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National Evaluation UPDATE

First Nations and Inuit Home and Community Care Program

Fall 2004

Welcome to the second edition of the National Evaluation Update. This newsletter provides an update on the First Nations and Inuit Home and Community Care (FNIHCC) program's national evaluation activities. It describes what is being done now and the plans for future evaluation activities. Health Canada wants you to be informed about all evaluation activities of the program. Please share this newsletter with others in your community.

If you missed the first issue of the newsletter, you can get a copy from your First Nations and Inuit Health Branch (FNIHB) regional office (see the last page).

This issue includes a summary of the findings of the Implementation Study, which was the first evaluation study of the FNIHCC program. We will also describe the next phase, the Home Care Needs Study, which will be starting this fall.

The national evaluation of the program includes three studies in total. The next two studies will look at how well the program meets community needs. These studies will look at the program to see how it can support or complement care in other settings. They will also evaluate the program to see how successful it is in keeping people in their homes and maintaining their health. The evaluation recognizes the importance of culture and community to First Nations and Inuit people.

When all three studies have been completed, it is expected that there will be a set of recommendations to improve the program.

Key findings and observations of Study 1: Implementation Study

This was the first of three studies of the program. Many thanks to everyone who participated. You have helped us to learn more about how the program was implemented at the community level and how effective it has been so far.

A copy of the study results, which includes an executive summary, will be available at your FNIHB regional office and on our website in October 2004. http://www.hcsc.gc.ca/fnihb/phcph/fnihccp/

The implementation study was set up to answer many questions:

- Were FNIHCC program activities carried out as they were intended, and are they effective?
- Was the implementation flexible enough so the program could meet the needs of different regions and communities?
- Was the Planning Resource Kit useful to communities?
- Were there specific program implementation issues among the First Nations and Inuit communities, and how well were they addressed?

Study participants generally agreed that the FNIHCC has responded reasonably well to the identified home care needs of First Nations and Inuit communities. In many communities, there are now at least basic services in place. Previously, services of any kind were unavailable. They also noted other positive results, such as the ability of communities to provide services to clients in their own homes, an improved quality of care, enhanced capacity to provide services, and improved quality of life and outcomes for clients.

There is also agreement that the FNIHCC is just a beginning, particularly for those communities that have been able to implement only minimal services with their funding allocation. Many stakeholders emphasized the need to examine ongoing funding to sustain and expand the program and to respond to needs in areas such as respite care, palliative care, and mental health services.

> ***...stakeholders often pointed to the collaborative, consultative approach to program planning, development and implementation.***

When asked to identify what worked well about the implementation of the FNIHCC, program stakeholders often pointed to the collaborative, consultative approach to program planning, development and implementation. This approach involved First Nations and Inuit directly in these activities and resulted in a strong sense of ownership of the program. Many found that the Planning Resource Kit and the structured planning process were useful. They also singled out the energy and commitment of staff at the community level as a significant strength of the program and as a key factor in its successful implementation.

Some aspects of program implementation that did not work as well include:

- the funding formula as it applies to small and/or remote communities
- the short time frame for program implementation
- problems with a revised reporting system
- obtaining buy-in at the community level from the political leadership
- communication issues between the national and regional Health Canada offices.

Here is a summary of some of the findings:

- **Planning Resource Kit:** Many communities found the Planning Resource Kit to be a useful and flexible resource, but some did not feel it was specific enough or that it was not appropriate for their community (this was especially true North of 60).
- **Full Service Delivery:** The program has funded 96% of eligible communities. While some of these communities are still in planning, 78% of communities are in full service delivery. These communities represent 88% of the eligible population. However, some communities are not yet funded and/or have not yet reached full service delivery. Examples of barriers to full service delivery are access to funding for training, recruitment and retention issues, and community capacity.
- **Training:** Many communities need ongoing funding for training needs, but the FNIHCC does not have access to funds for this.
- **Capital Funding:** Many communities need more capital development funding, but the FNIHCC does not have access to these funds on an ongoing basis.

Health Canada is committed to using the findings to improve the current management of the program.

