EVALUATION

OF ABORIGINAL HEALTH TRANSITION FUND

Quebec Region

FINAL REPORT

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FOREWORD

In the framework of the regional evaluation of the Aboriginal Health Transition Fund (AHTF), several steps lead to this final report. First of all, a literature review essentially allowed for colligating the collected information through research carried out among the electronic format documents that focus on AHTF and the various projects underway among the First Nations and Inuit of Quebec. The review gathered the indicators, the logical framework, the evaluation elements as well as precise questions to address in the framework of the AHTF evaluation in accordance with the three envelopes of the AHTF, which are the "adaptation" envelope, the "integration" envelope and the "pan-Canadian" envelope.

Based on this information, a mixed methodological strategy was developed to proceed with the collection of data serving to evaluate the AHTF process among the targeted key informers from communities or organizations that submitted projects, whether or not they received AHTF funding. Furthermore, the communities that did not submit a project in the framework of the AHTF were also questioned over the course of the evaluation process.

This report presents the results of an evaluation process in which thirty-six (36) First Nations communities and organizations as well as partners in the Quebec health network participated.

This report was prepared by the Aboriginal Psychosocial Interventions Research Group (APIRG) on behalf of the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC), which was given the mandate to coordinate the project.

TERMINOLOGY

In order to facilitate the reading of this document, the following acronyms are used in order to designate certain terms:

AHTF	Aboriginal Health Transition Fund
APIRG	Aboriginal Psychosocial Interventions Research Group
CSSS	*Centre de santé et services sociaux*
FNIH	First Nations and Inuit Health
FNIHB	First Nations and Inuit Health Branch
FNQLHSSC	First Nations of Quebec and Labrador Health and Social Services Commission
MSSS	*Ministère de la santé et des services sociaux*
RCAAQ	*Regroupement des centres d'amitié autochtones du Québec*

CONTEXT

Overview of the AHTF

As mentioned in the final report of the provisional evaluation of the Aboriginal Health Transition Fund (AHTF), the AHTF is a five-year initiative that was launched in 2005, which provides transitional short-term funding in order to allow the federal, provincial and territorial governments, as well as Aboriginal organizations, to integrate the health systems that are funded by the federal and provincial/territorial governments within the First Nations and Inuit communities. This initiative also aims to adapt the provincial and territorial health services in such a way as to ensure that they better address the needs of all Aboriginal people, including the Métis and Aboriginals who live off-reserve. The Fund is the result of a collaborative effort between federal, provincial, territorial and Aboriginal partners and includes three funding envelopes. It is jointly managed by the Health Canada - First Nations and Inuit Health Branch. The funding for each envelope is allocated to national administrations and organizations in order to develop plans that present a global integration or adaptation strategy, which includes a list of specific activities or projects. To date, the AHTF has enabled contributions that total $134 million and 310 projects have been funded through the three funding envelopes. The initiative, which was originally intended to end in 2010, was prolonged for a year, until March 31, 2011, so that the projects in progress could be completed.

In the long term, the AHTF aims to achieve the following outcomes:

- Better integration of the health systems that are funded by the federal, provincial and territorial governments;
- Enhanced access to health services;
- Health programs and services that are better suited to Aboriginal peoples;
- Increased participation of the Aboriginal peoples in the conception, implementation and evaluation of health programs and services.

Context of the AHTF evaluation

The AHTF evaluation process took place on several levels. First of all, the national general evaluation anticipated two components: first, a provisional evaluation that focused on the implementation and conception of the initiative, and second, a summary evaluation centred on results.

The provisional evaluation, which is now completed at the national level, focuses on the conception, relevance, implementation and delivery of the initiative, as well as on the approaches and strategies adopted in order to mobilize the interveners and achieve the expected outcomes. In parallel with other research projects, this provisional evaluation aims to guide the work in progress towards future orientations. It should also be useful for the summary evaluation, which is planned for 2011, as well as to determine the impacts of the AHTF.

This report presents the results of the provisional evaluation for the Quebec region. This process allowed for the evaluation of the key informers' perception with respect to the AHTF and the terms in general.

Objectives and expected outcomes of the AHTF

The AHTF was created in 2005-2006 in order to provide short-term transitional funding to federal, provincial and territorial governments as well as First Nations communities allowing them to integrate health services in the communities. The AHTF was also created to facilitate the adaptation of provincial and territorial health services to the needs of all Aboriginal people – particularly Métis and Aboriginal people living off-reserve.

The adopted approach consists of collaborating with all orders of government and Aboriginal organizations that provide for the health of Aboriginal people. Furthermore, because the health service integration and adaptation models and mechanisms differ according to the province, territory or community, the conception of these models and mechanisms can only be achieved through negotiation and consultation with the local and regional authorities[1].

The AHTF logistical model specifies a certain number of expected outcomes in the short-term such as the following:

- Heightened capacity to integrate the federal, provincial and territorial health systems, programs and services while taking into consideration the needs of the First Nations and Inuit;
- Increased capacity to adapt the provincial and territorial health systems, programs and services to the needs of Aboriginal people, notably the First Nations, Inuit, Métis and Aboriginals living off-reserve and in urban settings;
- Enhanced awareness among the partners and interveners regarding the catalysts of adaptation and integration and the existing obstacles;
- Increased participation of Aboriginals, notably the First Nations, Inuit, Métis and Aboriginals living off-reserve and in urban settings, in the delivery and evaluation of the services;
- Increased collaboration and strengthened partnerships between the federal, provincial and territorial governments and the Aboriginals, notably the First Nations, Inuit, Métis and Aboriginals living off-reserve and in urban settings.

In the medium term, the AHTF is meant to improve the integration of the federal, provincial and territorial health systems, programs and services that are intended for

[1] Aboriginal Health Transition Fund Secretariat. (2009). Frame of Reference for the Provisional Evaluation of the Aboriginal Health Transition Fund.

First Nations, Inuit, Métis, as well as the adaptation of these systems, programs and services to the needs of Aboriginal people, notably the First Nations, Inuit, Métis and Aboriginals living off-reserve and in urban settings. Finally, in the long term, the AHTF should allow all Aboriginal people to have access to better health programs and services.

NOTE TO THE READER

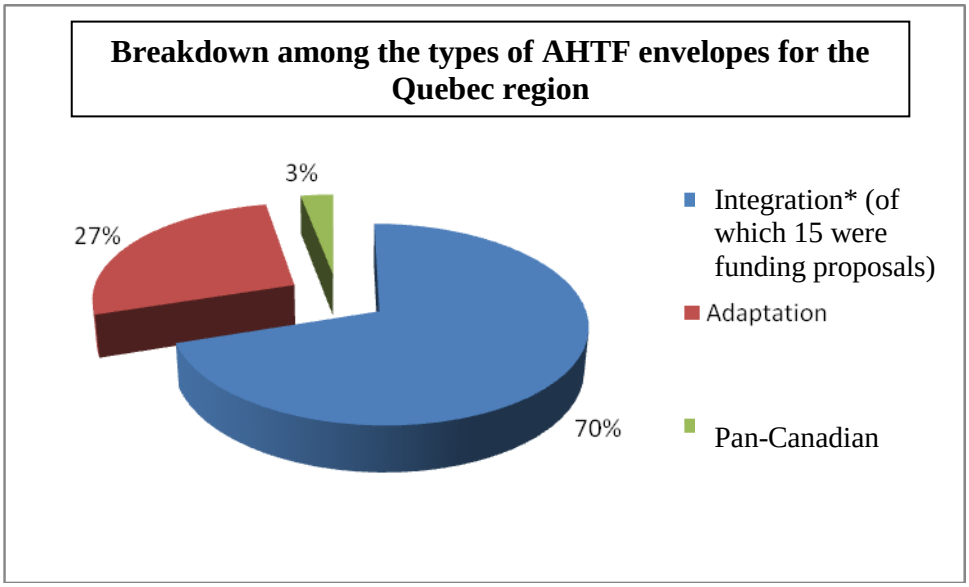
Because of the qualitative characteristic of the evaluation process and its exploratory nature, the results contained in this document are more a result of the analysis of the key informers' perceptions. For this reason, it is important to exercise caution when generalizing the results.

Moreover, please note that between the time the report was drafted and its publication, some of the recommendations may have already been taken into consideration and even, in some cases, been resolved.

Phase II of the AHTF evaluation will focus more on measuring the impacts of the projects on the First Nations and Inuit populations. An advisory committee composed of governmental authorities and First Nations representatives will be established in order to ensure follow-up on the recommendations contained in this report.

