XAAY DAGA DLAANG SOCIETY

STATEMENT OF FINANCIAL POSITION
As at March 31, 2019

	2019	2018
ASSETS		
Current		
Cash	$ **422,919**	$ 351,301
Accounts receivable	**171,897**	53,293
Prepaid expenses	**22,626**	-
GST receivable	**75,645**	48,344
Short term investment	**20,000**	-
	713,087	452,938
Tangible Capital Assets (Note 4)	**141,282**	40,612
	$ **854,369**	$ 493,550
LIABILITIES		
Current		
Accounts payable & accrued liabilities	$ **109,952**	$ 186,895
Wages payable	**269,806**	287,822
Deferred revenue	**26,739**	-
	406,497	474,717
	406,497	474,717
FUND BALANCES		
Operating Fund	**306,590**	(21,779)
Investment in tangible capital assets	**141,282**	40,612
ACCUMULATED SURPLUS	**447,872**	18,833
	$ **854,369**	$ 493,550

APPROVED ON BEHALF OF THE XAAY DAGA DLAANG SOCIETY

_____, **Director**

_____, **Director**

XAAY DAGA DLAANG SOCIETY

SUMMARY STATEMENT OF OPERATIONS AND ACCUMULATED SURPLUS
For the year ended March 31, 2019

	2019 Budget (Unaudited)	2019 Actual	2018 Actual
REVENUE			
First Nations Health Authority	$ 3,195,756	**$ 3,716,115**	$ 3,508,539
Community Living British Columbia	-	**-**	8,068
Donation revenue	9,000	**33,350**	18,550
Haida Child and Family Services	37,500	**51,780**	-
Haida Gwaii Hospital and Health Centre	-	**25,000**	-
Northern Health	12,477	**42,840**	32,452
Northern Savings Credit Union	-	**20,000**	-
Province of BC	20,000	**28,581**	45,667
Queen Charlotte Islands Hospital Day Foundation	-	**50,000**	130,000
Right to Play	15,000	**23,776**	21,327
Skidegate Band Council	56,000	**151,431**	49,079
Third party dental revenue	150,000	**200,914**	191,790
Village of Queen Charlotte	-	**10,000**	17,500
Training and travel reimbursement grants	-	**70,745**	22,311
Miscellaneous	67,000	**101,137**	93,467
	3,562,733	**4,525,669**	4,138,750

XAAY DAGA DLAANG SOCIETY

SUMMARY STATEMENT OF OPERATIONS AND ACCUMULATED SURPLUS, continued
For the year ended March 31, 2019

	2019 Budget	2019 Actual	2018 Actual
EXPENDITURES			
Aboriginal Head Start - On Reserve	172,899	**177,959**	241,217
Dental	667,088	**674,321**	672,944
Dental Specialties	-	**30,178**	9,705
Drinking Water Safety Program	15,466	**15,919**	15,919
Home and Community Care	292,400	**306,316**	253,257
Midwife	60,000	**81,956**	76,009
Patient Travel	853,219	**1,212,954**	1,205,189
Special Projects	-	**34,610**	-
Accreditation	-	**7,521**	9,342
Administration	562,617	**722,064**	693,482
Canadian Prenatal Nutrition Program	68,139	**67,509**	69,293
Community Health Nursing	171,627	**166,001**	148,915
Community Living BC	-	**-**	8,068
Community Response	4,450	**654**	524
Design and Construction and Capital Projects	-	**24,075**	87,473
Diabetes Initiative	92,251	**16,569**	77,776
Emergency Preparedness	-	**-**	64
Governance	37,992	**51,400**	53,760
gyaaGang (Pole)	-	**137,591**	122,532
Maternal Child Health Program	43,914	**10,336**	55,192
Strong Minds	188,437	**224,432**	204,645
Visiting Professionals	53,719	**125,809**	78,260
Youth Centre	259,633	**328,891**	226,322
	3,543,851	**4,417,065**	4,309,888
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	(1,115)	**108,604**	(171,139)
EQUITY (DEFICIT) AT BEGINNING OF YEAR	-	**18,833**	(135,851)
FIRST NATIONS HEALTH AUTHORITY REIMBURSEMENTS	-	**219,765**	302,796
CURRENT YEAR TANGIBLE CAPITAL ASSET ADDITIONS	-	**119,526**	27,943
CURRENT YEAR TANGIBLE CAPITAL ASSET AMORTIZATION	-	**(18,856)**	(4,917)
EQUITY AT END OF YEAR	$ (1,115)	**$ 447,873**	$ 18,833

