

HEARING FROM FIRST NATIONS IN BC

FNHA AND BC TRIPARTITE
FRAMEWORK AGREEMENT
EVALUATIONS

**What We Heard Report,
Vancouver Coastal Region, June 2024**



1. INTRODUCTION

PURPOSE OF THIS REPORT

This report summarizes input received during the Vancouver Island community engagement sessions held June 11th, 2024 and June 13th, 2024. A total of 10 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.

SUMMARY OF WHAT WE HEARD

FNHA-FUNDED AND DELIVERED PROGRAMS AND SERVICES

FNHA-Funded and Delivered Programs and Services

- There has been greater focus on the incorporation of traditional and cultural health and wellness practices within FNHA-funded and delivered mental health and wellness programs. Examples of impactful activities supported through the funding include harvesting cedar bark, gathering traditional medicine, and creating art.
- It is important that FNHA-funded and delivered programs and service prioritize the health and wellness of children and youth, both for the benefit of the current generation and future generations. Efforts to improve the wellbeing of children and youth positively impacts the wellbeing of entire families.

FNHA Funding and Reporting Structures

- Regionalization of some funding, the transfer of some financial decision-making to regions and communities, and enhanced flexibility in funding allocation are positive developments. Further alignment of FNHA funding allocation strategies and delegation of financial decision-making authority to communities in support of self-determination is recommended to ensure funding translates into effective and culturally appropriate services tailored to community needs and priorities.
- There are opportunities to improve the relevance and effectiveness of existing funding streams to communities:
 - Current funding for traditional and cultural services is limited and based on special purpose grants and contributions rather than a dedicated part of community multi-year funding agreements. There is a need for increased dedicated funding for cultural and traditional practices, traditional foods and traditional medicines, which are vital for the communities' well-being.
 - The disproportionate impact of community remoteness on the cost of transportation, food and other supplies is not always considered or adequately factored into grant and contribution agreements for special purpose funded projects and initiatives.
 - There is a perceived wage inequity between community health staff and other provider health staff. A wage equity analysis is needed to ensure competitiveness and support community recruitment and retention efforts.
- There are opportunities to improve FNHA reporting requirements and processes to lessen the administrative burden on communities and ensure equal access to funding opportunities.
 - Proposal-driven grant and contribution agreement special purpose funding creates barriers to access for communities lacking administrative capacity to prepare and submit proposals.

- Current reporting requirements result in a significant administrative burden for communities. Suggestions to streamline and simplify the process and reduce the burden on communities include adopting standardized templates and aligning reporting across streams.
- FNHA should examine the potential to decolonize narrative reporting requirements to support more meaningful and streamlined processes that align with community values and reporting mechanisms.

FNHA's Relationships and Engagement with Communities

- There have been strengthened relationships with FNHA staff and increased FNHA efforts to support increased information and knowledge sharing with communities.
 - The FNHA has shown an increased focus on community-driven solutions.
 - Community engagement coordinators and regional staff offer communities helpful guidance and navigation to appropriate resources.
 - FNHA has supported in-community and provincial gatherings and learning opportunities, including facilitated knowledge sharing events between communities and conferences.
- Remote communities request more in-person communication and visits from FNHA staff to help ensure their perspectives and their unique challenges are heard and addressed.

Capacity Building and Training Needs

- Communities request additional training and support in the following areas:
 - Training and capacity building to support community health workers in the effective delivery of mental health and wellness services.
 - Additional FNHA or FNHDA support for Health Directors related to funding applications, proposal writing and project implementation. The lack of resources, combined with the complexity of managing multiple funding streams and the associated administrative tasks, detract from Health Directors' ability to focus on service delivery.
 - Additional onboarding and training on FNHA financial reporting requirements.

BC TRIPARTITE FRAMEWORK AGREEMENT

Access to Health Services and Integration

- Participants highlighted common barriers that remote communities experience in accessing health and wellness services. Opportunities for improvement include:
 - Increase access to timely emergency and specialized care to reduce cost and logistics of patient travel. Emergency referrals become delayed due to coordination with distant hospitals, as ambulance services are limited.

- Reduce the need for costly and inconvenient patient travel by investing in infrastructure and health service provision in remote communities, for example through investments in community-based testing and blood work.
- Improve coordination and establish service agreements between Vancouver Coastal Health and Vancouver Island Health for communities located between the two jurisdictions.
- Need access to ambulatory services.

Cultural Safety and Humility

- There are ongoing concerns about the mistreatment of First Nations people at emergency clinics, particularly for urban and away-from-home members.
- There is a need for more extensive onboarding on community traditions, protocols and history for Vancouver Coastal Health Authority nurses and other health practitioners serving First Nations communities to support stronger relationship-building with community members.
 - Healthcare providers often lack the cultural sensitivity required to effectively serve First Nations communities, leading to mistrust and underutilization of available services.
 - The cultural sensitivity courses that Vancouver Coastal Health medical and nursing staff take are important, but there is a need for a deeper understanding and more meaningful engagement about trauma, truth and reconciliation, and what it means to provide culturally sensitive services.

Tripartite Partner Roles and Responsibilities

- Frequent healthcare provider turnover in remote communities disrupts continuity of care and undermines establishing long-term, trust-based relationships between healthcare workers and community members. Tripartite Partners need to advance efforts to increase the supply of health providers and incentivize providers to work in rural and remote and First Nations communities.
- There is a need for greater federal investment in on-reserve housing to support recruitment and retention of nurses and other health service providers.

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

Central Coast Kitasoo Xai'Xais Nuxalk Wuikinuxv Southern Stl'atl'imx Lil'Wat N'Quatqua Skatin	South Coast Musqueam
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