



First Nations Health Authority
Health through wellness

EVALUATION OF THE FIRST NATIONS HEALTH AUTHORITY

2019/20 to 2023/24

Executive Summary

Acknowledgements

The First Nations Health Authority acknowledges the unceded lands and territories of the self-determining First Nations where the work of this report took place in what is now known as British Columbia. We express gratitude to all those whose wisdom, knowledge and contributions are reflected.



Honouring ʔlakwagila: The late Hereditary Chief Bill Cranmer of the ʔNamgis Nation served the FNHA as a guiding Elder. Bill's wisdom and guidance helped to shape the development and direction of the organization. His legacy will continue to inspire and guide the FNHA.



First Nations Health Authority
Health through wellness

First Nations Health Authority
501-100 Park Royal South
Coast Salish Territory
West Vancouver, BC
Canada – V7T 1A2
www.fnha.ca | evaluation@fnha.ca
June 2025



Contents

MESSAGE	<u>4</u>
INTRODUCTION	<u>6</u>
EVALUATION OVERVIEW	<u>8</u>
KEY FINDINGS	<u>11</u>
CONCLUSIONS	<u>22</u>
RECOMMENDATIONS	<u>23</u>



Evaluation conducted by
Qatalyst Research Group Inc.



A message from the CEO and Chair of the Board of Directors

We are pleased to share the results of the 2024 Evaluation of the FNHA. Evaluations are vital to the ongoing success of our journey toward transformation. They give us a pathway for gathering information and provide opportunities for many different voices to be heard. They keep us grounded in our work and let us know what is important to First Nations communities. The learnings and recommendations included in the report, our response and progress reporting provide transparency and accountability to First Nations and our partners, inform our goals and strategies, and guide our organization's continued improvement and evolution.

Since the first evaluation of the FNHA was released at Gathering Wisdom for a Shared Journey X in 2020, the FNHA has grown and evolved its role as funder, partner and provider of health programs and services. Throughout this report you'll find stories of key innovations, collaboration and achievements during the past five years. Examples include new funding agreements with Tripartite Partners; enhanced quality and accessibility of culturally grounded mental health and wellness services, maternal, child and family programming and supports for urban and away-from home; and the creation of virtual services and the First Nations-Led Primary Care Initiative in partnership with BC.

This report also tells the story of the organization's management and funding of First Nations health programs and services and First Nations Health Provider relationships, as well as our organizational structure and effectiveness.

We raise our hands to Richard Jock and Colleen Erickson, who completed ten years of service to First Nations communities as the FNHA CEO and Board Chair. Their leadership, dedication and vision helped guide and shape the organization to become what it is today during a unique period of both progress and unprecedented challenges. The FNHA and First Nations in BC were deeply impacted by concurrent public health emergencies including the onset of the novel coronavirus (COVID-19) pandemic, the toxic drug supply crisis and multiple climate-related health emergencies. With guidance from First Nations, the First Nations Health Council and First Nations Health Directors Association, we prioritized the safety and wellbeing of First Nations Elders and communities, established new Health Emergency Management structures in the regions, and made significant investments in culturally safe mental health and wellness services and harm reduction initiatives.

We continue to evolve our governance structure and organizational design as we strengthen our regional structures. We also see the incredible potential that exists for innovation, and as such we will be seeking to further transform our funding relationship with First Nations Health Providers, enhance our engagement practices and processes with First Nations in BC, and expand the quality and availability of health programs and services for First Nations in BC.

In health and wellness,



A handwritten signature in black ink that reads "Sheila Blackstock".

DR. SHEILA BLACKSTOCK

Chair of the Board of Directors,
First Nations Health Authority



A handwritten signature in black ink that reads "mcalduff".

