



First Nations Health Authority
Health through wellness

EVALUATION OF THE FIRST NATIONS HEALTH AUTHORITY

2019/20 to 2023/24

Final Report

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

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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.

We wish to recognize and honour First Nations in BC for their continued partnership and guidance, paddling together with us on this shared journey. The FNHA is committed to using the learnings from this evaluation in the coming years to advance our Shared Vision of Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

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

LIST OF ACRONYMS

BC TFA	British Columbia Tripartite Framework Agreement on First Nation Health Governance
CFA	Canada Funding Agreement
CEO	Chief Executive Officer
COO	Chief Operating Officer
FAMF	Funding and Accountability Management Framework
FNHA	First Nations Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
FNHIB	First Nations and Inuit Health Branch
HSO	Health Service Organization
IMIT	Information Management and Information Technology
ISC	Indigenous Services Canada
JPB	Joint Project Board
MYHP	Multi-Year Health Plan
OCEO	Office of the Chief Executive Officer
OCMO	Office of the Chief Medical Officer
OCNO	Office of the Chief Nursing Officer
OCAP®	Ownership, Control, Access and Possession
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples

TERMINOLOGY

This report follows a distinctions-based approach that recognizes the unique rights, histories and identities of First Nations, Inuit and Métis peoples.¹ In line with this approach, we use specific terms, such as First Nations, whenever possible to reflect and respect the diversity of the peoples served by the Tripartite Partners under the British Columbia Tripartite Framework Agreement on First Nation Health Governance. The term “Indigenous” is used selectively and intentionally throughout this report. It appears only in contexts where its use was necessary, such as when referencing data sources that use the term in their classifications or when citing the formal names of programs, policies or partner organizations.

The term “First Nations” is used frequently within this report. This term includes individuals with and without Status under the *Indian Act*.² This report uses a range of data sources, some of which rely on self-identification of ethnicity to identify Indigenous sub-populations, and others that are based on deterministic data linkages using the First Nations Client File. As per the protocol used in reporting by the Office of the Provincial Health Officer and the First Nations Health Authority Chief Medical Office, the term “Status First Nation” will be used in place of “Status Indian” in sections of this report that use the First Nations Client File, recognizing that the legal term “Indian” originates from a legacy of colonialism.³

The term “community-based” is used to refer to geographically based First Nations communities, whether they qualify as “reserves” under the Indian Act or whether the First Nation has signed a modern treaty or holds title to the land. The report also uses “urban and away from home” to describe First Nations individuals living outside their home communities. The term “away from home” recognizes that many First Nations people have been displaced from their home communities or traditional territories due to the lasting effects of colonization or have moved to urban and rural areas in pursuit of economic, educational or other opportunities. The term “urban” is included to acknowledge that not all First Nations people living in cities consider themselves living away from home. For many, the city where they live is their home, whether or not that city is within their traditional territories, and several First Nations reserves are located within major urban centres across BC.⁴

The references to the Government of Canada’s participation in this report is sometimes referred to as “Health Canada” and sometimes as “Indigenous Services Canada.” This reflects that the work originated when the First Nations and Inuit Health Branch was within Health Canada and was then transferred in December 2017 to Indigenous Services Canada.

¹ Government of BC, “Distinctions-based Approach”, September 2024.

<https://www2.gov.bc.ca/gov/content/governments/indigenous-people/new-relationship/united-nations-declaration-on-the-rights-of-indigenous-peoples/distinctions-based-approach>

² An act to amend and consolidate the laws respecting Indians, S.C. 1876, c. 18

³ Office of the Provincial Health Officer, “Indigenous health and well-being: Final update,” 2018.

<http://www.fnha.ca/Documents/FNHA-PHO-Indigenous-Health-and-Well-Being-Report.pdf>

⁴ FNHA, “Urban and Away-from-Home Framework”, 2022, 10.

<https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Urban-and-Away-From-Home-Health-and-Wellness-Framework.pdf>



1 INTRODUCTION

1.1 BACKGROUND

The British Columbia Tripartite Framework Agreement on First Nation Health Governance (BC TFA) was signed on October 13, 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 historic and unprecedented agreement created a new BC First Nations Health Governance Structure through which the First Nations Health Authority (FNHA) assumed responsibility for the planning, management, delivery and funding of health programs and services for First Nations in BC in 2013.

In addition to the FNHA, partners within this unique BC First Nations Health Governance Structure include:

- ***The FNHC***, which provides political leadership and advocacy for the implementation of tripartite commitments and supports health priorities for First Nations in BC.
- ***The First Nations Health Directors Association (FNHDA)***, which provides technical support to the FNHC and the FNHA and capacity development for Health Directors and managers.
- ***The Tripartite Committee on First Nations Health***, which acts as the forum for co-ordinating and aligning programming and planning efforts between the FNHA and its health system partners, including the BC regional and provincial health authorities, the BC Ministry of Health and Indigenous Services Canada (ISC).

The BC First Nations Health Governance Structure is further supported by Regional Caucuses, Sub-Regional Caucuses, regional tables, partnership accord tables, operational tables, working groups and community working groups, all of which help co-ordinate health planning and decision-making with First Nations across BC. Collectively, this BC First Nations Health Governance Structure works within a Tripartite health partnership, with First Nations in BC and the federal and provincial governments.

The FNHA is the first province-wide First Nations health authority of its kind in Canada. In 2013, the FNHA assumed responsibility for health programs and services for BC First Nations formerly held by Health Canada's First Nations and Inuit Health Branch (FNIHB) - Pacific Region, as part of a broader mandate to work with the Province of BC to improve health services accessed by First Nations in BC.

The FNHA successfully undertook a complex transfer process, building organizational systems and structures, assuming assets and taking over programs and services 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 work of the FNHA is grounded in the First Nations Perspective on Health and Wellness – an approach that defines the FNHA as a health and wellness organization that is different from other health authorities and organizations. In accordance with Shared Values and 7 Directives, the FNHA aims to pursue excellence in the delivery of its mandate.

The first [Evaluation of the First Nations Health Authority](#) was completed by external consultants in January 2020, covering fiscal years 2013/14 to 2019/20, and released at Gathering Wisdom for a Shared Journey X. The evaluation highlighted key improvements in community, regional and organizational planning; and noted the FNHA's success in leveraging significant new funds from a variety of sources, promoting the concept of wellness across the organization and communities, and improving and restructuring nursing services. The evaluation also identified ongoing challenges and provided a range of key findings and recommendations. For more detail on the key advancements, challenges and recommendations stemming from the 2020 evaluation, see **Appendix 1**.

1.2 PURPOSE OF THE EVALUATION

The 2024 Evaluation of the FNHA tells the story of the organization's progress against its mission, goals and strategies, including the management and funding of First Nations health programs and services. It is intended to provide timely information to support results-based decision making, continuous learning and improvements at the FNHA, as well as partner efforts in learning, growing and maturing their relationship to advance shared goals. This is a mandatory evaluation as required under the BC TFA (Schedule 1 (CF8)) and the Canada Funding Agreement (CFA) (Section 10.1).

1.3 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 CFA 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.

The evaluation addresses the following issues:

- the impact of programs and services;
- management of First Nation Health Provider relationships;
- organizational structure and organizational effectiveness; and
- achievement of goals and strategies.

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 other evaluations of programs and services conducted by the FNHA (e.g., Indigenous Treatment and Land-Based Healing Fund, FNHA-Funded Treatment Centres and the First Nations-led Primary Care Initiative). In addition, the health benefit provider relationships will be covered in the separate First Nations health benefits evaluations.

The evaluation addresses four evaluation issues and 19 sub-issues, which are listed below in [Figure 1](#).

Figure 1: Summary of evaluation issues

Management of First Nation Health Provider relationships

- Relationship between the FNHA and those it funds to provide programs and services
- How the FNHA can improve its relationship with First Nation Health Providers
- Whether the Funding and Accountability Management Framework reflects the FNHA's role as health and wellness partner and upholds the 7 Directives
- The degree to which the new FNHA Funding Instrument Policy has been implemented

Impact of programs and services

- Changes/improvements made to programs and services at the community level
- Programs and services serving those outside of communities (e.g., urban and away from home and self-governing First Nations)
- Characteristics of programs and services (flexible, sustainable, equitably distributed across regions/communities and administratively efficient)
- Integration of cultural and traditional approaches into program and service delivery/contribution to improved community-level health outcomes
- New funding accessed and applied to programs and services
- Clarity of the FNHA's role as a programs and services funder, partner and deliverer
- Role of the FNHA regions regarding programs and services
- Meaningful reporting processes in place

Organizational structure and organizational effectiveness

- Extent to which organizational structures supported the achievement of organizational goals
- Successes and opportunities to improve the effectiveness of the FNHA's organizational structures

Achievement of goals and strategies

- Effectiveness of FNHA planning processes in supporting achievement of goals and strategies
- Alignment of goals and strategies with First Nations needs and priorities
- Impact of key external pressures on the achievement of goals and strategies
- Unexpected impacts
- Extent to which the FNHA has achieved its goals and strategies

1.4 METHODOLOGY

An extensive participatory scoping process was undertaken between February and December 2023 by the FNHA Evaluation Team. A draft evaluation framework and matrix was developed with input from BC First Nations health leadership, Tripartite Partners and partners within the BC First Nations Health Governance Structure. This framework formed the basis for the implementation plan, including the engagement pathways and processes.

Following a competitive process, the FNHA hired the independent consulting firm Qatalyst Research Group Inc. to conduct the 2024 Evaluation of the FNHA, concurrently with a separate but complementary 2024 Evaluation of the BC Tripartite Framework Agreement on Health Governance for First Nations in BC (BC TFA Evaluation). The two evaluations addressed interrelated issues, and Qatalyst consulted with many of the same organizations, First Nations leaders, communities, health service organizations (HSOs) and the FNHA Board of Directors and executives and staff members for both reports. Implementation of the two evaluations was closely coordinated.

The evaluation was undertaken in three phases:

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

Figure 2: Evaluation timeline and engagement overview



The following paragraphs summarize each phase of the evaluation.

Phase 1: Planning. Qatalyst developed a detailed joint implementation plan for the FNHA and BC TFA evaluations, that was informed by the draft evaluation frameworks and matrices developed by the FNHA Evaluation Team, and conducted scoping interviews with health leaders and a preliminary document review. The implementation plan included the data collection instruments, sampling strategies, and engagement pathways and processes required to implement the evaluation framework and matrix.

Phase 2: Knowledge gathering. Qatalyst conducted numerous knowledge gathering activities to gather primary and secondary data. These are summarized below.

- **Literature, document and data review.** Reviewed more than 1,800 documents to inform the evaluations of the FNHA and the BC TFA. The review provided information on FNHA activities and operational changes since the completion of the 2020 evaluation. The documents that were reviewed included foundational documents that led to the creation of the FNHA; policy documents; multi-year health plans (MYHPs); regional health and wellness plans; FNHA quarterly and annual reports; financial data; community narrative and financial reports; environmental scans; engagement documentation; and other evaluations and reviews.
- **Information and engagement sessions.** Conducted 10 information and engagement sessions with 95 Chiefs, Health Directors and health leads from each of the FNHA's five health regions (two sessions per region) in May and June 2024. The sessions provided an overview of the two evaluations and the combined approach and then asked for participants' input on advancements or improvements in the delivery of health services and programs, factors that may be constraining the progress made, and changes that should be made to better meet the needs and priorities of First Nations in BC. A total of 95 people participated across all sessions. More information can be found in the [Summary of What We Heard Reports](#) produced for each region.
- **Key informant interviews with FNHA representatives.** As shown in [Table 1](#), interviews were held with 39 leaders, including 19 representatives of the FNHA senior management, nine representatives of the FNHA departments and program areas, eight representatives from FNHA Health Emergency Management and three representatives from the FNHA Finance Team.

Table 1: Key informants engaged

Role	#
FNHA senior management	19
FNHA departmental representatives	9
FNHA representatives from Health Emergency Management	8
FNHA representatives from Finance	3
Grand Total	39

- **First Nations community engagement survey:** Collected individual responses from 315 representatives of First Nations communities, 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 website.
- **Case studies.** Developed two case studies for the FNHA Evaluation that drew on key informant interviews, a review of related documentation gathered through knowledge-gathering activities and community site visits:
 - **The Programs and Services Case Study** examined the FNHA programs and services under two key funding streams – Direct Community Services Funding and Health Services and 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 Nations Health Provider Relationship Case Study** examined the effectiveness of relationships between the FNHA and those it funds to provide programs and services and identified opportunities to support continual quality improvement. The methodology involved a review of relevant documents, such as contribution agreements, policy documents and financial data. Interviews with four FNHA staff and a survey of 11 representatives of HSOs were conducted.
- **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).



Case study visit to Kitasoo Xai'xais Health Centre in September 2024.

Phase 3: Validation and reporting of findings. Evidence from all knowledge sources was analyzed and synthesized into a detailed presentation that contained the major findings from both the FNHA and the BC TFA evaluations. Just as First Nations were the first to be engaged in the planning process for this evaluation, they were also the first to review the findings and provide feedback.

From November 2024 to January 2025, First Nations health leadership reviewed and validated the preliminary findings at presentations that included a Q&A session at five fall Regional Caucuses (held between November 2024 and January 2025). A validation session was conducted with the FNHA Evaluation Team (January 2025) and the draft FNHA Evaluation report was prepared. Review and validation of the draft report was provided by FNHA representatives, including FNHA senior executives and staff with subject matter expertise. The report was reviewed by the FNHA Board of Directors (March 2025) before the report was finalized and approved by the FNHA's Board of Directors.

1.5 EVALUATION CONSIDERATIONS AND CHALLENGES

The main strategy to ensure the findings are reliable has been to use multiple sources of evidence in the methodology. Interviews were conducted with a broad cross-section of FNHA staff involved in different areas of the organization's activities and programming. An extensive review of the FNHA documents and administrative data was conducted. Case study methodologies were comprehensive and included an in-depth assessment of specific areas of FNHA activities and functions. The key findings and conclusions presented in this report have been triangulated and confirmed with two or more lines of evidence to ensure reliability. As part of this step, the strengths and limitations of each line of inquiry were considered.

Despite these steps, it is important to acknowledge external factors and internal limitations. The primary external limitation included the dual public health emergencies of the COVID-19 pandemic and the toxic drug crisis, which disrupted FNHA operations and constrained advances in health outcomes. The primary internal limitation is the potential for respondent bias. Many of the respondents are direct beneficiaries of FNHA activities and programming, which can lead to possible bias in their responses. Several measures were implemented to reduce the effect of respondent bias, including: clearly communicating the purpose of this evaluation, its design and methodology and strict confidentiality of responses to respondents; having skilled interviewers conduct the interviews; and answers from each sample of respondents were cross-checked with the other groups for consistency and validation.

1.6 STRUCTURE OF THE REPORT

Chapter 2 provides a profile of the FNHA, with a focus on the activities and operations within scope of this evaluation. Chapter 3 examines the FNHA's progress in transforming its relationship with First Nation Health Providers and the frameworks, policies, funding agreements and practices that support this work. Chapter 4 presents findings with respect to changes in FNHA programs and service funding and delivery, improvement to and expansion of programs and services, First Nations perspectives on programs and services, and opportunities for further enhancement. Chapter 5 summarizes findings on the efficiency and effectiveness of the FNHA's governance model and organizational structure. It also examines regionalization, financial effectiveness and efficiency, organizational capacity and culture, advancements in cultural safety and humility and reporting, evaluation and accountability. Chapter 6 focuses on the effectiveness of the FNHA's planning processes in supporting the achievement of goals and strategies, the alignment of its activities with the needs and priorities of First Nations in BC and the impact of concurrent public health and environmental emergencies. Chapter 7 summarizes the key findings of this evaluation and Chapter 8 presents the conclusions and recommendations arising from the evaluation.





2 PROFILE OF THE FNHA

This chapter provides a brief profile of the FNHA, including its governance, organizational structure, mission, goals and strategies, funding, programs and services, First Nation Health Providers, planning, reporting and accountability, and advances made since the 2020 FNHA Evaluation.

2.1 GOVERNANCE

The FNHA is part of a unique BC First Nations Health Governance Structure that includes political representation and advocacy through the FNHC, technical support and capacity development through the FNHDA and co-ordination and alignment of programming and planning efforts through the Tripartite Committee on First Nations Health. Collectively, this BC First Nations Health Governance Structure works within a Tripartite health partnership with First Nations in BC and the federal and provincial governments.

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 board is composed of a chair, vice-chair, secretary-treasurer and six directors. Five members are selected from nominations of First Nations in each of the regions (Fraser Salish, Interior, North, Vancouver Coastal and Vancouver Island) and four members are selected at large. The board meets quarterly to make key decisions and provide guidance to the FNHA's Executive Strategy Team. The board is supported by the Office of the Board Secretariat.

2.2 Organizational structure

The Office of the Chief Executive Officer (OCEO) provides leadership and oversight for the organization's functional areas, as outlined in [Table 2](#). Each functional area is led by a vice president and operates under the leadership of the Chief Executive Officer (CEO) within the OCEO. Regular meetings of the Executive Strategy Team support coordinated decision-making and alignment on strategic priorities. The FNHA regional structure is discussed in [Section 2.3](#).

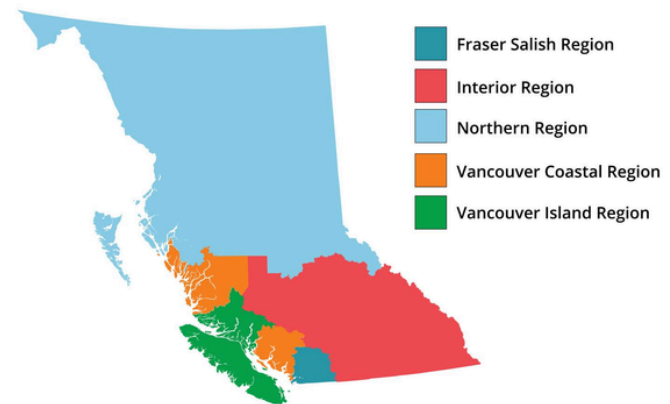
Table 2: The FNHA's organizational functional areas and their key functions

Functional Area	Key Functions
Office of the Chief Executive Officer (OCEO)	Provides strategic leadership and undertakes activities related to organizational planning and development, legal and privacy. Develops partnerships with First Nations organizations and communities, federal and provincial governments, and provincial and regional health authorities, and co-ordinates the activities of the BC First Nations Health Governance Structure.
Human Resources	Responsible for workforce planning for all business groups. Handles recruitment, employee relations, training, compensation and benefits, talent management, learning and development, human resource information systems, employee health and safety and disability support.
Information Management and Information Technology (IMIT)	Provides information management, project and risk management services, core technology and user support services, network architecture and information security. Helps bring connectivity (e.g., Internet, phone) and digitalization to the FNHA and community health facilities and ensures cybersecurity.
Finance	Supports key activities related to funding arrangements, financial planning and analysis, accounting, procurement and contracting.
Health Infrastructure	Provides support to First Nation communities and the FNHA in identifying and addressing health infrastructure needs. Co-ordinates corporate services including travel and events, reception desks, risk management, office accommodations and fleet services.
Policy, Planning and Strategic Services	Provides strategic and corporate services related to communications, strategic policy, planning, evaluation, reporting, health surveillance and research and knowledge exchange. It also includes teams leading strategic initiatives such as urban and away from home, maternal health and healthy children, and youth and community development.
Public Health Response	Oversees the FNHA response to public health emergencies and improving First Nations emergency preparedness in the areas of communicable diseases, the toxic drug crisis and environmental public health, and includes response to natural disasters, floods and civic emergencies. This department also oversees the mental health and wellness portfolio.
First Nations Health Benefits and Services	Provides benefit coverage for First Nations individuals in the areas of dental care, medical supplies and equipment, medical transportation, mental health, pharmacy and vision care. Provides leadership of the First Nations-Led Primary Care Initiative.
Office of Chief Nursing Officer (OCNO)	Provides leadership and guidance to FNHA-funded and delivered nursing services. The OCNO includes quality, cultural safety and humility, nursing professional practice and specialized teams, allied health professional practice, provincial clinical innovation, communicable disease population public health, and clinical education and professional development.
Office of Chief Medical Officer (OCMO)	Provides health and wellness leadership. As Watchmon, the OCMO acts as a guardian and champion of the health and wellness of First Nations people by monitoring data and sharing stories. The OCMO promotes First Nations Perspectives on Health and Wellness through a medical and population health lens to support systems change.

2.3 REGIONAL STRUCTURE

Regionalization is the process of moving health planning and policy, programs and services design and delivery and decision-making closer to communities in order to be more responsive to local contexts.

Driven by the 2012 Consensus Paper and Directive #1 (Community-Driven, Nation-Based) regionalization has been a strategic priority for the FNHA since the transfer of services, when, in fiscal year 2013/14, the FNHA reorganized its workforce and established regional offices in each of the five health regions: Fraser Salish, Interior, Northern, Vancouver Coastal and Vancouver Island. Each regional office is led by a vice president of regional operations who sits on the FNHA's Executive Strategy Team, and includes regional directors, managers, advisors, planners, community engagement co-ordinators and mental health and wellness personnel.



FNHA's five health regions.

The FNHA's regional and provincial offices are intended to complement one another. Each oversees the execution of health programs and services in their respective boundaries and collaborates with local communities to create and implement culturally safe and responsive health services that reflect the region's priorities. Regionalization has gained momentum since fiscal year 2019/20 as the FNHA increased its emphasis on building regional capacity and shifting programs and services closer to communities.

2.4 VISION, VALUES, DIRECTIVES AND MISSION

The **Shared Vision** of the FNHA, FNHC and FNHDA is Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities. The FNHA, FNHC and FNHDA conduct their efforts with each other in accordance with their **Shared Values** of respect, discipline, relationships, culture, excellence and fairness. The work of the FNHA and its partners is guided by the 7 Directives provided by BC First Nations Chiefs and leaders.⁵



Paddling together towards the Shared Vision from FNHA's 2022/2023 Summary Service Plan.

The FNHA **Mission** is to support BC First Nations individuals, families and communities to achieve and enjoy the highest level of health and wellness by working with them on their health and wellness journeys; honouring traditions and cultures; and championing First Nations health and wellness within the FNHA organization and with all of our partners.

⁵ [7 Directives](#)

2.5 ENGAGEMENT, PLANNING AND DEVELOPMENT OF GOALS

Engagement

Engagement is essential to the BC First Nations Health Governance Structure. As the operational arm of this structure, the FNHA invests in a number of engagement sessions, including Regional Caucuses and Health and Wellness Forums. The FNHA engages with political and technical leadership across the province through these events, providing critical updates and opportunities for engagement. Engagement also occurs through regional engagement pathways before the major spring and fall Regional Caucuses that are unique to each region. The FNHA works in partnership with the FNHC and the FNHDA through a Collaboration Committee as described in the FNHA-FNHC-FNHDA Relationship Agreement.⁶ Joint planning sessions are held twice a year, ahead of the seasonal engagement sessions, to outline the engagement plans and priorities. The FNHA also gathers input from First Nations in BC through various events, research, digital platforms and other ad hoc engagement opportunities.

Planning and Development of Goals

The FNHA uses a collaborative ground-up and ecosystem-based approach to planning and the identification of the organization's goals in alignment with its vision, values, directives and mission. This approach aims to ensure that planning activities at all levels are complementary to and support one another, and that they are consistent with the 7 Directives, operating principles and other guiding elements.

With support and resources from the FNHA, communities develop community health and wellness plans. These plans may include an assessment of community or Nation health and wellness status, challenges, strengths and opportunities, as well as priorities and goals for the future. Plans may also include time frames and budgets. Community health and wellness plans remain the intellectual property of communities and are used to inform the design and delivery of health programs and services in community. They are also used to inform development of the regional health and wellness plans and MYHPs.



The FNHA's goals depicted in the annual Summary Service Plan.

⁶ Relationship Agreement Amongst First Nations Health Authority - First Nations Health Council - First Nations Health Directors Association, May 2018. https://fnhda.ca/wp-content/uploads/FNHA_FNHC_FNHDA_RelationshipAgreement_Signed-May-2018.pdf

Regional health and wellness plans serve as foundational strategic documents for the five regional offices. To develop the plans, FNHA regions draw upon community health and wellness plans and Nation plans (where applicable) and engage Chiefs, Health Directors and health leads to identify common goals and priorities. The regional health and wellness plans are used by the regional offices to inform regional strategic planning and decision-making and support collaborative work with regional health authorities and other partners. While the regional health and wellness plans commonly cover a five-year period, the refresh and renewal schedules vary across regions based on circumstances and direction received from the First Nations communities.

The MYHP serves as the FNHA’s foundational strategic document, outlining goals, strategies and performance measures. This plan is a legal requirement under the CFA and follows a five-year planning cycle in alignment with the schedule outlined in the CFA. To develop the plan, the FNHA Planning and Performance Team conducts a review of foundational documents, including community health and wellness plans, regional health and wellness plans, Regional Caucus minutes, evaluations and reviews and health and wellness data to establish an understanding of the evolving priorities of First Nations in BC. The team then conducts regional and sub-regional engagement sessions with Chiefs, Health Directors and health leads, accepts online and mail-in surveys from community leadership, and conducts interviews and focus groups with the Executive Strategy Team and FNHA Board of Directors to validate and confirm the goals, priorities and key indicators for the next five-year period covered under the plan.

The MYHP undergoes an annual update informed by a thorough environmental scan, conducted each fiscal year to assess internal and external operating environments. The scan findings inform an Annual Operating Plan and the refresh of priorities within the MYHP. Additionally, every year the FNHA issues individual mandate letters to each member of the Executive Strategy Team, which provide direction on the work their departments are to undertake during the year. They draw on the Annual Operating Plan and other departmental and regional priority projects.

The MYHP establishes the FNHA’s goals and priority activities to achieve each goal. Over the five-year period covered under the evaluation, the FNHA’s goals have evolved to reflect changing community needs and priorities and the complex and dynamic environment in which the organization works. See [Table 3](#) for more information.

Table 3: FNHA goals 2019/20 to present

Fiscal Years 2019/20 to 2021/22	Fiscal Years 2022/23 to present
• Goal 1: Enhancing First Nations health governance. • Goal 2: Championing the BC First Nations Perspective on Health and Wellness. • Goal 3: Advancing excellence in programs and services. • Goal 4: Operating as an efficient, effective and excellent First Nations health organization.	• Goal 1: Drive transformation through the BC First Nations Health Governance Structure and partnerships. • Goal 2: Enhance access to quality health and wellness services. • Goal 3: Enhance culturally safe mental health and wellness approaches. • Goal 4: Advance First Nations approaches and address anti-Indigenous racism in health. • Goal 5: Drive health and wellness innovation with First Nations and other partners.

Source: FNHA MYHP (fiscal years 2016/17-2021/22, 2022/23-2026/27)

2.6 FUNDING

The FNHA receives the largest component of its funding from the federal government through the CFA and the Canada Consolidated Contribution Agreement.⁷ Additional provincial funding represents commitments to various programming, such as Aboriginal Head Start on Reserve, First Nations-led Primary Health Care and Joint Project Board (JPB) initiatives.

Between fiscal years 2019/20 and 2023/24, the FNHA's revenues totalled \$3.8 billion, of which 87 per cent was federal funding and 11 per cent was provincial funding (see [Table 4](#)). Revenues increased from \$614 million in 2019/20 to \$919 million in 2023/24, representing a 50 per cent increase during this period.

During the same period, FNHA expenses totalled \$3.7 billion. This included \$3.4 billion spent on programs and services, representing 91 per cent of all expenses, \$51.6 million on governance and First Nations engagement, and \$262.5 million on corporate operations.

Table 4: FNHA revenues and expenses (\$000), fiscal years 2019/20 to 2023/24

Revenues and expenses	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Revenues						
Federal government	\$548,815	\$596,740	\$658,871	\$702,167	\$736,688	\$3,243,281
Province of British Columbia	\$51,468	\$61,699	\$69,641	\$84,624	\$143,928	\$411,360
Other*	\$13,877	\$10,324	\$7,980	\$19,818	\$38,777	\$90,776
Grand total	\$614,160	\$668,763	\$736,492	\$806,609	\$919,393	\$3,745,417
Expenses						
Corporate operations	\$48,444	\$45,308	\$47,476	\$53,824	\$67,490	\$262,542
Governance and First Nations engagement	\$11,256	\$6,330	\$8,591	\$13,955	\$11,469	\$51,601
Programs and services	\$552,830	\$605,257	\$666,419	\$723,441	\$831,266	\$3,379,213
Grand total	\$612,530	\$656,895	\$722,486	\$791,220	\$910,225	\$3,693,356

*Other includes revenue from First Nations Information Governance Centre, Health Authorities of BC and interest and miscellaneous income.

