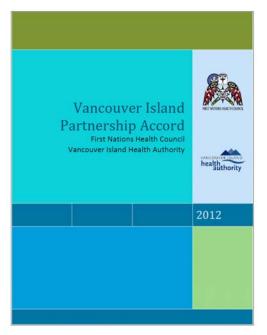


Vancouver Island
Partnership Accord Evaluation
Update & Preliminary Findings
Regional Governance Caucus



About the Partnership Accord



Original Partnership Accord signed in 2012 between

- Vancouver Island Regional Caucus
- Island Health
- FNHA

Vancouver Island Partnership Accord BETWEEN Vancouver Island Regional Caucus Island Health First Nations Health Authority First Notions Health Authority Health Prough walkers island health

Renewed in 2016





Purpose of the Partnership Accord

"a relationship document intended to strengthen partnership and shared decision-making between the Parties towards a shared goal of improving the health outcomes of and creating a more integrated, culturally appropriate, safe, and effective health system for First Nations on Vancouver Island"





Purpose of the Partnership Accord Evaluation

- Support ongoing growth, evolution and strengthening of the partnership and processes
- Reflect emergent environments, expectations and priorities
- Will inform legally required evaluation of the Tripartite Framework Agreement

Vancouver Island
Partnership Accord

Vancouver Island Regional Caucus Island Health First Nations Health Authority



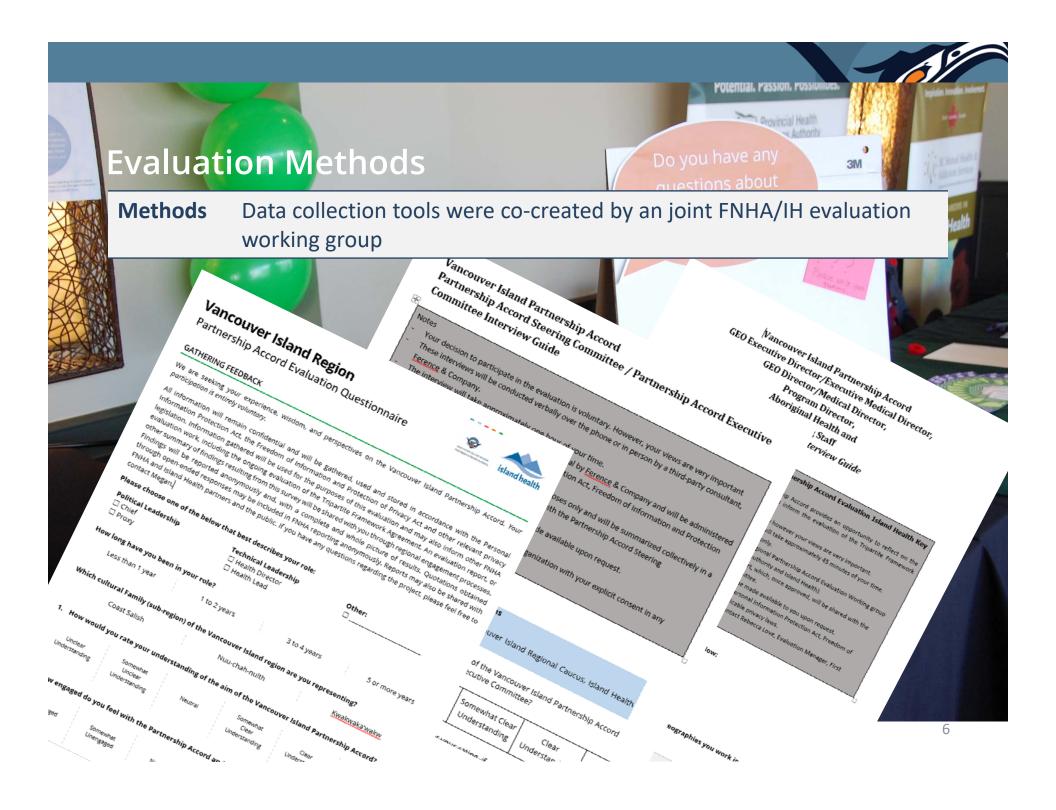
Evaluation Timeline

May 2018	FNHA/IH Working group convened Members appointed by PAEC
July-Dec 2018	Data collection & validation
November 2018	Presentation to Caucus and PAEC
Jan – April 2019	Analysis and writing
May 21, 2019	Update to PASC with draft findings
Today!	Update to Caucus with preliminary findings

Partnership Accord
Steering Committee

Partnership Accord
Executive Committee

Evaluation
Working Group





Who we heard from

68 Fall 2018
Caucus
participants
(48 surveys & 20
interviews)

~68% Response for survey ~ 20% Response for interview

11 PASC members

Third party consultant conducted inperson interview ~79% Response

26 Island Health participants

(17 online surveys & 9 in person interviews)

~32% Response for online survey ~ 75% Response for interview

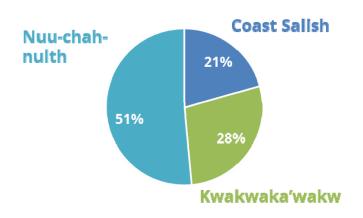
12 FNHA Regional staff

Third party consultant conducted inperson interview & Focus group Reviewed
Documents &
analysed
Patient
Reported
Experience data



