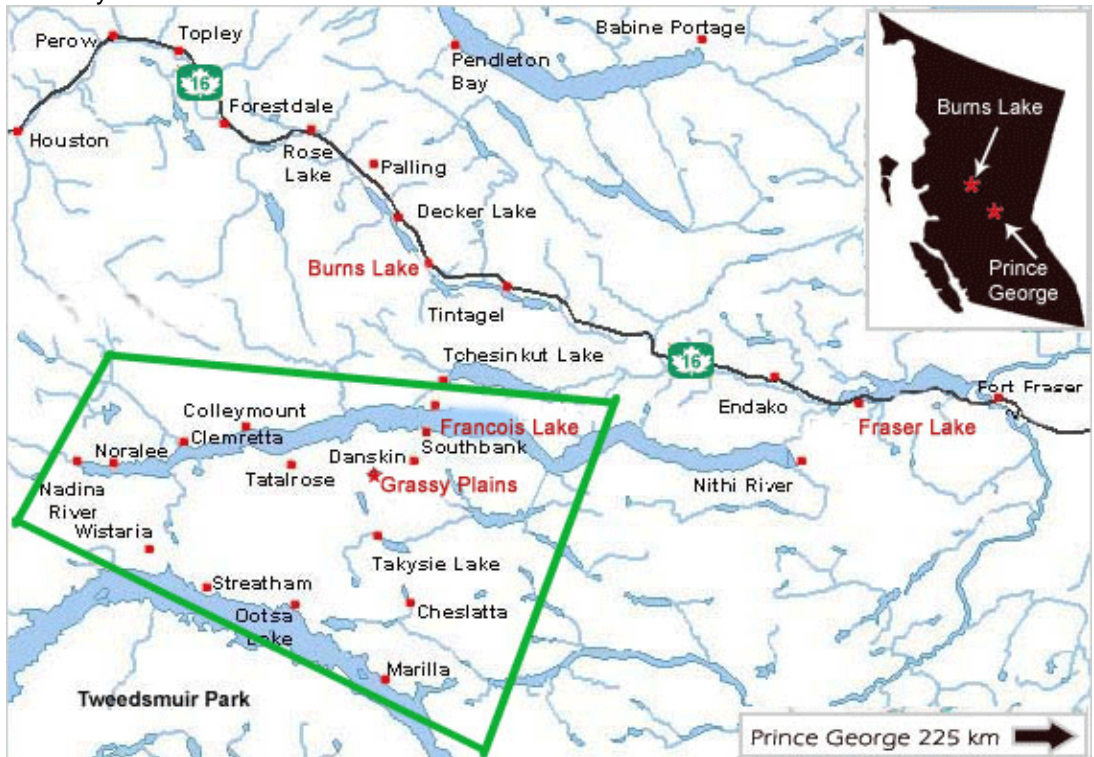


Improving the health status of First Nations populations remains a constant challenge to health providers and governments in just about every jurisdiction across Canada. As concerns diabetes alone in First Nations communities, in all age categories and for both genders, the rate is **three to five times higher** than that of the general Canadian population.¹ Of particular concern is the increasing incidence of type 2 diabetes, which is now occurring in children as young as 5 to 8 years old, although it was previously limited to the adult population.^{2,3}

On December 3, 2008, 225 kilometers west of Prince George, B.C., over 100 people gathered in the common room of the Southside Health and Wellness Centre to celebrate five years of remarkable health care delivery to the community of 2,200 residents and beyond. Founded on the vision of now-deceased Chief Marvin Charlie, the Centre is a model of primary health care that has overcome just about every barrier in order to ensure that its clients are at the centre of care. This is a story of community, collaborative practice, leadership, trust, belief and partnerships that transcend culture, bureaucracy and scopes of practice.

Figure 1:
Grassy Plains, British Columbia – Southside Health & Wellness Centre involves the whole community



* Southside Health & Wellness Centre is located at 2003 Wellness Way, Grassy Plains, BC, on the south side of Francois Lake.

¹ Young TK, O'Neil J, Elias B et al. Chronic Diseases. *First Nations and Inuit Health Survey*. Ottawa: First Nations and Inuit Regional Health Survey Steering Committee, 1999.

