Last Updated: September 11, 2024

The 10-year Strategy on the Social Determinants of Health (SDOH)

Frequently Asked Questions

Why is there a transition from the Mental Health and Wellness Memorandum of Understanding (MOU) to the 10-Year Strategy on the SDOH?

Part of the purpose of the MOU was to "provide the basis for the parties to work with First Nations in the development of a ten-year tripartite social determinants of health strategy that further supports and enables the implementation of Nation-based health and wellness plans." The 10-Year Strategy on the SDOH is the result of the commitments outlined in the MOU.

What are the SDOH?

The SDOH are the "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."[1] First Nations people have always recognized the complex factors that impact an individual's wellness such as mental, emotional, spiritual and physical elements. Broader factors like land, culture, community, family and Nations are also understood to be part of a fulsome understanding of wellness. The First Nations Perspective on Health and Wellness visually depicts this wholistic understanding of health and wellness, and describes the FNHA's Vision: Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

The Strategy notes that "traditional Indigenous healing approaches rely on intentionally keeping the factors of the social determinants of health in balance." These factors include:

- Culture, language and ceremony
- Income and social status
- Early childhood development
- Personal health practices and coping skills
- Physical environment
- Education
- Employment and working conditions
- Gender
- Genetics
- Social support networks
- Social inclusion
- Access to health services

The image below depicts the First Nations Perspective on Health and Wellness surrounded by the SDOH. A description of the Indigenous View of the SDOH can be found in *The 10-year Strategy on the Social Determinants of Health (SDOH).*

[1] World Health Organization, Social Determinants of Health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1 Retrieved 4/24/2024

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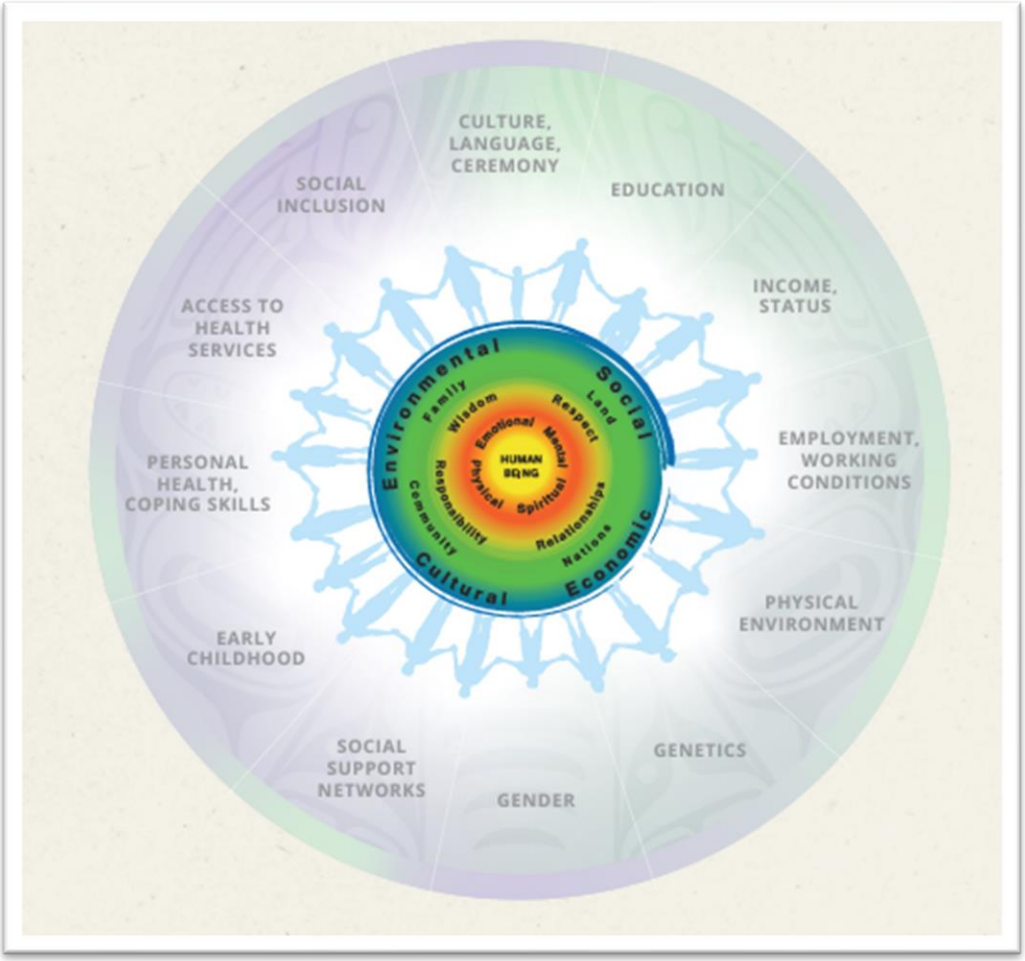

How were communities and Nations engaged on the funding approach?
The funding approach was designed based on what we learned through the implementation of the Mental Health and Wellness Memorandum of Understanding (MHW MOU) and what we have heard from communities regarding the shortcomings of the Indigenous Services Canada (ISC) funding model.