INTRODUCTION

To date, 310 projects have been approved by the AHTF Secretariat. Most of these are multi-year projects. According to the data on the breakdown of the approved projects in accordance with province, territory and region as well as the funding envelopes, a total of 51 projects were funded for the province of Quebec. Of these projects, 36 (70%) were funded by the "integration" envelope of which 15 constituted funding proposals for project development, 14 (27%) were funded by the "adaptation" envelope and one (3%) was funded by the "pan-Canadian envelope", as illustrated by the following graph:



It is worth noting that six communities received funding for both the implementation of an adaptation project in addition to an integration project. Moreover, the FNQLHSSC itself was mandated by the First Nations and Inuit communities and organizations to coordinate the realization of nine (9) regional projects, which are broken down in the following manner:

- 4 adaptation projects;
- 4 integration projects;
- 1 pan-Canadian project for border communities.

An evaluation framework for the purpose of guiding the work on the AHTF national evaluation was developed in November 2007 in order to define the anticipated outcomes and possible indicators with respect to this initiative's effectiveness. This framework proposed several possible evaluation questions and the AHTF evaluation activities are carried out at the national, provincial and territorial levels as well as among the projects. In Quebec, the FNQLHSSC was tasked with proceeding with the AHTF evaluation in terms of the design, relevance, implementation and delivery of the AHTF as well as on the approaches and strategies adopted in order to mobilize the interveners and achieve the anticipated outcomes.

Essentially, this report provides the results of this evaluation. A summary of the evaluation is first of all presented, followed by five (5) sections and annexes:

- Section 1 describes the methodology used for the purpose of evaluating the AHTF projects in Quebec;
- Section 2 presents the main results of the evaluation gathered from the project holders;
- Section 3 presents the results of the input received from partners among the communities and the Quebec network;
- Section 4 presents the results of the input received from the non-project holder communities;
- Section 5 presents the evaluation's recommendations with respect to the various groups that were examined;
- The annexes include the measuring instruments used in the framework of the data collection process.

HIGHLIGHTS

The following are highlights of the AHTF evaluation in Quebec:

- 51 projects were funded by the AHTF in Quebec;
- The evaluation was carried out among 36 communities and organizations in Quebec;
- 45 key informers were interviewed;
- The complexity of the AHTF's requirements and terms were denounced;
- The administrative burden associated with accountability was flagged;
- The lack of awareness regarding the realities experienced in the First Nations and Inuit communities and organizations and the needs associated with those realities were raised;
- The delay in terms of securing funding for the Quebec region was criticized;
- Support from the FNQLHSSC and Health Canada – FNIH was considered a facilitating element for the First Nations communities and organizations;
- Access to specialized human resources is problematic in isolated regions;
- The AHTF allowed for the development of collaborative efforts and linkages between First Nations and Quebec network organizations;
- The presence of two levels of decision-making (regional and national) was considered a source of irritation;
- The decentralization of the AHTF management towards the regions, more specifically towards the First Nations organizations, is desired;
- 21 recommendations were formulated based on the evaluation.

SECTION 1: METHODOLOGY

1.1 Literature review

To begin the process, a review of the documents related to AHTF was performed by researching the sources of electronic documents that were assembled and provided by the FNQLHSSC. This review allowed for an examination of the AHTF guidelines and the project evaluation methods in accordance with Health Canada's requirements and to update the list of existing projects in Quebec. It also allowed for the identification of the main evaluation questions that lead to the development of measuring instruments and data collection processes for the Quebec region.

1.2 Evaluation stakes and issues

With the help of defined quantitative and qualitative indicators and data sources that are approved by the tripartite committee such as the AHTF national provisional evaluation framework, an evaluation matrix was developed.

The matrix ascertains the main evaluation questions that were posed to the various identified groups in accordance with the quantitative and qualitative indicators, and indicates the potential data sources behind the development of this evaluation report. It is broken down into four (4) main themes:

- AHTF implementation, execution and funding;
- Best practices and shortcomings related to the implementation of the projects funded by the AHTF;
- Current AHTF structure;
- The future of the AHTF.

Theme: AHTF implementation, execution and funding

MAIN QUESTIONS	INDICATORS	DATA SOURCES
Did your community or organization submit a project in order to obtain AHTF funding? Did the project submission receive funding? If so, from which envelope?	• Number of projects submitted • Number of projects funded in each of the AHTF envelopes (development, integration, adaptation, pan-Canadian) • Number of FN and I communities and organizations that didn't submit any projects	• Examination of the FNQLHSSC's relevant documents • Questionnaire intended for the communities and organizations
If you didn't submit a project, what are the reasons behind this decision?	• Reasons cited by the key informers	• Examination of the FNQLHSSC's relevant documents • Questionnaire intended for the communities and organizations
What were the reasons why funding was denied for your project?	• Reasons cited by the key informers	• Examination of the FNQLHSSC's relevant documents • Questionnaire intended for the communities and organizations
Briefly describe the project for which you received funding in the framework of the AHTF that you implemented in your community / organization.	• Project descriptions provided by the key informers	• Examination of the FNQLHSSC's relevant documents • Questionnaire intended for the communities and organizations
What do you think about the mechanisms that were established by the AHTF in order to submit a project and receive funding? What were the facilitating elements of the process? What were the irritants in the process that need improvement?	• Elements cited by the key informers from the communities and organizations that facilitate the process • Irritants cited by the key informers from the communities and organizations	• Questionnaire intended for the communities and organizations • Focus groups
What are the outcomes achieved through the implementation of the project?	• Results cited by the key informers from the communities and organizations • Results cited by the key informers among the partners involved	• Questionnaire intended for the communities and organizations • Questionnaire intended for the partners involved • Focus groups
Did the implementation of the project lead to change in accordance with the initially set objective?	• Changes identified by the key informers from the communities and organizations • Changes identified by the key informers from the partners involved	• Questionnaire intended for the communities and organizations • Questionnaire intended for the partners involved • Focus groups
What resources did you provide in the framework of the project implementation?	• Resources indentified by the key informers among the partners involved	• Questionnaire intended for the partners involved

Theme: Best practices and shortcomings related to the implementation of the projects funded by the AHTF

MAIN QUESTIONS	INDICATORS	DATA SOURCES
Did the funded project address the initially identified needs?	• Opinions of the key informers from the communities and organizations	• Questionnaire intended for the communities and organizations • Focus groups
What were the main risks, difficulties and constraints associated with the implementation of the project?	• Elements identified by the key informers from the communities, organizations and partners involved	• Questionnaire intended for the communities and organizations • Questionnaire intended for the partners • Focus groups
In what manner are the established partnerships functional and effective?	• Number of meetings between the partners since the beginning of the implementation of the projects • Number of protocols established • Opinions of the key informers from the communities, organizations and partners involved	• Questionnaire intended for the communities and organizations • Questionnaire intended for the partners involved • Focus groups
What are the lessons learned from this project implementation experience?	• Elements identified by the key informers from the communities, organizations and partners involved	• Questionnaire intended for the communities and organizations • Questionnaire intended for the partners involved • Focus groups

Theme: Current AHTF structure

MAIN QUESTIONS	INDICATORS	DATA SOURCES
What elements in the management and supervision structure of the AHTF facilitated the implementation of the project? What were the sources of irritation that had an impact on the implementation?	• Elements identified by the key informers from the communities and organizations	• Questionnaire intended for the communities and organizations • Focus groups

Theme: The future of the AHTF

MAIN QUESTIONS	INDICATORS	DATA SOURCES
In what way will the benefits of the project be pursued beyond the funding period without causing work overload for the communities, organizations and partners involved?	• Opinions of the key informers from the communities, organizations and partners involved	• Questionnaire intended for the communities and organizations • Questionnaire intended for the partners involved • Focus groups
What changes would be necessary in the AHTF structure in order to facilitate access to funding and ensure an adequate response to the needs identified in terms of health among Aboriginal people?	• Opinions of the key informers from the communities and organizations	• Questionnaire intended for the communities and organizations • Focus groups
What changes would be necessary in the AHTF structure to improve and consolidate the collaborative connections between all of the partners involved in the implementation of the projects?	• Opinions of the key informers from the partners involved	• Questionnaire intended for the partners involved

1.3 Research approach

The research approach used was implemented while respecting the First Nations of Quebec and Labrador Research Protocol. Each key informer consented on a voluntary basis prior to the process.

1.3.1 Composition of the sampling

The FNQLHSSC expressed the desire to survey a total of 51 communities and organizations, regardless of whether or not they submitted projects or whether or not they received funding. In order to obtain a more detailed portrait of the experiences of these projects and also with the goal of inquiring as to the observations of the partners,

the FNQLHSSC identified six (6) key informers to be questioned to proceed with face-to-face interviews and organize focus groups. Of these informers, four (4) of them accepted the interviewer's visit.