² Harris S, Perkins B, Whalen-Brough E. Non-insulin dependent diabetes mellitus among First Nations children. *Canadian Family Physician* 1996; 42: 869-76.

³ Mundy DR, Moffat M. Non-insulin dependent diabetes mellitus in Indian children in Manitoba. *Canadian Medical Association Journal* 2002; 147: 52-7.

Prior to 2003, residents of the area known as 'south side' (i.e. the south side of Francois Lake --- see map) were totally dependent upon the 15 minute ferry ride across Francois Lake and good road conditions to link them to anything more than routine health care services in Burns Lake, B.C. Without the ferry, a trip to the doctor in Burns Lake could take up to a full day if one had to make a return trip around Francois Lake on the 100 km gravel road that is shared with logging and wood chip trucks.



The Francois Lake Ferry – a vital transportation service connecting residents of Southside communities to Burns Lake, BC since 1916

Although there was a nursing station on the Cheslatta Carrier Nation Reserve, which is a 20 minute drive from the south side ferry dock, the facilities were limited. In the words of Cynthia Heslop, Coordinator of the Centre, "Southside Health and Wellness has really changed [peoples'] lives because they have access to services and information and support that they wouldn't have had before."

Client Thora Tuttle, a south side resident for 16 years, describes the centre as a 'jewel.' Eighteen months ago, she was diagnosed with Type 2 diabetes: "I come for exercise, I have foot treatments, get my blood sugar tested, my blood pressure, and I get weighed. It's like a second home to me now. I love coming here. I really do."

The whole community came first

Chief Corrina Leween was the project manager of a team that brought Chief Marvin Charlie's dream to reality.

"In 1998, we (the Cheslatta Carrier Nation) started negotiating with Health Canada for a health facility because we had one that was not meeting our needs. We also started negotiating with two other bands -- the Skin Tyee and Nee Tahi Buhn -- and it looked like a go when another portion came into the picture in Marvin's eye: to include the non-native community from the south side into a community facility."

"We negotiated as well with Northern Health, what is now known as the Northern Health Authority, and acquired funds to build a community facility. That was Marvin's vision and he kept on it. One of the biggest issues for the other bands was the on or off reserve situation. They wanted the facility to be located on one of the reserves. We didn't see that as being one of the major issues. Because we were working [on] having a community facility, it had to be located in a neutral position, and that's when we contacted the Southside Recreation Society and bought that piece of land that it [the centre] sits on right now."

A care model that fits the population

The Northern Health Authority deals with a dispersed population, with many residents living in communities that have little or no infrastructure to support ready access to health care:

The small size of many of these communities not only presents a key health service delivery challenge, it underscores the need for integrated and collaborative approaches.