XAAY DAGA DLAANG SOCIETY

STATEMENT OF CASH FLOWS
For the year ended March 31, 2019

	2019	2018
OPERATING ACTIVITIES		
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES	**$ 108,604**	$ (171,139)
First Nations Health Authority reimbursements	**219,765**	302,796
Change in investment in capital assets	**100,670**	23,026
Depreciation	**18,856**	4,917
	447,895	159,600
Change in non-cash operating working capital		
Accounts receivable	**(118,604)**	56,175
GST receivable	**(27,301)**	(26,407)
Prepaid expenses	**(22,626)**	-
Accounts payable & accrued liabilities	**(76,943)**	94,243
Wages payable	**(18,016)**	80,433
Deferred revenue	**26,739**	-
	211,144	364,044
FINANCING ACTIVITIES		
Short term investments acquired	**(20,000)**	-
Tangible capital assets acquired	**(119,526)**	(27,943)
	(139,526)	(27,943)
INCREASE IN CASH AND CASH EQUIVALENTS	**71,618**	336,101
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	**351,301**	15,200
CASH AND CASH EQUIVALENTS, END OF YEAR	**$ 422,919**	$ 351,301

CONTACT US

MAIN OFFICE

156 - 2nd Ave, Skidegate, BC V0T 1S1
Hours: Open Monday to Friday · 8:30AM–12PM, 1–4:30PM
Phone: (250) 559-4610
Facebook: www.facebook.com/Skidegate-Health-Centre-113367488689588/

MANAGEMENT AND ADMINISTRATION TEAM

The Health Director oversees all aspects of the operation of the Health Centre. The Administrative Team controls, directs and manages staff and budgets. The Administrative Team plans and develops policy and establishes direction for Health Care Delivery

- Lauren Brown: Health Director ..... lauren.brown@skidegatehc.ca.
- Ruth Wheadon: Finance & Human Resource Manager ..... ruth.wheadon@skidegatehc.ca
- Crystal Zeller: Finance & Payroll Officer ..... crystal.zeller@skidegatehc.ca

MENTAL HEALTH TEAM

The Mental Health Team provides individual and family counseling for community members. They also provide debriefings and in services where required.

- Janet Rigg: Family and Youth Counsellor ..... janet.rigg@skidegatehc.ca
- Sue Gladstone: Addictions Counsellor ..... sue.gladstone@skidegatehc.ca

HOME AND COMMUNITY CARE TEAM

The Home and Community Care Team provides support in the home to allow elderly and disabled people to stay in their home for as long as possible.

- Robyn Boese: Home Care Nurse ..... robyn.boese@skidegatehc.ca
- Mandy Murphy: Home Support Worker ..... mandy.murqhy2@skidegatehc.ca
- Trish Sosick: Home Support Worker ..... Trish.Sosick@skidegatehc.ca
- Sharilynn Collinson: Home Support Worker ..... shari.collinson@skidegatehc.ca
- Tina Moody: Home Support Worker ..... tina.moody@skidegatehc.ca

COMMUNITY HEALTH TEAM

The Community Health Team provides treatment, prevention, and education for chronic diseases, as well as communicable diseases. They also do infant and child assessments and offer support for young families. The Nurse Practitioner holds clinics where she sees patients and does exams and orders tests

- Heather Barnes: Community Health Nurse ..... heather.barnes@skidegatehc.ca
- Mary Ann Wilson: Community Health Representative ..... maryann.wilson@skidegatehc.ca

MATERNAL CHILD HEALTH TEAM

The Maternal Child Health Program provides support and education services to families of children from conception to age six years

- Michelle Prouty: Perinatal Outreach Worker ..... michelle.prouty@skidegatehc.ca
- Anne Marie Cayer: Midwife ..... anne-marie.cayer@skidegatehc.ca

YOUTH WELLNESS TEAM

The Youth Team delivers programming to Youth aimed at supporting them in developing to their full potential.