To carry out the data collection process, two groups were identified:

- The communities and organizations that are holders of funded projects as well as their partners;
- The First Nations of Quebec communities that are not holders of AHTF projects.

1.3.2 Sampling breakdown

The final sampling was divided into three distinct samplings as presented in the following tables:

Sampling 1: **Communities and organizations that are holders of funded projects, as well as their partners (by the AHTF envelope)**

Strategy: Telephone interview

Instrument: Questionnaire for the communities and organizations that are holders of projects funded by the AHTF

ADAPTATION ENVELOPE	
NAME OF THE COMMUNITY/ORGANIZATION	PROJECT TITLE
Gesgapegiag	Adaptation of a continuum of services project
Natashquan	Sustainable partnership
Uashat mak Mani-utenam	Cultural awareness and training tool
Ekuanitshit	Development of collaboration protocols between the *CSSS de la Minganie* and the community of Ekuanitshit
FNQLHSSC	National training program
FNQLHSSC	Improving access to mental health services
FNQLHSSC	Support for the non-agreement communities on pandemic influenza
FNQLHSSC	Detoxification
Pessamit	Consolidation of health care and development of a protocol
Val d'Or Native Friendship Centre	Development of a health services local adaptation and complementarity model

INTEGRATION ENVELOPE	
NAME OF THE COMMUNITY/ORGANIZATION	**PROJECT TITLE**
Nunavik Regional Board	Improvement of the mental health services
Cree Board of Health and Social Services of James Bay	Early childhood
Gesgapegiag	Detoxification services
Natashquan	Integration of the services
Uashat mak Mani-utenam	Development of health service protocols
Kahnawake	Development of a cultural understanding proposal
Ekuanitshit	Innu health integration challenge
Long Point	Improvement of a continuum of health
FNQLHSSC	Integration of First Nations telehealth and the Quebec health and social services network
FNQLHSSC	Development of a mental health services framework
FNQLHSSC	Regional pandemic influenza integration project for Quebec
FNQLHSSC	Nursing practice support
Wapan Centre	Pandemic influenza
Essipit	Integration of the services
Odanak	Integration of the services
Eagle Village	Improvement of the continuum of services
Wendake	Data management

PAN-CANADIAN ENVELOPE	
NAME OF THE COMMUNITY/ORGANIZATION	**PROJECT TITLE**
FNQLHSSC	Resolving the border community issues

Sampling 2: Communities and organizations that are holders of funded projects as well as their partners (by AHTF envelope)

Strategies: Face-to-face interviews and focus groups
Instrument: Questionnaire intended for the focus groups of the project-holders that received AHTF funding

ADAPTATION COMPONENT	
NAME OF THE COMMUNITY/ORGANIZATION	PROJECT TITLE
La Romaine	Development of diabetes knowledge
Manawan	Optimization of the adaptation plan for the programs and services
Kanesatake	Development of memorandums of understanding between the CSSS and the community of Kanesatake
Algonquin Nation Programs and Services Secretariat	Cultural reality training

INTEGRATION COMPONENT	
NAME OF THE COMMUNITY/ORGANIZATION	PROJECT TITLE
Listuguj	Improving access to the health services
Mashteuiatsh	Mental health holistic approach program
Kanesatake	Evaluating, improving and integrating the health services

Sampling 3: Communities and organizations that are not AHTF project holders

Strategy: Telephone interview
Instrument: Questionnaire intended for the communities and organizations without AHTF projects

NAME OF THE COMMUNITY/ORGANIZATION	PROJECT TITLE
Wôlinak	Nobody's Perfect
Timiskaming	Development of a database
Gespeg	No project
Kitcisakik	No project
Lac Simon	No project
Matimekush Lac-John	No project
Opitciwan	No project
Pakua Shipi	No project
Pikogan	No project
Viger	No project
Wemotaci	No project
Barriere Lake	No project
Kawawachikamach	No project
Kitigan Zibi	No project
Wolf Lake	No project

1.3.3 Data collection process

The data collection process took place between January 28 and April 23, 2010. The logistical organization of the data collection unfolded in accordance with a process that is flexible and adapted to the needs of this process and in accordance with the following steps:

- Validation by the authorities of the FNQLHSSC of the evaluation matrix and the measuring instruments;
- Authorization to access relevant documents;
- General call out to all communities and organizations that are both holders and non-holders of projects to participate in the evaluation process (possibility of 51 communities and organizations);
- Establishment of contact with the people in-charge in the communities and organizations in order to schedule telephone or face-to-face meetings (in accordance with a list of selection criteria determined by the tripartite committee);
- Obtaining consent from key informers with the use of a form;
- Telephone interviews with questionnaire among the First Nations and Inuit communities and organizations in the Quebec region that responded to the participation request for the evaluation process, regardless of whether or not they were project holders or funded in the framework of the AHTF;
- Face-to-face interviews with the managers / coordinators that were designated by the communities and organizations that implemented a project;
- Holding of focus groups that were supported by a questionnaire among the communities and organizations as well as partners from the Quebec network that were invited by the project holders.

1.3.4 Data collection strategies and measuring instruments

Three strategies were used in order to proceed with the data collection process among the key informers either by a structured interview supported by a questionnaire that was administered face-to-face, by a structured interview with a questionnaire that was administered by telephone and by holding focus groups. To ensure adaptation to the actual contents of the projects, a qualitative approach was favoured.

The measuring instruments were developed according to the sampling groups they were intended for:

- Telephone interview questionnaire administered among the communities and organizations that are holders of funded projects as well as their partners;
- Questionnaire for face-to-face interviews and focus groups administered among the communities and organizations that are holders of funded projects as well their partners;
- Telephone interview questionnaire administered among the communities and organizations that are not holders of AHTF-funded projects.

1.3.5 Breakdown of the categories of key informers who responded to the process

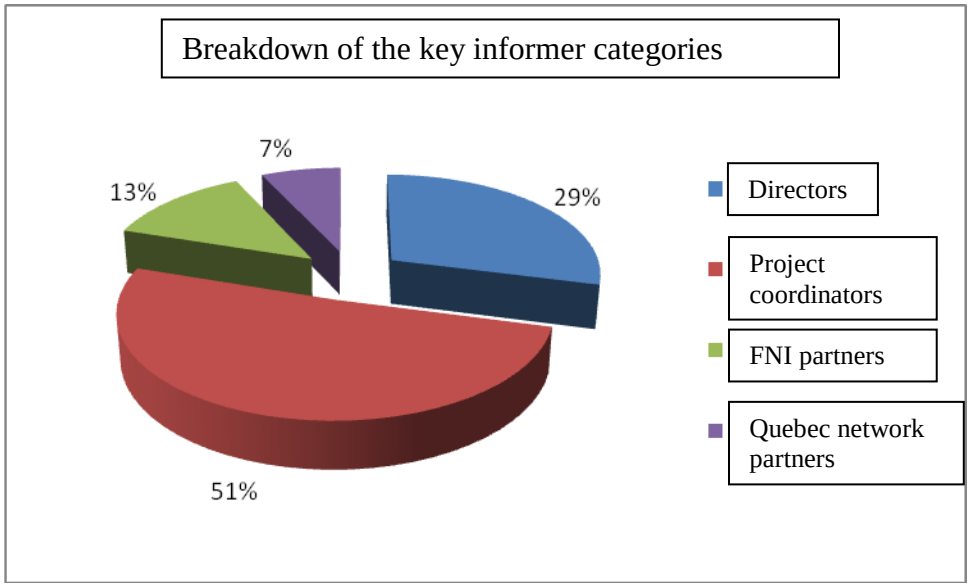
Since the methodology favoured by the FNQLHSSC consisted of a call out to all communities and organizations, regardless of whether or not they are AHTF project-holders, a total of 45 key informers responded to the process. The following are the categories:

- The directors of the First Nations and Inuit health centres and organizations (n=13)
- The coordinators of the implemented projects, including the project managers

and consultants (n=23)

- The representatives of the partners from other First Nations and Inuit communities (n=6)
- The representatives of the partners from facilities in the Quebec health and social services network (n=3)

The following figure illustrates the breakdown of the key informers who responded to the call to participate in the regional AHTF evaluation process:



1.3.6 Number of questionnaires completed per sampling

As previously specified, the key informers from the communities and organizations answered a questionnaire. The following tables demonstrate the response rate for the process by presenting whether or not the communities, organizations and/or partners completed an evaluation questionnaire.

