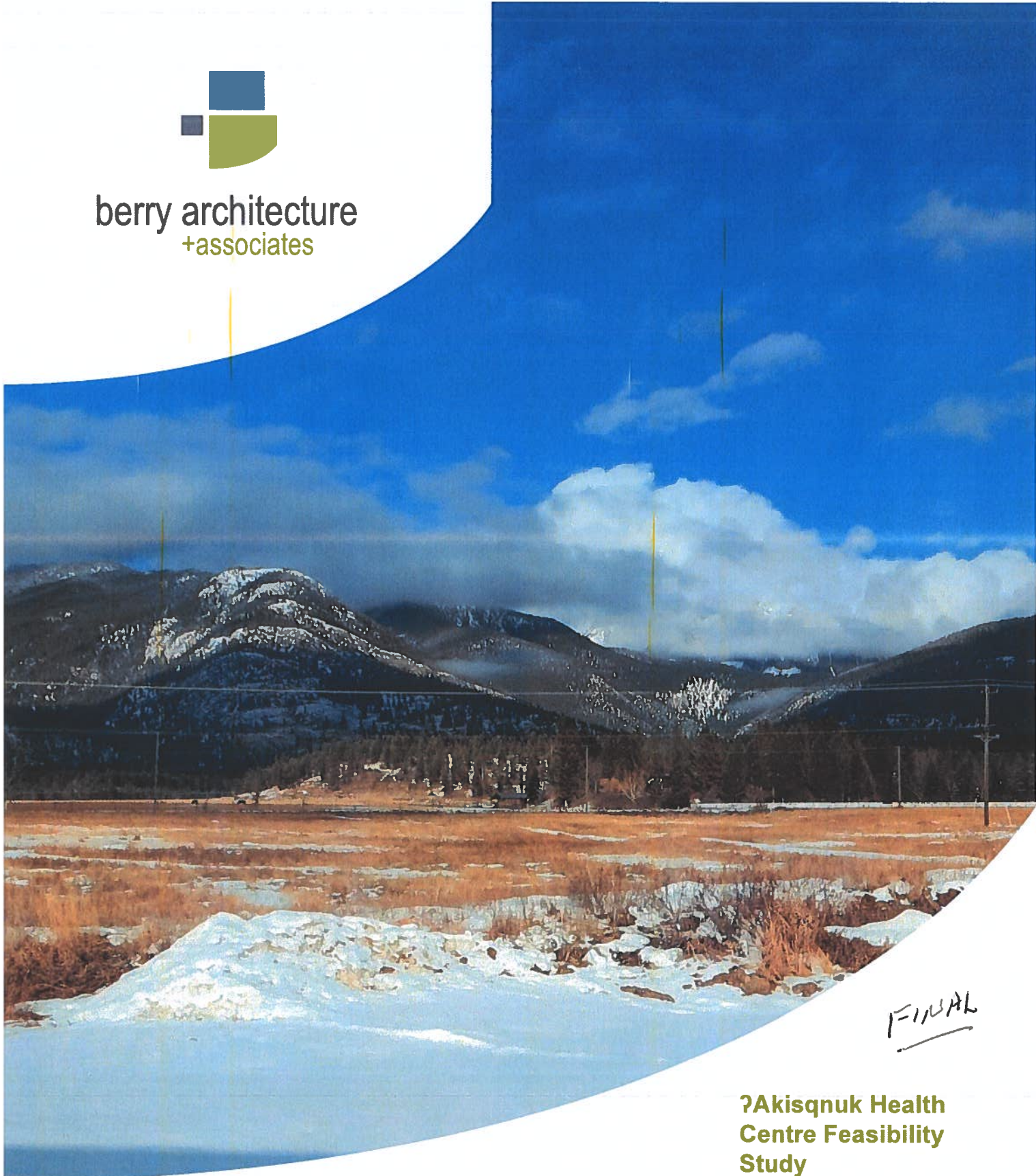




berry architecture
+associates



FINAL

**?Akisqnuk Health
Centre Feasibility
Study**

?Akisqnuk First Nation
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?akisqnuk First Nation

July 22, 2022



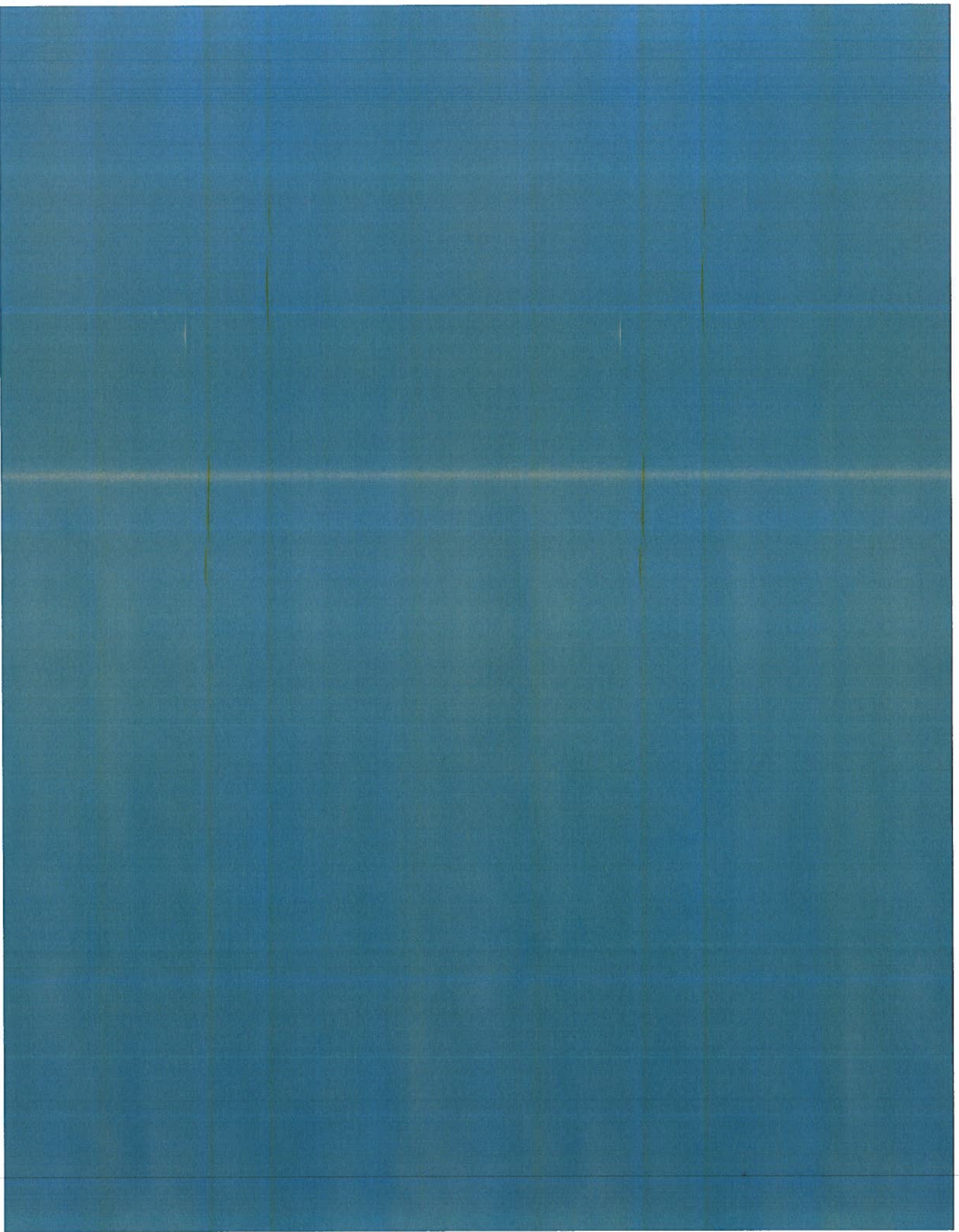
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EXECUTIVE SUMMARY

Berry Architecture + Associates has been engaged by the ʔAkisqnuq First Nation to complete a feasibility/needs assessment study to determine the needs for a new Health Centre. As part of this study, we worked to determine: if a new Health Centre was needed; if the current Health Centre could be renovated to suit the needs of the community; if an addition could be completed to various existing facilities; and if a new facility was determined to be necessary, what elements are needed in a new facility, what is the best location, and what elements would be expected to be funded by the First Nation Health Authority (FNHA).

As part of the study, we completed a review of the existing Health Centre, completed a community engagement session, assisted with providing a presentation for a community-only engagement session, completed several project meetings with the building committee, reviewed the demographic projections for the area, and examined possible site locations.

The final result of all the reviews, discussions, and community sessions is that the ʔAkisqnuq community is in need of a new Health Centre. The benefits of a new Health Centre cannot be overstated. The Health Centre would become more than a place for people to go to see a doctor, a counsellor, or a public health nurse. The new Health Centre would become a community centre for wellness and healthy living. It would focus on the health of the

community members as individuals, but also the overall health of the community.

One thing that we discovered in the community is that there is a lack of cohesive direction. There were some people who did not see the value of a Health Centre when they are located so close to Invermere. In addition, Cranbrook, which has all the requisite health facilities, is just over an hour to the south. Others saw many challenges with transportation and time-sensitive situations where the travel distance and time, especially to Cranbrook, created serious issues. The responses that we got from the surveys and those individuals who took the time to join the community meetings were well thought out, beneficial, and demonstrated that there is a strong support group for the proposal of a new Health Centre.

ʔAkisqnuq is a proud community that is working hard to address the challenges they are facing. A new Health Centre can become the facility that the community can count on to provide health care for years to come, as well as a strong community connection. We recommend that this Centre provides more than just medical spaces—this Centre should provide the cultural features that would support a healthy community. This could include spaces for traditional medicines/healing, smudging room, and multi-purpose space for language, art, traditional food education, cultural events, and so on.

The new Health Centre must be thought of as more than a building, it must be a vibrant community complex that can be used by all members throughout the years. We propose to expand beyond the walls of the building and develop healing gardens for native plants used in traditional medicinal treatments. Expanding the walls will help the centre become a healthy living facility that focuses on a more holistic approach to the wellness of all community members.

Creating a new Health Centre will bring a sense of pride and will be one of the elements that will help to strengthen the community. Community members and other members of the Ktunaxa Nation should not have to drive over an hour to see a dentist or fulfill their basic medical needs. While there are medical, dental, and counselling providers in Invermere, we heard that many ?Akisqnukniks do not feel comfortable in these environments.

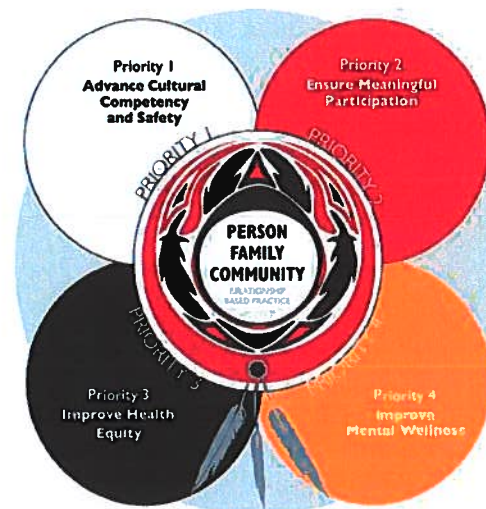
As defined in the detailed project program, the facility should have a minimum area of 573.1 m² (6,167 ft²). We recommend that the project is funded at this size to allow for the additional cultural and community space needed by the members. This additional space will result in a facility that addresses the physical, mental, spiritual, and cultural health of the community. The project should be funded for \$6,927,514 for the health centre, \$2,527,470 for the atrium portion and \$2,737,719 for the renovations to the ?Akisqnuk Band Administration office.