- Anna Allan: Youth Coordinator ..... anna.allan@skidegatech.ca
- Willie Russ: Youth Worker ..... willie.russ@skidegatehc.ca
- Desiree Wilson: Youth Worker ..... desiree.wilson@skidegatech.ca
- Kamila Mlynczak: Youth Coordinator ..... kamila.mlynczak@skidegatehc.ca
- Reese Burton: Peer 2 Peer worker
- William Gravelle: Teen Worker
- Avery Robson: Teen Worker
- Jordyn Sankey: Peer 2 Peer Worker

DENTAL CLINIC TEAM

The Dental Team runs a full time Dental Clinic and deliver educational, preventative and acute dental care.

- Caitlin Meredith: Dentist ..... caitlin.meredith@skidegatech.ca
- Carrie Lee Duke Hygienist ..... carrielee.duke@skidegatech.ca
- Skye Williams Certified Dental Assistant ..... skye.williams@skidegatehc.ca
- Melissa Edgars: Dental Receptionist ..... dentalreception@skidegatehc.ca

MEDICAL TRANSPORTATION & FRONT RECEPTION

These staff are the front faces of our Health Center and often the first people that visitors see. They provide an important role of helping to access transportation benefits to access health care as well.

- Verica Yovanovich: Patient Travel Clerk ..... reception@skidegatehc.ca
- Kathleen (Kat) Sanderson: Front Receptionist ..... kat.sanderson@skidegatehc.ca

HOUSE KEEPING / JANITORIAL STAFF

These staff play another important role of ensuring our Health Center is clean and well maintained from the inside to the outside!

- Leah Sankey: Housekeeper / Janitor
- Lorraine York: Housekeeper / Janitor

CASUAL EMPLOYEES

We maintain a range of casual staff to provide additional support to our permanently employed team.

- Kelly Jones: Front receptionist
- Caleb Taguchi: Patient Travel Clerk / Front Receptionist / Dental Receptionist
- Della Robson: Patient Travel Clerk / Front Receptionist / Dental Receptionist
- Angela Williams: Housekeeper / Janitor
- Patti Gladstone: Housekeeper / Janitor
- Alexis Buxton: Youth Worker
- Stephany Pryce: Patient Travel Clerk / Front Receptionist / Dental Receptionist
- Cole Sankey: Youth Worker

THANK YOU TO OUR PARTNERS

FIRST NATIONS HEALTH AUTHORITY

The First Nations Health Authority officially assumed the Health Canada Services and Programs on October 1, 2013 and are therefore our primary funder of service provision in Skidegate. This partnership is still evolving as programs and directions are established. We are fortunate to work with the FNHA community engagement coordinator who advocates regularly on our behalf. We acknowledge our FNHA relationship and recognise that we have a mutual interest in delivering the best possible health and wellbeing outcomes for our community. We look forward to a joint move towards wellness and traditional and complimentary medicine initiatives. FNHA also funds SHC's accreditation process.

NORTHERN HEALTH AUTHORITY

At present we have three separate contracts with the Northern Health Authority, which attests to our commitment and dedication towards creating and establishing partnerships to ensure effective and streamlined health programs for the community of Skidegate. These contracts are for Home Care Nursing and Cultural Safety.

As well our individual programs partner with their equivalents in the QC clinic, to bring more well-rounded services to our people. We continue to have bi-weekly doctor's clinic, where a physician from the QC Clinic does a half day of seeing clients in our health centre.

HAICO, RIGHT TO PLAY, MINISTRY OF CHILD & FAMILY DEVELOPMENT, HAIDA CHILD & FAMILY SERVICES SOCIETY

All have contributed generously to the funding of our Youth Centre.