Sampling 1: **Communities and organizations that are holders of funded projects, as well as their partners (by AHTF envelope)**

Strategy: Telephone interview

Instrument: Questionnaire for the communities and organizations that are holders of projects funded by the AHTF

ADAPTATION COMPONENT		
NAME OF THE COMMUNITY/ORGANIZATION	QUESTIONNAIRE COMPLETED	PARTICIPATION OF THE PARTNERS
Gesgapegiag - Adaptation of a continuum of services project	Yes	No
Natashquan – Sustainable partnership	Yes	No
Ekuanitshit - Development of collaboration protocols between the *CSSS de la Minganie* and the community of Ekuanitshit	Yes	No
FNQLHSSC – National training program	Yes	No
FNQLHSSC – Improving access to mental health services	Yes	No
FNQLHSSC - Support for the non-agreement communities on pandemic influenza	Yes	No
FNQLHSSC - Detoxification	No	No
Pessamit – Consolidation of health care and development of a protocol	Yes	No
Val d'Or Native Friendship Centre - Development of a health services local adaptation and complementarity model	Yes	No
INTEGRATION COMPONENT		
NAME OF THE COMMUNITY/ORGANIZATION	QUESTIONNAIRE COMPLETED	PARTICIPATION OF THE PARTNERS
Nunavik Regional Board- Improvement of the mental health services	Yes	No
Cree Board of Health and Social Services of James Bay – Early Childhood	Yes	Yes
Gesgapegiag – Detoxification services	Yes	No
Natashquan – Integration of the services	Yes	No
Kahnawake – Development of a cultural understanding proposal	Yes	No
Ekuanitshit – Innu health integration challenge	Yes	No
Long Point – Improvement of a continuum of health	Yes	No
FNQLHSSC - Integration of First Nations telehealth and the Quebec health and social services network	Yes	No
FNQLHSSC – Development of a mental health services network	Yes	No
FNQLHSSC - Regional pandemic influenza integration project for Quebec	Yes	No
FNQLHSSC – Nursing practice support	Yes	No
Wapan Centre – Pandemic influenza	Yes	Yes
Essipit – Integration of the services	Yes	Yes
Odanak – Integration of the services	Yes	Yes
Eagle Village – Improvement of the continuum of services	No	Yes
Wendake – Data management	Yes	No
PAN-CANADIAN COMPONENT		
NAME OF THE COMMUNITY/ORGANIZATION	QUESTIONNAIRE COMPLETED	PARTICIPATION OF THE PARTNERS
FNQLHSSC – Resolving the border community issues	Yes	No
TOTAL COMPLETED QUESTIONNAIRES	**22 OUT OF 26**	

Sampling 2: **Communities and organizations that are holders of funded projects as well as their partners (by AHTF envelope)**

Strategies: Face-to-face interviews and focus groups

Instrument: Questionnaire intended for the focus groups of the project-holders that received AHTF funding

ADAPTATION COMPONENT		
NAME OF THE COMMUNITY/ORGANIZATION	QUESTIONNAIRE COMPLETED	PARTICIPATION OF THE PARTNERS
La Romaine – Development of diabetes knowledge	No	No
Manawan - Optimization of the adaptation plan for the programs and services	No	No
Kanesatake - Development of memorandums of understanding between the CSSS and the community of Kanesatake [2]	Yes	Yes
Algonquin Nation Programs and Services Secretariat – Cultural reality training	No	Yes
INTEGRATION COMPONENT		
NAME OF THE COMMUNITY/ORGANIZATION	QUESTIONNAIRE COMPLETED	PARTICIPATION OF THE PARTNERS
Listuguj – Improving access to the health services	Yes	No
Mashteuiatsh - Mental health holistic approach program	Yes	No
Kanesatake - Evaluating, improving and integrating the health services (see footnote)	Yes	Yes
Uashat mak Mani-utenam – Development of health services protocols	Yes	Yes
TOTAL COMPLETED QUESTIONNAIRES	4 OUT OF 6	

[2] For Kanesatake, a single questionnaire was used for the evaluation of both projects, which explains the total of four completed questionnaires.

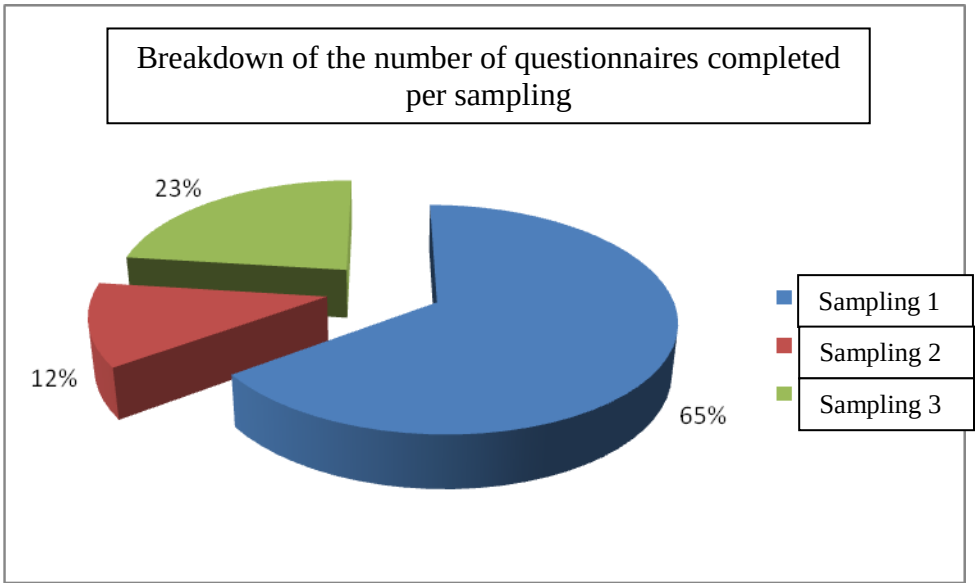
Sampling 3: Communities and organizations that are not AHTF project-holders

Strategy: Telephone interview

Instrument: Questionnaire intended for the communities and organizations without AHTF projects

NAME OF THE COMMUNITY/ORGANIZATION	QUESTIONNAIRE COMPLETED
Wolinak – Nobody's Perfect	No
Timiskaming – Development of a database	Yes
Gespeg	Yes
Kitcisakik	No
Lac Simon	No
Matimekush Lac-John	Yes
Opitciwan	No
Pakua Shipi	Yes
Pikogan	Yes
Viger	No
Wemotaci	Yes
Barriere Lake	No
Kawawachikamach	No
Kitigan Zibi	Yes
Wolf Lake	Yes
TOTAL COMPLETED QUESTIONNAIRES	**8 OUT OF 15**

All in all, as demonstrated by the following table, a total of thirty-four (34) questionnaires were filled out. The majority of them (65%) were completed through telephone interviews with the key informers among the communities and organizations that are AHTF project-holders. Sampling #2 is composed of the project-holder communities and organizations for which a face-to-face interview or focus group was held. This sampling represents 12% of the total number of completed questionnaires. Finally, 23% of the completed questionnaires were administered among the communities that did not receive funding for an AHTF project.



1.3.7 Difficulties related to the methodology

Logistics behind the data collection process

Difficulty related to reaching the key informers slowed the data collection process considerably as well as the entire evaluation. With respect to the initial plan and the anticipated timeline, the FNLQHSSC, Health Canada – FNIH and the MSSS had to prolong the data collection period for a few weeks in order to be able to count on greater representation in terms of the results of the process.

Delayed arrival of the AHTF funding in the Quebec region

The implementation of the funded projects in the Quebec region started later than in the rest of the country. This belated implementation caused most of the projects during the evaluation period to be still in the process of being implemented, thereby limiting the scope of the outcomes particularly in terms of the impacts of the projects.

Qualitative nature of the process

The data collected in the framework of the evaluation mainly focuses on the perceptions of the key informers, thereby giving the process a more exploratory nature

contrarily to an evaluation based on conclusive statistical data that measures the genuine impacts of the AHTF projects.

Untested measuring instruments

Contrarily to what was originally anticipated and because of time constraints, the measuring instruments were not subjected to prior testing before being validated by the regional tripartite committee composed of representatives from Health Canada – FNIH, the MSSS and the FNQLHSSC. To that effect, a few key informers commented on the length and repetition of certain questions. Pre-testing could have confirmed or invalidated this feedback.

Verbatim translations

Since the measuring instruments were administered in the key informers' language of choice (English or French), the translations of verbatim from English to French constitute an additional filter in terms of diluting the precise meaning of the comments made.

