

Urban and Away-From-Home Survey

2021 RESULTS REPORT



First Nations Health Authority
Health through wellness

The FNHA launched a survey to understand how First Nations people living in urban areas and away from home access health and wellness information. The results will help improve how we communicate and engage with our urban and away-from-home clients.



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Summary of Survey Results

In March 2021, the First Nations Health Authority (FNHA) launched a survey to understand how First Nations people living in urban areas and away from home access health and wellness information.

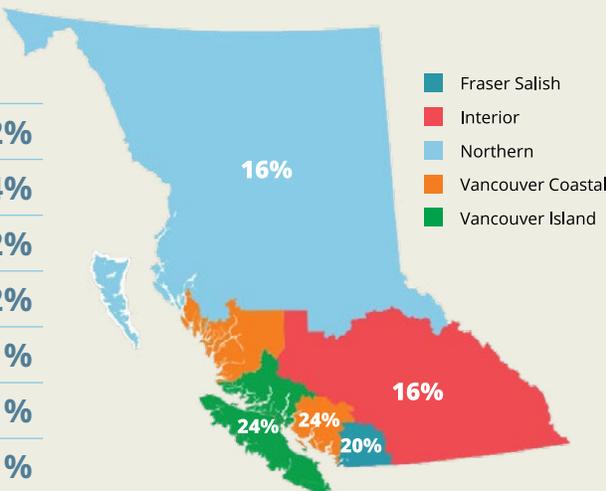
The results of the survey will inform the development of communications and engagement pathways with the urban and away-from-home population, setting the foundations for the FNHA to be a health and wellness partner to all First Nations people in BC, regardless of where they live or access their health services.

Who Completed the Survey?

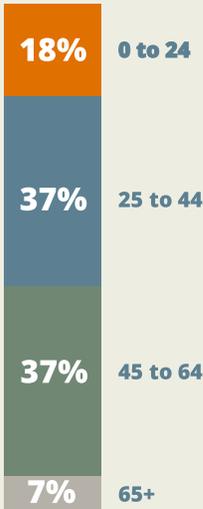
694 survey participants

Female	72%
Male	24%
Cisgender	2%
Two-Spirit	2%
Non-Binary	<1%
Transgender	<1%
Not sure / questioning	<1%

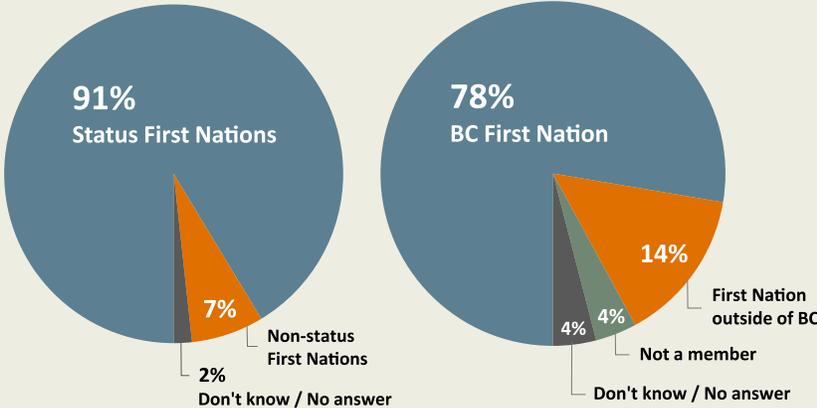
Region of Residence



Age



First Nations status and membership



Type of setting

Urban area or city	75%
Rural area	17%
Reserve away from home community	5%
Remote or isolated area	4%

Participant Views on Accessing Health and Wellness Information and Services

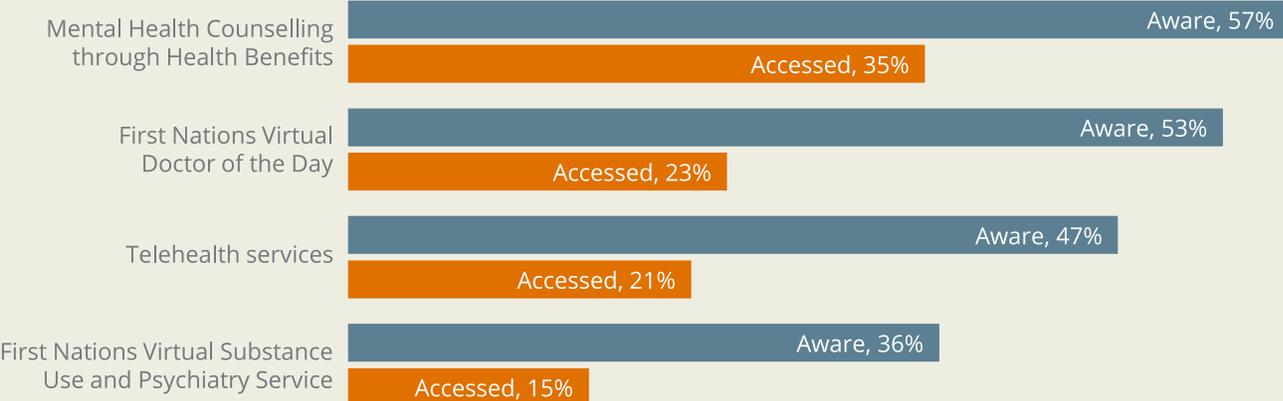
How often do you access programs and services delivered by the FNHA?

- 35% multiple times per year
- 40% once per year or less
- 19% never
- 6% don't know / no answer

How often do you read news or information shared by the FNHA?

- 39% at least once per week
- 43% once per month or less
- 11% never
- 6% don't know / no answer

Are you aware of the following FNHA virtual health services and have you ever accessed them? (% of total respondents)



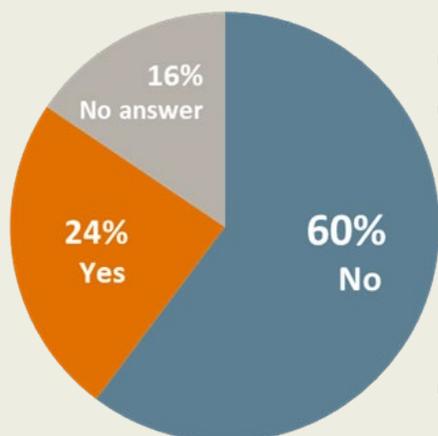
Top 7 sources of health and wellness information

- 1) Internet search (37%)
- 2) Family or friends (36%)
- 3) Primary care provider (35%)
- 4) FNHA (32%)
- 5) Social media (29%)
- 6) First Nations community (28%)
- 7) Regional health authority (25%)

Top 5 methods to receive health and wellness information

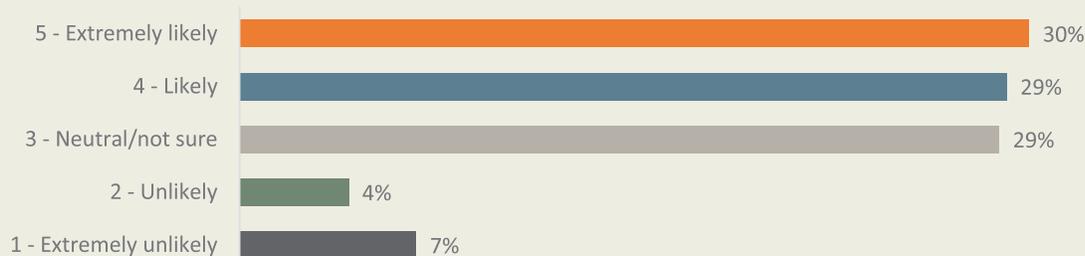
- 1) Websites (59%)
- 2) E-newsletters (59%)
- 3) Printed documents (35%)
- 4) Phone apps (31%)
- 5) One-on-one meetings (25%)

Are there Indigenous organizations that represent your health and wellness interests?



