

2020 Evaluation of the First Nations Health Authority

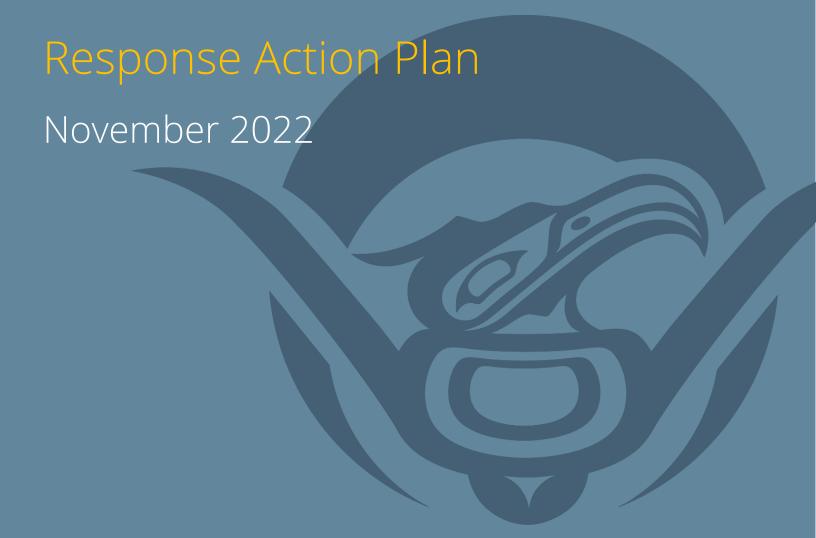


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Preamble

The Evaluation of the First Nations Health Authority (FNHA) was completed by external consultants in January 2020 and released at Gathering Wisdom for a Shared Journey X. The FNHA Evaluation meets mandatory requirements under the Tripartite Framework Agreement and the Canada Funding Agreement for an evaluation to be undertaken every five years. It tells the story of change from the creation of the FNHA and the progress made by the FNHA against its mandate and strategic goals and includes four recommendations.

Evaluation findings and recommendations informed FNHA's continuous quality improvement and planning since 2020, and were an integral source in the development of the FNHA's new Multi-Year Health Plan (MYHP) (Paddling Together: First Nations Health Authority Health and Wellness Plan).

Development of an evaluation response action plan was delayed due to public health emergency pressures. The FNHA offered various on-demand engagement opportunities through 2021/2022 to First Nations in British Columbia (BC) to gather input to guide this response plan development. The proposed actions were also informed by engagement feedback on the Evaluation of the BC Tripartite Framework Agreement on First Nation Health Governance and the MYHP in 2021/2022. The draft actions were built considering the context of the United Nations Declaration on the Rights of Indigenous People (UNDRIP) and the Truth and Reconciliation Commission Calls to Action on Health.

Given the time lapse between publication and this response, our plan includes both updates of progress made on Evaluation recommendations since January 2020 and forward-looking commitments to further advance progress in 2022 and 2023. Progress made against our response actions will be included in the FNHA's reporting cycle. Alignment with our FNHA plan is highlighted throughout to show how knowledge and direction gathered from First Nations in BC was incorporated in our plan. For more details on FNHA's progress in 2019/2020 and 2020/21, we encourage readers to review our annual reports.

A follow-up evaluation of the FNHA is being planned for 2024 which will gather additional learning for our organization. We look forward to continued partnership to advancing health system transformation for First Nations in BC and our shared vision of *Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities*.

Recommendations and Response Actions

RECOMMENDATION 1: MAINTAIN A STRONG, STRATEGIC FOCUS ON TRANSFORMING THE HEALTHCARE SYSTEM.

The mission of the FNHA is to transform the health system for BC First Nations, not to simply just deliver mandated programs and services. Significant, systemic change is needed to address the consequences of historical and ongoing colonialism and to improve health and wellness for BC First Nations. Achieving that systemic change requires:

a) A clear strategic vision regarding the future healthcare system for BC First Nations and the role of the FNHA in creating that system.