SECTION 2: RESULTS OF THE EVALUATION AMONG THE PROJECT HOLDERS

This section focuses on the results collected in the framework of the evaluation process among the key informers identified by the **FNQLHSSC.** It reports on the comments made by the project holders in the following areas:

1. AHTF implementation, execution and funding;
2. AHTF current structure;
3. Best practices and shortcomings related to project implementation;
4. The future of the AHTF;
5. The utilization of the results of the evaluation.

2.1 The implementation, execution and funding of the AHTF

This section focuses on the implementation, execution and funding of the **AHTF**. It is divided into nine (9) different themes and reflects all of the comments recorded from the key informers among the project holders.

2.1.1 AHTF requirements

Most of the key informers mentioned that the requirements related to project submissions were complex and that the analysis factors leading to their approval were lacking in terms of clarity. These elements lead key informers to report that the many justifications and adjustments requested following project submission lead to changes in the initially established work plans, thereby increasing the work associated with submitting projects. Furthermore, it was reported that the requirements associated with the project submissions reflected a lack of knowledge regarding the realities in the communities of the First Nations and Inuit of Quebec.

2.1.2 Delays

The recurrence of the comments associated with the delays demonstrated a tendency for misunderstanding between the launching of the initiative at the national level and its concrete implementation in the Quebec region. To that effect, since funding allocation was delayed, many reported that this was one of the reasons why the funding envelopes had been drastically cut, requiring an overhaul of their initial projects. These delays are still today perceived as being responsible for making it difficult to measure the genuine impacts of the projects for the time being.

Finally, it was also often reported that the occurrence of delays that were too long between the submission of a project and its approval may have been a detrimental element.

2.1.3 Reporting

The administrative baggage caused by the accountability process was deplored by several key informers, particularly in terms of the production of reports that were very long to fill out. Certain factors were mentioned to explain this reported perception of administrative baggage, particularly the lack of human resources to perform the accountability follow-up as well as staff turnover within the organizations and communities that were project holders.

2.1.4 Lack of understanding of the reality of the First Nations and Inuit communities and organizations

Several key informers reported that the AHTF terms that those who were submitting the projects were subjected to attested to a lack of understanding of the daily realities experienced in the communities of Quebec. These terms further constituted a major

obstacle to the implementation of the projects.

Furthermore, several people reported that the representatives of the Quebec network partners seemed to lack openness, particularly with respect to the cultural, structural and psychological differences of the First Nations and Inuit of Quebec.

2.1.5 Human resources

It was reported that the lack of qualified human resources and the difficulties related to personnel recruitment and retention, particularly in isolated areas, constituted additional obstacles to project implementation. Several key informers believed that this reality should be taken into consideration by the AHTF authorities in order to maximize achievement of the objectives anticipated in the framework of the submitted projects.

2.1.6 Language

In Quebec, since the communities and organizations work in both official languages depending on their geographical situation and preference, key informers reported significant shortcomings related to available AHTF documentation in the French language, thereby leading to additional delays for some.

2.1.7 Funding

The delays related to the allocation of funding for projects in the Quebec region were deplored by the majority of the key informers. For many, activities could not be deployed because of insufficient funds that were initially anticipated within the AHTF envelopes. However, the flexibility associated with funding utilization seems to have been appreciated by the project holders.

2.1.8 Partnerships

In the framework of project realization, the key interveners mentioned that the partners involved for the most part provided resources for the realization of a project. Yet, these partners were often community authorities and the nature of the partnerships varied, meaning that the authorities mostly collaborated in the project development process by providing information rather than by committing human resources to the process. Furthermore, the key informers reported the passive involvement or even absence of partners from the Quebec network. However, others indicated that many projects were currently in the implementation stage, thus complicating the evaluation of the involvement of partners at all levels.

2.1.9 Facilitating elements

In terms of factors that facilitated the submission, implementation and deployment of the projects, the key informers raised the support and information provided by the regional authorities (FNQLHSSC and Health Canada – FNIH), the high level of availability of those in charge of the AHTF as well as their helpful collaboration to obtain feedback on the submitted projects. The key informers also reported that the preparatory meetings organized by the FNQLSHSSC and Health Canada – FNIH as well as the meetings with the partners constituted facilitating elements for them. Finally, one of the elements that was appreciated by the key informer was the one year extension period (until March 2011) granted by FNIHB for projects in the Quebec region. Nevertheless, the extension application process was disparaged because of its demanding and complicated nature at the administrative level.

2.2 AHTF Structure and Process

2.2.1 National structure

Because of the centralized nature of the AHTF at the national level, several key informers lamented that the current structure was not sufficiently adapted to the realities and that consequently the needs of the First Nations and Inuit populations did not seem to have been sufficiently taken into consideration.

Finally, the AHTF deployment delays in Quebec compared to the rest of the country were for the most part attributed to the fact that the decisions were being made at the national level.

2.2.2 Regional structure

The key informers mentioned that communications with Health Canada - FNIH made things smoother and that they were able to demonstrate certain flexibility with respect to the AHTF criteria and requirements, contrarily to the perception expressed regarding the national structure. Regardless, the administrative baggage, particularly related to accountability to Health Canada – FNIH was raised and also perceived as a source of irritation.

It was reported by several key informers that the AHTF structure demanded the mobilization of human resources that are not necessarily available, particularly in small communities where personnel tends to be generally limited. This fact was lamented particularly with respect to the necessity for these small communities to proceed with the recruitment of external resources requiring expenditures that could have been invested in other ways and devoted to the actual objectives of the AHTF.

2.2.3 Desired modifications

The vast majority of the key informers reported the need to transfer the AHTF program towards the region. There are several underlying arguments to this reflection that essentially point to decentralization for the following reasons:

- By being transferred, the AHTF, through both its criteria and requirements, could better address the needs and realities experienced in Quebec and thus be more flexible;
- The key informers consider that the information and communication channels would be clearly improved with a transfer, particularly in relation with the languages of communication in Quebec.

2.3 Best practices and shortcomings related to project implementation

2.3.1 Respect for the activity calendars

In this area, the experiences in the deployment of the activities and the respect for initial objectives, two major tendencies were identified. The first is to the effect that the activity calendars were essentially respected despite certain delays due to the AHTF funding delays in Quebec. As for the other tendency, the key informers stated that they were forced to delay the implementation of certain activities because of belated funding as well as a lack of human resources in order to carry out their project.

2.3.2 Main constraints and shortcomings for the implementation

Among the main constraints and shortcomings related to the implementation of the projects, the key informers reported several elements that we have grouped together in accordance with the following factors:

- Cultural constraints - particularly in terms of the lack of knowledge regarding the realities experienced by the partners with respect to the First Nations and Inuit as well as by the project holders with respect to the partners.
- Organizational constraints regarding the roles and responsibilities of the CSSS towards the on-reserve First Nations populations, which are not clearly defined or understood by the project holders;
- Delays caused by belated funding;
- Delays caused by activities that are too ambitious;
- Delays caused by uncontrollable circumstances that mobilize many resources (Influenza A (H1N1) pandemic);
- Changes in representatives among the partners in the Quebec network;
- Limited availability in the schedules of the partners in order to foster their involvement in the projects;
- Difficulties related to the recruitment and retention of human resources which lead to the hiring of external consultants.

2.3.3 Best practices to overcome shortcomings and constraints

In order to address the previously identified constraints and shortcomings, the key informers mentioned having adopted certain practices that we have grouped together here under three broad categories:

1. **Improved communication**: in this regard, several efforts were invested in an attempt to improve communication between the project holders and the partners. Therefore, liaison agents were specifically named to ensure enhanced coordination between them. The various people involved stated that they had multiplied the meetings to allow everyone to adjust to the rhythm of each. It also seems that particular attention was paid to the translation of documents.

Finally, collaborative agreements were reached with the partners to facilitate the exchanges.

2. **Revision of projects**: Several reported that it was necessary to make adjustments to the activities in order to demonstrate flexibility in terms of the initially anticipated activities calendar. Along the way, it was necessary to prioritize certain components, review certain objectives, revise the work plans, review the timelines, grant extensions beyond the anticipated deadlines and seek out compromises on both sides that required adjustments.
3. **Mobilization of human resources**: In order to overcome the shortages in terms of human resources, adapted training sessions were provided and human resources mobilization strategies were deployed. Despite these efforts, certain projects holders were still forced to resort to hiring external consultants.

In terms of adaptation to the many changes that were made while the projects were in progress, two main tendencies were identified: either the projects were able to effectively adapt to the changes or it was too early to judge for the time being given the fact that the projects were still in progress.