Source: FNHA Finance Data

⁷ The CFA is the primary funding mechanism between the FNHA and Canada and is a 10-year agreement. The first CFA ended in 2023, and the renegotiated CFA will end in 2033. The Canada Consolidated Contribution Agreement is the mechanism in which FNHA receives new monies from ISC for non-CFA funding. It is the funding that the FNIHB-BC Region would have received in the absence of the FNHA and includes programming such as Canada Tobacco Strategy, Indian Day Schools and Addressing Anti-Indigenous Racism and various other initiatives. The Canada Consolidated Contribution Agreement is updated on an annual basis.

2.7 PROGRAMS AND SERVICES

Programs and services were transferred from the FNIHB to the FNHA in 2013 and included programming related to primary care, health promotion and disease prevention, public health protection, supplementary health benefits and health infrastructure support. During the initial stages of the transition, the FNHA focused on completing a seamless transition of programs and services with no service disruption. As per leadership direction, no changes were made in the first two years following the transfer.

As the transition was completed, the FNHA began to focus on developing a better understanding of community and client needs and determining what would be needed to better meet those needs. The FNHA continues to be committed to the principle of continuous improvement through enhancements to existing programs and services and introducing new areas of programming and services, including those provided by federal and provincial governments, to fulfil its expanded mandate.

Between fiscal years 2019/20 and 2023/24, the vast majority of FNHA's expenditures were directed towards program and services, totalling \$3,379 million, or 91 per cent of all FNHA expenses (see [Table 5](#)). Expenditures for programs and services are divided among four program streams:

- **Health Benefits** includes the operations of the Health Benefits department, health benefits expenditures (such as medical transportation, vision and prescription drugs) and dental therapy costs.
- **Direct Community Services Funding** represents the portion of FNHA funding that flows directly to communities through contribution agreements. This includes funding to communities to support health and wellness services and programs, Health Actions, JPB and other targeted initiatives.
- **Health Services and Programs** includes program and services delivery as well as operational costs for nursing services, environmental services, public health response, policy and planning, as well as the costs of the Chief Medical Officer portfolio. Expenses also include costs of contribution agreements to non-community recipients and treatment centres, plus direct payments for community operation and maintenance costs.
- **Regional Operations** includes costs associated with regional FNHA offices to support operations, programs and projects.



Table 5: Programs and services expenses by funding stream (\$M), fiscal years 2019/20 to 2023/24

Fiscal year	Health benefits	Direct community services funding	Health services and programs	Regional operation	Total	Percent increase
2019/20	188.8	259.4	99.9	4.9	553.0	9%
2020/21	200.7	292.6	106.2	5.7	605.2	9%
2021/22	237.1	291.5	130	7.8	666.4	10%
2022/23	248.1	299.9	165.1	10.2	723.3	9%
2023/24	263.7	368.9	184.2	14.4	831.2	15%
Five-year total	1,138.4	1,512.3	685.4	43.0	3,379.1	-
Percent of total	34%	45%	20%	1%	-	-

Source: FNHA Finance Data

2.8 FIRST NATION HEALTH PROVIDER RELATIONSHIP

Funding Arrangements

The First Nations Health Provider relationship is guided by the Funding and Accountability Management Framework (FAMF), Funding Instruments Management Policy and the terms and conditions of the funding agreements with First Nations Health Service Providers. The FAMF outlines the scope of funding arrangements, guiding principles, approaches, components of relationship management and roles and responsibilities that are operationalized through the FNHA's policy documents, funding arrangements, and operational practices and procedures.

In 2013, the FNHA assumed Health Canada's FAMF for two years. The FAMF has since undergone numerous revisions to enhance funding flexibility, relax reporting requirements, remove consequences for reporting non-compliance and incorporate reciprocal accountability. In fiscal year 2021/22, the FNHA adopted a revised FAMF as required in Section 7 of the CFA. Changes were made to better reflect the evolving partnership between the FNHA and First Nations in BC and the evolution from a funder to partner relationship. Effective December 7, 2022, the FNHA adopted a new Funding Instruments Management Policy to better align with the principles of the revised FAMF. The change also expanded the policy scope to apply to all FNHA funding instruments.

Funding administered under the FAMF and Funding Instruments Management Policy includes core federal Health Funding Arrangements provided under the CFA in addition to multiple funding streams provided by the federal and provincial governments. First Nation Health Providers commonly enter into multiple funding agreements with the FNHA and each agreement can vary by funding model and level of flexibility. The terms, conditions and characteristics of contribution agreements are stipulated within each individual funding instrument.

Funding recipients are required to submit financial reports and program-specific performance reports to the FNHA for each funding instrument they sign. Requirements differ across each arrangement and are shaped by FNHA informational needs and reporting requirements and schedules passed down from federal and provincial funding partners. Contribution agreement funding models have different reporting requirements, with block funding recipients required to submit an evaluation report every five years.

2.9 REPORTING AND ACCOUNTABILITY

Reporting and Evaluation

The FNHA is committed to continuous learning, quality improvement, transparency and being accountable for its activities and operations through regular reporting, and mandatory and strategic evaluations. The FNHA Performance Measurement, Evaluation and Reporting Framework documents the schedule and alignment of the reports and evaluations.

All FNHA departments submit quarterly progress reports on the priorities and action items outlined in mandate letters issued by the Chief Executive Officer (CEO) to vice presidents and the key performance indicators included in the MYHP. The FNHA Planning and Performance Team collates progress reports and produces summary reporting for the FNHA Board of Directors and CEO. The organization also produces monthly financial reporting for the CEO, quarterly strategic financial reporting for executive leadership, and quarterly risk reporting to the board.

The FNHA publishes annual reports to demonstrate progress against the MYHP goals and strategies and commitments outlined in its Summary Service Plan. The FNHA also publishes independently audited financial statements each year.

Performance is also measured and reported through periodic evaluations. The FNHA has a rolling Five-Year Evaluation Plan covering fiscal years 2022/23 to 2026/27. The plan was informed by input on the strategic informational needs of First Nations in BC and the FNHA Executive Strategy Team. It provides coverage of the FNHA's mandatory requirements outlined in the FNHA's agreements, frameworks and action plans, FNHA's programs and services, and the priorities outlined in the MYHP. The FNHA Evaluation Plan is updated annually in consultation with the Executive Strategy Team to ensure responsiveness to shifting priorities and informational needs. Evaluations are conducted in house and by external contractors and are made available on the FNHA evaluation web page.

Audits

The FNHA has a structured audit process that includes external, internal and special audit services to ensure financial accountability, operational effectiveness and compliance with agreements. In October 2023, the FNHA refreshed its policy that establishes the principles and guidance for external, internal and special audit services at the FNHA. This policy replaced a previous External and Internal Audit Policy with the addition of special audit services, cultural safety and humility as well as technical updates and changes to the policy title. External audits are conducted annually in alignment with the CFA with findings reviewed by the FNHA Board of Directors. Internal audits are overseen by the Finance, Risk and Management Committee to assess governance, risk management and operational efficiency. Special audits are conducted as needed on third parties receiving FNHA funding or delivering services on its behalf to ensure adherence to agreements and performance standards. Additionally, the FNHA co-operates with compliance or performance audits conducted by the Government of Canada.

2.10 ADVANCES MADE WITHIN THE PREVIOUS EVALUATION TIMEFRAME

The 2020 Evaluation of the First Nations Health Authority focused on activities occurring between fiscal years 2013/14 and 2019/20. The evaluation, conducted by Goss Gilroy Inc., told a story of change resulting from the creation of the FNHA and described the progress the FNHA has made against its mandate and strategic plan.

The following summarizes key progress achieved during the timeframe of the 2020 evaluation:

- ***Improvements in community, regional and organizational planning:*** The FNHA provided significant funding and organizational support to assist First Nations communities and First Nation Health Providers in developing, implementing and evaluating their health and wellness plans, which are used by the FNHA to develop its MYHP and Annual Operating Plan.
- ***Leveraging significant new funding from a variety of sources:*** The FNHA leveraged \$257.6 million in new funding from different sources, accounting for 9.3 per cent of FNHA's total gross revenues, over the period covered under the evaluation.
- ***Promoting the concept of wellness across the organization and communities:*** The FNHA incorporated the concept of wellness into its operations, policies and programs, provided funding to support community wellness programs and activities, created indicators to measure wellness, and recruited the Chief Medical Officer to provide health and wellness leadership.
- ***Improving and restructuring nursing services:*** The FNHA created a nursing leadership team to represent nurses at the senior level within the FNHA, restructured nursing operations to bring services closer to the communities, delivered nursing support services, improved nurse recruitment practices, developed nurse practice standards and achieved greater integration of nurses with other care professionals.
- ***Transferring delivery of health benefit programs to BC-based providers and increasing stabilization of health benefits:*** The FNHA transferred delivery of Health Benefit programs from FNIHB to BC-based providers, providing greater control to the FNHA over program decisions and enabling the organization to influence formularies, benefits and coverage rules. The transition resulted in increased utilization of health benefits across a range of key metrics and a reduction in administrative cost.
- ***Providing a full continuum of culture and strengths-based mental health and wellness services:*** The FNHA developed a Policy on Mental Health and Wellness in 2018 and worked to establish a Mental Health and Wellness Fund that supports First Nations communities to come together to plan, design and deliver cultural- and strengths-based mental health and wellness services.
- ***Gaining access to First Nations specific health data through partnerships with provincial government to facilitate informed decision-making:*** The FNHA gained access to First Nations specific health data through partnerships with the provincial government, developed protocols to manage First Nation specific data, conducted surveys and expanded the range of data that it collects and reports from various sources. Increased access to data has enabled the FNHA to develop new programs and policies, leverage additional funding and make informed decisions.

The evaluation also identified ongoing challenges in terms of equitable allocation of funding, meeting rising community and client expectations, balancing demand for services with available resources, addressing nurse turnover and use of agency nurses, and creating a cohesive leadership team and reducing leadership turnover.

2.11 2020 FNHA EVALUATION RECOMMENDATIONS AND IMPLEMENTATION PROGRESS

The 2020 evaluation provided a range of recommendations for the FNHA. The [2020 Evaluation of the First Nations Health Authority Response Action Plan](#), published in November 2022, defined a series of responses to the recommendations stemming from the evaluation and included progress made against recommendations since January 2020 and forward-looking commitments to further advance progress in 2022 and 2023. The plan was informed by engagement with First Nations in BC.

The content in **Appendix 1 and 2** includes details regarding the recommendations and the Response Action Plan.

Recommendations identified include:

- ***System Transformation:*** Maintaining a strategic focus on health care system transformation, including creating a clear vision for the future health care system for First Nations in BC and the role of the FNHA in creating this system.
- ***Operating Model:*** Developing an operating model for provincial, regional and community levels while maintaining organizational sustainability. This includes reviewing existing operations and funding to determine which functions are best implemented regionally or centrally, determining the structure and size of corporate services as programs and services grow, and conducting a review of regionalization activities to identify best practices in structuring and delivering effective services.
- ***Organizational Capacity and Effectiveness of Programs and Services:*** Continuing efforts to strengthen organizational capacity and effectiveness of programs and services by reviewing and revising funding formulas to ensure funding is allocated based on need, identifying ways to address rising community need for services, building a strong organization culture based on BC First Nations traditions, improving internal communication and transparency, and addressing arising program and services challenges.
- ***Performance Measurement and Evaluation:*** Developing a comprehensive performance measurement and evaluation strategy to guide the collection and usage of performance measurement data, including collecting a range of data from different sources to measure effectiveness of operations.

Appendix 2 outlines progress made on implementing the recommendations made in the 2020 FNHA Evaluation.



3 EVALUATION FINDINGS: FIRST NATION HEALTH PROVIDER RELATIONSHIP

This chapter examines the FNHA's progress in transforming its relationships with First Nation Health Providers and the frameworks, policies, funding agreements and practices that support this work.

3.1 FRAMEWORK, POLICY AND FUNDING AGREEMENTS

Evolution of the Financial Accountability and Management Framework and Policy

The revised FNHA FAMF provides a framework, guidelines and operating principles to support successful partnerships with funding recipients. These new operating and guiding principles reflect the ongoing evolution from the inherited relationship of funder-recipient to a partnership approach, and support greater alignment with the 7 Directives and reciprocal accountability.

The FAMF offers a general framework that outlines the scope of funding arrangements, approaches, components of relationship management, and roles and responsibilities that are operationalized through the FNHA's policy documents, funding arrangements and operational practices and procedures. The FAMF applies to CFA funding for First Nation Health Providers.

The FAMF is designed to uphold the 7 Directives, the fundamental standards developed through extensive community engagement and shared by the FNHA, FNHC and FNHDA⁸ and that embed reciprocal accountability throughout the funding relationships with First Nation Health Providers.⁹

The 2021/22 revised FAMF includes three new principles to guide fiscal decision-making: sustainability, equity and quality, as well as three principles for the FNHA to manage its relationships with funding recipients. These are as follows:

1. managing funding arrangements that enable reciprocal accountability between the FNHA and funding recipients by clearly defining the scope of the terms and conditions for the use of funding provided by the FNHA and related accountabilities for both the FNHA and funding recipients;

⁸ 7 Directives. <https://www.fnha.ca/about/fnha-overview/directives>

⁹ Funding and Accountability Management Framework 2021/22.

2. providing liaison, advisory and support services that reflect the unique needs of each funding recipient, whereby support is customized and reflective of the health and wellness journey of each funding recipient; and
3. implementing processes for accountability to uphold the FNHA's commitment to serving as a strong financial steward by establishing transparency and responsibility in relationships and decision-making.

The revisions reflect a shift from the framework inherited from Health Canada in 2013. At the time of transfer, the inherited approach was a funder-recipient relationship where fiscal responsiveness was a key driver. Communities were required to follow strict rules and procedures to receive their funding and faced penalties for non-compliance. The FAMF has transitioned to a partnership approach. Key changes to those outlined above include the inclusion of cultural safety and humility, objectives to support the decolonization of funding arrangements, and the expansion of individually tailored liaison, advisory and technical supports for First Nations in BC.

These changes, in combination with processes for the FNHA's relationship management, are expected to help guide the continued enhancement of the FNHA's partnership with First Nation Health Providers and ongoing efforts to transform funding arrangements.

The FNHA has also significantly revised the Funding Instruments Management Policy to reflect the partnership between the FNHA and First Nations. The new policy adopted in 2022 offers more guidance for the design, administration and management of funding instruments, and provides for greater consistency due to its application across all FNHA funding instruments.

The FNHA Funding Instruments Management Policy adopted in 2022 reflects a significant shift from the policy inherited from Health Canada in 2013. The inclusion of cultural safety and humility, alignment with the 7 Directives, and emphasis on informed First Nations decision-making to ensure effective and efficient health program delivery, are reflective of the FNHA's expanded mandate and the evolution of the partnership with First Nations in BC.

The policy establishes principles and guidance for the administration and management of the funding instruments. It covers key aspects of fiscal management, including determining funding eligibility and use, payments, recovery of funds, management and monitoring, reporting and audits, managing a funding surplus, deficits and reallocation. It also highlights key areas regarding cultural safety and humility and reciprocal accountability. Lastly, it promotes communication and consultation to foster meaningful partnerships and collaboration with funding recipients to ensure efficient and effective health program delivery. Through the policy, the FNHA supports First Nations decision-making on how funds will be used to meet their own community-driven health needs and priorities, and to promote sustainable, equitable and quality health and wellness programs and services.

The new policy also offers more guidance and principles on fiscal management that help support transparency and effective communication between the FNHA and funding recipients. More clearly defined roles and responsibilities, expectations for reciprocal accountability and terms for approved use of funding and entitlements, as well as the emphasis on advisory and support services are expected to help foster meaningful and effective communication and relationship-building between the FNHA and funding recipients.

Transformation of the Funding Agreements

While Health Funding Arrangement contribution agreements remain the primary source of funding to First Nation Health Providers, there has been a significant increase in contribution agreements and grants through other funding streams and contract types.

Contribution agreements are the primary instrument through which the FNHA transfers funds under a set of terms and conditions to First Nations health service providers and other funding recipients. Between 2019/20 and 2023/24, more than three-quarters (76 per cent) of funding was distributed through Health Funding Arrangement contribution agreements (see [Table 6](#)). The FNHA also administered additional contribution agreements using JPB funding and Health Actions funding, as well as smaller disbursements through other special purpose contribution agreements and grants.

Table 6: Funding agreements by contract type (\$M), fiscal years 2019/20 to 2023/24

Contract type	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Health Funding Arrangement	251.5	248.6	264.1	267.3	323.8	1,355.3
Contribution agreement*	24.9	28.3	27.9	37.6	57.0	175.7
Joint Project Board	8.3	16.6	6.3	11.2	19.6	61.9
Grant	1.9	16.2	28.9	18.3	14.9	80.1
Other**	13.9	23.2	15.8	25.4	21.7	100.0
Grand total	300.5	332.9	343.0	359.8	437.0	1,773.0

*Includes Health Actions contribution agreement funding.

**This category includes a wellness grant (2022) and one-time contribution agreement (2024) for a service provider, with the remainder consisting of various non-specific contribution agreements, scholarships and bursaries, grant payments, community projects, wellness grants, and community reimbursements.

Source: FNHA Finance Data



Contribution agreement funding models include the following:

- **Set (most restrictive).** Recipients require written FNHA approval to reallocate any set funding among health programs and services within the same program area group. However, they can retain an unspent amount for expenditures in a subsequent fiscal year if a written plan for the expected unspent funds is accepted by the FNHA. The recipient must repay any funds that were not spent in accordance with the funding agreement.
- **Flex.** Flexible contribution funding allows funds to be moved among health programs and services within the same program activity during the same fiscal year provided that core programs are delivered in that fiscal year. The recipient may retain the unspent amount for expenditures in subsequent fiscal years if all subsequent expenditures of that amount are in accordance with the terms of the agreement. When the agreement expires, the recipient may retain the unspent amounts for subsequent fiscal years of the renewing agreement as long as the subsequent expenditures are in accordance with the terms of the renewing agreement.
- **Block (most flexible).** Block funding allows funds to be reallocated among health programs and services according to the FNHA's published Funding Model Activity Structure during the same fiscal year, provided that mandatory programs are delivered in that fiscal year. After delivering all health programs and services, including core programs, the recipient may retain the unspent amount and reinvest it in priorities listed in the Health and Wellness Plan, or as may otherwise be approved by the FNHA.

Between 2019/20 and 2023/24, the FNHA entered into funding agreements with 181 First Nations communities, 21 HSOs and almost 600 organizations to provide health programs and services for First Nations in BC.

Between fiscal years 2019/20 and 2023/24, the FNHA entered into funding agreements with 181 First Nations communities who served as their own health service provider through a community health department, health lead/manager or Health Director, 21 HSOs representing 76 First Nations communities, and 596 other funding recipients providing programs or services on behalf of an individual First Nations community, multiple communities or Nations. See [Table 7](#) for more information.

Examples of organizations categorized as “other” include schools and school districts, societies, foundations, non-profit organizations, contractors, universities, hospitals, and community centres, as well as Nations and Bands that did not receive direct community funding or were not covered by an HSO.

Table 7: Health service provider level of funding by recipient (\$ million)

Recipient type	Value of agreements	Percentage of overall value of agreements
HSO	\$523.3	30%
Community	\$991.1	56%
Other	\$258.7	14%
Grand total	\$1,773.1	100%

Source: FNHA Finance Data

Transformation of the funding arrangements in alignment with the guiding principles of the revised FAMF and Funding Instrument Management Policy is ongoing and transitional. FNHA workplans show the organization is actively working to address areas where further progress is needed.

The implementation of the guidelines and operating principles to support successful partnerships with funding recipients remains in varying stages of progress. Examples of progress to date include efforts to enhance the flexibility of existing funding arrangements, provide more flexible grant funding to address gaps and emergent needs, consolidate funding agreements and streamline FNHA reporting requirements.

Factors that have constrained a more fulsome transition include human and financial resource pressures due in large part to the concurrent public health emergencies, staff turnover within the FNHA, communities and HSOs, and federal and provincial restrictions on funding flexibility and reporting requirements.

The FNHA is continuing to advance transformation of the funding arrangements and relationships in areas where less progress was achieved. The FNHA is working to delineate roles and responsibilities between the provincial and regional offices, develop the accountability matrix, revise the funding agreement cycle, update standard operating procedures and enhance funding tracking. In addition to continuous improvements to internal processes and practices, the FNHA continues to advocate with federal and provincial funding partners to examine opportunities to enhance funding flexibility and streamline and reduce provincial and federal reporting requirements. Progress in these areas is expected to contribute to further transformation of the funding arrangements and enhancements to the funding relationship with recipients.

Federal funding allocation formulas have traditionally been based on on-reserve population, remoteness and isolation and have not evolved to support the transformation agenda and the FNHA's expanded mandate. Community representatives and staff state that a needs-based funding allocation would better support urgent and emergent needs, would enable the alignment of funding with community health and wellness plan priorities, and better meet the needs of the urban and away-from-home population and unregistered members. Efforts are underway by the FNHA to enhance the flexibility and sustainability of agreements with funding partners. In the interim, the FNHA has used short-term and grant funding to address gaps in programs and services and emerging needs and priorities.

The Government of Canada determines FNHA funding levels for core community programs and services using a standard formula that considers on-reserve population counts, population remoteness and isolation. Funding levels determined under this formula were originally designed to support the continuation of programs and services inherited from FNIHB at transfer and have not evolved to reflect the transformation agenda and expanded mandate given to the FNHA and the FNHA's partnership approach with communities and HSOs.

FNHA staff, Chiefs, Health Directors and health leads suggest communities would benefit from needs-based allocation that considers urgent and emergent needs, community health and wellness plan priorities, and resource requirements to support the urban and away-from-home population and unregistered members who access community health and wellness programs and services. This was noted as particularly important for communities within the Fraser Salish Region, who receive disproportionately less funding per overall population due to the categorization of most communities in the region as urban.

Since fiscal year 2020/21, the FNHA has focused on using new funding streams to provide short-term and grant funding to communities to address programming gaps and respond to emerging community priorities. Health Funding Arrangements remain the primary source of funding to communities and First Nation Health Providers, while additional contribution arrangements for JPB, Health Actions and various other grants and contribution agreements account for 24 per cent of funding being received by communities and HSOs (see [Table 6](#)).

Although communities appreciated the additional special purpose short-term funding, concerns were expressed regarding equitable access. For example, according to community representatives, communities with the highest administrative capacity and resources are often those who have the time and ability to write proposals and access grants.

FNHA staff, HSOs and community representatives agree that greater flexibility from federal and provincial partners and a funding allocation strategy that considers need would enhance funding responsiveness, improve First Nation Health Provider funding relationships and enhance service responsiveness to the needs of the urban and away-from-home population. The FNHA has initiated an internal dialogue for creating a needs-based system for funding distribution and continues to examine opportunities to enhance the flexibility and sustainability of funding agreements with federal and provincial partners.

Efforts to Consolidate Funding Agreements

Through the Contribution Agreement Consolidation and Transformation project, the FNHA is striving to consolidate agreements to enhance First Nation self-determination and reduce the administrative burden on communities. Further transformation efforts are contingent on federal and provincial partners' flexibility in the funding and reporting requirements for the FNHA.

In addition to the FAMF and Funding Instruments Management Policy, the First Nation Health Provider relationship is shaped by the terms and conditions of the funding instruments (contracts) signed by the FNHA and recipients.

Communities and HSOs typically receive funding through multiple contribution agreements and grants, with each funding stream or instrument having its own unique terms and conditions regarding the use of funds and reporting requirements. Differing and inconsistent administrative restrictions across funding arrangements increase the complexity of the administrative burden, limit the consolidation of various funding streams to support community health and wellness plan priorities and initiatives and increase the likelihood of non-compliance.

The FNHA has initiated a Contribution Agreement Consolidation and Transformation project that envisions consolidating the funding agreements that communities sign with the FNHA under one agreement and creating a format based on reciprocal accountability. While this shift is expected to significantly reduce the administrative burden, the success of the project will depend on the extent to which federal and provincial partners will allow flexibility in their funding requirements.

“Our success depends on their ability to change and transform how their systems work. We talk about trying to decolonize FNHA procedures and how we do business, but we can't because we're hindered by our relationships and agreements with both governments.” – FNHA representative

Efforts to Enhance Funding Flexibility

The FNHA has undertaken efforts to increase the number of communities and HSOs receiving funding under more flexible models to support self-determination. Increased flexibility has supported greater alignment with community needs and priorities; however, progress has been slow due to the extensive administrative and capacity building work required to transition from a Set funding model.

The FNHA commonly enters into multiple funding agreements with recipients under different funding models with varying levels of flexibility. The Set model is the most restrictive, and requires permission to reallocate funding, whereas the Block model is the most flexible, allowing funds to be reallocated among health programs at the discretion of the recipient.

FNHA staff report that the organization has an intermediate goal to sunset the Set model and to fund all communities and health service delivery partners using the Flex or Block models. To achieve this, the FNHA has directed its Finance Team to encourage recipients to transfer to more flexible funding models, inform them of the requirements, map out a transition process, and provide them with necessary guidance throughout the transition process. The transition process may take between six months to two years, depending on progress and community capacity.

Efforts to encourage the transition from Set funding models have had minimal impact. Over the past five years, the overall percentage of Block and Flex funding agreements as found in the Health Funding Arrangement have decreased and the percentage of Set agreements has increased. As of fiscal year 2023/24, Block-funded agreements reflected 25 per cent of all agreements within the Health Funding Arrangements, Flex agreements represented 31 per cent and Set agreements represented 43 per cent (see [Table 8](#)).

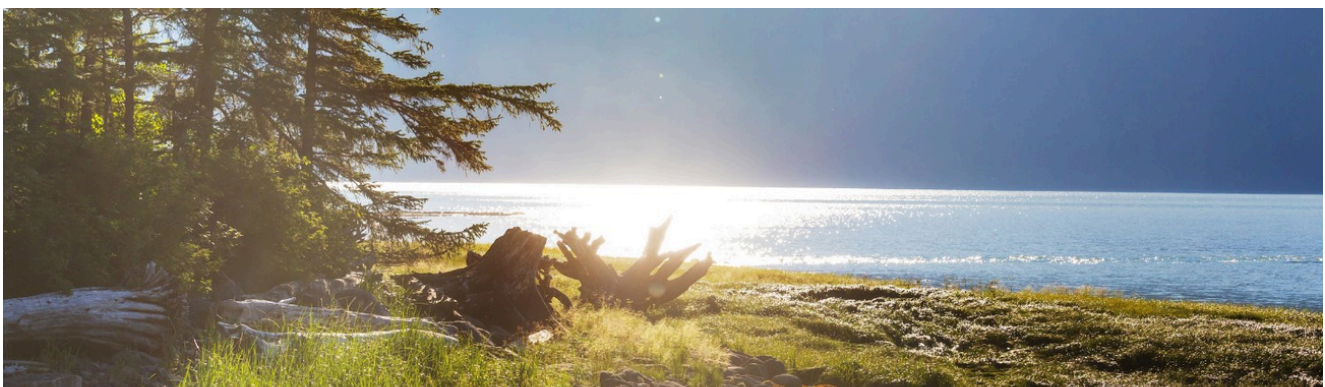


Table 8: Health Funding Arrangements by funding model, fiscal years 2019/20 to 2023/24

	Block	Flex	Set
Fiscal year	% of agreements	% of agreements	% agreements
2019/20	27%	34%	40%
2020/21	27%	32%	41%
2021/22	23%	29%	48%
2022/23	24%	31%	45%
2023/24	25%	31%	43%

Source: FNHA Finance Data

The administrative capacity and expertise required to transition from a Set funding model is a key obstacle that prevents more communities from transitioning. FNHA staff members describe the process as lengthy and requiring significant administrative resources and extensive planning on the part of the FNHA and the community. FNHA staff suggest slow and steady progress and community capacity-building will be required to accomplish the full transition away from the Set funding model.

The FNHA has transferred financial decision-making and management for most programs and services funding streams to regional offices. While there is agreement on the value of bringing decision-making closer to home, there is a need for further clarification of roles and responsibilities and there are opportunities to streamline administrative processes and increase efficiencies.

Over the past five years, the FNHA has transferred direct delivery and funding administration of most of its programs and services to its regional offices. The percentage of funding administered through the regional offices increased from 53 per cent of all FNHA expenditures in fiscal year 2018/19 to 74 per cent in fiscal year 2023/24.

Each region has developed its own way of managing funding relationships with First Nation Health Providers and communities. These differences have created some challenges for FNHA provincial staff to provide timely service and responses to queries from providers and communities. Funneling all communication through regional offices, who have been impacted by vacancies and turnover in recent years, has contributed to some inefficiencies. There is a need for greater clarity on what regionalization means from a partnership, relationship and communication perspective, and as well as further clarification of the roles and responsibilities of regional and provincial FNHA teams in funding management and administration.

