CATALYST
RESEARCH GROUP

HEARING FROM FIRST NATIONS IN BC

FNHA AND BC TRIPARTITE FRAMEWORK AGREEMENT EVALUATIONS

What We Heard Report,
Vancouver Island Region, June 2024

1. INTRODUCTION

PURPOSE OF THIS REPORT

This report summarizes input received during the Vancouver Island community engagement sessions held May 30th, 2024 (10:00 am -12:00 pm), and June 4th, 2024 (1:30 pm – 3:30 pm). A total of 20 Chiefs, Health Directors, and Health Leads participated in the two sessions. See Appendix A for the list of communities that participated. The list reflects all communities that were present for any portion of the sessions.

During the sessions, the following issues were discussed:

- Improvements in programs and services over the past five years and the impact of these improvements on health outcomes
- Constraining factors and challenges related to the delivery of community health services
- Recommendations for improvement

This report is intended to provide an opportunity for validation from participating Chiefs, Health Directors, and Health Leads, serve as a reference for those unable to attend, and outline additional opportunities to provide input.

CONTEXT

The two evaluations are a mandatory requirement under the British Columbia Tripartite Framework Agreement on First Nations Health Governance (Tripartite Framework Agreement). The scope of the evaluations also reflects the strategic priority areas identified by First Nations and Health Governance Partners.

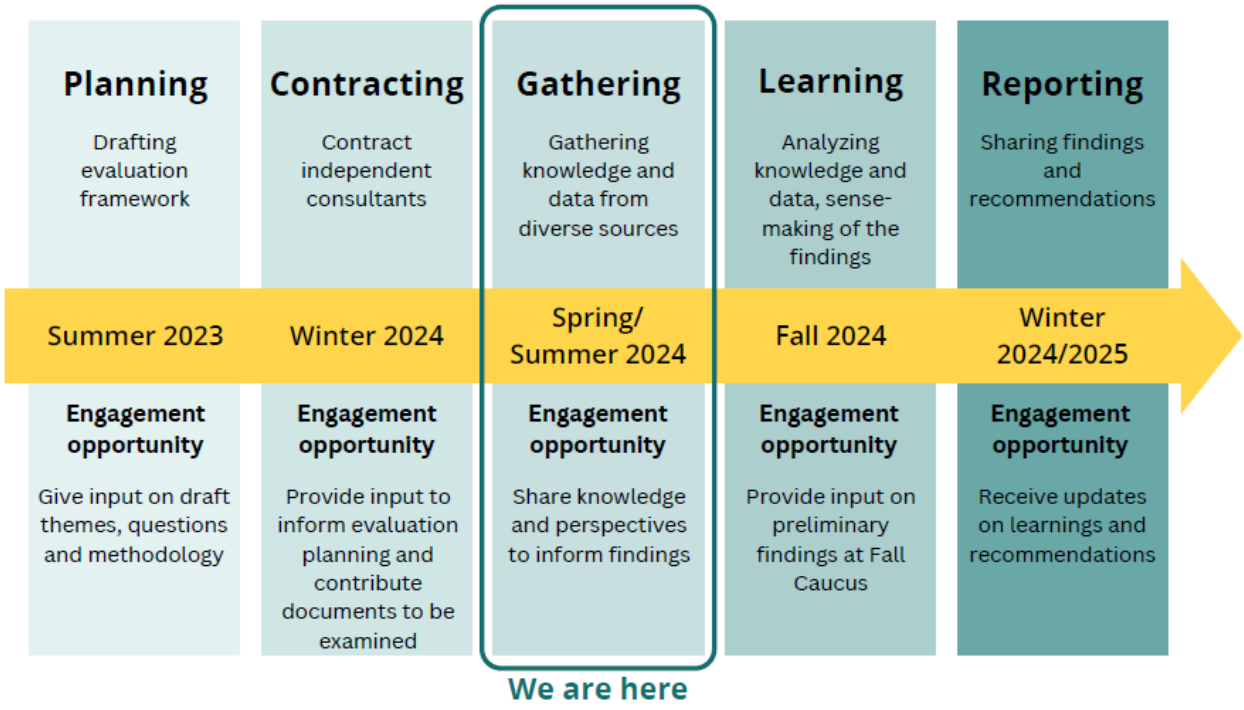
- **Evaluation of the BC Tripartite Framework Agreement (BC TFA).** The BC TFA Evaluation tells the story of the Health Governance Partnership's progress over the past five years. It aims to support the Partners in their decision-making, continuous learning, and improvement to serve First Nations in BC.

