



First Nations
Health Council

November 6, 2023

501 — 100 Park Royal South
Coast Salish Territory
West Vancouver, BC
Canada V7T 1A2

T 604.693.6500
F 604.913.2081

www.fnhc.ca

Re: FNHC Evaluation Results from Ference & Company

Dear Chiefs and leaders:

On behalf of the FNHC, I'm writing to share the final report from the FNHC evaluation that was completed by an independent, external evaluation and research consulting firm, Ference & Company Consulting Ltd. (Ference & Co.) over the past 16 months. At upcoming Fall Regional Caucus 2023 events, Ference & Co. will provide an overview of these findings; I will be joined by Deputy Chair Wenecwtsin (Wayne Christian) and regional FNHC representatives at each Caucus to join the discussion and hear directly from Chiefs and leaders.

Overall, the evaluation showed that the FNHC has had an impact on health system transformation through oversight of the transition of First Nations health programs from the federal government to the FNHA in 2013, ongoing work on the Social Determinants of Health, and supporting Nations to help them achieve their Community-driven, Nation-based health objectives. Partnerships with the FNHA and FNHDA as well as federal and provincial governments have been key to the First Nations health governance structure.

The final report includes a few highlights of what Ference & Co. heard:

- The majority of respondents reported that they were familiar with the First Nations Health Governance Structure and were satisfied with how the FNHC integrates healthy living, traditional practices and teachings.
- Almost all respondents reported that the FNHC, in partnership with the FNHA and FNHDA, has carried out the work and fulfilled its roles and responsibilities from Resolution 2011-01 and Resolution 2012-01.
- A range of responses noted that there is room for improvement of the FNHC's structure for better regional representation and of the FNHC's reporting to communities on its role and advocacy work, beyond existing Sub-Regional Assemblies and Regional Caucus events and Gathering Wisdom forums.
- Since participation from Chiefs and leaders in the evaluation was low, there was no consensus on the best path forward based on the findings. Ongoing and comprehensive engagement with Chiefs and leaders is needed to reach consensus on next steps.

The Council accepts the findings of this evaluation. This evaluation was independent and voluntary. A volunteer, regionally-appointed Chiefs Working Group informed the development of the statement of work for the public bid process. The findings in the final report provide additional feedback and input that contribute to accountability to Chiefs and leaders.

Low participation by Chiefs and lack of consensus on the best path forward means that we have the opportunity to keep talking. While the FNHC was hoping for higher participation of Chiefs and leaders in the evaluation process, it recognizes that Chiefs do make time to provide their input at key moments of decision, such as at Gathering Wisdom for a Shared Journey XII in March 2023. Excluding the 3 abstentions, a majority (86%) of the 173 Chiefs and leaders who voted endorsed Resolution #2023-01 on the 10-Year Strategy on the Social Determinants of Health – the highest level of support for any FNHC resolution to date.

Attached is the executive summary of the evaluation, titled *Exploring the Journey of the First Nations Health Council: Key Takeaways from the Evaluation*. As your appointed FNHC representatives, we look forward to conversations at Fall Regional Caucus 2023 regarding the evaluation findings from Ference & Co. Through the Engagement & Approvals Pathway framework and other targeted outreach, the FNHC will continue to work with Chiefs and leaders on the best path forward to evolve the structure, governance and role of the FNHC toward our shared vision of *Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities*.

In wellness,

A handwritten signature in black ink, appearing to read "Wade Grant". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Wade Grant
FNHC Chair

Exploring the Journey of The First Nations Health Council

Key Takeaways from the Evaluation

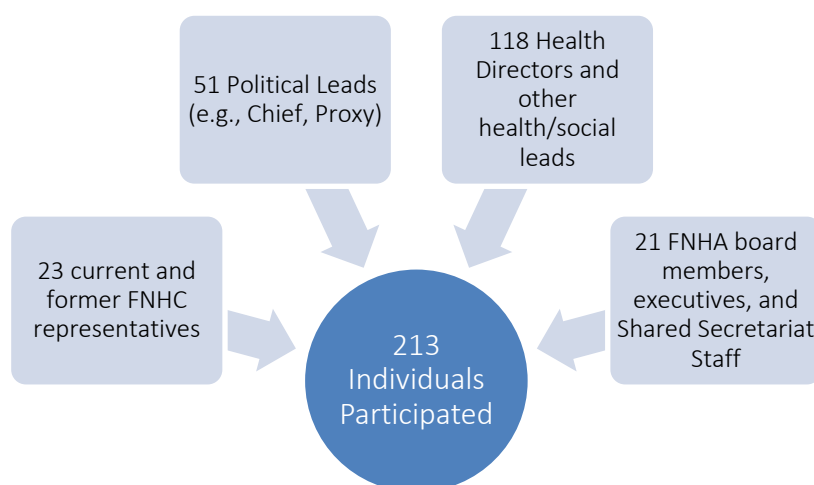
The First Nations Health Council (FNHC) provides **political representation, leadership, and advocacy** to support BC First Nations to identify and achieve their health priorities. There are **3 representatives in each of the 5 health regions** for a total of 15 members. There is also an Elder Advisor who supports the work of the FNHC.