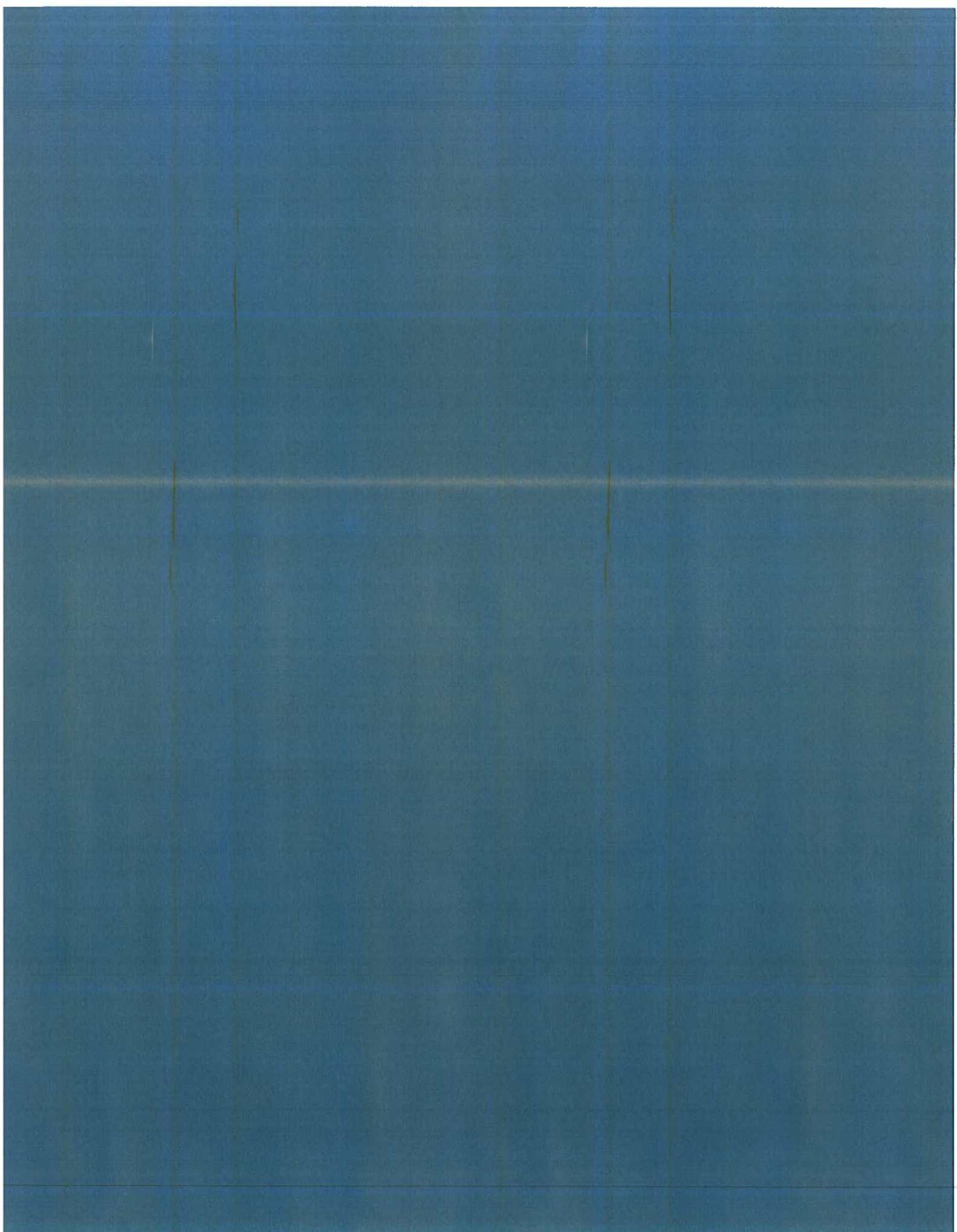
This project has grown from more than simply a Health Centre, it is focused on the health of the entire regional nation. The strength of ?Akisqnuk is focused on developing a central hub for services. A hub that includes most of the aspects that ?Akisqnukniks will utilize on a daily basis.

With this new Health Centre, ?Akisqnukniks can have essential medical, dental, and counselling services right in their own community. This Centre could become part of an essential hub that will bring the community together and focus on the overall wellness and health of the ?Akisqnuk community.

The new facility must become a community hub, a center of activity and culture. Along with this health Centre, ?Akisqnuk should redevelop the existing administration centre to enhance the full benefits of this new facility. When this new Health Centre and Administration building redevelopment is completed the sense of pride and community ownership will be strengthened.

The proposal is to construct more than simply a new Health Centre but develop a community hub. Through the various levels of partnerships that should be explored, this facility can become the catalyst for future growth in the area.





INTRODUCTION

ᑭAkisqnuq First Nation, British Columbia

The ᑭAkisqnuq First Nation is situated in the Columbia Valley, neighbouring the community of Windermere, with Invermere to the north and Fairmont Hot Springs to the south in British Columbia, Canada. ᑭAkisqnuq is located just over one hour (120 km) north of Cranbrook, B.C. and just over two-and-a-half hours (280km) west of Calgary, Alberta.

Members of the ᑭAkisqnuq First Nation are people of the Ktunaxa Nation. Traditional territory of the Ktunaxa includes the Kootenay region of southeast British Columbia into parts of Alberta, Canada, and the American States of Montana, Washington, and Idaho. The ᑭAkisqnuq First Nation is one of six sister bands, four of

which are in Canada and two in the United States.

The ᑭAkisqnuq First Nation community offers several services and businesses including: ᑭAkisqnuq Natural Resources Corporation, Guide Outfitting Territory, residential subdivision management, Lakeshore Resort and Campground, Little Badger Early Learning Centre, a healthcare centre, and recreational facilities.

Indigenous and Northern Affairs Canada lists the registered population for the ᑭAkisqnuq First Nation as of April, 2021 at 280 people.

Objective

The objective for this feasibility study is to provide recommendations for a new health



centre for the ᐃAkisqnukniks. Having an updated health facility, with sufficient space for various health services and community programs, will not only allow for a mentally and physically healthier community, it will also create opportunities for the workforce, which could be a catalyst to revitalize the service and health industry in ᐃAkisqnuq.

Key Stakeholders

A key component of a Feasibility Study is community input. Recognizing that there are many perspectives, we wanted to engage a number of different groups. Berry Architecture identified stakeholder groups and developed a plan to provide opportunities for these groups to contribute to this study. The purpose and intent of engaging with these groups is explained below.

ᐃAkisqnuq First Nation leadership, administration, staff, and local community:

- To advise on visions, site location options, information sources, and community needs.
- To endorse the project with the community.
- To understand how the existing health centre conditions in the Nation are affecting the economic growth of the community.
- To understand how staff are managing to provide services in a facility which lacks the space for the various amenities.
- Elders, youth, and general community members' experience and wisdom is critical to the success of this assessment. They help us to understand the existing needs within the community and the current health care issues they are facing.

Other Important Stakeholders:

- First Nations Health Authority (FNHA)



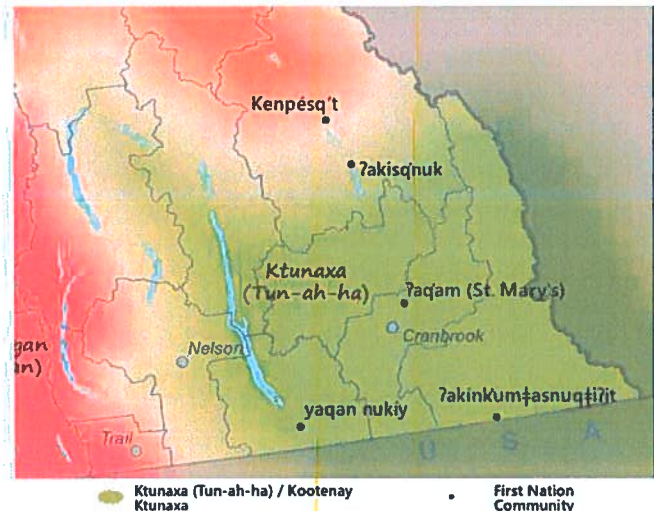
Demographics

The following information shows the population changes from the Indigenous and Northern Affairs Canada Registered Population* as of April 2021 and 2016 ?Akisqnuq Local Indian Registry for ?Akisqnuq First Nation, as well as the Statistics Canada census information for Radium Hot Springs, Invermere, and Windermere.

** Individuals are considered Registered if their names appear on the Indian Register. Names are added or deleted from the Indian Register based on legal sources of information such as provincial birth or death certificates.*



First Nations Communities with Local Health Area boundaries



Notes: This map has been adapted from the First Nations Peoples of BC. It is intended to be used as a general reference that reflects the regional diversity of First Nations People served by Interior Health. It is not intended to delineate territorial boundaries.

Updated by Strategic Information, October 2020

Location	2016	2019	2021	Population Change (2016-2021)
?Akisqnuq First Nation				
On Reserve	80	157	99	19.2%
Off Reserve	152	123	125	-21.6%
On Other Reserves	38		56	32.2%
Total	270	280	280	3.7%
Location	2006	2011	2016	Population Change (2011-2016)
Radium Hot Springs	735	777	776	-0.1%
Invermere	3,002	2,537	2882	12%
Windermere*	N/A	1,081	1,092	1.0%
East Kootenay E, RDA*	1,731	N/A	N/A	
Shuswap First Nation	170	N/A	320	88.2%

*Regional name change

2006 Age Statistics for Surrounding Communities

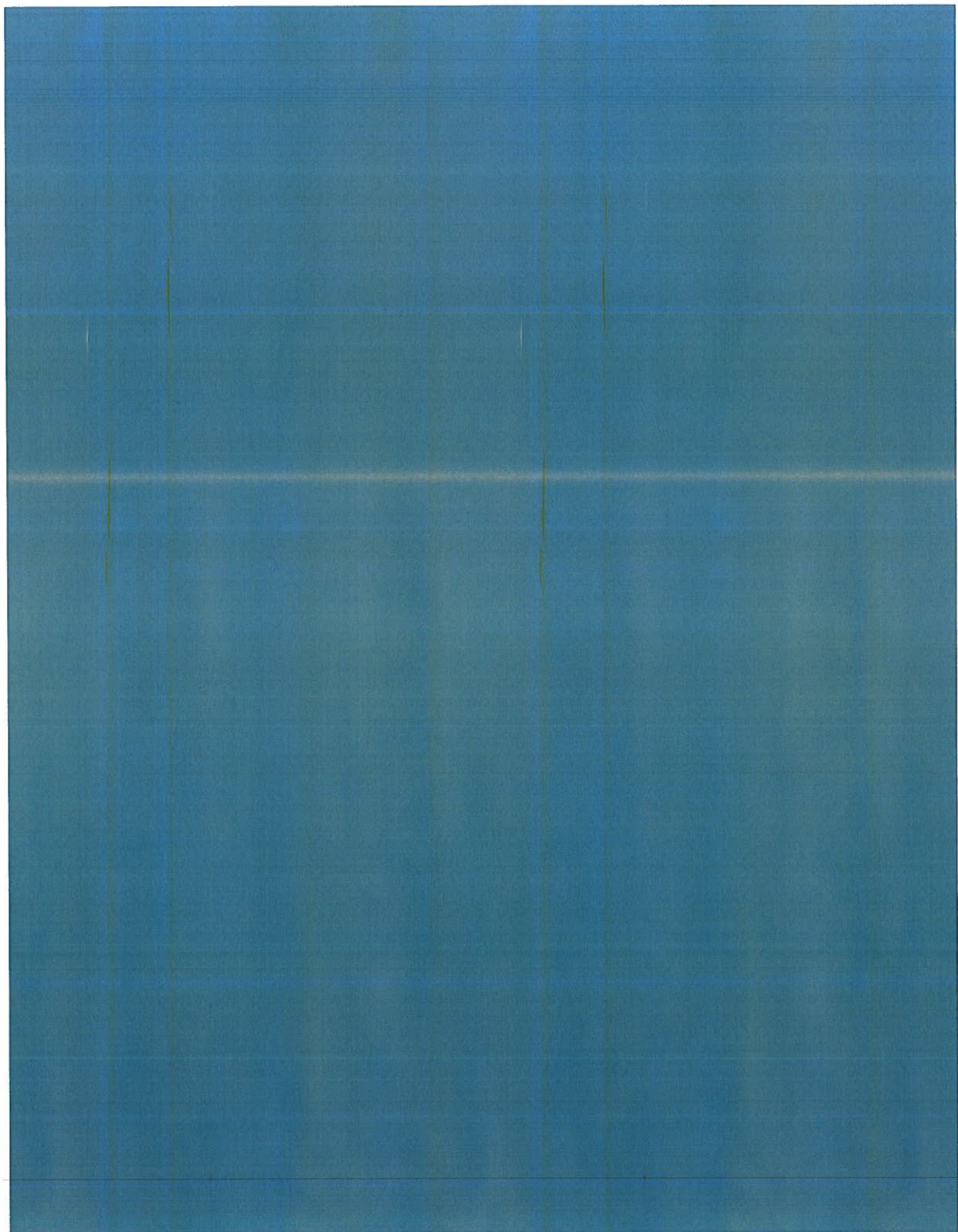
Location	Age 0-6	Age 7-12	Age 13-19	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+		
ʔAkisqnuq First Nation	45			95 (up to 64)				10 (65 and over)		
Shuswap First Nation	35			110 (up to 64)				15 (65 and over)		
Location	Age 0-9	Age 10-19	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70-79	Age 80-84	Age 85+
Radium Hot Springs	85	65	70	85	115	150	85	55	15	0
Invermere	280	435	390	340	465	470	245	190	95	75
Windermere East Kootenay E, RDA	n/a 125	n/a 195	n/a 100	n/a 150	n/a 310	n/a 420	n/a 270	n/a 120	n/a 40	n/a 10

2016 Age Statistics for Surrounding Communities

Location	Age 0-6	Age 7-12	Age 13-19	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60+		
ʔAkisqnuq First Nation	15	18	35	56	30	45	35	36		
Shuswap First Nation	65			210 (up to 64)				35 (65 and over)		
Location	Age 0-9	Age 10-19	Age 20-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70-79	Age 80-84	Age 85+
Radium Hot Springs	60	65	65	70	105	135	170	75	15	15
Invermere	365	375	345	480	420	445	490	225	100	145
Windermere	70	90	75	110	125	195	240	155	30	10

The demographic information gathered demonstrates the population trends for ʔAkisqnuq First Nation, Shuswap First Nation, Radium Hot Springs, Invermere, and Windermere. Between 2006 and 2016, ʔAkisqnuq First Nation saw an increase in all of the age groups. This is due partially to inconsistencies in the way data was collected over the years. Statistics are now based on band membership registries and seem to be much more accurate than the historical data.

