QATALYST
RESEARCH GROUP

HEARING FROM FIRST NATIONS IN BC

FNHA AND BC TRIPARTITE FRAMEWORK AGREEMENT EVALUATIONS

What We Heard Report, Interior Region, June 2024

INTRODUCTION

PURPOSE OF THIS REPORT

This report summarizes input received during the Interior Region community engagement sessions held on June 18th, 2024 and June 20th, 2024. A total of 11 Chiefs, Health Directors and Health Leads participated in the two sessions. See Appendix A for the list of communities that were present. 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

The 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 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 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.

SUMMARY OF WHAT WE HEARD

FNHA-FUNDED AND DELIVERED PROGRAMS AND SERVICES

Mental Health and Wellness Programs and Services

- Increased funding directed at mental health and wellness programming (e.g., harm reduction, mental health grants, winter wellness funding, etc.) has been positive.
    - Mental health grant programs were described as streamlined and included an easy application and distribution process. Communities have used the grants, for example, to hire critical mental health staff and deliver services in-community (e.g., counselling, trauma circles, etc.).
- FNHA successfully increased members' access to mental health clinicians with the creation of the list of pre-approved counsellors and psychologists for FNHA direct billing.

Maternal and Child Health Programs and Services

- There is a need to examine the child and youth programming inherited at transfer and identify ways to modify programs and services to move from a colonial model of teaching to a more Indigenous early learning model customized to the Nations' or region's needs.
- There is a need for traditional wellness post-natal support for new mothers.
- Early years programming is not continuous across ages; there are programs from age zero to 18 months, and 3 to 5 years, but no programming between 18 months and 3 years of age.
- Early childhood programs suffer from staffing challenges. It is difficult to recruit and retain qualified staff, and administrative challenges create problems.

Other FNHA-Funded and Delivered Programs and Services

- With many environmental emergencies happening in the Interior region (e.g., wildfires and flooding), there is a need for the FNHA to be more pro-active in supporting climate emergency preparedness, and health and wellness service continuity during and after climate-related public health emergencies, including counselling and trauma support.
- Dental coverage and benefits have improved, and eligibility requirements are much clearer.
    - Community members have more flexibility in selecting a trusted dentist from a wider list of approved dentists, not just the local dentist. This is important because of trauma associated with experiences with dentists.
- There is a need for additional information and tools in-community to support lung health, as participants perceive there is an increase in community members experiencing lung challenges post-COVID19.

FNHA's Relationships and Engagement with Communities

- Regionalization has helped the FNHA remain aligned with Directive 1 to be a community-driven, Nation-based organization, and the transfer of resources to Interior Region has led to significant improvements for communities.

    - The FNHA Interior Region team and communities have strengthened relationships.
    - Programs and services are more customized to the Interior Region's needs.
- There is an opportunity to further support equitable access to FNHA-funded and delivered programs and services and supports across all communities, regardless of capacity.
    - Communities and Nations with the greatest capacity and who speak up most loudly can access FNHA grant and contribution funding streams and engage the FNHA Interior Region team to receive funding, services and supports.
    - Communities with lower capacity who may need help the most may be overlooked and excluded from funding, services and supports, as they do not submit funding proposals or reach out for support. Additional outreach and support may be required to ensure equitable access to FNHA-funded and delivered programs and services and support.
- There is an opportunity to enhance communities' understanding of the FNHA's role and responsibilities, communication and decision-making pathways.
    - Health directors and leads would benefit from clear documentation of the health decision-making pathways and communications on the rationale for decisions made.
    - Some communities in the region require educational resources outlining the FNHA's role and responsibilities, and services and supports available to Health Directors and leads.
    - There is a need for updated contact lists so communities can reach out to for guidance on funding requests, reporting and service complaints.
- There is an opportunity to improve FNHA's communication and engagement with communities.
    - Due to the size and bureaucracy of the organization, it takes the FNHA a long time to respond to community requests.
    - Community leadership requires greater advance notice of engagement opportunities (e.g., 1 month) including the engagement questionnaire sent in advance to support informed and meaningful engagement and participation.

FNHA Funding and Reporting Structures

- FNHA and community advocacy efforts have resulted in the creation of new funding sources and increased community funding during the most recent five-year health agreement. This helped communities enhance programming and offer increased wages to recruit qualified staff.
- There were noted improvements in funding arrangements (e.g., move towards more flexible models). FNHA's proposal-driven grant and contribution funding streams and their reporting requirements continue to present a challenge for communities lacking administrative capacity.