MONICA MCALDUFF

Chief Executive Officer,
First Nations Health Authority

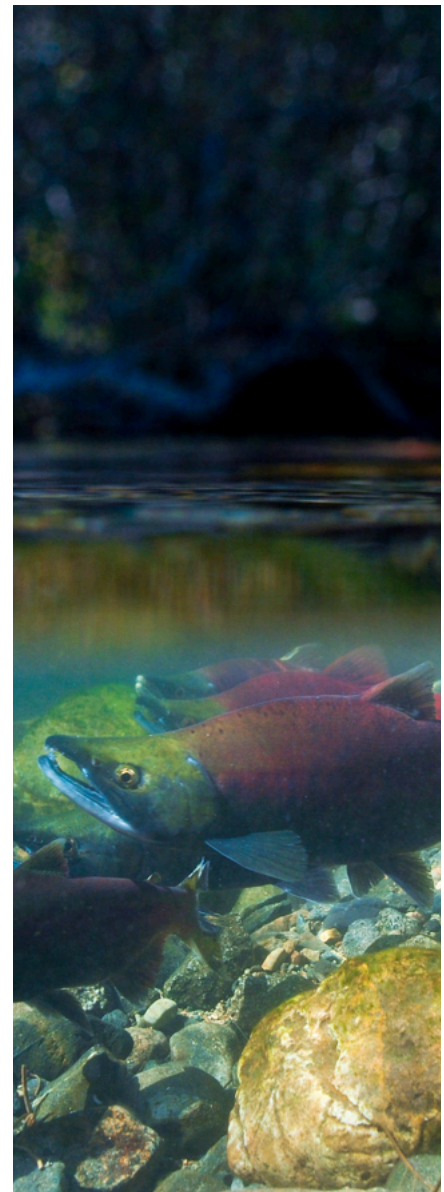


Introduction

The First Nations Health Authority (FNHA) was created by and for BC First Nations and embedded as part of the BC First Nations Health Governance Structure described in the 2011 *British Columbia Tripartite Framework Agreement on First Nation Health Governance* (BC TFA). In 2013, the FNHA assumed responsibility for the planning, management, delivery and funding of health programs and services for First Nations in BC, formerly held by Health Canada. The transition was enabled through the historic and unprecedented BC TFA, signed in 2011 by the Tripartite Partners represented by the Government of Canada, the Province of BC and the First Nations Health Society endorsed by the First Nations Health Council (FNHC). This agreement established the new BC First Nations Health Governance Structure, which includes the FNHA, the FNHC, the First Nations Health Directors Association (FNHDA), and the Tripartite Committee on First Nations Health.

The FNHA successfully undertook a complex transfer process, building organizational systems and structures, assuming assets and taking over programs and services, all while ensuring no disruptions and minimal adjustments for BC First Nations and program providers. Within a short period of time, the FNHA built strong corporate functions, developed an organizational culture based on First Nations traditions and brought services closer to communities by establishing offices across the five regions of BC.

The FNHA is governed by a nine-member board of directors that provides strategic leadership and oversight of the FNHA's corporate activities through adherence to the FNHA constitution, bylaws, policies and procedures. The Office of the Chief Executive Officer provides leadership and oversight for the organization's functional areas.





January, 2020: Drummers at Gathering Wisdom for a Shared Journey X.

The first evaluation of the FNHA was completed in January 2020. Overall, the evaluation concluded that the FNHA had successfully built the organizational capacity needed and had achieved significant progress in implementing important changes to First Nations health care in BC by advancing excellence in programs and services, championing the BC First Nations Perspective on Health and Wellness, enhancing First Nations health governance, and operating as an efficient and effective First Nations health organization. The evaluation also identified ongoing challenges with funding allocation, meeting demand and building a strong leadership team. Following a delay due to the COVID-19 pandemic, between May 2021 and January 2022, the FNHA engaged Chiefs, Health Directors and health leads, community members and service providers to reflect on the 2020 evaluation findings. The results were used to inform a response action plan published by the FNHA in November 2022. For more information, read the [2020 Evaluation of the First Nations Health Authority report](#) and the accompanying [Response Action Plan](#).



October, 2023: FNHA staff gathering at the FNHA's 10-year celebration.



Evaluation Overview

Purpose

Five-year evaluations of the FNHA are a legal requirement under the BC TFA (Schedule 1 (CF8)) and the Canada Funding Agreement (Section 10.1). With approval from Indigenous Services Canada and the BC Ministry of Health, the FNHA hired the independent consulting firm Qatalyst Research Group Inc. to conduct the 2024 Evaluation of the FNHA, with oversight from the FNHA Evaluation Team. This evaluation tells the story of the FNHA's progress against its mission, goals and strategies, including its management and funding of First Nations health programs and services. The findings aim to support results-based decision-making and continuous learning and improvement at the FNHA, and to support the efforts of its partners in learning, growing and maturing their relationship to advance shared goals.

Scope

The 2024 Evaluation of the FNHA covers fiscal years 2019/20 to 2023/24. However, in the interest of ensuring the findings and resulting recommendations are relevant and utilization-focused, current examples of agreements, activities and initiatives beyond the scope of the evaluation have been included whenever possible. The scope includes the mandatory coverage requirements set out in the Canada

Funding Agreement and the BC TFA (i.e., plans and programs; management of First Nation Health Provider relationships; and organizational structure and organizational effectiveness) as well as strategic informational priorities of the FNHA, BC First Nations leadership, and Nation and community needs.

Out of scope are issues covered through the 2024 Evaluation of the BC TFA and other evaluative processes, including the evaluations of First Nations health benefits (pharmacy, Blue Cross and medical transportation) and evaluations of programs and services conducted by the FNHA (e.g., Indigenous Treatment and Land-Based Healing Fund, FNHA-Funded Treatment Centres, First Nations-led Primary Care Initiative).

Methodology

The evaluation was undertaken using a participatory research approach. The framework was developed with input from First Nations Chiefs, Health Directors, health leads, community members, Tripartite Partners and partners within the BC First Nations Health Governance Structure who were engaged by the FNHA Evaluation Team between February and December 2023. This framework formed the basis for the implementation plan, including the engagement pathways and processes.

Implementation of this evaluation occurred in three phases:

- **Phase 1** (February to May 2024) focused on developing the implementation plan.
- **Phase 2** (June to December 2024) included data collection and analysis, guided by the implementation plan developed in Phase 1.
- **Phase 3** (January to March 2025) involved drafting and finalizing the evaluation report.

To enhance efficiency and reduce engagement burden, the 2024 Evaluation of the FNHA was conducted concurrently with the complementary 2024 Evaluation of the BC TFA.



Knowledge was gathered through the following methods:



Document and file review:

Examined FNHA activities and operational changes since the completion of the 2020 Evaluation of the FNHA. Examples include foundational documents, policy documents, multi-year health plans, regional health and wellness plans, FNHA quarterly and annual reports, environmental scans, engagement documentation and other evaluations and reviews.



including First Nations Chiefs, Health Directors, health leads and community members. Additionally, four individuals provided their feedback through a short online form available on the evaluation web page.