Progress highlights since January 2020:

- Continued to uphold and advance our Shared Vision *Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities,* given to us by BC First Nations.
- Prioritized ongoing engagement with First Nations in BC, including targeted 2020 and 2021 engagements
 on the FNHA MYHP and capital plans. The refreshed FNHA MYHP sets the strategic direction for the next
 five years.

Response Actions

- 1.1 Continue to uphold and advance our Shared Vision and FNHA MYHP.
- 1.2 Continue engagement with First Nations in BC upholding the 7 Directives and honouring regional engagement and governance approaches. Prioritize engagement topics reflecting community, Nation and regional priorities.
- 1.3 Use engagement to inform continuous quality improvement, FNHA plans and priorities.
- 1.4 Continue to advance systemic health system transformation with partners including through regional tables. As per FNHA MYHP, Goal 1: Drive transformation through the BC First Nations Health Governance Structure and partnerships.
- 1.5 Continue to advance embedding First Nations perspectives and priorities in partner planning.
- b) The organizational capacity, including a cohesive leadership team and Board of Directors, needed to support the development and implementation of that strategy. As part of this step, it may be useful to conduct a review of the governance structure to assess the role of the Board and determine how it can best lead and support an organizational mandate focused on system transformation.

- Welcomed five new FNHA Board members.
- Strengthened the FNHA Executive Strategy Team, adding five Vice Presidents, Regional Operations, aligning regional and provincial leadership at one table.

- Created a Vice President, Public Health Response, also a member of Executive Strategy Team.
- Established a transforming operations leadership team.
- Ongoing support for post-secondary training and supported five Indigenous FNHA executives to participate in Public Health Services Agency's Transforming LINX, a program for senior healthcare leaders.

- 1.6 As per the FNHA MYHP Strategy 1.2: Operate through excellence, strengthening regional decision-making and bringing services closer to home. This includes continuing work to establish an effective and regionally responsive operating model for the FNHA.
- 1.7 Advance the <u>2019 FNHA Board Evaluation</u> recommendation implementation and plan for the next Board Evaluation examining the performance of directors and effectiveness of FNHA's governance practices.
- 1.8 Implement workforce planning, and succession planning for directors and above.
- c) Continuing strong governance partnership with provincial and federal partners, grounded in the perspectives of BC First Nations. As the partners play key roles in delivering health care programs and services, securing their support and participation will be critical to improving health and wellness outcomes for First Nations in BC.

Progress highlights since January 2020:

- Renewed the <u>Fraser Partnership Accord</u> in January 2020 and the Vancouver Island Partnership Accord in 2022, with partners.
- Facilitated provincial/federal government discussions at the fall 2021 and spring 2022 Caucus (legislation, anti-Indigenous racism, health emergency management).
- Advanced priority cultural safety and anti-racism work with partners:
 - Ongoing FNHA work to implement jointly developed FNHA, First Nations Health Council (FNHC), First Nations Health Directors Association (FNHDA) <u>Anti-Racism, Cultural Safety and Humility Framework</u> and <u>Action Plan</u>.
 - o Released the BC Cultural Safety and Humility Standard, together with Health Standards Organization.
 - o Co-chairing the follow-up task team to the <u>In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care</u> report.
 - Launched a compliments and complaints process enabling First Nations to provide feedback based on healthcare experiences system wide and advancing FNHA region-specific approaches.
- Continued partnerships with Ministries of Health (MoH) and Mental Health and Addictions (MMHA),
 Indigenous Services Canada, regional health authorities, the Tripartite Committee on First Nations Health
 and other system partners through formal agreements to advance service improvements for First Nations
 in BC. Recent examples: coordinated COVID-19 pandemic, toxic drug supply emergency, wildfire and
 flooding responses and collaboration on the <u>Rural, Remote and Indigenous COVID-19 Response Framework</u>.

- 1.9 As per FNHA MYHP Strategy 1.3: Champion health and wellness with partners to advance social determinants of health.
- 1.10Continue strengthening Tripartite Partners relationships, including clear understanding of roles and responsibilities, and as per FNHA MYHP, progress work with health system partners in implementing Tripartite Evaluation recommendations.