Evaluation Overview. At Gathering Wisdom for a Shared Journey X, the **FNHC committed to a voluntary, external, and independent evaluation** to support its direct accountability to First Nations in BC. After an open and public bid, **Ference & Company Consulting Ltd. was selected to conduct the evaluation.** Guidance and financial oversight for the contract were provided by the FNHC-FNHDA Shared Secretariat. A volunteer, regionally appointed Chiefs' Working Group informed the development of the Statement of Work for the evaluation.

Objectives of the Evaluation



Evaluation Participants



Limitations of the Evaluation and Next Steps for Engagement

Although engagement efforts were undertaken throughout the evaluation to increase the number of participants, **the final numbers are not representative of all BC First Nations Chiefs and leaders.** Further, there was a lack of consensus among evaluation participants about the best path forward. **There is a need for ongoing and comprehensive engagement of Chiefs and leaders to reach consensus on next steps.**

As a result, **this evaluation focuses on highlighting the feedback provided by evaluation participants to date,** including suggestions for moving forward, rather than providing concrete recommendations for changes to the FNHC. **These findings will be used by the FNHC during their engagements over the next two years** to inform discussions on the evolution of the First Nations Health Governance Structure, including the structure, roles, and governance of the FNHC. This will result in a Consensus Paper for decision at Gathering Wisdom for a Shared Journey XIII.

Key Takeaways. The following presents the **key themes that were heard from evaluation participants** across the areas of focus for the evaluation:



Structure. The 15-member structure of the FNHC allows for 3 representatives from each of the health regions to sit on the Council, engage in Regional Caucuses and Sub-Regional Assemblies, and build relationships with regional health authorities. However, the current structure lacks representativeness and does not reflect the unique size, structure, and needs of regions and communities.



Governance. Efforts have been made to separate business and political functions within the First Nations Health Governance Structure. However, the dual role held by FNHC representatives as members of the FNHA Society, particularly their role in appointing the FNHA Board, presents challenges with maintaining separation of business and politics (e.g., the FNHC is instructed to not get involved in the operational matters of the FNHA).



Roles and Responsibilities. The FNHC has undertaken community engagement and asked for feedback at Sub-Regional Assemblies, Regional Caucuses, and Gathering Wisdom for a Shared Journey province-wide forums. There is a need for the FNHC to go beyond reporting and engagement at these forums to ensure all communities are being heard. For example, in-person and one-on-one engagements were identified as wise practices.



Impact. The FNHC has had an impact on health system transformation through their work on the Social Determinants of Health, the provision of oversight during the transition of First Nations health programs and services from the federal government to the FNHA, engagement with Nations to help them achieve their Community-Driven, Nation-Based health objectives, and collaborations with the FNHA and FNHDA as well as federal and provincial government partners.

Opportunities for Moving Forward. Based on what was heard during the evaluation, **the following opportunities should be explored in close collaboration with BC First Nations Chiefs and leaders** to reach a consensus on next steps for the structure, governance, and roles of the FNHC within the Health Governance Structure moving forward:

- **Change the Structure.** Adopt a **representative structure** that supports regionalization and aligns with Directive #1: Community-Driven, Nation-Based and ensure Chiefs and leaders are engaged in this process.
- **Update Mandate.** **Update the FNHC mandate** to reflect regionalization as well as the 10-Year Strategy on the Social Determinants of Health and ensure Chiefs and leaders are engaged in this update.
- **Update Processes.** **Strengthen internal processes and procedures**, including how the FNHC separates business and politics, by documenting and clarifying processes for dispute resolution, examining the dual role of FNHC representatives as members of the FNHA Society, adopting criteria for representatives, and providing training opportunities for new and current representatives.
- **Strengthen Community Connection.** **Strengthen communications and engagement with Nations** and communities by increasing reporting and accountability to First Nations and providing more opportunities for community level feedback.
- **Evaluate.** Participate in **regular evaluation review processes of the FNHC** that focus on Community-Driven, Nation-Based measures of success, as well as progress on advancing system transformation.