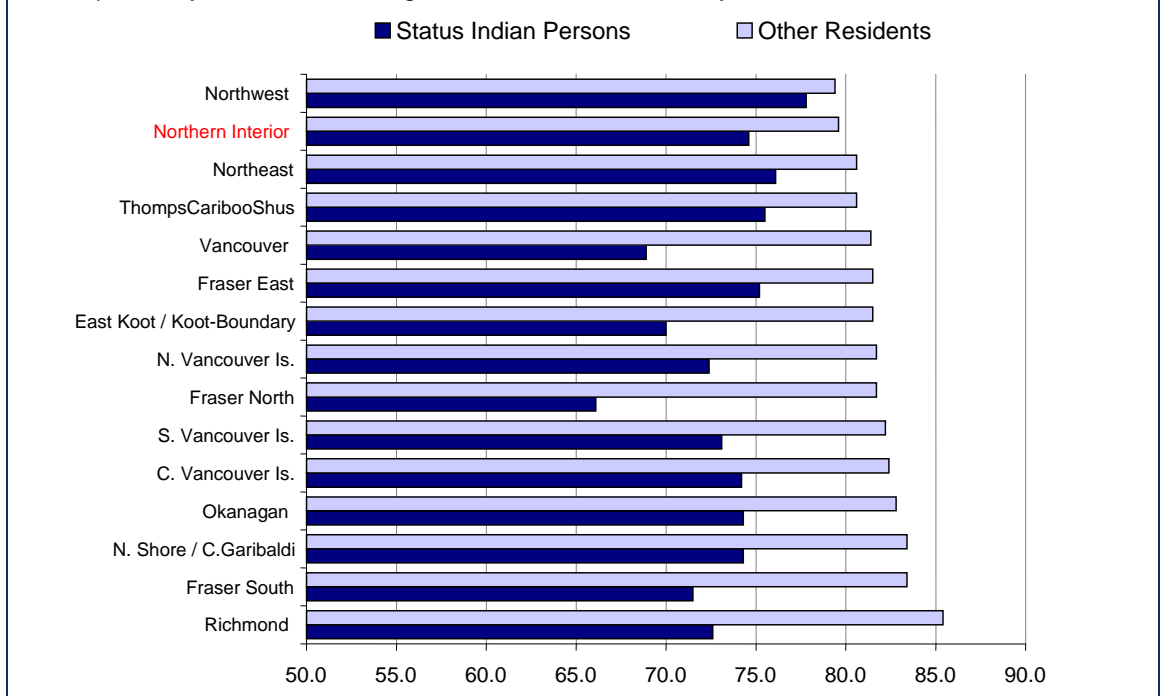
The small and variable size of these communities also precludes the development of supporting and enabling infrastructures such as local public transportation networks and in some cases, basic reliable telephone services

and communications systems such as Internet service. These are key health system enablers.⁴

For the First Nations population of the Northern Interior region of the Northern Health Authority, the incidence of chronic disease is far higher than that of other regions in British Columbia.⁵ According to Dr. John Pawlovich, one of four general practitioners operating out of Fraser Lake, “the health of the people of this area is challenging”.

In addition, for both the Aboriginal and non-Aboriginal populations in the Northern Interior, the expected life span is up to (an average of) 7.6 years less than for others in B.C. with a high prevalence of smoking, cardiovascular disease, accidents and trauma.

Figure 2:
Life Expectancy at Birth according to Health Service Delivery Area



“I would just have to be frank and say that health care of Aboriginal people has been in an abysmal state forever, certainly a lot longer than I’ve ever been practicing medicine, but it’s unacceptably poor universally across the country, says “Dr. John”. What he and his colleagues are trying to do is reverse the trend, and they have spent 10 years developing a model of primary health care that is getting results in nearby Fraser Lake.

“We very much work as a team, and we want to bring this model to the south side and let them develop [it] with our support. Fraser Lake is in a rural area. We’re in a small non-hospital environment. We have a community health centre which is divided into an office and the emergency arm of the operation. We have a team of general practitioners, a nurse practitioner, emergency room nurses, chronic disease nurses, mental health workers, nutritionists, lab and x-ray people – so we have a good cohort of people. We’re challenged by the fact that we have no specialist back-up and we have no hospital. We’re really where the rubber hits the road.”

⁴ http://www.northernhealth.ca/Your_Health/Programs/Aboriginal_Health/Documents/July_3-2007-2010AboriginalHealthServicesPlan_000.pdf, page 15

⁵ http://www.northernhealth.ca/Your_Health/Programs/Aboriginal_Health/Documents/July_3-2007-2010AboriginalHealthServicesPlan_000.pdf, page 17

The road is Highway 16 and Dr. John works in and out of Aboriginal communities such as the one we visited on the Nadleh Whuten Reserve. Here Dr. John talked about the 'real time' electronic medical records he and colleagues are able to access, which is part of the primary health care reform package they adopted two and a half or three years ago.



The Nadleh Whuten Reserve Health Clinic provides support for residents of this remote community off Highway 16 between Fraser Lake and Vanderhoof in northern BC

“Whenever you have care that’s happening in a fragmented way, unless that information all flows back to a common chart, it really becomes useless and perhaps harmful to the patient because the health care providers have no idea what each is doing.” For Dr. John, it is the best decision support tool he can access and, according to him, his patients don’t seem to have a problem with it because they feel he is using it in their best interests.

