

RESULTS AT A GLANCE – Evaluation of the First Nations and Inuit Home and Community Care Program

Introduction

- The First Nations and Inuit Home and Community Care Program (FNIHCC) administers contribution agreements with First Nation and Inuit communities and territorial governments to fund the administration of home care by registered nurses and trained certified personal care workers in 455 First Nation and Inuit communities. This is to enable First Nations and Inuit individuals with disabilities, chronic or acute illnesses, and the elderly to receive the care they need in their homes and communities. Care is delivered primarily by home care registered nurses and trained certified personal care workers.
- The intended outcomes of FNIHCC are: improved access to home and community care services; increased effectiveness of services; improved coordinated and seamless responses to home and community care needs; and increased use of quality improvement, including patient safety processes, to respond to home and community needs.
- Expenditures for FNIHCC increased from approximately \$102 million to \$117 million from 2012-13 and 2016-17.

What the evaluation found

- Demand for services is projected to increase and become more complex.
- The priorities of the Government and Indigenous communities are generally aligned with respect to the care provided under FNIHCC; however, existing policy and legislative gaps risk creating or maintaining disparities between Indigenous and non-Indigenous Canadians.
- Communities are supported in their training and capacity-building efforts, but there are gaps especially for personal care providers, and these disproportionately affect smaller and more remote communities.
- In general, interview and survey respondents believed First Nation and Inuit people receive an amount of service hours that in many cases is seen as superior to neighbouring non-Indigenous communities, but significant gaps remain.
- The extent to which clients are provided with quality services and are having their needs met is viewed generally positively, but limited resources and communication issues were cited as barriers to meeting client needs.

- FNIHCC coordinates and collaborates with other programs and services at both local and regional levels. In some communities, FNIHCC and the Assisted Living Program have been integrated from a service delivery perspective.

Recommendations and responses

- 1. Develop a strategy to measure current and prospective demand of services relative to capacity to provide services, in order to better inform policy directions on the extent of need as well as the coverage of different types of services.**

Response:

- By the end of the second quarter of 2019-20, the FNIHCC will collaborate with the Assisted Living Program, regions and partners to develop an approach to engagement regarding the development of data and reporting strategies that could further enhance the understanding of community needs for home and community services.*
- By March 2020, engagement will be completed and a report produced that will outline a data strategy that could include the use of non-program data sources, as well as modifications to the collection of program data.*
- By April 2021, implementation of the revised data strategy will be completed.*

- 2. Better support communities in the training of personal care providers and to address issues of recruitment and retention of qualified FNIHCC personnel.**

Response:

- By the end of the second quarter of 2019-20, Headquarters and regional FNIHCC staff will develop an approach and funding requirements to support communities with the training of community employed personal care workers.*
- By the end of the second quarter of 2019-20 and in collaboration with First Nations Health Managers Association, FNIHCC Headquarters staff will explore gaps in training and propose options to address any gaps.*

iii. *By the end of 2019-20, regional FNIHCC staff will, where desired by communities, work with communities through regional tables or other fora to support communities in their development of staffing plans and recruitment and retention strategies for FNIHCC.*

3. Work with communities to develop communications strategies to improve coordination and communication with provincial/territorial/regional health services.

Response:

i. *During 2019-20, FNIHCC regional staff will work through regional partnership tables or other fora to determine the needs of communities and barriers to improved coordination and communication with provincial/territorial/regional health services.*

ii. *Also in 2019-20, FNIHCC regional staff will support communities in their engagement with provincial / territorial/ regional health authorities to improve coordination and communication of services.*

iii. *In 2019-20, FNIHCC will work with interested partners and provincial/territorial health authorities to develop a mechanism to share best practices and approaches to improvements in service and care coordination.*

iv. *In 2020-21, a mechanism for sharing best practices and approaches to service and care coordination will be implemented.*

4. Where desired by communities, provide more flexible funding options that cover the spectrum of services currently available through both the FNIHCC and Assisted Living Program, including working with communities who wish to move from set to flexible funding arrangements to better manage services in the long term.

Response:

i. *Beginning in fiscal year 2019-20, FNIHCC regional staff and regional funding officers will work with communities to move funding agreements from set to flexible.*

ii. *In 2019-20, FNIHCC will work with the Assisted Living Program and partners to review program authorities to reduce areas of duplication, and identify gaps that could be closed through a clearer definition or elaboration of each programs' authorities.*

iii. *In 2019-20, FNIHCC will work with the Assisted Living Program, partners and communities in determining and implementing options for joint funding arrangements.*

iv. *In 2019-20, FNIHCC will work with the Assisted Living Program to develop options for a new policy authority that would fund a continuum of health and social supports and services in communities. These options would then be presented to the Department's Senior Management Committee by the fourth quarter of 2019-20.*

About this evaluation

The evaluation assessed the relevance and performance of the FNIHCC between 2012-13 and 2017-18. Methods used were literature review, document review (including performance information), key informant interviews with external and internal stakeholders, case studies, surveys of health care professionals, and review of financial data.