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Placemat - Cluster Evaluation of Health Infrastructure Support for First Nations and Inuit

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Cluster Evaluation of Health Infrastructure Support for First Nations and Inuit

Overview: Six programs were evaluated as a part of a cluster approach: Health Planning and Quality Management (HPQM); Health Services Integration Fund (HSIF); Quality Improvement and Accreditation (QI&A); Health Facilities Program (HFP); eHealth Infostructure Program (eHealth); and Health Human Resources (HHR).

Temporal: The evaluation examined 2015-2021.

Financial: \$2.04 Billion Program Expenditure; \$220 Million Special COVID Expenditures.

Evaluation Domains: Relevance, effectiveness, and efficiency, with a special focus on the pandemic and service transfer and the programs' interactions.

Clustering was used to understand the systemic implications of the group of programs. This evaluation provides a more holistic view rather than programmatic.

Effectiveness

The Cluster programs have made progress towards improving access to and quality of health care for First Nations and Inuit.

However, prominent obstacles impede the achievement of the Cluster's programs' respective intended outcomes: insufficient and unsustainable resources, both financial and human; impact of the pandemic on timelines and resources; lack of flexibility of program parameters to meet specific

needs of communities; lack of cohesion and coordination between programs; and a misalignment of western data-based reporting approach to Indigenous ways of knowing.

Overall, the effectiveness of relationships between program partners varied significantly between program, region, and stakeholder group due to a number of factors.

Service Transfer

Service transfer is a complex endeavour with many conditions required to achieve success, including: effective relationships and buy-in from relevant stakeholders; knowledge and expertise of health services delivery; access to and control of sustainable funding; and strong governance structures.

Key themes in barriers towards successful service transfer included: Insufficient level of funding; continuous turnover of ISC staff; ineffective or restrictive approaches to transferring services; and varying state of readiness of distinct communities for transfer within shared regions.

There is a need for increased, intentional collaboration amongst key program partners, with particular attention paid to clarifying roles and responsibilities between ISC HQ and ISC regions, as well as improved communications around service transfer (definition and clarity on how to effectively support it).

COVID-19 Response

COVID-19 exacerbated preexisting issues (e.g., insufficient facilities, staff shortages, emergency preparedness), but FNIHB's swift response and a few instances stand-out as successes: temporary facilities for isolation and vaccine clinics were often purchased and delivered quickly to support communities; accredited health services were better prepared and had

fewer negative outcomes; communities that had eHealth tools were able to adapt more quickly; and good relationships between First Nations and provinces, facilitated by HSIF, allowed for better care.

Lessons were learned in the pandemic around emergency preparedness and opportunities to improve efficiencies and innovate in health care service delivery were identified.

Efficiency

Financial constraints, insufficient human resources, and lack of coordination prevent the cluster of programs from achieving greater potential. High quality relationships, reduced siloes and Indigenous data sovereignty are all conditions that contribute to greater efficiency.

Relevance

The evaluation found there is continued need for the Cluster of health infrastructure support programs.

Best Practices

- First Nations Health Authority
- National Aboriginal and Torres Strait Islander Health Plan (NATSIHP)
- New Zealand Māori Health Strategy – He Korowai Oranga
- Southcentral Foundation's Nuka System of Care

Next Steps

The next evaluation of these programs will occur in 2026.

Management Response and Action Plan (MRAP)¹

Recommendation: FNIHB works with First Nation and Inuit partners to co-develop and begin to implement a strategy – including identifying partners, approach and timing – to build capacity among Indigenous health leaders, health service providers, and supporting roles to increase opportunities for training and knowledge sharing between communities.