Who we heard from

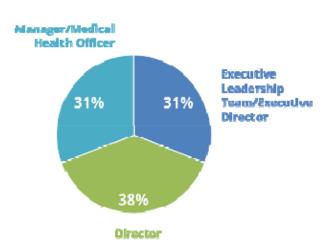
Caucus interviews and surveys (68 participants)





Island Health interviews and surveys (26 participants)







Future Timeline

- Summer 2019
 - Engage in Technical Advice Process
 - Present draft findings to Family HD Tables for discussion & consideration of draft recommendations
- Fall 2019
 - Report to Caucus
 - Report incorporated feedback at the Fall Caucus



Celebrating Successes, Evolution and Transformation

 There is evidence of innovation and transformation in the way partners work together since the signing of the PA

"We have been doing things the same way for a long time. The PA challenges some long held practices." Evaluation Participant

Innovation

 The PA has created a learning environment and with funding, Partners have been able to implement innovative ideas

"So as big and challenging and hairy as the problems may seem, we have huge opportunity and willingness from both sides to be bold in our approach to the work" Evaluation Participant



Governance

- The PA provides a structure, focus and accountability for shared work
- Separation of technical and governance discussions has been helpful
- Most groups are clear on most roles & responsibilities
- Challenges include turnover, lack of clarity for some areas of responsibilities and lack of mechanisms to operationalize PA objectives and support work on the ground



Awareness

- Awareness of the PA varied
 - Varying levels of awareness Less perceived awareness at front-line level

Communication

- Communications are occurring at multiple forums
- Regular communication is seen as beneficial to moving work forward
- Challenges include a lack of information on services available, difficulty knowing who to contact

"I think we need to do a better job at sharing information with communities that is relevant and accessible." Evaluation Participant "I'm one of those people that I'm not afraid to call it like it is. And people are respectful of that. And I think respect goes both ways." Evaluation Participant



Engagement

- Mixed evidence of engagement strong engagement in some areas
- Regional structures are being utilized to support engagement

"I have been a HD for 5 years and still don't feel engaged on this MOU. Partly due to the work on my plate but also because I have not been asked anything about this." Evaluation Participant

Relationships

- Relationships have been developing, strengthening and are highly valued
- Many strong relationships existed prior to the PA
- The PA helps justify time and resources dedicated to relationship-building



Collaboration & Partnership

- Evidence of collaboration and partnership at multiple levels
- Challenges include:
 - Turnover is disruptive to relationships and progress
 - Variations in capacity, size, flexibility and workload distribution of Partners
 - Time

"They [communities] all have a vision and an objective in mind on what they want to do but they can't achieve it because they don't have the capacity to do it... the smaller ones for instance, they can't get to that place." Evaluation Participant



Integration & Coordination

- Evidence of integration & coordination relating to planning, shared priorities and reporting
- Aboriginal Health Manager and Community Engagement Coordinator positions are helpful
- Challenges include:
 - lack of awareness of service offerings in community
 - Inability to share patient data across Partner organizations
 - Lack of coordination between acute facilities and communities

First Nations Decision-Making

 Some evidence of increased decision-making for First Nations, particularly relating to new programs/services



First Nations Perspectives on Wellness & Social Determinants of Health

- There have been shifts towards greater awareness, integration and openness to First Nations Perspective on Wellness in programs, policies and spaces
- Changes are not embedded across all areas of the health system
- The PA's focus on wellness and SDOH were appreciated and valued





Cultural Safety & Humility

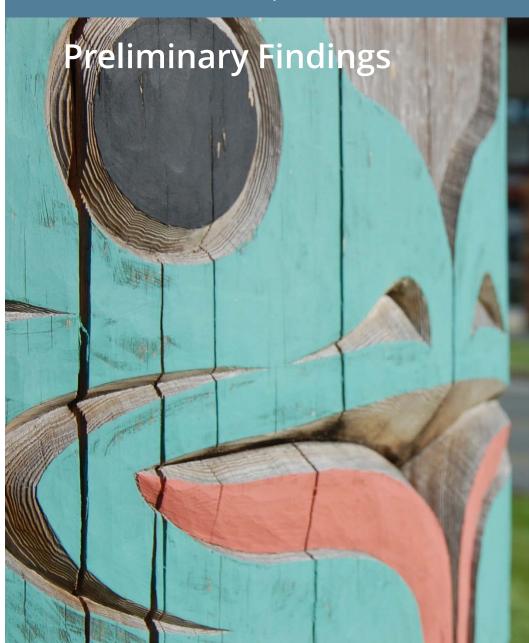
- Resources and efforts have been expended through focus, communication, training, staffing and resources
- Appear to be translating into greater awareness amongst some IH staff, shifts in language and how work is conducted
- Much work still to be done



"We are still pretty high level ... in terms of informing and changing practices at the point of care - still early days". Evaluation Participant

Trauma informed and Culturally Safe Emergency Care Nuu-chah-nulth Elders Workshop, September 2017 Photo credit: FNHA





Access, Availability and Quality of Health Services

- Need for greater access to health services and infrastructure was identified
- Facilitators to health system access include local delivery of services and telehealth
- Barriers to access include:
 - remoteness of communities
 - historical trauma experienced within the health system



Reporting, Monitoring and Evaluation

Monitoring progress and health outcomes are in the development stages

Resources

 Acknowledgment of the overall lack of resources with many competing demands, particularly for service delivery in more rural or remote locations