

# BUILDING A NEW CULTURE OF CARE

By Farshid Rafiei



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1. The Skidegate Health and Wellness Centre creates a very different physical environment for healthcare services, and an emotionally supportive one.



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2. The rendering of the completed building shows how it extends over the road to provide a sheltered main entrance.

**The South-Central Foundation, an independent health authority responsible for the health and wellbeing of 65,000 Native Americans throughout the state of Alaska, was established back in the mid-1980s. This was a time when our own federal government still controlled not only operating budgets for healthcare services on First Nations reserves, but also ‘designed’ and delivered the built infrastructure these services required.**

The South-Central Foundation healthcare system is based on a holistic approach to treatment that, rather than responding to the visible symptoms a patient presents at a one-on-one consultation with a doctor, uses a multidisciplinary team-based approach to uncover the underlying causes behind a patient’s medical condition. This approach resonates with the holistic view most Aboriginal people have regarding the relationship of the individual to family, community and more broadly to nature.

While the rules around the design of healthcare facilities on First Nations reserves in Canada changed in the late 1980s, changes to the delivery model for healthcare services took much longer. The First Nations Health Authority (FNHA) with provincial jurisdiction was established in British Columbia in 2013 and only now is the traditional service delivery model being re-examined and reinvented to better suit the needs of Aboriginal communities.

Gone is the clinical model, by which a patient accessed a physician in an institutional environment – the typical sequence being a stark waiting room with upright chairs lining the walls; a reception counter with a sliding glass panel at which one stands and delivers personal information; a long walk down a grey and featureless corridor; a hurried conversation with a white-coated doctor in a small and windowless consulting room; and the usual result – walking away with a prescription to fill.

In its place comes a very different healthcare experience in which architecture plays a significant role, by interpreting community needs and cultural values, while acknowledging the social sensibilities and stigma that may surround the act of accessing health services.

Under construction in the magnificent and expansive archipelago of Haida Gwaii (population 5,000) is the Skidegate Health and Wellness Centre, which not only creates a very different physical environment for healthcare services, but also an emotionally supportive one.

Skidegate itself has only 900 inhabitants, so privacy can be hard to come by and rarely does a visit anywhere (never mind to the doctor) go unnoticed. Young adults in particular are sensitive – and to some degree secretive – in this regard, preferring that their parents do not discover they may be struggling with substance addiction, or mental health challenges.

However, in Haida culture, where respect for Elders remains strong and the matriarchal structure of society places grandmothers, in particular, in a position of trust, influence and power – these same young adults are much more comfortable sharing personal information with them.

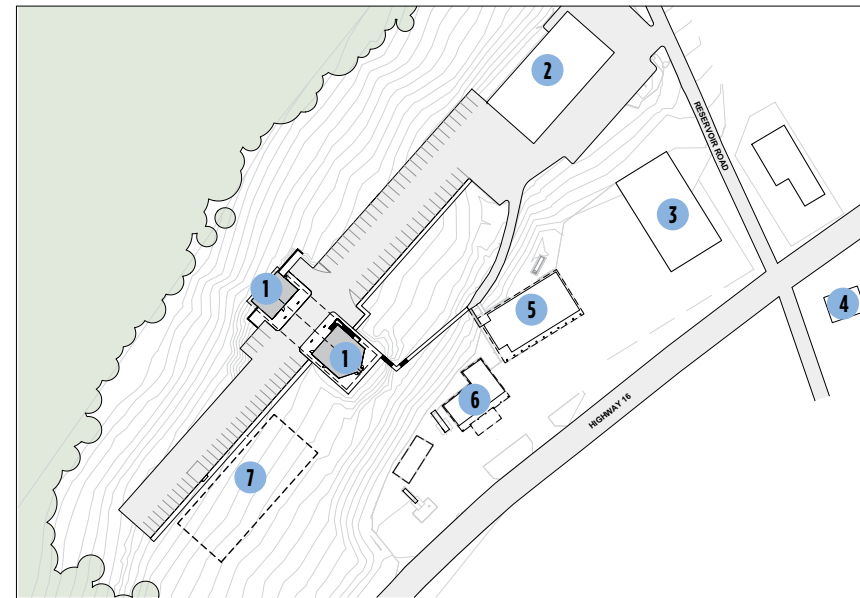
Equally important in its influence on the design, the Haida place enormous importance on their association with and proximity to the ocean, and favour buildings that offer a sense of openness and connection, rather than enclosure and confinement.