SUPPORTERS OF OUR NEW WELLNESS CENTRE

The building of our new Wellness Centre is being funded by the FNHA; Skidegate Band Council; Council of the Haida Nation; Gwaii Trust; Indigenous Services Canada. A BIG haawa to you all for helping to make our dream a reality!

XAANA KAAHLII NGAAYSDLL NAAY GYAAGANG - SKIDEGATE INLET HEALING HOUSE TOTEM POLE FUNDERS

The carving and raising of the Xaana Kaahlii Ngaaysdll Naay GyaaGang pole was made possible through the generous financial contributions of the following organizations and individuals: Northern Health Authority; Haida Gwaii Hospital Day Committee; Ministry of Children and Family Development; Gwaii Trust Society; Northern Savings Credit Union; Vancouver Foundation; Community Foundations of Canada; Doctors of BC; Several Anonymous Donors

SERVICE AND PROGRAM DELIVERY PARTNERSHIPS TO SUPPORT COMMUNITY MEMBERS

- Islands Wellness Society: We continue to partner with the Islands Wellness Society for Women's Wellness Counselling and Victim Services. Our mental health team have partnered with the women's counsellor to provide ongoing therapy groups

- Optometry Clinic: Three times per year, an optometrist travels to Skidegate and holds a weeklong optometry clinic for all community members. This service is open to all residents of Haida Gwaii and is booked to capacity each time

- Burnaby Orthopedic Clinic: Now in our fifth year our association with the Burnaby Orthopedic Clinic continues with its popular service. Staff from the clinic visit quarterly and work with individuals to measure for braces, orthotics and breast prosthesis. Visits are timed to follow Orthopedic Specialists visits so that braces and appliances can be made in a timely fashion

- Audiology Clinic: Three times per year, Dr Snavely Audiologist visits the community to hold a week-long audiology clinic for community members. Dr Snavely receives funding from Non-Insured Health Benefits to provide these services for our people

- Public Health Team: The CHN has always had a close working relationship with the QC Public Health Nursing program and there is collaboration with school immunization and flu clinics

- Mammogram Clinic: Yearly, the mammogram clinic visits the Skidegate Health Centre and provides mammogram for communities of the Islands. This clinic is always well attended

- Diabetes Clinic: Yearly the Diabetes team holds a clinic at the Skidegate Health Centre. This team of 3 does counselling, blood and urine tests and diabetes counselling. This is a great service for our community as the rate of Type2 diabetics is high in Skidegate. Our CHR is key to bringing people to these clinics as she sets up appointments and provides great food and prizes

- Flu Clinic: In November we partnered with Northern Health to host a Flu Clinic for our community members

- Medivac Care Bags: The Adult Day Program and the Health Centre partnered to make medivac care bags for our community members that need to be medevac'd off-island to receive medical care

- The South Island Mental Health and Addictions (SIMHA): SIMHA meetings continued, allowing various agencies that work with our community to share resources, planning, and support

- Health Leadership meetings: These are held with Northern Health and are ongoing. They are aimed at information sharing and increasing the partnership between the two organizations at all levels

- Partnering with Old Massett: Continued relationship building and partnering took place with Old Massett Health Centre. Several joint training and wellness initiatives took place. These included staff training in Advanced Self-regulation Therapy and traditional wellness offerings that included ongoing wellness and emergency response

- Registered Massage Therapists: We have dedicated a workspace in our Strong Minds building for Registered Massage Therapists Kim Goetzinger and Sabrina Frazier to work out of.