- **Evaluation of the First Nations Health Authority (FNHA).** The FNHA evaluation tells the story of the FNHA's progress against its mission, goals, and strategies over the past five years, including aligning its health programs with First Nations perspectives and ways of knowing and being. It is intended to provide timely information to support results-based decision making and continuous learning and improvements at the FNHA, as well as support partner efforts in learning, growing, and maturing their relationship to advance shared goals.

Since the two evaluations address interrelated issues and engage with many of the same people and organizations, an integrated evaluation approach was developed to reduce the burden on the communities and organizations. Evaluation planning started in the summer of 2023 with a review of engagements and priorities identified over the previous two years, and by obtaining input on the

draft frameworks from First Nations Chiefs, Health Directors, Health Leads, First Nations Health Council (FNHC), First Nations Health Directors Association (FNHDA), Canada, the province, and regional health authorities.

Evaluations Timeline



OPPORTUNITIES TO PARTICIPATE IN THE EVALUATIONS

Feedback from community leaders is a critical line of evidence to inform both evaluations. We invite you to remain engaged in the evaluation by visiting the webpage below for updates and additional engagement opportunities. At this time, you are welcome to provide additional input through the online survey or a 1:1 phone or video conversation. Preliminary findings will be shared back for information and validation in fall 2024. Additional opportunities to gather input from community members will be made available during summer 2024.

Online survey via the evaluation website

SCAN ME

www.Qatalyst.ca/FNHAevaluations

Schedule a personalized engagement

evaluation@fnha.ca

SUMMARY OF WHAT WE HEARD

FNHA-FUNDED AND DELIVERED PROGRAMS AND SERVICES

Integration of Traditional and Cultural Healing and Wellness Practices

- Increased for community land-based healing initiatives has reflected a positive shift towards recognizing the importance of traditional and cultural healing approaches. Funding made available through wellness grants, the Land-Based Healing Initiative and other flexible funding initiatives has allowed communities to offer more traditional healing as part of health services.
- Despite progress, more work is needed to reduce barriers for implementing traditional and cultural health and wellness initiatives.
    - First Nations communities should be more closely involved in developing the funding and implementation pathways for traditional health programs.
    - There is a need for the Land-Based Healing Fund to become part of core funding, rather than a short-term, proposal-based grant and contribution agreement funding stream, which mirrors colonial institutions and practices. Traditional healing, foods, and medicine should have a specific funding category within core FNHA funding, similar to mental health, child development, or other programming categories, to ensure they are adequately supported and integrated into health services.
    - Traditional healing should be viewed as an essential service, like primary care or home care.

Funding Agreements and Funder-Provider Relationship

- Communities noted improvements in their funding agreements with the FNHA, leading to positive impacts on members:
    - One community reported enhanced flexibility and self-determination for funding allocation from their flow-through agreement between the FNHA and the Tribal Council.
    - Another community described how capital funding was essential in supporting construction of a new medical centre where doctors and nurses have space to provide physical and mental health supports. The new centre was reported to have made a huge difference to community members.
- Concerns were raised that FNHA's model of allocating funding to regions based on population is inequitable, as it often leads to smaller and more remote communities receiving resources that do not sufficiently account for the unique challenges faced by remote communities.
- While funding flexibility is appreciated, communities request more information and support on FNHA funding guidelines, including increased information and communication from FNHA staff on the funding process, requirements and eligibility criteria, reporting and

accountability processes and requirements, and examples of potential funding use to support planning and implementation. Some participants expressed difficulties understanding funding categories for different programs and what the baseline standards of care are per program to be eligible for funding.

- Some participants noted a lack of understanding of the governance structure, and FNHA's roles and responsibilities. An example of where there has been confusion and frustration about how and who is responsible includes who supports patient travel/transportation for after-hours discharge.
- Need for more human resource funding to hire mental health and wellness staff. There has been a significant increase in the need for mental health and wellness services in communities due to the toxic drug crisis, historical trauma, colonization, and a shift from traditional ways of healing to pharmaceutical methods.

