



National Evaluation

UPDATE

First Nations and Inuit Home and Community Care Program

Spring 2004

This is the first newsletter about the evaluation of the First Nations and Inuit Home and Community Care (FNIHCC) program. It will give you updates on the program's national evaluation activities, including what is being done now and what will take place next. Health Canada wants you to be informed about all evaluation activities of the FNIHCC. You are welcome to share this newsletter with others in your community.

History

The objective of the FNIHCC program is to set up or enhance home and community care services. The program is a coordinated system of health-related services. It helps First Nations and Inuit people of all ages with acute or chronic illnesses to receive the care they need at home or within their community. All First Nations and Inuit people of any age living in Inuit settlements, First Nation reserves or a First Nation community north of 60 are eligible. Recipients must have been formally assessed as needing one or more of the essential continuing care services.

Health Canada wants you to be informed about all evaluation activities of the FNIHCC.

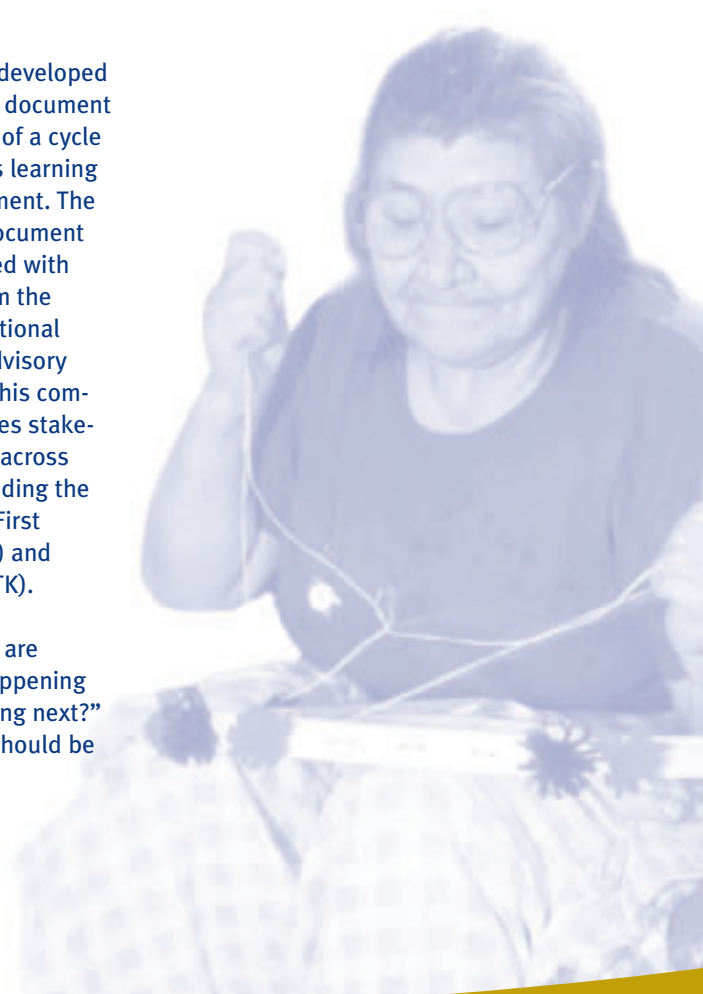
Health Canada created the FNIHCC program in 1999 to meet the urgent need for home and community care in First Nations and Inuit communities. Now that these communities across the country have had some experience with the program, we are doing three evaluation studies to help ensure that FNIHCC home care services are meeting their needs.

A framework document was developed to guide the evaluation. This document describes evaluation as part of a cycle

of continuous learning and improvement. The framework document was developed with guidance from the program's National Evaluation Advisory Committee. This committee includes stakeholders from across Canada, including the Assembly of First Nations (AFN) and

the Inuit Tapiriit Kanatami (ITK).

The three evaluation studies are described under "What is happening now?" and "What is happening next?" Reporting on these studies should be completed in 2005-06.



Why evaluate?

The findings of these studies will help us learn what is working and what needs to be improved on a national basis. Health Canada, with advice from the National Evaluation Advisory Committee, will oversee the evaluation.

Individual community programs will also decide whether and how to conduct evaluations of their own programs.

What is happening now?

The first of the three studies, known as the “implementation study,” will look at whether the program has been put in place as intended. This study is being done now, and a report will be available in summer 2004.

The Government of Canada held a competitive process to choose the contractor for the evaluation. Prairie Research Associates (PRA), an independent research firm in Winnipeg, was selected to do the implementation study. PRA has done a lot of evaluation work with First Nations and Inuit community programs, and has Aboriginal staff involved in the research.

What is this implementation study supposed to find out?

- Were FNIHCC program activities carried out as they were supposed to be, and are they effective?
- Was the implementation flexible enough so the program could meet the needs of different regions and communities?

- What was the value and effectiveness of the Planning Resource Kit (PRK), provided by the program to interested communities?
- Were there specific program implementation issues among the First Nations and Inuit communities? How well were they addressed?

The research will also help us collect data that will form the basis to study and report on the program over time.

How will the implementation study be done?

The National Evaluation Advisory Committee provided advice on how the implementation study should be done and what it should include. The study involves five activities:

- **Site visits** to nine First Nations communities and an Inuit focus group. Site visits ensure that the communities' points of view are included in the national evaluation.

Each Health Canada region, working with First Nations organizations, suggested the names of

two communities. Nine communities were chosen from this list. The ITK chose and invited the Inuit focus group participants from four Inuit regions. These site visits included talking circles, interviews and a review of administrative documents provided by communities. Keeping the privacy of clients is a key concern, so the individual participants in the study will not be identified. All site visits were done by the end of March 2004.

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- **Interviews** with people familiar with the program from communities across the country, First Nations and Inuit representatives, and Government of Canada managers. These people were chosen from names suggested by Health Canada regions and the AFN and ITK. In total, 45 interviews were done under the evaluation contract. The interviews took place in March 2004.
- **A survey of second-level service provider staff.** These staff have responsibilities in case management, coordination, supervision of direct service providers, quality assurance monitoring, provision of program and practice expertise, administrative, management and program accountability. All 79 people whose names were put forward by regions were surveyed in March 2004.
- **A literature/document/data review.** The review to be included in the final report will be based on national records of summary staffing, training and implementation information for the program.
- **A final report** in June 2004. The report will provide advice on how to improve the program. It will be available—to communities and the public—from your First Nations and Inuit Health Branch (FNIHB) Regional office (see address list below).

We hope that those who could not participate will consider taking part in future studies. Your participation provides valuable insight that can help

make the program even better. We will inform you about opportunities in upcoming newsletters.

What is happening next?

Look for information on these upcoming studies in our next newsletter:

- May to December 2004—In the second study, we will look at the needs for home and community care in First Nations and Inuit communities and whether the program is meeting them. At that time, we will also begin to develop a survey to learn about the experiences of clients, care providers and community leaders.
- December 2004 to Fall 2005—In the third study, we will look at three goals of the program:
 - Does the program provide care that would otherwise require hospitalization?
 - Does the program allow people to stay in their communities?
 - Does the program prevent health from getting worse?

This study will also look at whether the program is:

- helping to improve the health of people in communities, and
- whether the program can continue to be successful in achieving the goals in future years.

Your participation provides valuable insight that can help make the program even better.



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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