- **149 respondents** identified one or more organization(s).
- The following organizations were most frequently mentioned:
 - **FNHA** (32%)
 - **Friendship Centre** (21%)
 - **First Nations community or health centre** (19%)
 - **Stó:lō Nation or Stó:lō Service Agency** (8%)
 - **Lu'ma Medical Centre** (8%)
- An additional **35 organizations** were identified.

If services designed and delivered by First Nations were more widely and easily accessible to you, how likely would you be to access these services?



Top 10 ideas for communication and engagement

- 1) Continue or strengthen online communication (e.g., social media, e-newsletters, website, phone app)
- 2) Partner and share information with communities, organizations and health care providers
- 3) Host gatherings or events (virtual and in-person)
- 4) Provide more programs and services
- 5) Distribute printed materials
- 6) Share information specific to the urban and away-from-home population
- 7) Target specific populations (e.g., Elders, youth, women, 2SLGBTQ+)
- 8) Share information through phone calls or text messages
- 9) Expand regional communication and engagement
- 10) Develop pathway for urban and away-from-home representation

1. About the Urban and Away-from-Home Survey

On March 22, 2021, the First Nations Health Authority (FNHA) launched the Urban and Away-from-Home Survey to understand how First Nations people living in urban areas and away from home access health and wellness information.

The survey was open for four weeks to status and non-status First Nations people in BC who live in the following areas:

- an urban area or city;
- a rural, remote or isolated area that is not in a First Nations community or on a reserve; or
- a reserve that is away from their home community.

The purpose of the survey is to help the FNHA improve how we communicate and engage with our urban and away-from-home clients¹.



2. Context

The FNHA strives to be a health and wellness partner to all First Nations people in BC, regardless of where they live or access health services. Following two years of research, site visits and community dialogues, the FNHA launched the Urban and Away-from-Home Health and Wellness Framework in October 2020 [1]. The Framework outlines high-level principles and strategic directions to expand the scope and function of the FNHA's responsibilities to support the urban and away-from-home population.

The Framework identifies three streams of work intended to *Set the Foundations for Success* to be a *Health and Wellness Partner* with urban and away-from-home First Nations people in BC and to bring health and wellness services *Closer to Home*. One component of setting the foundations for success is to ensure meaningful representation through developing sustainable and meaningful engagement pathways with the urban and away-from-home population across BC.

¹The FNHA uses the term "urban and away-from-home" because of the ongoing colonial context of the term "off-reserve". We include the term "urban" to recognize that not all First Nations people living in urban centres consider themselves away from their home. See pages 10-11 of the Urban and Away-from-Home Health and Wellness Framework [1] for further discussion about terminology.

The development of these pathways requires provincial, regional and Nation-based engagement processes. The Urban and Away-from-Home Survey provides a starting point to hear directly from the urban and away-from-home population and the results will inform discussions with health system partners (including First Nations, provincial ministries, provincial and regional health authorities, and urban Indigenous service organizations) on the development of engagement and communications strategies. The results of the survey will also contribute to continuous quality improvement at the FNHA.

3. Methodology

3.1. Survey design

The Urban and Away-from-Home Survey had two components:

1. The main survey included screening questions, demographic information questions, and questions about accessing health and wellness information and services (see Annex A). The results of this anonymous survey are the focus of this report.
2. The optional contact information survey asked participants for their name, email and region of residence to enter a random draw for a \$50 gift card and/or to be contacted by the FNHA in the future (see Annex B). The results of this survey are confidential, are not linked to the main survey and will only be used by the FNHA for the purpose(s) that participants selected.

The survey was designed by the FNHA Urban and Away-from-Home team with input and support from the following FNHA teams and departments: the Data Advisory Committee, the Privacy Office, the Health Benefits team, the Communications Department, the Evaluation team and the regional teams.



3.2. Participant recruitment and communications

A convenience sampling method was used to recruit participants from March 22 to April 19, 2021. The survey communications plan was developed in collaboration with the Communications Department to reach a wide scope of potentially eligible participants across the province. Individuals were primarily invited to participate in the survey through social media and email (see Annex C for more information).

A suitable sampling frame to recruit a random sample of survey participants was not identified, due to the limited data available on the urban and away-from-home population. While the results of the survey are not representative of the entire urban and away-from-home population, the demographic information collected through the survey provides an understanding of who participated in the survey and which segments of the population are underrepresented. See the “Limitations and Lessons Learned” section of the report for further discussion.

When respondents were asked how they heard about the survey, the most common responses were social media (49%) and email (38%). Some respondents also heard about it through the FNHA website (18%), word of mouth (12%), the FNHA e-newsletter (10%), their First Nations community or an Indigenous organization (1%), and the FNHA Inner Spirit newsletter for employees (1%)².

3.3. Survey results

The results of the survey will be used to inform the development of communications and engagement pathways with the urban and away-from-home population, through collaboration with health system partners. In alignment with the First Nations principles of Ownership, Control, Access and Possession of data (OCAP®)³, the survey report will be shared with First Nations leadership, as well as survey participants who agreed to be contacted by the FNHA. These steps will be taken to ensure that First Nations have access to information and data about themselves and their communities.



² As respondents were able to select more than one answer, percentages add up to over 100%.

³ OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC), for more information visit <https://fnigc.ca/ocap-training/>.

3.4. Survey responses and validation

A total of 1,208 respondents began the survey, of which 1,102 respondents were eligible to complete the survey based on their responses to the screening questions. Of the 1,102 respondents, 694 valid survey responses were analyzed. Multiple data validation methods were used to identify and remove 408 duplicate, fraudulent or low quality survey responses. See the “Limitations and Lessons Learned” section for more information.

The majority of respondents (92%) completed the survey for themselves, 5% completed the survey on behalf of a child under 12 years of age, and 4% completed the survey for someone over 12 years of age who was not capable of responding to the survey on their own⁴.



4. Demographic Information

The first part of the survey asked participants about their demographic information, such as their region of residence, age and gender. Where possible, the results were compared with the most recent available data on the off-reserve First Nations population in BC in order to understand which segments of the population may be underrepresented in the survey⁵.

4.1. Region of residence

The largest portion of survey respondents lived in the Vancouver Coastal or Vancouver Island health regions (24% each), followed by the Fraser Salish (20%), Northern (16%) and Interior (16%) regions. Table 1 provides a regional breakdown of survey respondents in comparison to the estimated off-reserve First Nations population (15+ years of age) from 2016 Census data.

⁴ Percentages in the report may add up to slightly over 100% or other total due to rounding.

⁵ In this report, Statistics Canada 2016 Census data on the off-reserve First Nations population refers to the off-reserve population that self-identifies as status or non-status First Nations. This data was used as a point of comparison because it provides an approximation of the urban and away-from-home population.



Table 1. Health region of residence of survey respondents compared to the off-reserve First Nations population in BC.

Health region of residence	Survey respondents		Off-reserve First Nations population estimates (15+ years of age, 2016 Census)	
	Total	%	Total	%
Vancouver Coastal	168	24%	10,830	13%
Vancouver Island	164	24%	17,895	21%
Fraser Salish	138	20%	21,535	25%
Northern	110	16%	18,485	21%
Interior	109	16%	17,630	20%
No answer / Unknown	5	1%	-	-
TOTAL	694	100%	86,375	100%

Source: Statistics Canada, 2016 Census of Population. [2]

Notes: 'On reserve' in BC includes those census subdivisions (CSDs) with the types 'Indian Reserve', 'Indian government district', 'Indian Settlement', and 'Nisga'a land'; all other CSDs are considered 'off reserve'. The First Nations population refers to individuals who self-identify as status or non-status First Nations. When assigning CSDs to the five regions, seven CSDs crossed regional boundaries and were counted under the region where most of the CSDs' populations reside.