2.3.4 Implementation and partnerships

A series of questions was administered among the key informers in order to collect their opinions or perceptions regarding the quality of the connections that unite them with their respective partners with respect to the implementation of the projects. These perceptions are reported here under three main themes:

- **Collaboration of the partners**: almost unanimously, the key informers mentioned that they benefited from very good collaboration from the partners in the communities. As for those in the Quebec network, the collaboration was qualified as being a little more difficult.

- **Effectiveness of the partnership**: the key informers qualified effective and functional partnerships in a community-based context. Regarding external partnerships with the Quebec network, they were effective in terms of certain conditions being respected such as openness, support, good will and adaptation to the realities of the communities.
- **Communication**: by and large, goodwill allowed for the establishment of communications, even though many wanted to see improvement in this regard with the partners from outside the setting. One element that could be qualified as an irritant was raised sufficiently often enough to conclude that language barriers constitute an obstacle to effective communication.

2.3.5 Lessons learned regarding implementation

The key informers were questioned on the lessons learned from their experiences related to the implementation of the projects. Certain elements related to project preparation and communications with partners were raised.

- **Work plan**: the initial development of the work plan and its concrete implementation led to the realization that there were gaps in terms of the initial objectives, the activities to be carried out, the required human resources and the project realization delays. The evaluation of these elements was underestimated and in the future will require more time for preparation while taking into account the factors that directly influence project implementation in its practical and concrete form.
- **Communication**: the implementation of project allowed for a communication bridge between the various services of a given network, thus improving the knowledge of each and everyone regarding their roles and responsibilities. The establishment of collaboration agreements should be a fundamental condition to project implementation insofar as they allow for improving knowledge related

to the realities experienced by each and consequently adapting in a smooth and flexible manner to the rhythm of all of the partners involved.

2.3.6 AHTF management and support structure in the framework of project implementation

The key informers addressed the elements that facilitated the implementation of their projects in relation with the AHTF management and support structure. They were also called upon to provide feedback on the elements that hindered this implementation that are attributable to the AHTF management and support structure.

- **Elements that facilitated implementation*:*** Among all of the responses obtained regarding the facilitating elements of the project implementation, the analysis allowed to conclude that Health Canada – FNIH was a good source of support for the project holders. The availability of the AHTF key informers and the existence of the tripartite committee were identified as elements that fostered a more effective implementation, particularly regarding the transmission of information and flexibility with respect to extensions and the funding allocated. Finally, the FNQLSHSC's support was also identified as a positive aspect.

- ***Elements that hindered implementation***: As previously mentioned with respect to shortcomings, hindering factors associated with the presence of two decision-making levels weighed down the approval and reporting process and was perceived as responsible for delays in some of the implementation schedules.

2.4 The future of the AHTF

The key informers were called upon to express themselves on the future of the AHTF, particularly regarding the impacts, the general orientations to be favoured in the future, as well as the changes to be made to the management and supervision structure and its

actual conception.

2.4.1 Impacts of the AHTF

The key informers identified several AHTF impacts that do not require additional human and financial resources in order to continue. The following were the main impacts identified:

- Maintenance of partnership linkages (meetings, etc.);
- The collected data will fuel future project submissions;
- The created mental health organizational model could be taken up again by the communities;
- The established protocols could endure;
- A reorganization of the work;
- The maintenance and consolidation of the continuum of care practices;
- Initiation of an inter-provincial dialogue that could potentially lead to tripartite agreements (e.g. border communities);
- A directory of resources.

2.4.2 General orientations to be fostered for the future of the AHTF

Because of the many different responses provided regarding the orientations to be fostered for the AHTF, it was more difficult to regroup the comments made under various themes. For this reason, the key elements from the information provided are listed here:

- The AHTF should constitute a permanent initiative;
- The funding should continue, particularly for the establishment and maintenance of direct clinical services for the population;
- The AHTF should be able to adjust to the genuine needs of the communities in

order to foster lasting results;

- The eligibility and approval criteria for the projects should be more flexible;
- The decision-making process should be transferred to the regions and for the most part assigned to the First Nations, particularly in terms of the funding formula and criteria;
- The AHTF should be able to fund workforce training;
- The AHTF should be supported by a more holistic vision that respects the values of the First Nations and Inuit;
- The AHTF should be able to reinforce understanding of the First Nations realities among the Quebec network;
- The AHTF should be able to support the communities in the development of research-action projects;
- The AHTF should develop a framework that allows for services that are provided in urban settings to be integrated with the services that are provided to First Nations in the communities;
- The AHTF should be able to ensure the sharing of knowledge and the transfer of practices;
- The AHTF should be able to consolidate the integration of the programs/services provided in a population approach perspective;
- The AHTF should be able to offer more support to the small communities.

2.4.3 Desired changes to the management and supervision structure

In order to improve community support, the key informers identified changes that should be made to the AHTF management and supervision structure, both at the national and regional levels.

National level:

- Transfer towards the regions and desire for greater involvement on behalf of First Nations in the decision-making process;
- Granting of more power to the communities regarding funding utilization;
- Development of adequate communication strategies in order to transmit information and updates on the initiative and the projects;
- Exercise more flexibility and fluidity with respect to the administrative requirements (decrease the number of reports demanded, etc.), among other things.

Regional level:

- Display more flexibility and fluidity (extensions, rolling-over of funding, less reports demanded);
- Facilitate the transition of local projects that could be exportable to other communities;
- Develop a better strategy in order to better understand the needs and realities of the communities and organizations (e.g. shortcomings in the services) as well as the gaps between the various regions in Quebec;
- Consideration for the specific needs of the small communities in order to foster upgrades in relation with the services of the Quebec network;
- Clarify the funding access terms;
- Provide information on the initiatives as quickly as possible to avoid penalizing communities with deadlines that are too short for project implementation;
- Target and coordinate more effectively the projects that could have a regional impact without hindering local projects;
- Clarify the FNQLHSSC's role.

2.4.4 Desired changes in the AHTF structure and design

In order to ultimately improve the health of the First Nations and Inuit through an improved collaboration between the partners, the key informers identified changes that they would like to see implemented with respect to the AHTF structure and design. Because of their distinct nature, the proposed changes are reported here on a word for word basis:

- With the collaboration of the regional partners (FNQLSSC and Health Canada – FNIH), establish new regulations to facilitate funding access and project approval;
- Advocate a global approach rather than funding on a fractioned and by program basis;
- Establish more flexible criteria;
- The selection criteria should be applied based on a project approval scale;
- Inclusion of regional scope projects intended for the urban Aboriginal clientele;
- Lighten the forms and the accountability process;
- Consideration for recurring funding for the addition and training of the human resources that will allow us to maintain the project and ensure a response that is culturally-adapted to the health needs of the members of our Nation;
- Harmonize the deployment of initiatives between the federal government and the provincial government;
- Make all AHTF-related documentation available at the same time;
- The First Nations of Quebec should not be penalized because of the delays related to document translation;
- Health Canada – FNIH should delegate to the FNQLSHSC the authorities needs for project approval.

2.5 The utilization of the evaluation results

All of the key informers were called upon to pronounce themselves on the utilization of the evaluation results which were then organized under three (3) themes:

1. Planning and implementation of the AHTF renewal
2. Reinforcement of knowledge and information sharing
3. Changes in order to adapt the AHTF policies and priorities to the needs

2.5.1 Planning and implementation of the AHTF renewal

In order to enlighten the various levels of government with respect to the planning and implementation of the strategies associated with the eventual AHTF renewal, the key informers essentially proposed:

- To respect the recommendations that will be emitted in this report;
- That the evaluation serve as a reference for future project evaluations that the communities and organizations will be obligated to complete following the implementation process;
- To take into consideration the impacts of implementation deadlines that are too short for the Quebec region.

2.5.2 Reinforcement of knowledge and information sharing

With the goal of reinforcing knowledge among the First Nations, partners from the Quebec network and the governmental authorities, the key informers wanted the evaluation to serve to:

- Provide a summary of each of the funded projects;
- Disseminate the results and shed light on the lessons and experiences of all

among the First Nations and Inuit, the governmental authorities and the Quebec network;

- Highlight the best practices and shortcomings as well as the strategies to overcome them;
- Highlight the positive aspects generated by the AHTF;
- Foster recognition and value for the practices that are developed among the First Nations and Inuit;
- Demonstrate that the First Nations and Inuit realities are not the same as those of the Quebec population and that the governmental authorities must take this into consideration.