There have been changes in the region in terms of statistics gathering. Age groups have been accounted for differently over the years, and the Windermere region was previously reported under East Kootenay. Because of this, it is hard to draw useful comparisons of how the population has evolved over time. However, the statistics are showing either gradual or significant growth, depending on the region.



Community Engagement

Since January 2020, the ʔAkisqnuq First Nation has discussed the opportunity for their community to receive a new Health Centre. As per the timeline below, community members were informed of the Health Centre feasibility study in person, through on-line communications, including emails and Facebook posting, and with hand-delivered documents. This effort was made to ensure that all members were aware of the process and had the opportunity to engage in this process. When we held a virtual Community Engagement, our goal for the session was to encourage conversation with the ʔAkisqnuq community about how well the existing health centre is, or is not, meeting their needs, and how they would like to see it improved.

Request for Proposal (RFP) Issued - October 30, 2020

ʔAkisqnuq First Nation issued the Request for Proposal for a Prime Consultant to undertake the preparation of a Feasibility Study for their proposed health facility. On November 20, 2020, Berry Architecture submitted their response and subsequently were awarded the project. The contract between the parties was completed on December 17, 2020.

Annual General Assembly – January 16, 2021

At the Annual General Assembly, the project was discussed with the participants, including the background of the process that had occurred to date and the next steps that were to be taken.

Band Meeting – March 20, 2021

At the Band Meeting, the project was once again discussed with the members who were present and they were apprised of the progress of the project to date.

Newsletter – March 2021

ʔAkisqnuq First Nation issues monthly newsletters to their members; and in their March issue, this project was mentioned. Also included was the invitation to the Community Engagement session that was held on March 26th.

Hand Delivered Posters – March 25, 2021

In an effort to ensure as many members of the community as possible would join the Community Engagement session on-line the next day, ʔAkisqnuq First Nation administration issued posters to the local residents.

Community Engagement Meeting - March 26, 2021

What we heard

Berry Architecture presented a PowerPoint presentation to the attendees, providing them with a brief background on the existing health centre, what we understood to be the services being offered, and then asked several questions, with the intent of finding out how the existing health centre could be improved, what services the community would like to see in the future, and how members are currently receiving treatments that are not available within their neighbourhood.

Newsletter – April 2021

In the April issue, the project was mentioned once again. Also included was the invitation to the Community Engagement session that was held on April 8th.



Community Engagement Meeting - April 8, 2021

The Akisqnuq First Nation held another Community Engagement presentation with the goal of receiving further, in-depth answers to the same questions that were presented in the first engagement session.

Surveys Sent out to Community - April 14, 2021

Following the April 8th Community Engagement, surveys were sent out on April 14th to all band members who were on AFN's email and mail distribution lists. Responses were received on April 19th and provided to Berry Architecture for their use in including these responses in the Feasibility Study.

Facebook Page

Since the process began, the AFN administration has been updating their social media account with various posts about the Health Centre study along the way.

Online Community Engagement

On March 26th and April 8th, 2021, two on-line “Zoom” Community Engagement meetings were held. During these engagements, the following questions were discussed. Below are the responses that were provided via the surveys that were received.

1. Who is using the health centre today?

- KNC, ʔAkisqnuq Health, Child and Family, ʔAkisqnuq band members for health-related issues.
- Child and family and ʔAkisqnuq health
- On-reserve community members of ʔAkisqnuq FN
- Members, Health Staff, KKCFSS Staff
- ʔAkisqnuqnik and others
- Staff, Patients.
- Families, clients, community members, service organizations, elders, patients, doctors, nurses, social workers, social development clients, AFN staff,
- On reserve members
- Health and KKCFSS staff and clients, community members
- Community, ʔAkisqnuq Staff, KKCFSS

2. What additional services should be provided in the new health centre?

- Provide all the essential health and wellness services for all members. Pre/post natal, foot clinic, health massage, programming. Drug and alcohol services, nursing services. Just to name a few;
- By providing services that are difficult to access in the area but highly needed. E.g., diagnostic imaging, diabetes centre, kidney dialysis, sexual health, and/or prenatal services;
- Do a thorough demographic study of the on-reserve population, with a focus of what services currently are beneficial, those that are needed now for improving health. Those services that may be required in the future to be available through outside agencies, but provided through e-health as partnership with FNHA, IH, or KNC Health. The long-term care aide specialized services/staff to assist the largest age group on reserve that will require more specialized Health



- care and treatment so members can remain in the community, access to health services. Physio and sitz-bath type equipment and trained staff to assist. Addiction/treatment/Mental Health/Infant/Childcare area with speech therapy service/equipment and trained staff to assist. A non-invasive gathering place for members to sit and comfortably visit with one another. Transportation services and trained staff to assist. Kitchen area for nutrition services/ trained staff. Private rooms for therapy sessions. Staff offices. This is just for Health Services, not sure if this would include KKFSS as a Health service? If so, there would need to be a study done to assess their needs. All this requires a thorough assessment and thought for the future needs of the community;
- New management, upgrade of personnel, new manager, better nursing services not just band aids and taxi services. Better quality of services;
 - Ensure broad engagement with citizens;
 - Need a safe place. For healing (sometimes I need to scream... sometimes my screams make others uncomfortable, sometimes I make others uncomfortable etc.);
 - Have a doctor more than every 2 weeks;

- Opening a welcoming, safe, architecturally beautiful building with open mountain view lines;
- Assisting in other aspects of Health (addictions/mental health);
- A range of health services that are all available in one building, like a Foundry for the community. Maybe even longer hours so that those who work during the day can access it. Definitely more welcoming, friendly, and non-judgemental than the current centre. Soundproofing insulation;
- Thinking into the future so we are putting up buildings that are the proper size for staff, leaving room and thinking about how staff changes might happen;
- With a little help from our friends.



3. What type of Ktunaxa Cultural aspects would you like to see in the new Health Center?

- Traditional plants. Teaching. Holistic, not just medication. Our people speaking the Language. Language being taught;
- A space that promotes children and youth-led health initiatives. Capacity building for children/youth;
- An area that encourages a holistic approach to Ktunaxa health. The availability of windows as much as possible, so the beauty of the area is captured in the physical building itself. The whole area/building should be inviting and comforting, not stale and closed in, like the Band Office. Should represent the strength, resilient, healthy, happy Ktunaxa that we are!
- History of Natural healing practices. Visual aspects, Photography;
- History, map of ʔamakis ktunaxa photos, art work;
- Nature. Smudge. Sweat. Indian staff;
- Traditional medicines and healers;
- Classrooms for cultural activities, digital access included, tanning pit, food processing area including a kitchen, language, and video studio and resource library, art studio space, dance, and performing arts;
- Traditional medicine and methods (sweats);
- Smudging Room, Spare Room so that members in crisis can have a quiet, safe place to be;
- Sturgeon nosed canoe.

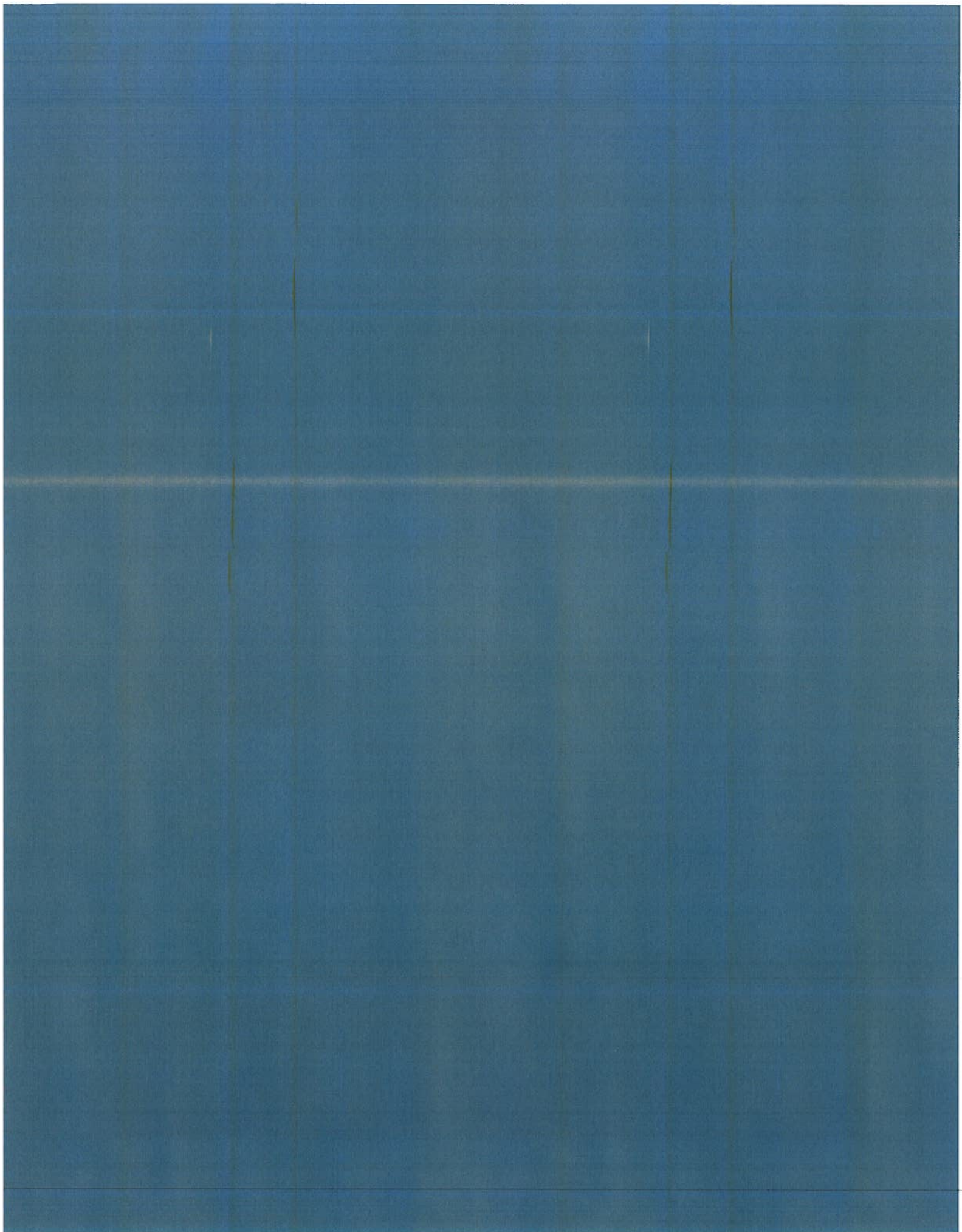
4. Are there any other amenities that we have not spoken about that you would like to see incorporated in the new health centre?

- No, I think that we pretty well have everything that we need. Staff are friendly and helpful;
- Preventative services, counselling, cultural programming. Healthy eating, medicinal plants. Open environment;
- Diagnostic imaging (CT), kidney dialysis, diabetes centre;
- I think I mentioned a few in my response in question number 2. A detox area for those wanting to safely get off the drugs. This may not be the place to put this, but it is a service that is needed as they age-out of the “drug-use” and require additional health services for safe detoxification supports, that is within reach;
- Physiotherapy, Group Health, Counselling services. Separate Doctor and nurse spaces. Home Care Programs and Staff;
- Mental Health Authorities;
- Tele-health, day dialysis, cat scans, medical lab;
- Clean and sober living, youth addiction services. Education on safe using;
- Substance Use support/Safe use site - Mental Health - Holistic Health - Regular sexual health clinics;
- Ultra-sound machine, hyperbaric chamber, CT Scan, MRI.