Action:

- a. By **December 2023**, initiate a community of practice for Health Systems Transformation;
- b. By **December 2024**, review strategies and actions to enhance the collaboration with the First Nations Health Managers Association in health transformation activities;
- c. By **December 2024**, review and reiterate support to activities and/or initiatives such as training provided to community-based workers working in health promotion and disease prevention in First Nations and Inuit communities; support for the First Nations Health Managers Certification offered by the First Nations Health Managers Association; Indigenous-led Accreditation supports; development of an Indigenous Advisory Committee to support the implementation of best practice standards using accreditation tools in partnership with communities.

Recommendation: In order to achieve a more holistic and effective approach to service transfer, an alignment and integration between evaluated programs within FNIHB and ISC's broader vision of service

transfer is required. It is recommended that FNIHB works with First Nations and Inuit, along with ISC Strategic Policy Sector and Regional staff, in collaboration to:

1. Develop a workplan to communicate the department's vision of what service transfer means in relation to the programs evaluated; and
2. Conduct an assessment that identifies commonality and redundancies between evaluated programs to support integration of programs and gradual transfer of services.

Action:

- a. By **June 2024**, review Health Systems Support Program communication materials and approaches to identify specific updates that SPPI could make in order to align its communications with partners' expectations and Departmental communications objectives.
- b. By **March 2025**, through Health Transformation, a collaborative trilateral process focused on the development of governance, SPPI will explore what elements of the Health Systems Support Program could link to Health Transformation Initiatives.

Recommendation: Leveraging existing needs assessments, engagement efforts, and consultations, develop a funding approach that addresses funding gaps and provides flexibility and sustainability to the programs evaluated.

Action:

- a. By **March 2024**, FNIHB, will gather existing needs assessments for the program areas of the evaluation and by **March 2025**, review these assessments and outline strategies to address a shortlist of

immediate gaps and/or specific sustainability challenges of these program areas.

- b. By **December 2024**, will assess how the Indigenous Health Equity Fund (IHEF) model presents an opportunity for further program funding to flow with maximum flexibility in broad support of Indigenous self-determination. By **June 2025**, an assessment will result in a list of potential amendments to be considered as part of a future program terms and conditions reform.

Recommendation: To allow for uniform, but flexible, program application to equitably serve communities:

1. Perform an assessment of internal human resourcing to inform an internal human resources strategy in FNIHB that appropriately staffs and retains employees within the programs evaluated; and
2. Create mechanisms to ensure program staff have common knowledge and understanding between and within evaluated programs and foster ongoing opportunities for knowledge exchange.

Action:

- a. FNIHB will work with Human Resources Branch to review current staffing and retention processes by **December 2024** to determine whether there are recruitment and retention challenges unique to the program areas captured under the evaluation and what modifications to FNIHB HR strategies are required to address them;
- b. By **June 2024**, FNIHB will review existing on-boarding and introductory kits for new staff joining these program areas.

- c. By **December 2024**, SPPI, supported by regions, will review existing community of practice mechanisms for knowledge exchange across regional staff.

Recommendation: FNIHB works with partners to develop a meaningful performance measurement strategy with the Chief Finances, Results and Deliver Officer Sector's (CFRDO) Results and Delivery Unit and supporting data collection and management strategy with Chief Data Officer (CDO) and Chief Information Officer (CIO) to support Indigenous data sovereignty in health services.

Action:

- a. By **March 2025**, the Performance Measurement Unit (PMU) at FNIHB with CFRDO will develop new meaningful Program Information Profiles that align with service transfer objectives.
- b. By **June 2024**, we will continue to remain abreast of discussions with partners led by the CDO and CIO through established governance / committees / tables as part of departmental efforts regarding control and transfer of data.
- c. By **June 2024**, Surveillance Health Information Policy and Coordination Unit (SHIPCU) and PMU will reach out to the CDO and CIO to discuss how they can support advancing Indigenous data sovereignty for the development of a health data collection and management strategy.

Footnotes

- 1 This is a condensed version of the MRAP. For a complete copy, please refer to the Cluster Evaluation of Health Infrastructure Support for First Nations and Inuit final report.

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