Key informant interviews with FNHA representatives:

Engaged 39 FNHA representatives, including 19 representatives from senior management, nine representatives from departments and program areas, eight representatives from the Health Emergency Management Team and three representatives from the FNHA Finance Team.



Financial review: Examined community narrative and financial reports and FNHA financial data and reports.



Engagement sessions with First Nations health leadership:

Conducted 10 virtual and in-person engagement sessions with 95 Chiefs, Health Directors and health leads across the FNHA's five health regions (i.e., two sessions per region).



Group sessions with FNHA leadership and members of the BC First Nations Health Governance Structure boards of directors:

Facilitated focus groups with the FNHA Executive Strategy Team (15 representatives) and FNHA regional offices (47 representatives). Facilitated five focus groups with members of the boards of the FNHA, FNHC and FNHDA (45 representatives).



First Nations community engagement survey: Collected individual responses from 315 representatives of First Nations communities,



Case studies:

- **The Programs and Services Case Study** examined FNHA programs and services under two key funding streams – Direct Community Services Funding and Health Services Programs – to examine how programs and services in communities are being delivered, meeting community needs and achieving results towards community health and wellness plans. The methodology involved a review of FNHA program documents and financial data, interviews with 33 FNHA staff members, and site visits and virtual engagement with 17 First Nations communities across all five regions.
- **The First Nation Health Provider Relationship Case Study** examined the effectiveness of relationships between the FNHA and the organizations it funds to provide programs and services and identified opportunities to support continual quality improvement. The methodology involved reviewing documents that included contribution agreements, policy documents and financial data, as well as interviewing four FNHA staff and conducting a survey of 11 representatives of health service organizations.

Evidence from all knowledge sources was analyzed and synthesized into a detailed presentation that contained the major findings from both the BC TFA and FNHA evaluations. Findings were validated through presentations with First Nations health leadership at five fall Regional Caucuses (held between November 2024 and January 2025). The draft FNHA Evaluation report was then provided to FNHA representatives, including FNHA senior executives and staff with subject matter expertise, for review and validation. The report was then reviewed by the FNHA Board of Directors (March 2025) before the report was finalized and approved by the FNHA Board of Directors.



September, 2024: Case study visit to KITASOO XAI'XAIS Health Centre.



December, 2023: Fraser Salish Regional Fall Caucus.



Key Findings

First Nation Health Provider Relationships

1. The FNHA has revised the Financial Accountability and Management Framework and Funding Instruments Management Policy to reflect the organization's ongoing evolution from the inherited relationship of funder-recipient to a partnership approach based on reciprocal accountability with First Nations in BC. Through the Contribution Agreement Consolidation and Transformation project, the organization is striving to transform relationships and funding agreements with First Nation Health Providers, including health service organizations who provide services to more than one community and communities who are their own health provider.

The revised Financial Accountability and Management Framework and Funding Instruments Management Policy reflect the ongoing evolution from a funder-recipient to partnership relationship between the FNHA and First Nations in BC. Financial decision-making and management for most programs and services funding streams has been transferred to regional offices to bring decision-making closer to home. Opportunities remain for further clarifying roles and responsibilities and streamlining administrative processes to increase efficiencies.

Through the Contribution Agreement Consolidation and Transformation project,



2023: Celebrating food as medicine at a Tsaxis cook pit.

the FNHA is striving to consolidate agreements to enhance First Nation self-determination and reduce the administrative burden on communities. Changes were made to streamline reporting requirements and eliminate consequences for non-compliance.

Further consolidation and alignment of funding arrangements with the needs and priorities identified in community health and wellness plans has been restricted by the short-term nature of special purpose federal and provincial funding agreements and the federal funding allocation formula.



The formula used by the Government of Canada to determine FNHA funding levels for community programs and services is designed to support the continuation of programming inherited from Health Canada and does not adequately address the transformation agenda and expanded mandate given to the FNHA. FNHA staff, Chiefs, Health Directors and health leads suggest communities would benefit from a more flexible, needs-based allocation strategy that considers urgent and emergent needs. This includes priorities identified in community health and wellness plans, and resource requirements to support the urban and away-from-home population and unregistered members who access community health and wellness programs and services.

The FNHA continues to examine opportunities to enhance the flexibility of funding agreements with federal and provincial partners and further transform First Nation Health Providers funding agreements in alignment with the partnership approach with communities and health service organizations and in accordance with the 7 Directives.



2. The FNHA has a multifaceted role as a funder, partner and deliverer of health programs and services for First Nations in BC. In response to gaps in existing programs and services and emergent needs, the FNHA has expanded its role in direct service provision and increased the number of funding agreements with First Nation Health Providers. In the longer term, the FNHA is seeking to identify more sustainable funding sources and consolidate funding agreements with First Nation Health Providers. Differing perspectives on the FNHA's future role and mandate regarding the delivery of health programs and services present both challenges and opportunities to the organization.

"We are blessed to be offering services with access to [the FNHA's] grants....and we are building a community through ceremony."

- First Nations Community Member

To address gaps in programs and respond to emerging needs, the FNHA has used targeted initiative funding obtained from federal and provincial partners to provide additional special-purpose term funding agreements with First Nation Health Providers. In the longer term, the FNHA aims to secure more sustainable funding sources and consolidate funding agreements with providers. The FNHA delivers numerous programs and services, many of which relate to and support local programs and services delivered by communities. These include environmental public health, health protection, nursing and public health surveillance and research. As part of health transformation in BC, the FNHA is increasingly assuming direct service delivery in new areas, including primary health care and mental health and wellness.