- Reclaiming Connections: Maternal Child Health of Skidegate Health Centre partnered with the Northern Health Authority in January to deliver a 10-week connect program to support families of pre-teens. Connect is a strength-based approach to parenting that is founded on six attachment-based principles. Each session builds on previous concepts to provide parents with new perspectives on communication, conflict resolution, child/adolescent development and balance

- Weekly Doctor's Clinic: Where a physician from the QC Clinic does a half day of seeing clients in our health centre

- Naturopath Clinics and all visiting Complementary Alternative Medicine practitioners

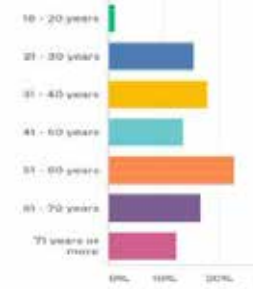
A BIG Haawa to Everyone!

APPENDIX A:
SUMMARY OF SKIDEGATE COMMUNITY HEALTH SURVEY
MAY 2018

SKIDEGATE COMMUNITY HEALTH SURVEY (May 2018)

About the Survey

Skidegate Community Health Survey was undertaken in April – May 2018 and collected information on the health status of Skidegate members (both on and off reserve) as well as community members (non-Squamish Nation) living on-reserve, aged 16 years and older and others served by the Health Center. A total of **162 surveys** were collected. **71% (115) of the surveys were completed by Skidegate members** and a total of 80% have Status. 70% of respondents were female and 27% were male. 1 Trans + 2 Two Spirit + 1 Queer also completed the survey. **79% of respondents live in Skidegate** and 13% in Queen Charlotte. Age distribution of responses was as follows:



Activity & Income

47% of respondents are working for an employer; 11% are caregivers at home and 9% are self-employed. There was a fairly even spread of incomes across the respondents:

41% (66 people) reported mold and mildew in their homes - and 49% did not

4% (7 people) reported an issue of overcrowding in their home. 43 people identified that their homes needed major repairs.

Education

46% completed Grade 8-12 education and 38% have completed post-secondary education. 9% (14) attended Indian Residential Schools.

148 family members attended Residential Schools

Language and Culture

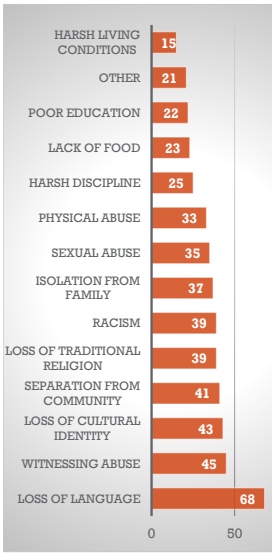
96% reported that the language they use most is English. Three people reported that Haida is their main language. 62% (93) said they 'know a few words' and 19% said they have basic understanding.

94% want to learn Haida language and culture

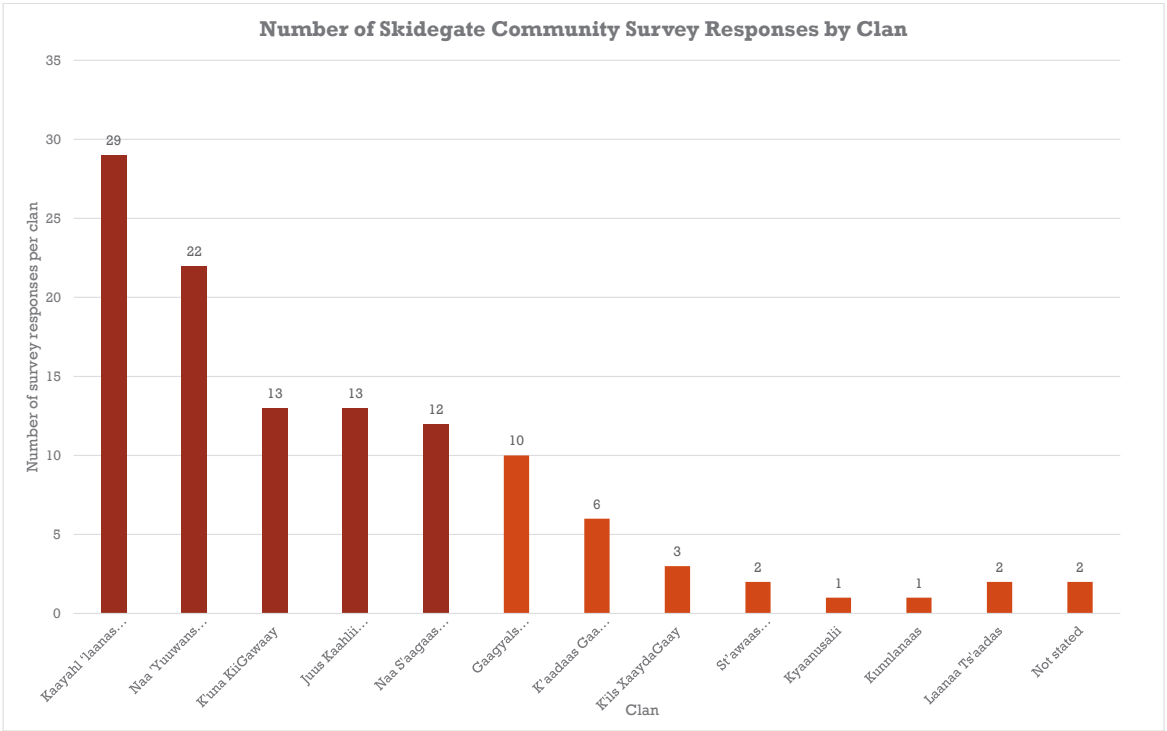
45% said they 'always' participate in community cultural events and 49% said they 'sometimes' participate.