2.5.3 Changes in order to adapt the AHTF policies and priorities to the needs

In order to better guide the policies and priorities before they are fostered by the authorities in charge of the AHTF, the key informers indicated that the evaluation in this context should:

- Demonstrate the need to exercise greater flexibility regarding the AHTF framework;
- Demonstrate the importance of community contribution to an integrated and adapted network of services;
- Foster coherence between the projects that are funded and future projects;
- Illustrate the necessity for an organization such as the FNQLHSSC to contribute in a sustained and meaningful manner to the AHTF coordination and decision-making process;
- Develop adapted policies and parameters in order to improve the health of the First Nations and Inuit members and foster greater access to the services provided by the Quebec network.

SECTION 3: RESULTS OF THE EVALUATION AMONG THE PARTNERS

This section focuses exclusively on the information collected among the nine (9) partners from the Quebec network (n=3) and communities (n=6) that collaborated in the realization and implementation of projects. Please note that the project holders had the option of deciding whether or not to invite partners to participate in this evaluation process. The reader should take into consideration that the reported results should not be applied to all of the projects given the discretionary nature of the evaluation process among the partners as well as the rather small sampling size. Consequently, the organization of the results in this section is more centred on comments that were collected on an individual basis from each of the partners questioned rather than on an analysis of recurring comments as required by a qualitative approach when it is possible to rely on a more representative sampling.

3.1 Roles and responsibilities of the partners in the implementation of the projects

The roles and responsibilities of the partners were essentially to create bridges between the various authorities concerned, particularly within the Quebec network. For example, in the framework of one project, the role of a CSSS was to form a connection with the health centre of the partner community and provide support in carrying out the project. In the framework of another project, the *Agence de santé et de services sociaux* identified a person responsible for liaison, who ensured linkages between the organization promoting the project and the *Agence*, who kept the *Agence* informed of project progression, informed the concerned facilities about the project in progress, helped the organization in the dissemination of information among facilities, attempted to convince the facilities to adhere to the project, and participated in the working group charged with supervising the development of the training contents. This *Agence* funded professional services with the goal of supporting the communities in the implementation of the projects. It also provided human resources that participated in the meetings of the working group.

3.2 Results achieved through the implementation of the projects

The project partner key informers from the communities and organizations reported a series of achieved results, whether anticipated or unexpected. These results are as follows:

- The harmonization of the services and an enhanced communication between the health centre personnel from the partner community and the CSSS;
- A more regular dialogue;
- A closer connection between the personnel from both organizations;
- A desire to export the project model to other communities;
- The creation of more tangible linkages;
- A better mutual understanding of the services offered and the operations of partner organizations;
- A better understanding of the culture of the partner community;
- Enhanced knowledge of the responsibilities of Health Canada, the FNQLHSSC, the community band councils and the health centres;
- The development of a jointly established procedure between the two structures in order to address the identified needs.

3.3 Reaching of the objectives of other programs

The key informers were questioned to find out if their projects could foster the reaching of objectives of other federal, provincial and territorial programs. In this regard, they noted an improvement in the harmonization of the programs offered, an enhanced local partnership between the organizations that offer services to children, the implementation of local health and social services networks as well as the development of clinical projects. Finally, they reported that the projects could potentially bring cultures closer together.

3.4 Positive and negative results of the implementation of the results

The key informers reported negative and positive elements related to the implementation of the projects. With respect to positive results, they mentioned:

- The creation of linkages;
- The clarification of the responsibilities in certain key files (medical transportation, physical rehabilitation, etc.);
- An improved circulation of information on the training available through the Quebec network;
- An enhanced collaboration between the two networks, particularly in the pandemic file;
- The representation of certain First Nations in the boards of directors of the facilities of the Quebec health network;
- The sharing of certain documents (e.g. memorandums of understanding).

Regarding the negative elements, the high level of complexity at the administrative level should be noted, particularly in terms of trying to obtain information regarding the budgets.

However, certain partners believe that it is too early in the process to determine the results related to implementation, regardless of whether they are positive or negative.

3.5 Quality of the collaboration with the First Nations and Inuit partners

In the framework of project implementation, the partners from the Quebec network qualified the collaborative relationship with the First Nations and Inuit partners as effective and cordial. They specified that despite certain administrative problems, mutual respect was present in the field, as were a sense of understanding the realities

of each and good listening skills for the discussion of contentious points.

Even though the collaborative process was qualified as excellent, the many changes in representation among the people in-charge and the lack of uniformity in the organization of the services in each of the communities represented irritants for some.

3.6 Mechanisms to ensure maintenance and collaboration with the First Nations and Inuit partners

To maintain collaboration with the First Nations and Inuit partners, the partners from the Quebec network cooperated in the establishment of mechanisms such as regular meetings between partners (committees, etc.), regular visits, follow-up by telephone and the identification of partners within each territory. The key informers specified that trust and pleasure associated with working together contributes to their desire to maintain the collaborative effort. The partners who were questioned mentioned the demographic nature in terms of the high proportion of First Nations in the region which made collaboration all the more indispensable.

3.7 Risks, difficulties and constraints associated with project implementation

When questioned on the risks, difficulties and constraints associated with the implementation of the projects, the key informers reported many difficulties related to human resources, particularly related to the availability of the personnel that are already in place. Furthermore, the tight deadlines of the AHTF, the lack of clarity related to the mandates of each partner and the lack of understanding of the First Nations realities and culture on behalf of the Quebec network partners constitute the main difficulties related to implementation.

3.8 Main solutions to address the risks, difficulties and constraints associated with project implementation

The maintenance of good communications between the partners, the involvement of the partners through creative means, the adoption of a forward-looking vision and the relaxing of the Quebec network's training criteria were solutions raised by the partners in order to address the difficulties related to project implementation.

3.9 Effectiveness of the partnerships

The key informers provided comments on the effectiveness of the communication, coordination and collaboration between the various partners of the projects. Some of them noted a significant improvement between the connections established one year and those that were established on the following year. Some noted an improvement in the planning of the meetings, a clarification of the responsibilities and collaboration of the players from the Quebec network, as well as the development of a formal collaboration structure at the local level.

Most of the key informers believe that regular follow-up and support, mutual listening and calculated risks are factors that have fostered the effectiveness of collaboration, while others believe that it is still too early to judge.

3.10 Lessons learned

Among the lessons learned that were reported by the partners questioned in the framework of this evaluation process, most indicated that it is necessary to take the time to sit down and discuss and by so doing, concrete actions that allow for improving the situations in the communities are found. Some also observed that their project allowed increasing the motivation of the interveners on the field leading to improvement in service quality. Others also retained that it is important to review the

objectives and deadlines to exercise greater creativity because it is necessary to accept that some activities must be delayed or even completely reformulated.

3.11 The future of the AHTF according to the partners

The key informers were called upon to express themselves on the future of the AHTF, particularly in terms of the impacts, the general orientations to be favoured as well as the changes to be made to it with respect to the structure of management, supervision and its actual design.

3.11.1 Impacts

The key informers identified many impacts of the AHTF that do not require additional human and financial resources to ensure that they continue. The following are the main impacts identified:

- The health professionals will be better equipped to receive and communicate with the First Nations clientele;
- The training module and the meetings (on a semi-annual basis, for example) could be integrated into the work of the professionals concerned by the project.

In terms of funding, the partners who were questioned nonetheless believe that it will have to be adequate and permanent to allow for the harmonization of the services of the two networks, without which it will be necessary to diminish the intensity of the support and follow-up presently offered in the communities that have projects.

3.11.2 General orientations to be favoured for the future of the AHTF

Essentially, the key informers mentioned that the AHTF must foster partnerships between resources at the local level. They also indicated that it will be necessary for the

AHTF to ensure the necessary funding so that the partners can proceed with the annual updating of the protocols established in the framework of the projects.

3.11.3 Desired changes in the management and supervision structure

In order to improve community support, the key informers identified changes to be made to the AHTF management and supervision structure, both at the national and regional levels.

It was proposed that the funding for the designing of tools and training development that is presently held at the national level be transferred directly to the First Nations and Inuit communities and organizations. In doing so, the contents could correspond more with their realities and needs. However, some key informers declared that they were unable to answer this question, since they have no connections with the national level.

At the regional level, the key informers proposed integrating the Aboriginal health services into the Quebec network. It was also proposed that the *Agence de santé et des services sociaux* organize a meeting with the people in-charge at Health Canada in order to increase their knowledge of their network and programs. However, certain key

informers did not report any changes to be made to the management and supervision structure.

3.11.4 Desired changes to the AHTF structure and design

To ultimately improve the health of the First Nations and Inuit through enhanced collaboration between the partners, the key informers identified the changes that they would like to see implemented with respect to the AHTF structure and design. In this regard, they proposed:

- To integrate the Aboriginal health services into the Quebec network;
- To have access to additional sources of funding in order to train the local resources.