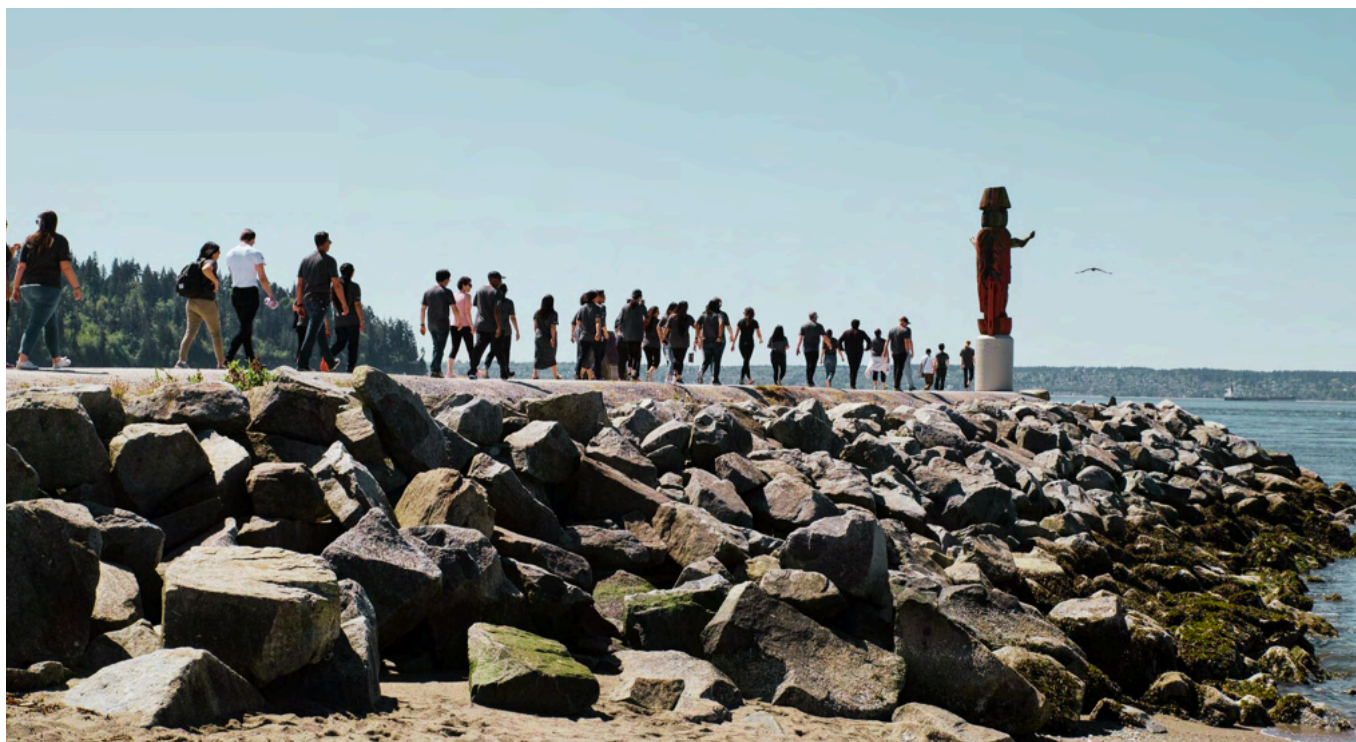
Community representatives have mixed views regarding their vision of the FNHA's role. While some community representatives advocate for envelope funding to Nations and sub-regions for localized service design and delivery, and for the FNHA's primary role to remain that of funding partner, others emphasize the need for the FNHA to further expand its direct service delivery role to address capacity gaps.

3. The FNHA has invested in and expanded organizational capacity for supporting First Nation Health Providers by providing customized liaison, advisory and support services.

As part of ongoing health transformation efforts, the FNHA implemented initiatives to improve relationships with First Nation Health Providers. Key improvements include increasing the focus on targeted engagements with providers (to ensure key program and service decisions are informed by community perspectives) and developing systems and processes (to provide sufficient support to communities and health service organizations undergoing disengagement). The FNHA has also offered support to communities for health and wellness planning, including guidance on accessing and integrating community health data.

"We are at a pivotal point in our organizational journey, needing to determine our direction for the next decade. The question is whether we will remain a funding organization that assists communities in setting up services or evolve into a different role. Without a clear roadmap and strategic focus, we risk spreading ourselves too thin and hindering progress."

- FNHA Representative



May, 2019: FNHA staff participating in a "Walk with your Doc" event.

Programs and Services

4. Expenditures on FNHA programs and services have increased significantly over the previous five years.

FNHA expenditures on programs and services under its two primary programs and services funding streams, excluding health benefits, totalled more than \$2 billion between fiscal years 2019/20 and 2023/24, which represents a funding increase of 54 per cent. The main drivers of this increase include annual contribution agreement escalators and program-specific increases, such as for the Aboriginal Head Start on Reserve program and funding for emergency responses.

The highest level of expenditure went towards programming areas focusing on mental wellness, healthy child development and supplementary health benefits. A large portion of program and services funding goes directly to communities for their health planning and delivery of programs and services.