Funding recipients believe the regionalization of funding administration has brought decision-making closer to home and supported relationship-building. Some have noted that differences in staffing and the provision of liaison, advisory and support services across regions – and differing management practices and procedures – has contributed to inconsistent experiences among recipients and some inefficiencies and confusion for provincial staff. The impact of staff shortages and turnover in the regional offices in recent years has, in some instances, contributed to lengthier wait times for recipients to receive responses to inquiries. Some HSOs attribute lengthier wait times to what they perceive to be bureaucratic administrative processes. HSO representatives emphasized the importance of FNHA staff being resourced to proactively build and maintain relationships with Health Directors and HSO representatives and the importance of FNHA staff and executive leadership spending time in communities to gain a fulsome understanding of the obstacles and challenges experienced on the ground during planning and implementation.

As implementation of the FAMF progresses, funding recipients suggest there is an opportunity for greater communication and transparency around the FNHA's financial decision-making.

Funding recipients explained that the basis for the FNHA's funding decisions and subsequent approaches to deploying funds to HSOs and communities are not always fully transparent or understood by recipients. Greater communication and transparency of decision-making processes would further support the FNHA's vision of a partnership model based on reciprocal accountability. Recipients explained they want to see the FNHA report more candidly on the areas where the organization is facing challenges and obstacles to transforming funding arrangements and the First Nation Health Provider funding relationship, as well as the areas where progress has been achieved. Transparent reporting of these limitations and constraints would support the FNHA in managing ever-increasing expectations of the organization.

3.2 TRANSFORMATION OF THE REPORTING AND AUDIT REQUIREMENTS

Efforts to Improve Reporting Requirements, Templates and Processes

The FNHA has implemented numerous changes to streamline reporting requirements. Reporting is now required by funding agreement rather than individual program, the number of reports and required indicators have been reduced, and consequences for non-compliance were eliminated. The FNHA has offered communities support and technical guidance for accessing and integrating community health data, provided feedback on community health and wellness plan reports and provided staff support to communities that have two years of outstanding reporting.

The reporting requirements for funding inherited from Health Canada at the time of transfer were based on a one-way accountability principle. First Nation Health Providers and communities were required to provide regular reports and received little to no feedback on the data they reported. If the reports were not submitted within 90 days of the deadline, the community was considered in default and federal cash transfers were restricted. Consequently, some communities faced financial challenges or service disruptions. Through ongoing revisions to the FAMF and funding arrangements, the FNHA has gradually transitioned to allow for greater flexibility and offered more reporting support to First Nations communities.

Following a review of reporting requirements conducted by the FNHA from fiscal years 2019/20 to 2023/24, the FNHA initiated a reporting transformation project adhering to the 7 Directives and other principles of “no one left behind,” “reciprocal accountability” and “only ask what is truly needed.” Some key changes included tying reporting to funding agreements rather than specific programs (e.g., one report per agreement rather than separate reports for each program), reducing the number of reports communities are required to submit and reducing the number of indicators on which communities must report. The FNHA also removed penalties for not reporting on time. Instead, the FNHA implemented a process that requires staff to visit communities who have two years of outstanding reports, and work with community staff to address barriers to reporting.

These changes have had a positive impact as the FNHA has maintained relatively high compliance rates. A review of FNHA administrative data demonstrated that, despite delays (i.e., most reports are submitted past deadline), a relatively high percentage of communities have submitted required narrative and financial reports. For example, for fiscal years 2019/20 to 2023/24, between 70 per cent to 92 per cent of communities submitted financial reports, and 58 per cent to 84 per cent of communities submitted narrative reports.

To facilitate reciprocal accountability, the FNHA created a system for reporting data back to communities. As part of the process, FNHA program staff read and provide comments on community reports. Furthermore, due to growing demand from the communities for data transparency and reciprocal accountability, the FNHA created regional and sub-regional data reports to provide to communities and has worked with community staff to assist them in understanding and interpreting data and supporting decision-making. The FNHA is continuing to work to find ways to communicate community-specific data back to communities without violating privacy and confidentiality restrictions.



The FNHA continues to examine opportunities to further enhance reporting, including accepting alternative reporting formats, providing interactive tools and templates to support community capacity, further reducing reporting indicators and communicating the rationale of reporting requirements to recipients.

The FNHA is currently reviewing numerous innovative approaches to further enhance reporting, including providing communities with greater flexibility to determine the nature of the narrative report (e.g., preparing short video reports), using simple and interactive reporting templates, preparing audiovisual aids to assist with reporting, providing examples of good narrative and financial reports, and providing feedback on the reports. According to FNHA staff, the easier and interactive reporting templates tend to facilitate compliance. The FNHA is also in the process of determining key performance indicators that will be most useful to report on and are including those indicators in the reporting templates.

First Nation Health Providers appreciate improvements to streamline and reduce FNHA reporting requirements, but report continuing challenges with the administrative burden associated with federal and provincial reporting requirements. This is due in part to federal and provincial reporting requirements on funding that flows through the FNHA, as well as communities holding separate funding agreements directly with federal and provincial partners.

Engagements with First Nations Chiefs, Health Directors, health leads and directors of HSOs suggest communities have felt some improvements with the FNHA's reporting requirements and processes and generally perceive FNHA reporting processes to be meaningful.

“The reporting requirements from the FNHA have improved over the years. The narrative reports and one-pagers are efficient.” – Community health staff

Nearly two-thirds (65 per cent) of Health Directors and health leads surveyed (n=69) and 60 per cent of First Nations Chiefs surveyed (n=9) indicated improvements in FNHA reporting requirements. Similarly, a survey of eight HSOs found that existing reporting requirements were perceived to be mostly adequate. HSO representatives explained that reporting requirements for programming had become streamlined, clear and consistent.

Despite improvements, communities and HSOs continue to experience challenges associated with the number of separate funding agreements with different reporting requirements and schedules. This is attributed to communities holding funding contracts with both the FNHA and federal and provincial partners, sometimes consolidating funding sources to support an individual program or initiative, and the number of individual funding contracts with the FNHA from federal and provincial funding streams with partner reporting requirements.

The FNHA's progress in further streamlining reporting requirements is restricted by the terms and conditions of the CFA and other federal and provincial funding streams that require the FNHA to collect and report data on key indicators and consequently transfer these reporting requirements to communities.

Efforts to Improve the Audit Process for First Nation Health Providers

Efforts are underway to move from a risk-based audit approach to one based on reciprocal accountability. Highlights of progress to date include replacing the requirement for schedules for program funding with auditor assurance letters and working in close collaboration with communities to address instances of non-compliance.

As the FNHA is governed by the BC Societies Act, it is not bound by the requirements of the Financial Administration Act and has some flexibility in terms of audit processes and procedures. As part of ongoing funding transformation efforts and alignment with the FAMF, the FNHA is in the process of transitioning from a risk-based audit approach to one that reflects partnership and reciprocal accountability, wherein communities and the FNHA work together to improve compliance with funding agreements.

Some actions the FNHA has undertaken, or is in the process of implementing, include replacing the requirement for schedules for program funding with auditor assurance letters and working with communities to address issues arising from the audits. Findings from the survey of HSOs suggest that audit and enforcement remains a minor challenge.

3.3 LIAISON, ADVISORY AND SUPPORT SERVICES

Enhanced FNHA Capacity to Provide Customized Support

The FNHA has implemented several measures to support relationship-building with First Nation Health Providers and provide appropriately customized services and supports. Examples include strengthening the FNHA Finance Team and creating an online platform to support communication and information-sharing.

In 2020, the FNHA created a Funding Relationships and Arrangements Executive Committee to oversee funding relationships transformation and enhance the internal capacity to undertake the transition. The Committee is co-chaired by the vice president of finance and the vice presidents of regional operations and provides oversight and co-ordination for funding relationship transformation.

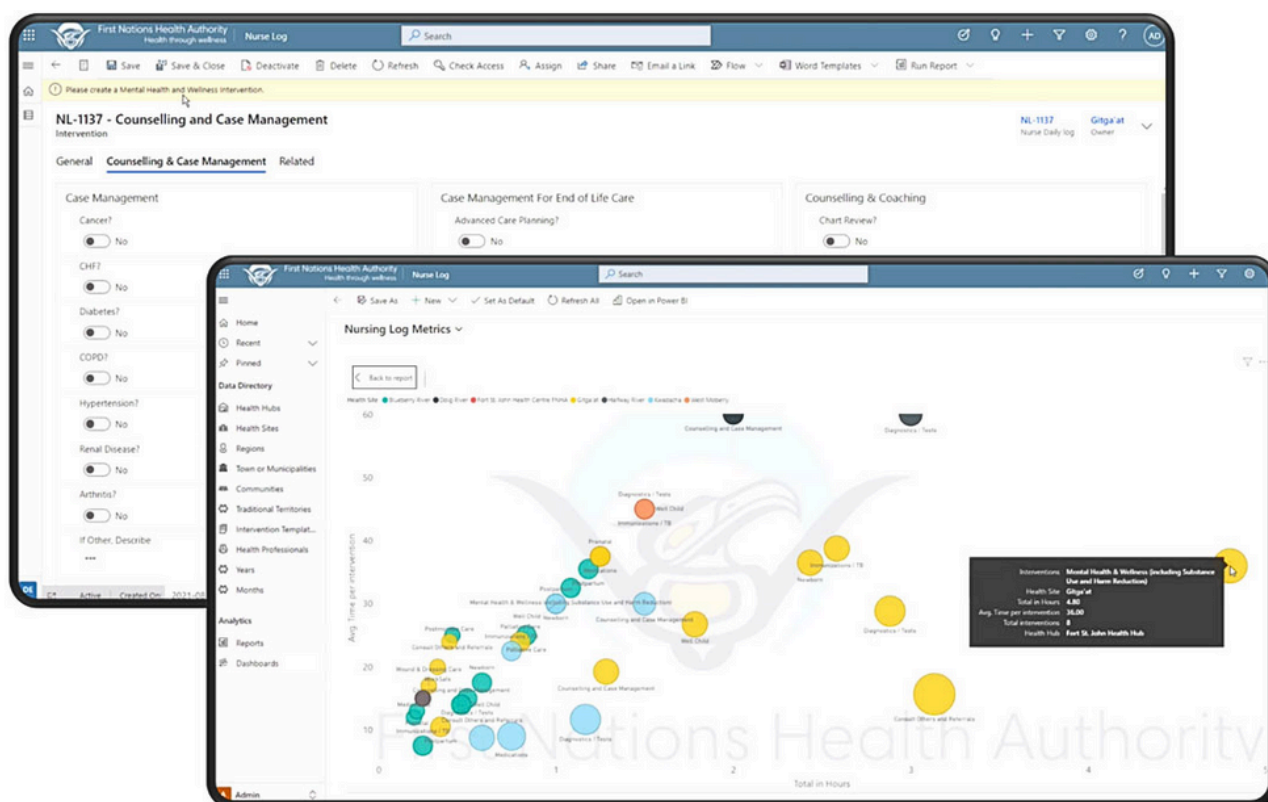
The FNHA then subsequently strengthened the capacity of the FNHA Finance Team that oversees funding relationships by hiring staff who focused on gaining understanding of the funding relationships with First Nation Health Providers, building a strong and stable team spirit, and providing staff training and capacity-building support. According to FNHA staff, the existing team has the capacity to lead the transition process with support from FNHA leadership.

To streamline communication and information-sharing between FNHA staff and funding recipients, the FNHA's IMIT Department developed the Voices of Our Relations (Voices) application, a Microsoft engagement and relationship management system. Voices is intended to create a unified approach to engagement with clients, First Nations communities, HSOs and other partner organizations funded by the FNHA to deliver First Nations health programs and services. The system is expected to improve communication with funding recipients and support timely response to inquiries and feedback.

Efforts have been made to clarify staff roles and responsibilities, determine decision-making authority, and identify escalation pathways to streamline processes and achieve efficiencies. For example, the FNHA has established clear escalation pathways so that staff understand when issues need to be raised with the CEO versus the vice president of finance for consideration or approval.

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

While First Nations communities and HSOs generally noted improvements in their funding relationship, the perceptions of individual recipients varied. Key factors included their involvement in the planning, implementation and disengagement processes, the extent to which they engaged with FNHA teams, and the impact of staff shortages and concurrent public health emergencies on FNHA and/or recipient staff capacity and turnover. Some recipients reported strengthened relationships with ongoing and effective communication, whereas others reported difficulties with lengthy wait times to receive the needed guidance and direction. Staff turnover at the FNHA was a major contributing factor to recipient dissatisfaction with progress advancing the relationship, with new HSO representatives and Health Directors reporting the need for more significant support with onboarding and developing or implementing their community health and wellness plan.



Sample dashboard and data views from the Voices platform.

Community Health and Wellness Plan Development Support

The FNHA has allocated financial and human resources to support the development and implementation of community health and wellness plans. While FNHA staff and community representatives report that the planning process has improved, there is an ongoing need for resources to support plan development, implementation and evaluation.

The FNHA Community Development Team, or in some instances regional planners, provide communities and HSOs with wraparound planning support, training and resources for developing community health and wellness plans. Recently, the FNHA has also begun providing communities with health and surveillance data to facilitate planning and inform decision-making processes.

The FNHA's approach is to show up as a partner during the planning stage and meet communities where they are at, providing customized support for each community or HSO's unique circumstances.

Between fiscal years 2019/20 and 2023/24, the delivery of planning support services was impeded by the COVID-19 pandemic and the FNHA Community Development Team staff shortages. Public health orders prevented FNHA staff from being able to go into communities to support planning, and staff were redeployed to support the Level 2 pandemic response efforts. Other factors that contributed to delays in community planning include the turnover of regional planning staff and/or Health Directors and competing demands on community capacity from concurrent public health emergencies (e.g., toxic drug crisis and climate-related emergencies).

Despite these impediments, FNHA staff and community representatives agreed that the community health and wellness planning process has improved. Community case studies demonstrated that some First Nations communities have developed engagement pathways to inform their community health and wellness planning process. The number of outstanding community plans remains high, however. As of February 2025, there were 75 active plans, covering 116 communities (i.e., HSOs have a plan covering multiple communities). This does not include communities and HSOs actively participating in the planning process.

FNHA staff and community representatives who participated in case study interviews and surveys suggest that there is an ongoing need for FNHA planning support. Requested areas of support include tools or guidance to facilitate citizen engagement to inform plan development, in-person or virtual visits with FNHA staff to facilitate hands-on training for health planning, and additional resources and support for evaluating plan effectiveness. Community representatives and FNHA staff recommend adding human resources at the regional level to support community-level planning and development.

"You have your health plan, here's your funding arrangement. We're still in that process, which is a very Health Canada process. To change that vision of how we plan together, we need more planning and community development resources in the regions and capacity on the ground. Regional planning expertise can then be brought to other engagement processes, like sub-regionals or caucus." – FNHA representative

Data Access and Sharing

In partnership with the Province of BC, First Nations communities and other health system partners, the FNHA Health Surveillance Team has made significant advancements in accessing First Nations health data. FNHA staff are working to share data with communities to support evidence-based planning and decision-making. Further work is underway to support First Nations data stewardship and governance.

According to key informants, the FNHA has made significant progress in the collection, access and use of a wide range of First Nations specific health data. Engagements on the Tripartite Data Quality Sharing Agreement have resulted in the FNHA moving to the BC Ministry of Health's Health Data Platform and securing improved access to population-level health data. The FNHA has various data sources that include those stored and collected by provincial partners as well as those from community programs and services. The FNHA uses the Voices application to compile and support the exchange of data in the following areas: compliments and complaints, nurse daily logs, health care navigation, crisis management, safety hazard management, community health plan request management, health benefits operations, oral health tracking, and health emergency development, resiliency, and response.

Despite improved access to population-level health data, key informants suggest additional efforts are needed to enhance access to key data metrics, including primary care attachment rates (e.g., in communities with nurse practitioners or those with virtual services), mental health (e.g., substance use treatments) and communicable disease rates (e.g., tuberculosis rates or measles rates are not reported regularly). Key informants also noted challenges with the quality of the data obtained by the FNHA.

The FNHA is working to increase First Nations access to data and build capacity. In 2023, the FNHA Research and Knowledge Exchange Team rolled out a harmonized intake pathway for First Nations communities to make data- and research-related requests. In partnership with the FNHDA, the FNHA also undertook awareness and capacity-building activities including how to prepare videos,¹⁰ Caucus presentations, booths and workshops.

The FNHA has produced a range of reports that have been used by FNHA staff and First Nations communities for evidence-based planning and decision-making. Notable examples include regular COVID-19 reports and monthly reports on the toxic drug crisis. With best efforts to align with Ownership, Control, Access, Possession (OCAP®) principles, the FNHA Health Surveillance Team has started creating regional and sub-regional data reports and returning the reports back to communities. The FNHA Community Development Team and the FNHA Health Surveillance Team have worked collaboratively with Health Directors and community health staff to support understanding, interpretation and use of regional or sub-regional data to inform community health and wellness planning and decision making. Greater access to quality health data is supporting communities to make more informed program and service decisions.

¹⁰ <https://youtu.be/OAQRpSjmg5k>

While progress is being made, FNHA and community health staff suggest data-sharing with communities is in the early stages and additional work is underway to further support community data access, sharing and stewardship. About half (52 per cent, n=56) of surveyed Health Directors and health leads and Chiefs (50 per cent, n=8) indicated that at least some improvements have been made in advancing health data sharing, stewardship and sovereignty. Community representatives suggest the FNHA has been successful in establishing sharing agreements and linkages to access First Nations specific health data that can be very useful to communities in designing their programs and services. The representatives encouraged the FNHA to continue its efforts to facilitate data sharing and capacity building, while maintaining privacy and confidentiality requirements. There is also a growing demand from First Nations in BC for the FNHA to become more involved and transparent with communities regarding the use of First Nations health-specific data by other health system partners and researchers. In response, the FNHA is in the process of developing a system to obtain approvals from community health leadership before publicly releasing data.

Disengagement Support

The FNHA has created standards and processes so that disengagement approaches are implemented consistently across First Nations communities and has provided extensive support for communities during the process. The process remains lengthy and resource intensive. Disengaged communities have expressed the need for additional support with building capacity to deliver health programs and services, and the FNHA is working to develop a proactive approach to prevent disengagements.

Disengagement refers to the process by which a community voluntarily chooses to withdraw from a multi-community agreement with an HSO to deliver services directly to its members or join another HSO. Communities choose to disengage for a variety of reasons, including concerns over governance or the alignment of program and service delivery with their needs, or the desire for self-determination and control of service delivery. Case study participants who have been involved in the disengagement process explained that, for them, disengagement was an exercise of independence and self-determination and the result of a natural evolution of community capacity. In some cases, the communities were dissatisfied with the level or quality of the services they received and/or believed their community was capable of delivering better services on its own.

According to FNHA staff and community health representatives, Health Canada had a hands-off approach to disengagements and provided little support for communities and HSOs in the process. When the FNHA assumed the roles and responsibilities of Health Canada, it took on the responsibility of assisting communities and HSOs with disengagements at the request of communities. Standard disengagement processes and pathways were developed and implemented by the FNHA so that communities could receive adequate information and support during the process, as well as additional post-disengagement support to administer new contracts and implement new programs and services.

Disengagement is a resource-intensive process; previous disengagements have spanned between six months and two years. When communities initiate the process, the FNHA provides them with access to financial and administrative data from the FNHA and HSO reporting submissions regarding the core programs and services. Communities familiarize themselves with the data, participate in a dispute resolution process with the HSO and the FNHA, and choose whether to proceed. The next phase involves planning, transition and implementation (e.g., setting up a new funding agreement with the communities and HSOs). The vice president of the regional office and provincial Finance Team often participate by attending meetings, providing and explaining data and information, leading the dispute resolution process, and planning and executing the disengagement.

According to FNHA staff, communities and HSOs require post-disengagement support with administering new contracts and implementing new programs and services, which consumes additional time and resources. As the FNHA does not have a specific budget allocated to support disengagement, the cost puts an added financial and administrative burden on the FNHA and the teams providing direct support, including Finance, Funding Arrangements and Community Development.

The FNHA is working to develop a strategy to provide more proactive support to HSOs and communities focused on better communication and transparency to avoid future disengagements that happen due to miscommunication. This is corroborated by the survey of HSO representatives, who indicated a need for a more proactive approach by the FNHA in facilitating discussions among the partners involved in the disengagement.

In the past five years, demand for disengagement support has continued, as communities seek to exercise self-determination and take control of health program and service delivery for their members. This presents a sustainability risk to the FNHA, given the human and financial resource intensive nature of the disengagement process and following implementation support, and lack of efficiencies created through economies of scale for smaller communities.

Over the past five years, the number of communities wishing to disengage remained consistent as communities build capacity to deliver programs and services and seek to exercise self-determination and take control over their own health services and programming. According to FNHA staff, the availability and accessibility of FNHA services may also have contributed to communities' willingness to disengage.



The trend towards increasing disengagements presents a sustainability risk to the FNHA, given the highly resource-intensive nature of the process and lack of dedicated funding. There is also a loss of efficiencies and economies of scale made possible when HSOs pool the resources of multiple smaller communities.

Support for Self-Governing First Nations in BC

The BC treaty process is open to all First Nations in BC. Currently, there are 37 self-determining First Nations in BC, representing 65 current or former Indian Act bands that are in active negotiations or have concluded negotiations.¹¹

Self-governing First Nations in BC who have signed treaties under the BC treaty process include the Tsawwassen First Nation and the Tla'amin Nation, as well as the Maa-nulth First Nations Treaty, which includes five First Nations signatories. The Nisga'a Final Agreement was signed prior to the BC treaty process, as were two stand-alone self-government agreements: the Sechelt Indian Band Self-Government Agreement and the Westbank First Nation Self-Government Agreement.¹²

Each treaty/self-government agreement contains its own set of provisions regarding health governance and health service delivery. A self-governing First Nation may choose to not renew arrangements for health programs in whole or part with the FNHA and provide health programs itself, or by other means, including by receiving funding, services or benefits from the federal government. The CFA contains provisions on how the FNHA funding from Canada will be reduced under these circumstances.

The FNHA's Directive #6: Be without Prejudice to First Nations Interests requires the FNHA to not impact on Aboriginal Title and Rights or the treaty rights of First Nations and be without prejudice to any self-government agreements or court proceedings. The FNHA therefore does not privilege or disadvantage self-governing First Nations relative to non-treaty First Nations.



FNHA Interprofessional Health Care Education Forum held in November 2022.

¹¹ As found in <https://bctreaty.ca/negotiations/negotiations-update/>

¹² In 2025, several First Nations in BC are in final stages of signing modern treaties, including Musqueam First Nation Self-Government Agreement and K'omoks First Nation Treaty. In addition, the provincial government and the Haida Nation signed an agreement on the next phase of title implementation and introduced legislation that was adopted into law in May 2024. In February 2025, similar recognition was signed by the federal government and the Haida Nation through the Big Tide Haida Title Lands Agreement.

While the FNHA primarily serves non-self-governing First Nations, many self-governing First Nations participate in FNHA engagement processes and receive some level of FNHA funding and supports in areas where they are eligible. The FNHA may wish to examine the adequacy of resources for ongoing supports to self-governing First Nations and opportunities for meaningful collaboration and partnership, including the potential development of a shared service model.

Funding provided to the FNHA through the CFA is for Nations that do not receive funding through their self-governance arrangements with the Government of Canada. The FNHA has been approached by several self-governing First Nations to explore accessing services from the FNHA or an HSO.

There is an opportunity for the FNHA to reflect on the existing supports or services it offers to self-governing First Nations with the intention of supporting meaningful collaboration and partnership, increasing accessibility to quality health care services, and establishing a potential shared service model. As part of the CFA renewal, clarity regarding the process for ensuring costs associated with providing programs and services to self-governing First Nations, such as for COVID-19 supports, was made. The CFA renewal also allowed the opportunity to clarify the CFA provision that stipulates the annual federal amount that is reduced to the FNHA based on a self-governing First Nation's assumption of responsibility to provide health programming. The FNHA funding provided to self-governing First Nations between fiscal year 2019/20 and 2023 /24 totaled \$15.5 million.

3.4 TRANSITION FROM A FUNDER-RECIPIENT RELATIONSHIP TO PARTNERSHIP

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.

The FNHA has a multifaceted role as a funder, partner and deliverer of health programs and services for First Nations in BC. In addition to its inherited role and responsibilities as funder, the FNHA's mandate given to it by BC First Nations requires the organization to act as a health and wellness partner for all First Nations in BC regardless of their residence. In response to gaps in programs and services and emergent needs and priorities, the FNHA is increasingly assuming direct service delivery in areas including primary health care and mental health and wellness.

FNHA staff report that the organization's role continues to evolve as the FNHA strives to transform the health care system for First Nations in BC and subsequently acquires additional or expanded roles and responsibilities. Many FNHA staff members interviewed agreed that overall, the role of the FNHA does not overlap or duplicate services provided by provincial and First Nations partners. In the areas where some duplication of services exists, the duplication is viewed as positive, giving more opportunities for communities to access services. At the same time, staff noted that the areas where both the FNHA and provincial and community partners deliver services and programming (e.g., nursing services, primary care, complaint processes and community engagement) there is a need to regularly monitor these areas to avoid potential overlap or duplication.

Communities vary in their understanding of the FNHA's role as funder, partner and deliverer. More than half (54 per cent) of surveyed Health Directors and health leads (n=38) and 66 per cent of surveyed Chiefs (n=12) agreed that the FNHA's role as a funder, partner and deliverer was clearly defined, communicated and recognized. Community representatives suggested that clarity about the FNHA's role is shaped by the community's location, type of services received, and their level of interaction and partnership with the FNHA. For example, in communities where the services are delivered by an HSO, the FNHA is most likely viewed as a funder and administrative body. In communities where the FNHA has been involved in direct service delivery, the organization is most likely viewed as a service delivery partner. The perception of the FNHA's role also varies across regions and is impacted by differences in the operations and capacity of FNHA regional offices.

As the FNHA continues to refine its organizational structure and regionalization approach, differing perspectives on its future role and mandate as a service delivery provider present both challenges and opportunities for the organization. While some community representatives advocate for greater regionalization and local decision-making, others emphasize the need for the FNHA to expand its direct service delivery role to address capacity gaps.

There are mixed views among community representatives regarding their vision of the FNHA's role in service delivery. Some First Nations community representatives reported that, despite increasing efforts to regionalize operations, the FNHA has not yet fully transitioned into a truly community-driven organization, as envisioned in Directive 1. They expressed concerns that the FNHA is continuously expanding its roles and responsibilities, leading to additional layers of bureaucracy and centralized decision-making. These representatives advocated for allocating more resources and decision-making authority directly to communities while keeping the FNHA's provincial operations lean. They see building community capacity as the goal of the organization, enabling communities to take full control over their own health programming.

Conversely, other community representatives emphasized that the FNHA should take on more direct service delivery responsibilities to fill existing health care gaps in communities. They cited overwhelming workloads and limited local capacity, noting that the expansion of the FNHA's role is essential for helping communities address evolving health challenges. Some also emphasized the need for the FNHA to focus more on addressing social determinants of health, such as housing, education and economic stability. At the same time, others cautioned against overextending FNHA's mandate, recommending that the organization prioritize areas where it can make the most impact rather than expanding into new service areas without a clear strategic focus.

These varying perspectives underscore the complexity of regionalization and the importance of continued engagement, strategic clarity and adaptability as the FNHA continues to evolve its organizational structure.

"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



4 EVALUATION FINDINGS: PROGRAMS AND SERVICES

This chapter examines the FNHA's progress in transforming programs and services delivered by the FNHA as well as those delivered by communities. The chapter examines changes in programs and services funding allocation, improvements and expansion of programs and services and opportunities for further enhancements.

4.1 CHANGE IN PROGRAMS AND SERVICES FUNDING ALLOCATION

The FNHA expenditures on programs and services under the two primary funding streams totalled more than \$2 billion between fiscal years 2019/20 and 2023/24. This represents a funding increase of 54 per cent from \$359.3 million in 2019/20 to \$553.1 million in 2023/24. 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 toxic drug emergency response.

The two primary FNHA funding streams for programs and services are Direct Community Services Funding and Health Services and Programs.

- **Direct Community Services Funding** represents the portion of FNHA funding that flows directly to communities through contribution agreements. This includes funding for communities to support targeted health and wellness services and programs, Health Actions, JPB and other initiatives.
- **Health Services and Programs** includes program and services delivery as well as operational costs for nursing services, environmental services, public health response, policy and planning, as well as the costs of the Chief Medical Officer portfolio. Expenses also include the costs of contribution agreements to non-community recipients and treatment centres, plus direct payments for community operation and maintenance costs.

FNHA expenditures for the two primary programs and services funding streams totalled over \$2 billion between fiscal years 2019/20 and 2023/24 (see [Table 9](#)). Direct Community Services Funding increased 42 per cent from \$259.4 million in fiscal year 2019/20 to \$368.9 million in fiscal year 2023/24. Health Services and Programs funding increased 81 per cent from \$99.9 million in fiscal year 2019/20 to \$184.2 million in fiscal year 2023/24.

