

# GWX

Gathering Wisdom  
*for a Shared Journey*



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# Tripartite Evaluation Overview

Tripartite Evaluation Report		
<b>Governance, Tripartite Relationships and Integration</b> <ul style="list-style-type: none"> <li>Effectiveness of Tripartite Relationships</li> <li>Regional Partnership Accord Evaluations</li> <li>Effectiveness of Governance Structure</li> <li>Reciprocal Accountability</li> </ul>	<b>Health and Wellness System Performance</b> <ul style="list-style-type: none"> <li>Joint Program and Primary Care Project Evaluations</li> <li>Individual Project and Program Evaluations</li> <li>Regional Partnership Accord Evaluations</li> </ul>	<b>Health and Wellness Outcomes</b> <ul style="list-style-type: none"> <li>Tripartite First Nations Health Plan Indicators (7 total)</li> <li>Wellness Indicators (15 total)</li> <li>RHS Outcome Data</li> </ul>
<b>Immediate Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Transformational Outcomes</b>

- Evaluation Report every five years as per the Framework Agreement (FA)
- Purpose is to tell their story of change amongst the partners and within the broader system
- IC provides oversight of the overall Tripartite Evaluation
- Tripartite Evaluation Working Group (TEWG) reports to Executive Leads from FNHA, ISC, and MoH
- Components of the evaluation had their own governance structures / steering committees (for example, Regional Partnership Accord evaluations)
- Components of the evaluation were contracted externally

**Focus of the First Evaluation Report (2013-2018)**



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# Tripartite Lines of Evidence & Reporting Products

## Regional Partnership Accord Evaluation Reports

- Vancouver Coastal Partnership Accord Evaluation Report
- Vancouver Island Partnership Accord Evaluation Report
- Northern Partnership Accord Evaluation Report
- Fraser-Salish Partnership Accord Evaluation Report
- Interior Partnership Accord Evaluation Report
- Cross Regional Report (RPAs)

## Technical Reports & Sub-Evaluations

- JPB Project Annual Report Analysis
- JPB Prototype Project Evaluations & Analysis of Barriers
- Implementation on Fund Evaluation
- Technical Report on IC TCFNH Survey, Interview and Focus Group Findings
- FNHA-FNHC-FNHDA Relationship Agreement Evaluation
- Evaluation of FNHA's Health Benefits - Pharmacy Program for BC First Nations
- Health Actions Evaluation

## Data reports

- Regional Health Survey
- Population Health and Wellness Indicators Reports (Chief Medical Officer and Provincial Health Officer)
- Health Systems Matrix Analysis (First Nations Health Authority)
- Patient Reported Experience Measures/Patient Reported Outcome Measures

## Case Studies

- Cultural Safety Case Study Report
- Maternal Child and Family Health Case Study Report
- Data and Information Governance Case Study Report
- Health Actions Case Study Report
- Overdose Response Case Study Report

## Complementary Evaluations

- FNHA Board of Directors Evaluation
- FNHC Evaluation
- FNHA Evaluation
- Evaluation of ISC's (formerly Health Canada) role in supporting BC First Nations as a Governance Partner



Tripartite  
 Evaluation  
 Report

December  
 2019

~ 1,000 Participants





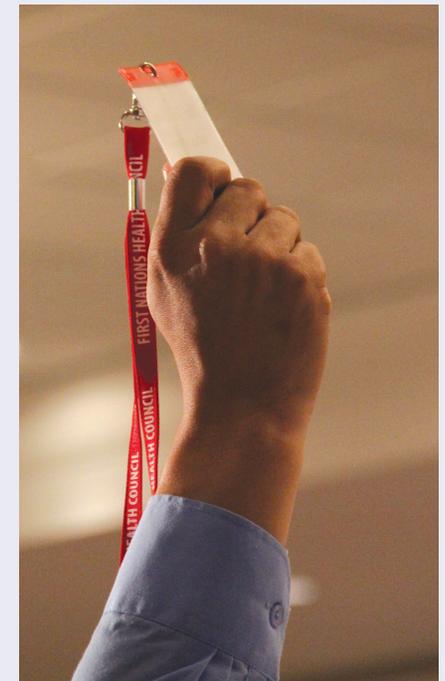
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# Tripartite Framework Evaluation Conclusions

# 1

## Success Factors

The *parties achieved successful completion of Transfer* due to commitment and openness of partners, disciplined negotiations processes, established success factors, dedicated funding, and robust briefing/communications/Engagement processes.



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# Tripartite Framework Evaluation Conclusions

## 2

### Building Relationships, Establishing Priorities, Addressing Issues



#### SUCCESSSES

- Regional Partnership Accords have been **key to strengthened relationships and collaboration**.
- Collaborative approaches and tables are effective in establishing joint priorities and addressing issues, with **increased evidence of First Nations decision-making**.

#### CHALLENGES

- **Engagement fatigue** is emerging as a challenge.
- **The roles, relationship, and alignment** between the various tables and between the FNHC, FNHDA and FNHA can be improved.

Governance structure and partnerships with federal and provincial governments demonstrates reciprocal accountability and have facilitated improvements.



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



### SUCCESSSES

- Use of ceremony in the work, **embedding cultural healing in western models of health care**, designing new wholistic services and models of care based on “the First Nations Perspective on Health and Wellness.
- Momentous **commitments to cultural safety and humility** among health system partners is leading to action at **local, regional and provincial levels and across a broad range of organizations, including some outside the health system.**

### CHALLENGES

- Jurisdictional issues regarding **service delivery in-community and away-from-home.**
- Nations straddling multiple health authority catchment areas.
- Top reported barriers to health services by First Nations in community: **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 care/services.**
- **Racism** persists.

3





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# Tripartite Framework Evaluation Conclusions

## Generating Value Through New Investment

### SUCCESSSES

- **Flexible funding streams** support longstanding needs, complement existing funding sources/western health systems. This includes community-driven projects that embed local and traditional values and which focus on cultural wellness and healing as well as new holistic service delivery models that blend the **“best of both worlds.”**
- First Nations health data governance **supports safe and ethical use of information** and is driving health system planning and investment at local, regional and provincial levels.
- **Federal and provincial funding provided** that would not have been secured **without the existence of the First Nations health governance structure.**
- **New services are available and new service models are emerging**, e.g., Joint Project Board, Mental Health and Wellness MoU, and First Nations-led primary care projects.

### CHALLENGES

- **Some funding and resources are short-term and temporary**, which creates challenges with sustainability of programming and services.
- **Balancing organizational growth and investments** at the provincial, regional and local/ community levels **to ensure long-term sustainability.**
- Existing funding allocation mechanisms primarily support at-home clients with **fewer opportunities for investments to support away-from-home clients.**

# 4



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# Tripartite Framework Evaluation Conclusions

## 5

### Health Outcomes: Improvements but More Progress Needed

#### SUCCESSES

- The Population Health and Wellness Agenda has *shifted the paradigm to health and wellness indicators*.
- *There has been progress* on a number of key public health indicators.

#### CHALLENGES

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



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# Full Report Available

Hardcopies distributed today and at the evaluation booth

Reports can be accessed online on the FNHA website at:

<https://www.fnha.ca/about/governance-and-accountability/audits-and-evaluations>



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# What's Next?

- Further dialogue on evaluation findings through multiple engagement opportunities over the next year
- Engagement on findings to inform an action plan for future work for the Partners and FNHA

Additional questions regarding the evaluation?

Email: [Evaluation@fnha.ca](mailto:Evaluation@fnha.ca)

Visit the booth!



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# Q & A