4.2. Age

The majority of respondents (74%) were between 25 and 64 years of age, compared to 48% of the off-reserve First Nations population in the 2016 Census (see Table 2) [3]. Youth between 0 and 24 years of age are underrepresented in the survey, representing 18% of survey respondents compared to 46% of the off-reserve First Nations population.

Table 2. Age of survey respondents compared to the off-reserve First Nations population in BC.

Age group	Survey respondents		Off-reserve First Nations population estimates (2016 Census)	
	Total	%	Total	%
0 to 24 years	126	18%	55,530	46%
25 to 44 years	258	37%	32,670	27%
45 to 64 years	255	37%	25,615	21%
65 years and over	51	7%	6,995	6%
No answer	4	1%	-	-
TOTAL	694	100%	120,815	100%

Source: Statistics Canada, 2016 Census of Population. [3]

Note: 'On reserve' in BC includes those census subdivisions (CSDs) with the types 'Indian Reserve', 'Indian government district', 'Indian Settlement', and 'Nisga'a land'; all other CSDs are considered 'off reserve'. The First Nations population refers to individuals who self-identify as status or non-status First Nations.





4.3. Gender identity

The majority of respondents identified as female (72%) and about one quarter identified as male (24%)⁶. In comparison, 53% of the off-reserve First Nations population in BC identified as female and 47% identified as male in the 2016 Census [3].

Respondents also identified as cisgender (2%), Two-Spirit⁷ (2%), non-binary (<1%), transgender (<1%), and not sure/questioning (<1%). Although comparable data on the urban and away-from-home population is not available, the First Nations Regional Health Survey Phase 3 (2015-17) found that 3% of adults living on-reserve in BC identified as Two-Spirit or transgender [5].

Table 3. Gender identity of survey respondents.

Gender	Total	%
Female	503	72%
Male	170	24%
Cisgender	17	2%
Two-Spirit	17	2%
Non-Binary	5	<1%
Transgender	4	<1%
Not sure/questioning	2	<1%
No answer	4	<1%
TOTAL	722	104%

Note: Percentages are calculated based on the total number of respondents (n = 694). As respondents were able to select more than one answer, percentages add up to over 100%.

⁶ Participants were asked to complete the sentence “I identify as (please select all that apply):”. In this report, the terms “male” and “female” refer to self-identified gender.

⁷ The term “Two-Spirit” is used by Indigenous people to refer to a diverse range of identities that may include gender and sexual orientation [4].

4.4. Urban and away-from-home settings

Four types of urban and away-from-home settings were identified in the survey and respondents were asked what type(s) of setting(s) they currently live in (see Figure 1):

- The majority of survey respondents (75%) lived in an urban area or city.
- 17% lived in a rural area that is not in a First Nations community or on a reserve.
- 5% lived on a reserve that is away from their home community.
- 4% lived in a remote or isolated area that is not in a First Nations community or on a reserve.

4.5. Urban and away-from-home mobility

Due to the relatively high geographic mobility of Indigenous people in Canada [6], the survey was open to individuals who lived part-time in urban and away-from-home settings.

Respondents were asked how much time they spent living in urban and away-from-home settings in the 12 months prior to the survey (see Figure 2).

The majority of respondents (76%) spent all of their time living in urban and away-from-home settings, 15% spent 6 to 11 months and 6% spent less than 6 months.

Figure 1.

What type of setting do you currently live in?

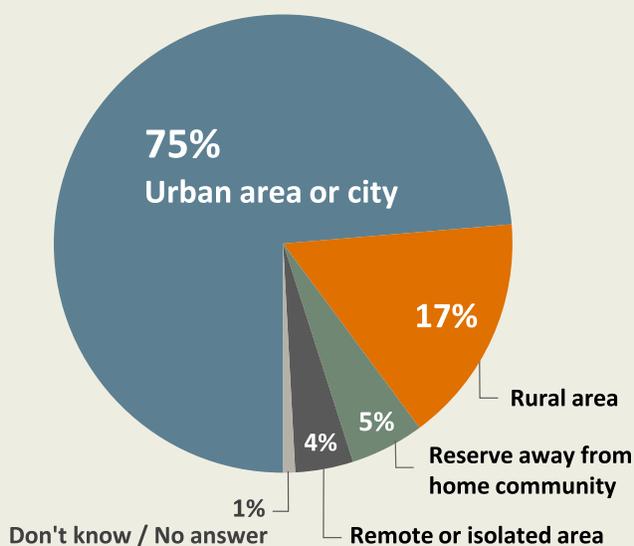
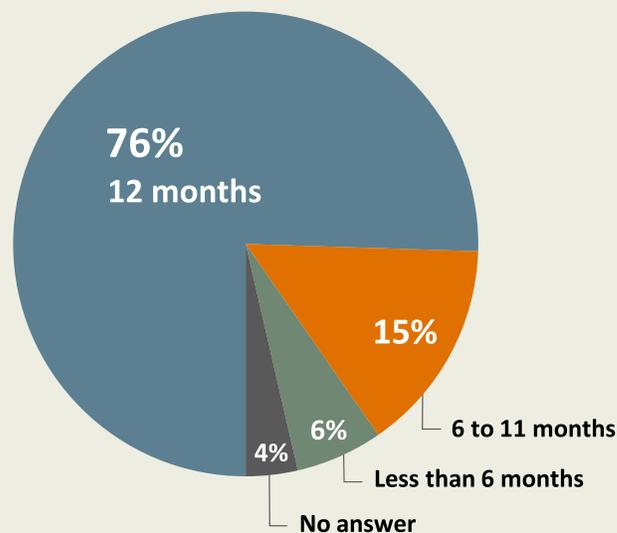


Figure 2.

In the last 12 months, how much time have you spent living in an urban area or away from your home community?



4.6. First Nations status

The survey was open to all First Nations people (status and non-status) living in urban and away-from-home settings.

The vast majority of survey respondents identified as status First Nations⁸ (91%), compared to 62% of the off-reserve First Nations population in BC in the 2016 Census [3].

Only 7% of respondents identified as non-status First Nations, compared to 38% of the off-reserve First Nations population in the 2016 Census.

4.7. First Nations membership

Survey respondents were asked if they were a member of a BC First Nation or a First Nation located outside of BC.

The majority of respondents were a member of a BC First Nation (78%), 14% were a member of a First Nation outside of BC, and 4% were not a member of a First Nation.

This is consistent with the data on status First Nations people living in BC who were registered with the FNHA to receive health benefits in 2019, of which 16% were from First Nations communities outside of BC.

Figure 3.

First Nations status of respondents.