- 1.11Continue strengthening bilateral partnerships with MoH and MMHA, health authorities and other system partners.
- 1.12As per FNHA MYHP, develop an FNHA wellness agenda to educate and strengthen awareness of the First Nations Perspective on Health and Wellness.
- 1.13Continue to advance the *First Nations Population Health and Wellness Agenda* and the FNHA Chief Medical Officer/BC Provincial Health Officer partnership.
- d) Organizational unity and the ability to serve as a common voice representing BC First Nations, including through ongoing engagement and involvement of the FNHC and FNHDA supported by clear roles and responsibilities and working protocols.

Progress highlights since January 2020:

- Continued joint FNHA, FNHDA and FNHC planning sessions.
- Developed joint FNHA, FNHDA, FNHC Anti-Racism, Cultural Safety and Humility Framework and Action Plan.
- Facilitated ongoing joint FNHA, FNHDA, FNHC town halls with Chiefs and leaders on key topics.
- Issued joint FNHA, FNHDA, FNHC statements on one-year anniversary of Tk'emlúps te Secwépemc findings and Preliminary Findings from the Investigation of Former St. Joseph's Mission Residential School.
- Enhanced and developed new engagement opportunities (e.g., Caucus, town halls, topic specific events, Elder and youth gatherings, etc.), surveys (e.g., Health Attitudes Survey, Health Benefits Client Surveys, and Regional Health Survey, etc.), and through the FNHA website and social media. Undertook more than 144 engagements on COVID-19, healing, toxic drug supply, wildfires, planning and programs and service transformation.

Response Actions

- 1.14As per FNHA MYHP, Strategy 1.1: Collaborate with the FNHC and the FNHDA to advance our shared vision and strengthen BC First Nations health governance and partnerships, including upholding Directive 6 and considering the United Nations Declaration on the Right of Indigenous Peoples (UNDRIP) in our work.
- 1.15Continue joint partnerships with FNHC and FNHDA, upholding the 2018 Relationship Agreement, associated protocols, ongoing joint planning and engagement, considering regional tables and priorities. Continue to use regional engagement pathways and approaches to guide FNHA work based on engagement from First Nations in BC.
- 1.16Advance sharing First Nations perspectives and engagement feedback across and with partners, where appropriate and when privacy limitations allow.
- e) Continued research, data analysis and policy development that support evidence-based decision-making and strategic planning by the FNHA and its health system partners.

- Used First Nations health and wellness data to inform planning and priority-setting.
- Ongoing FNHA Chief Medical Officer/BC Provincial Health Officer shared reporting, including joint launch of <u>First Nations Population Health and Wellness Agenda</u> and <u>Sacred and Strong Upholding Our Matriarchal</u> Roles: The Health and Wellness Journeys of First Nations Women and Girls Living in BC.

- Collaborated with provincial partners on First Nations health and wellness data, including, perinatal registry, opioid overdose, COVID-19 and cancer data surveillance (including human papillomavirus infection or HPV), guided by OCAP® principles.
- Created a new FNHA University of British Columbia Chair in Cancer and Wellness.
- Signed an information-sharing agreement with BC to create data linkage for accessing First Nations COVID-19 testing data, allowing early action.
- Continued work on <u>Anti-Racism, Cultural Safety and Humility Action Plan</u> to collect, analyze and release First Nations data in a culturally safe manner.
- Provided significant data to the Investigation team for the *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Healthcare* report.
- Continued to advance First Nations-driven health information and data work responsive to local priorities.
- Continued work on challenges related to electronic medical records and clinical information sharing with regional health authorities and BC.
- Extended the <u>Tripartite Data Quality and Sharing Agreement</u> until April 2023 (to be revised and renamed as bilateral initiative).

- 1.17As per FNHA MYHP, Strategy 5.2: Advance First Nations data governace principles, health research partnerships and evidence-based data. This includes continuing to develop health research partnerships and undertake research in areas of priority for First Nations in BC.
- 1.18As per FNHA MYHP, Strategy 5.2: Advance First Nations data governace principles, health research partnerships and evidence-based data. Continue to advance the use of evidence-based data to inform policy, planning and continuous quality improvement of FNHA programs and services. This includes reviewing community and regional health and wellness plans, reports and evaluations; Joint Access Agreement on the First Nations Client File advancements; surveillance and data; and evaluations aligned with strategic informational needs.
- 1.19Continue to implement First Nations population and public health agenda with partners.
- 1.20Support knowledge translation and exchange and data access for First Nations including surveillance, stewardship and sharing of available data.

