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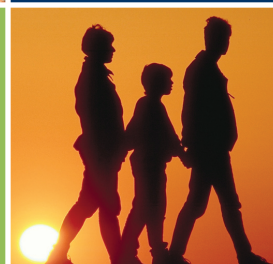
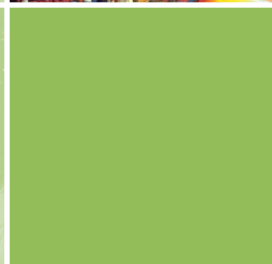
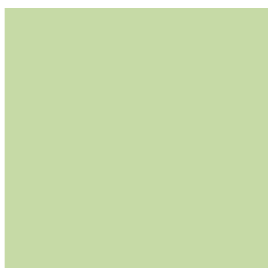
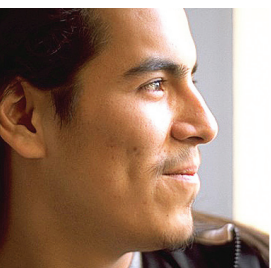
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# Brighter Futures & Building Healthy Communities Initiatives

Evaluation Summary  
September 2006

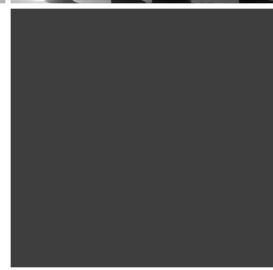
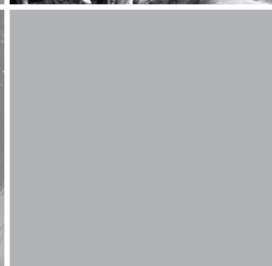
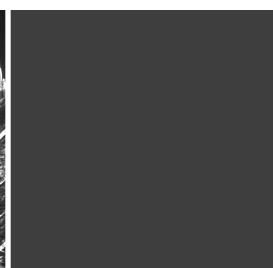


Canada 



# Brighter Futures & Building Healthy Communities Initiatives

Evaluation Summary  
September 2006



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# Table of Contents

Introduction.....	1
Brighter Futures and Building Communities Initiatives.....	2
<i>Brighter Futures</i> .....	2
<i>Building Healthy Communities</i> .....	2
How was the Evaluation Conducted?.....	2
1. Relevance .....	2
2. Success .....	2
3. Effectiveness .....	3
Summary of Evaluation Findings .....	3
<i>Services and Activities</i> .....	3
<i>Mental Health</i> .....	3
<i>Child Development</i> .....	4
<i>Injury Prevention</i> .....	4
<i>Healthy Babies</i> .....	4
<i>Parenting</i> .....	4
<i>Solvent Abuse</i> .....	4
<i>The Relevance of Brighter Futures and Building Healthy Communities</i> .....	4
<i>The Success of Brighter Futures and Building Healthy Communities</i> .....	4
FNIHB Implementation and Management .....	4
Program Principles .....	5
<i>The Effectiveness of Brighter Futures and Building Healthy Communities</i> .....	5
Recommendations.....	5





## Introduction

The Brighter Futures and Building Healthy Communities initiatives were evaluated for the first time between November 2003 and December 2004. The evaluation was done by Auguste Solutions & Associates Inc.

The evaluation collected information on the kind of activities that are funded by Brighter Futures and Building Healthy Communities, and the results and impact of them. It looked at whether or not these activities support the achievement of the initiatives' objectives.

This report includes information on:

- Brighter Futures and Building Healthy Communities initiatives;
- Goals and objectives of the evaluation;
- How the evaluation was done; and
- Findings and recommendations.

Overall, the evaluation confirmed that Brighter Futures and Building Healthy Communities remain relevant today. The initiatives are generally successful in what they do. It was evident that communities value these initiatives, and especially prize the flexibility allowed to allocate resources to meet local needs and priorities. This allows communities to address gaps, and create a more cohesive and holistic community health program. In turn, this promotes a sense of ownership and trust in the local community wellness program.

It was identified that some communities need more support in creating higher capacity to design and deliver programs such as crisis management. As well, there are some management and administrative improvements that should be made. The evaluators made a number of helpful recommendations that will contribute to the ongoing improvement of the initiatives. These recommendations are being carefully considered by Health Canada's First Nations and Inuit Health Branch, and a plan is being developed to act on many of them.