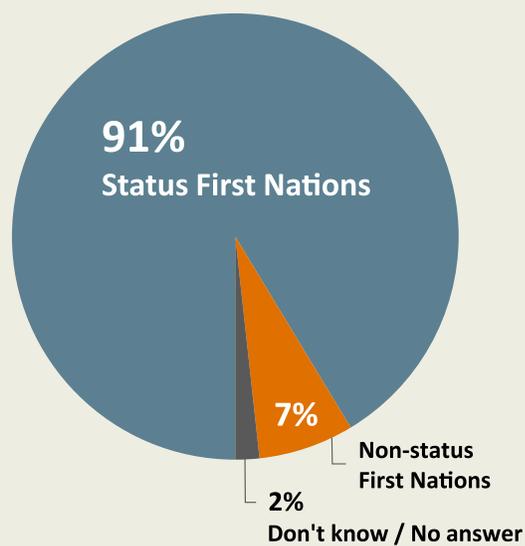
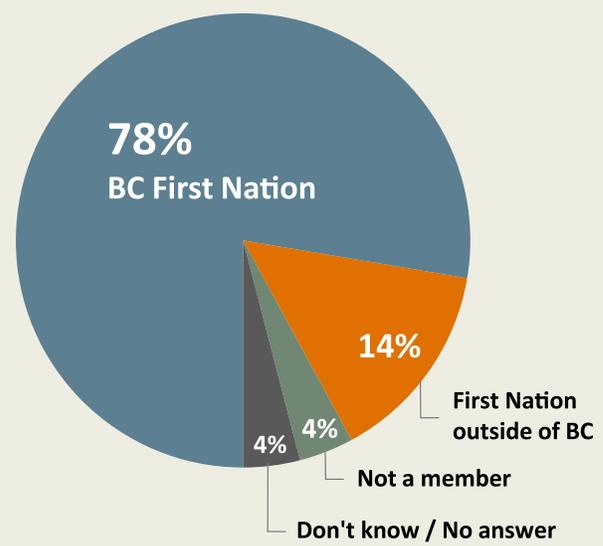


Figure 4.

First Nations membership of respondents.



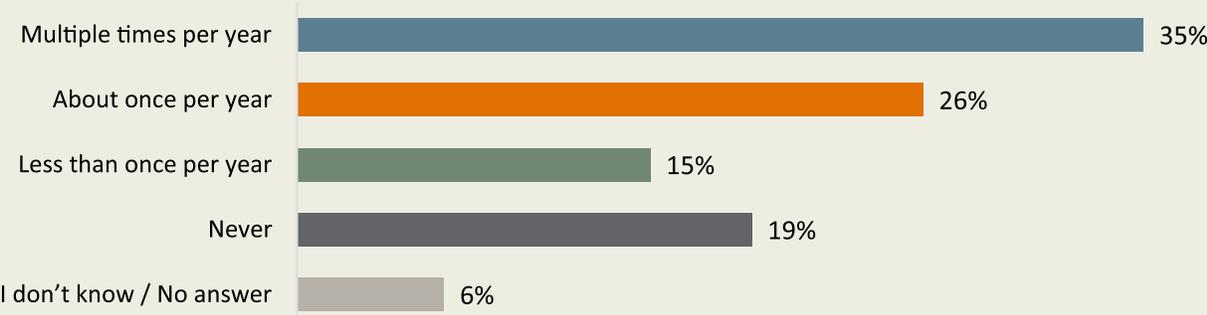
⁸ Participants were provided with the following definition: "Having status means that you are registered under the Indian Act of Canada (i.e., a Status Indian)."

5. Views on Accessing Health and Wellness Information and Services

5.1. Accessing FNHA programs and services

Respondents were asked how often they accessed FNHA programs and services⁹ (see Figure 5). Over one third of respondents (35%) accessed them multiple times per year, about 40% accessed them once per year or less, and 19% never accessed them.

Figure 5. How often do you access programs and services delivered by the FNHA?



Comments on accessing FNHA programs and services

Of 154 respondents who provided comments on their response, the following themes were identified:

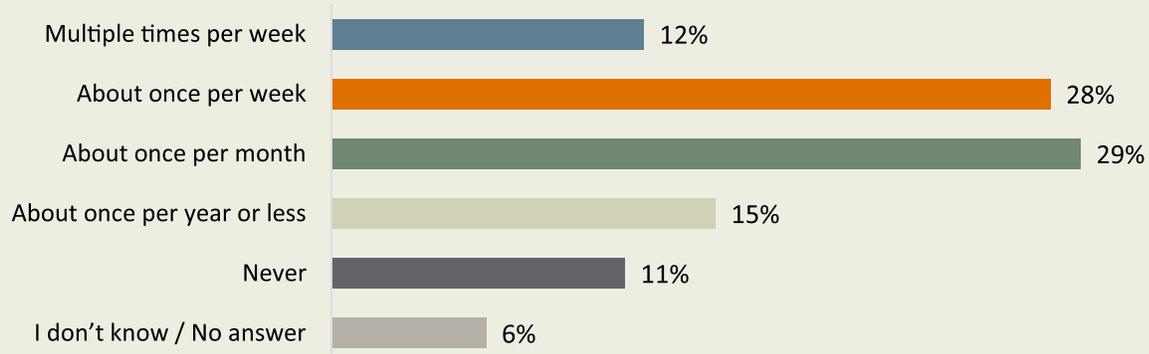
- 42%** mentioned the specific programs they accessed (e.g., Health Benefits, First Nations Virtual Doctor of the Day).
- 27%** said they were unaware of the programs and services available or were not sure if they were eligible.
- 13%** said that the programs and services did not meet their needs (e.g., services were not accessible or welcoming, expenses were not covered by health benefits, or some services were not available off-reserve).
- 12%** said it was difficult to access programs and services.

⁹ Participants were provided with the following list of examples of FNHA programs and services: First Nations Health Benefits, FNHA Nursing Services, First Nations Virtual Doctor of the Day and the First Nations Virtual Substance Use and Psychiatry Service.

5.2. Accessing FNHA news and information

Respondents were asked how often they read FNHA news and information¹⁰ (see Figure 6). Over one third of respondents (39%) read FNHA news or information at least once per week, about 43% read it once per month or less, and 11% never read FNHA news or information.

Figure 6. How often do you read news or information shared by the FNHA?



Comments on accessing FNHA news and information

Of 95 respondents who provided comments on their response, the following themes were identified:

27% mentioned social media as a source of FNHA news and information.

20% mentioned receiving updates via email, such as the FNHA e-newsletter.

20% mentioned other sources of FNHA news and information (e.g., FNHA app or website, family, First Nations community).

15% said they were not aware of where to get FNHA news and information.

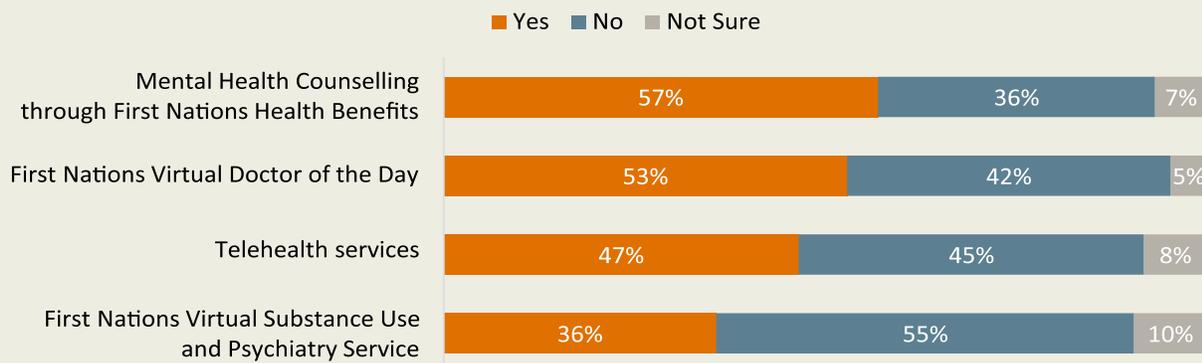
13% said the information is not relevant to them or not accessible to some populations (e.g., focused on on-reserve communities, not accessible to Elders).

¹⁰ Participants were provided with the following list of sources of FNHA news and information: the FNHA website, social media, email, or printed documents/materials.

5.3. Awareness of FNHA virtual health services

Participants were asked about their awareness of eHealth and virtual health services offered by the FNHA (see Figure 7). Over half of respondents were aware of Mental Health Counselling through First Nations Health Benefits (57%) and/or the First Nations Virtual Doctor of the Day program (53%). Fewer respondents were aware of telehealth services (47%) and/or the First Nations Virtual Substance Use and Psychiatry Service (36%). Overall, 22% of respondents were not aware of any of the services listed.