RECOMMENDATION 2: FOCUS ON DEVELOPING AN OPERATING MODEL THAT CAN FUNCTION EFFECTIVELY AT THE PROVINCIAL, REGIONAL AND COMMUNITY LEVELS.

There is a need for the FNHA to establish an operational model that will function effectively at provincial, regional and community levels while maintaining the sustainability of the organization. Some of the key elements to consider include:

a) Review existing operations and functions and engage with members of key staff within the FNHA (and health governance partners such as the FNHDA and FNHC) to determine which organizational structures, functions and activities are best implemented regionally and which centrally. As part of the process, identify advantages and disadvantages (including potential risks and challenges) of different models of operation and determine feasibility and sustainability of transferring certain functions or programs to the regions.

Progress highlights since January 2020:

- Continued organizational development focus, design review and structure evolution.
- Regionalization evolution continues and is one way the FNHA upholds our commitment to the 7 Directives and direction provided by the 2012 Consensus Paper.
- Created five new Vice Presidents, Regional Operations to bring decision-making authority closer to home.
- Discussed regionalization at joint FNHA, FNHDA, FNHC planning sessions in summer 2022.
- Progressed regionalizing nursing operations, including transitioned nursing operations to Northern and Vancouver Coastal regions in July 2022.
- Executive team continued to develop phased approach and models, considering associated advantages, disadvantages, sustainability and risks.

Response Actions

- 2.1 As per FNHA MYHP Strategy 1.2: Operate through excellence, strengthening regional decision-making and bringing services closer to home. This includes: 1) continued work to establish an effective and regionally responsive operating model for the FNHA and 2) strengthening FNHA policies, programs and services in ways that uphold First Nations perspectives of health and wellness.
- b) Given that growth in program and services generally requires proportionate increases in corporate services and enabling functions, determine the structure and size of the corporate services that needs to be maintained to support the operating model. As part of this step, develop metrics (e.g., timeliness of response, staff satisfaction, etc.) to regularly measure and monitor the quality of corporate services and function and alignment with operations.

Progress highlights since January 2020:

- Facilitated operating models for corporate-lite transitions to regions such as Human Resources, Finance, Funding Arrangements, Communications and Information Management/Information Technology in 2020/2021.
- Quarterly Health Benefits review cycle to address client satisfaction, service standards, access and expenditures.
- IM/IT ongoing metrics monitoring and operational alignment program across Knowledge Management, Productivity, Enterprise Applications, Project Management, Technology and Consulting Services with quarterly reporting.
- Human Resources studying capacity requirements for new initiatives and implementing service levels for timely response times.
- Finance and Corporate Services reviewing procurement and contracting and accounting metrics to assess compliance with service standards and policy requirements.

- 2.2 Undertake a phased review of FNHA corporate services, examining key lessons, metrics and best practices from other organizations.
- 2.3 Ongoing tracking of quality and timeliness of corporate services functions and operations alignment.

c) Conduct a comprehensive review of the regionalization activities undertaken in Phase I and study the experience of similar organizations (e.g., provincial health authorities) to identify best practices in structuring and delivering effective services. Identify some of the key lessons and best practices that can be adapted to operations of the FNHA.

Progress highlights since January 2020:

- Conducted a current state organization review with support of an external consultant.
- Implemented organizational changes to align team functions for public health response, emergency management, and quality and cultural safety and humility.
- Developed a project plan to support continued regionalization efforts.
- Used phase one lessons learned to inform further regionalization, such as nursing.

Response Actions

- 2.4 Continue to implement the project plan to support ongoing regionalization.
- 2.5 Develop a roadmap for maturing organizational capacity to enhance service delivery over time.
- d) Develop a multi-phased plan to regionalize FNHA activities and strengthen regional capabilities while maintaining strength of other areas of organizational capacity.

