



Date:

Location/Event:

FNHA's Urban and Away-from-Home Engagement Survey

Background

The First Nations Health Authority (FNHA) strives to be a health and wellness partner to all First Nations people in British Columbia (BC), regardless of where they live or access their health services. Most First Nations people in BC live in urban areas or away from home (UAH).

The UAH population includes status and non-status First Nations people in BC who live in any of the following areas:

- a city, urban, rural, remote or isolated area that is not in a First Nations community or on a reserve
- a reserve that is away from their home community

The [UAH Health and Wellness Framework](#) which was launched in 2020, sets out the principles and strategic directions for FNHA to expand their responsibilities to support the UAH population, including the strategic direction to develop engagement pathways with and for the UAH population.

We are engaging with the following “partners” in all five health regions (Northern, Interior, Vancouver Coastal, Vancouver Island and Fraser Salish):

- **UAH population;**
- **BC First Nations communities;**
- **urban Indigenous organizations;**
- **FNHA staff; and**
- **health system partners.**

This UAH engagement work will strengthen FNHA's approach to being the health and wellness partner for all First Nations in BC.

UAH Engagement Goal and Scope

Goal: To develop a UAH Engagement Framework that will identify communication and engagement pathways to support FNHA health and wellness planning and a UAH Health and Wellness Service Needs report that will highlight the service needs of the UAH population to support advocacy.

The **Engagement Scope** of this project includes:

- Engaging on the development of the framework and report
- Sharing information on existing health and wellness services for the UAH population; and
- Building relationships with the UAH population and partners.



Survey Information

Please read all the information below carefully before proceeding to the next page.

Privacy Information

Taking part in the survey is voluntary and you may stop at any time. You may skip any question you do not wish to answer and continue to answer the next question. Skipping a question will not affect your ability to enter the draw for a gift card.

Your survey responses will be stored securely in our data files and kept confidential.

If you choose to provide your contact information after completing this survey to enter the draw for a gift card, your contact information (including your name and other personal identifying information) will be:

- Stored securely and deleted or destroyed once it is no longer needed;
- Only be used for the purpose of entering the draw; and
- Kept separately from your survey responses.

Only authorized project staff will have access to the paper copy of your survey, and your survey responses will be entered into our data files. The paper copy of your survey will then be securely destroyed.

Age of Participants

A person must be at least 14 years old to respond to the survey on their own. A parent, guardian or legal representative may respond to the survey on behalf of a child under 14 years of age, or a person 14 years of age or older who cannot respond to the survey on their own.

More information

If you have any questions or comments about the survey, please contact FNHA's Urban and Away-from-Home team at marie.cunningham@fnha.ca

Start the Survey

By continuing to the next page, you acknowledge that you have read and understand the information provided and agree to voluntarily participate in this survey. This estimated time to complete this survey is 10 – 15 minutes.



Section 1: Personal information

Purpose: To understand the diversity of the survey participants.

1. Do you identify as any of the following staff groups?

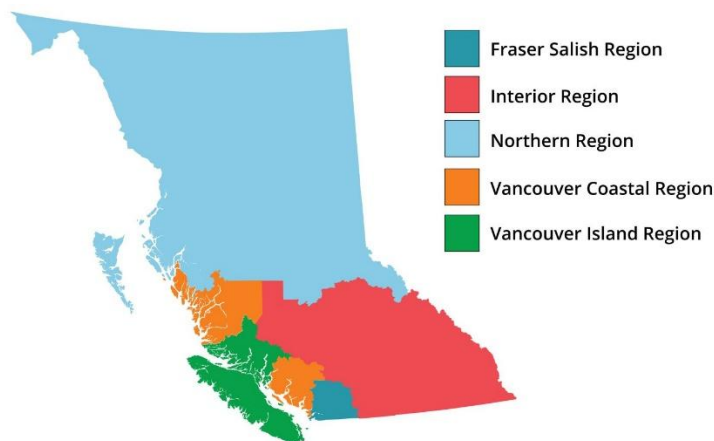
- ☐ Staff from a BC First Nations Community (Health Lead, Social Lead, Political Lead). Please specify: _____
- ☐ Staff from a regional or provincial urban Indigenous organization (Friendship Centres, Housing Societies, etc.). Please specify the name of your organization: _____
- ☐ Staff from a health system partner (Regional Health Authorities, Doctors of BC, etc.). Please specify: _____
- ☐ FNHA Staff

2. In your experience, which best describes the age of the UAH population you support through your organization's programs and services? Please select all that apply:

- | | | |
|--|--|---|
| ☐ All ages | ☐ 35 - 44 years | ☐ 65 years or older |
| ☐ 14 - 24 years | ☐ 45 - 54 years | ☐ Prefer not to answer |
| ☐ 25 - 34 years | ☐ 55 - 64 years | |

3. In what health region or regions does your organization operate (See below for map of health regions)?

FNHA Regions Map



- | | | |
|--|--|---|
| ☐ Fraser Salish | ☐ Vancouver Coastal | ☐ All regions (Provincial) |
| ☐ Interior | ☐ Vancouver Island | ☐ Prefer not to answer |
| ☐ Northern | | |



☐ I don't know, I will provide the name of the location (s):

Section 2: Engagement Questions

Purpose: To better understand how to connect with the UAH population.