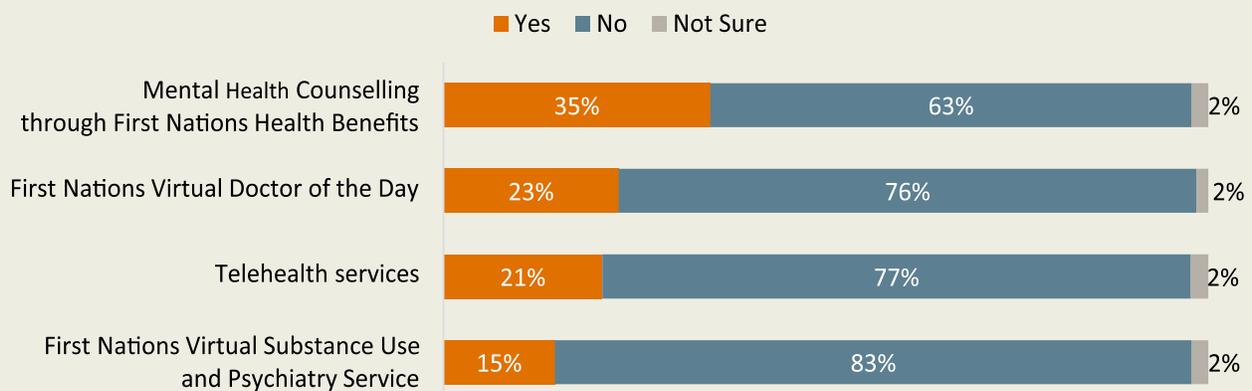
Figure 7. Are you aware of the following eHealth and Virtual Health Services offered by the FNHA?



5.4. Accessing FNHA virtual health services

Participants were asked if they had ever accessed eHealth and virtual health services offered by the FNHA (see Figure 8). Respondents were most likely to have accessed Mental Health Counselling through First Nations Health Benefits (35%), followed by First Nations Virtual Doctor of the Day (23%), telehealth services (21%) and First Nations Virtual Substance Use and Psychiatry Service (15%). Overall, 52% of respondents had not accessed any of the services listed.

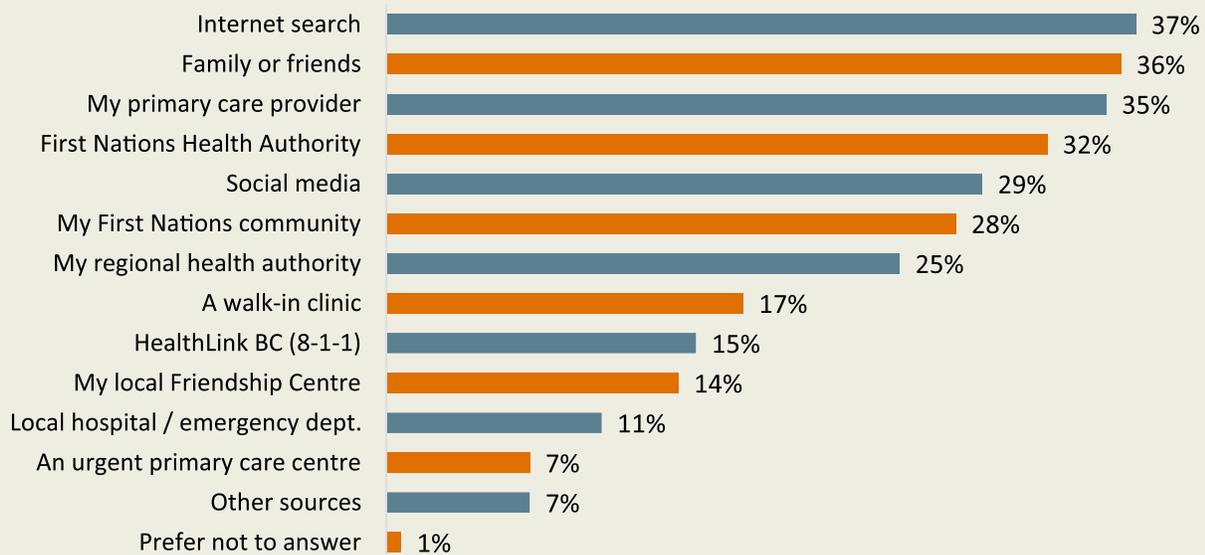
Figure 8. Have you ever accessed these services?



5.5. Health and wellness information

Participants were asked where they get information about health and wellness (see Figure 9). The most common sources of information were the internet (37%), family or friends (36%), a primary care provider (35%), the FNHA (32%), social media (29%), First Nations communities (28%) and regional health authorities (25%). On average, respondents selected three sources of information.

Figure 9. Where do you get information about health and wellness?



Note: As respondents were able to select more than one answer, percentages add up to over 100%.

Of 51 respondents who specified other sources of information, the most common themes were other health providers or organizations; work or post-secondary education; and personal knowledge or research. Of 41 respondents who provided additional comments on their response, 56% said that information or services are not available or easily accessible.

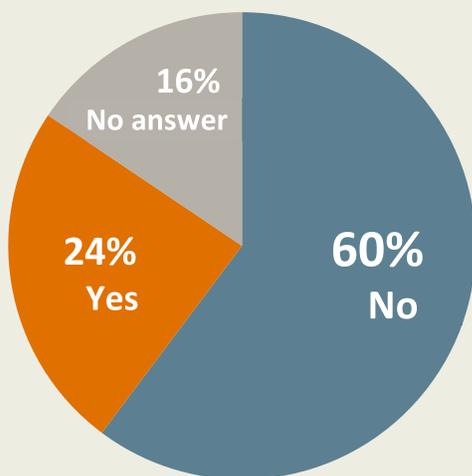


5.6. Indigenous organizations

Participants were asked if there are Indigenous organizations that represent their health and wellness interests. For example, this may include an organization that they believe understands their health and wellness needs and works to address them by providing them with information and/or services.

About one quarter of respondents (24%) indicated that there were Indigenous organizations that represented their health and wellness interests (see Figure 10).

Figure 10. Are there Indigenous organizations that you believe represent your health and wellness interests?



Of 149 respondents who specified one or more organization(s), the most frequently mentioned organizations were:

- the FNHA (32%);
- a Friendship Centre (21%);
- a First Nations community or health centre (19%);
- Stó:lō Nation or Stó:lō Service Agency (8%); and
- Lu'ma Medical Centre (8%).



An additional 35 organizations were identified by respondents (see Annex D for list).

Comments on health and wellness organizations

Of 85 respondents who provided comments on their response, the following themes were identified:

29% said there was a lack of services, support or representation for the off-reserve population¹¹.

26% mentioned specific programs, services or health care providers, such as:

- a doctor or local pharmacy;
- the First Nations Virtual Doctor of the Day program;
- an Aboriginal hospital liaison worker;
- the Indian Residential Schools Resolution Health Support Program; or
- the Safespace app¹².

19% said there was a lack of information about organizations or services available to the off-reserve population.

19% mentioned limitations or gaps in available services, such as:

- Health benefits that are too limited or unclear;
- Services that are limited to vulnerable populations or specific age groups;
- Services that are not culturally safe or appropriate;
- Gaps in 2SLGBTQ+ and gender-affirming care; or
- Gaps in accessible information and services for people with disabilities.