We have approached the design of the Skidegate Health and Wellness Centre with this physical and cultural context in mind. On the side of a hill overlooking the ocean, the building follows the slope rather than the contours running across it, enabling all public areas and frequently occupied private spaces to have a view of the water. The road to the Health and Wellness Centre extends a little further to another building - an Elders housing complex.

This careful juxtaposition means that the young of Skidegate pass by the Health and Wellness Centre every time they visit their grandparents, so being around the new building carries with it no negative connotations. In fact, the building extends over the road, providing a sheltered main entrance which, in addition to having a reception desk, has a small kitchen that offers free coffee daily and the occasional free lunch.

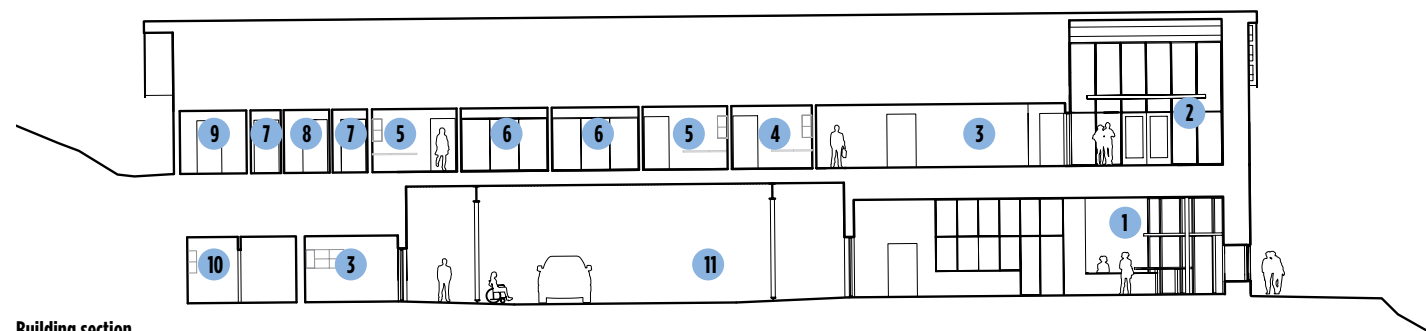
Upstairs the waiting room is more like a lounge, where it is expected Elders might choose to sit and chat, whether or not they have personal business at the Centre. Youth can hang out on a stair seating lounge. The Community Health room fronting the upper floor has a dramatic view to the Pacific Ocean and exposed Douglas fir beams recalling the structure of the traditional six-beam Haida longhouses. Waiting rooms and other public spaces in the building are finished with Douglas fir wood slats.

Centre staff will include a full-time nurse practitioner, plus community health nurse, homecare nurse, drug and alcohol counselors, a nutritionist, maternal child health provider, art therapist and a massage therapist. Tele-health services, connecting staff and patients with other specialists in major centres like Vancouver are also part of the program. The consulting environment varies according to the patient's needs and preference: informal team-based meetings, in which advice and treatment may be discussed and offered in a group setting, or a more traditional consultation where the patient has particular privacy concerns.