Engagement Principles

4. FNHA's values include respect, discipline, relationships, culture, excellence, and fairness. Are there any other values that you would like FNHA to consider when engaging with the UAH population?

5. Based on your experience, what advice and/or recommendations do you have for **how** FNHA engages with the UAH population? (E.g. incorporate culture, offer meals and gifts, etc.)

Engagement Outcomes

6. In your experience, why is it important for the UAH population to stay connected to FNHA? Please select all that apply:

- ☐ UAH perspectives included in FNHA health and wellness planning
- ☐ Increased awareness of FNHA health and wellness programs and services available to the UAH population
- ☐ Improved access to health and wellness programs and services
- ☐ Improved communications with the UAH population to understand health and wellness needs
- ☐ Improved access to feedback about FNHA programs and services



☐ Other, please explain: _____

Engagement Pathways

7. Which specific methods, processes, or tools has your organization used to engage with the UAH population? Please select all that apply:

- | | | |
|--|---|--|
| ☐ Paper surveys | ☐ One-on-one dialogue | ☐ Created an UAH advisory council |
| ☐ Online surveys | ☐ Complaints and compliments process | ☐ Other, please specify: _____ |
| ☐ Virtual session | ☐ Through BC First Nations communities | _____ |
| ☐ In-person session | | _____ |
| ☐ At in-person events | | |

8. What works well for your organization when it comes to engaging with the UAH population?

9. Based on your experience, what advice and/or recommendations do you have for engaging with underrepresented groups (i.e. those in vulnerable situations, lacking connectivity to technology) **within** the UAH population?

10. What organizations do you recommend we engage with that have strong connections with UAH population?



Section 3: Health and Wellness Services

Purpose: To understand health and wellness needs of the UAH population.

11. What challenges, if any, does your organization encounter when providing health and wellness services to the UAH population?

12. What would make it easier for your organization to provide health and wellness services available to the UAH population? Please select all that apply:

- | | |
|---|---|
| ☐ Increased funding | ☐ Increased awareness of services |
| ☐ Better collaboration between organizations that support the UAH population | ☐ Please explain further (optional): _____ |
| ☐ Better referral systems | ☐ Other, please specify: _____ |
| ☐ Better pathways to share information with the UAH population | |

13. Have any services been requested by the UAH population that your organization does not offer but recommend be added?

Section 4: Survey Feedback

Purpose: To improve future survey(s) and outreach.

14. How did you hear about this survey? Please select all that apply:

- | | |
|---|--|
| ☐ Email | ☐ CFNR website/social media |
| ☐ Family/Friend/Colleague | ☐ CJNY website/social media |
| ☐ My BC First Nations Community | ☐ Radio ad |
| ☐ FNHA e-newsletter | ☐ In person event (Conference, sporting event, gathering, etc.) |
| ☐ FNHA website | ☐ Posters or post-cards |
| ☐ FNHA social media | ☐ Urban Indigenous Organization |
| ☐ Kiefer Collison's social media | |



First Nations Health Authority
Health through wellness



For completion by BC First Nations, Organizations and Partners

☐ Regional Health Authority (Northern Health, Vancouver Island Health, Vancouver Coastal Health, Interior Health, Fraser Health Authorities)

☐ Personal invite from FNHA staff

☐ Other, please specify: _____

15. In the future, how would you like to learn about upcoming survey/engagement opportunities?

Please select all that apply:

☐ Email

☐ Posters or post-cards

☐ Family/Friend/Colleague

☐ Urban Indigenous Organization

☐ My BC First Nations Community

☐ Radio ad

☐ FNHA e-newsletter

☐ In person event (Conference, sporting event, gathering)

☐ FNHA website

☐ Regional Health Authority (Northern Health, Vancouver Island Health, Vancouver Coastal Health, Interior Health, Fraser Health Authorities)

☐ FNHA social media

☐ Kiefer Collison's social media

☐ CFNR website/social media

☐ CJNY website/social media

☐ Personal invite from FNHA staff

☐ Other, please specify: _____

16. To what extent do you agree with the following statement? "I had the opportunity to share my perspective through this survey"

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neutral (I did not share my perspective today)

☐ Please explain (optional): _____

17. Would you recommend a colleague, or family/friend in a UAH setting to fill out this survey?

☐ Yes

☐ No

☐ Not sure

Please explain (optional): _____

18. Is there anything else you would like to share?



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For completion by BC First Nations, Organizations and Partners

Section 5: Contact Information

19. Please provide your name, email address and region below. *Your contact information will be kept confidential and will only be used by FNHA for the purpose(s) that you selected.*

Name: _____

Email: _____

Region: _____

20. Would you also like to provide your name, email and region to receive communications from First Nations Health Authority (FNHA)? *Your contact information will be kept confidential and will NOT be shared with any other organizations. You can unsubscribe from the contact list at any time.*

I would like to receive:

☐

Information about FNHA programs and services

☐

Invitations to participate in future FNHA surveys or engagement activities

Thank you for participating in the survey.