In fiscal year 2023/24, for example, the main drivers for the Direct Community Service Funding increase were Aboriginal Head Start on Reserve, the Sts'ailes Community Care project, Tkemlúps te Secwépemc Healing Centre, medical transportation direct payments and the annual contribution agreement escalator. For the Health Services and Programs funding, the year-over-year change was primarily due to annual compensation increases as per collective agreements, annual escalator increases for funding provided to HSOs, contract increases due to inflation, and increases in funding for the toxic drug crisis, trauma-informed health supports and Indigenous treatment recovery aftercare.

Table 9: Funding streams expenses total (\$M) by fiscal year (2019/20 to 2023/24)

Fiscal year	Direct Community Services Funding	Health Services and Programs	Total	% change from previous fiscal year
2019/20	259.4	99.9	359.3	7.4%
2020/21	292.6	106.2	398.8	11.0%
2021/22	291.5	130.0	421.5	17.3%
2022/23	299.9	165.1	465.0	16.6%
2023/24	368.9	184.2	553.1	18.9%
Five-year total	1,512.3	685.4	2,197.7	-
Percent of total	68.8%	31.2%	100%	-
Percent increase	42%	81%	54%	-

Source: FNHA Financial Data



Funding announcement for the Le Estceqey Healing House in Tkemlúps te Secwépemc in May 2023.

Table 10 shows the regional distributions of programs and services by funding, with the Northern Region receiving the greatest percentage of funding (26.4 per cent) and Fraser Salish receiving the lowest percentage of funding (7.5 per cent)

Table 10: Funding Streams Expense Total (\$M) by Region (fiscal years 2019/20 – 2023/24)

Region	Direct Community Services	Health Services and Programs	Total	Percent of funding	Percent First Nation population by region
North	461.8	118.3	580.1	26.4%	25%
Interior	363.1	78.4	441.5	20.0%	21%
Vancouver Island	331.7	87.9	419.6	19.2%	22%
Vancouver Coastal	163.8	39.1	202.9	9.2%	15%
Fraser Salish	131.0	34.4	165.4	7.5%	17%
Provincial	61.0	327.3	388.2	17.7%	-
Total	1,512.4	685.4	2,197.7	100%	-

Source: FNHA Financial Data

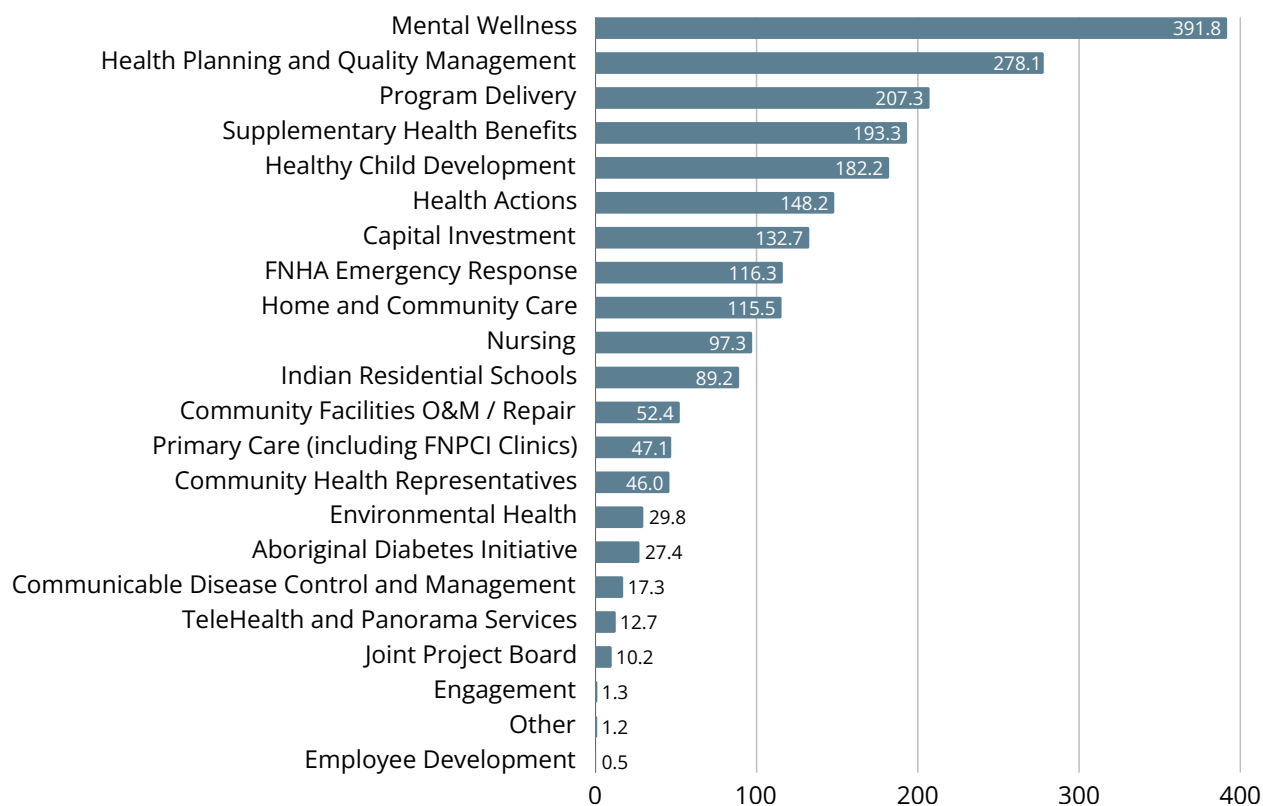
A portion of programs and services funding (17.7 per cent) remains allocated to provincial programming:

- Under the Health Services and Programs funding stream, 48 per cent of provincial funding is allocated for various targeted initiatives such as mental health and addiction care, opioid emergency response, operations and Canada Consolidated Contribution Agreement funding (e.g., Indian Residential School Expense, COVID-19 funding, trauma-informed health response). About half (52 per cent) of provincial funding is distributed to the regions through various programs such as JPB, mental health and wellness and primary care.
- Under the Direct Community Services Funding stream, four per cent of the provincial funding is allocated towards First Nations treatment centres, the health benefits claims reserve and community capital investments.

In response to increasing demand, the FNHA's highest level of funding expenditure between 2019/20 and 2023/24 was towards programming focusing on mental wellness, healthy child development and supplementary health benefits. A large proportion of program and services funding goes directly to communities for their health planning and delivery of programs and services.

Figure 3 shows the allocation of the two primary funding streams (Direct Community Services Funding and Health Services and Programs) by individual program and service areas between 2019/20 and 2023/24.

Figure 3: Funding streams expenses total (\$M) by program area, fiscal years 2019/20 – 2023/24



Source: FNHA Financial Data

As illustrated, the programming areas that received the greatest portion of funding included:

- **Mental Wellness:** Includes Brighter Futures, Building Healthy Communities, National Anti-Drug Strategy, National Native Alcohol and Drug Abuse Program, suicide prevention, treatment centres, National Youth Solvent Abuse Program, Healing Centres and Modalities, and mental health and wellness direct contribution and health services.
- **Healthy Child Development:** Includes Aboriginal Head Start on Reserve, Canada Prenatal Nutrition Program, Fetal Alcohol Spectrum Disorder, and maternal and child health programming.
- **Supplementary Health Benefits:** Additional funding outside of the Health Benefits funding stream for the Children's Oral Health Initiative and supplementary benefit costs, including medical transportation.
- **Health Planning and Quality Management:** includes accreditation, health planning management and governance, health research and engagement.
- **Program Delivery:** Funding to communities to operate and deliver their programs and services.

For a full list of programs and services by program area, refer to **Appendix 3**.

4.2 FNHA PROGRAM AND SERVICE DELIVERY

The FNHA funds a significant number of programs and services that are delivered by communities, HSOs and other organizations contracted on behalf of Nations and communities. Depending on the funding arrangement, First Nation Health Providers have significant flexibility to design and deliver the programs. The FNHA also delivers numerous programs and services, many of which relate to and support the local programs and services delivered by communities and HSOs.

As presented in [Chapter 3](#), a significant number of programs and services are funded by the FNHA and delivered by communities and HSOs contracted on behalf of individual Nations and communities. Funding arrangements describe the funding relationship, mandatory program requirements and accountability expectations between the FNHA and the funding recipient. Depending on the nature of the funding arrangement, First Nation Health Providers have significant flexibility to design and deliver the programs. Examples of program areas with high flexibility include mental health and wellness and healthy child development. The FNHA also delivers numerous programs and services, many of which relate to and support the local programs and services delivered by communities. These include environmental public health, health protection, nursing, and public health surveillance and research.

The division of these delivery types are roughly divided between the two funding streams with the Direct Community Services Funding representing the portion of FNHA funding that flows directly to communities to be delivered by communities, and the Health Services and Programs funding representing the portion of funding that is delivered by the FNHA.

An important component of the programs and services delivered by communities includes five core programming areas that have a set of service standards and reporting requirements. Core programs, which were previously defined by Health Canada as mandatory programs, are programs that have been identified as mandatory to meet legislated standards to ensure public health and safety. They must be available in all communities to ensure that provincial health and safety regulations are met. Core programs typically have a strong clinical component and require that health staff have certain credentials, certification and/or licensing and meet practice standards to ensure quality client care is provided. Communities may deliver these core programs or partner with an HSO to deliver them.

Core programs include:

- **Clinical and Client Care** provides essential health care services to First Nations in their home communities with a focus on health promotion and disease prevention. Clinical and Client Care is often the first point of contact an individual has with the health system. It is delivered by collaborative health care teams, mostly led by nurses. Services include urgent and emergency care, health promotion and prevention, and co-ordination and case management.
- **Communicable Disease Control** aims to prevent and/or reduce communicable disease risk to human health, particularly vaccine-preventable diseases and immunization, blood-borne disease and sexually transmitted infections, respiratory infections and communicable disease emergencies.
- **Home and Community Care** is a co-ordinated system of services that aims to enable community members of all ages with disabilities or chronic or acute illnesses to receive care in their homes and communities. Care is primarily provided by home care registered nurses and certified personal care workers. Service delivery is based on assessed need and follows a case management process.

- **Environmental Public Health** aims to address, through prevention, assessment and control, the physical, chemical, biological and related factors that can potentially affect people's health. Programming targets disease prevention and the creation of health-supportive environments.
- **Mental Health and Wellness** covers a range of programming that aims to improve mental health and wellness services and support culturally safe clinical care in communities.

4.3 IMPROVEMENTS TO AND EXPANSION OF PROGRAMS AND SERVICES

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, including the following key examples.

Expansion of Primary Care Services

In partnership with the BC Ministry of Health, the FNHA is supporting the establishment of 15 First Nations-led Primary Health Care Centres across the province with two centres currently operational.

The FNHA has partnered with the BC Ministry of Health to undertake the First Nations-led Primary Care Initiative, which will result in the establishment of 15 First Nations-led Primary Health Care Centres across the province. As of 2025, two centres have been established, including Lu'ma Medical Centre, which was scaled up from a pre-existing clinic in Vancouver in 2019, and the All Nations Healing House in Williams Lake, which was created in 2022 in partnership with the Tsilhqot'in Nation, Northern Secwepemc Nation and Dākelh Dené Nation. The FNHA is working to provide initial service offerings in fiscal year 2025/26 at the remaining 13 First Nations-led Primary Health Care Centres that have experienced some system-wide issues, including challenges with health human resources.



All Nations Healing House, Williams Lake, BC.

These centres were created through extensive engagement with First Nations communities and reflect local cultures and traditions. They offer a wide range of culturally informed primary care services and access to allied health care providers (including social workers, dietitians, physiotherapists, counsellors for individual and group counselling), foot care and pregnancy care. These centres also provide a new and unique form of health care that involves Elders, Knowledge Keepers and traditional wellness practitioners working alongside western health professionals in a team-based approach.

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.

"The virtual Doctor of the Day with FNHA and our telephone doctor service, where one of our two doctors can answer the phone, have been hugely helpful."

– Community health staff

The First Nations Virtual Doctor of the Day and the First Nations Virtual Substance Use and Psychiatry Service provide virtual access to physicians, nurses and other allied health care providers. The programs are particularly important for residents in rural and remote communities who otherwise would have to travel long distances for appointments. All program staff are trained in cultural safety and humility and one-third of physicians self-identify as Indigenous. The program uses a team-based model of care and provides access to traditional wellness practices including traditional healers. Over 30,000 clients have received virtual care services through the program every year since its launch. According to post-service surveys, 90 to 95 per cent of clients were satisfied with the services. Community members engaged as part of case studies reported using virtual health care services regularly and most were satisfied with the quality of the services.

“I appreciate the FNHA Doctor of the Day. I have used the service numerous times, and I highly encourage others to.” – First Nations community member

In 2020, largely in response to the COVID-19 pandemic, the FNHA started a process of building in-community lab testing capacity in some remote and isolated communities. The program demonstrated that it is possible, through close collaboration with federal and provincial partners, to implement a quality-assured decentralized community-based diagnostic and point-of-care testing program.

Communities were supplied with diagnostic equipment such as GeneXpert, a rapid diagnostic testing device that can be used across a wide range of respiratory tests. In 2021, the FNHA procured over 200 point-of-care testing medical devices and provided both pediatric and adult high-flow oxygen delivery apparatuses to communities. The Community-Based Testing Program contributed to improved access to culturally safe and timely COVID-19 testing in rural and remote First Nations communities in BC. The program was later expanded to include the provision of x-ray technology at some community clinics.

“This is a significant shift from centralized testing in Vancouver to being able to do advanced molecular testing in a northern community. The program has demonstrated that communities can take the leadership on protecting their citizens. They found their own pandemic response.”
– Federal partner¹³

The FNHA has continued to expand its funded and delivered nursing operations, bringing clinical care, case management and home support to First Nations communities. The OCNO has provided clinical leadership to support nursing education, quality practice and cultural safety and humility to FNHA nursing services.

Nursing operations have expanded over the evaluation period, bringing more clinical services closer to home for First Nations communities across BC. Nursing services have been critical to the expansion of community-based lab testing, the delivery of home-based care for Elders and the delivery of telehealth services to remote communities.

The OCNO has provided ongoing clinical leadership to FNHA funded and delivered nursing services through policy development, improved education opportunities, providing consultations and support to in-community nurses, and developing practice standards.

¹³ Excerpt from the FNHA [Community-Based Testing Program Evaluation Report](#), May 2024.

“The nurse practitioners, they've been there for a long while. They are really great. They're like advocates for the members, and they're just amazing.”

– Community health staff

Expansion of Mental Health and Wellness Programs and Services

The FNHA and its partners have made significant investments to expand mental health and wellness programs and services. Highlights include a \$30-million Mental Health and Wellness Fund to support community initiatives, the creation of a network of healing centres and modalities, and the creation of the Indigenous Treatment and Land-Based Healing Fund. An additional \$60 million was secured to repair, build and improve treatment centres in BC.

During engagements, First Nations Chiefs and Health Directors identified mental health and wellness as the most critical need facing First Nations across BC. Trauma associated with the COVID-19 pandemic, toxic drug crisis, unmarked graves at residential schools, anti-Indigenous racism, natural disasters and isolation increased the need for mental wellness services. In response, the FNHA implemented various new programs and services. The following are examples of key changes to mental health and wellness programming.

- Through the \$30-million Mental Health and Wellness Fund, created as part of the 2018 Memorandum of Understanding Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness, the FNHA distributed flexible, multi-year funding to approximately 170 communities between 2019 and 2022 to improve the quality of local mental health and wellness services to meet community needs.
- Through an additional \$60 million in funding secured by FNHC from partners, the FNHA supported the building, repair, expansion and renovation of FNHA-funded treatment centres. Capital projects include the renovation of five existing facilities and construction of three new treatment centres.
- The FNHA began to establish a provincial network of healing centres and modalities. The centres aim to complement existing services and provide communities with support for healing from trauma and incorporate both cultural and western mental health modelled approaches. Nine sites have been selected to support the implementation of healing centres or modalities across BC.



Tsow-Tun-Le-Lum Society, Duncan, BC.

- In partnership with the BC Ministry of Mental Health and Addictions,¹⁴ the FNHA created an Indigenous Treatment and Land-Based Healing Fund that supported 150 land-based healing initiatives across BC involving community-level activities such as culture-based day treatment programs, youth camps and traditional harvesting programs.
- Targeted investments were made in mental wellness programs in 2022/23, such as \$5.6 million in new investments to existing organizations that provide health and cultural supports and \$6.1 million in direct funding for communities to provide youth mental health and wellness supports.
- Numerous tools, information materials and resources related to mental health have been developed and distributed by the FNHA Mental Health and Wellness Team to support communities in program delivery. This included the Healing Indigenous Hearts Facilitators' Guidebook, which was developed by the OCMO and BC Centre on Substance Use, in partnership with Moms Stop the Harm. It provides a framework for facilitating a support group specific to loss of life from substance use.



Out on the water with the Nawalakw Youth Cultural Camp land-based healing initiative in June 2022.

"Now... things are very different [with the Recovery House]. There is our full mental health team of six staff who support members in all capacities for their mental and/or addiction needs."
 – Community health staff

Expansion of Maternal, Child and Family Programs and Services

The FNHA increased access to family and maternal health programming and services through a \$60-million expansion of the Aboriginal Head Start on Reserve program; the creation of a Maternity and Babies Advice Line; support for midwifery and maternal, child and family health initiatives; the appointment of maternal, child and family health co-ordinators and specialists; and an international partnership through the LEGO Foundation.

As illustrated in the following key examples, the FNHA has increased access to family and maternal health programming and services.

¹⁴ The BC Ministry of Mental Health and Addictions was dissolved after the 2024 BC election, with relevant services now under the BC Ministry of Health. The Ministry of Mental Health and Addictions was an active partner during the evaluation period and is referred to throughout this report.

- Through a \$60-million investment, the Aboriginal Head Start on Reserve program has been expanded to over 150 communities. The new program focuses on six main components: culture and language, education, health promotion, nutrition, parent and family involvement and social support.
- In partnership with the Rural Coordination Centre of BC, the FNHA created a new Maternity and Babies Advice Line, which provides services to expectant and new parents, guardians or caregivers of newborn babies in rural and remote First Nations communities in BC. The advice line service is available 24 hours a day, seven days a week via Zoom video conferencing.
- In fiscal year 2020/21, following approval from the BC Ministry of Health, support was provided to the Nuuchahnulth Tribal Council for Virtual Midwifery Care. A midwife connects virtually with pregnant individuals and Nuuchahnulth Tribal nursing staff provide direct care.
- Using JPB funding, the Kwakwaka'wakw Primary Maternal, Child and Family Health Collaborative Project was developed to support births closer to home in the North Island. The project supports pregnant individuals living in and out of communities and in remote communities. A midwife joined the team in August 2019 and has since attended local births in the North Island.
- The FNHA established new roles such as maternal child and family health co-ordinators and program specialists for maternal child and family health and fetal alcohol spectrum disorder.
- The FNHA joined international partners in launching the "Reclaiming Indigenous Children's Futures through Home-Visiting and Intergenerational Playspaces" project in December 2022. The project is funded by the LEGO Foundation, a global initiative that funds solutions focused on early childhood and supports the implementation of an evidence-based, culturally centred maternal and child-health program.



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

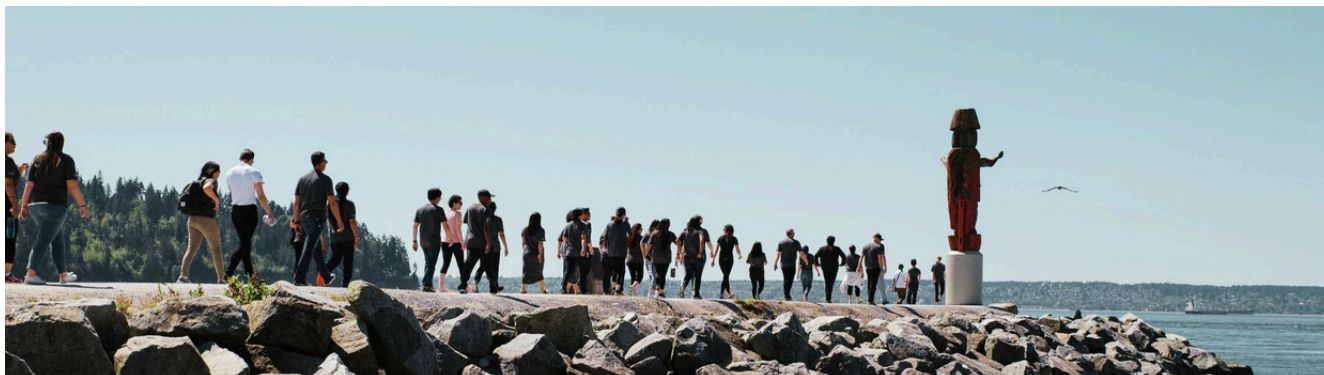
Expansion of the Office of the Chief Medical Officer

Through the OCMO, the FNHA has continued to provide health and wellness leadership for the organization and champion the health and wellness of First Nations across BC through public health advocacy, research and campaigns.

The OCMO has continued to play an important role as Watchmon for First Nations in BC by monitoring and acting on health and wellness stories from First Nations in BC, building partnerships to further public health initiatives and releasing research that supports health system transformation.

The OCMO has led numerous public health and prevention campaigns. For example, in 2023/24, the OCMO delivered 71 external health and literacy wellness messages and campaigns. During the COVID-19 pandemic, the OCMO was critical in distributing public health information to First Nations communities.

In collaboration with the BC Office of the Provincial Health Officer, the OCMO has released reports such as *Answering The Call: Calls to Action from First Nations Community Members to Improve the Rural and Remote Birthing Journey* (2024) and *Sacred and Strong – Upholding Our Matriarchal Roles: The Health and Wellness Journeys of First Nations Women and Girls Living in BC* (2021). Additionally, the OCMO and the BC Office of the Provincial Health Officer released joint reports on the First Nations Population Health and Wellness Agenda in 2021 and 2024.



FNHA staff participating in a “Walk with your Doc” event in May 2019.

Expansion of Programs and Services for the Urban and Away-From-Home Population

The FNHA expanded support and services available for the urban and away-from-home population by creating a dedicated team, developing an Urban and Away-from-Home Health and Wellness Framework and delivering new programs and services.

Historically, the federal government did not deliver programming and services targeted specifically to the off-reserve population except for the Non-Insured Health Benefits program, which is delivered to all Status First Nations. Given the expanded mandate the FNHA received at transfer, the organization strives to be a health and wellness partner to all First Nations people in BC regardless of where they live. As such, the FNHA has been involved in supporting the health and wellness of the First Nations population living in urban areas and away from home.

The FNHA is expanding its efforts to serve the 72 per cent of First Nations people in BC who live away from home¹⁵ – a number that is continuing to grow. The FNHA created a provincial team and hired regional co-ordinators in charge of overseeing organizational activities and services related to supporting the urban and away-from-home population. In 2020, the FNHA released the Urban and Away-From-Home Health and Wellness Framework. The document outlines high-level principles and strategic directions to expand the scope and function of the FNHA’s responsibilities to support First Nations living in urban areas and away from home. The framework seeks to provide culturally safe, accessible and appropriate care, address systemic barriers and promote culturally reflective health services. The document focuses on key strategic areas of action, including meaningful representation and participation in decision-making, research, and knowledge development and partnerships with provincial and federal partners to improve programs and services.

¹⁵ FNHA, “Urban and Away-From-Home Health and Wellness Framework”, 2022. [As found in https://bctreaty.ca/negotiations/negotiations-update/](https://bctreaty.ca/negotiations/negotiations-update/)

To adhere to the strategic direction and principles of the framework, the FNHA conducted research in 2021 to better understand the needs and priorities of First Nations living in urban areas and away from home. The research involved a detailed review of relevant literature and direct engagement with urban populations through surveys and social media. The framework also includes the strategic direction to develop sustainable and meaningful engagement pathways with the urban and away-from-home population. In 2023, the FNHA launched engagement across the province to develop an Urban and Away-from-Home Engagement Framework and an Urban and Away-from-Home Health and Wellness Service Needs Report. The engagement framework will identify communication and engagement pathways for the urban and away-from-home population and the latter will help support advocacy for transformation of the health system to better serve these individuals.



Urban and Away-From-Home Engagement Session, Prince George, BC, held in June 2023.

The FNHA also established partnerships with organizations who serve the urban and away-from-home population and implemented targeted supports for First Nations living in urban areas and away from home. The Mobile Device Initiative, launched in June 2020 with the Social Planning and Research Council of BC, has provided over 3,000 phones and 879 tablets to First Nations living both in community and in urban areas and away from home to improve their access to health services. This initiative will transition to a permanent phone program led by the FNHA in 2025. Additionally, the FNHA established the Urban and Away from Home Funding Initiative, which provides grants of up to \$25,000 to support these populations in the areas of primary care, mental health and wellness, toxic drug response and/or addressing racism in health and wellness.

The FNHA 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. For example, most crisis response investments (e.g., KUUS Crisis Line) as well as FNHA programming such as Virtual Doctor of the Day and the Mobile Device Initiative are open for all First Nations including the urban and away-from home population. The First Nations Primary Care Centres also offer primary care services to Indigenous and other residents of BC.

Integration of Traditional and Cultural Approaches

The FNHA has made significant efforts to integrate cultural and traditional approaches into FNHA-funded and delivered programs and services. This includes support for First Nations-led land-based cultural and healing approaches and wellness grants.

The FNHA has worked to integrate the First Nations Perspective on Health and Wellness in FNHA-delivered programs and services and prioritized funding initiatives that support the integration of cultural and traditional approaches into programs and services. For example, from 2018/19 to 2022/23, the FNHA provided over \$30 million through the Indigenous Treatment and Land-Based Healing Fund to support 147 initiatives province-wide focused on implementing unique cultural approaches to land-based healing, involving activities such as traditional food harvesting, medicine walks and nature-based therapies.

Every year, the FNHA provides Indigenous Peoples Day of Wellness and Winter Wellness grants to hundreds of communities to support community-led health and wellness events, initiatives such as Elder and youth dialogues, crafting workshops, video or podcast storytelling, educational webinars and online community games.

In 2019, in partnership with Douglas College, the FNHA created the Indigenous End-of-Life Guide training program. The guides support those at the end of their life's journey and encourage respectful and culturally appropriate conversations that help remove the stigma of discussing and planning for end-of-life. From 2019 to 2023, the program has trained 446 participants from 163 First Nations communities who provide culturally appropriate end-of-life care for community members.



Students dig for clams as part of a Winter Wellness Grant-funded event hosted by the Eke Me-Xi Learning Center on Kwakiutl Territory in 2023.

“Yes, we are blessed to be offering services with access to your grants....and we are building a community through ceremony” – First Nations community member

“We try to keep things culturally safe. We harvest traditional foods and use the language with kids and adults. We have cultural activities and involve elders in teaching.” – Community health staff



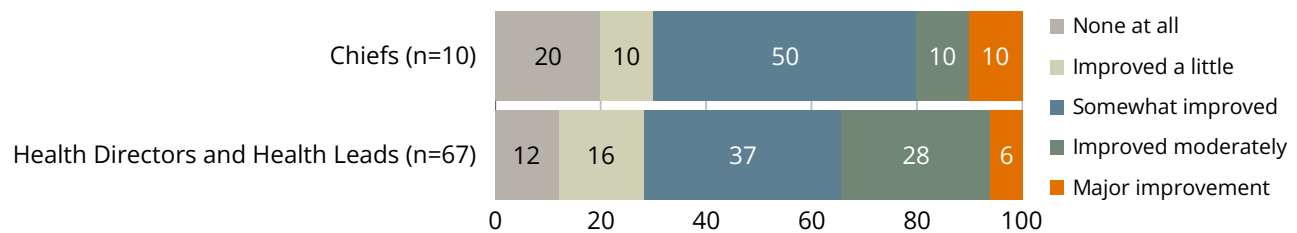
Indigenous End-of-Life Guide Training Program Cohort held in 2022.

4.4 FIRST NATIONS PERSPECTIVES ON PROGRAM AND SERVICE IMPROVEMENTS

First Nations community health leaders and community members report improvements to the accessibility, quality and effectiveness of the health programs and services delivered in their communities. Examples cited include enhancements to existing programming and 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.

As shown in [Figure 4](#), 70 per cent of Chiefs and 71 per cent of Health Directors and health leads reported that the accessibility of FNHA programs and services in their communities had somewhat to majorly improved.