Leadership, trust and partnerships

Rod Schellenberg is the Executive Director for Primary Health Care with the Northern Health Authority (NHA). He explains what the NHA is learning about this approach to primary health care delivery. “You can improve quality of care at the same time as

you improve your use of resources and most importantly of all, improve the experience of the patient and the outcomes for them, by having a team working together. By partnering with family physicians in Northern Health, we’ve learned over the last few years of the improvements that can be made by focusing on improvements in their offices. There are benefits by having the team working together at that first point of care, as opposed to the traditional sort of system where people are one or two referrals up the line from that lone family physician working on the front lines.”

“At Northern Health, we’ve been interested for a few years in partnering with family physicians to improve primary healthcare. We’re particularly interested because the international evidence is starting to show over and over that a focus on primary health care actually ends up achieving a number of key benefits for the health system.”

Let providers do what is best for their communities

For providers, health administrators and the general population, the big question is: how to maintain and increase levels of service for a population that is requiring more and more. According to Schellenberg, one of the biggest challenges to overcome is the inertia in the health care system. “You have to achieve change. The best way to make the change to that model is by letting the local providers work together in new ways themselves and figure out how that model will work. It’s the only sustainable way because the alternative tends to be that you implement another program on top of the other programs and services, such as home care, public health,



Rod Schellenberg, Executive Director Primary Health Care, Care North, Northern Health Authority (left) and Dr. John Pawlovich (right) discuss opportunities for the Southside Centre.

mental health, etc. Instead, what we're hoping to do is evolve those programs to realign themselves around primary health care. We feel it's going to be more sustainable because it's going to use the resources that exist in the community to gradually evolve and realign themselves to work in a model that's focused around primary health care."

"Southside is a partnership. It's all about building a partnership between the federal government with us as a health authority, in partnership with physicians who are [in turn] in a relationship with First Nations and non-Aboriginal groups. And it's centred on the community. We're very excited about that. We're excited about the model of care that they're beginning to develop there [at the Southside Health and Wellness Centre]. They're building a team-based approach with engagement of the community. They're working to be a community centre that [improves] health."

Dr. John Pawlovich is expected to join the Southside Health and Wellness Centre in January 2009 and he is very optimistic. "I think that establishing a health centre in their own backyard is something they've never had before and when you see that health care delivery and the services are going to expand so that they [the staff at the Southside Health and Wellness Centre and their clients] can start to manage things like diabetes and chronic kidney disease, post-heart attack patients and things like that, that's pretty exciting."



The community gathers to celebrate Southside's 5th anniversary. Guests Milly Druban (right) and Julia Morris are joined by Cynthia Heslop, Centre Coordinator (far left)

Dr. John continues, "Anytime that you have people engaging in decision-making about their future and specifically about their health care, you're making them part of that process. It's critical and I think for a long time the Aboriginal people have felt they haven't been included in a lot of discussions in health care and outside health care. But here [at the Southside Health and Wellness Centre] there's a real opportunity to engage firsthand, and I think that's a very positive step."

What does this approach do for providers? According to Schellenberg, "It empowers them to make changes that are really going to work for their community. We're using a quality improvement approach, so that by setting

measures for the conditions or the population that they are seeking to improve care for, we are letting the local providers do small tests of change to evolve the care that they [need to] do."

The BC Integrated Health Networks Initiative

The Northern Health Authority is on board. The founding principles of the province-wide approach are improved use of resources, improved health outcomes and improved patient experience. This is contributing to the sustainability of its health care system. Clinical-based guideline care is critical. According to Schellenberg, this approach is seeing a dramatic increase from a baseline of approximately 28% of diabetics in the north who were receiving guideline-based care, to somewhere in the neighbourhood of 50% to 60%, across northern B.C. after four to five years.

The power of the team

Evidence points to the power of team-based care for recruiting and retaining health care professionals. Schellenberg comments, "The physicians leading our family practice residency program here in Prince George have been quite clear that the new family physicians are attracted to a team-based approach to care. They're being trained in that, brought up in that. They're excited about that idea. They really want to be a team member. And it's growing in the other disciplines as well. Nurse practitioners, for example, are being trained as team members. It's

very much a part of our [Northern Health Authority] strategy to improve the experience of healthcare providers.”

