



Evaluation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance

Engagement to Develop Evaluation
Recommendations and Response

DISCUSSION GUIDE

GOVERNANCE CAUCUS SPRING 2021

Table of Contents

Introduction	3
Discussion Guide	7
1. Success Factors in Achieving the Transfer	8
2. Building Relationships, Establishing Priorities, Addressing Issues	10
3. Hardwiring the BC First Nations Perspective on Health and Wellness into the Health System	12
4. Generating Value through New Investment	14
5. Health Outcomes: Improvement but More Progress Needed	16
6. Engaging on the Design of the Next Tripartite Evaluation (2024)	18



Introduction



Purpose and Desired Outcomes of the Breakout Sessions



To create a space for dialogue and feedback on:

- Developing potential **solutions and strategies** to address challenges identified in the Tripartite Evaluation;
- Determining the **best path going forward** to respond to the opportunities and challenges; and
- Identifying an **engagement approach** for input on the evaluation, and questions and methods to use in the next evaluation (2024).

Session Facilitation

A **facilitator** will guide the conversation using open-ended questions.



Participation is **voluntary** and any **responses provided will be reported anonymously together** with other responses.

A note taker will capture feedback in real time – the session will not be recorded.



Session Format



Six topics for discussion:

1. Success Factors in Achieving the Transfer
2. Building Relationships, Establishing Priorities, Addressing Issues
3. Hardwiring the BC First Nations Perspective on Health and Wellness into the Health System
4. Generating Value through New Investment
5. Health Outcomes: Improvement but More Progress Needed
6. Engaging on the Design of the Next Tripartite Evaluation (2024)

The **starting topic will be staggered across groups** to ensure all topics are covered. Discuss as many of the six topics as time allows.

Additional feedback can be emailed to evaluation@fnha.ca or submitted through the self-serve online engagement portal.



Discussion Guide

1. Success Factors in Achieving the Transfer

KEY FINDINGS

The Parties achieved successful completion of transfer of responsibility for all activities formerly performed by the First Nations and Inuit Health Branch (FNIHB) – BC Region, including headquarters functions, to the FNHA, with many lessons learned to inform others across the country.

The significant complexities and challenges of the transition period were addressed through the commitment and openness of partners, disciplined negotiations processes, established tripartite success factors, dedicated funding and robust briefing/communications/engagement processes.

However, transition is a longer process than initially envisioned by the Parties as the FNHA continues to work to implement new IM/IT systems, mature labour relations and evolve its organizational structure such as regionalization.

1. Success Factors in Achieving the Transfer

DISCUSSION QUESTIONS

1.1 What aspects of transfer have yet to occur or are slower in making progress? What actions or strategies should be considered to move these forward?

1.2 What new areas that were not fully envisioned at transfer need additional attention at this time? (Example, evolution of organizational design such as regionalization)

1.3 What role should the Implementation Committee play as an ongoing forum for coordination among partners?

1.4 What lesson learned / best practices can the FNHA share with other parts of the country?

1.5 Are there other specific recommendations that would continue to support the transfer of responsibilities from FNIHB to FNHA?

2. Building Relationships, Establishing Priorities, Addressing Issues

KEY FINDINGS

The governance structure and partnerships with federal and provincial governments demonstrate reciprocal accountability and have facilitated improvement.

However, engagement fatigue is emerging as a challenge and the roles, relationship, and alignment between the various tables and between the FNHC, FNHDA and FNHA can be improved.

2. Building Relationships, Establishing Priorities, Addressing Issues

DISCUSSION QUESTIONS

2.1 What improvements are needed for engagement with First Nations and to reduce or prevent engagement fatigue?

2.2 Are there specific recommendations that would support strengthened relationships, trust and reciprocal accountability among First Nations health governance partners, First Nations in BC and federal and provincial governments?