Summary of Comments:

Essentially, the health centre is used by on-reserve community members of ʔAkisqnuq First Nation, as well as nearby members of the Shuswap First Nation, who would like to have additional health and wellness services added into their health care facility. In order to honour and incorporate the Ktunaxa Cultural aspects, spaces should be available for traditional teachings and, overall, a holistic approach to health should be emphasized. New amenities should include additional medical services, such as: dental, diagnostic imaging, kidney dialysis, and a diabetes centre. Currently, all of these services are only available to those who travel to neighbouring communities.





SPACE ACCOMMODATION

Current Health Centre

ʔAkisqnuq First Nation has outgrown their existing Health Centre. Over the past few years, they have exhausted efforts to increase the space to deliver programs and services through minor renovations by adding walls to split offices, sharing clinic rooms between health staff and professions, and carefully scheduling visiting professionals into spaces that are not always conducive to administering aid. Using existing offices for these services does not offer the proper privacy.

The existing health centre will not serve the needs of the community going forward as it does not have the space to house the programs that should be provided. We would recommend a building condition report be completed to determine if it can be re-purposed for another use other than a health centre, or potentially have an addition added.

Current Programs Offered

Existing Programs Offered:

- Capital Facilities O&M
- Health Planning and Management (ongoing remote index)
- Aboriginal Head-Start On Reserve (AHSOR)
- Canada Prenatal Nutrition Program
- Jordan's Principle
- Aboriginal Diabetes Initiative
- Community Health Promotion and Injury Illness Prevention
- Brighter Futures
- Building Healthy Communities Mental Health Crisis Management
- Building Healthy Communities Solvent Abuse Program
- National Native Alcohol and Drug Abuse Program (NNADAP)
- FN Home and Community Care
- Communicable Disease Control for Nurse/Clerk



Space and Design Requirements

FUNCTIONAL SPACE PROGRAM

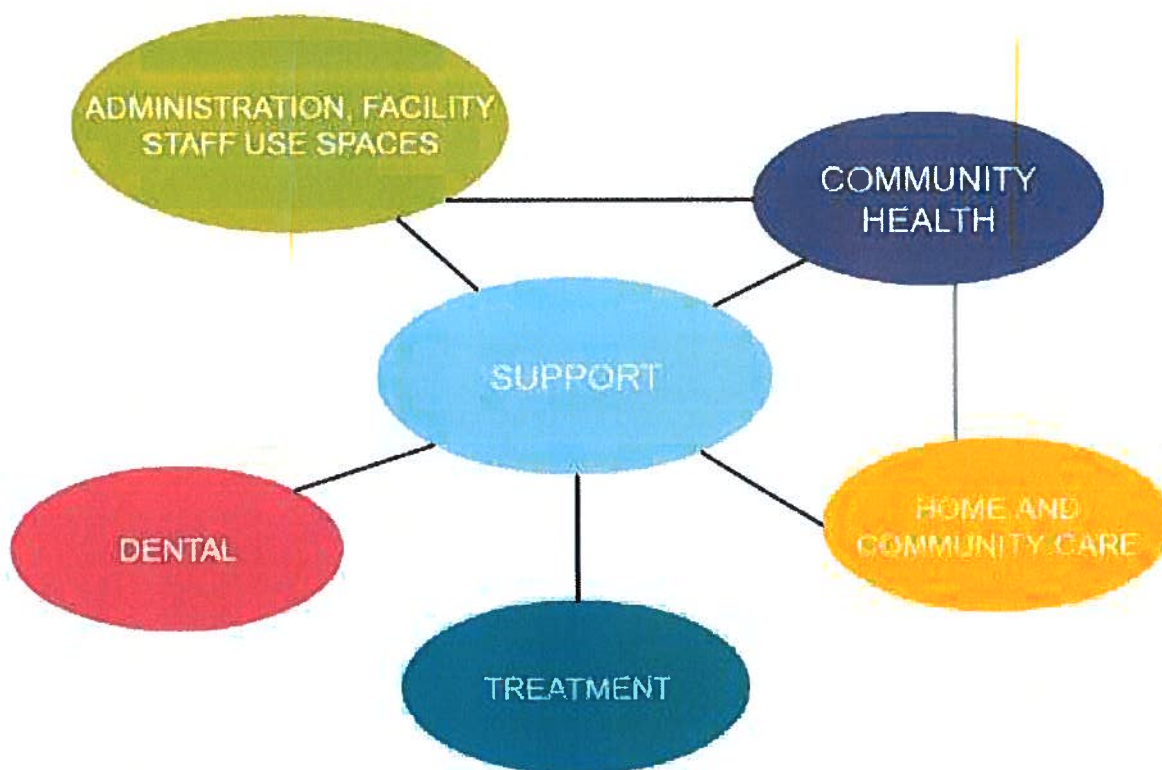
ʔakisqnuq Health Center
ʔakisqnuq First Nation, British Columbia

REF. #	ROOM TYPE	QTY	PROPOSED AREA (M2)	TOTAL PROPOSED AREA (M2)	Current Approved Full Time Employee
ADMINISTRATION, FACILITY, STAFF USE SPACES					
A.1	RECEPTION	1	10	10	Approved Position to be filled, Administrative Assistant (Health)
A.2	RECEPTION AND GENERAL OFFICE-1 PERSON	1	11	11	Nicholas, Patricia Health Program Manager
A.4	NURSE IN CHARGE	1	11	11	Juell, Jason Registered Nurse
A.7	COMMUNITY HEALTH NURSE OFFICE	1	10	10	Soloway, Shellane* Home Care Nurse / LPN
A.9	ADMINISTRATION AND RECORDS STORAGE	1	10	10	
A.10	STAFF ROOM AND KITCHEN (ACCOMMODATE 10)	1	12	12	
A.11	MALE STAFF B.F. WASHROOM	1	6	6	
A.12	FEMALE STAFF B.F. WASHROOM	1	6	6	
A.13	HEALTH DIRECTOR'S OFFICE	1	12	12	Baker, Christy Member Services Director
TOTALS				88	
SUPPORT (BUILDING CIRCULATION AND SERVICE) AREAS					
B.1	MAIN ENTRANCE VESTIBULE	1	8	8	
B.2	WAITING AREA (ACCOMMODATE 12)	1	18.5	18.5	Approved Position to be filled, Community Health Driver (at Hoteling station)
B.5	WAITING ROOM MALE B.F. WASHROOM	1	6	6	
B.6	WAITING ROOM FEMALE B.F. WASHROOM	1	6	6	
B.7	GENERAL STORAGE	1	10.5	10.5	
B.10	JANITOR'S CLOSET	1	6	6	
B.11	BIO MEDICAL WASTE STORAGE	1	6	6	
B.13	GENERAL STORAGE	1	46	46	
TOTALS				107	
COMMUNITY HEALTH					
C.1	COMMUNITY HEALTH ROOM	1	50	50	
C.2	COMMUNITY HEALTH STORAGE	1	10	10	
C.5	INTERVIEW AND SMALL CONFERENCE ROOM	1	15	15	
C.10	MENTAL HEALTH ADDICTIONS ROOM	1	10	10	Approved Position to be filled, Community Wellness Facilitator / Drug & Alcohol Worker
C.11	PRENATAL AND DIABETES OFFICE (INC. FAMILY WR)	1	10	10	
TOTALS				95	
DENTAL - (REQUEST FOR PROGRAM EXPANSION)					
D.1	DENTAL OPERATORY-ONE CHAIR	1	15	15	Very much desired for community
D.2	DENTAL PREP	1	10	10	
TOTALS				25	
HOME AND COMMUNITY CARE					
HC.1	OFFICE/ELDER'S CARE	1	12	12	Burgoyns, Danny Community Health Worker
HC.3	GENERAL MEDICAL EQUIPMENT STORAGE SPACE	1	15	15	
HC.5	TUB ROOM c/w ROLL IN SHOWER	1	18	18	
TOTALS				45	
TREATMENT					
T.1	TREATMENT ROOM	1	10	10	Scope of practice that would dictate treatment/care that could be given, not intending to go beyond this
T.2	EXAMINATION ROOM	2	10	20	
T.5	TELEHEALTH MOBILE/EQUIPMENT STORAGE	1	2.5	2.5	
T.7	VISITING PROFESSIONAL'S OFFICE	1	12	12	
T.8	SECURE MEDICAL SUPPLIES STORAGE	1	10	10	
T.9	SECURE MEDICAL EQUIPMENT STORAGE	1	10	10	
TOTALS				64.5	
FACILITY TOTALS					
TOTAL FLOOR AREA				424.5	
25% CIRCULATION FACTOR AVERAGE				108.1	
10% MECHANICAL AND ELECTRICAL				42.5	
TOTAL GROSS FLOOR AREA				573.1	

Spatial Relationship Diagram - ?Akisqnuuk First Nation Health Centre

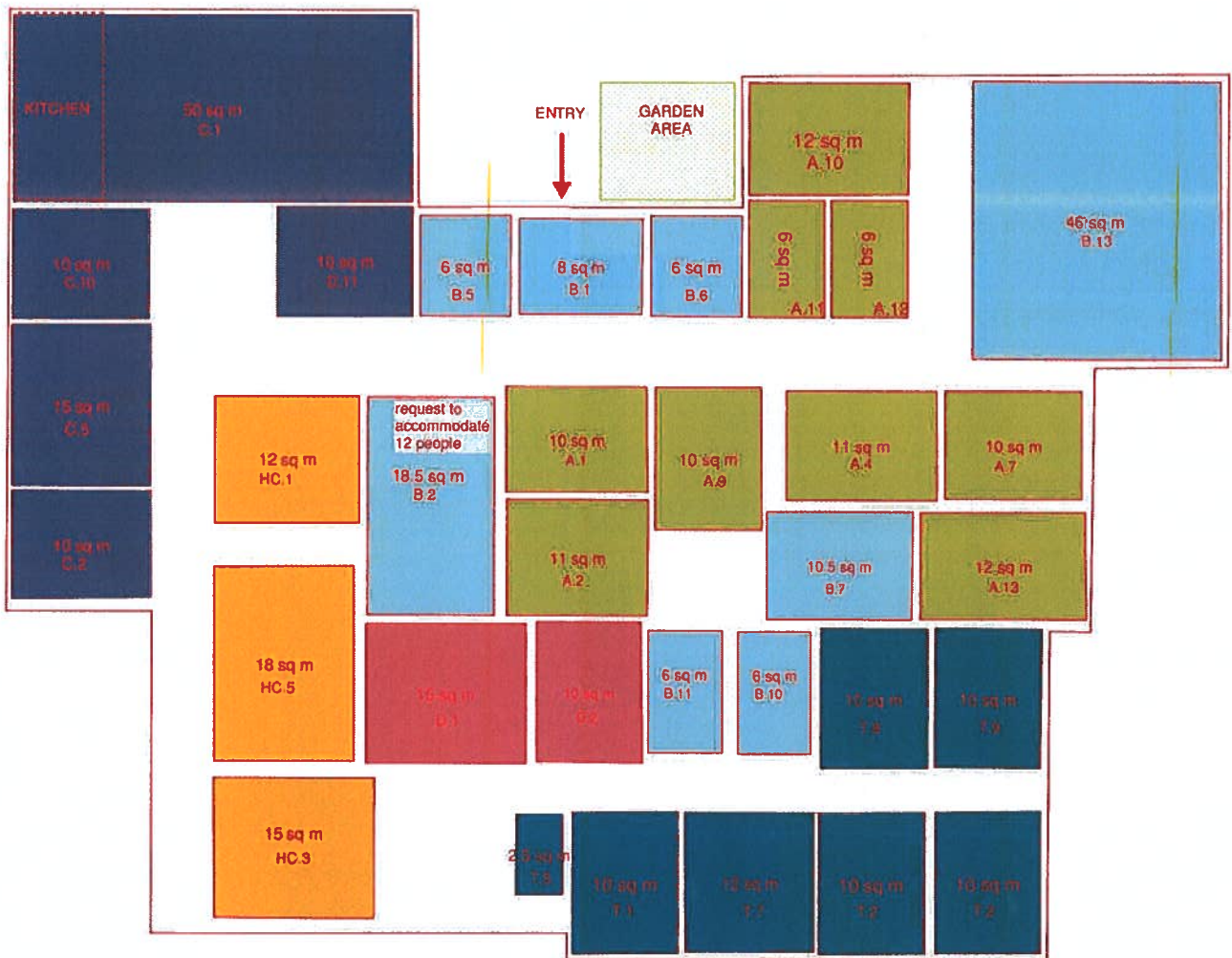
Spatial relationship diagrams are used to conceptualize how spaces can relate to one another. In the following spatial relationship diagram, the proposed new health centre spaces and circulation patterns are depicted.

This radial design concept builds on the idea of having the support amenities at the central core, which is then surrounded by the various health departments. This type of spatial relationship will create a sense of synergy and harmony within the facility, creating a dynamic and vibrant workspace.