Figure 4: First Nation leadership perception of improvements in access to FNHA programs and services



Source: First Nations Community Engagement Survey

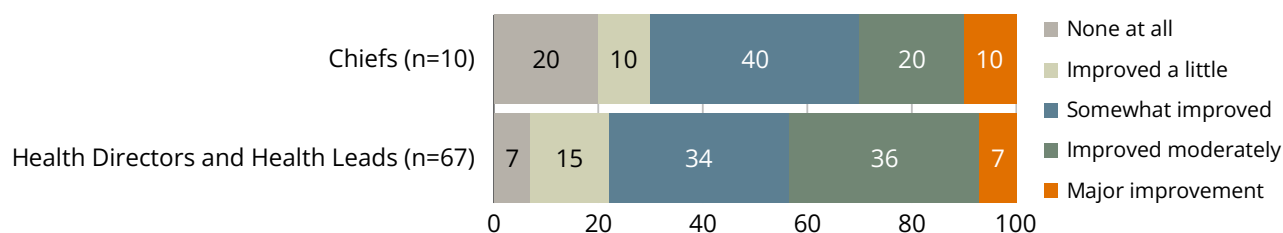
Similarly, as shown in [Figure 4](#), 70 per cent of Chiefs and 77 per cent of Health Directors and health leads reported the quality and effectiveness of FNHA programs and services in their communities had somewhat to majorly improved. Chiefs, Health Directors and health leads reported that, with FNHA support, their communities have enhanced existing programming and delivered new programs and services in areas of critical need such as education and prevention, harm reduction, early childhood, mental wellness, traditional wellness, youth programming and emergency response. This was echoed by First Nations community members during site visits with members reporting that they were treated well, issues and problems were addressed properly, staff were supportive and services were culturally safe.

When asked to highlight specific programs of impact, community representatives most frequently identified the First Nations Virtual Doctor of the Day program, citing its provision of easy access to physicians and the effectiveness of the doctors in diagnosing issues and prescribing treatments. Other programs identified included mental health and wellness services such as initiatives arising from the Indigenous Treatment and Land-Based Healing Fund, cultural and traditional programming, and the increased availability of in-community health professionals for dental, eye and foot care.



Positive feedback shared by patients marking the one-year anniversary of the First Nations Virtual Doctor of the Day service in June 2021.

Figure 5: First Nation leadership perception of improvements in the quality and effectiveness of FNHA programs and services



Source: First Nations Community Engagement Survey

Community health leaders explained that the increased funding and technical support provided by the FNHA over the past five years have enabled more communities to hire in-community physicians, nurse practitioners and specialized care providers (e.g., mental health professionals and counsellors, dietitians and nutritionists, speech language and occupational or behavioural therapists, dentists and dental hygienists, kinesiologists, optometrists, rheumatologists, psychiatrists and pediatricians). Increased funding also supported communities to organize health and wellness events, deliver chronic disease management support for members, run awareness and educational campaigns (e.g., diabetes, cancer screening, etc.), implement new innovative community-based and culturally grounded mental health and wellness programs, and recruit traditional Knowledge Keepers and traditional healers.

Community representatives suggest in-community services are often more effective compared to services provided outside of the communities. For example, in-community physicians and nurse practitioners are trained in cultural safety and humility and are often able to dedicate more time for patients and conduct home visits to those in need.

“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

Health Directors report improved health outcomes among community members.

Health Directors reported improved health outcomes among community members due to enhanced accessibility and timeliness of care. Evaluation findings from the community site visits highlighted improved services that have helped members better manage chronic illness, injuries and other health challenges, ultimately contributing to better health outcomes.

“The health of our community members has definitely improved. We have close relationships with our doctors, and they are very responsive.”

– Community health staff

“People are becoming healthier. We’ve seen changes in eating habits and more focus on preventative medicine. Screening days have been successful in identifying pre-diabetics and people with high blood pressure, getting them the necessary medication.”

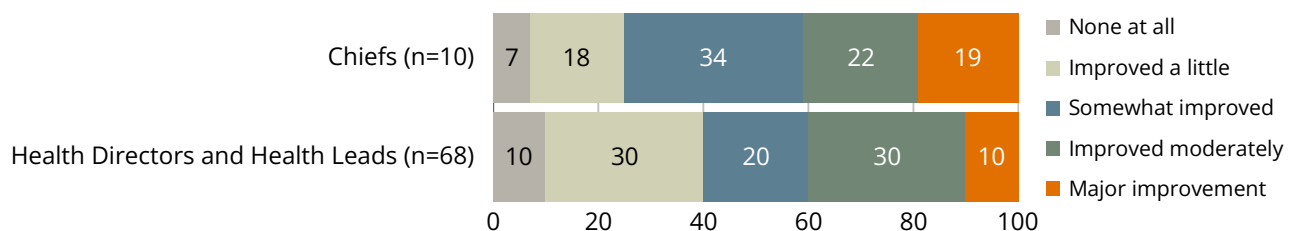
– Community health staff

Chiefs, Health Directors and health leads recognized improvements in the integration of cultural and traditional approaches in their communities. Community members report that cultural and traditional programming helps build cultural identity and contribute to improved health outcomes.

The focus on First Nations culture and traditions is having a positive impact on service delivery within communities. As indicated in [Figure 6](#), 75 per cent of Chiefs and 60 per cent of Health Directors and health leads reported improvements in integrating cultural and traditional approaches into service delivery in their communities. Case studies identified many examples of community efforts to integrate community traditions into programs and services and ensure existing programs are culturally safe. These include requiring newly hired doctors and nurses working in communities to complete cultural safety and humility courses, incorporating traditional languages into programs and services, using traditional medicine, involving traditional healers and Knowledge Keepers and organizing events or creating new programs that reflect community culture and traditions.



Figure 6: First Nation leadership perception of improvements to the integration of cultural and traditional approaches into programs and services delivery (%)



Source: First Nations Community Engagement Survey

During community site visits and virtual engagements, community members noted that cultural and traditional infused programming tend to have higher success rates than do western-style clinical interventions. Cultural and traditional approaches help members build a sense of cultural identity and belonging, which improves community-level health outcomes. Traditional wellness practices emphasize the interconnectedness of physical, mental, emotional and spiritual health, which aligns with the wholistic view of health held by many Indigenous communities.

“We try to keep things culturally safe. We harvest traditional foods and use the language with kids and adults. We have cultural activities and involve Elders in teaching.”

– Community health staff

4.5 OPPORTUNITIES FOR FURTHER ENHANCEMENT TO FNHA PROGRAMS AND SERVICES

Despite significant investments by federal and provincial partners, and the FNHA’s efforts to enhance and expand FNHA funded and delivered program and services, there remain opportunities for further enhancement to FNHA programs and services. Areas of concern include mental health and wellness supports, Health Actions funding, youth health and wellness, long-term and palliative care, 2S/LGBTQIA+ and urban and away-from-home individuals, and environmental public health.

Mental Health and Wellness

According to case study participants, FNHA staff and community representatives, improvements in the quality and accessibility of mental health and wellness programs and services have not been sufficient to meet the growing demand among First Nations in BC.

Community representatives noted a significant gap in the availability and accessibility of mental health and wellness programming and services to address consequences of colonialism such as addiction, trauma and grief. According to community representatives, wait times for accessing treatment and detox centres are still too long and transitional services are mostly lacking. As large numbers of community members are affected by trauma and grief, communities need more mental health counsellors to deliver in-person community-based counselling, crisis support and family management.

“Mental health is a big issue, especially for the younger population. We need supported housing for mental health and addictions. A detox centre in the community would be ideal.”

– Community health staff

A recent evaluation of the FNHA-funded Treatment Centre Services also identified significant barriers to individuals accessing treatment in a timely manner, such as long waitlists, limited availability of beds and lack of centralized intake, as well as a shortage of culturally safe detox and after-care services and supports. Increased collaboration with partners across the substance use system of care was also identified as an opportunity to improve pre- and post-treatment support.

Health Actions

Under the Tripartite Framework Agreement, Schedule 2, the Province of BC committed to provide Health Actions funding under the 10-year Transformation Change Accord. This funding expired in fiscal year 2019/20 and was extended until 2022/23. This funding was not renewed beyond 2022/23, contributing to gaps in community program and service delivery across the province.

Health Actions funding supported a wide variety of innovative community initiatives aimed at addressing gaps in other programs and services. Funding has supported priorities identified by First Nations in BC and enabled projects and activities to focus on traditional health and wellness, mental wellness and substance use and primary care. The funding was used to engage communities to identify their own health and wellness needs, as well as implement their own services and programs. Examples of Health Action initiatives include:

- facilitating annual wellness events such as the First Nations Health and Wellness Summit (e.g., Gathering our Voices Aboriginal Youth Conference);
- providing crisis response and peer opioid outreach supports (e.g., harm reduction workshops, naloxone training);
- supporting capacity building and wellness activities (e.g., funding a traditional wellness co-ordinator and community liaison, youth camps, on the land gatherings);
- funding key positions (e.g., Elder co-ordinator, traditional wellness co-ordinators, community liaisons);
- providing cultural and safety training for health professionals; and
- expanding the Aboriginal Doula Program/Initiative, which enables doulas to achieve certification to support Aboriginal women throughout BC and enhancing doula services to Indigenous families.

Youth Health and Wellness

The FNHA provides youth mental health and wellness support through programming including Building Healthy Communities, the National Youth Solvent Abuse Program and Suicide Prevention. However, additional programming is required to evolve and advance this work and address ongoing service needs and gaps for this population.

Findings from the community site visits highlighted gaps in services available for youth, with limited funding available from the FNHA to deliver such programs.

“Other challenges might be a lack of supports for youth health. We’ve heard that from our membership at our annual meetings, that they want to see more youth programs, more traditional youth programs and more programs that are out on the land. We have youth programs, but if members are saying there’s still a lack, then we should be listening to them to see what else we can do.”

– Community health staff

Similarly, the FNHA conducted a situational analysis of First Nations children and youth health and wellness in January of 2023 that found that while programs are meeting more needs, access barriers and service gaps continue to exist for maternal child health, children and youth services.

Since the full transfer of Jordan’s Principle back to ISC BC Region in 2020/21, the FNHA has been exploring opportunities to develop a BC-specific youth health and wellness service delivery model, built from lessons learned through the FNHA administration of Jordan’s Principle.

Long-term and Palliative Care

Although improvements have been made, communities have limited access to in-community doctors, nurse practitioners and specialized care providers. Most in-community medical service providers (e.g., physicians and specialized care providers such as dentists, optometrists, physiotherapists) work part-time, visiting the community in intervals with the frequency of access to specialists not meeting member needs. Community members report that it is difficult to access specialists in a timely manner as they often employ a triage model based on urgency of care needs. This means that those with non-urgent care must seek care outside the community or wait for the next specialist visit in several months.

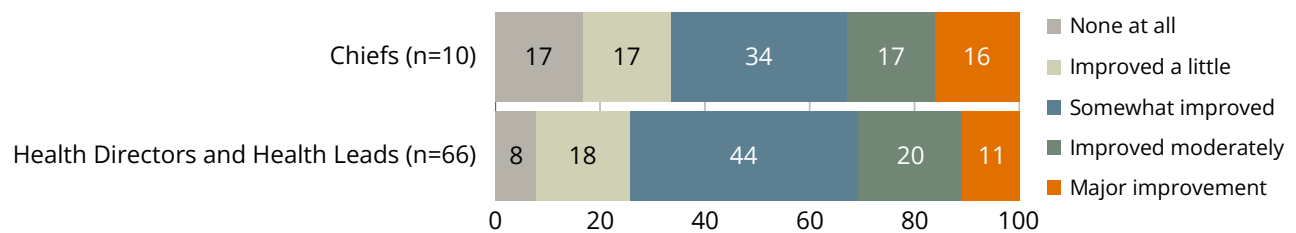
Community health staff noted limitations in services available for an aging population and those suffering from chronic conditions. For example, there is a reported gap in long-term care facilities in communities, including palliative care, which prevents members from remaining in their home community if they require additional end-of-life care. Many remote communities also lack resources to provide support after-hours due to limitations in staffing availability. During weekends, evenings and holidays, health clinics are closed.

“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 and all that. So, 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

2S/LGBTQQIA+ Individuals

As indicated in [Figure 7](#), 60 per cent of Chiefs and 75 per cent of Health Directors and health leads reported improvements in the extension of programs and services to 2S/LGBTQQIA+, Elders, youth, parents and people with diverse abilities.

Figure 7: First Nation leadership perception of improvements in the extension of programs and services to all people in their community (e.g., 2S/LGBTQQIA+, Elders, youth, parents, and people with diverse abilities) (%)



Source: First Nations Community Engagement Survey

However, there continues to be an opportunity to expand and improve programming and services available to support First Nations 2S/LGBTQQIA+ individuals. In 2022, the FNHA conducted a two-year Indigenous-led data research project related to Missing and Murdered Indigenous Woman and Girls that aims to represent the important transformations occurring in both “coming out” and “coming in” as these concepts relate to 2S/LGBTQQIA+ communities.

Urban and Away from Home

Despite improvements to the understanding and awareness of the needs of First Nations living in urban areas and away from home and concerted efforts by the FNHA and regional health authorities to better serve this group, key informants report ongoing barriers to service access. This includes a lack of clarity regarding the role of the FNHA and provincial service delivery partners in serving the urban and away-from-home population, funding limitations as communities are not always able to use the federal funds to serve urban members, and issues related to access to services at provincial service delivery locations.

“There are challenges with reaching out to and engaging with clients from urban areas. The FNHA engagement co-ordinator works mostly with communities and does not engage clients living in urban areas and away from home.”

– First Nations community member

Environmental Public Health Services

The Environmental Public Health Services Team works in partnership with First Nations communities to identify and prevent public health risks. Services include drinking water safety, food safety and security, healthy housing, wastewater and solid waste disposal, emergency preparedness and response, environmental contaminants, and climate change and health. In addition to the various assessments undertaken, such as the environmental public health assessment, the FNHA delivers programming that includes the Drinking Water Safety Program, Food Security and Food Systems Projects, and the Indigenous Climate Health Action Program.



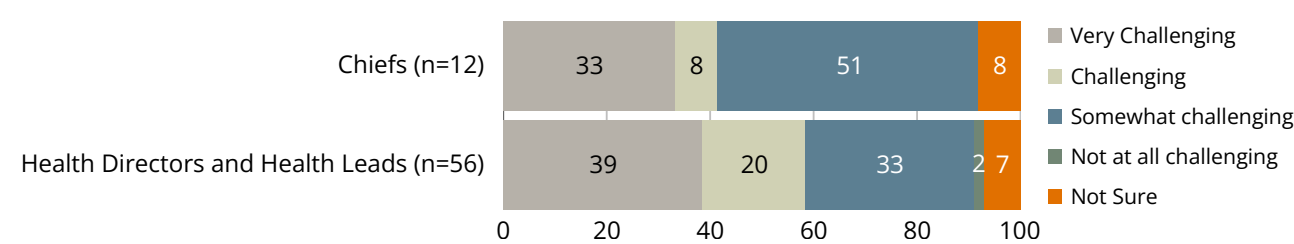
FNHA Environmental Public Health Officer in community.

However, the complexity of these services and the challenges related to health outcomes are significant and therefore require systemic and collaborative efforts with health system partners to focus on underlying causes and the social determinants of health (e.g., environmental, housing, food security, etc.) to generate positive impact on health outcomes. This includes continued participation and outreach in provincial forums and committees, such as the provincial Food Security Committee, and in broader federal and provincial initiatives such climate-health funding through ISC’s Climate Change and Health Adaptation Program.

Health Human Resources

Community access to quality health services is further affected by staff recruitment and retention. 91 per cent of surveyed Health Directors, health leads and Chiefs indicated that it was challenging to recruit and retain health care professionals and support staff in their community (see [Figure 8](#)). Reasons cited for these challenges included wage and compensation gaps compared to regional health authorities, remote and isolated community locations, and a lack of in-community accommodation and health infrastructure. The FNHA has taken concrete steps to enable communities to pay more competitive salaries to nurses. However, according to community staff, they still struggle to compete with other health providers due to remote community locations and difficult working conditions. Other health providers are often able to offer additional benefits and bonuses, which makes it more difficult for communities to compete for health human resources.

Figure 8: First Nation leadership perception on how challenging it is to recruit and retain health care professionals and support staff



Source: First Nations Community Engagement Survey

Further opportunities exist to integrate Elders and Knowledge Keepers into team-based primary care, revise federal funding terms and conditions to support traditional and cultural health and wellness activities, and design funding arrangements to allow for appropriate compensation commensurate with training and experience.

Many First Nation individuals living in communities and community members living in urban areas and away from home who participated in the evaluation noted that FNHA- and community-delivered health programs and services did not adequately meet their cultural and traditional needs.

The evaluation found that integrating Knowledge Keepers and Elders in day-to-day service delivery alongside other medical health staff is still a work in progress. The FNHA’s self-assessment of its own cultural safety noted a need for the organization to establish a simplified system of hiring vetted Elders, healers and Knowledge Keepers and training FNHA staff on how to appropriately incorporate them into their teams.

The roles, responsibilities and communication between the board of directors, its committees and the FNHA's Executive Strategy Team are generally seen as effective and contributing to the FNHA's stability and strategic alignment. There is an opportunity for the board to enhance its oversight of executive leadership by re-establishing formal annual CEO performance reviews. While the board conducted structured CEO performance reviews until fiscal year 2018/19, these have since transitioned to informal discussions between the past board chair and the CEO.

In 2013, when the FNHA assumed responsibility for health programs and services for BC First Nations, the board provided both governance and operational guidance to support the transition of First Nations health services from Health Canada. During the COVID-19 pandemic, the board was required to further pivot its governance role directly to support the health and wellness needs of First Nations in BC. The board has recently undergone significant turnover, with a new board chair and four new members.

Despite the transition and onboarding of new board members, the board remains well positioned to provide governance and oversight of the FNHA, ensuring alignment with the mandate provided to the FNHA in foundational documents and the evolving needs and priorities of First Nations in BC. There are opportunities to streamline internal review processes and approval pathways involving the FNHA Executive Strategy Team and the board to reduce the administrative burden on the board and its committees, in line with their role and responsibilities as the corporate governance function.

The FNHA Board of Directors prioritizes its connections with the FNHA, partners and communities. Strengthening role clarity and ensuring a balanced approach to regional and provincial commitments may support the board to maintain its strategic oversight function while effectively representing regional perspectives.

The board prioritizes building and sustaining strong relationships and partnerships with the First Nations it supports as well as with the FNHDA, FNHC and the federal and provincial governments. This is exemplified in the strong relationships formed with partners and in the presence of the board members at Regional Caucuses as well as other forums and gatherings. There is an opportunity for the board to continue stewardship of the FNHA's engagement strategy, by sharing how to build and maintain connections with governance and funding partners, and with communities.

During engagement for this FNHA Evaluation, regional staff and community representatives expressed that board members are often occupied with provincial and national commitments, limiting their ability to fully address regional priorities. At the same time, some interviewees noted that Board members advocating for the needs and priorities of their home communities or regions may blur the boundaries between governance and advocacy roles. Strengthening role clarity and ensuring a balanced approach to regional and provincial commitments may support the board to maintain its strategic oversight function while effectively representing regional perspectives.

Further progress is partially impeded by limited flexibility to allocate federal government funds to traditional activities. Most federal government funding must be spent according to federal guidelines, which often do not include traditional or cultural activities. As a result, most funding for traditional and cultural services comes from special purpose grants and contributions rather than community multi-year funding agreements. For example, many funded community initiatives were identified as pilots, such as the Ditidaht Warriors program, with no sustainable, long-term funding available despite the program being well received by community members. Furthermore, provincial partners and regional health authorities often rely on the FNHA to assist them with embedding First Nations traditions, which can drain FNHA resources.

“Our relationship with FNHA has been challenging. The FNHA initially said we could create the [Healing Homes] program freely but later imposed clinical requirements, which conflicted with our traditional approaches. We’re still working on our implementation plan and trying to balance clinical and cultural aspects.” – Community health staff

Funding to employ cultural workers was an additional challenge cited by community representatives. When funding to employ such staff was available, several communities reported that the funded pay scale was lower than wages available to clinical health staff. One community reported that they used other funding or grants to top up the wages of cultural workers.

*“Even within the FNHA culture, there is the sense of the traditional cultural services being at a different pay scale and importance than clinical and western.”
– First Nations community member*

A key obstacle for incorporating traditional approaches into health care in BC has been the lack of recognition of the roles of traditional healers and Knowledge Keepers. To address the challenge, the FNHA began the process of uplifting the status of traditional healers and Knowledge Keepers and bridging the gap between conventional and traditional medicine. For example, the FNHA introduced policies and practices to provide remuneration for Knowledge Keepers and traditional healers for their time and expertise. It has organized regular gatherings to validate their expertise. The FNHA also supported initiatives that focused on integrating traditional services and supports alongside other service providers.





5 EVALUATION FINDINGS: ORGANIZATIONAL STRUCTURE, EFFICIENCY AND EFFECTIVENESS

This chapter examines the FNHA's governance model and organizational structure, assessing their effectiveness and efficiency in supporting the organization's goals and objectives. It then explores key areas including regionalization, financial effectiveness and efficiency, organizational capacity and culture, cultural safety and humility, and reporting, evaluation and accountability.

5.1 GOVERNANCE

This section reflects key learnings from this evaluation as well as the 2024 Evaluation of the FNHA Board of Directors conducted by independent consulting firm, MNP LLP.

The FNHA Board of Directors continues to successfully fulfil its leadership and oversight responsibilities. Governance practices have adapted to the stage and growth of the FNHA as the organization continues to mature in how it delivers on its mandate. There are opportunities to streamline internal review processes between the FNHA and the board to reduce the administrative burden on board members.

The FNHA Board of Directors continues to successfully fulfil its purpose, mandate and core responsibilities, ensuring that FNHA's corporate activities align with its mandate, bylaws, policies and procedures to shape the FNHA's path forward and advance its mission. Key governance functions undertaken by the board between fiscal years 2019/20 and 2023/24 included:

- assessment and revision of corporate policies on a three-year cycle;
- approval of key strategic documents, such as the MYHP, annual environmental scans, the annual operating plans and summary service plans;
- renewal of the 10-year CFA;
- committee oversight on key strategic areas; and
- review of the FNHA's quarterly Enterprise Risk Registry report.



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

The roles, responsibilities and communication between the board of directors, its committees and the FNHA's Executive Strategy Team are generally seen as effective and contributing to the FNHA's stability and strategic alignment. There is an opportunity for the board to enhance its oversight of executive leadership by re-establishing formal annual CEO performance reviews. While the board conducted structured CEO performance reviews until fiscal year 2018/19, these have since transitioned to informal discussions between the past board chair and the CEO.

In 2013, when the FNHA assumed responsibility for health programs and services for BC First Nations, the board provided both governance and operational guidance to support the transition of First Nations health services from Health Canada. During the COVID-19 pandemic, the board was required to further pivot its governance role directly to support the health and wellness needs of First Nations in BC. The board has recently undergone significant turnover, with a new board chair and four new members.

Despite the transition and onboarding of new board members, the board remains well positioned to provide governance and oversight of the FNHA, ensuring alignment with the mandate provided to the FNHA in foundational documents and the evolving needs and priorities of First Nations in BC. There are opportunities to streamline internal review processes and approval pathways involving the FNHA Executive Strategy Team and the board to reduce the administrative burden on the board and its committees, in line with their role and responsibilities as the corporate governance function.

The FNHA Board of Directors prioritizes its connections with the FNHA, partners and communities. Strengthening role clarity and ensuring a balanced approach to regional and provincial commitments may support the board to maintain its strategic oversight function while effectively representing regional perspectives.

The board prioritizes building and sustaining strong relationships and partnerships with the First Nations it supports as well as with the FNHDA, FNHC and the federal and provincial governments. This is exemplified in the strong relationships formed with partners and in the presence of the board members at Regional Caucuses as well as other forums and gatherings. There is an opportunity for the board to continue stewardship of the FNHA's engagement strategy, by sharing how to build and maintain connections with governance and funding partners, and with communities.

During engagement for this FNHA Evaluation, regional staff and community representatives expressed that board members are often occupied with provincial and national commitments, limiting their ability to fully address regional priorities. At the same time, some interviewees noted that Board members advocating for the needs and priorities of their home communities or regions may blur the boundaries between governance and advocacy roles. Strengthening role clarity and ensuring a balanced approach to regional and provincial commitments may support the board to maintain its strategic oversight function while effectively representing regional perspectives.



5.2 EXECUTIVE LEADERSHIP AND OVERSIGHT

During the evaluation period, the FNHA maintained stability with low staff turnover at the executive leadership level. This continuity strengthened the organization's ability to advance its goals and strategies and fostered trust and confidence within the FNHA and among its partners. There are opportunities to further clarify leadership roles and enhance operational oversight by appointing a permanent COO.

The FNHA has successfully recruited and trained a capable and committed senior leadership team. Between 2019/20 to 2023/24, low staff turnover at the executive level helped maintain continuity in leadership and strategic direction, fostered trust and confidence within the organization and external partnerships, and supported the long-term planning and execution of key initiatives.

Following recent organizational restructuring and regionalization efforts, there is an opportunity for the FNHA to further clarify the division of roles and responsibilities among the FNHA's leadership teams. Staff and community representatives expressed uncertainty about the distinct functions of the OCEO and Executive Strategy Team. FNHA staff emphasized the need to clearly define and communicate leadership roles to enhance co-ordination, decision-making and organizational effectiveness.



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

Key informants also raised concerns about the long-standing vacancy in the COO role, which may have increased operational pressures on the CEO and contributed to gaps in regional oversight. While an acting COO was appointed in October 2024, FNHA staff indicated that appointing a permanent COO would better distribute leadership responsibilities, strengthen operational efficiency and improve oversight of regional operations. As the FNHA transitions to a new CEO in March 2025, securing a permanent COO would further promote stability, maintain continuity and enable the CEO to focus on long-term strategies.

5.3 ORGANIZATIONAL STRUCTURE

Aside from the creation of the Public Health Response department, the FNHA has largely maintained its core functional areas since fiscal year 2019/20. The roles, mandates and structures within these core functions have evolved and expanded to support the FNHA's continued growth and evolving priorities.

From fiscal year 2019/20 to 2023/24, the FNHA's core business functions and departments remained largely unchanged. The permanent public health response structure was the only new department created. The Public Health Response department was established in fiscal year 2022/23 with an expanded scope to address communicable diseases, the toxic drug crisis and environmental public health emergencies, including natural disasters, floods and civic emergencies. This new structure also integrated emergency management under an all-hazards approach, strengthening the FNHA's ability to respond comprehensively to crises such as wildfires, flooding and pandemics. What was previously a limited emergency management mandate has grown into a comprehensive response framework with three levels of emergency response.



FNHA co-hosts Health Emergency Management training in Lil'wat Nation territory held in November 2024.

In conjunction with the regionalization of nursing operations and addition of nursing human resources, the OCNO underwent changes to the names and portfolio responsibilities of some of its teams. As illustrative examples, the Collaborative Practices Team became the Nursing Clinical Professional Practices Services Team, Clinical Education became the Clinical Education and Professional Development Clinical Education Team, the Cultural Safety and Humility Team was established in fiscal year 2021/22 and the Allied Health Team was established in fiscal year 2023/24. The Four Directions Team, which focuses on harm reduction, was transferred from OCNO to the newly created Public Health Response Team. The Quality Team transferred from the Policy, Planning and Quality Department to become the Provincial and Clinical Quality Team under OCNO.

The Intergovernmental Relations Office was established within the OCEO, drawing from existing staff positions and functions previously held in Policy and Planning. Some responsibilities of the Strategic Policy Team were transferred to this new office but overlaps remain between the two areas.

Beginning in April 2023, Community Health and Wellness Services merged with the Policy, Planning, and Quality Team to form the Policy, Planning, and Strategic Services Department, led by a newly appointed vice president. As part of this restructuring, several teams were realigned. Mental Health and Wellness was moved to Public Health Response, while Engagement was integrated into the Regional Offices. Additionally, Urban and Away from Home transitioned from Health Benefits and Services to the newly formed department. In 2024, two reviews were conducted to assess the department's structure and functions. As a result of these reviews, a Strategic Initiatives Team was established to support the advancement of emerging initiatives and innovation through project management, partnerships, collaboration, and Healthy Children and Youth programming.¹⁶

¹⁶ Note that some of the structural changes within the Policy, Planning and Strategic Services Department occurred in fiscal year 2024/25.

The FNHA's organizational structure effectively supports achievement of its goals and strategies to deliver high-quality programs and services while also fulfilling its key commitments and mandates.

FNHA staff reported that its organizational structure enables the FNHA to operate efficiently, maintain and build strong partnerships, and provide responsive services for First Nations in BC. Key service areas including the OMCO, the OCNO, the Public Health Response Team and First Nations Health Benefits and Services, have each delivered effective programs and services within their respective mandates. See [Chapter 4](#) for examples of the achievements of departments supporting FNHA-funded and delivered programs and services.