5. Additional funding secured by the FNHA has been used to increase the availability, accessibility and quality of health programs and services for First Nations in BC.

- **Primary care services.** In partnership with the BC Ministry of Health, the FNHA has established two First Nations-led Primary Health Care Centres and made progress towards the creation of 13 additional centres. These centres provide wholistic and culturally safe primary care services for First Nations across the province. In response to the COVID-19 pandemic, the FNHA launched the First Nations Virtual Doctor of the Day Service and First Nations Virtual Substance Use and Psychiatry Service.
- **Mental health and wellness programs and services.** Alongside partners, the FNHA has made significant investments to expand mental health and wellness programs and services. This includes a \$30 million Mental Health and Wellness Fund to support community initiatives, fund the renovation and expansion of treatment centres, create a network of healing centres and modalities, and establish the Indigenous Treatment and Land-Based Healing Fund.
- **Maternal, child and family programs and services.** The FNHA has increased access to family and maternal health programming and services, including a \$60-million expansion of the Aboriginal Head Start on Reserve program, the creation of a Maternity and Babies Advice Line and the appointment of maternal, child and family health co-ordinators and specialists.



Smiling faces at the Kwakwaka'wakw Maternal and Child Health Initiative.



FNHA offering sports physiotherapy for players and traditional healing at the All Native Basketball Tournament.

"The relationship with FNHA strengthened during COVID-19. Our Chief recognized the importance and value of the FNHA. Over the last four years, there have been improvements in services, but there are still barriers..."

- Community Health Staff

"I'm happy we have a dental hygienist who comes into our community monthly. Many of our people don't own vehicles to get to town, so this service is important for our community. Especially those who are living on a fixed income."

- First Nations Community Member

- **Programs and services for the urban and away-from-home population.** The FNHA expanded supports by creating a dedicated team within the organization, developed an Urban and Away-from-Home Health and Wellness Framework and continues to advocate and stress the importance with provincial and federal partners that new programs and services must be accessible to all First Nations in BC regardless of their residence.
- **Integration of traditional and cultural approaches.** The FNHA has made significant efforts to integrate cultural and traditional approaches into FNHA-funded and FNHA-delivered programs and services. This includes support for initiatives through the \$30-million Indigenous Treatment and Land-Based Healing Fund, Indigenous Peoples Day of Wellness Grants and Winter Wellness Grants.



First Nations community health leaders and community members report improvements in the integration of cultural and traditional approaches in health service delivery at the community level and overall improvements to the accessibility, quality and effectiveness of the health programs and services in their communities. This includes enhancements to existing programming and the delivery of new programs and services in areas of critical need, including education and prevention, harm reduction, early childhood, mental wellness, traditional wellness, youth programming and emergency response.

"Our health services have expanded dramatically. Our core programs have been consistent and we have added services like our foot care program. Demand for services has increased, and we have had to increase our training and support workers. Our nursing staff has grown, and we maintained our accreditation. We have also secured funding for various positions and services, including a full-time traditional and Indigenous Knowledge Keeper."

- Community Health Staff



6. Despite significant investments by federal and provincial partners, and the FNHA's efforts to enhance and expand program and services, many community needs remain unmet due to ongoing gaps. Areas of concern include mental health and wellness supports, Health Actions funding, youth health and wellness, individuals with chronic conditions (including long-term and palliative care) and the shortage of health care professionals.

The evaluation identified gaps in the availability and accessibility of mental health and wellness programming and services to address the consequences of colonialism such as addiction, trauma and grief. Community representatives reported limited access to in-community doctors, nurse practitioners and specialized care providers; services to support the elderly population and those suffering from chronic conditions (including long-term care and palliative care); after-hours support in remote communities; and services targeted at the urban and away-from-home population. Furthermore, community access to quality health services is affected by recruitment and retention challenges as communities struggle to hire and retain clinical staff. The shortage of health care professionals has also been affected by environmental and public health emergencies, which stretched capacity and required reallocating of resources and staff time.

Further opportunities exist to integrate traditional and cultural approaches into programs and services, including greater integration of Elders and Knowledge Keepers into team-based primary care, and revisions to federal funding terms and conditions to support traditional and cultural approaches.

"That seems to be what happens with most of the people who have any kind of issues, whether it be mental wellness or health, they end up having to leave the community to maintain their health and see specialists... we lose a lot of members to other places, and they can't be with their families or their community because there are no services close enough for them."

- Community Health Staff



June, 2024: Energy healing services at the annual FNHA staff picnic.



November, 2022: FNHA Interprofessional Health Care Education Forum.

Organizational Structure, Efficiency and Effectiveness

7. The FNHA Board of Directors and its executive leaders have provided effective oversight in ensuring the FNHA has met its organizational mandate, advanced goals and strategies and fostered partnerships. However, opportunities exist to further clarify roles.

A recent evaluation of the FNHA Board of Directors found that the board has been effective in ensuring the FNHA's corporate activities align with the organization's mandate, bylaws, policies and procedures. As the FNHA has evolved, the board of directors has adapted its governance to the stage and growth of the organization. There is an opportunity to further clarify roles, maintain a balanced focus on regional and provincial responsibilities, and streamline internal review processes between the FNHA and the board to reduce the administrative burden on board members.

8. A stable and committed FNHA Executive Strategy Team has supported long-term planning, relationship-building and the execution of key strategic goals and initiatives. There are opportunities to further clarify leadership roles and enhance operational oversight by appointing a permanent chief operating officer.