However, certain key informers preferred to avoid commenting at this point since the projects are still in progress and it remains difficult at this stage to evaluate the changes that should be made.

SECTION 4: RESULTS OF THE EVALUATION AMONG NON-PROJECT HOLDERS

This section focuses on the results gathered among the key informers (n=8) from the communities that are not holders of AHTF projects, whether they submitted a project (n=1) or not (n=7) in the framework of the AHTF. Because of the limited number of key informers, it was not possible to regroup the information collected under main themes. Consequently, this section provides the comments received on an almost word for word basis.

4.1 Communities that did not submit an AHTF project

The reasons invoked by the key informers from the communities that did not submit an AHTF project vary:

- The communities for whom the members live off-reserve thought that they couldn't access the funding, or had received information from Health Canada – Regional Office authorities that they weren't entitled to access the funding.
- The lack of time and timelines that were too tight between the reception of the information regarding the initiative and the deadline to submit projects.
- The lack of qualified human resources in order to develop and supervise this type of project.
- The absence of project ideas to submit.
- The many criteria of the initiative seemed rather discouraging.
- The formalization of the collaboration within an AHTF project could complicate existing relationships with the CSSS that are already good.

4.2 Community that submitted an AHTF project and reasons for the denial

In total, two communities were subjected to a denial but only one of them responded to this evaluation process. This community had submitted two projects for the integration envelope among which the first was denied because it wasn't in line with the AHTF criteria and requirements, which lead to a second attempt. The second project was received better however the long delays related to approval lead to a denial because by that time, the funding had run out.

4.3 Desired changes for AHTF funding access

The key informers were then surveyed regarding the changes they would like to see made to the AHTF in order to be able to access its funding. Their feedback is as follows:

- Have quicker access to information on the AHTF;
- Have more time for the development and submission of projects, to consult potential partners and to share ideas with other communities;
- Offer more support to the communities that wish to develop and submit projects (e.g. have access to a human resource who could work at the FNQLHSSC with the mandate to support the communities);
- Review the AHTF funding structure so that all of the needs of the First Nations members are considered, including those who live off-reserve.

SECTION 5: RECOMMENDATIONS

In total, 21 recommendations intended for the various groups involved in the AHTF renewal were made.

Recommendations to Health Canada

1. It is recommended that Health Canada must renew the AHTF and the associated funding and ensure that its deployment is carried out simultaneously throughout all of the regions across the country and supported by the principle of fairness.

Recommendations to the AHTF Secretariat at Health Canada - FNIHB

2. Before implementing the AHTF renewal, it is recommended that the AHTF Secretariat should adjust the AHTF terms, parameters, criteria and objectives based on the First Nations and Inuit needs assessment as expressed by them. The realities experienced on a day-to-day basis regarding the management of human and financial resources, psychosocial and public health as well as geographic location must also be taken into consideration.

3. The AHTF Secretariat should decentralize the AHTF approach and direct it towards the regions. The decisions regarding project approval and funding utilization should be made at the regional level in collaboration with the FNQLHSSC.

4. The AHTF Secretariat should work in collaboration with the regional partners (FNQLHSSC and Health Canada – FNIH) in order to review the current AHTF structure and establish new rules to facilitate access to funding and the approval of projects. The revision and development of new selection criteria should correspond more with the vision, needs and realities of the First Nations and Inuit of Quebec.

5. Regional First Nations and Inuit representatives must be an integral part of the decision-making process with respect to the program parameters as well as project approval so that they reflect the genuine needs and notions associated with the concept of First Nations and Inuit health.

6. The AHTF Secretariat should grant reasonable and adequate deadlines in addition to resources that are sufficient so that all of the First Nations and Inuit communities and organizations can benefit from optimal conditions to develop and submit projects.

7. Not only should the development envelope of the AHTF be maintained, but more information and explanations should be provided, particularly for the small communities in which the human resources are generally more limited. This form of support would ensure fairness for all of the First Nations and Inuit communities.

8. The AHTF Secretariat should establish a simple and effective communication mechanism in order to provide, to all applicants, regular updates regarding progression in the project approval process.

9. The AHTF Secretariat should work in collaboration with the regional First Nations and Inuit representatives in order to develop and implement adequate communications strategies with the objective of fostering the dissemination and comprehension of the information regarding the AHTF initiative. It is necessary to ensure that the communities and organizations have all of the required information to help them in developing projects.

10. The AHTF Secretariat must ensure that all of the bilingual documentation and information stemming from the AHTF are available at the same time for all of the First Nations and Inuit across the country in order to ensure that no communities or organizations from a particular region are penalized by delays.

11. The AHTF Secretariat must ensure that the deployment of the AHTF and the associated funding takes place simultaneously for the entire country to avoid certain regions being penalized in the implementation of the funded projects as was the case for the Quebec region.

12. Given the delays for approval and to avoid certain communities and organizations being penalized, the AHTF framework should be made more flexible while ensuring that Day 1 of the implementation of a funded project corresponds with access to funding rather than the project submission date.

13. In the event where delays are caused by funding management issues at the national level, the AHTF Secretariat should grant an extension to the projects implemented in the communities and organizations, without imposing an extension request procedure that needlessly makes management more cumbersome.

14. The AHTF Secretariat should ensure that all of the representatives of the government authorities involved in AHTF management can benefit from informative workshops that focus on First Nations and Inuit realities so that they can be made aware of the particular needs of these populations.

15. The AHTF Secretariat should simplify the accountability process to ensure that the project holders can invest the maximum in terms of human and financial resources into the implementation of the objectives and activities anticipated in the framework of their respective projects.

Recommendations to Health Canada – First Nations and Inuit Health (FNIH)

16. Health Canada – FNIH should maintain, and even improve, the support provided to the project holders while assigning each project with a unique representative who is charged with providing ongoing support to communities and organizations.

17. Health Canada – FNIH should ensure that the FNQLHSSC has all of the necessary resources in order to pursue its regional coordination and support work among the communities and organizations it represents.

Recommendations to the *Ministère de la santé et des services sociaux* (MSSS)

18. The MSSS, in collaboration with the Quebec region partners, the FNQLHSSC and Health Canada – FNIH, should ensure that all of the facilities under its supervision are familiar with the objectives of the AHTF by developing the communications strategies necessary to transmit the information to the concerned individuals.

19. The MSSS should invest the resources necessary in order to foster the creation of linkages and partnerships between the facilities of the Quebec health network and the partner communities and organizations. It is the responsibility of the MSSS to underline the importance to the facility managers of adhering to the AHTF objectives and collaborating with the community and organization partners in order to improve First Nations and Inuit health as well as access to the health services in the Quebec network.

20. The MSSS should ensure that the representatives of its network's authorities that are involved as partners of the AHTF projects can benefit from informative workshops that focus on the First Nations and Inuit realities so that they can be made aware of the particular needs of these populations.

Recommendation to the tripartite committee

21. The tripartite committee should develop a formal networking mechanism that will foster a more sustained participation of the partners from the Quebec network.

CONCLUSION

The methodological contingent of the AHTF evaluation process in Quebec demanded that data be collected from among the AHTF project holders in Quebec, partners from the First Nations and Inuit communities and organizations, partners from the Quebec network as well as the communities that are not holders of AHTF projects. In light of the information collected from the key informers, it is possible to conclude that the AHTF is useful and that there is a need to renew the initiative.

In the current context where the principles of collaboration, cooperation, partnership and networking are key elements to the establishment of integrated and adapted services, the AHTF contributes greatly to the creation of these types of connections. It is to be hoped that the ultimate objective, which is to improve Fist Nations and Inuit health, can one day be achieved. It is evident that in order to succeed, many conditions must be fulfilled. To that effect, not only must we foster the emergence of partnerships, but we must also ensure their maintenance and consolidation in a tripartite context. Awareness and the desire to learn more about distinct cultural realities should be basic conditions to the establishment of effective, harmonious and respectful partnerships.

In order to successfully maximize the impacts of the AHTF, all of the key informers would like to see a transfer towards the regions in terms of project development and implementation processes. Many also stated that they were concerned by the delays they deemed unfair for the Quebec region projects and that all the necessary steps must be taken to ensure that it doesn't happen again. Finally, the flexibility of the AHTF terms must be ensured and they must reflect an understanding and awareness in terms of the realities and needs of the First Nations and Inuit.

The days have long since passed when we believed it was possible for each to work in a vacuum to find solutions that foster the improvement of living conditions and services for the population. Despite all the improvements that must be made to the AHTF, its

inclusive nature allows hope for the creation and consolidation of connections that foster openness towards others and therefore the implementation of service strategies that address the needs of the First Nations and Inuit populations.

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