For a full review of the evaluation findings, consult the full evaluation report titled, *Evaluation of First Nations and Inuit Health Branch's Brighter Futures and Building Healthy Communities Programs Final Report* (2006).

Sincere gratitude goes out to the First Nations and Inuit communities who participated in the evaluation, and to those dedicated people who are implementing these initiatives across the country.

# Brighter Futures and Building Communities Initiatives

The Brighter Futures and Building Healthy Communities initiatives are administered by Health Canada's First Nations and Inuit Health Branch (FNIHB). The initiatives are intended to assist First Nations and Inuit communities to develop community-based approaches that contribute to improved health. Generally, Brighter Futures supports long-term wellness programming, while Building Healthy Communities supports more immediate needs such as intervention, treatment and after-care. Both initiatives are associated with improvements in the delivery of First Nations and Inuit health services.

## *Brighter Futures*

Brighter Futures was announced in May 1992. It provides funding for First Nations and Inuit community-based activities that are intended to support the well-being of children, individuals and families. The initiative has evolved over the years, and it currently funds activities that focus on:

- Community mental health;
- Child development;
- Injury prevention;
- Parenting skills; and
- Healthy babies.

Currently, over 90 percent of Brighter Futures funding is being allocated to mental health and child development activities.

## *Building Healthy Communities*

The Building Healthy Communities initiative was announced in June 1994, responding in part to growing concerns about suicide rates and solvent abuse issues. Solvent abuse was initially an additional area of focus for the Brighter Futures initiative, but it became a formal part of Building Healthy Communities when it was created. The initiative provides programming resources to address critical gaps with respect to mental health, solvent abuse and home nursing. The solvent abuse

and mental health components of the initiative were examined through this evaluation. Building Healthy Communities provides funding for First Nations and Inuit communities to develop:

- Mental health crisis management services;
- Solvent abuse prevention; and
- Early identification programs.

## How was the Evaluation Conducted?

An Advisory Committee provided advice and input regarding the design and implementation of the evaluation. It included evaluators, and regional and national FNIHB staff working with the initiatives. The FNIHB regional offices were an important part of the evaluation process.

Overall, the purpose of this evaluation was to examine whether the activities being funded by Brighter Futures and Building Healthy Communities were achieving their intended goals. In other words, are the initiatives doing what they set out to do? A critical task was to collect data on the types of activities being funded, as well as the results and impact. The purpose was not to evaluate the success of specific community-based activities funded under these initiatives.

The evaluation looked at three core issues. They are:

### 1. Relevance

Relevance addressed whether Brighter Futures and Building Healthy Communities continue to be consistent with the priorities of First Nations and Inuit communities and Health Canada.

### 2. Success

Success focussed on whether the initiatives are effective in meeting their objectives within budget and without unwanted outcomes.







### 3. Effectiveness

Effectiveness looked at whether FNIHB had used the most appropriate and efficient means of achieving the initiatives' objectives.

The evaluation gathered data in each of the eight FNIHB regions through:

- 23 community site visits;
- Key informant interviews;
- Focus groups;
- A literature review;
- A file review; and
- A survey of Brighter Futures and Building Healthy Communities' administrators and workers.

## Summary of Evaluation Findings

### *Services and Activities*

The evaluation findings provide an overview, not a comprehensive inventory, of the programs, activities and services delivered by the First Nations and Inuit communities and health care organizations that participated in this evaluation. Many of the activities are designed to serve multiple objectives. For example, a single program may have a focus on achieving objectives in both child development and mental health.

### *Mental Health*

The two initiatives have distinct but closely related goals with respect to mental health. Communities do not appear to separate the two mental health program streams based on the two funding initiatives. Rather, programs and activities have been developed and combined to respond to identified community mental health needs. Mental health and wellness services delivered in communities fall into the following broad categories:

- Counseling services;
- Information and awareness programs;
- Crisis intervention; and
- Wellness activities.

Of communities that participated, a range of mental health services were offered including:

- Individual and family counseling;
- Suicide prevention;
- Support groups and sharing circles; and
- Workshops or crisis intervention services.