PROPOSED AREA PLAN

The area plan below was created to begin to explore the functional spatial relationships between the various proposed spaces. It is used to verify that the expected area will work with the project functional program. It is not intended as a draft floor plan but only an area diagram.



Area Layout Legend

ADMINISTRATION, FACILITY, STAFF USE SPACES	
A.1	RECEPTION
A.2	RECEPTION AND GENERAL OFFICE-1 PERSON
A.4	NURSE IN CHARGE
A.7	COMMUNITY HEALTH NURSE OFFICE
A.9	ADMINISTRATION AND RECORDS STORAGE
A.10	STAFF ROOM AND KITCHEN (ACCOMMODATE 10)
A.11	MALE STAFF B.F. WASHROOM
A.12	FEMALE STAFF B.F. WASHROOM
A.13	HEALTH DIRECTOR'S OFFICE

SUPPORT (BUILDING CIRCULATION AND SERVICE) AREAS	
B.1	MAIN ENTRANCE VESTIBULE
B.2	WAITING AREA (ACCOMMODATE 12)
B.5	WAITING ROOM MALE B.F. WASHROOM
B.6	WAITING ROOM FEMALE B.F. WASHROOM
B.7	GENERAL STORAGE
B.10	JANITOR'S CLOSET
B.11	BIO MEDICAL WASTE STORAGE
B.13	GENERAL STORAGE

COMMUNITY HEALTH	
C.1	COMMUNITY HEALTH ROOM
C.2	COMMUNITY HEALTH STORAGE
C.5	INTERVIEW AND SMALL CONFERENCE ROOM
C.10	MENTAL HEALTH ADDICTIONS ROOM
C.11	PRENATAL AND DIABETES OFFICE (INC. FAMILY WR)

DENTAL - (REQUEST FOR PROGRAM EXPANSION)	
D.1	DENTAL OPERATORY-ONE CHAIR
D.2	DENTAL PREP

HOME AND COMMUNITY CARE	
HC.1	OFFICE/ELDER'S CARE
HC.3	GENERAL MEDICAL EQUIPMENT STORAGE SPACE
HC.5	TUB ROOM c/w ROLL IN SHOWER

TREATMENT	
T.1	TREATMENT ROOM
T.2	EXAMINATION ROOM
T.5	TELEHEALTH MOBILE/EQUIPMENT STORAGE
T.7	VISITING PROFESSIONAL'S OFFICE
T.8	SECURE MEDICAL SUPPLIES STORAGE
T.9	SECURE MEDICAL EQUIPMENT STORAGE

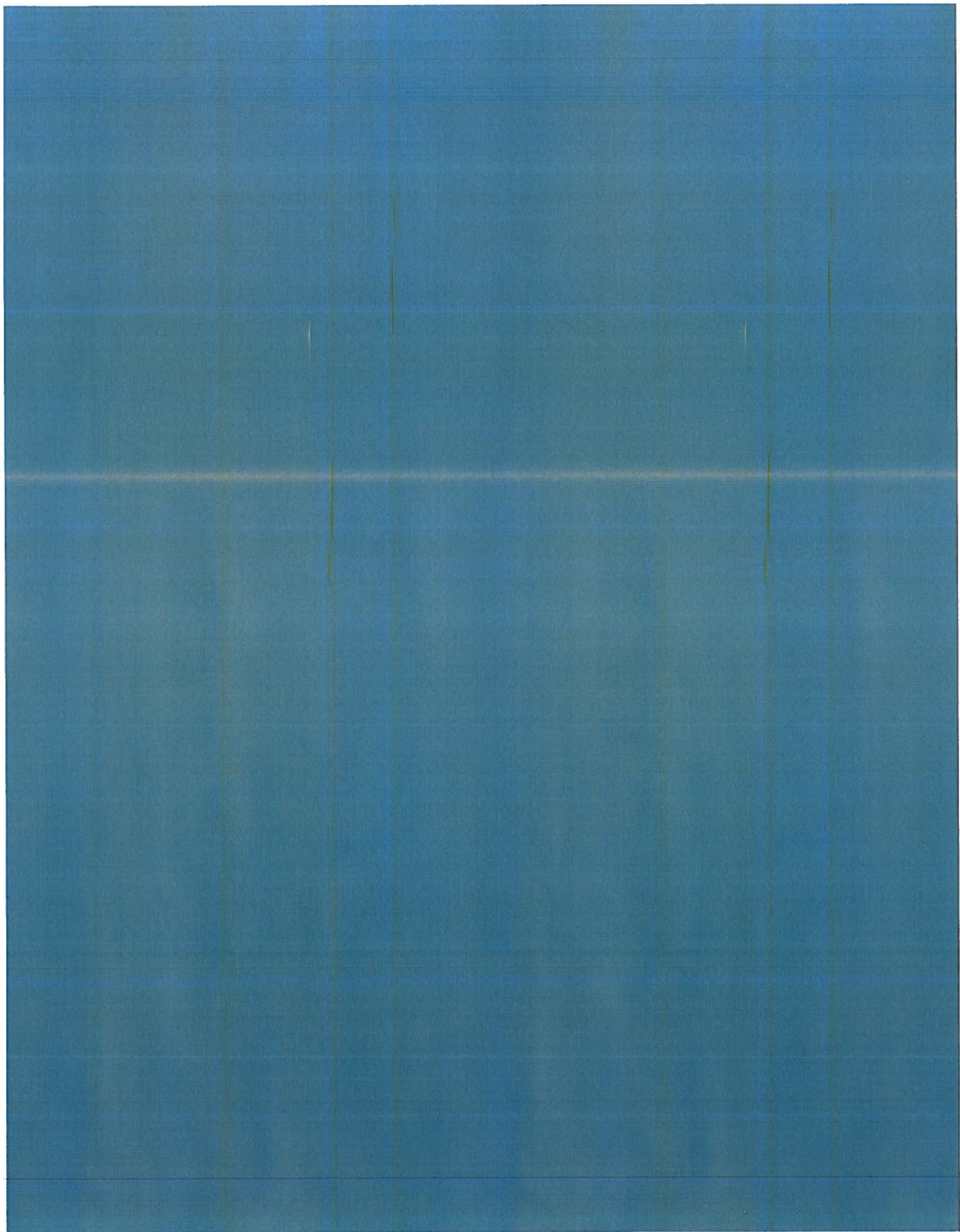
SITE EVALUATION



Option 1	Advantages	Disadvantages
<p>Addition to Existing Health Centre;</p> <p>Not recommended</p>	<ul style="list-style-type: none"> • Located within existing community hub. • Building services are already in place (water/power/gas, etc.). • Community members are familiar with location. • Portion of existing building could be re-purposed for new facility. • Depending on renovations required, may be more cost effective than a new facility. 	<ul style="list-style-type: none"> • Existing building needs a facility evaluation completed; expected that major renovations would be required. • Site services may not be sufficient for addition (upgrade may be required). • Site is limited for future expansions or related facilities. • Site could become congested between staff and users. • Recently, badgers have been found under existing facility; construction could disturb this species habitat.

Option 2	Advantages	Disadvantages
<p>Addition to Existing Band Office;</p> <p>Preferred Location</p>	<ul style="list-style-type: none"> • Located within existing community hub. • Building services are already in place (water/power/gas, etc.). • Potential for administration staff, meeting rooms, and offices to be shared between the facilities. • Would resolve some confusion regarding where to go to access services. • Give Administration Building a new life, which has some bad energy and experiences associated with it. • Create a strong community image. 	<ul style="list-style-type: none"> • Site is limited for future expansions or related facilities. • Site could become congested between staff and users. • Site services may not be sufficient in size (upgrade may be required).
Option 3	Advantages	Disadvantages
<p>Addition to Existing Recreation Centre;</p> <p>Not recommended</p>	<ul style="list-style-type: none"> • Located within existing community hub. • Existing fitness space could be incorporated into a physical fitness program. • Promote a strong healthy lifestyle by directly partnering with fitness and lifestyle programs that are offered at the recreation centre. • +/-20 existing offices at Rec Centre would be available for Health Centre use. 	<ul style="list-style-type: none"> • Site is limited for future expansions or related facilities. • Site could become congested between health centre users and recreation users, especially during special events. • Parking could become congested • Environment of busy recreation centre may not be ideal for healing/privacy. • Would require an expensive fire wall and renovations to the new Recreation Centre.

Option 4	Advantages	Disadvantages
<p>New Facility by Commercial “bulb”;</p> <p>Not recommended</p>	<ul style="list-style-type: none"> • Prime location to expand existing community hub. • A new Health Centre could be the catalyst to start development in the area. • Other medical services (such as diagnostic imaging or dialysis) could be developed in separate facilities in this area. • Access to site is at a major intersection, and may be safer for larger volumes of traffic. 	<ul style="list-style-type: none"> • Site services will need to be added to site. • Environmental reports show that badgers and other wildlife use this area as their habitat; construction could disturb them. Care will need to be taken to ensure their environment is respected. • This location should be maintained for commercial development.
Option 5	Advantages	Disadvantages
<p>New Facility in Community Hub;</p> <p>Preferred Location</p>	<ul style="list-style-type: none"> • Stand alone location; this would provide a defined identify for the health/wellness centre. • Located within existing community hub. • Opportunity to develop a larger holistic centre that would have a garden, meditation/spiritual area, and additional outdoor programs that tie-in to the recreational centre. • Greatest variety of locations for construction to develop a true ?Akisqnuq themed project. 	<ul style="list-style-type: none"> • Site services may need to be extended to site. • Site could become congested between health centre users and other facilities, especially during special events.
Option 6	Advantages	Disadvantages
<p>New Facility near Lake-shore;</p> <p>Not recommended</p>	<ul style="list-style-type: none"> • Good location to promote healing and mental wellness. • Potential for expanding community hub. • Provides privacy for clients. 	<ul style="list-style-type: none"> • Not located within existing community hub; may create additional transportation challenges. • Site services will need to be brought to site. • Environmental impacts would need to be considered, especially related to the flora and fauna of the area.

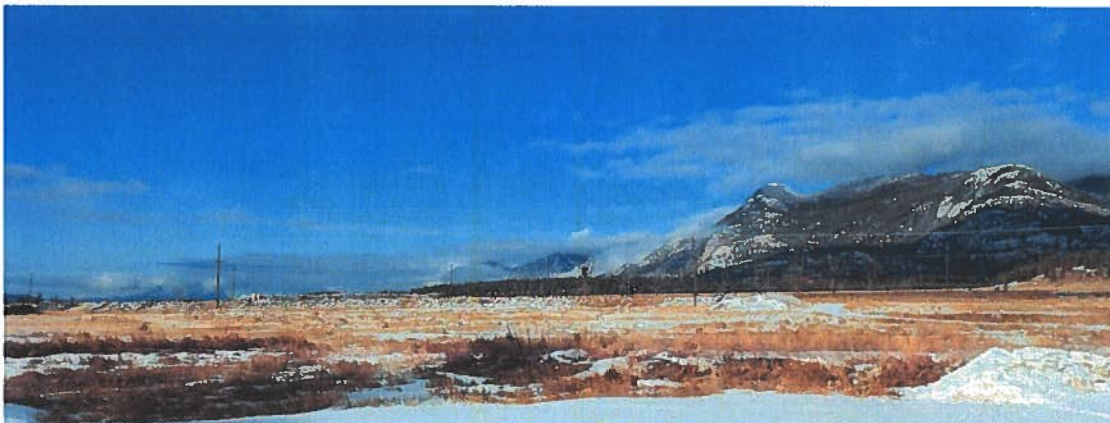


PROJECT BUDGET

Budget Analysis

The cost analysis is based upon our experience with recently tendered and constructed projects. Currently, the construction market is rapidly changing and “typical” construction building costs are somewhat harder to estimate at this time. Historically, this type of project could be completed for approximately \$325.00-\$400.00/ft². However, due to the ever changing market and inflation, we recommend an amount of \$800.00/ft², plus a 15% construction contingency. This cost does not include other expenses for site development, project contingency, professional fees, furniture, equipment, and other project-related expenses.

Based on our recommendations for a new Health Centre, the capital cost estimate has been generated. The capital cost estimate is provided on the following page for the new Health Centre.



**Table 1a: Project Capital Costs -
?Akisqnuq First Nation Health Centre**

Element	Budget Cost	Comments
Construction Costs, Facility Portion	\$4,933,600.00	Approximately \$800.00/ft ² (Assuming 6,167 ft ²)
Contingency	\$740,040.00	15% of construction costs
Sub-Total, Construction Costs	\$5,673,640.00	
Site Development	\$283,682.00	Approximately 5% of construction costs
Project Costs	\$283,682.00	Approximately 5% of construction costs
Subtotal, Facility and Site Construction Costs	\$6,241,004.00	
Professional Fees	\$499,280.00	Approximately 8%
Furniture, Fixtures, and Equipment Costs	\$187,230.00	Approximately 3%
Total Project Costs	\$6,927,514.00	

*The above is an opinion of probable cost only.