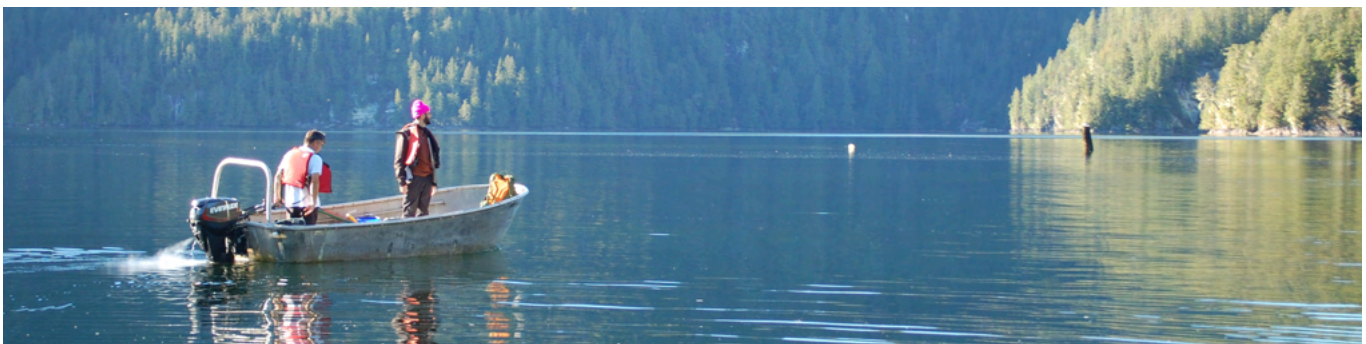
The FNHA has successfully recruited and trained a capable and committed senior leadership team. Over the evaluation period, low staff turnover at the executive level helped maintain continuity in leadership and strategic direction, fostered trust and confidence within the organization and with external partnerships, and supported long-term planning and the implementation of key initiatives. Key informants raised concerns about the long-standing vacancy in the chief operating officer role, which may have increased operational pressures on the chief executive officer and contributed to gaps in regional oversight.



September, 2023. Former FNHA Chair of the Board of Directors Colleen Erickson at the Ninth Gathering of Healing Our Spirit Worldwide.



April, 2023. FNHA Chief Medical Officer Dr. Nel Wieman presenting at the First Nations Health & Wellness Summit.



June, 2024: Out on the water with the Nawalakw Youth Cultural Camp land-based healing initiative.



November, 2024: FNHA former CEO Richard Jock recognized for many years of service to the organization and First Nations in BC.



"While regionalization has improved community engagement, it has also led to fragmented processes, akin to running multiple small businesses with limited budgets."

- FNHA Representative

9. The FNHA has built a robust organizational structure and systems to support its operations and deliver effective programs and services. Although the FNHA has largely maintained its core functional areas since the last evaluation period, the roles, mandates and structures within these core functions have evolved and expanded to support the organization's continued growth and evolving priorities.

Key strengths of the organizational structure include effective organizational functions and corporate services that have enabled the FNHA to deliver programs and services, dedicated and capable senior leadership, and an effective process for integrating community priorities into decision-making. The structure is strengthened by an organizational culture based on First Nations traditions that fosters a collaborative work environment. There is a need for greater clarity in the roles and responsibilities of the senior leadership team, improvements in the delegation of decision-making, and greater involvement of the FNHA Board of Directors in providing strategic direction. Further development of the organizational structure was impacted by the COVID-19 pandemic as well as higher levels of staff vacancies and turnover attributed largely to global health human resource shortages.

10. The regionalization of most programs and services has resulted in an increased share of staff and funding allocated to the regions. While the FNHA continues to advance regionalization, there are opportunities to strengthen co-ordination, clarify roles and responsibilities, and develop a comprehensive strategy for regionalization that reflects regional needs and capacity.

From 2019/20 to 2023/24, the FNHA transferred many of its programs and services to be delivered by the regional offices. Regional operating costs increased nearly 200 per cent over the evaluation period, and regional staff currently account for 32 per cent of the organization's workforce. Key informants recognized regionalization as a significant step towards bringing services closer to home and ensuring that programs and services are more responsive to the unique needs of First Nations communities. However, regionalization has also increased challenges related to service consistency, administrative efficiency and internal co-ordination. As the FNHA continues to evolve its organizational structure, adding change management capacity may further facilitate the successful implementation of regionalization.

11. The FNHA has been highly effective in securing increased funding from the federal and provincial governments, particularly for programs and services. At the same time, the FNHA has kept corporate expenses relatively low as a portion of total expenditures, although it has provided increased funding towards regional operations.

The federal government remains the FNHA's primary funder and a significant source of higher revenues, with the negotiation of a renewed 10-year Canada Funding Agreement of \$8.2 billion in 2023. Additionally, the FNHA has leveraged significant investments from the province, although these sources of funding are short term in nature. Over the five-year evaluation period, despite a significant increase in organizational revenues of approximately 50 per cent, the FNHA was able to keep the cost of its corporate operations under 7.1 per cent, which is considered low. To sustain funding growth, the FNHA and partners within the BC First Nations Health Governance Structure are also exploring new revenue streams, including, for example, through the First Nations Health Foundation.



12. The FNHA has continued to build capacity to measure and report on the success of its activities and programs; however, there is an opportunity to improve the current performance measurement approach.