“We believe this is the right way to go: to build a primary health care-centred system with team-based care that will improve the experience of those providers and make them want to stay in it and graduate medical students who want to pursue family practice and pursue it in the north.”

Sustainability of the health care system – south side style

What does sustainability really mean at the front line? It means providing the care that the community needs and care that allows people to stay in their community. As Cindy Heslop says: “It means that they only have to go into town to get groceries. If you wake up at two o’clock in the morning with a sick child, [and] if you know you have to go to town, you’re probably going to panic. But if you know the nurse is going to be there [at Southside] at eight o’clock, you’ll get through until the nurse comes and that really means a lot to people to be able to stay home because for us the middle of the night means call the ferry!”

It also means technology, Heslop continues, “Videoconferencing will give people an opportunity to do a surgical consult follow-up with their specialist in Vancouver; if they need to see a psychiatrist or a visiting specialist that we don’t get here, they’ll be able to do those things over videoconferencing here in their own community, again stay home and get the medical help that they need.”

It means recruiting and retaining the professionals they need. The Southside Centre provides a flexibility of practice that fits the population it serves. “The variety of programs that we can offer, [and] the flexibility that we’ve allowed, has enabled us to have a couple of part-time people – so that really suits folks. And I think another really exciting thing for most of our nurses is that they get to [really] design their own day. They get to design their own work,” says Heslop.

The Health Council “shines a light’ on best practices

“We’re committed to providing examples of where health care delivery is working at the front line, Dave Richardson [Councillor for Nunavut, now residing in Prince George, BC] explains. About this story, he says: “Southside represents an incredible combination of successes. Four partners are sharing resources to create a service: community and family services, government, health professionals and residents addressing their [own] health needs.”

Conclusions

According to Richardson, “The centre has grown beyond what the original vision was. It’s taken on a life of its own. It belongs to the community in a way that the community guides where it’s going. So they don’t know yet how far it will go. They just know that working together; they’re able to achieve programs and services that had never been possible before.”

Helen Michelle, a Community Health Representative (CHR) grew up in the community of Grassy Plains. She is a First Nations woman and former interim Chief of the Skin Tyee band who remembers, “When we were small children, the public health nurse used to come and visit us and when she came in the winter she was wearing snow shoes. We lived three miles from here [Southside Health and Wellness Centre]. We didn’t have a road then. We didn’t have vehicles or cars then. We all walked and we used a team of horses, sleds in the winter with a team of horses, and wagons in the summer. For all the doctor appointments, you had to go to town [Burns Lake]. I trained with Health Canada in 1973 in Kamloops, and started as a Community Health Representative at Lake Babine Reserve, which has a population of over 2,000 now. Then in 2000, I started working for my nation on the south side. We worked out of our homes. We had no nurses. We had no clinic. We had no kind of service. I was the only person and I would go door to door, encouraging mothers to get their children immunized.”

“Today”, adds Helen Michelle, “coming here to the wellness centre, we have everything. We have the nurses, home support, community health representatives, mental health therapists and drug and alcohol counsellors. Everything is done out of this clinic. All the immunizations are done here. There’s foot care and blood work – most of it is done here. The people don’t have to go to town over the ferry anymore. It’s a real bonus to have the wellness centre here. It’s made everybody’s life in this community a lot easier. Even the pharmacist comes here once a week. Mammogram technicians come here once a year.”

Dr. Pawlovich offers this final insight. “I have yet to see a delivery of care model that is superior to what has evolved in the area.⁶ It’s the power of the team, the integrated health team, the health care delivery team, whatever you want to call it, that is responsible for that. There’s no way you just can convince me that a single operator has the power to provide the enormity of health care like a team can.”

Thank you for reading. We welcome feedback at: information@healthcouncilofcanada.ca.

⁶ For more on the Fraser Lake Community Health Centre, visit www.cmaj.ca/cgi/content/full/179/11/1111 “British Columbia Experiments with Checkups by the Dozen”