The following have specifically been excluded:

- | | |
|------------------------------------|------------------------------|
| 1. PST and GST | 4. Projected Management Fees |
| 2. Permits and Development Charges | 5. Administration Expenses |
| 3. Legal Fees | 6. Land Costs |

**Table 1b: Project Capital Costs -
 ʔAkisqnuq First Nation Health Centre-Atrium**

Element	Budget Cost	Comments
Construction Costs, Facility Portion	\$1,800,000.00	Approximately \$600.00/ft ² (Assuming 6,000 ft ²)
Contingency	\$270,000.00	15% of construction costs
Sub-Total, Construction Costs	\$2,070,000.00	
Site Development	\$103,500.00	Approximately 5% of construction costs
Project Costs	\$103,500.00	Approximately 5% of construction costs
Subtotal, Facility and Site Construction Costs	\$2,277,000.00	
Professional Fees	\$182,160.00	Approximately 8%
Furniture, Fixtures, and Equipment Costs	\$68,310.00	Approximately 3%
Total Project Costs	\$2,527,470.00	

*The above is an opinion of probable cost only.

The following have specifically been excluded:

- | | |
|------------------------------------|------------------------------|
| 1. PST and GST | 4. Projected Management Fees |
| 2. Permits and Development Charges | 5. Administration Expenses |
| 3. Legal Fees | 6. Land Costs |

**Table 1c: Project Capital Costs -
 ?Akisqnuq First Nation - Band Administration Renovation**

Element	Budget Cost	Comments
Construction Costs, Facility Portion	\$1,991,000.00	Approximately \$250.00/ft ² (Assuming 7,964 ft ²)
New Septic Field	\$50,000.00	Approximately \$250.00/lin ft (Assuming 200 lin ft)
Contingency	\$306,150.00	15% of construction costs
Sub-Total, Construction Costs	\$2,347,150.00	
Site Development	\$70,415.00	Approximately 3% of construction costs
Project Costs	\$117,360.00	Approximately 5% of construction costs
Subtotal, Facility and Site Construction Costs	\$2,534,925.00	
Professional Fees	\$202,794.00	Approximately 8%
Total Project Costs	\$2,737,719.00	

*The above is an opinion of probable cost only.

The following have specifically been excluded:

- | | |
|------------------------------------|------------------------------|
| 1. PST and GST | 4. Projected Management Fees |
| 2. Permits and Development Charges | 5. Administration Expenses |
| 3. Legal Fees | 6. Land Costs |

PROJECT DESIGN LOCATIONS

SIMPLIFIED SITE + ELEVATION STUDY

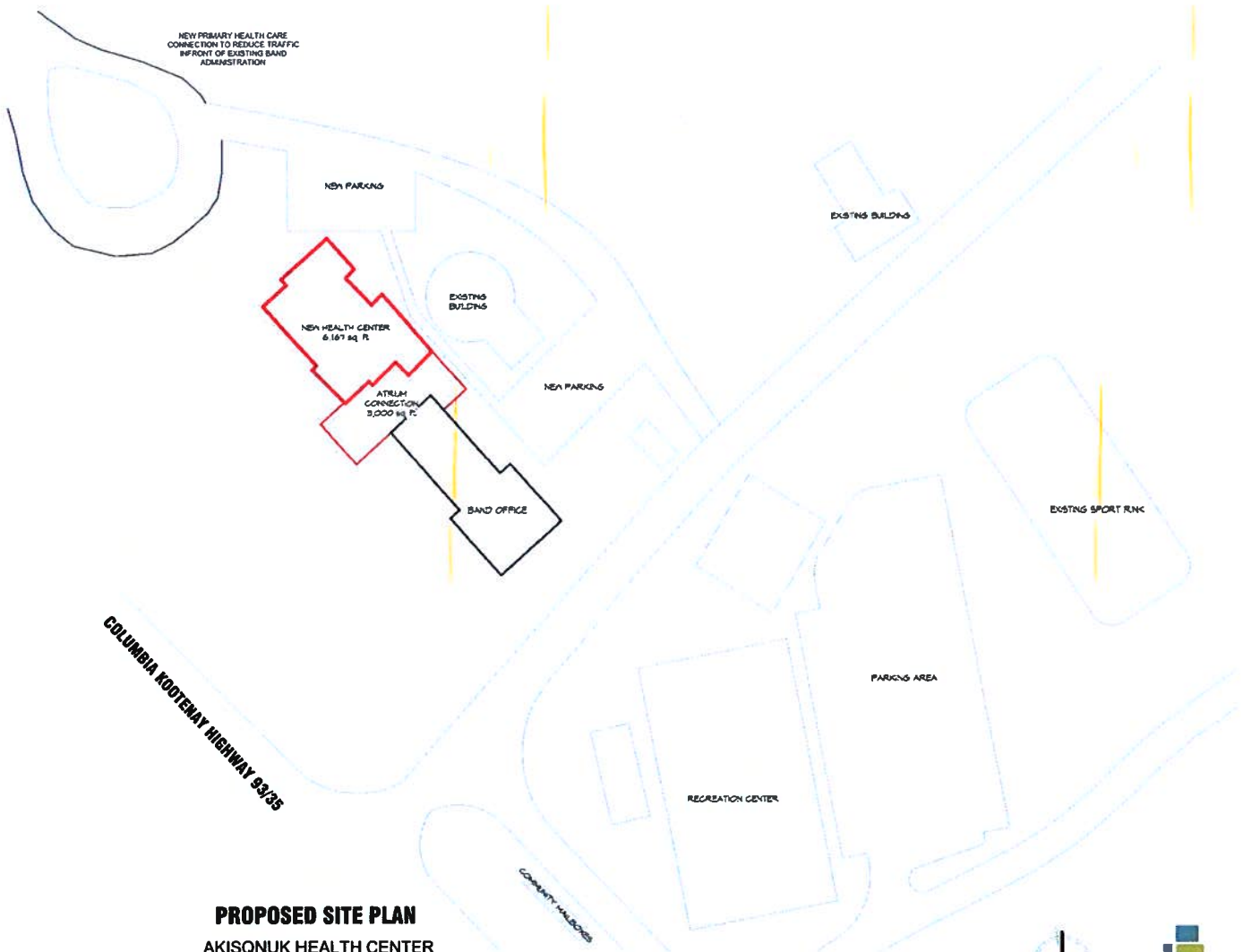
To further expand on the site location options, we created four area layouts to demonstrate how a new Health and Wellness Centre could work within the community. For each option, we provided a few comments on the advantages and disadvantages of each.

We also created a few elevation studies to demonstrate concepts that we are recommending for the building elevation.

We must point out that these are only quick concept studies and should not be considered as workable design options.



Existing Community Hub Site

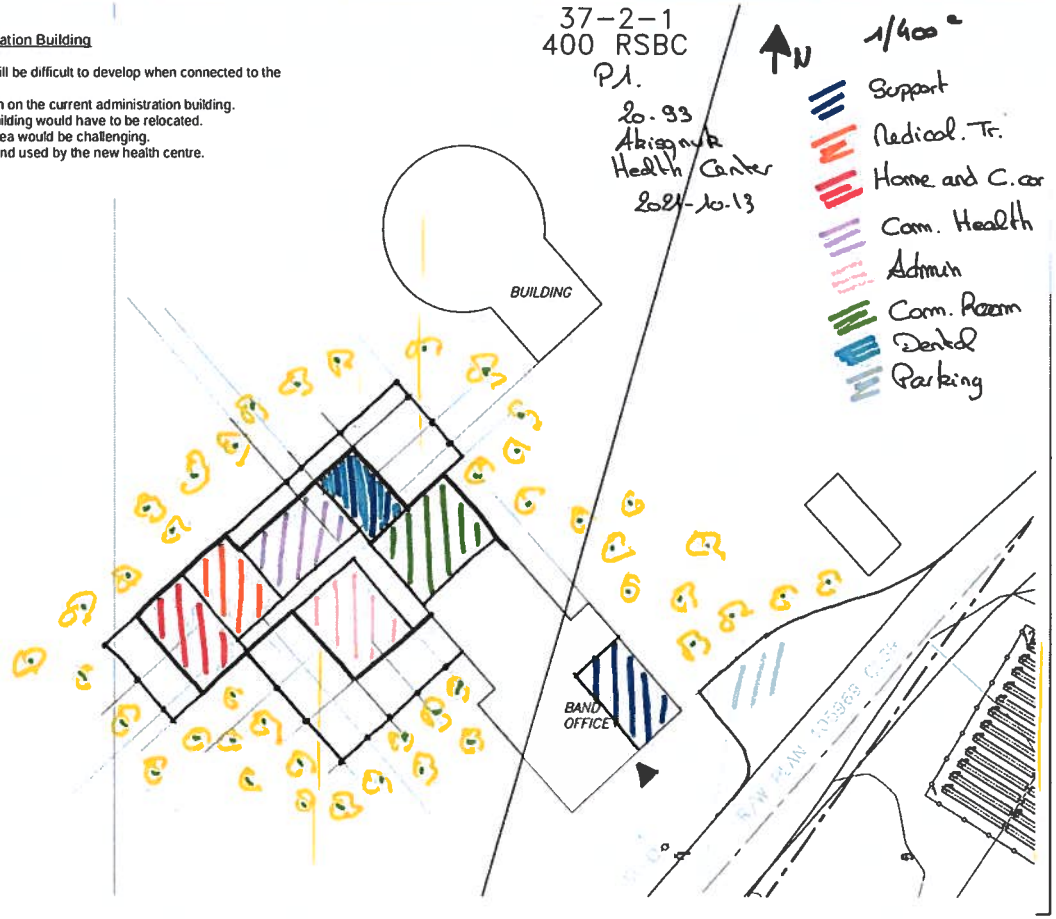


PROPOSED SITE PLAN
AKISQNUK HEALTH CENTER
 07-22-2022

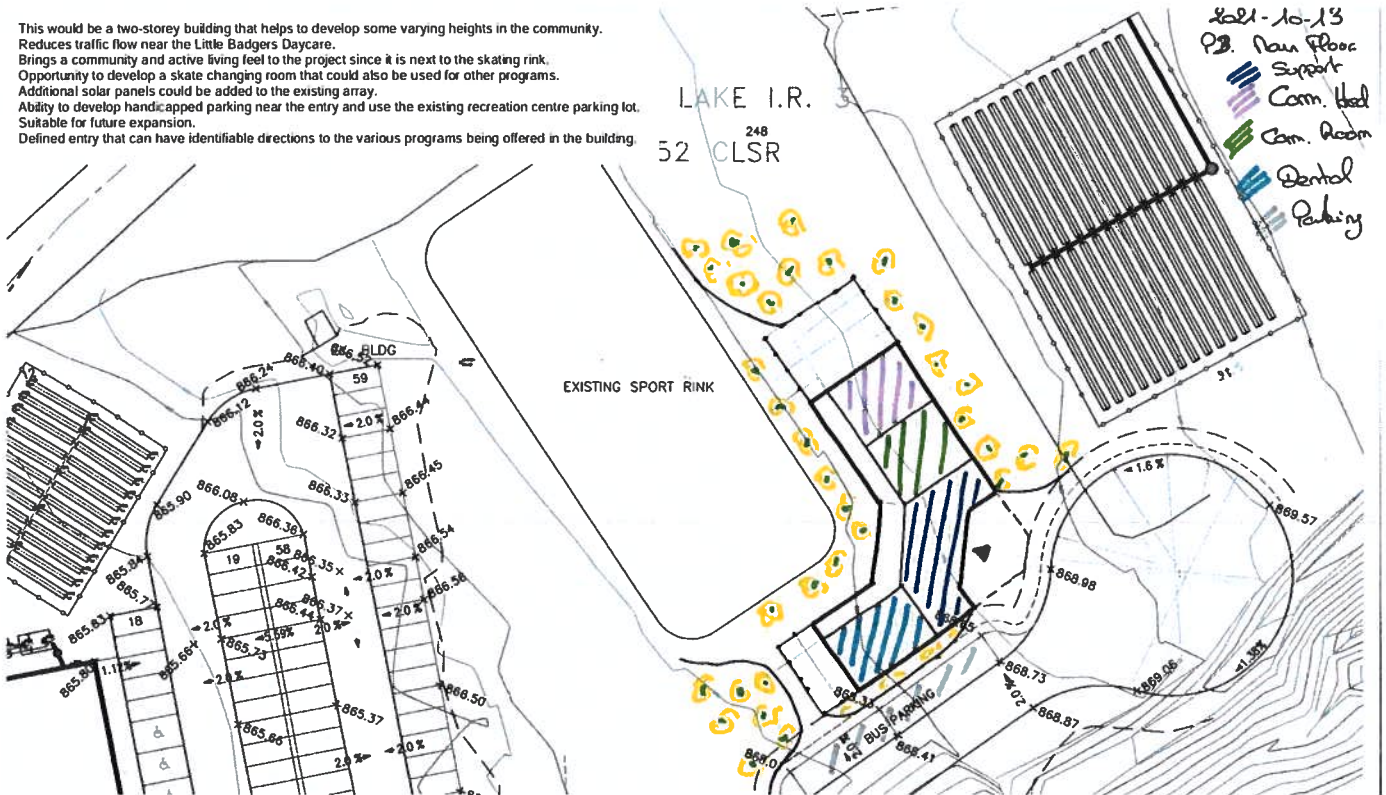


Connection to the rear of the existing Administration Building

A defined entry to the health and wellness centre will be difficult to develop when connected to the administration building.
 Major renovation work would have to be undertaken on the current administration building.
 The existing septic system for the administration building would have to be relocated.
 The site is constrained and developing a parking area would be challenging.
 The existing community room could be renovated and used by the new health centre.

