



Executive Summary: Evaluation of the

British Columbia Tripartite Framework Agreement on First Nation Health Governance

Executive Summary

The First Nations Health Authority (FNHA), the first province-wide health authority of its kind in Canada, is a component entity of a unique First Nations health governance structure developed by and for BC First Nations. This evaluation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance (2011)* (Framework Agreement) considers the effectiveness of the First Nations health governance structure, and roles and partnerships between First Nations, Canada and BC (the Parties), in improving health systems and services and health and wellness outcomes.

The Tripartite Implementation Committee oversaw the evaluation, creating a Tripartite Evaluation Working Group and engaging independent consultant support. The participatory and collaborative evaluation methodology included interviews, focus groups and surveys with key informants, supplemented by complementary evaluations, case studies and data reports. Each of these, as well as the Framework Agreement evaluation, is publicly available and includes a set of findings and recommendations to support learning and drive improvements. Approximately 1,000 people participated in the process and over 300 documents were reviewed. Given the extensive level of engagement, multiple lines of inquiry and numerous evaluation products, this report provides a high-level summary of this complex evaluation.

The evaluation demonstrates the extraordinary efforts and undertakings by the Parties– joint initiatives, tables and projects – spurred by the signing of the Framework Agreement and maintained through leadership and ongoing governance processes and forums. Cultural safety and humility and ‘hardwiring’ the First Nations Perspective on Health and Wellness into the BC health system are cornerstones of the work undertaken. The partners are taking steps to ensure a more integrated and coordinated landscape of health services for First Nations in BC through the inclusion of the FNHA and First Nations in various health system decision-making processes. The FNHA has influenced provincial policy approaches in many areas, including primary health care and mental health and wellness.

Regional Partnership Accords have been key in strengthening relationships and creating systematic structures and processes for collaboration at local and regional levels to discuss issues, develop shared priorities and collaborate on solutions. This has allowed for formal and informal relationships to flourish, particularly at leadership levels, and facilitated positive outcomes, including joint asset mapping and development of Regional Health and Wellness Plans and urban strategies.

This hardwiring and attention to governance relationships throughout the system is having an impact on health system performance in a number of ways. There are efforts at provincial, regional and local levels to make the health system more welcoming for First Nations through increasing cultural safety and humility. Leadership commitments to cultural safety and humility have been numerous and visible, leading to extensive education and training efforts, liaison and navigator positions, Elders-in-residence, integration of traditional wellness and medicines, and the creation of welcoming physical spaces to be reflective of local First Nations cultures, values and needs.

Additionally, there are signs that the accessibility of health services is improving. New investments to enhance health services have been made in areas such as primary health care, mental health and wellness and early childhood development. For example, the creation of new Joint Project Board projects has resulted in demonstrated improvements to access and availability of services, as well as to the cultural safety and humility of those services. Similarly, investments in mental health crisis response have led to a 50 per cent increase in the utilization of those services, serving more than 10,000 additional clients.

While there is some improvement in health system performance, there are still impediments to progress. Ongoing challenges include issues of information exchange and interoperability of electronic systems, the need for enhanced clarity of mandate, roles and responsibilities of service delivery entities (including the FNHA), and continued work to address deeply engrained racism and systemic bias. Barriers to accessing health services persist, such as jurisdictional issues regarding service delivery in-community and away from home, and Nations straddling multiple health authority boundaries. For the first time, province-wide baseline data about both the accessibility and quality of health care services for First Nations in BC are available and provide for ongoing measurement of progress, including in future tripartite evaluation reports. These data demonstrate the need to continue to support First Nations' access and attachment to culturally safe primary health care services.

Key informants deemed five years an insufficient amount of time for observable shifts in health outcomes at the population level, noting transformation of health outcomes will take time and be fuelled by further progress in governance partnerships and health system performance. At the same time, data demonstrate that some progress has been made in four of the five core public health indicators: age-standardized mortality rates, infant mortality rates and youth suicide rates, which showed slight declines, and life expectancy, which showed small improvements. Improvements have not been made on diabetes rates; however, diabetes rates are going up for other residents of BC as well. Given the fact that these indicators are improving for non-First Nations at a faster rate than for First

Nations, the partners acknowledge that attention is also needed to address the settings and circumstances in which First Nations health is shaped. A new Population Health and Wellness Agenda introduces an expanded suite of health and wellness indicators that supports a paradigm shift from a sickness-based to a wellness-based philosophy, and brings together Indigenous and western knowledge and ways of knowing.

The Framework Agreement evaluation highlights the depth and breadth of the systemic progress that has been made within a complex health system in five short years. The conclusions reached in this evaluation, paired with recommendations stemming from the Population Health and Wellness Agenda, provide a rich body of information and guidance to inform the next five years.

The work represented in this report is carried out on the unceded territories belonging to self-determining First Nations in what is now British Columbia. The Tripartite partners acknowledge and thank those who took the time to share their guidance and wisdom.

©2019 Copyright for this publication is held jointly by the First Nations Health Authority, the British Columbia Ministry of Health and Indigenous Services Canada. Any proposed amendments or changes to content in the future requires the approval of all three parties. This publication may be reproduced without permission provided the source is fully acknowledged.