The FNHA brought the proposed funding approach to caucus for discussion in Spring 2023, Fall 2023 and again in Spring 2024. The FNHA also continuously engaged with the FNHC and our partners through Joint Planning meetings. In addition, the FNHC has discussed the approach quarterly since the strategy was approved by Chiefs in March 2023.

How much funding is available?
$15M/year – with equal $5M contributions from each: the First Nations Health Authority (FNHA), Indigenous Services Canada (ISC) and the Province of BC.

How were the funding approach decided?
The FNHA reviewed input from communities at regional caucuses, as well as findings from the Mental Health and Wellness MOU Implementation Evaluation to understand what First Nations wanted considered as part of the SDOH funding approach. This feedback highlighted the need to account for total population, members living at home and away from home, heightened service gaps and barriers to

access that rural and remote communities face and that no community be left behind. To best reflect this feedback, the allocation has been designed to:

- include a base amount to ensure every community receives a foundation to work with;
- account for a community's rural/remote location in a more comprehensive way; and
- be based on total population, inclusive of members living at home and away from home.

How is the rural/remote amount calculated?

Rural/remote allocations were derived using the BC Rural Practice Subsidiary Agreement (RPSA) which considers geographic isolation and accessibility of health services. It was created by the BC Joint Standing Committee on Rural Health of which the FNHA is a member.

The RPSA includes 7 criteria:

1. Number of designated specialties within 70km
2. Number of general practitioners within 35km
3. Community size
4. Distance from major medical community
5. Degree of latitude
6. Location arc
7. Rural Subsidiary Agreement (RSA) Specialist Centre

By using the RPSA, 154 communities will receive a remoteness top-up as compared to 112 under the ISC index.

What is the funding approach?

For each community: Base amount ($30k) + Remoteness Allocation (if applicable) of$15-25k) + Total Population Allocation

What can the funding be used for?

The SDOH include a wide range of factors that can impact a person's health and wellness. As such, the activities that could be supported through this fund are broad and could include services such as direct clinical support for mental health, life-skills training for community members, partnering with organizations related to sports and physical wellness or investing in staff to first create a plan around how the community of Nation wants to move forward. Costs may include salaries, supplies, training, capital or other related expenses.

The intent of the fund is to advance wholistic wellness at a Nation, community, family and individual level. It is flexible, and to be directed by Nations based on where they see the need, building on health and wellness plans.

Who do I contact about accessing funding?

Feedback from the MHW MOU evaluation identified an interest from communities and Nations in additional support from the FNHA to plan for the SDOH implementation. As such, the FNHA is hiring a team member to support the 10-Year Strategy in each region. In the interim, please email mhwmou@fnha.ca for further information.

Is a submission required to access the funding?

No. The funding is meant to be as low barrier as possible. The FNHA is working to flow the funding as soon as possible.

When will this funding need to be used by?
Each community or Nation will have an annual allocation and the agreement will be for an initial 3-year period. The funding is to be used in alignment with the flexible terms outlined in the Contribution Agreement or Health Funding Agreement (HFA) amendment. Given year one funds will flow part way through the year and the interest in building flexibility into the approach, carry forward of funds will be supported. In order to access the next year of funding referenced in the agreement, narrative reporting will need to be provided.
Please note that, aligned to leadership feedback, Fraser Salish initial HFA amendments will be 2 years in length. This is to provide opportunity to explore options for pooled funds across communities in the future.

Will I have to report on this funding?
Similar to the MOU, reporting is needed however, the content of the report and method of submission will be community or Nation led. Sharing the impact of the funding can be done in a way that is most meaningful to the community or Nation. This may include options such as an update letter; open-ended written summary; orally to an FNHA regional staff member over the phone; a visual presentation with photos and stories; or a combination of the above. Reporting will be outlined in the Contribution Agreement, HFA amendment or other funding mechanism.

Are any administration fees held back by the FNHA?
No, 100% of the funding will go directly to communities and Nations.

Will the MOU projects continue to receive separate funding under the MOU?
The SDOH fund is meant to replace this funding with a more flexible, long-term and sustainable approach. The SDOH funding can be used to sustain existing MOU projects or be used for other priorities related to the SDOH, building on health and wellness plans.

What supports are available?

- Each FNHA Region is being funded for 1 new position to support community planning around the SDOH.
- A SDOH Community of Practice of community-based roles will be established to facilitate information sharing and support.
- There is a toolkit being established by the First Nations Health Directors Association to support Health Directors in planning and implementing SDOH initiatives.
- Current reference materials include:
    - FNHA SDOH landing page
    - 10-Year Strategy on the Social Determinants of Health
    - Quick reference guide to the 10-Year Strategy and an overview of the SDOH
    - SDOH Fund Snapshot
    - Funding Resource Guide for additional grant opportunities