FNHA's Relationships and Engagement with Communities

- There is a need for the FNHA to facilitate increased learning and knowledge exchange between Nations and communities on innovative and best practices for programs and services.
- The FNHA and communities would benefit from a greater understanding of how funding allocation and distribution improves community health outcomes and social determinants of health outcomes.

Health Emergency Management and Support

- The FNHA emergency response to COVID-19 was positive. There was good communication and information sharing which kept communities informed and the FNHA provided rapid responses during a challenging time. This approach should serve as an example of how to respond to other emergencies.

BC TRIPARTITE FRAMEWORK AGREEMENT

Human Resources

- High turnover among health professionals impedes continuity and quality of care and frequent staff changes have undermined trust and the effectiveness of health programs in-community. Recruitment and retention challenges are amplified in remote or geographically isolated areas, where logistical issues such as transportation and housing further complicate recruitment efforts.
- There is a need for a more comprehensive strategy to support recruitment and training of Indigenous health professionals, with a particular focus on First Nations youth from community.

    - To improve cultural safety and humility, there needs to be an increased emphasis on hiring from within the community, or recruiting Indigenous people for key healthcare positions.
    - Challenges inspiring the younger generation to pursue health careers, due in part to the lack of visible role models and mentors within their communities, could be addressed through greater support for outreach programs in schools, community workshops for aspiring health professionals, and mentorship programs that connect youth with experienced health professionals who can provide guidance, support, and inspiration.
    - Higher participation and completion rates for First Nations youth in health profession training programs could be supported by closer partnerships and funding to participate in training programs offered by independent organizations, such as the Centre for Indigenous Health Leadership.
- There is need for a clear roadmap for community members to become health directors and administrators. Health Directors often step into complex roles without sufficient knowledge or training, and often face difficulties navigating the FNHA system, its structure, and who to contact for various issues.
    - Need for additional FNHDA support for community capacity-building in areas such as health management and administration.
- Traditional knowledge and practices should be incorporated into training programs for health professions. Engaging Elders and community leaders in these education programs can enhance their relevance and effectiveness.

Cultural Humility and Safety

- There is a need for more training and ongoing efforts to implement cultural humility and safety in the Interior Health Authority and other provincial health services. Participants shared examples of racism and challenges with accountability and achieving a satisfactory resolution.
- There is a need more accountability about the resolutions of complaints about situations that lack cultural humility and safety.

Emergency Response

- There is a need for more effective communication and coordination from FNHA and partners to communities during emergencies, particularly during the fire season.
- The toxic drug crisis has not received the urgency it requires from all health partners. There are ongoing challenges with access to clinical counsellors and sustainable year-round programs for youth to connect with land-based and traditional activities (not just seasonal programs).

Partner Mandates, Roles and Responsibilities

- The regional partnership accords model has been beneficial. There is a suggestion to further evaluate the partnerships accords through a lens that considers the goals of the Truth and Reconciliation Commission of Canada and the United Nations Declaration of the Rights of Indigenous People, including the commitment to improve the health status of BC First Nations to the level of the average British Columbian.

Access to Health Services

- Some improvements have been made to increase access to health services, including improved access to doctors in some communities and access to virtual health services.
- Remote communities highlighted challenges they face in accessing timely access to primary care (e.g., doctors) and health emergency services.
    - Communities on islands with no ferry access or those accessible only by old logging roads are particularly challenged in accessing ambulatory or other emergency services. Some improvements have been made in this respect, with one community reporting having access to a regular helicopter coming to the island biweekly with doctors, nurses, and healthcare workers.

APPENDIX A – FOCUS GROUP METHODOLOGY

This engagement session was conducted virtually over Zoom. The engagement was facilitated by the Qatalyst Research Group consultants.

Nations and Families or Organizations Represented

Nuu-chuh-nulth	**Kwakwaka'wakw**
Ahousaht	Da'naxda'xw
Ehattseaht	Ditidaht
Hupacasath	Kwikwasut'inuxw Haxwa'mis
Tseshat	Mamalilikulla
	Quatsino
	We Wai Kai
Coast Salish	
Beecher Bay (Scia'new)	
Cowichan	
Esquimalt	
Klahoose	
Songhees	
Snuneymuxw	
Qaulicum	