5.7. Interest in services designed and delivered by First Nations

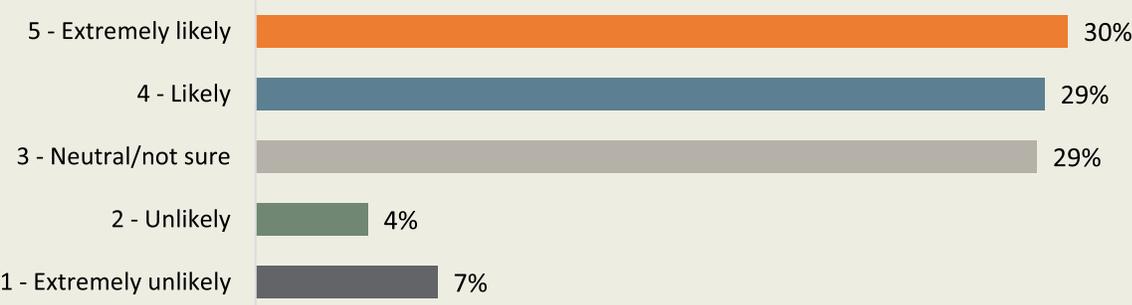
Participants were asked how likely they would be to access services designed and delivered by First Nations, over other primary care and regional health authority services, if they were more widely and easily accessible (see Figure 11).

About 60% of respondents said they were extremely likely or likely to access these services, over one quarter (29%) were neutral or unsure, and 11% were unlikely or extremely unlikely to access them.

¹¹ For all open-ended questions, the term “off-reserve” was most commonly used by respondents; some respondents also used the terms “urban” and/or “away from home”.

¹² Safespace is an online web app created by Safespace Networks and the BC Association of Aboriginal Friendship Centres.

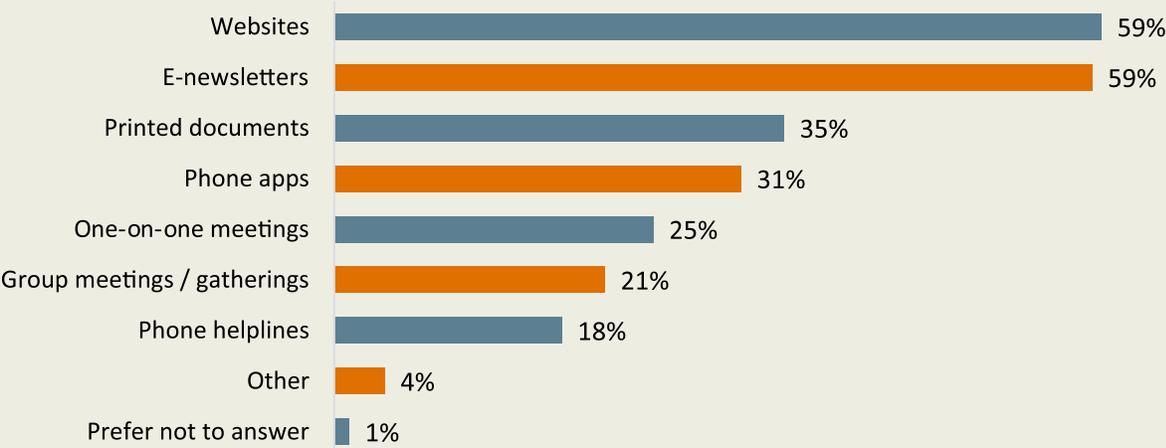
Figure 11. Likelihood of respondents accessing services designed and delivered by First Nations if they were more widely and easily accessible.



5.8. Methods of receiving health and wellness information

Participants were asked how they prefer to receive health and wellness information (see Figure 12). The most common responses were websites (59%) and e-newsletters (59%). On average, respondents selected two to three preferred methods of receiving information.

Figure 12. Ideally, how do you prefer to receive health and wellness information?



Note: As respondents were able to select more than one answer, percentages add up to over 100%.

Of 27 respondents who specified other methods, 52% said social media. Additional methods identified by respondents included virtual meetings, community newsletters, information booths, online videos, TV news, discussions with Indigenous leadership, and local gatherings.

5.9. Communication and engagement with the urban and away-from-home population

A total of 215 respondents provided ideas or suggestions about how the FNHA should communicate and/or engage with the urban and away-from-home population in BC.

Responses to this open-ended question were categorized into 11 themes identified by survey respondents (see Table 4).

Most commonly, over one third of respondents recommended continuing or strengthening online communication (e.g., social media, e-newsletters, website, phone app). About one fifth of respondents recommended partnering or sharing information with communities, organizations and health care providers.

Table 4. Summary of ideas from survey respondents about how the FNHA should communicate and/or engage with the urban and away-from-home population in BC, coded by theme.

Ideas identified by respondents	Total	%
Continue or strengthen online communication (e.g., social media, e-newsletters, website, phone app)	77	36%
Partner and share information with communities, organizations and health care providers	42	20%
Host gatherings or events (virtual and in-person)	21	10%
Provide more programs and services to the urban and away-from-home population	20	9%
Distribute printed materials	19	9%
Share information specific to the urban and away-from-home population	11	5%
Target specific populations (e.g., Elders, youth, women, 2SLGBTQ+, vulnerable populations)	10	5%
Share information through phone calls or text messages	9	4%
Expand regional communication and engagement	7	3%
Develop pathway for urban and away-from-home representation	6	3%
Share information via TV news or ads	6	3%
Other	11	5%
Total	239	111%

Note: Survey responses were coded according to theme. Percentages are calculated based on the total number of respondents who answered this question (n = 215). Some respondents identified more than one theme, so percentages add up to over 100%.

6. Discussion of Results

6.1. Respondent demographics

The respondent demographic data provides information about the characteristics of the individuals who completed the survey, and which groups we did not reach through the chosen methods of communication.

The segments of the urban and away-from-home population that are notably underrepresented in the survey are youth (up to 24 years of age), men, and non-status First Nations people. The underrepresentation of these groups

shows us that additional efforts need to be made to expand the scope of our outreach efforts in the future. For example, ensuring that our communications and engagement pathways include connecting with youth-focused and male-focused Indigenous organizations.

Individuals living in the Fraser Salish, Interior and Northern regions were also slightly underrepresented in the survey. While the communications strategy for the survey included outreach to organizations in all five regions, it is important that we continue to engage and collaborate with the FNHA regional teams to expand our outreach to urban and away-from-home populations living across the province.

For some demographic information, comparable data on the general urban and away-from-home population is not available to determine if certain groups are underrepresented. For example, there is limited reliable data on transgender and non-binary populations in Canada [7]. Communications and engagement activities should be inclusive of individuals with unique needs for accessing health and wellness information and services, such as Elders, 2SLGBTQ+ communities, people with disabilities, and individuals living in rural, remote or isolated off-reserve communities.

6.2. Access to FNHA information and services

Overall, survey respondents were most likely to be aware of Mental Health Counselling through First Nations Health Benefits, followed by the First Nations Virtual Doctor of the Day program. However, close to half of respondents were not aware of these services and even fewer had accessed them. Notably, about half of total respondents had not accessed any of the four virtual health services listed.



In response to open-ended questions, respondents identified barriers they experienced in accessing FNHA programs, services and information. Strengthening communications and engagement pathways with the urban and away-from-home population can address many of the issues identified by respondents. The Urban and Away-from-Home team will continue to work closely with the Primary Care and eHealth team, the Health Benefits team, regional teams and the Communications Department to increase awareness of the FNHA's programs and services.

For respondents who found that FNHA programs and services did not meet their needs or were difficult to access, the FNHA is continually taking steps to improve the quality of programs and services. This is being advanced through client feedback for specific programs such as Health Benefits, as well as the FNHA's compliments and complaints process.

6.3. Health and wellness information

The survey results confirm that the urban and away-from-home population receives health and wellness information from a wide variety of sources. The most popular sources, identified by at least one quarter of respondents, can be grouped into the following two categories:

1. **Online sources:** Internet search and social media
2. **Trusted individuals and organizations:** Family or friends, primary care providers, the FNHA, First Nations communities, and regional health authorities.