3. Hardwiring the BC First Nations Perspective on Health and Wellness into the Health System

KEY FINDINGS

The First Nations Perspective on Health and Wellness and the FNHA itself are “hardwired” into the provincial health system due to strengthening partnerships, the establishment of Regional Partnership Accords and commitment by all partners towards cultural safety and humility.

However, jurisdictional issues remain regarding service delivery in community and away-from-home and for those Nations straddling multiple health authority catchment areas as well as persistent racism.

Many barriers to health services by First Nations in community also continue to exist including long wait lists, health services not covered/lack of awareness whether services were covered, feeling of inadequate health care, and not being able to afford the direct cost of services. Data access delays and privacy and confidentiality concerns have hampered progress towards effective health planning and measurement for First Nations.

3. Hardwiring the BC First Nations Perspective on Health and Wellness into the Health System

DISCUSSION QUESTIONS

3.1 What further actions are needed to clarify roles and responsibilities between the Partners and align strategic plans for service delivery?

3.2 What recommendations do you have to address ongoing jurisdictional and geographical barriers?

3.3 Are there other recommendations to support hardwiring the First Nations Perspective on Health and Wellness into the BC health system to support more Indigenous ways of knowing and a wellness-oriented health system for First Nations?

4. Generating Value through New Investment

KEY FINDINGS

The First Nations health governance structure is generating value through new investment. There is new access to both federal and provincial funding that would not have been secured without the existence of the First Nations health governance structure. The existence of the FNHA at a province-wide level provides the ability to generate and release data in a safe and ethical way, which is now driving health system planning and investment at local, regional and provincial levels.

However, some funding and resources are short-term and temporary, which creates challenges with sustainability of programming and services. It is important to be able to balance organizational growth and investments at the provincial, regional and local/community levels to ensure long-term sustainability. Moreover, existing funding allocation and funding streams primarily support at-home clients with fewer opportunities for investments to support away-from-home clients.

4. Generating Value through New Investment

DISCUSSION QUESTIONS

- 4.1 How can models of care, such as primary health care and mental health and wellness be further embedded in the policies, strategies and practices of the provincial health system and supported by long-term investments?
- 4.2 How can away-from-home clients be better supported through new investments and existing funding sources?
- 4.3 What changes should be made to existing funding mechanisms to give more clarity on funding use and/or enhance flexibility and improve communities' ability to meet need for services?
- 4.4 Are there other recommendations to generate value through investment?

5. Health Outcomes: Improvement but More Progress Needed

KEY FINDINGS

There are early signals on improvement of health outcomes; however, more progress is needed. The First Nations health data governance has shifted the paradigm to health and wellness indicators.

Five years is an insufficient amount of time for observable shifts in health outcomes at the population level however, First Nations are not making health gains as quickly as the rest of the population. Accelerating progress will require greater effort across governments and across First Nations organizations on issues at the root of wellness/determinants of health.

5. Health Outcomes: Improvement but More Progress Needed

DISCUSSION QUESTIONS

5.1 How can the paradigm be further shifted from sickness-based to a wellness-based measurement of health and wellness, rooted in the self-determination of First Nations peoples to tell their own health and wellness stories?

5.2 How can the knowledge and awareness of data stewards be increased in the collection and use of First Nations data and coordinate data holdings across multiple health system players?

5.3 What actions do you recommend partners undertake to make significant shifts in health outcomes for First Nations in BC?

6. Engaging on the Design of the Next Tripartite Evaluation (2024)

The next Tripartite Evaluation is anticipated to be completed by 2024. Planning for this evaluation will begin in 2021. The first step in the planning process will be to develop an evaluation framework which will provides details of scope, evaluation issues and questions and methodology.

DISCUSSION QUESTIONS

- 6.1 How would you prefer to be engaged for further input on the evaluation design?

- 6.2 Do you have any early suggestions for issues and questions you would like to see examined in the next Tripartite Evaluation?

- 6.3 Is there an approach to data collection that you would recommend to support culturally safe and Indigenous methods of evaluation?