An overwhelming majority want to learn Haida language (70%) and traditional food gathering (69%)

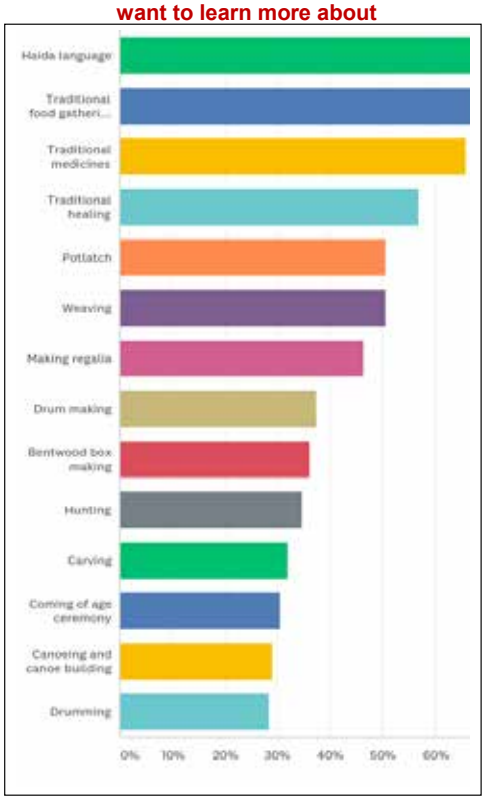
Negative Impacts of Residential Schools



46% believe their overall health and wellbeing has been affected by having family members attend Indian Residential Schools. 76% believe the greatest impact was loss of language & 48% reported loss of cultural identity



Cultural Activities that community members want to learn more about



COMMUNITY HEALTH AND WELLNESS

30% of people (44) believe the overall quality of life in Skidegate is 'very good' and 61% (89) believe it is 'good'

36% (53) say their sense of belonging to community is 'very strong' while 45% (66) say it is 'strong'

97% (143) say they feel 'very safe' or 'safe' in the community

Strengths of the Community (in priority order)

1. Elders
2. Food gathering
3. Natural environment
4. Social connectedness
5. Traditional activities
6. Use of Haida language
7. Family Values
8. Community health programs
9. Good leisure activities
10. Low rates of crime
11. Economy

Challenges in the community (in priority order)

1. Alcohol and drug abuse
2. Insufficient education and training opportunities for community members
3. Mental Health
4. Lateral violence, gossip
5. Housing challenges
6. Lack of employment
7. Lack of life skills among many families
8. Lack of funding for more local services
9. Violence and abuse
10. Loss of culture among many people
11. Challenges with natural environment and resources
12. Chronic illnesses