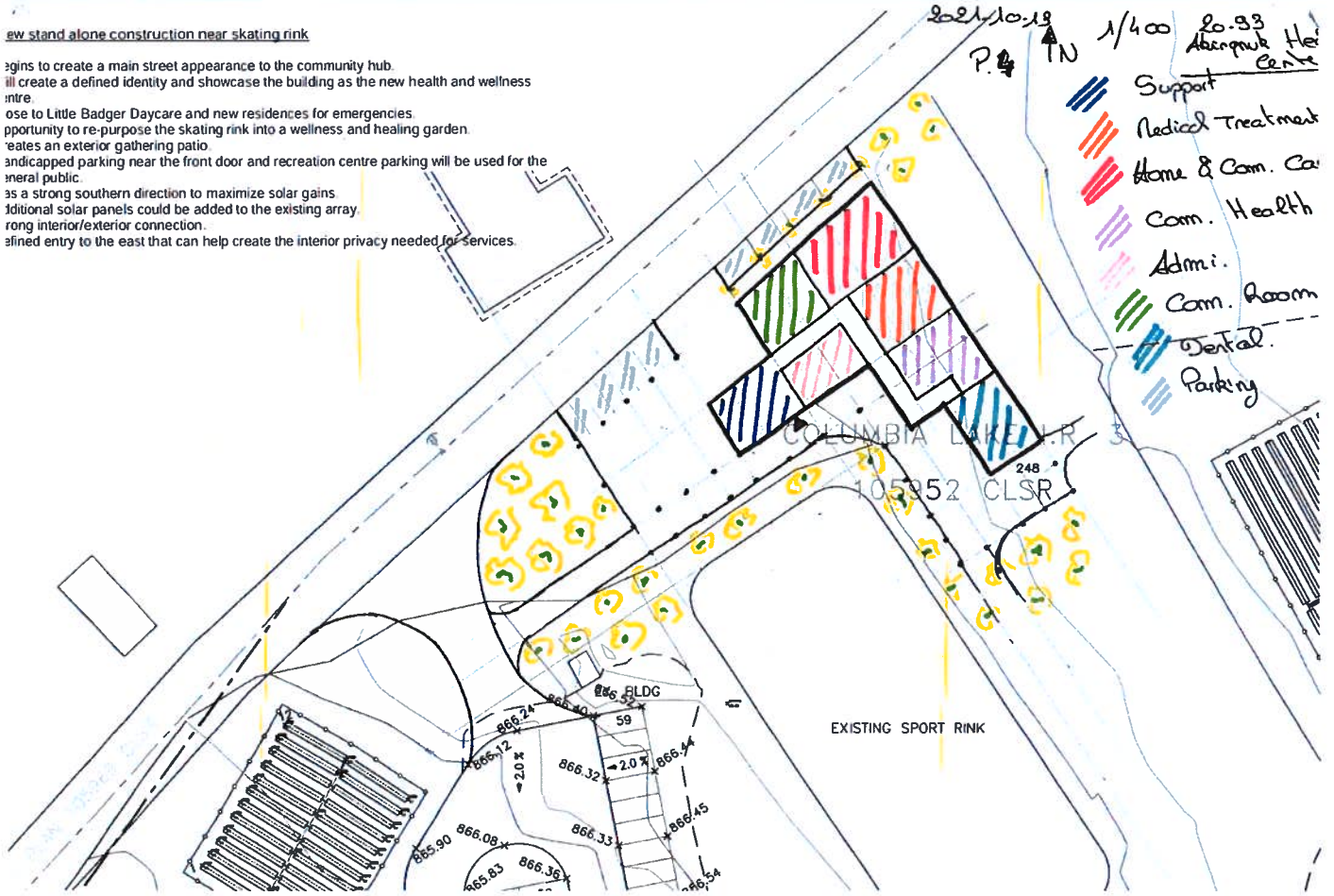


This would be a two-storey building that helps to develop some varying heights in the community.
 Reduces traffic flow near the Little Badgers Daycare.
 Brings a community and active living feel to the project since it is next to the skating rink.
 Opportunity to develop a skate changing room that could also be used for other programs.
 Additional solar panels could be added to the existing array.
 Ability to develop handicapped parking near the entry and use the existing recreation centre parking lot.
 Suitable for future expansion.
 Defined entry that can have identifiable directions to the various programs being offered in the building.



new stand alone construction near skating rink

begins to create a main street appearance to the community hub.
 will create a defined identity and showcase the building as the new health and wellness centre.
 close to Little Badger Daycare and new residences for emergencies.
 opportunity to re-purpose the skating rink into a wellness and healing garden.
 creates an exterior gathering patio.
 handicapped parking near the front door and recreation centre parking will be used for the general public.
 as a strong southern direction to maximize solar gains.
 additional solar panels could be added to the existing array.
 strong interior/exterior connection.
 defined entry to the east that can help create the interior privacy needed for services.





PERSPECTIVE OF THE PROPOSAL
AKISQNUK HEALTH CENTER
 11-05-2021



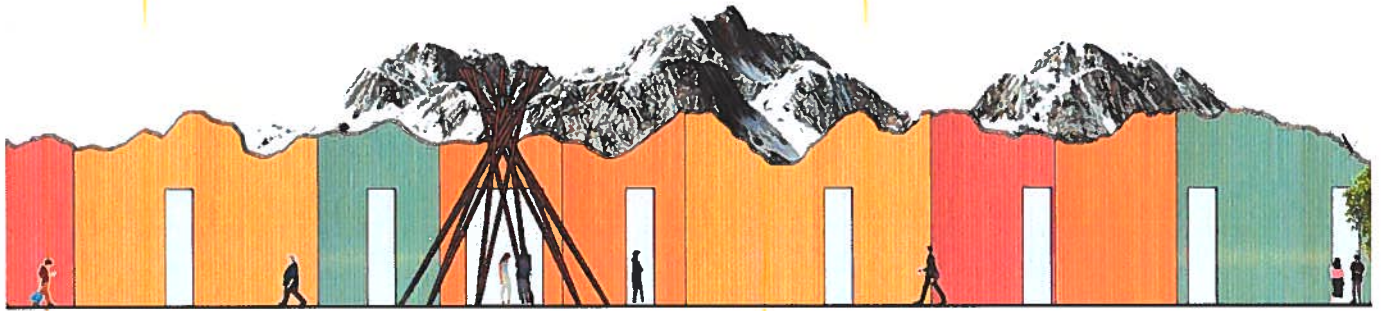
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 * 100% reproducible only



INTERIOR PERSPECTIVE
AKISQNUK HEALTH CENTER
 11-15-2021



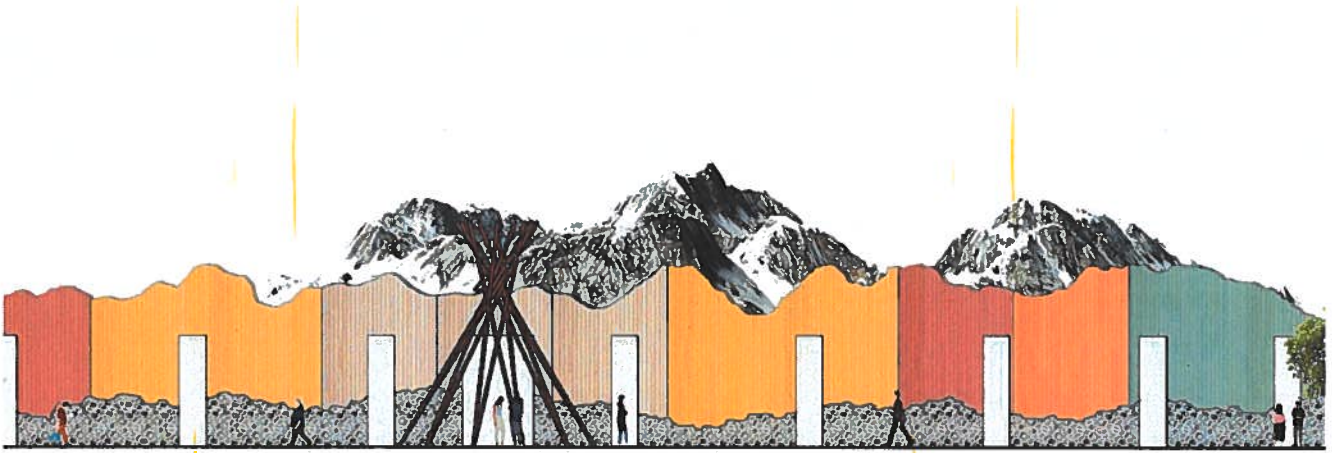
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COLORED ELEVATION PROP.2
AKISQNUK HEALTH CENTER
2021 - 10 - 18

ben



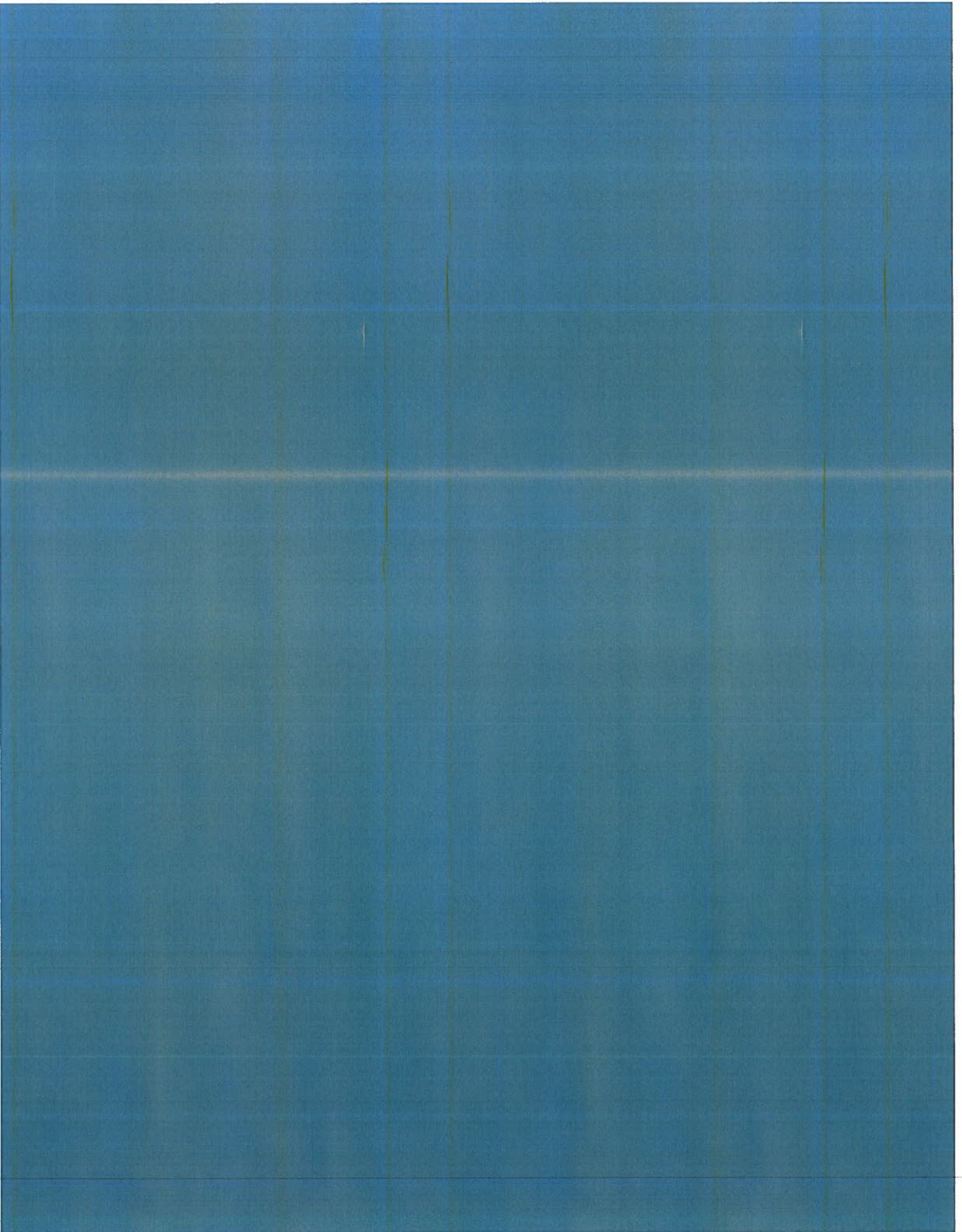


COLORED ELEVATION PROP.1

AKISQNUK HEALTH CENTER

2021 - 10 - 18

berry a



RECOMMENDATIONS

Based on our research and understanding of the health care needs of the ʔAkisqnuq First Nation, we recommend the construction of a new Health Centre. The existing Health Centre is not large enough or in sufficiently good building condition to accommodate the needs and wants of the community. A new Health Centre would improve the quality of life for elders and families in the Nation.