Several corporate service functions have also contributed significantly to the FNHA's ability to fulfil its commitments:



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

- **Finance and Corporate Services** has led efforts to reform the FNHA's FAMF, Funding Instruments Management Policy and funding relationships with First Nation Health Providers.
- **Information Management and Information Technology** has played a critical role in expanding access to programs and services through digital transformation initiatives such as supporting the development of the First Nations Virtual Doctor of the Day program and improving connectivity for health facilities and nursing stations. The department also created the Ice Contact Centre, which transformed the FNHA's communication channels with communities and improved patient navigation support. To improve operations, IMIT launched the Voices application and introduced a digital strategy to streamline operations and service delivery. Additionally, they led the FNHA's cybersecurity response to mitigate the impact of the May 2024 data breach.
- **Health Infrastructure and Development** has supported community-based care by addressing infrastructure gaps and enhancing health care facilities in First Nation communities. The department identified a \$2-billion infrastructure gap. In response, the FNHA launched the Community Capital Program, which provides funding for the design, construction and maintenance of health facilities. As part of this program, the FNHA has made significant investments in infrastructure. For example, in 2020/21, the FNHA invested over \$20.45 million in the development of new health facility projects, including \$7.4 million in accelerated construction funding. The FNHA also invested \$3.4 million in visiting professional accommodation projects and tracked \$1.6 million in expenditures for repairs and maintenance.

The FNHA's corporate service functions play a critical role in ensuring the organization operates effectively and fulfils its mandate. Key examples are outlined below.

- **Office of the Chief Executive Officer** has been critical in maintaining ongoing relationships with provincial, federal and First Nations partners, negotiating funding agreements and leveraging new resources, and providing leadership, guidance and oversight over day-to-day operations.
- **Human Resources** has implemented several initiatives to strengthen workforce capacity and professional development. Key initiatives include enhancing recruitment processes to increase Indigenous representation within the FNHA; introducing the Fierce Conversations initiative to promote honest, direct communication and conflict resolution; launching the Performance Partnership Agreement initiative to support professional development and continuous learning for staff and management; developing remote and flex work policies and developing a Succession Planning project to support leaders to identify and mentor emerging leaders within their teams.
- **Policy, Planning and Strategic Services** has provided critical policy and strategic direction to the organization. Key contributions include developing policy frameworks that guide decision-making across corporate, clinical, program and strategic areas; conducting evaluations and organizational reviews to assess effectiveness and inform improvements; and supporting health and wellness planning and reporting in First Nations communities in BC through data and research initiatives and collecting and reporting key performance and surveillance data. Additionally, the department has supported communities as they develop and implement community health and wellness plans.

There are opportunities to strengthen the efficiency and effectiveness of the FNHA's organizational structure by clearly defining departmental roles and strengthening the role of senior leadership.

Key informants noted that clearly defining roles and responsibilities across departments and effectively communicating those across the organization could help increase clarity and improve organizational effectiveness. Ensuring that each department has a clear mandate aligned with the FNHA's strategic priorities would support effective operations and cross-functional teamwork. FNHA staff also identified an opportunity to enhance efficiency by strengthening the role of senior leadership. Compared to other organizations, such as the regional health authorities, the FNHA maintains a more hierarchical and centralized decision-making structure, which slows processes and limits responsiveness. Staff emphasized that the FNHA is no longer a newly established organization, as it has successfully established structures and systems. Given this progress, there is an opportunity for OCEO to gradually delegate greater decision-making authority to vice presidents and executive directors.

5.4 REGIONALIZATION

During the evaluation period, regionalization continued to be a strategic priority, marked by strengthened regional leadership with the establishment of vice presidents of regional operations in each region and the expansion of regional operations.

Between 2019/20 to 2023/24, regionalization efforts continued to advance under the leadership of the CEO. In 2022, the FNHA engaged staff and partners within the BC First Nations Health Governance Structure in joint planning sessions to determine which organizational structures, functions and activities should be implemented regionally. Based on these discussions, the Executive Strategy Team developed a phased regionalization approach designed to be sustainable and responsive to community needs. The approach also emphasized progressively building regional capacity while maintaining a strong, unified provincial structure and operations.

Since 2022, the FNHA elevated the regional executive director positions to vice presidents of regional operations with expanded portfolio scopes and greater decision-making authority to enhance regional autonomy. The vice presidents of regional operations sit on the Executive Strategy Team to support alignment of regional and provincial leadership at one decision-making table.

Additional capacity was added to further support operations, including the establishment of regional corporate-lite functions by relocating roles from the provincial office to the regions and creating new positions. These include human resources, communications, planning, IMIT and community engagement. Additionally, regional offices have taken on key responsibilities previously managed at the provincial level, including advocating for First Nations communities, co-ordinating community engagement, influencing provincial health policies and programs and strengthening partnerships with regional health authorities and other service delivery organizations.

With the strengthened regional leadership in place, the FNHA continued to expand regionalized service delivery by fully or partially transferring leadership of key programs and services to the regions, including:

- nursing operations, including nursing stations and health care centres;
- maternal, child and family health programming such as Aboriginal Head Start on Reserve;
- primary care programming and the development of First Nations-led Primary Care Centres;
- health emergency management and environmental public health services; and
- mental health and wellness programming and the Indigenous Treatment and Land-Based Healing Fund.



FNHA nursing staff meets with client in community.

The evaluation found that these programs and services are at different stages of implementation across the regions, depending on regional capacity and readiness as well as community needs.

Overall, key informants recognized regionalization as a significant step towards bringing services closer to home and ensuring that programs are more responsive to the unique needs of First Nations communities. They highlighted how regionalization has the potential to strengthen local decision-making, improve access to culturally responsive services and enhance collaboration with regional partners. To support further insights into the effectiveness of regionalization, its impact, and opportunities for improvement, the FNHA launched an evaluation of the regionalization of shared services in 2024. The ongoing developmental evaluation aims to identify wise practices and support an evidence-based process for consensus building and visioning, which will inform the development of an FNHA regionalization strategy.

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. As the FNHA continues to evolve its organizational structure, adding change management capacity may help facilitate the implementation of regionalization.

While the FNHA has made progress in implementing regionalization, staff have identified challenges related to service consistency, administrative efficiency and internal co-ordination. As regions tailor programs and services to community needs, service delivery has become less standardized across the province.

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

– FNHA representative

Regionalization has also contributed to internal silos, both between regions and between regions and the provincial team. To address this, the FNHA has opportunities to clarify roles and responsibilities in a way that respects regional differences while maintaining alignment with the FNHA’s overall mandate. Strengthening collaboration between regional and provincial teams through a shared understanding of roles and the development of collaborative decision-making pathways can help reduce fragmentation. Additionally, scope creep has emerged as an operational challenge, with staff noting that uneven resource allocation has contributed to capacity and workload disparities. Some regions face higher demands and increased staff burnout, highlighting the need for equitable resource distribution and strategic workload management to support sustainable regional operations.

FNHA staff and community representatives agreed that the absence of a clear regionalization strategy has contributed to uncertainty and inefficiencies. Key informants emphasized that not all corporate functions need to be regionalized. For example, capital projects may be more effectively managed at the provincial level to enable greater flexibility with budget and responsiveness in the face of shifting priorities. Similarly, a centralized corporate policy function is important for supporting equal access, service consistency and effective risk management.

“The centralized policy function is the most efficient way to maintain the reputational risk of the organization.”

– FNHA representative

To address these challenges, FNHA staff and community representatives recommended that the FNHA take a structured, data-driven approach to mapping, reviewing and analyzing which programs, services and corporate functions should be regionalized. They also emphasized the need to recognize regional diversity, as each region has different needs, capacities and capabilities for regionalization. Once these determinations are made, the FNHA should use these learnings to develop and communicate a comprehensive regionalization strategy to both staff and communities. While some regions have already drafted region-specific regionalization plans, there remains a need for an organization-wide strategic regionalization plan. Additionally, several FNHA staff highlighted the need to create an internal team dedicated to change management and process improvement to support the implementation of regionalization. As previously described, the FNHA is in the early stages of conducting an evaluation of regionalization to identify wise practices and inform the development of a regionalization strategy.

5.5 FINANCIAL EFFECTIVENESS AND EFFICIENCY

The FNHA has been highly effective in securing increased funding, particularly for programs and services. The Government of Canada continues to be the primary source of funding for the FNHA and a significant source of higher revenues with the negotiation of a renewed 10-year CFA of \$8.2 billion in 2023. Canada has also committed to significant investments through the Indigenous Health Equity Fund and 10-Year Strategy on the Social Determinants of Health Fund. The FNHA also leveraged increasing investments from the Province of BC, although multiple sources of provincial funding are short-term in nature.

At the time of transfer, funding received by the FNHA from the Government of Canada was structured around sustaining services (in keeping with how services had historically been delivered under FNIHB) rather than being structured to support transformation. FNHA staff believe this constrained progress against some of the health outcomes captured in the Population Health and Wellness Agenda.

According to FNHA staff members, the FNHA’s ability to secure increased funding has been a key achievement over this evaluation period, particularly for programs and services. A review of FNHA financial records shows that the FNHA’s total revenues increased by 50 per cent, from \$614.2 million in fiscal year 2019/20 to \$919.4 million in fiscal year 2023/24 (see [Table 11](#)).

A comparative review of federal spending of FNIHB funding across provinces showed that per capita funding in BC has been higher than in the rest of the Canada since the FNHA assumed responsibility for health services in 2013/14 until 2018/19.¹⁷ This demonstrates that the FNHA has been successful in leveraging increased federal investments to enhance health programming for First Nations in BC.

¹⁷ Office of the Parliamentary Budget Officer, “Federal Spending on First Nations and Inuit Health Care”, May 18, 2021. <https://www.pbo-dpb.ca/en/publications/RP-2122-005-S--federal-spending-first-nations-inuit-health-care--depenses-federales-soins-sante-premieres-nations-inuits>

Table 11: Organizational revenues, fiscal years 2019/20 to 2023/24 (\$000)

Organizational revenues	2019/20	2020/21	2021/22	2022/23	2023/24	Sub-Total
Government of Canada	\$548,815	\$596,740	\$658,871	\$702,167	\$736,688	\$3,243,281
Province of BC	\$51,468	\$61,699	\$69,641	\$84,624	\$143,928	\$411,360
Other*	\$13,877	\$10,324	\$7,980	\$19,818	\$38,777	\$90,776
Total revenues	\$614,160	\$668,763	\$736,492	\$806,609	\$919,393	\$3,745,417

**Other includes revenue from First Nations Information Governance Centre, Health Authorities of BC, and interest and miscellaneous income.*

Source: FNHA Financial Data

The Government of Canada remains the FNHA's primary funder and a significant source of the higher revenues. Federal contributions grew from \$548.8 million in fiscal year 2019/20 to \$736.7 million in fiscal year 2023/24. In 2023, Canada negotiated a renewed 10-year CFA of \$8.2 billion in funding with the FNHA. As part of this renewed agreement, Canada agreed to a five per cent escalator per annum as well as a rebasing of some Canada Consolidated Contribution Agreement funding into the CFA to strengthen sustainability in certain areas. It is important to note that federal funding for target populations typically falls within the Canada Consolidated Contribution Agreement envelope; sustained funding is not guaranteed for these initiatives. The new CFA also included commitments to fund the FNHA in the amount of \$5 million annually over the next 10 years to support First Nations mental health and wellness and the 10-year Strategy on the Social Determinants of Health. Further, under the Indigenous Health Equity Fund, Canada also committed to provide the FNHA \$18.1 million annually over 10 years to support access to quality and culturally safe health care services. The Social Determinants of Health and Indigenous Health Equity funding streams are significant funds that, at the time of reporting, had not yet begun to be administered by the FNHA, but are expected to lead to improvements that will be reflected in the next evaluation.

In addition to acquiring increased federal funding, the FNHA has leveraged significant investments from the Province of BC. Provincial contributions have more than doubled, increasing from \$51.5 million (eight per cent of total FNHA revenues) in fiscal year 2019/20 to \$143.9 million in fiscal year 2023/24 (16 per cent of total FNHA revenues) demonstrating an increase of 180 per cent during this time period. Despite these increases, multiple sources of provincial funding are short-term in nature and not all are expected to continue (e.g., Health Actions). The FNHA also worked with non-government partners to access additional funding including funding from the LEGO Foundation and the Canadian Partnership Against Cancer.

While corporate expenses have increased, they remain relatively low as a proportion of total expenditures. Regional operating costs are rising, reflecting the ongoing shift towards regionalized service delivery.

A review of FNHA financial records demonstrates that the FNHA’s corporate operating costs increased by 39 per cent, from \$48.4 million in fiscal year 2019/20 to \$67.5 million in fiscal year 2023/24 (see [Table 12](#)). This increase was primarily due to rising costs in salaries, benefits and general administration.

Table 12: Organizational expenditures, fiscal years 2019/20–2023/24 (\$000)

Organizational expenditures	2019/20	2020/21	2021/22	2022/23	2023/24	Sub-Total
Program and service	\$552,830	\$605,257	\$666,419	\$723,441	\$831,266	\$3,379,213
Governance and First Nations engagement	\$11,256	\$6,330	\$8,591	\$13,955	\$11,469	\$51,601
Corporate operations	\$48,444	\$45,308	\$47,476	\$53,824	\$67,490	\$262,542
Grand total	\$612,530	\$657,165	\$722,486	\$791,220	\$910,225	\$3,693,356

Source: FNHA Financial Data

Despite this increase, corporate operating expenses as a proportion of total expenditures remained relatively low, averaging 7.1 per cent over the period covered by the evaluation (see [Table 13](#)). The highest proportion was 7.9 per cent in fiscal year 2019/20, while the lowest was 6.6 per cent in fiscal year 2021/22. Corporate operating expenses as a proportion of total revenues also decreased from 7.9 per cent in fiscal year 2019/20 to 7.3 per cent in fiscal year 2023/24.



FNHA staff meeting at the Park Royal office

Table 13: Corporate operating expenditures as a proportion of total expenditures and revenues, fiscal years 2019/20–2023/24 (\$000)

Operating expenses	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Corporate operating expenses	\$48,444	\$45,308	\$47,476	\$53,824	\$67,490	\$262,542
Revenue and expenses	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Total expenditures	\$612,530	\$657,895	\$722,486	\$791,220	\$910,225	\$3,693,356
Total revenues	\$614,160	\$668,763	\$736,492	\$806,609	\$919,393	\$3,745,417
Operating costs as a % of total expenditures	2019/20	2020/21	2021/22	2022/23	2023/24	Average
Corporate operating costs as % of total expenditures	7.9%	6.9%	6.6%	6.8%	7.4%	7.1%
Corporate operating costs as % of total revenues	7.9%	6.8%	6.4%	6.7%	7.3%	7.0%

Source: FNHA Financial Data

Regional operating expenditures have risen significantly, reflecting the FNHA's ongoing shift toward regionalized service delivery. The FNHA's regional operating costs increased nearly 200 per cent from \$4.9 million in fiscal year 2019/20 to \$14.4 million in fiscal year 2023/24 (see [Table 14](#)). Similarly, regional operating expenditures as a proportion of total expenditures have doubled, rising from 0.8 per cent in fiscal year 2019/20 to 1.6 per cent in fiscal year 2023/24, with a comparable increase as a share of total revenues.



Table 14: Regional operating expenditures as a proportion of total expenditures and revenues, fiscal years 2019/20–2023/24 (\$000)

Operating costs	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Regional operating costs	\$4,863	\$5,696	\$7,780	\$10,247	\$14,434	\$43,020
Revenue and expenses	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Total expenditures	\$612,530	\$656,895	\$722,486	\$791,220	\$910,225	\$3,693,356
Total revenues	\$614,160	\$668,763	\$736,492	\$806,609	\$919,393	\$3,745,417
Operating costs as a % of total Expenditures	2019/20	2020/21	2021/22	2022/23	2023/24	Average
Regional operating costs as % of total expenditures	0.8%	0.9%	1.1%	1.3%	1.6%	1.2%
Regional operating costs as % of total revenues	0.8%	0.9%	1.1%	1.3%	1.6%	1.1%

**Note that expenditures on Regional Operations is reported in Programs and Services in Table 12.*

Source: FNHA Financial Data

During interviews, FNHA staff agreed that the FNHA is generally a nimble and administratively efficient organization. However, they also stated that the regionalization of programs and services has resulted in some operational inefficiencies and reduced economies of scale. The FNHA now has five regions each operating somewhat differently, which has resulted in an increased need for administrative and co-ordination work.

To sustain funding growth like that seen since 2019, the FNHA and partners within the BC First Nations Health Governance Structure are exploring new revenue streams.

While the new CFA ensures federal funding for the next 10 years (fiscal years 2023/24 to 2032/33) with annual increases, additional efforts will be required to sustain the growth rates achieved over the past five years. FNHA staff emphasized that significant efforts will be needed to maintain funding growth, particularly given that a large proportion of provincial funding is designated for specific initiatives. These funds are often short-term in nature and require renewal, posing a risk to long-term financial planning. The FNHA and partners within the BC First Nations Health Governance Structure must continue their efforts to secure additional funding to sustain and expand programs and services.

To diversify revenue streams, the FNHA has begun exploring philanthropic fundraising. In 2022, the FNHA established the First Nations Health Foundation as a charitable organization to raise funds from private donors and foundations beyond governmental contributions to support the FNHA in carrying out its services and programs. The FNHA is responsible for appointing the Board of Directors of the foundation and, as a result, controls the foundation. As of fiscal year 2023/24, the FNHA contributed \$57,000 to the foundation to cover startup costs. The foundation had no other contributions or expenses for the year and no assets or liabilities.

5.6 ORGANIZATIONAL CAPACITY AND CULTURE

FNHA staff capacity has grown considerably due to expanded regional and nursing operations. However, vacancy and turnover rates remain high, particularly among clinical roles, reflective of global health human resource shortages.

The FNHA experienced significant employment growth over the evaluation period. The number of total positions increased by 44 per cent from 1,009 in fiscal year 2019/20 to 1,449 in fiscal year 2023/24, with the actual number of positions filled increased by 39 per cent from 781 in fiscal year 2019/20 to 1,083 in fiscal year 2023/24 (see [Table 15](#)).

Table 15: FNHA employment growth, fiscal years 2019/20–2023/24

Fiscal year	Positions	Filled	Vacancies	Growth positions	Growth employed
2019/20	1009	781	23%	-	-
2020/21	1081	835	23%	7.1%	6.9%
2021/22	1217	898	26%	12.6%	7.5%
2022/23	1245	1002	20%	2.3%	11.6%
2023/24	1449	1083	25%	16.4%	8.1%
Compound Annual Growth Rate				9.6%	8.5%

Source: FNHA Human Resources Data

While employee numbers in many provincial FNHA departments remained consistent or declined (e.g., OCEO, OCNO, Finance and Corporate Services), staffing in some regional offices more than doubled. Vancouver Coastal Region experienced a 135 per cent increase, the Northern Region experienced a 129 per cent increase and the Interior Region experienced a 108 per cent increase. Between 2019/20 to 2023/24, the number of filled regional positions grew by 81 per cent, increasing from 192 to 348 (see [Table 16](#)). In 2023/24, regional staff accounted for 32 per cent of all FNHA employees, up from 25 per cent in 2019/20.

The transfer and expansion of nursing operations accounted for a significant portion of the growth in regional positions, with almost half (46 per cent) of new regional staff positions linked to nursing as of fiscal year 2023/24. The FNHA successfully transitioned nursing operations to the Vancouver Coastal and Northern regions in July 2022, followed by the regionalization of nursing operations in the Interior Region in January 2024.

Table 16: Growth in regional staffing, fiscal years 2019/20– 2023/24

Fiscal Year	Total regional staff	Total FNHA staff	Regional staff as % of total FNHA staff
2019/20	192	781	25%
2020/21	217	835	26%
2021/22	237	898	26%
2022/23	303	1002	30%
2023/24	348	1083	32%

Source: FNHA Human Resources Data

Across the organization, job vacancy rates remained high at between 20 per cent and 26 per cent within the 2019/20 to 2023/24 time period. However, this remains comparable to other regional health authorities, with the Northern Health Authority reporting a 20 per cent vacancy rate in fiscal year 2022/23, noting that staff members were departing from the organization at nearly the same rate as they are recruited.¹⁸

Filling regional positions has remained a challenge as vacancy rates were higher in regional offices. Vacant positions in the regions increased from 23 per cent in 2019/20 to 30 per cent in 2023/24. A comparison between nursing and non-nursing positions in regional offices demonstrates a higher rate of vacancies among nursing staff, reaching 43 per cent in fiscal year 2023/24 (see [Table 17](#)). During interviews, staff members noted ongoing challenges in the recruitment and retention of qualified staff in nursing roles, particularly in rural and remote areas. The FNHA faces strong competition for clinical staff from other employers, including provincial and regional health authorities, leading to high staff turnover and burnout due to heavy workloads.

Challenges with global health human resources may have played a key role in high vacancies at the FNHA. For example, according to Statistics Canada's July 2022 Labour Force Survey, nursing vacancies in Canada were more than triple (+219.8 per cent) the level of five year earlier.¹⁹ In early 2022, the average nursing vacancy rate was 16 per cent across country.²⁰ In 2023, there was a total of 5,325 nursing positions that were vacant across the province and by 2031, an additional 27,000 nurses are projected to be needed to keep up with the health care needs of an expanding and aging population.²¹

¹⁸ Northern Health Authority, "Northern Health Board Public Minutes – February 2023", 2023. https://www.northernhealth.ca/sites/northern_health/files/about-us/leadership/documents/2023-02-13-public-minutes.pdf

¹⁹ Statistics Canada, "Labour Force Survey", July 2022. <https://www150.statcan.gc.ca/n1/daily-quotidien/220805/dq220805a-eng.htm>

²⁰ Mackenzie B. 2024. Hospital nurse turnover, vacancy rates by year, September 24th, 2024. <https://www.beckershospitalreview.com/nursing/hospital-nurse-turnover-vacancy-rates-by-year.html>

²¹ BC Nurses Union, Sustaining Nursing in Canada, 2023. <https://www.bcnu.org/news-and-events/update-magazine/2023/spring-2023/sustaining-nursing-in-canada#:~:text=The%20latest%20workforce%20numbers%20from,BC%20is%20not%20alone>

Table 17: FNHA regional nursing and regional staffing growth, fiscal years 2019/20-2023/24

Fiscal year	Regional nursing positions	Regional nursing vacancies	Vacancy rate	Regional positions less nursing	Regional positions vacancies less nursing	Vacancy rate
2019/20	18	4	22%	232	54	23%
2020/21	22	7	32%	262	60	23%
2021/22	29	9	31%	311	94	30%
2022/23	91	35	38%	321	74	23%
2023/24	115	49	43%	385	103	27%

Source: FNHA Human Resources Data

FNHA's annual staff turnover averaged 13.8 per cent in fiscal years 2022/23 and 2023/24, comparable to turnover rates experienced at other health authorities in BC and nationally. For example, Island Health reported an annual turnover rate of 9.5 per cent in 2019/20²² while at the national scale in 2023, Canada's hospitals had a 21 per cent turnover rate for all staff and a 22 per cent turnover rate for nursing positions.²³

FNHA staff members highlighted the need for greater human resources capacity to address high vacancies and turnover rates. Additionally, there is a call for a more structured onboarding system, including comprehensive orientation and welcome packages for new employees. Based on a review of exit interviews from a sample of 79 former staff, employees left the FNHA primarily for new job opportunities or career growth (24 per cent) or due to the end of a temporary assignment or fixed contract (18 per cent). Nine per cent left the organization due to dissatisfaction with the supervisor or management relations.

The FNHA has expanded initiatives to support career pathways into the organization; however, opportunities remain to expand, train and retain an Indigenous workforce, particularly in clinical health care roles.

Increasing the recruitment and retention of Indigenous employees is one of the key priorities of the organization. The FNHA employee recruitment process prioritizes First Nations, Inuit or Métis candidates and those who have training and skills in cultural safety and humility. Between 2019/20 and 2023/24, the percentage of FNHA employees who self-identified as First Nations, Inuit or Métis fluctuated between 33 and 35 per cent. Seventy per cent of employees in executive director and vice president positions self-identify as Indigenous.

²² Island Health's annual turnover rate was 9.5% in 2020. Island Health, "Island Health Performance Measures, Employee Turnover", 2020 and 2024, <https://www.islandhealth.ca/sites/default/files/wl-employee-turnover.pdf>; <https://www.islandhealth.ca/sites/default/files/performance-measures/documents/employee-turnover.pdf>

²³ NSI Nursing Solutions, Inc. 2024 NSI National Health Care Retention & RN Staffing Report. <https://www.nsinursingsolutions.com/documents/library/nsi-national-health-care-retention-report.pdf>

"A major challenge is the number of people available for Indigenous and non-Indigenous [positions]. Strategies and tactics should include encouraging students to join the health field."
– FNHA representative

The FNHA has developed innovative models for recruitment and retention, with a particular focus on supporting pathways for students and new graduates to enter the workforce. The Raising the Canoe: First Nations Student Program and the Firekeepers: First Nations New Grad Program seek to bring First Nations, Inuit or Métis students into the organization, providing them with experience and exposure to various roles while aiming to retain them as employees. The programs welcomed their first cohorts of students in 2023 and 2024, respectively.²⁴



Spreading awareness and recruiting for student programs (left). Graduates from the Raising the Canoe: First Nations Student Program (right) in August 2023.

During interviews, FNHA staff and community representatives noted a need for further efforts to increase the representation of Indigenous people within the FNHA workforce. Some of the recommendations mentioned include expanding targeted recruitment strategies and programs to attract Indigenous candidates and support their career development within the organization. Supporting pathways into clinical careers, such as nurses and physicians, was highlighted as an ongoing gap in the FNHA workforce.

"We often hear FNHA isn't hiring enough Indigenous people, but this isn't just about the FNHA. It's about supporting our Nations to get Indigenous people into health care careers."
– FNHA representative

The FNHA has continued to develop a strong and unique organizational culture based on First Nations traditions and teachings that fosters a collaborative work environment.

As a First Nations organization, the FNHA strives to create an organizational culture and establish practices grounded in BC First Nations traditions and teachings. The process of incorporating First Nations culture and traditions into the FNHA's operations began immediately after transfer, including the adoption of all FNHA staff into the Tak'aya Wolf Clan. The FNHA has continued to embed culture and traditions, including the First Nations Perspective on Health and Wellness. According to FNHA staff members, cultural and traditional practices are embedded in day-to-day activities at all levels of operations and the organization champions health and wellness.

²⁴ FNHA, "Raising the Canoe and Firekeepers Program", June 2024. <https://www.fnha.ca/about/news-and-events/news/raising-the-canoe-firekeepers>

“When we came back from COVID-19, we realized there was a lot of trauma in the nurses. We partnered with a recovery house addiction services team on the island who have a team of Knowledge Keepers. They now come to all our workshops to start them in a good way and teach about traditional wellness, medications and participating in health and healing.”

– FNHA representative

FNHA staff reported being supported to start the week in a good way through grounding with the Coast Salish anthem and attending ‘Mindful Mondays’, a weekly mindfulness cultural sharing lead by guest Elders and FNHA staff. There is a strong emphasis on mental wellness, with all staff able to access cultural supports through Tsow-Tum Le Lum Society in addition to the Employee and Family Assistance Program. Staff gatherings are grounded in traditional openings and regularly include cultural wellness activities such as cedar brushing and smudging. During COVID-19, the FNHA facilitated online health, wellness and cultural activities for staff to promote connection and well-being.

“One of our major successes is the ways that we have achieved interdepartmental collaboration with other brother and sister departments in FNHA. This starts to get us into more comprehensive care where we've got linkages between health services and health benefits.”

– FNHA representative

While staff satisfaction at the FNHA is positive overall, there are opportunities to enhance collaboration and communication between departments and between regional and provincial offices.

The FNHA conducts the annual Howl Employee Engagement Survey to gather employees' perspectives on the organization and their work environment. In the most recent 2023 survey, employees shared largely positive perceptions of their work environment. Eighty-seven per cent of employees indicated that they worked in an environment of collaboration and partnership with their colleagues, 75 per cent would recommend the FNHA as a great place to work and 87 per cent indicated that supervisors treated employees fairly and supported their health and wellness journey. Most employees reported feeling engaged with their work, with 88 per cent indicating how proud they are to work at the FNHA, 80 per cent reporting workplace motivation and 84 per cent positive about the availability of learning and development opportunities. Ninety per cent of employees also reported an alignment of their work with community needs and stated that their work contributes to the improvement of health and wellness outcomes of First Nations in BC.

Despite overall satisfaction with the workplace, there were identified opportunities to enhance collaboration and communication across the organization. The Howl Employee Engagement Survey found that 62 per cent of employees reported receiving effective communication to do their job, 54 per cent were motivated by the way leadership communicated the FNHA's vision and goals and 55 per cent reported that there was an environment of openness and trust within the organization.

FNHA staff interviewed for the evaluation further reflected on a need to enhance communication and collaboration between departments as well as between the provincial and regional offices. As the organization has grown and regionalized operations, it has been difficult to maintain organizational unity and co-ordination between departments and programs. As a result, there has been a tendency for departments and regions to operate in silos. FNHA staff reported a need to receive regular communication and clarity regarding their roles in relation to the roles of other departments, programs and staff.