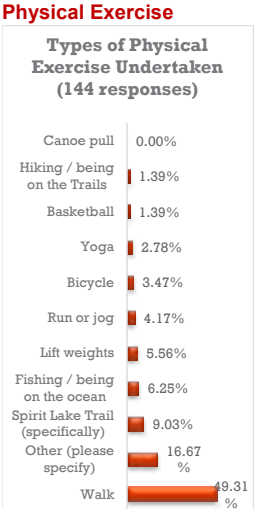
PERSONAL HEALTH AND WELLNESS

14% feel their health is 'excellent'; 13% feel it is 'very good' and 45% of the respondents feel their health is 'good'. Almost 39% feel their health is fair or poor

Compared to a year ago – 56% feel their health is about the same – while 26% feel it is better por much better. 19% feel their health has worsened.

SKIDEGATE COMMUNITY HEALTH SURVEY

Physical Exercise



40% said they did no or little exercise while 50% said they did moderate exercise (few times a week).

61% said that they considered their level of exercise as 'too little' while 37% said they did the 'right amount' of exercise for themselves

47% consider themselves overweight

Health Challenges in the community (in priority order)

1. Drugs
2. Weight
3. Mental Health
4. Depression
5. Exercise
6. Addictions
7. Abusers

Sedentary Lifestyles

43% said that they watch TV, play video games or work at computer (excluding work or school) for 4 hours or more per day. 20% said they spent less than 2 hours on these activities

79% felt they ate well enough to stay healthy. 21% said they did not

Mental Health

77% of respondents felt that their mental health was good, very good or excellent. 23% said it was fair or poor.

The majority felt that their mental health is about the same as a year ago, or better. 10% felt that it was worse or much worse.

68% of respondents said they felt sad, empty or depressed over several days in their lifetime.

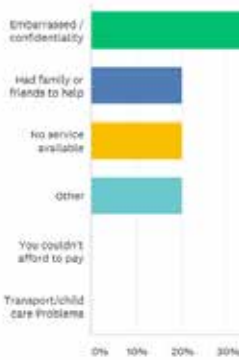
12% said their mental health impeded them from work or school.

71% said they felt they could handle unexpected or difficult problems or personal crises without help while 29% said their ability to manage was 'fair' or 'poor'

43 people indicated that they had seen a mental health professional, naturopath, healer or Doctor about their mental health in their lifetime.

26% said they had thought about harming themselves at a time in their life – while 12% said they attempted suicide or harmed themselves.

Reasons for not accessing a mental health service when they felt they wanted to:



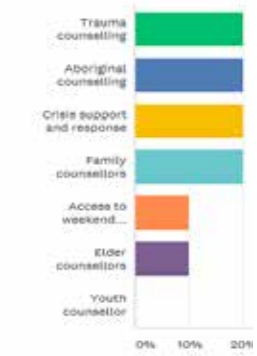
53 people are currently worried about a family member or friend harming themselves

Mental Health

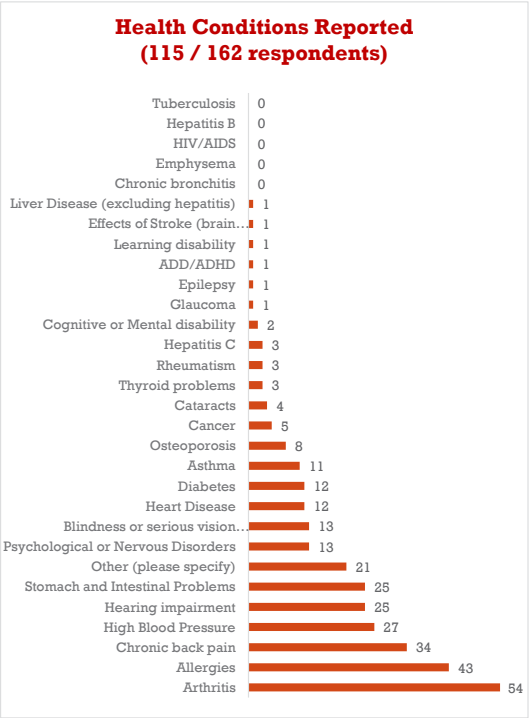
Preferences for accessing mental health services:

1. One on one in person
2. Telephone
3. Home visit
4. Videoconference
5. Skype

Priorities for additional mental health staffing needed in community:



HEALTH CONDITIONS



Health Conditions

38% reported having a chronic pain condition and suggestions for supporting this included:

- 30% want walk program
- 25% want a support group
- 23% suggest educational luncheons

FACTORS THAT AFFECT WELLNESS

Smoking / Use of Tobacco

81% reported that they did not smoke; 11% (16 people) said they did smoke and 7% said they smoke occasionally

14 people have tried to quit 2 or more times in the past 12 months

88% of respondents maintain a smoke-free home while 12% do not

Use of Illicit Drugs

91% of respondents said they did not use illicit drugs; 3% said they used daily and 6% said they used occasionally

SKIDEGATE COMMUNITY HEALTH SURVEY

Alcohol Consumption

4% said they drank alcohol, beer, wine or liquor daily while 53% said 'occasionally' and 44% did not drink at all.

19 people have sought treatment or counselling for alcohol abuse

17% said they drank 5 or more alcoholic drinks on at least one occasion in the past 12 months.

Prescription Medication

51% of respondents (71) are currently taking a prescription medication. 51 people said they take this regularly for a condition as prescribed by the Doctor. 66 people said they take food supplements or vitamins.

Dental Care

78% of respondents have been to the dentist in the past 12 months, and 22% have not. 10% (12 people) have not been to a dentist for over 5 years or have never been.

ACCESS TO HEALTH SERVICES

85% of respondents said they have a regular Family Doctor or Nurse Practitioner – and 67% said that if they are unwell, they see the Doctor first. 16% said they would consult family or friends before approaching the Doctor.

76% have been to see the Doctor in the past 12 months and 12% in the past 2 years. 9% (13 people) have not seen a Doctor for over 5 years.

Scheduling of appointments (21%) is the most significant barrier to see someone for medical assistance

The next most significant barrier was having no appropriate services available, and costs of medications

Skidegate Health Center

54% (74 people) have used the SHC for services and 46% (62 people) have not. The primary reasons identified were:

1. Nurse Practitioner
2. Home Care Nurse
3. Dentist

95% said they were either 'very satisfied' or 'extremely satisfied' with the service they received from SHC staff. 4 people said they were 'dissatisfied' and 1 person said they were 'very dissatisfied'. Over 80% of respondents said they did not have issues trying to access an SHC service, while 20% said they did have issues. These were identified as 'not getting an appointment'; 'didn't want to make a fuss'; and 'could not reach the person'

61% (83 people) would prefer to access services in Skidegate – 33% have 'no preference'

First Nation Health Benefits

73% said they have had no difficulties accessing FN Health Benefits. Medications and medical transportation are the two areas identified as sometimes presenting barriers to access.

Culturally Safe Care

20% of respondents said they felt they had been treated unfairly by a health professional because of their culture / ethnicity. 52% feel that First Nations people are generally treated differently by health professionals because of their culture / ethnicity.

Priorities for additional services / workforce

Respondents were asked to prioritize a list of health practitioner / services to identify their top choices that they feel are needed in the community. The top 10 chosen across the survey were:

1. Doctor / Nurse Practitioner Drug and Alcohol Counsellor
2. Physiotherapist
3. Mental Health Counsellor
4. Family Therapist
5. First Nation Healer
6. Home Support Worker
7. Crisis Intervention Worker
8. Naturopathic Healer
9. Nutritionist / Dietician

XAAYDAGA DLAANG SOCIETY SKIDEGATE HEALTH CENTRE

156 - 2nd Ave, Skidegate, BC V0T 1S1
Hours: Open Monday to Friday · 8:30AM–12:00PM, 1:00PM–4:30PM
Phone: (250) 559-4610