While we have not completed a detailed, formal facility review of the existing Health Centre, we do not recommend an addition to this facility. The existing Health Centre could be re-purposed for another use in the community.



Summary of our recommendations for the Health Centre for the ʔAkisqnuq First Nation:

1. Organize / Balance

The new Health Centre should be organized and balanced, with the spaces structured around a common administration and gathering area. This will promote a sense of community within the Centre and will encourage interaction between the different health departments.

2. Reconfigure

Reconfiguring the site and location of the Health Centre could allow the community to embrace change and continue to find innovative ways to deliver services that support the shifting needs of the population.

3. Remove

Removing the barriers in the space between people, knowledge, and resources allows the Health Centre

to support inclusive spaces that accommodate the healing and growth of the ʔAkisqnukniks.

4. Reveal

Revealing the new Health Centre to the community will not only promote a renewed desire for self-growth, but also potentially for the development of other related health services.

5. Retain

Retaining some of the characteristics of the existing Health Centre to respect the history of its development. By incorporating connections to the past into the new facility, we hope to bring alignment and balance to the physical, emotional, mental, and spiritual journeys of the community members.

New Health Centre

Below is a detailed summary of our recommendations for the new community Health and Wellness Centre.

1) ?Akisqnuq First Nations is in need of a new Health and Wellness Centre. The current health facility is not serving the needs of the community and will not be able to grow with the expanding needs of a community that is strongly focused on the health and wellness of all their members.

2) The new Health/Wellness Centre must have a strongly-defined identity and be clearly visible within the community. We recommend that the new Health Centre be located on the northwest end of the existing Administration building. A key component of the Health/Wellness facility is identity. People should feel that coming into the building is a positive growth and healing experience, one that is focused on healing, wellness, and improving spiritual energy. The physical connection of the two main sources of community services would address several issues that currently affect the quality of life of community members. The new space could build on the history of ?Akisqnuq while addressing some of the issues created by the separation of services.

3) The proposed Health/Wellness Centre should be a single-storey, 100% universally accessible facility. Based on the needed and approved spaces from FNHA, the building area would be in the range of 10,000 to 11,000 ft². In the report, we provided a detailed breakout of the spaces needed; but to summarize, they include the following areas: an administration area, various community health areas,

community room, traditional medicine room, visiting therapist room, mental health and addictions room, prenatal and diabetes offices, dental care, home care, and a medical treatment wing.

4) The new building should be connected to the existing Administration Building. The intent of this is to support ?Akisqnuq with the creation of a strong community hub. Mental health struggles are a major issue in the community and having to go from building to building to get various services causes a level of stress that could be reduced by connecting the Health Centre with the Administration Building. It has been proposed that ?Akisqnuq undertakes a renovation to the current administration building at the same time as the construction of a new Health Centre to improve the flow of the building, reduce confusion regarding where people go for services, and improve the overall efficiency of offering services to community members. This would provide a significant stress reduction for many members that would have positive impacts on the entire community. This new complex will be one where people can come in with pride, and be treated with respect and dignity.

5) The new facility should be a highly energy-efficient development. This will align well with the direction that ?Akisqnuq has established with the installation of the recent photo-voltaic array designed to provide electrical power to the recreation centre, as well as the requests during our project meetings to work to reduce our dependence on fossil fuels. The first step in energy efficient design is to site the building in the correct location to maximize solar and climatic gains as much as possible. The building should target at a minimum BC Step Code Level 4 or higher. Currently,

the band has many members who are struggling with the cost of electricity, and this would be a great opportunity for the band to lead by example. While this level of energy efficiency will result in a slight increase to the capital cost, it will be a major factor in the significant reduction in monthly operational costs. This high energy efficiency can be achieved through increased wall insulation, high roof and foundation insulation levels, the use of PVs, and possibly geo-thermal, and most importantly, correct siting of the new building. We would also recommend that all lighting fixtures be LED and dual flush low flow toilets and tap aerators be used. This is a smart investment and will be a clear example of what can happen with good planning.

6) Architecturally the new health centre should draw on the local region for the design theme. There should be a significant usage of natural materials and colour on the new building. This should include the use of cedar, which the community has access to, river rock from the region, water, natural plantings, and glass to create an interior/ exterior connection. The exterior colours should be strong hues that draw life from the region, the mountains to the west, the lakes to the east, and the local rivers and grasslands.

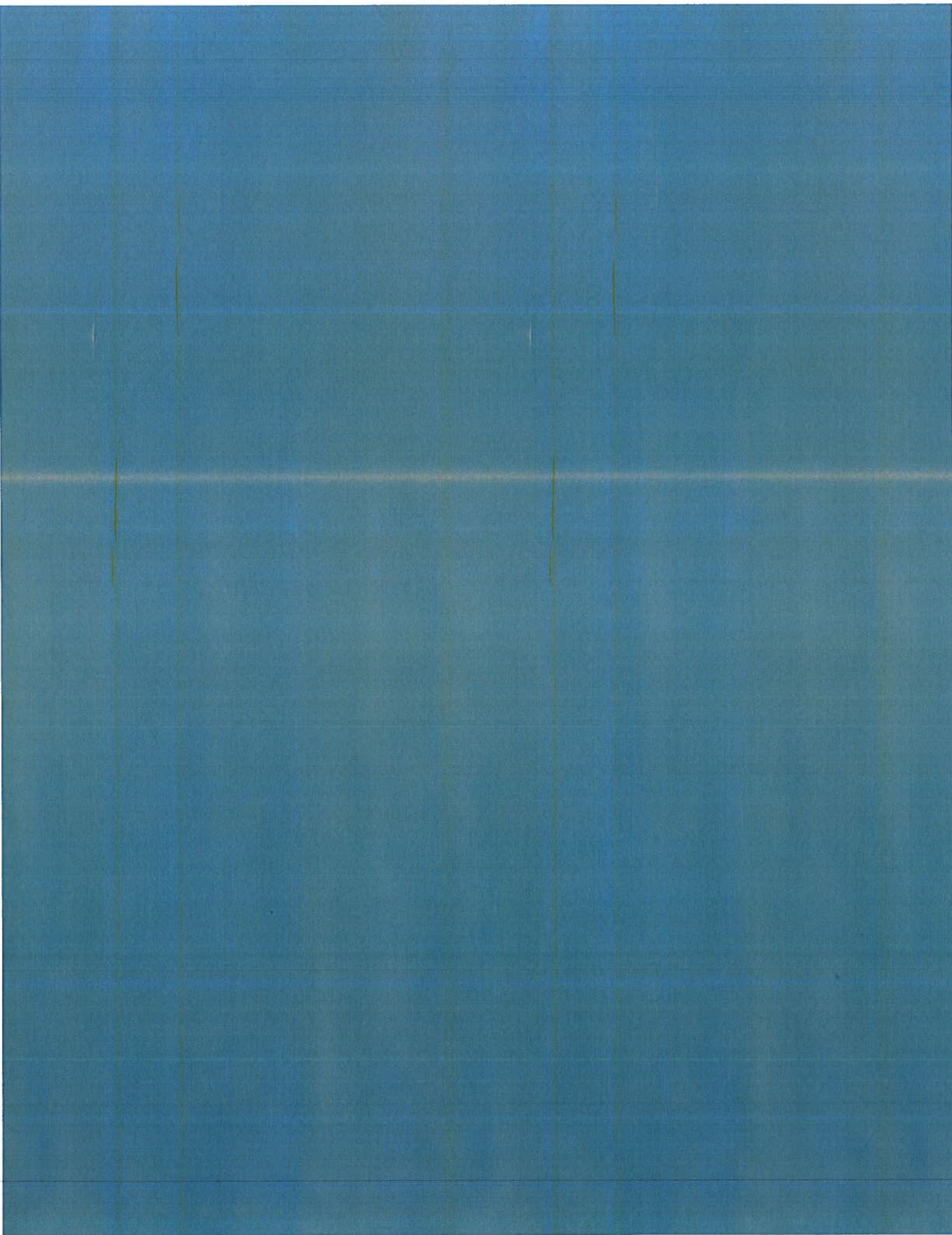
7) The facility should be designed to be flexible and to grow with ?Akisqnuq. It must be adaptable to changing health and wellness treatments. Even though the community does not currently have high speed internet in the existing Health Centre, a telehealth room should be provided to accommodate high speed internet and remote appointments with doctors and

specialists. Sight lines in the building must be a key design consideration to ensure that privacy is maintained. The main entry lobby will have a dual purpose: first to serve as a community hub for residents; and secondly, to act as a transition space for the residents requiring health services.

8) The next step upon approval from FNHA would be to engage with a forward-thinking design team that is able to work with the community to develop a plan for a new Health/Wellness facility that is truly designed for ?Akisqnuq. It should reflect the history, culture, and proud heritage of the people who call ?Akisqnuq home.

Additional Design Requirements

Further investigation will need to be completed on the proposed site in order to confirm geotechnical, environmental, and hazardous materials information, as well as utility services and topography to ensure the suitability of the site. We will also need to review setbacks, density, lot coverage, and building area requirements. Environmentally sustainable elements should be incorporated into the building as much as possible, including such options as wind energy, photo-voltaic solar, use of day-lighting, increased insulation levels, and water conservation measures. These elements will be beneficial in terms of comfort, building systems efficiency, energy usage, and economics. Other design factors that should be investigated include building orientation, incorporating existing vegetation, drainage patterns, and creating usable exterior spaces.



APPENDIX A- Dental Program Executive Summary

Overview -

Through statistical analysis of aged reports and in conversation with community about both community wellness and community needs, a dental program has been identified as necessary to the overall wholistic wellness of the community. The community has been expending resources both internally and externally to create, design and implement necessary health programs to ensure the continuance of excellence in member services.

The Problem

- Currently, we are serving an aging population who has a background in trauma creating fear of leaving the community for dental supports. Further to that, the supports required need to see these services through a trauma informed lens and provide supports in a surrounding that is familiar and run and operated by those they trust.
- The target audience for enhanced dental supports will be for those in their late 50's onward – due to this age range being particularly affected by residential schools and the 60's scoop which result in fear of institutional supports. Although this would be the larger targeted audience, a dental program will be helpful to pre-school and school aged children to build an understanding of the importance of oral hygiene and the overall affects this has on overall wellness.
- Currently, for the community to access dental supports they must drive to either Cranbrook, Invermere, Golden or surrounding area. With the current cost of gasoline and the poverty that exists in the community, these supports are difficult to access. We are in talks right now with area dentists and hygienists that would be willing to come out and provide routinely scheduled clinics that include cleaning, education around good dental care such as brushing and flossing, referrals to dental specialists for dentures, gum diseases, etc. and cursory evaluations in order to refer onward when necessary.

The Solution

- Providing the Community with ongoing dental hygiene support to identify dental concerns early and proactively create a treatment plan
- Create a dental plan that includes treatment being available in the community without travel
- Create follow up plans to ensure that the work is completed and scheduled in routinely
- Create plans for those who may need surgical intervention
- Create and educational program with respect to dental hygiene

Keys to Success

- Dentist and hygienist on board to utilize the space
- Equipment and materials to do the job according to dentistry scope of practice
- 3 months – hygiene and checkups 6 month – dental work completed 1 year – annual checkups being scheduled
- Dental plans for members
- Liaising for supports needed off reserve

Financial Highlights

- Needing to have space, chair, equipment, sterilization space, etc. for dental area
- Ensure warranty available on equipment to have cost effective sustainability
- Overall reduction in critical infections and expensive dental work such as bridges, root canals or dentures later on



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