During interviews, senior leadership noted that the FNHA needs to share more data with staff related to organizational successes in order to facilitate employee engagement and job satisfaction. Staff members expressed an interest in learning more about key organizational accomplishments (e.g., health transformation), community health outcome metrics and other key issues that matter to employees and management (e.g., success stories and challenges such as staff retention or turnover rates, learning opportunities, employee satisfaction rates, current workloads).

5.7 CULTURAL SAFETY AND HUMILITY

The FNHA continues to champion cultural safety and humility within the organization through the creation of a dedicated Cultural Safety and Humility Team, partnering with the BC Health Standards Organization on the creation of the BC Cultural Safety and Humility Standard and conducting a self-assessment on alignment with the Standard.

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination where people feel safe when receiving health care. Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.²⁵

In 2021, the FNHA created a dedicated Cultural Safety and Humility Team. The team supports FNHA staff and communities in building capacity and skills to deliver culturally safe services, including through initiatives such as the Cultural Safety and Humility Community of Practice, which brings together FNHA staff to discuss and learn about cultural safety and humility. According to staff members, the sessions are effective and engaging, presenting an opportunity to engage in reflective discussions and learn from Elders and Knowledge Keepers.

"We've been successful at incorporating traditional healing and cultural wisdom into our medical health model and implemented a wholistic approach that recognizes the interconnectedness of physical, mental, emotional and spiritual well-being." – FNHA representative



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

²⁵ FNHA, "Creating a Climate for Change Cultural Humility Resource Booklet", 2021.

<https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf>

In 2022, in partnership with the BC Health Standards Organization, the FNHA created the BC Cultural Safety and Humility Standard. It is the first standard in Canada designed to help health organizations identify, measure and achieve culturally safe systems and services. The Standard provides guidance for the organization to build governance, leadership and service provision structures and procedures to support anti-racism and cultural safety and humility. In 2023, the FNHA conducted a self-assessment to determine the alignment of its programs, services, policies and operations to the Standard. The results of the assessment demonstrated that, across all criteria, the FNHA excels in some areas and needs improvements in others. For example, at the strategic level, cultural safety and humility and anti-Indigenous racism are woven through multiple levels of strategic and operational planning within the FNHA, including mandate letters, the organization-wide MYHP, departmental roadmaps and other strategic documents. The organization has allocated dedicated resources (e.g., \$740,000 in 2021/22 or approximately one per cent of its annual budget) towards cultural safety and humility initiatives.



Snapshots from the Cultural Safety and Humility Standard Self-Assessment Report, which measures alignment with the Standard.

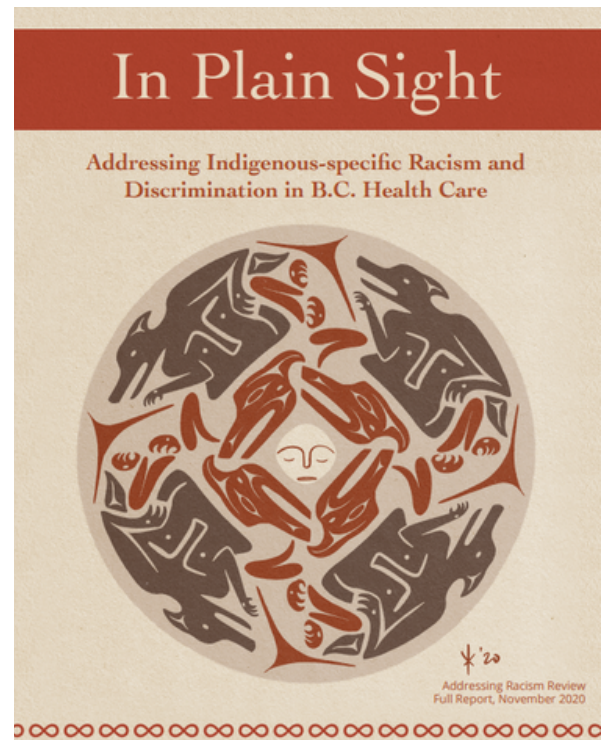
In the area of human capacity development, the FNHA has deployed cultural safety and humility principles, uses cultural safety and humility competency in recruitment processes across the organization and offers cultural safety and humility orientation and training for new staff members. The FNHA has made progress in creating a system for reporting issues with service quality and incorporating a wholistic approach to health and wellness in its programs and services. Clinical care providers employed by the FNHA take wholistic approaches to care planning and demonstrate respect for Indigenous worldviews, cultural ceremonies, practices and supports.

The self-assessment also provided a range of recommendations regarding how the FNHA can further improve its cultural safety and humility. Some of the key recommendations included a need to develop a dedicated anti-racism and discrimination policy; provide mandatory ongoing education and training related to cultural safety and humility and anti-racism; and create gathering spaces for Indigenous staff members that reflect First Nations values. The self-assessment also recommended that the FNHA develop a workforce strategy to support the recruitment, retention, professional development, succession planning and mentorship of Indigenous staff members. It also noted that the FNHA needs to develop organizational policies that direct teams to take a strengths-based approach to health and wellness, provide more training opportunities for health care providers to conduct trauma and violence-informed assessments, and provide interpretation services for patients who do not speak English well.

The FNHA has created a culturally safe complaints and compliments process to help ensure that incidents of anti-Indigenous racism are reported and addressed.

The In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care report greatly increased awareness of racism and discrimination against First Nations people in the BC health system. In response to the report, the FNHA created a culturally safe complaints and compliments process in 2020 to ensure incidents of anti-Indigenous racism are adequately reported, investigated and addressed. The goal was to create a safe and effective mechanism for Indigenous patients to voice their concerns and have them addressed promptly and as close to the point of care as possible.

From 2020 to 2024, the FNHA received a total of 685 formal complaints through the system. Of these, 51 per cent related to quality of care or mistreatment, 45 per cent related to specific staff or personnel, 29 per cent dealt with incidents of culturally unsafe environment or anti-Indigenous racism.



In Plain Sight Report.

Half of the complaints were related to patient experience at health services delivered by provincial partners, 15 per cent were related to FNHA-funded services and 13 per cent to FNHA-delivered services. The FNHA employed qualified staff members in handling of complaints, developed clear communication channels for reporting, and handled complaints in a timely manner. A review of complaint data indicated that the FNHA Complaints and Compliments Team requires an average of 1.4 business days to respond to each complaint and 3.3 business days on average to resolve a request for information.

According to key informants, First Nations people trust the FNHA complaint process and prefer to submit their grievances to the FNHA rather than regional health authorities. In turn, the FNHA works with patients to navigate the complex complaint processes and partners with provincial service delivery organizations to make sure each complaint is dealt with adequately. The FNHA is in the process of developing a system to track outcomes and report back to patients about the actions taken in response to their complaints.

"Our quality analyst often walks alongside the patient or families through that process, providing strong support for community in navigating those processes."

– FNHA representative

5.8 PARTNERSHIPS

The FNHA has continued advancing its relationship with Tripartite Partners under the BC TFA to improve the health and wellness of First Nations in BC. This has included integrating the First Nations Perspective of Health and Wellness, advancing cultural safety and humility, increasing access to and control of First Nations health data and co-ordinating responses to emergencies. However, there remain areas for ongoing improvement, including engagement, addressing health human resource challenges and securing sustainable funding.

The BC First Nations Health Governance Structure and the Tripartite Partnership established through the BC TFA have been effective in strengthening partnerships between federal, provincial and regional health partners to work towards health system transformation for First Nations communities in BC. First Nations health leaders reported improvements in access to quality and effective health care.

Examples of advancements made by the FNHA, Tripartite Partners and partners within the BC First Nations Health Governance Structure over the evaluation period include:

- The FNHA enabling and advocating for the integration of the First Nations Perspective of Health and Wellness, supporting health system partners such as the BC Ministry of Health and the BC Ministry of Mental Health and Addictions to incorporate traditional knowledge and cultural practices into policies, programs and services.
- Advancing cultural safety and humility work, including the jointly developed Anti-Racism, Cultural Safety Framework and Action Plan with FNHC and FNHDA and supporting ongoing provincial and national work in response to the In Plain Sight report. Additionally, the FNHA partnered with the Health Standards Organization to develop the BC Cultural Safety and Humility Standard with the FNHA and continues to champion its implementation across the province.
- The FNHA and Tripartite Partners have collaborated to increase access to and control of First Nations health data, with the FNHA continuing to work with the BC Ministry of Health on data governance for the First Nations Client File, the passing of the *Anti-Racism Data Act* and the establishment of the Indigenous Cultural Safety Measurement Working Group.
- Co-ordinated responses between Tripartite Partners to unforeseen and/or rapidly worsening circumstances including the COVID-19 pandemic, the toxic drug crisis, worsening mental health and wellness, uncovering of unmarked graves at residential schools, and environmental emergencies.



Colleen Erickson, former FNHA Board Chair, and Andrew Wray, Executive Director, BC Patient Safety & Quality Council, sign the Declaration of Commitment to Cultural Safety and Humility for First Nations in BC in December 2019.

While the FNHA and the Tripartite Partners have made progress in evolving the health system, there is more work to be done to achieve system transformation and measurable improvements in many health and wellness behaviours and outcomes for First Nations in BC. Opportunities for further progress include ongoing engagement with First Nations, strengthening cultural safety and humility, increasing the levels of collaboration and integration, addressing health human resource challenges, and securing sustainable, long-term funding commitments. For additional insights into FNHA's partnerships with Tripartite Partners and partners within the BC First Nations Health Governance Structure, see the 2024 Evaluation of the BC TFA.

The FNHA has worked to foster new and ongoing health system partnerships with health and wellness organizations, educational institutions and research partners to advance cultural safety and humility and improve health and wellness outcomes for First Nations communities.

The FNHA has demonstrated an ongoing commitment to fostering meaningful collaboration and partnership with other First Nations and non-First Nations organizations and governments to advance health and wellness and address social and environmental determinants of health, aligning with Directive #4. The FNHA has continued to sustain and grow multi-sectoral health system partnerships to enhance First Nations-led research, address health human resourcing challenges and lead health promotion initiatives, including:

- Research and Ethics:** The FNHA Research and Knowledge Exchange Team developed a Knowledge Exchange Framework for health research, ethics and data access. The framework supports the prioritization of research initiatives based on relevance, meaning and benefit for First Nations in BC. For example, in 2023 the FNHA, along with partners at the Rick Hansen Foundation and DIALOG, were awarded a research grant by Accessibility Standards Canada to learn about and share the wholistic and diverse perspectives of First Nations on accessibility. In 2018, the FNHA was awarded a five-year \$2.5-million research grant from the Canadian Institutes of Health Research to further research on community-driven approaches to improving harm reduction for First Nations in BC. In 2020, the FNHA and Simon Fraser University signed a Research Affiliation Agreement that aims to increase access to federal government funds for Indigenous health research. The FNHA has a partnership with Health Research BC so that ethics reviews for research that the FNHA is a lead or partner on are completed through the Research Ethics BC harmonized system called the Provincial Research Ethics Platform. The FNHA's ethics reviews are based on adherence to the 7 Directives and the principles of OCAP®.
- Education:** To address critical health human resources shortages in communities, the FNHA partnered with Simon Fraser University and the Fraser Health Authority to establish a new medical school that promotes team-based, preventative and community-based care while emphasizing the health needs of Indigenous populations. Training will emphasize cultural safety and humility, traditional approaches to health and wellness, and incorporate liaison with traditional healers and Knowledge Keepers.



Provincial, municipal and health leaders are joined by Simon Fraser University leadership and students to mark a milestone update about their new medical school in June 2023.

- **Health promotion and prevention:** The FNHA has collaborated with partners to develop health promotion and educational resources with and for First Nations communities in BC. In 2019, the FNHA and the Centre of Excellence for Women's Health jointly published a booklet on Indigenous-led prevention models for fetal alcohol spectrum disorders, highlighting four community-based prevention models created by BC First Nations community organizations. The FNHA has continued to collaborate with BC Cancer, launching a province-wide cancer screening promotion campaign in 2023 as part of a collective effort to meet the goals of the provincial Indigenous Cancer Strategy. In September 2023, the FNHA, FNHDA and FNHC hosted the Ninth Gathering of Healing Our Spirit Worldwide, a multi-day event that brought 3,726 Indigenous and non-Indigenous people from Canada, the continental United States, Aotearoa, Australia, Hawaii and other countries together to share knowledge related to health and wellness, strength and resilience, health innovation and transformation, and health governance and leadership
- **Emergency management:** In responding to concurrent public health emergencies, the FNHA has fostered ongoing partnerships across the province. In 2020, the FNHA collaborated with Emergency Management BC and other partners to integrate First Nations emergency management practices into the broader provincial emergency management structure and processes. The FNHA has continued to work with partners such as the BC Wildfire Service and the Canadian Red Cross to build community preparedness to respond to environmental emergencies.
- **Early childhood:** In 2022, the FNHA was announced as a successful recipient of the LEGO Foundation Build a World of Play Challenge, a global initiative to fund innovative and impactful programs for early childhood. The partnership is a collaborative Indigenous approach that includes the Johns Hopkins Center for Indigenous Health in the United States, Te Rōpū Rangahau Hauora a Eru Pōmare/The Eru Pōmare Māori Health at University of Otago in New Zealand and the Batchelor Institute for Indigenous Tertiary Education in Australia.

The FNHA continues to participate in a broad range of health system committees to advocate for the First Nations Perspective on Health and Wellness. However, participation requires a significant amount of human resourcing and administrative time. Between 2019/20 to 2023/24, the FNHA has participated in over 200 external committees and working groups with provincial and regional partners.



Representatives from FNHA and from Johns Hopkins Centre for Indigenous Health visit The'itseliya Health & Community Centre as part of the LEGO Foundation project in May 2024.

5.9 REPORTING, EVALUATION, AND ACCOUNTABILITY

The FNHA has continued to build capacity to measure and report on the success of its activities and programs, review operational effectiveness and accountability, and evaluate core partnerships, funding arrangements and services.

Since 2019/20, the FNHA has developed the Performance Measurement, Evaluation and Reporting Framework in response to a recommendation made in the 2020 FNHA Evaluation to create a more consistent and comprehensive approach to performance measurement. The framework outlines ongoing assessment and reporting on its progress towards its Shared Vision, strategic goals, mandate, and programs and services. The FNHA publishes annual reports on progress made towards advancing the five-year MYHP goals. This is complemented by a rolling five-year Evaluation Plan that reflects mandatory and strategic evaluations that support the FNHA's information and management needs with those of First Nations in BC and health system partners. Over the previous five years, the FNHA has undertaken over 20 evaluations and reviews assessing policies, partnerships, funding arrangements, and various programs and services. The FNHA Evaluation Team is working to hardwire evaluation capacity across the organization to support staff across FNHA provincial and regional offices to facilitate increased responsiveness to evaluative needs.



Evaluation report released by the FNHA on the implementation of the Indigenous Treatment and Land-Based Healing Fund.

In October 2023, the FNHA updated its structured audit process for external, internal and special audits to ensure financial accountability, operational effectiveness and compliance with agreements. These processes collectively uphold FNHA's commitment to transparency, accountability and continuous improvement. For example, the Internal Audit Services completed an audit of the FNHA Emergency and Disaster Management and Business Continuity Policy in 2024, resulting in several recommendations to align the policy with industry standards and enhance organizational capacity.

The FNHA continues to review the effectiveness of its operations through additional internal and external reviews and self-assessments, especially in the context of anti-Indigenous racism and cultural safety and humility. For example, in 2022, the FNHA contracted Gowling WLG to assess the governance structure and compliance of service models with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)²⁶ and in 2023, it conducted a self-assessment to determine the alignment of its programs, services, policies and operations with the BC Cultural Safety and Humility Standard. Both reviews found opportunities for improvements, with the FNHA developing response plans to the recommendations.

²⁶ FNHA and Gowling WLG, "FNHA UNDRIP Compliance", 2023. <https://www.fnha.ca/Documents/FNHA-UNDRIP-Compliance.pdf>

During interviews, FNHA staff members noted that the quality and usefulness of FNHA reporting processes has significantly improved over the past few years due to improved access to performance and surveillance data. The FNHA collects First Nations specific health data through agreements with provincial partners, in addition to generating program-level data on client satisfaction, service utilizations, and data from quarterly and annual community reports.

FNHA staff noted that the annual reports, evaluation reports and other governance and accountability documents are of high quality and play a key role in evidence-based decision making. The FNHA responds to evaluation recommendations through the implementation of management response and action plans and incorporating progress reporting into vice president mandate letters and quarterly reporting.

There is an opportunity to improve the current FNHA performance measurement approach by incorporating additional quantitative indicators of health system performance and health outcomes, alongside greater integration of evaluation and reporting activities.

The FNHA has aimed to promote Indigenous approaches to knowledge gathering and reporting, drawing on experiential and qualitative data, narratives and strengths-based knowledge exchange. The MYHP includes performance measures based on stories of success and percentages of new or expanded initiatives and client satisfaction that are reported on a quarterly and annual basis. However, during interviews FNHA staff members noted that current performance measures are high-level, qualitative indicators that are assessed using strengths-based narratives to capture progress. It was suggested that there is a need for a more balanced approach to performance measurement in the annual reports that incorporates quantitative performance and health outcome data alongside qualitative reporting.

The Performance Measurement, Evaluation and Reporting Framework was developed after the current MYHP and reflects existing performance measurement, evaluation and reporting pathways. Several FNHA staff highlighted an opportunity for the framework to develop a more integrated performance measurement approach that incorporates quantitative measures of health system performance and wellness indicators. It was suggested that a more balanced scorecard approach to performance measurement would enable the FNHA to benchmark against critical indicators and measure progress over time. The FNHA has increased access to First Nations health outcomes data through health surveillance and data-sharing initiatives that can support it to become a data-driven organization. Additionally, there are further opportunities to improve alignment between ongoing reporting requirements and evaluation activities, such as the regional health and wellness survey and program reporting requirements.





6 EVALUATION FINDINGS: OVERALL ACHIEVEMENT OF FNHA GOALS AND STRATEGIES

This chapter examines the effectiveness of the FNHA's planning processes in supporting the achievement of goals and strategies, the alignment of goals and strategies with the needs and priorities of First Nations in BC, and the extent to which the FNHA has achieved its goals and strategies. It discusses the impact of concurrent public health and environmental emergencies on the achievement of goals and strategies.

6.1 PLANNING PROCESS TO SUPPORT ACHIEVEMENT OF GOALS AND STRATEGIES

The FNHA continues to use a ground-up, ecosystem-based approach to planning that aligns strategic activities at all levels while maintaining consistency with the 7 Directives, operating principles and other guiding elements. Building on this foundation, the FNHA has transitioned to an integrated planning model.

The MYHP serves as the FNHA's foundational strategic document and is a legal requirement under the CFA. Due to the COVID-19 pandemic, the previous MYHP (covering fiscal years 2015/16 to 2020/21) was extended by one year to March 31, 2022. The current MYHP (covering fiscal years 2022/23 to 2027/28) was refreshed through a review of foundational documents, community health and wellness plans, regional health and wellness plans, Regional Caucus minutes, evaluations and reviews, health and wellness data as well as regional and sub-regional engagement sessions with Chiefs, Health Directors and health leads. The FNHA Planning and Performance Team worked with the Executive Strategy Team and FNHA Board of Directors to validate and confirm the goals, priorities and key indicators. The refreshed MYHP incorporates five revised goals and strategies, along with five guideposts to support alignment with First Nations health and wellness priorities: the First Nations Perspective on Health and Wellness; quality; culture and decolonization; urban and away from home; and innovation. The MYHP will be renewed for fiscal years 2027/28 to 2032/33.

In support of the MYHP, the FNHA produces annual summary service plans and operating plans. These planning documents highlight the annual operating priorities and progress made towards achieving the MYHP goals and strategies. Individual mandate letters drawing on the Annual Operating Plan and other departmental and regional priority projects were issued annually to each member of the Executive Strategy Team to provide direction on their portfolio.

In 2023/24, the FNHA implemented an integrated planning model to further align program, financial and human resources planning processes. This initiative supports Directives #4 (Foster Meaningful Collaboration and Partnership) and #7 (Function at a High Operational Standard) by strengthening cross-departmental co-ordination and promoting a wholistic planning process. As part of this effort, the FNHA established the Community Health and Wellness Plan Working Group to enhance collaboration between the organization and communities, Nations and regions on strategic planning efforts.

Regional health and wellness plans provide strategic guidance for regional funding allocation and service co-ordination with regional health authorities and other partners. Regional health and wellness plans are in varying stages of refresh or renewal – there is no co-ordinated cycle that aligns regional health and wellness plans with the MYHP renewal. Strengthening regional capacity for monitoring and evaluation and enhancing alignment with the MYHP would increase the regional health and wellness plans’ effectiveness in supporting First Nations health planning and service delivery.

A key component of the FNHA's planning process is the development and implementation of regional health and wellness plans, which serve as strategic roadmaps for each of the FNHA's five regions. Each plan is actively used for regional planning, decision-making, program and service funding allocation, and service co-ordination with regional health authorities and other regional partners.

According to FNHA staff, misalignment of renewal timelines has been a challenge in using the regional health and wellness plans to incorporate regional priorities and objectives in the MYHP and the organization's broader strategic planning processes. Regional staff suggest that, while synchronizing regional health and wellness plan renewal schedules across all regions may be difficult, ensuring goal alignment between regional plans and the MYHP is critical for effectively integrating regional priorities. Staff suggest that regional health and wellness plans could have greater prominence in the MYHP, such as by being explicitly referenced under each goal and demonstrating how MYHP activities align with regional priorities. Additionally, there may be opportunities to streamline planning engagement to reduce the burden on communities.

The regional health and wellness plan renewal process is led under the guidance of the vice presidents of regional operations, with regional planners responsible for development, renewal and implementation monitoring. Plan development and renewal includes extensive engagement with First Nations communities. Input is gathered through regional tables, Regional and Sub-Regional Caucuses, virtual consultations, working groups, and other feedback mechanisms to ensure community voices shape the priorities reflected in the plans. Some regions, such as Fraser Salish and Vancouver Island, are actively incorporating mechanisms to track progress and assess the impact of regional health and wellness plan implementation, which could enhance alignment and inform future planning efforts.

Renewal timelines were significantly impacted by the COVID-19 pandemic, toxic drug crisis and environmental disasters (wildfires, floods). However, even where regional health and wellness plans have not yet been refreshed, the priorities identified in existing plans largely remain relevant. Regional offices conduct ongoing topic-specific engagement with communities as needed to inform strategic planning and direction.

The following summaries provide a brief overview of each region's health and wellness plan, including its role in guiding planning and decision-making, renewal status and alignment with other strategic documents.

- **Vancouver Coastal Region:** The Regional Health and Wellness Plan (2022 to 2027) is a living document that informs regional planning, decision-making, reporting and accountability. Ongoing engagement activities, regular updates and feedback sessions help to continuously validate and integrate community priorities into the plan. The region follows a five-year renewal cycle, and the next regional health and wellness plan renewal is underway. Key areas of focus for the renewal include reflecting evolving community priorities, streamlining priorities and aligning the plan with other regional strategies, such as the Vancouver Coastal regionalization plan, and supporting the MYHP refresh. The regional office is also working with Vancouver Coastal Health to support greater alignment between their respective priorities.
- **Fraser Salish Region:** The Regional Health and Wellness Plan (2020 to 2025) guides regional health initiatives, resource allocation and strategic planning. Preliminary discussions for its renewal are underway, focused on adapting to evolving health needs and strengthening regional partnerships. The renewal will be closely aligned with the five-year Indigenous Health Plan under the Indigenous Health Collaborative Council as part of the 2023 Fraser Partnership Accord. The region is also working with Fraser Health Authority, Métis Nation BC and other partners to ensure alignment with regional service delivery models and partnership agreements. The updated plan will incorporate progress tracking and evaluation to assess impact and ensure continuous improvement and responsiveness to community needs.
- **Interior Region:** Response to ongoing and layered emergencies has taken precedence over long-term strategic planning in the region. The region continues to guide its work using priorities from the 2019 Regional Health and Wellness Plan refresh alongside 21 investment priorities approved by the 7 Nations in fall 2023. Through ongoing engagement with the 7 Nations, the Interior Region also developed a Nation's Perspective on Regionalization Position Paper and additional topic-specific briefing notes capturing Nation-identified priorities. The 7 Nations are currently developing their Nation Health Plans²⁷ expected to be completed in 2026, which will directly inform the Regional Health and Wellness Plan renewal. Additional sources guiding the renewal include community health and wellness plans, the Voices application and Interior Region departmental trackers. This approach will ensure that regional priorities remain Nation-led while maintaining alignment with the FNHA's broader planning efforts.

²⁷ The 7 Nations in the Interior Region also develop Nation health plans, which draw from community health and wellness plans and inform regional health and wellness plans.

- **Vancouver Island Region:** The region is currently midway through a comprehensive review and update of its most recent Regional Health and Wellness Plan (2018 to 2022), with completion expected by late 2025 due to delays from the COVID-19 pandemic and the toxic drug crisis. The Regional Health and Wellness Plan guides decision-making, program development and resource allocation and serves as a high-level work plan for operational teams, linking specific objectives and strategies to regional priorities. Additionally, the plan is used to communicate the priorities of the region's 50 communities to key partners, including Island Health and HSOs. Moving forward, the region plans to implement a five-year review cycle. The current renewal process aims to strengthen the Regional Health and Wellness Plan's role in supporting partner accountability and explore more effective ways to incorporate indicators.
- **Northern Region:** The region previously developed a three-year Priorities and Strategy Document (fiscal years 2020/21 to 2022/23, with some overlap into 2023/24), and a high-level annual plan was drafted for fiscal year 2024/25. The region uses the plan to outline high-level priorities, guide decision-making, budgeting and project planning and guide reporting and accountability to the communities they serve and Northern Health Authority. Looking ahead, the region plans to develop a new annual plan for fiscal year 2025/26, with consideration for a longer-term, multi-year plan (three to five years).

6.2 ALIGNMENT OF GOALS AND STRATEGIES WITH FIRST NATIONS NEEDS AND PRIORITIES

The FNHA has enhanced engagement efforts with First Nations communities and incorporated their perspectives into strategic plans, activities and programs to achieve greater alignment with their needs and priorities.

Between 2019/20 and 2023/24, the FNHA has enhanced existing and created new engagement pathways. For example, the FNHA has enhanced engagement capacity in the regions by adding new staff (e.g., regional engagement co-ordinators, urban and away-from-home co-ordinators), implementing surveys (e.g., Health Attitudes Survey, Health Benefits Client Surveys and Regional Health Survey), participating in events and activities (e.g., town halls, topic-specific events, Elder and youth gatherings) and enhancing two-way communication with communities through mailing lists, social media and the compliments and complaint processes.

The FNHA has increased its focus on targeted engagement in response to community concerns that engagement through Regional Caucus and Gathering Wisdom for a Shared Journey was not sufficient to convey community perspectives. A review of organizational documents demonstrated that between 2020 and 2023 the FNHA undertook more than 144 targeted engagements covering issues including COVID-19, healing, the toxic drug crisis, wildfires, planning, and programs and service transformation. For example, the FNHA engaged community health staff across 139 First Nations in all five regions during 2022 on how to transform the current long-term care system into a more culturally safe, wholistic continuum of care that reflects the First Nations Perspectives on Health and Wellness. The engagements covered the full range of programs that support the wellness of First Nations at all ages and stages of life.



The FNHA has implemented an engagement and relationship management system to support engagement. The Voices application supports FNHA staff in capturing interactions with clients, communities and partners and creates a unified approach to engagement and relationship management. The FNHA is using Voices to support nine key functions: complaints and compliments, nurse daily logs, health navigation, safety hazard management, community health plan requests, health benefits operations, oral health tracking, crisis management and health emergency management. FNHA staff report that the software enables them to quickly access results of past engagements and client communications, which improves the use of engagement data in decision-making and prevents duplication of efforts.

“For example, during engagement on climate change, we pulled everything we've heard around climate change, environment, health, and emergency management over the past three years into a summary [from the Voices application database]. This gives us a better starting place and prevents us from asking communities the same questions repeatedly. It's a useful tool for planning” – FNHA representative

FNHA staff reported that the major impact of engagement efforts has been an improved understanding of community needs and perspectives on specific priorities. The FNHA uses engagement results in strategic planning, priority setting and designing programs and services. A comparative review demonstrated that the FNHA strategic goals and objectives identified in the MYHP were well aligned with feedback and priorities identified by the First Nations communities in community health and wellness plans and Regional Caucus meetings. Each of the 15 strategies in the MYHP was reflected in the priorities of at least two regional health and wellness plans, and 11 priorities were reflected in the priorities of four or more regional health and wellness plans. Findings from surveys, interviews and case study visits found that community representatives reported increasing engagement with the FNHA, particularly in remote and underserved areas.