- Request for more FNHA-funded and delivered services that do not impact the communities' core funding amounts, as having FNHA paid employees come to community to deliver services can help fill human resource and community capacity gaps that wouldn't otherwise be filled by the community.
    - Some communities also highlighted the benefits of allocating resources from FNHA directly to communities.
- While medical transportation benefits have improved, Communities with capacity would prefer to receive increased funding to recruit community health staff to bring service delivery closer to home and avoid patient travel.

BC TRIPARTITE FRAMEWORK AGREEMENT

Health Human Resources

- Participants highlighted recent human health resource improvements:
    - Increased wages for nurses have been a critical improvement, and have improved communities' recruitment and retention efforts, but the issue is not fully resolved.
        - Many communities are now able to pay wages on par with union wages, which is vital for hiring and retaining qualified nurses.
        - The wage increase was the result of collaborative efforts from the FNHA, FNHDA and community leadership.
        - As FNHA and Interior Health nurses still receive better benefits than community nurses, communities remain at a disadvantage.
    - Often communities think outside of the box and find creative ways of attracting talent. They try to hire locals who are more likely to stay longer, provide transportation for those visiting outside and offer other in-community benefits.
- Communities advocate for more nurse practitioners to meet community health service needs.
    - One community explained how, using Joint Project Board funding, they hired and retained a nurse practitioner. This supported consistent culturally safe and responsive, wholistic care, positively impacting members' health and wellbeing. Rotating, part-time providers from outside of community are less effective due to less cultural awareness and inconsistency in care.
- There is a need for Tripartite Partners to address ongoing health human resource shortages:
    - Demand for mental health and wellness services and counsellors has increased substantially and communities struggle to recruit sufficient counsellors to meet growing demand.
    - There is a need to support communities in the creation of a designated health emergency management response position to reduce pressure on the health directors and support specialization, development of subject matter expertise and sufficient resourcing during an emergency.
    - There is a need for FNHDA to provide succession planning support for Health Directors.

Cultural Safety and Humility

- More work is needed to address anti-Indigenous racism within provincially delivered health and emergency response services.
    - Communities request the FNHA and FNHC work with the provincial emergency response authorities to ensure the provincial services are appropriate (e.g. culturally safe) for the community needs and priorities.
- More efforts should be made to recruit Interior Health Authority Aboriginal patient navigators or liaisons from local communities and provide sufficient training on community needs and priorities.

Services Delivery and Access

- Access to doctors in remote communities remains a challenge. Many can get services through the FNHA Virtual Doctor of the Day program but find it not as effective. Some community members must travel to other cities to see a family doctor or visit the emergency room.
- Access to ambulatory care remains a challenge for some communities. Long delays and navigation challenges on reserve are a significant risk for members in critical care.
- Quality care is impeded by insufficient information-sharing and communication between health service providers (especially specialists) and incompatible electronic medical records systems.
- Interior Health services have seen minimal improvements in responsiveness to community needs. For example, in one community, Interior Health representatives did not want to provide home care support to members because the community receives their own health funds directed at serving elderly people.
- There is a need for FNHA to advocate with health governance partners (FNHC and FNHDA) on behalf of communities to receiving more direct support.

Partner Mandates, Roles, and Responsibilities

- Health infrastructure investments are critical to enhancing the quality and accessibility of services in-community. One community explained how funding for a new community health centre was a critical improvement.
- There is a need for federal funding to support accessibility modifications for homes on reserve (e.g. ramps, railings) to enable Elders to age in place and remain in community.
- The lack of adequate and compatible electronic medical record systems is an ongoing challenge.
    - The MEDITECH Health Information System is accessible for community-based nurses, but they are not able to use it in full capacity (can only view but can not enter new information). Community nurses are not able to input medical records into the system used by the province. This can impact patient health as doctors are unable to see patients' complete records.

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

Nlaka'pamux Nation
Kanaka Bar
Skeesht Health Society
Heskw'en'Scutxe Health Services
Coldwater Indian Band

Secwépemc
Shuswap Band Interior
High Bar First Nation
Simpcw First Nation
Esk'etemc First Nation

St'át'imc
Xwísten (Bridge River Indian Band)

Syilx Okanagan Nation