About 20 percent have established clinical programs that employ a mix of professional and paraprofessional staff. About 25 percent employ only paraprofessional staff referred to as community counselors, mental health workers or wellness workers. Others do not have staff dedicated to mental health or wellness services, and rely on referrals to provincial, territorial or external contracted services.

All the communities deliver workshops and related events intended to increase knowledge about mental health issues. The majority also support wellness events. Wellness events tend to have a community development, cultural and/or recreational focus and aim to increase positive, healthy behaviors. Examples of wellness activities include:

- Summer camps;
- Cultural learning opportunities for youth;
- Recreational activities for Elders and people with disabilities; and
- Community feasts.

These activities are often funded through a number of sources not exclusive to Brighter Futures and Building Healthy Communities, such as the National Native Alcohol and Drug Abuse Program.

Few communities have established crisis intervention protocols or services. Most rely on ad hoc responses to events (i.e. they develop a response as or after, a crisis happens). Most communities have organized community-wide and/or health staff training in some form of crisis or suicide intervention.

## *Child Development*

The majority of communities deliver programs, services and activities that address child development with funding through Brighter Futures. Examples of these activities include:

- A range of school-based programs such as anti-bullying sessions, and after-school programs for children and youth;
- Cultural and heritage programs including healing-focused summer camps and projects that link youth and Elders; and
- Enhancements to the local Aboriginal Head Start Program or family counseling services;

In most of the child development programming, there is an emphasis on exposing children and youth to their cultural heritage and traditions.

## *Injury Prevention*

Injury prevention was not a major component of programming in the communities that participated. However, many do include some injury prevention activities in their overall programming such as community safety audits, water and boating safety programs, snowmobile safety, and first aid and CPR training to name some.

## *Healthy Babies*

All communities deliver prenatal and postnatal healthcare, nutritional and support services for mothers through community nursing and Canada's Prenatal Nutrition Program. Many communities have used some Brighter Futures funding to supplement, enhance or expand the scope of, these programs.

## *Parenting*

Over 80% of communities support parenting courses and support activities of some kind. Some examples include:

- Sending a local resident to be trained as a Nobody's Perfect parenting instructor;
- Allocating funds to the local Child and Family Services to ensure a parental respite program is available to at-risk families; and
- Parent support groups.

## *Solvent Abuse*

Solvent Abuse was not a significant problem in the communities that participated in this evaluation, except that it was one of several substance abuse and addictions issues. As a result, most address solvent abuse prevention and intervention through general alcohol and drug addictions services. The exception is several communities in Nova Scotia that offer specialized solvent abuse prevention programs.

## *The Relevance of Brighter Futures and Building Healthy Communities*

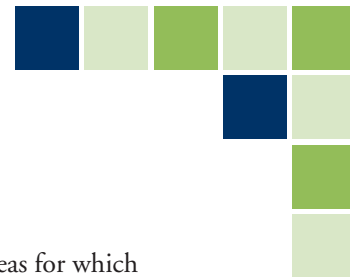
In general, the evaluation found that the initiatives remain relevant and continue to address First Nations and Inuit community health and wellness needs and priorities, as well as Health Canada's mandate. However, it is important to note that not all communities currently live with serious solvent abuse, but the majority of them are trying to deal with longstanding substance abuse problems. As well, crisis management is relevant and required, but it is hard to address by many communities because of limited resources, capacity, access to training and other factors like community size and isolation.

## *The Success of Brighter Futures and Building Healthy Communities*

### **FNIHB Implementation and Management**

The evaluation found that FNIHB's national and regional offices played a positive role in the roll-out of the initiatives, but that the role has become more limited to financial administration and control. That is, less support is provided for program development. This is attributed to a decrease in the capacity of regional offices to provide more support for the initiatives. This is a concern because while the regional offices have less capacity to provide support, the more rural and isolated communities continue to look to regional offices for assistance on a range of professional practice, planning, management and administrative issues.