- **Program Support and Roles:** The FNIHCC has limited resources for the second- and third-level of program support and the roles are not always understood. The roles played by the national and regional offices of Health Canada and provincial/territorial organizations and Tribal Councils are not clear to all stakeholders.
- **Reporting:** Communities have expressed an interest in receiving regular reports from Health Canada with an analysis of their program reporting data.

What will Health Canada do with these findings?

While final recommendations must wait until all three studies have been completed, Health Canada is committed to using the findings to improve the current management of the program. For example, along with our regional partners, we continue to look at how training and capital issues might be addressed. The FNIHCC has also made a commitment to provide an analysis of information provided by communities for community use. Some of these issues are also addressed in

the 2000-2002 and 2002-2003 Annual Reports for the program, available through your FNIHB office.

What is happening next?

The Home Care Needs Study will run from September 2004 to January 2005. It will look at the needs for home and community care in First Nations and Inuit communities and whether the program is meeting these needs. A resource will be developed that could be used to learn more about the experiences of clients, care providers and community leaders across the country.

Training Task Group International, an independent research firm based in Ottawa, was chosen to carry out the work through a competitive Government of Canada selection process. The company has extensive experience in both home care and working with First Nations and Inuit people.

Here is a profile of some of the team members:

Dr. Emily Jane Faries is from the Moose Cree First Nation located in the James Bay area. Her academic background includes four university degrees, with a PhD in Education from the University of Toronto in 1991.

Currently a professor at Laurentian University, Dr. Faries has extensive experience working with First Nations people. She was a recipient of the National Aboriginal Achievement Award in 1998 in recognition of her academic achievement and contribution to her people.

Kallen Martin is a member of the Mohawks of Akwesasne and lives in the community. She has spent 10 years in the health field, where she has been involved in establishing community addiction and prevention programs, including work with Health Canada. Throughout her career, Kallen has consulted with a variety of groups and agencies, mostly at the community level. She has also done work on environmental issues. Kallen recently began working on a PhD in Social Science, expecting to complete her dissertation by early next spring.

The firm also draws on the home care expertise of Dr. Malcolm Anderson, one of the most internationally well-respected leaders in the home care field, and Donna Nicholson, a health professional with more than 25 years of experience in home care and health.

How will the study be done?

We will be asking the Health Canada regional offices to work with First Nations and Inuit organizations to identify 10 communities the team could visit. Each of the 10 communities will receive a letter of invitation to participate which will explain what will be expected. Community participation is voluntary. Looking at the program in these communities will help us to paint a picture of how well the national program addresses the needs.

The researchers will collaborate with communities to develop a needs reassessment tool which can be used to examine the impact of the program in their community. The tool will include training materials so that other communities can use it later if they wish to find out how well their programs are meeting needs.

In the next step, these 10 communities will use the tool, with the assistance of the researchers, to conduct a reassessment of their home care needs. This assessment will be compared with the situation before the program was implemented. Each participating community will be compensated, as we recognize that this work takes time away from other home care activities (up to $2,000 for each participating community is available). The visits will also include focus groups and interviews with the communities. These visits are expected to take place in the fall of 2004.

The study will also include focus groups with service providers across the country in the fall of 2004 and interviews and collaborative work with people knowledgeable about the program. Health Canada regions, Assembly of First Nations and Inuit Tapiriit Kanatami will be asked to help identify potential participants in the study. You might be asked for your voluntary participation. Your input is very valuable to us.

We have also asked the researchers to work with communities to develop a resource that we could use in the future to gather the insights of clients, service providers and community leaders on how the program is working.

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It is important to note that this is only a first stage, to find an information gathering approach that might work and is acceptable to First Nations and Inuit communities. The methodology and questions will be developed using a collaborative approach that calls on the wisdom and expertise of communities across the country. If it proves successful, Health Canada plans to ask First Nations and Inuit researchers to work with communities that agree to participate to collect this information for the first time next year. The plan is do this every other year.

A report on the results of this study will be published in spring 2005.

For further information

Contact the National Coordinator, FNIHCC program at (613) 941-3465 or visit us online at http://www.hc-sc.gc.ca/fnihb/phcph/fnihccp/.

You can also request more information about the evaluation process from your FNIHB Regional office.

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