FNHA staff and community leadership noted that enhanced regional capacity has had a significant impact in developing direct connections and opening lines of communication between the FNHA and First Nation communities. Regional teams were reported to maintain strong relationships with local health leadership and members through consultations, in-person or virtual meetings and collaborative planning sessions. First Nations communities engaged as part of the evaluation reported direct and ongoing relationships with FNHA staff at their regional office, who provided them with access to timely guidance and support. Community leadership largely agreed that FNHA regional offices have become more responsive to community needs and inquiries.

A key challenge has been demonstrating that effective actions were taken in response to engagement results and communicating the results of those actions back to communities. Additional challenges to effective engagement include duplication of engagement efforts within the FNHA and between Tripartite Partners and partners within the BC First Nations Health Governance Structure, as well as staff turnover in communities and accessibility of engagement for representatives in rural and remote communities.

Engagement organized by both provincial and regional FNHA staff is not always co-ordinated, which has, at times, resulted in duplication. Communities are also engaged by the partners within BC First Nations Health Governance Structure and Tripartite Partners. Occasionally, the FNHA also engages communities on health issues on behalf of provincial and federal partners. According to community representatives, increased requests for engagement have amplified the time and resource commitments on community health leaders.

Representatives of First Nations communities reported that it is often unclear what actions are being taken in response to issues raised through engagements. Some representatives expressed concern regarding the amount of time spent in engagement sessions and recurring issues being raised in multiple engagement sessions. FNHA staff noted a need to identify strategies that prevent over-engagement, use engagement results effectively and report back to communities on actions taken.

Engagement has been impacted by many First Nations communities experiencing high turnover of health and leadership staff. According to community representatives and FNHA staff, turnover within communities and the FNHA often results in a breakdown of existing relations, contributing to confusion and dissatisfaction. These representatives recommended the FNHA work with the FNHDA to enhance onboarding for Health Directors and health leads so new staff can learn about their new roles and their relationship with the FNHA.

Representatives of remote and isolated communities were more likely to state that they are not sufficiently engaged in decisions and that FNHA staff are unaware of their unique needs and challenges. These representatives recommended FNHA use direct observation and in-person engagement approaches for remote communities to deepen their understanding of the unique challenges and conditions on the ground.

6.3 RESPONDING TO EMERGENCIES

The FNHA has been responsive to several key external pressures, including multiple concurrent public health and environmental emergencies, which have required reprioritization of time and resources. Prioritization of emergency response has, at times, impacted progress towards the achievement of organizational goals and strategies.

The FNHA delivered an effective response to multiple concurrent public health and environmental emergencies and the uncovering of unmarked graves at residential schools.

The FNHA's role and responsibility for emergency response has evolved significantly over the last five years. Initially, the FNHA largely responded to crises at the request of First Nations communities. Over time, the FNHA has developed dedicated health emergency management capacity at the regional and provincial levels and expanded its focus across all aspects of emergency preparedness, mitigation, response and recovery. This capacity has enabled the FNHA to respond to concurrent public health and environmental emergencies, including the COVID-19 pandemic, the toxic drug crisis, environmental disasters, and mental health and well-being crises. The evaluation found the FNHA has been successful in developing a system to provide immediate support to communities affected by public health and environmental emergencies, including setting up emergency support services, co-ordinating with provincial and federal partners and deploying health professionals to manage emergencies.

Community representatives expressed gratitude for the FNHA's quick response during public health and environmental emergencies. The FNHA has become a trusted source of information and helped bridge the gap between communities and government agencies, ultimately improving overall service provision in public health and environmental emergency situations. Some community representatives highlighted good communication and information-sharing during the COVID-19 pandemic, which kept communities informed about response efforts, pandemic developments and recommended public health measures. Various FNHA departments collaborated with community health leadership to support COVID-19 testing, communicable disease tracking and community health centre re-opening. Community representatives emphasized that this approach should serve as an example of how to respond to all emergencies. As noted by one community health staff member, the FNHA's response to COVID-19 pandemic demonstrated that the FNHA has good credibility among First Nations in BC.

COVID-19 Pandemic

The FNHA activated its Emergency Response Command Structure for the first time on January 29, 2020, in response to the COVID-19 pandemic. The structure was escalated to Level 2 on March 17, 2020, and to Level 3 on March 30, 2020, following the Province of BC's declaration of a provincial state of emergency. Activation of Level 3 allowed the FNHA to focus most of its efforts on responding to the COVID-19 pandemic.



Squamish Nation community vaccine clinic in June 2021.

Community health leaders and FNHA staff noted that the FNHA's pandemic response demonstrated that the organization could mobilize resources and take quick and effective action to respond to emerging needs. For example, the organization supported First Nations communities through a range of activities, including securing and distributing a vast amount of personal protective equipment, providing funding support, building the capacity of nurses and health staff, facilitating community-based point-of-care testing in communities, supporting pandemic planning, developing and delivering an extensive range of tools and resources, administering multiple information campaigns and co-ordinating activities with provincial and federal partners. When vaccines became available, the FNHA worked with the provincial government to make sure First Nations communities were prioritized in the immunization schedules and supported First Nations-led immunization clinics.

An After-Action Review of the FNHA's Phase 1 response to the COVID-19 pandemic attributed its success to the organization's willingness to go above and beyond its mandate during the emergency to address the needs of First Nations communities. The FNHA has continued to develop and deliver culturally safe tools, resources and strength-based public health messaging in a timely manner.

"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

Toxic Drug Public Health Emergency

The toxic drug crisis is characterized by unprecedented rates of overdose-related harm, including death, primarily due to a highly toxic, unpredictable and unregulated drug supply. It was declared a public health emergency by the BC Provincial Health Officer in April 2016, and despite multiple response efforts at the community, regional and provincial level, the crisis continues to disproportionately impact First Nations people. As of 2024, the rate of toxic drug poisoning deaths was more than six times higher for First Nations people than for other residents of BC.²⁸

According to community representatives and FNHA staff, the FNHA, in collaboration with provincial partners, played a key role in responding to the ongoing public health emergency response to the toxic drug crisis. The FNHA's response has focused on a system-wide response guided by four goals: preventing people who experience drug poisoning from dying, keeping people safer when using, creating an accessible range of treatment options, and supporting people on their healing journey.²⁹ This response also includes collaboration on research and knowledge exchange related to health system responses.



Dr. Nel Weiman, FNHA Chief Medical Officer, speaks to the 2024 First Nations specific data for toxic drug poisoning events and deaths in BC released by the FNHA in April 2025.

In 2017, the FNHA prepared a joint report with the BC Coroners Service identifying that, due to the ongoing legacy of colonialism, First Nations people are disproportionately impacted by toxic drug poisoning events and related deaths. The report helped to demonstrate the disproportionate impact of the crisis on First Nations and helped the FNHA and communities to have informed conversations and leverage additional resources. The FNHA continues to develop monthly situation reports on toxic drug impacts through data-sharing partnerships with the BC Centre for Disease Control, BC Coroners Service, BC Emergency Health Services, and the BC Ministry of Health.³⁰ These reports highlight geographic differences and demographic information that are used to prioritize areas of need.

²⁸ FNHA, "First Nations and the Toxic Drug Poisoning Crisis in BC", 2024. <https://www.fnha.ca/Documents/FNHA-First-Nations-and-the-Toxic-Drug-Poisoning-Crisis-in-BC-Jan-Dec-2024.pdf>

²⁹ FNHA, "A Framework for Action: Responding to the Toxic Drug Crisis for First Nations", 2016. <https://www.fnha.ca/Documents/FNHA-Overdose-Action-Plan-Framework.pdf>

³⁰ FNHA, "Toxic Drug Crisis Data", 2024. <https://www.fnha.ca/what-we-do/mental-wellness-and-substance-use/harm-reduction-and-the-toxic-drug-crisis/toxic-drug-crisis-data>

To support communities in responding to the toxic drug crisis, the FNHA has supported several initiatives, including distribution of nasal spray and injectable naloxone, delivery of “Not Just Naloxone” training, grant funding opportunities, community access to treatment options such as opioid agonist therapy, community-led overdose prevention sites and mobile response efforts, conversations regarding decriminalization of substances, and access to emergency treatment beds.³¹

The FNHA has continued to support harm reduction efforts. In 2021, the FNHA released a Policy Statement on Indigenous Harm Reduction, which guides its emergency response efforts.³² The policy statement includes a focus on preventing diversion from prescribed opioids to tainted street drugs and increasing both the number and utilization of safe consumption sites. It pointed to the need for First Nations-led harm reduction services, including overdose prevention, and safe consumption sites. Following the policy statement, the FNHA allocated \$4.8 million to support community-driven and First Nation-based harm reduction efforts and partnered with regional health authorities and First Nations as well as the Western Aboriginal Harm Reduction Society to establish First Nations-focused overdose prevention sites and mobile harm reduction services (e.g., a harm reduction mobile van).



FNHA launches an overdose prevention and harm reduction awareness campaign that features Indigenous people talking about the impact of toxic drugs in their lives and the lives of their loved ones in May 2021.

Environmental Emergencies

The FNHA has played a critical role in assisting First Nations in BC in responding to multiple environmental emergencies, including wildfires and floods. The FNHA helped co-ordinate activities and services, worked to resolve barriers and issues, provided financial support and acted as a trusted source of information. It provided mental health and wellness and wrap-around support to address the trauma, pain and grief resulting from the loss of land and culture during environmental emergencies.



Lheidli T'enneh Nation member Konnor McIntosh investigates a unique stand of cedar trees as part of his Indigenous Climate Health Action Program internship.

³¹ FNHA, “Toxic Drug Emergency Community Support Guide (Updated February 2024)”, 2024.

<https://www.fnha.ca/Documents/FNHA-Toxic-Drug-Emergency-Community-Support-Guide.pdf>

³² FNHA, “Policy Statement on Indigenous Harm Reduction”, 2021. <https://www.fnha.ca/Documents/FNHA-harm-reduction-policy-statement.pdf>

The FNHA also co-ordinated activities with provincial partners, raising awareness about the unique needs of First Nations communities (e.g., food security, culturally appropriate evacuation space and mental health support) and upholding culturally safe and appropriate services. In fiscal year 2021/22, the FNHA created the Indigenous Climate Health Action Program to support community capacity in responding to environmental emergencies, which supported 46 community-led climate action initiatives across the province.

Uncovering of Unmarked Graves at Former Residential Schools

In response to the uncovering of 215 unmarked graves at the former Kamloops Indian Residential School in 2021, the FNHA worked with communities and provincial and federal partners to identify community needs and offer supports and services. This included being active participants in a working group that brought together community members, professionals and leadership from former Indian residential schools and Indian hospital sites to discuss the response. The FNHA also served as a liaison with federal and provincial partners to ensure response co-ordination efforts met the needs of communities specific to culturally relevant mental health and wellness and public health supports.

The FNHA has facilitated community access to federal and provincial government programming such as the BC Residential School Response Fund and the Residential Schools Missing Children Community Support Fund. The FNHA continues to address the unresolved trauma that impacts First Nations and Indigenous people of BC through the development of healing modalities and centres in each region. This initiative aligns with existing supports along the continuum of care such as treatment centres, primary care, mental wellness counselling and other FNHA programs.

Responding to environmental and public health emergencies has stretched the FNHA's capacity and required reallocating resources and staff time away from planned initiatives and achieving organizational goals and priorities. Additionally, there are opportunities to more clearly define the role of the FNHA and its partners in responding to public health and environmental emergencies in First Nations communities.

According to some key informants, increased responsibilities for emergency response have reduced the progress that FNHA has made in other areas. These emergencies required the FNHA to be reactive, diverting resources and attention from planned initiatives. For example, during the height of the COVID-19 pandemic, the FNHA focused 80 per cent of its operational efforts on the pandemic response, while maintaining and delivering only essential services. In responding to the toxic drug crisis, the FNHA pivoted to better reach groups experiencing the highest rates of overdose deaths, including urban populations, women, youth and individuals transitioning out of correctional facilities. This shift led to delays or pauses in other initiatives, such as developing a framework to address the health impacts of alcohol use and organizing traditional healer gatherings.

Key informants also noted that the role of the FNHA in relation to its partners needs to be more clearly defined. The FNHA often acts as the default emergency response agency in situations where First Nations communities have requested support, and other agencies do not respond. This can result in FNHA staff stepping into broader emergency management roles that extend beyond the organization's mandate (e.g., supporting communities with logistics and supplies during emergencies). The FNHA does not have a dedicated budget or staffing to deliver these extended services and must divert existing resources to meet this demand.

6.4 ACHIEVEMENT OF GOALS AND STRATEGIES

The FNHA has made progress towards achieving its goals and strategies over the last five years.

The following provides a high-level overview of the FNHA's progress toward achieving its goals and strategies as outlined in the MYHP and described in section 2.5. The findings are reflective of key learnings from both the 2024 Evaluation of the FNHA and the 2024 Evaluation of the BC TFA. While not an exhaustive account of the organization's progress, this summary highlights key achievements made between fiscal years 2019/20 and 2023/24, offering insight into FNHA's ongoing efforts and advancements.³³

Goal 1: Drive transformation through the BC First Nations Health Governance Structure and partnerships

The FNHA, FNHC and FNHDA continued to advance their Shared Vision and strengthen health governance and partnerships. To progress collaborative efforts, each partner is actively working to fulfil their mandate to drive transformation. The FNHA has strengthened regional decision-making by establishing vice presidents of regional operations within each region and by fully or partially transferring oversight of key programs and services. Through partnerships, the FNHA has championed health and wellness to advance social determinants of health by establishing the 10-Year Strategy on the Social Determinants of Health. In April 2023, the FNHA finalized a new 10-year funding agreement with the Government of Canada, securing \$8.2 billion in dedicated funding from fiscal years 2023/24 to 2032/33. The new CFA allows for greater flexibility in how funding is allocated to align with community priorities.

Goal 2: Enhance access to quality health and wellness services

The FNHA has improved access to culturally safe and team-based care through various strategies, including the implementation of mobile clinics, telehealth services and the First Nations-led Primary Care Initiative. The FNHA also increased access to family and maternal health programming through the expansion of the Aboriginal Head Start on Reserve program and enhanced access to oral health care through the Dental Therapy Program and the Children's Oral Health Initiative, which focus on early intervention and prevention of dental disease among First Nations children and families. The FNHA has continued to expand its funded and delivered nursing operations, bringing clinical care, case management and home support to First Nations communities. The OCNO has continued to provide clinical leadership to support nursing education, quality practice and cultural safety and humility to FNHA nursing services.



Waiting area at the Lu'ma Medical Centre, one of the First Nations Primary Health Care Centres.

³³ The FNHA is entering the fourth year of the current MYHP, which was implemented in fiscal year 2022/23. The goals and strategies changed between fiscal years 2021/22 and 2022/23. Progress has been mapped against the updated goals rather than those from the previous MYHP.

The FNHA has worked to integrate the First Nations Perspective on Health and Wellness by embedding cultural and traditional approaches into its programs and services. This includes funding initiatives focused on implementing land-based healing approaches and developing a training program to equip First Nations guides with the skills and knowledge to support community members at their end-of-life journey.

The FNHA has prioritized climate health resilience through the Indigenous Climate Health Action Program and funding community-led initiatives that address climate-related health challenges, including access to clean water, food security and mental health support in response to environmental changes. The FNHA has supported food security and sovereignty initiatives, recognizing the importance of access to traditional foods and the impact of climate change on food systems in First Nations communities. The FNHA has also developed a dedicated health emergency management structure and expanded support and services for the urban and away-from-home population.



FNHA Urban and Away-From-Home team engages at the Kitsumkalum Community Hall, Terrace, BC in March 2023.

Goal 3: Enhance culturally safe mental health and wellness approaches

The FNHA has invested in expanding access to traditional healing centres and modalities, integrating traditional healing practices with trauma-informed care and ensuring First Nations peoples have access to wholistic wellness supports that reflect their cultural and spiritual beliefs. Indigenous-led crisis response teams and trauma-informed counselling services were implemented in response to the toxic drug crisis and the uncovering of unmarked graves at residential schools.

The FNHA has invested in culturally safe mental health and wellness approaches, expanding mental health and wellness programs and services and developing new mental health material and resources. For example, the Healing Indigenous Hearts Facilitator Guidebook, developed by the OCMO and the BC Centre on Substance Use in partnership with Moms Stop the Harm, provides a framework for facilitating support groups specific to loss of life from substance use.



Healing Indigenous Hearts Facilitator Guidebook.

The FNHA has supported harm reduction efforts through the release of a Policy Statement on Indigenous Harm Reduction and funding the establishment of First Nations-focused overdose prevention sites and mobile harm reduction services with partners. Additionally, the FNHA's First Nations harm reduction grants provide direct funding to communities to develop culturally appropriate harm reduction initiatives, supporting local responses to the toxic drug crisis through education, peer support and safer substance use strategies.

Goal 4: Advance First Nations approaches to addressing anti-Indigenous racism in health

The FNHA has worked collaboratively to support a racism-free health system by embedding cultural safety and humility across its policies, programs and workforce. This has included establishing a dedicated Cultural Safety and Humility Team, a Cultural Safety and Humility Community of Practice, and co-developing the Anti-Racism, Cultural Safety, and Humility Framework and Action Plan with partners within the BC First Nations Health Governance Structure. The FNHA helped develop the BC Cultural Safety and Humility Standard and completed a self-assessment against the standard. Beyond these systemic efforts, the FNHA has integrated cultural safety and humility into recruitment, onboarding and ongoing training for staff, ensuring these principles are foundational to service delivery. Clinical care providers employed by the FNHA take wholistic approaches to care planning and demonstrate respect for Indigenous worldviews, cultural ceremonies, practices and supports.

The FNHA has championed cultural safety and humility while promoting a First Nations-led approach to service excellence. This includes region-specific processes for handling complaints and compliments, ensuring culturally safe, clear and timely responses to concerns. The FNHA has supported continuous quality improvement through initiatives like the BC First Nations Pathway for Quality Improvement and the FNHA Quality Improvement and Safety Network, which support health organizations to incorporate Indigenous perspectives into service delivery.

Goal 5: Drive health and wellness innovation together with First Nations and other partners

The FNHA has championed First Nations-led initiatives in BC by supporting capacity-building and the sharing of innovative practices. Examples include the creation and expansion of the Community-Based Testing Program, and the launch of an international early childhood project funded through the LEGO Foundation. The FNHA has worked to bridge gaps in health care access by supporting the deployment of satellite Internet in northern First Nations communities and partnering with the Aboriginal Housing Management Association, recognizing that stable, culturally appropriate housing is foundational to wellness.



Community-based testing devices in Hailika'as Heiltsuk Health Centre Society, Bella Bella.

The FNHA made significant advancements in First Nations data governance principles, including increasing the recognition and use of OCAP® principles through the 2022 FNHA Health Data and Information Stewardship Policy, and the establishment of an Indigenous Cultural Safety Measurement Working Group, among others. Additionally, the FNHA's Health Surveillance Team has improved access to First Nations health data, developing regional and sub-regional data reports to return to communities. These reports have informed evidence-based planning and decision-making, strengthening self-determined approaches to First Nations health.

In the last five years, the FNHA has worked to foster new and ongoing health system partnerships with health and wellness organizations, educational institutions and research partners to advance cultural safety and humility and improve health and wellness outcomes for First Nations in BC. One notable collaboration is the partnership with Simon Fraser University in developing BC's new medical school, ensuring First Nations Perspectives on Health and Wellness are integrated into the curriculum and shaping the next generation of health care providers. The FNHA has also signed a Research Affiliation Agreement with Simon Fraser University that aims to increase access to federal government funds for Indigenous health research. The FNHA has partnered with the Office of the Provincial Health Officer on the First Nations Population Health and Wellness Agenda to create a more wholistic suite of measures and use Two-Eyed Seeing to bring together First Nations and western ways of knowing. Some additional key partnerships include a collaboration with BC Cancer to launch a province-wide screening promotion campaign and a partnership with the Centre of Excellence for Women's Health to publish a booklet on Indigenous-led prevention models for fetal alcohol spectrum disorders.



Interim update of the First Nations Population Health and Wellness Agenda, a partnership between FNHA and the Office of the Provincial Health Officer.

The organization's scope of work has expanded as the number of priorities has grown. This growth can be attributed in part to emergent priorities associated with the multiple concurrent public health and environmental emergencies, the 10-Year Strategy on the Social Determinants of Health, FNHA's expansion into primary care, and opportunities for advocacy and collaboration with health system partners. 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 health human resources, are increasingly stretch by the growing number of priorities

While the number of goals in the MYHP has remained relatively consistent, priorities and responsibilities across the organization's functional areas have grown significantly. This can be attributed, at least in part, to numerous emerging priorities and actions associated with the concurrent public health and environmental emergencies, the FNHA's responsibility for implementing the 10-Year Strategy on the Social Determinants of Health, the FNHA's expansion into primary care (e.g., virtual services and the First Nations-led Primary Care Initiative) and opportunities for advocacy and collaboration with health system partners. Examples of this include implementation of BC's Declaration on the Rights of Indigenous Peoples Act and UNDRIP, the In Plain Sight report and corresponding action plan, the development of multiple provincial action plans and strategies, the provincially funded climate health review, and the federally funded review of long-term and continuing care, among others.

The new mandate given to the FNHA by BC First Nations in foundational documents such as the Tripartite Framework Agreement, Transformative Change Accord: First Nations Health Plan, Tripartite First Nations Health Plan and the Consensus Papers (including the 7 Directives) placed greater responsibilities on the FNHA to be able to address the critical shortcomings of the old approach, address root causes of health disparities and build a new approach to represent BC First Nations interests and priorities.

As mandated, the FNHA has taken a more strategic and systemic approach and worked to address root causes of health inequities, such as the consequences of colonialism, systemic racism and the social determinants of health. The organization has made changes to existing programs and services, secured additional funding and resources to deliver new programs and services to address unmet needs, expanded the range of clientele that the FNHA represents, co-ordinated activities with provincial, federal and other service delivery partners, and engaged in partnerships to influence policies and programs implemented by 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, staff also expressed concerns that the FNHA is often pulled in multiple directions while attempting to address expanded goals and directions, MYHP goals and priorities, as well as a growing number of urgent or emerging priorities. The proliferation of priorities and action items strains organizational resources and, in some instances, delays progress against key focus areas.

Areas of need identified as a risk by FNHA staff included the full implementation and support of First Nations-led Primary Health Care Centres; the ability to mitigate future cybersecurity risks while not falling behind on innovative health system practices that use artificial intelligence to improve client services and internal efficiencies; and strategic planning to develop clarity and consensus around the vision for the FNHA's regionalization efforts.

A few community leaders also highlighted the lack of progress on economic innovation, as outlined in the 2012 Health Partnership Accord. This includes opportunities for entrepreneurial ventures including revenue-generating opportunities, improved procurement systems and joint purchasing power.

FNHA staff recommended implementing a triage system to assess and prioritize opportunities for strategic importance, their alignment with organizational objectives and priorities and urgency. 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.

“Social determinants of health action plan – these are supposed to be the responsibility of the FNHC. And yet, when it comes to the action plan, the FNHA is the one stepping into that space in many areas around implementation. The social determinants of health are extremely complex. We need individuals within the organizational level who understand it very well to implement it.”
– FNHA representative



7 KEY FINDINGS

First Nation Health Provider Relationships

1. The FNHA has revised the FAMF 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 HSOs who provide services to more than one community and communities who are their own health provider.

The revised FAMF 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, 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 HSOs 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.

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 the 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 HSOs undergoing disengagement. The FNHA has also offered support to communities for health and wellness planning, including guidance on accessing and integrating community health data.

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, create a network of healing centres and modalities, and establish the Indigenous Treatment and Land-Based Healing Fund. An additional \$60 million was secured to repair, build and improve treatment centres in BC.
- **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.



Children play with drums at the Uy'sqwalawun Childcare Centre funded through Aboriginal Head Start on Reserve program.

- ***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.



Crabbing during a Haisla Nation land-based healing camp.

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.

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.

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 COO.

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 COO role, which may have increased operational pressures on the CEO and contributed to gaps in regional oversight.



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

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 CFA 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 MYHP 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 MYHP, 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.

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.



FNHA “Preparing for Flooding” emergency planning information sheet.

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 health human 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 the 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.





8 CONCLUSIONS AND RECOMMENDATIONS

8.1 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 the relationship with First Nation Health Providers, relationships with First Nations communities and HSOs inherited from Health Canada. By shifting from a funder-recipient model to a partnership-based approach, the FNHA has revised funding structures, streamlined reporting and expanded organizational capacity to enhance reciprocal accountability and First Nations health governance. To address gaps in service, the FNHA has increased the partnerships and resources available to First Nation Health Providers, while also expanding its role in direct service provision. Although the increased services align with the mandate given to the FNHA by BC First Nations, community representatives have mixed opinions regarding the FNHA's expanded role in delivering these services. Some First Nations community representatives envision the organization's role to focus primarily on that of funder and capacity builder. They advocate for greater allocation of resources and decision-making authority directly to communities while keeping the FNHA's provincial operations lean. Conversely, other community representatives emphasized that the FNHA should take on more direct service delivery responsibilities to fill existing health care gaps in communities.

Increased federal and provincial funding has enabled the FNHA to sustain and expand its programs and services, broadening direct services in nursing, environmental and public health, virtual services, emergency response and social determinants of health. Expenditures on FNHA programs and services also increased significantly over the evaluation period, with large portion of the funding going directly to communities for their health planning and delivery of programs and services.

Community leaders and members report improvements in the accessibility and quality of health programs and services, particularly in the areas of primary care; mental health and wellness; maternal, child and family programs and services; services targeted at the urban and away-from-home population; and integration of traditional and cultural approaches into existing programming. Despite these advancements, there continue to be unmet needs in areas such as mental health and wellness supports (e.g., detox and aftercare), Health Actions funding, youth health and wellness, chronic conditions (e.g., long-term and palliative care) and access to health care professionals.

The FNHA Board of Directors and executive leadership have provided effective oversight in ensuring the FNHA has met its organizational mandate, advanced goals and strategies, and fostered partnerships while maintaining relatively low corporate operating expenses. The organizational structure has evolved to support continued growth and advance the effective delivery of programs and services. Although the FNHA has strengthened its capacity to measure and report on program success, there are opportunities to improve the current performance measurement approach. As a growing strategic priority, regionalization has led to an increased share of staff and operational funding allocated to the regions. While regionalization is seen as a significant step towards bringing services closer to home, it has also introduced challenges related to service consistency, administrative efficiency, and co-ordination.

The FNHA has made progress towards achieving its goals and strategies over the last five years. Its approach to planning and enhanced engagement efforts have supported alignment of the organization's goals with community needs and priorities. However, there are opportunities to further align planning processes and demonstrate effective action from engagement. Furthermore, the organization's scope of work has expanded as the number of priorities has grown due to the multiple concurrent public health and environmental emergencies, the 10-Year Strategy on the Social Determinants of Health, FNHA's expansion into primary care, and opportunities for advocacy and collaboration with health system partners. The proliferation of priorities and action items strains organizational resources and, in some instances, delays progress against key focus areas. Moving forward, prioritizing and sequencing priorities was suggested to support meaningful progress and avoid spreading organizational resources too thin.

8.2 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 COO could improve oversight and better co-ordination of regional operations, allowing the CEO to focus on broader strategic partnerships.
- Further delegating decision-making by gradually transferring more decision-making authorities from the OCEO and vice presidents to senior and middle management.
- 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.

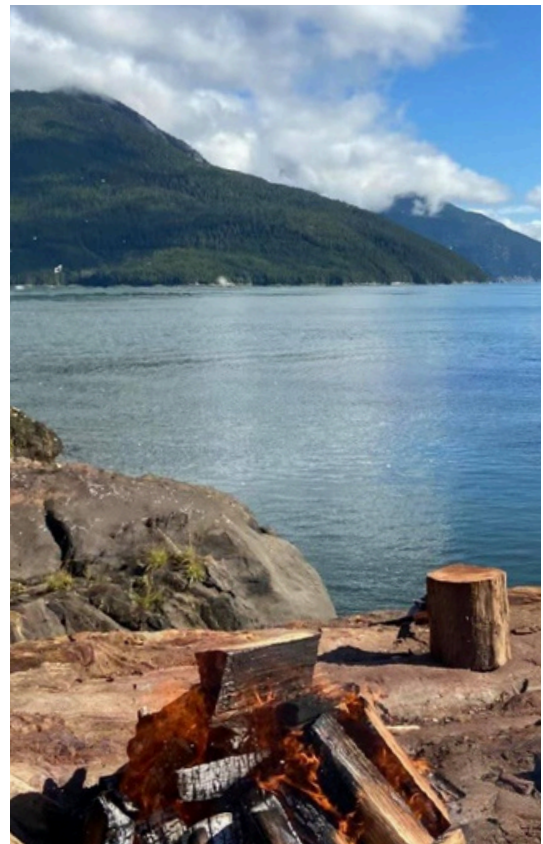
The effectiveness of FNHA programs and services can further be strengthened by:

- 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.

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.



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

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