Progress highlights since January 2020:

- Continued to move services closer to home through ongoing phased regionalization, including corporatelite structures. Elements of nursing, health benefits, health emergency management, environmental public health, mental health and wellness, respecting tobacco and Aboriginal Head Start On-Reserve programs and staff region led. Nursing operations in Northern and Vancouver Coastal regions transferred to regional reporting model in July 2022.
- New Vice President, Regional Operations roles with expanded portfolio scope.
- Human resource, communications generalists and financial consultants being hired in regions.

Response Actions

- 2.6 Continue transferring nursing operations to a regional model.
- 2.7 Continue to advance the FNHA regionalization strategy, including evaluation considerations.
- e) Ensure that the new operating model maintains organizational unity, shared values, culture and a common voice in representing First Nations in BC while also building on the advantages gained from being a strong, provincial entity (e.g., policy, data, intergovernmental, economies of scale, etc.).

- Continuing to uphold Shared Values given to us by First Nations.
- Refreshing operating principles to guide how we continue to work together as one organization for First Nations in BC.
- Utilizing cross-organizational committees to drive a common voice in our work.

- 2.8 Finalize cohesive organizational operating principles and a model that upholds our shared values and 7 Directives, supporting organizational efficiencies and economies of scale and considering regional structures and diversity.
- 2.9 As per FNHA MYHP, Strategy 1.2: Operate through excellence, strengthening regional decision-making and bringing services closer to home.
- 2.10 As per FNHA MYHP, Strategy 5.2: Advance First Nations data governance principles, health research partnerships and evidence-based data. This includes facilitating the development of First Nations-specific data and research for decision-making.
- 2.11 Establish a framework that links programs and services and business areas and reviews priorities against the operating model to develop a roadmap to the organization's capability and capacity to improve service delivery over time.

RECOMMENDATION 3: CONTINUE STRENGTHENING ORGANIZATIONAL CAPACITY AND EFFECTIVENESS OF PROGRAMS AND SERVICES.

The FNHA has developed strong capacity, organizational culture and systems to deliver effective programming. The effectiveness of FNHA operations and programs can further be strengthened by:

a) Reviewing and revising funding formulas to ensure funding is allocated based on need, and that improvements in programs and services can equally benefit all client groups.

Progress highlights since January 2020:

- Continued to support flexible funding models and funding agreement training through webinars and partnered training sessions.
- Continued review and transformation of funding arrangements.
- Finalized funding and accountability management framework.

Response Actions

- 3.1 Continue planning partner support to community health and wellness plan renewals as requested, including discussing funding flexibility to support plans.
- 3.2 Review FNHA funding formulas, upholding FNHA funding and accountability management framework funding principles that guide FNHA fiscal decision-making and direction setting.
- b) Identifying more strategic ways to address rising community and client expectations and demand for services. Some of the approaches to be considered include confirming the FNHA's identity in various program and service areas (e.g. funder, partner, and deliverer), leveraging resources and services from provincial and other partners, and focusing on areas of need where the FNHA can generate more substantial impacts.

- Supported 119 communities/health service organizations to refresh their health and wellness plans, and provided ongoing reporting supports.
- Leveraged various partner resources, including:

- As of November 2021, \$22 million allocated across 170 communities under the <u>Memorandum of Understanding: Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness to help improve the quality of local mental health and wellness services and meet community needs.
 </u>
- o Supporting the establishment of ten land based healing sites.
- o \$60 million in partnered investments to support First Nations treatment centres.
- o Supports for trauma and healing related to Residential Schools.
- Supporting the creation of 15 new First Nations Led Primary Care Centres.
- Launched virtual services in 2020 given access barriers highlighted by COVID-19:
 - o First Nations Virtual Doctor of the Day offers virtual physician visits 7 days a week.
 - o <u>First Nations Virtual Substance Use and Psychiatry Service</u> offers access to specialists in addictions, psychiatry and mental health and wellness, delivering wrap-around services and longitudinal care.
- Collaborated with partners on COVID-19 efforts, including reduction of testing barriers, implementation of
 point-of-care testing in some remote First Nations communities, creation of over 100 community liaison
 positions, provision of culturally-safe supports, COVID-19 vaccine rollout and support for community
 health emergency preparedness.