These sources of information can be considered primary pathways to communicate with the urban and away-from-home population. However, the other sources identified in the survey are also important secondary pathways.

With respect to methods of communication, the majority of respondents preferred websites and e-newsletters. However, there was interest in all the methods identified, including printed documents. This highlights the need for a multi-faceted communications approach to reach different segments of the population.



6.4. Indigenous organizations and services

The organizations identified by respondents were cross-referenced with the FNHA's communications list of organizations that provide services to the urban and away-from-home population. The majority of organizations were on the list and five were added. This list is used to send emails about FNHA programs, services and initiatives to Indigenous and non-Indigenous organizations that serve the urban and away-from-home population.



The majority of participants were interested in services designed and delivered by First Nations. The FNHA continues its work towards improving access to high quality, culturally safe primary care services for First Nations people in BC, including those living in urban communities and away from home. For example, the First Nations-led Primary Health Care Initiative (FNPCI) seeks to enhance, develop and implement First Nations Primary Health Care Centres (FNPCCs) in rural and urban sites across the province. The design, planning, and decision-making of FNPCC services is led by local participating First Nations communities or Nations.

6.5. Communication and engagement with the urban and away-from-home population

The two most common suggestions for communicating and engaging with the urban and away-from-home population were focused on online communication and working with communities, organizations and health care providers. The Urban and Away-from-Home team will continue to expand communication and engagement efforts in these areas, such as adding more urban and away-from-home content to FNHA e-newsletters.

The other suggestions identified by participants provide insights into how to create multi-faceted communications and engagement strategies for the urban and away-from-home population, for example:

- Hosting gatherings and events to create opportunities for virtual and in-person engagement;
- Improving access to and awareness of programs and services for the urban and away-from-home population;
- Distributing printed materials to reach populations that do not have regular access to technology;
- Developing targeted messaging and strategies to reach specific populations;
- Expanding regional communication and engagement to meet the unique needs and contexts of each region; and
- Developing a pathway for urban and away-from-home representation.

6.6. Limitations and lessons learned

The survey provides a valuable snapshot of the perspectives of First Nations people living in urban and away-from-home settings and will inform the development of communications and engagement strategies going forward. However, the limitations described below must be taken into consideration when analyzing the results and putting them into action.

The primary limitation is that convenience sampling was used to recruit survey participants, resulting in a non-random and non-representative sample of respondents. Therefore, additional efforts are required to reach underrepresented segments of the population identified in this report. Additionally, as people were primarily recruited to participate in the survey online, their preferred method of receiving information is biased towards online sources. Therefore, it is important to incorporate alternative methods of sharing information into future communications and engagement activities.

Another limitation is the number of invalid responses identified in the data. Approximately 37% of 1,102 responses to the survey were identified as duplicate, fraudulent or low quality and were removed from analysis. For example, responses were removed from the data because respondents completed the survey too quickly, completed the survey multiple times, and/or provided irrelevant responses to open-ended questions. The data validation process for the survey was informed by two journal articles that examined methods of validating data collected through online surveys [8, 9]. These papers reported high rates of invalid responses to online health surveys advertised on social media.

Based on lessons learned from this survey, a proactive approach is recommended to ensure data validity before launching an online survey to reduce the prevalence of invalid responses and provide multiple options for data validation. For example:

- Include questions in the survey that can be cross-validated to identify internal inconsistencies in responses;
- Include open-ended questions to help identify duplicate and irrelevant responses;
- Consider the potentially higher risk of invalid responses when survey responses are anonymous.



Another limitation of the survey is that due to COVID-19 restrictions, there were limited opportunities to share the survey with clients at in-person events or service locations. One organization requested paper copies of the survey to share with clients at their office. More outreach of this kind in the future would expand the diversity of respondents, including those who may not have access to technology.

7. Conclusion and Next Steps

The survey provided an opportunity for the FNHA to hear directly from urban and away-from-home First Nations people in BC about their perspectives on accessing health and wellness information and services. In addition to what we heard from survey participants, we recognize that further work needs to be done to hear from those who are not represented in the survey.

The survey results will be used to inform discussions with partners on developing meaningful and sustainable communications and engagement pathways with the urban and away-from-home population. This work will be aligned with the principles and strategic directions identified in the Urban and Away-from-Home Health and Wellness Framework. Next steps include further engagement with the urban and away-from-home population, continuing to increase awareness about FNHA programs and services available to the urban and away-from-home population, and ensuring that engagement strategies meet the unique needs, relationships and contexts of each region.



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Annex A: Survey Questions

The following questions will confirm that you meet the criteria to participate in the survey.

1. The urban and away-from-home population includes First Nations people who live in the following areas:

- an urban area or city,
- a rural, remote or isolated area that is not in a First Nations community or on a reserve, or
- a reserve that is away from their home community.

This may include individuals who live part-time in urban areas or away from their home community.

Based on the definition above, do you identify yourself as a First Nations person (status or non-status) living in an urban area or away from your home community?

- Yes
- No

2. Do you currently live in British Columbia?

- Yes
- No

3. Please select the option below that best describes you:

- I am 12 years of age or older and I am responding for myself
- I am a parent or legal guardian responding on behalf of a child under 12 years of age
- I am a legal representative responding on behalf of a person 12 years of age or older who is not capable of responding to the survey on their own
- None of the above

Demographic Information

The following questions ask about your demographic information. If you prefer not to answer a question, you can continue to the next question.

1. What health region do you currently live in? (visit this [website](#) to find your health region)
 - Fraser Salish
 - Interior
 - Northern
 - Vancouver Coastal
 - Vancouver Island
 - I don't know, I will provide the name of my city, town, village or district: _____
 - Prefer not to answer

2. What type of setting do you currently live in? (please check all that apply)
 - I live in an urban area or city
 - I live in a rural area that is not in a First Nations community or on a reserve
 - I live in a remote or isolated area that is not in a First Nations community or on a reserve
 - I live on a reserve that is away from my home community
 - I don't know
 - Prefer not to answer

3. In the last 12 months, how much time have you spent living in an urban area or away from your home community?
 - 12 months
 - 9 to 11 months
 - 6 to 8 months
 - Less than 6 months
 - Prefer not to answer

4. What is your age group?

- 0 to 11 years
- 12 to 17 years
- 18 to 24 years
- 25 to 44 years
- 45 to 64 years
- 65 years and over
- Prefer not to answer

5. I identify as (please check all that apply):

- Female
- Male
- Transgender
- Two-Spirit
- Non-Binary
- Cis
- Not sure/questioning
- Other, please specify: _____
- Prefer not to answer

6. Are you a status or non-status First Nations person? *Having status means that you are registered under the Indian Act of Canada (i.e., a Status Indian).*

- I am a status First Nations person
- I am a non-status First Nations person
- I don't know
- Prefer not to answer

7. Are you a member of a BC First Nation?

- Yes
- No, I am a member of a First Nation outside of BC
- No, I am not a member of a First Nation
- I don't know
- Prefer not to answer



Engagement with Health and Wellness Organizations

The following questions ask about your engagement with health and wellness organizations. If you prefer not to answer a question, you can continue to the next question.

- 1. (a) How often do you access programs and services delivered by the First Nations Health Authority (FNHA)? *Examples of FNHA programs and services include First Nations Health Benefits, FNHA Nursing Services, First Nations Virtual Doctor of the Day and the First Nations Virtual Substance Use and Psychiatry Service.*
 - Multiple times per year
 - About once per year
 - Less than once per year
 - Never
 - I don't know
 - Prefer not to answer

If you have comments on your response, please provide them below (optional).
Please do not provide any information that could identify you or another individual.