Since the previous evaluation, the FNHA has developed a *Performance Measurement, Evaluation and Reporting Framework* in response to an evaluation recommendation stemming from the 2020 Evaluation of the FNHA to create a more consistent and comprehensive approach to performance measurement. The framework could be revised to include a more integrated performance measurement approach that incorporates quantitative measures of health system performance and wellness indicators.



FNHA's 2023/2024 Annual Report.



Achievement of Goals and Strategies

13. The FNHA continues to use a ground-up approach to planning, which has been effective in incorporating community priorities into strategic documents such as the Multi-Year Health Plan and Annual Operating Plan. However, planning processes can be further improved by better aligning regional and provincial planning processes and timelines.

The process of regional health and wellness plan development and implementation varies across the regions depending on regional circumstances and priorities, resulting in plans with different timelines and specificity. The Multi-Year Health Plan, which draws on the regional health and wellness plans, is updated on a five-year cycle. There are opportunities to better align these planning processes.



14. The FNHA has enhanced engagement efforts with First Nations communities to achieve greater alignment with needs and priorities. However, there are opportunities to further demonstrate that effective action has been taken following engagements and to reduce duplication of engagement efforts within the FNHA and between Tripartite Partners and partners within the BC First Nations Health Governance Structure.

The FNHA has enhanced existing and created new engagement pathways with an increased focus on targeted engagement beyond Regional Caucus. The FNHA uses engagement results in planning its activities, setting organizational priorities and designing programs and services. Despite increased engagement, community representatives reported that it is often unclear what, if any, actions are being taken in response to issues raised through engagement. Additionally, there were concerns raised regarding the amount of time spent in engagement and the duplication of engagement efforts.



Participants of the łokwimas – You Are Strong Indigenous Youth Suicide Prevention Initiative training.



October, 2022: FNHA staff commemorating Orange Shirt Day and National Day for Truth and Reconciliation.

"I don't want to think about what the experience could have been for our First Nations communities if the FNHA did not exist to support during these public health emergencies."

- Community Health Staff



FNHA "Preparing for Flooding" emergency planning info sheet



2021: FNHA Harm Reduction Poster Campaign

15. The FNHA delivered an effective response to multiple concurrent public health and environmental emergencies and the uncovering of unmarked graves at residential schools. However, this pivot in priorities stretched the FNHA's capacity and required resources and staff time to be reallocated away from existing goals and strategies.

The FNHA's role and responsibility with respect to emergency response has evolved significantly over the last five years. Over time, the FNHA has developed a dedicated health emergency management department and expanded its focus across all aspects of emergency preparedness and mitigation, including mental health crises and environmental disasters. Community representatives expressed gratitude for the FNHA's quick response during environmental and public health emergencies. However, responding to these crises has required the FNHA to be reactive, diverting resources and attention from planned initiatives and achieving organizational goals and strategies.

16. The FNHA has made progress towards achieving its goals and strategies over the last five years. However, the organization's scope of work has expanded as the number of priorities has grown. The increased scope of work and priorities remain aligned with the mandate given to the FNHA by BC First Nations in the foundational documents. While the structure supports responsiveness and adaptability, organizational resources, including human health resources, are increasingly stretched by the growing number of priorities.

The FNHA's increased scope of work can be attributed in part to emergent priorities associated with the multiple concurrent public health and environmental emergencies, the 10-Year Strategy on Social Determinants of Health, the FNHA's expansion into primary care, and opportunities for advocacy and collaboration with health system partners. Staff acknowledged that the FNHA operates with a flexible and adaptive structure that facilitates direct communication and supports responsiveness to First Nations needs and priorities and opportunities for further system transformation. However, the proliferation of priorities and action items strains organizational resources and, in some instances, delays progress against key focus areas. Reducing the number of concurrent priorities and sequencing them over fiscal years was suggested to support meaningful progress against critical priorities and avoid spreading organizational resources too thin.



Conclusions

The 2024 Evaluation of the FNHA highlights the organization's significant progress in achieving the organization's goals and strategies in alignment with its mission and Shared Vision of Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities. The FNHA has a multifaceted role as a funder, partner and deliverer of health programs and services. The organization has made advancements in improving relationships with First Nation Health Providers, sustaining and expanding programs and services, and responding to emergent community priorities. However, opportunities exist to further address unmet needs, enhance engagement practices, define the organization's long-term regionalization strategy and improve funding relationships.



Recommendations

The recommendations arising from the evaluation are as follows:

1. Continue strengthening the FNHA's governance structure and decision-making pathways.

The FNHA's governance structure can be improved by:

- Further clarifying the roles and responsibilities of the senior leadership team and different departments and functions within the organization, and communicating these roles and responsibilities to staff members.
- Clarifying the roles and responsibilities of the FNHA Board of Directors and communicating this information to First Nations communities, FNHA provincial and regional staff and partners within the BC First Nations Health Governance Structure. Recruit and train members of the board to provide enhanced strategic direction and lead the organization in transforming the health system in BC. Provide board members and executive support staff with ongoing professional development related to best practices in corporate governance and oversight.
- Enhancing communication and collaboration between FNHA provincial and regional offices, clarifying reporting relationships and fostering a culture of partnership and collaboration. Recruiting a full-time chief operating officer could improve oversight and better co-ordination of regional operations, allowing the chief executive officer to focus on broader strategic partnerships.
- Further delegating decision-making by gradually transferring more decision-making authorities from the Office of the Chief Executive Officer and vice presidents to senior and middle management.