- 3.3 Consider FNHA's roles and responsibilities in program and service areas, such as Community Based Testing, Health Emergency Management, and Urban and Away-from-Home.
- 3.4 Collaborate with partners on accessing and leveraging sustainable funding for innovative program and service delivery models in support of First Nations priority areas and to meet rising needs.
- 3.5 Focus on significant need areas with high impact potential as per FNHA plans.
- c) Enhancing efforts to build a strong organizational culture based on BC First Nations traditions, improving internal communication and transparency and promoting shared organizational values to build mutual trust and a strong team environment.

Progress highlights since January 2020:

- Identified vendors for initial design of staff trauma-informed practice training in 2020/21.
- Completed the initial phase of the FNHA leadership succession planning in 2020/21.
- Hosted two FNHA All Staff Family Gatherings in 2020.
- Launched new performance partnership approach for director-level and above positions.
- Implemented monthly virtual staff Town Hall Gatherings, updating employees and offering a forum for questions with the executive team.
- Implemented two Pulse Check Surveys (2020 and 2021) to gauge response to COVID-19 and employee wellness and engagement.

- 3.6 Support continued knowledge development and opportunities for staff to learn and experience First Nations cultures and traditions.
- 3.7 Continue all staff sessions and orientation program.

d) Addressing some of the other program and service challenges identified by the evaluation, such as: strengthening efforts to serve First Nations clients living in urban areas and away from home; developing systems, guides and standard procedures to guide disengagements; finalizing emergency management processes and the FNHA's mandate in this area; improving recruitment and retention of nurses; developing a formal strategy for client and community engagement and improving practices on how engagement results are documented and shared within the organization; and supporting the development of resources, standards and certification to support the advancement of traditional wellness practices.

Progress highlights since January 2020:

- Developed the <u>Urban and Away-from-Home Health and Wellness Framework</u> (October 2020), setting high-level principles and directions to enhance health and wellness services for the urban and away-from-home population in BC.
- Advanced community reporting and evaluation transformation, supported communities and offering training webinars. Launched a pilot with 11 communities in 2022 with continued work on the reporting and evaluation toolkit.
- Documented a Disengagement pathway to support a consistent approach.
- Collaborated with provincial partners on the public health emergency response to the toxic drug supply.
- Mobilized resources, established a public emergency response structure and supported communities in response to the COVID-19 pandemic.
- Changes to medical transportation benefits, undertook engagement on health benefits coverage and medical transportation with a report released in May 2022.

- 3.8 As per FNHA MYHP, Strategy 2.3, transform FNHA programs and services in areas such as First Nations Health Benefits, health emergency management, and urban and away-from-home.
- 3.9 Implement a nursing workforce strategy to facilitate ongoing access to culturally safe and high-quality FNHA-delivered services and care.
- 3.10Support development of standards and certification to support advancement of traditional wellness practice.
- 3.11Continue to support disengagements as partner to First Nations communities and Health Service organizations through established disengagement protocols.

RECOMMENDATION 4: DEVELOP A COMPREHENSIVE PERFORMANCE MEASUREMENT AND EVALUATION STRATEGY TO GUIDE THE COLLECTION AND USAGE OF PERFORMANCE MEASUREMENT DATA.

a) The FNHA is collecting a range of data from different sources to measure effectiveness of operations and is participating extensively in work associated with the performance of the overall health system. However, the consistency of performance data would be improved by creating a comprehensive Performance Measurement and Evaluation Strategy that enables ongoing assessment and reporting on the FNHA's operations, programs and services. Because the FNHA is delivering a wide range of complex programs and services covering a large number of communities, evaluations and studies focused on specific programs would provide more indepth assessments of specific areas and would identify best practices.

Progress highlights since January 2020:

• Developed new performance measures and approach to tracking progress on the <u>MYHP</u> and a five-year schedule of evaluations.

- 4.1 Develop and implement a performance measurement, evaluation and reporting framework, tracking against MYHP and population health and wellness targets.
- 4.2 Develop and implement a Five-Year FNHA Evaluation Plan and monitor progress on evaluation recommendation response actions through the reporting cycle.
- 4.3 Advance community reporting and evaluation transformation and develop the associated toolkit.