(b) How often do you read news or information shared by the FNHA? *Examples include news and information posted on the FNHA website, shared via social media or email, or shared via printed documents or materials.*

- Multiple times per week
- About once per week
- About once per month
- About once per year
- Less than once per year
- Never
- I don't know
- Prefer not to answer

If you have comments on your response, please provide them below (optional).
Please do not provide any information that could identify you or another individual.

2. (a) Are you aware of the following eHealth and Virtual Health Services offered by the FNHA? *This means that you have heard of them and have a general idea of what they provide.*

	Yes	No	Not Sure
Mental Health Counselling through First Nations Health Benefits*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Nations Virtual Doctor of the Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Nations Virtual Substance Use and Psychiatry Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(b) Have you ever accessed these services?

	Yes	No	Not Sure
Mental Health Counselling through First Nations Health Benefits*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telehealth services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Nations Virtual Doctor of the Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Nations Virtual Substance Use and Psychiatry Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*First Nations Health Benefits are available to status First Nations people in BC.

3. Where do you get information about health and wellness? (please check all that apply)

- | | |
|--|--|
| <input type="radio"/> My First Nations community | <input type="radio"/> Local hospital or emergency department |
| <input type="radio"/> First Nations Health Authority | <input type="radio"/> HealthLink BC (8-1-1) |
| <input type="radio"/> My local Friendship Centre | <input type="radio"/> Family or friends |
| <input type="radio"/> My regional health authority | <input type="radio"/> Internet search |
| <input type="radio"/> My primary care provider (e.g., my doctor or nurse practitioner) | <input type="radio"/> Social media |
| <input type="radio"/> A walk-in clinic | <input type="radio"/> Other, please specify: _____ |
| <input type="radio"/> An urgent primary care centre | <input type="radio"/> Prefer not to answer |

If you have comments on your response, please provide them below (optional).
Please do not provide any information that could identify you or another individual.

4. Are there Indigenous organizations that you believe represent your health and wellness interests? *For example, this may include an organization that you believe understands your health and wellness needs and works to address them by providing you with information and/or services.*

- Yes, please specify: _____
- No
- Prefer not to answer

If you have comments on your response, please provide them below (optional).

Please do not provide any information that could identify you or another individual.

5. If services designed and delivered by First Nations were more widely and easily accessible to you, how likely would you be to access these services over other primary care and regional health authority services?

- (1) Extremely unlikely
- (2) Unlikely
- (3) Neutral/not sure
- (4) Likely
- (5) Extremely likely
- Prefer not to answer

6. Ideally, how do you prefer to receive health and wellness information? (please check all that apply)

- Printed documents (e.g., pamphlets, booklets)
- E-newsletters
- Websites
- Phone apps
- Phone helplines
- One-on-one meetings
- Group meetings or gatherings
- Other, please specify: _____
- Prefer not to answer

7. Do you have ideas or suggestions about how the FNHA should communicate and/or engage with the urban and away-from-home population in BC? If so, please provide them below (optional). *Please do not provide any information that could identify you or another individual.*

8. Please tell us how you heard about this survey (select all that apply).

- Email
- Word of mouth
- FNHA e-newsletter
- FNHA website
- Social media
- FNHA Inner Spirit newsletter
- Other, please specify: _____
- Prefer not to answer

Annex B: Contact Information Survey

Contact Information

1. Would you like to provide your name, email and region to receive communications from the First Nations Health Authority (FNHA)? *Your contact information will NOT be linked to your survey responses and will NOT be shared with any other organizations. You can unsubscribe at any time.*

I would like to receive: Yes No

(a) Information about FNHA programs and services

(b) Invitations to participate in future FNHA surveys or engagement activities

2. Are you an FNHA employee?

Yes (please skip to question #4)

No

3. Would you like to provide your name, email and region to enter a random weekly draw to win a \$50 gift card? *After each draw, if you are not a winner, you will be re-entered in the next weekly draw for your region. If you are a winner, you will be notified by email and you will not be eligible to win any remaining draws.*

Yes

No

4. If you replied "Yes" to provide your contact information, please provide your name, email and region below. The contact information that you provide will not be linked to your survey responses and will only be used by the FNHA for the purpose(s) that you selected.

Name: _____

Email: _____

Please select the health region you currently live in:

Fraser Salish Interior Northern Vancouver Coastal Vancouver Island

I don't know, I will provide the name of my city, town, village or district: _____

Annex C: Communications Overview

Method	Details	Timeline
FNHA News Article with Frequently Asked Questions	Available on the FNHA website: https://www.fnha.ca/about/news-and-events/news/the-fnha-seeks-feedback-from-the-urban-and-away-from-home-population-in-bc	Posted on the launch date of the survey (March 22)
Social media posts and advertisements	<ul style="list-style-type: none"> Shared posts about the survey on Twitter, Facebook, Instagram and LinkedIn. Promoted the survey using Facebook ads. 	March 22 to April 19
Emails	<p>Sent emails to the following contact lists:</p> <ul style="list-style-type: none"> The urban and away-from-home communications list that includes Indigenous and non-Indigenous organizations that provide services to the urban and away-from-home population across all five regions. First Nations community newsletter, website and social media contacts. Participants who completed the FNHA Health Attitudes and Beliefs Survey in 2018 and signed up to receive emails about future surveys. 	<p>Launch emails: Week of March 22</p> <p>Reminder emails: Week of April 5 / Week of April 12</p>
FNHA e-newsletter	<ul style="list-style-type: none"> The survey announcement and a survey reminder were included in the FNHA's e-newsletter, with a link to the FNHA news article (see link above). 	March 24 and April 8
FNHA Inner Spirit e-newsletter	<ul style="list-style-type: none"> Emailed to FNHA employees in the bi-weekly e-newsletter. 	March 25
Delivered paper surveys	<ul style="list-style-type: none"> Stó:lō Service Agency requested paper copies of the survey to have available at reception for clients. 	Week of April 12

Annex D: List of Organizations Identified by Respondents

The organizations listed below were identified by respondents as organizations that represent their health and wellness interests.

Fraser Salish Region

- Kekinow Native Housing Society
- Kla-how-eya Indigenous Health and Wellness Clinic
- Lower Fraser Valley Aboriginal Society
- Stó:lō Service Agency

Interior Region

- Q'wemtsín Health Society

Northern Region

- Carrier Sekani Family Services
- Gitlaxdax Nisga'a Terrace Society
- Gitmaxmak'ay Nisga'a Society
- Gitxsan Health Society
- Northern Health
- Southside Health & Wellness Centre
- Treaty 8 Tribal Association

Vancouver Coastal Region

- Heatley Community Health Centre
- Indigenous Innovations YVR
- Lu'ma Medical Centre
- Nisga'a Ts'amiks Vancouver Society
- Southern Stl'atl'imx Health Society
- Strathcona Midwifery Collective (Huckleberry Team)
- UBC Learning Circle

- Urban Native Youth Association
- Vancouver Aboriginal Health Society
- Vancouver Coastal Health
- Yúustway Health & Wellness

Vancouver Island Region

- Kwakiutl District Council Health
- Kw'umut Lelum
- Laichwiltach Family Life Society
- Nanaimo Aboriginal Centre
- Nuu-Chah-Nulth Tribal Council
- Sasamans Society
- Tillicum Lelum Health Centre
- Tsow-Tun Le Lum Society

Provincial

- Aboriginal Head Start Association of British Columbia
- Indigenous Physical Activity and Cultural Circle
- Native Courtworker and Counselling Association of British Columbia
- Pacific Association of First Nations Women

National or Outside of BC

- Indigenous Services Canada
- Six Nations Health Services (Ontario)

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Health through wellness