Graduates from the FNHA's Indigenous Student Program.



FNHA Environmental Public Health Officer in community.



- Streamlining human resources processes and ensuring adequate resources for staffing and development to reduce turnover and vacancies and to attract Indigenous candidates who want to develop their career within the FNHA.
- Supporting evidence-based decision-making by improving the FNHA's performance measurement strategy by incorporating more quantitative indicators along with narrative and story-based reporting.

2. Continue enhancing and expanding the quality and availability of health programs and services for First Nations in BC.

Despite significant improvements, gaps remain in the availability and quality of programs and services provided for First Nations in BC. The FNHA needs to continue efforts to identify and address the most critical areas of need, including in-community doctors, nurses, specialized care providers, mental health and wellness and youth programming, with the partners within the BC First Nations Health Governance Structure and Tripartite Partners.

The effectiveness of FNHA programs and services can further be strengthened by:

- Enhancing support for communities to address clinical staff and nursing shortages, including ensuring communities can match wages, benefits and bonuses provided by other employers.
- Working with federal and provincial governments to clarify the FNHA's role in providing emergency response programming vis-a-vis its partners to avoid taking on more responsibilities during emergencies.
- Raising awareness of the existing programs and services among community members to increase their use and facilitate participation and access.
- Continuing ongoing efforts to integrate the First Nations Perspective on Health and Wellness and cultural safety and humility into programs and services.

3. Continue to improve the funding relationship with First Nation Health Providers.

Actions the FNHA can take include:

- Working with federal and provincial partners to increase funding flexibility to support needs-based allocation in alignment with community health and wellness plan priorities and the provision of resources for the urban and away-from-home population and unregistered members who access community health and wellness services.
- Reviewing the FNHA's approach to grant funding allocation to support equitable access based on need and reduce barriers based on community capacity.
- Continuing efforts to consolidate funding agreements with First Nation Health Providers to reduce administrative burden and enhance flexibility.
- Continuing to advance the transformation of funding arrangements, including revising reporting requirements to make reporting more meaningful to communities and other aspects of the Contribution Agreement Consolidation and Transformation project.

4. Improve engagement practices and processes.

Actions the FNHA can take include:

- Creating an organizational system for engaging First Nations that includes common language, guidelines, structure and processes to improve co-ordination; prevent over-engagement; ensure effective and efficient use of input gathered; and ensure reporting back on actions taken based on engagements. This system should consider the unique needs and challenges faced by remote and isolated communities.
- Increasing communication with communities about the FNHA's decision making and funding prioritization.



All Nations Healing House, Williams Lake.



Urban and Away-From-Home Engagement Session.



Tsow-Tun-Le-Lum Society.

5. The FNHA should work to develop a clear, shared strategy or plan regarding regionalization and the intended structure of its operating model.

Actions the FNHA can take include:

- Completing a regionalization evaluation and using the learnings to develop a regionalization strategy or plan that provides a clear vision for transferring programs and functions to the regions and possibly to Nations and communities.
- The plan should:
 - » Align with Directive 1 (Community-Driven, Nation-Based) and Directive 2 (Increase First Nations Decision-Making and Control).
 - » Meet the FNHA's mandate under the BC TFA to make effective use of available resources (e.g., "address economies of scale service delivery issues to improve efficiencies and access to health care").
 - » Articulate the advantages and disadvantages (including potential risks and challenges) of different models of operation.
 - » Identify programs and functions that are best suited for regional and provincial delivery and establish a timeline for implementation.
 - » Include First Nations' regional and provincial input to inform regionalization.



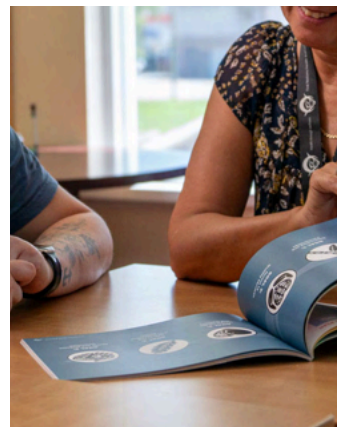
Crabbing during a Haisla Nation land-based healing camp.



6. The FNHA should work to develop a triage framework to assess and prioritize opportunities based on strategic importance and resources; develop strategies to gather client experience data to inform evidence-based quality improvement and evaluation; and examine opportunities to streamline internal processes and increase efficiencies to enhance staff capacity.

Actions the FNHA can take include:

- Establishing a triage framework to:
 - » Assess new opportunities for their strategic importance, alignment with organizational objectives and priorities and urgency.
 - » Rank organizational goals and priorities and assess the sufficiency of existing resources and capacity.
 - » Develop more fulsome implementation plans that include clearly articulated roles and responsibilities, resource allocation strategies, and change management and communication pathways and processes.
- Examining innovative options to enhance staff capacity to accommodate the growing number of priorities:
 - » Pursue opportunities to track and measure client experiences at point-of-care to support evidence-based quantitative reporting on quality, including the experiences of sub-populations identified as under-served or having specific needs (e.g., Elders, youth, 2S/LGBTQQIA+) and client experiences of cultural safety and humility.
 - » Pursue opportunities to streamline and increase efficiencies of internal FNHA staff processes to enhance staff capacity to accommodate a growing scope of work.





First Nations Health Authority
Health through wellness

evaluation@fnha.ca