## Program Principles

Brighter Futures and Building Healthy Communities activities do respect the program principles set out in the Brighter Futures Framework. There were two important qualifications to this that include:

- Community participation in the majority of communities has grown significantly over the years, but only a minority of communities report having developed or maintained strategies to sustain community growth; and
- A community's capacity to deliver a continuum of care is directly linked to its financial resources, geographic circumstances and population size.

Brighter Futures and Building Healthy Communities have three types of intended outcomes:

- Healthier children, families and communities;
- Effective culturally-appropriate services; and
- Training health workers.

In the absence of baseline data needed to evaluate these intended outcomes, First Nations and Inuit respondents and FNIHB staff were asked for their opinion on whether these outcomes were being achieved. They indicated that:

- The programs have produced positive health and wellness outcomes for individuals and communities;
- Culturally-appropriate programs have been established in many communities; and
- Health workers are better trained and more effective than they were ten years ago, but that there are ongoing and unmet training and staff development needs.

### *The Effectiveness of Brighter Futures and Building Healthy Communities*

The evaluation did not identify any evidence of program ineffectiveness or inefficiencies that are unique to these initiatives. As well, it was not able to identify more effective, alternate delivery models.

## Recommendations

The evaluators identified broad areas for which recommendations were developed. The recommendations respond to key findings of the evaluation a number of key areas which are:

- Continuing relevance;
- Program goals and content;
- Program principles;
- Implementation Partnership;
- FNIHB's role;
- Planning;
- Reporting and accountability;
- Capacity Building; and
- Inter-jurisdictional Planning.

A summary of these recommendations is provided in the following table.

AREA	RECOMMENDATIONS <sup>1</sup>
<b>Continuing Relevance</b>	<b>Recommendation #1</b> That the Brighter Futures and Building Healthy Communities initiatives continue to be funded and supported.
<b>Program Goals</b>	<b>Recommendation #2</b> That Health Canada consolidate the Brighter Futures and Building Health Communities initiative as a single funding program that allows each community to address mental health, child development, parenting, healthy babies and/or injury prevention through community-based health and wellness services developed to respond to its needs, circumstances and priorities.
<b>Program Principles</b>	<b>Recommendation #3</b> That Health Canada retain the core values of the Brighter Futures program principles in the management of the consolidated initiative so that communities have ongoing flexibility to design wellness services and delivery models that address individual community needs, priorities and capacities, that are community-based and community-paced.
<b>Implementation Partnerships</b>	<b>Recommendation #4</b> That Health Canada and First Nations and Inuit Communities establish national and regional consultative mechanisms that would ensure an effective, ongoing, partnership and shared decision-making between FNIHB and First Nations and Inuit health services managers/directors in the implementation, management, monitoring and development of community wellness programs and services.
<b>Community Planning</b>	<b>Recommendation #5</b> That each First Nations and Inuit community prepare a multi-year “community wellness” plan, based on a current assessment of its health and wellness needs.
<b>Reporting and Accountability</b>	<b>Recommendation #6</b> That each FNIHB community prepare and publish an annual “community wellness” program report to community members that would include data and information about program performance, outcomes, and success. <b>Recommendation #7</b> That Health Canada rationalize its reporting requirements and eliminates duplicate and repetitive requirements while ensuring that report contents are meaningful to the operational, planning and evaluation needs of First Nations and Inuit communities and Health Canada.
<b>FNIHB’s Role</b>	<b>Recommendation #8</b> That FNIHB establish and maintain capacity to provide the First Nations and Inuit communities who request technical and professional support for “community wellness” planning, delivery and management.
<b>Capacity Building</b>	<b>Recommendation #9</b> That FNIHB, in partnership with First Nation and Inuit health services, support regionally-based research and development designed to enhance the capacity of First Nation and Inuit communities to develop, manage and deliver “community wellness” programming.
<b>Inter-jurisdictional Planning</b>	<b>Recommendation #10</b> That FNIHB regional offices and First Nations and Inuit communities work with provincial/territorial health departments to establish permanent planning forums to encourage and compliment planning and service delivery partnerships at the district/health region level.

<sup>1</sup> Further considerations regarding how to implement many of these recommendations were made in full report titled, *Evaluation of First Nations and Inuit Health Branch’s Brighter Futures and Building Health Communities Programs Final Report* (April 2006).