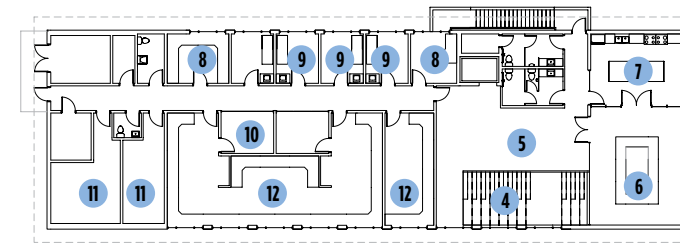


- Site plan**
- 1 Skidegate Health & Wellness Centre
  - 2 Council of Haida Nation (CHN)
  - 3 Co-op
  - 4 Fire Hall
  - 5 Skidegate Band Council
  - 6 Gas Station
  - 7 Future Elder's Housing

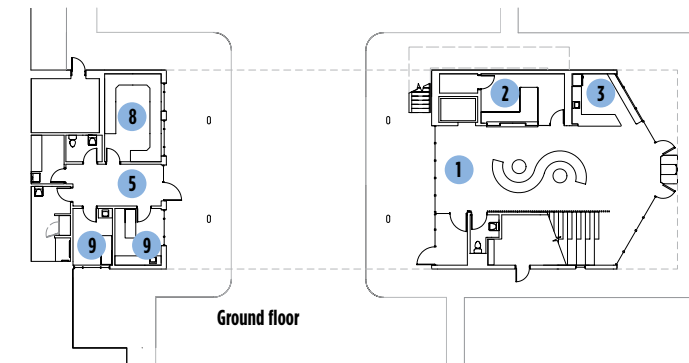
- PROJECT TEAM**
- Client** Skidegate Band Council
  - Architect** Unison Architecture
  - Structural Engineer** Equilibrium/ Katerra
  - Mechanical Engineer** AME Group
  - Electrical Engineer** AES Engineering
  - Civil Engineer** Associated Engineering
  - General Contractor** Yellowridge Construction



- Building section**
- |                          |                   |                                   |
|--------------------------|-------------------|-----------------------------------|
| 1 Main Lobby and Waiting | 5 Health Office   | 9 Electrical Room                 |
| 2 Community Health       | 6 Meeting Room    | 10 Linen and Laundry              |
| 3 Waiting                | 7 Medical Storage | 11 Drive Way Pick Up and Drop Off |
| 4 Administration Office  | 8 Staff WC        |                                   |



Upper floor



Ground floor

- Floor plans**
- 1 Lobby
  - 2 Reception
  - 3 Coffee Bar
  - 4 Seating Lounge
  - 5 Waiting
  - 6 Community Health
  - 7 Kitchen
  - 8 Offices
  - 9 Exam Room
  - 10 Meeting Room
  - 11 Medical Storage
  - 12 Collaborative Pods

3. Upstairs the waiting area where Elders and youth can interact and use the stair seating lounge. The Community Health room fronting the upper floor has a dramatic view to the Pacific Ocean.

The South-Central foundation staff, who were consulted in the predesign phase of this project, like to share the story of one elderly client whose anxiety attacks prompted numerous 911 calls and expensive, time-consuming visits to the hospital emergency department.

Tests were done, prescriptions written and the patient discharged. Barely were the pills finished before another 911 call was made. However, using the integrated approach, the team quickly discovered that the anxiety attacks had begun when the man lost his wife and, living on his own for the first time, felt lonely, isolated and anxious. Rather than pills, the new prescription was social engagement, a treatment that proved so successful that the 911 calls abruptly stopped and the man, rather than being a drain on the healthcare system, became an asset to it - volunteering with his peer group and further reducing their need for medical attention.

With many other anecdotes on similar themes, it would appear the success of the South Central Foundation model has not only been social but financial, the New York Times reporting in 2012, that it was delivering healthcare at a cost per patient 35-40% less than was being achieved in the lower 48 states. The comparison in Canada may well prove to be a little closer, but this new open-hearted and open-minded approach we have been privileged to design for, must surely hold social and economic benefits for all Canadians.

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