



Discussion Paper 1 – First Nations Health Director Salary Survey Study (External)

First Nations Health Directors Association

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Purpose

The Health Director Salary Survey Study is the first topic in the series of discussion papers by the First Nations Health Directors Association (FNHDA). The FNHDA Salary Survey, *Pathways: An Offering to Communities in Determining Compensation for their Health Director*, was conducted to be a resource to provide information to First Nations communities in determining a total compensation package to their Health Director in a way that best aligns with their values and resources as a community. Total compensation packages are inclusive of salary, benefits, supportive structures, and well-being considerations.

The purpose of this FNHDA discussion paper is to put forth recommendations that originated from the FNHDA salary study. The salary study was grounded within the broader work of building capacity in communities and in health care for First Nations in British Columbia.


Context

The FNHDA received numerous requests for information on salary ranges of Health Directors in BC. In this FNHDA Salary Study, Health Directors have reported not being able to take sick days nor use all of their vacation days due to high workloads and work obligations, limited organization capacity for coverage, and urgent community needs due to the COVID-19 pandemic, the toxic drug supply, and other health crises. Many Health Directors go above and beyond their job description and work long hours out of a deep commitment and passion for the well-being of their communities. While rewarding, the Health Director role can also be very challenging and in some cases, isolating. Navigating a challenging terrain of high expectation, high needs, and limited resources has led to burnout and caused some Health Directors to leave their positions.

In 2019, the FNHDA hired Reciprocal Consulting to conduct an up-to-date study on the total compensation and salary ranges of Health Directors in BC and a matrix that could be utilized as a tool by First Nations communities when determining Health Director total compensation and pay ranges. The trends gathered also inform the FNHDA when offering guidance and strategic advice to partners regarding retention and recruitment challenges facing Health Directors.

There is a difference between total compensation and salary. A base salary is the money an employer pays to their employee for work performed, and it does not include additional compensation. Salaried employees usually receive a fixed amount each year with room for raises and promotions. On the other hand, total compensation includes an employee's base salary and any other compensation, whether monetary or not such as group benefits, retirement savings plans, paid time off (vacation days, sick days, legislated holidays, and additional holidays over and above legislated requirements), learning and development offerings, and other employment benefits. Comparing salary to total compensation is important to better understand whether an employee is earning a fair and adequate amount.

The FNHDA Salary Survey Study and the [First Nations Health Directors Job Description and Hiring Toolkit](#) can be used as resource tools by First Nations communities to support recruitment and retention



strategies. These tools offer a flexible approach to creating a job description and total compensation package that considers the compensation philosophy, the local economy, and meets the unique needs of communities. The Salary Survey Study includes a Compensation Determination Tool: a flowchart that describes factors (e.g., organization type, operating budget size, health region, education level, and years of experience) that could be considered in creating a compensation package.

As reflected in this FNHDA Salary Study document, the FNHA, FNHC, FNHDA, and First Nation community leadership are committed to facilitating a whole-of-government approach that supports First Nations to design a continuum of integrated community-level services. In alignment with Article 4 of UNDRIP, FNHDA supports the rights of Indigenous people in exercising their right to self-determination, the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions. By taking these steps together, the partners are committing to making immediate and long-term service improvements and building the foundations for future actions necessary to support First Nations Health Directors.

Impact of COVID-19

On March 11, 2020, the World Health Organization declared the rapidly spreading coronavirus outbreak a global pandemic. The pandemic has had a profound impact on First Nation communities across British Columbia, with the heavy burden of protecting community members falling on to the shoulders of Health Directors. Health Directors have and continue to provide vital community leadership to deliver a range of programs and emergency response services to safeguard their communities and vulnerable members. From arranging COVID-19 testing, implementing public health guidelines and supports for community members, organizing vaccine and booster clinics, to grieving the loss of loved ones, Health Directors have gone to extraordinary lengths throughout the pandemic. Given the unprecedented burdens of COVID-19, Health Directors are overworked, exhausted, and burned out. They sacrificed their time to provide for their communities, working long hours and as a result have been unable to take time to care for their own mental, physical, emotional, and spiritual well-being.

Call to Action for all Partners

The FNHDA is calling on all partners to commit to ensuring Health Directors are fairly and adequately compensated. This commitment provides the basis for the parties to work in collaboration to honour the hard work of Health Directors by building compensation philosophies for each Nation in BC, and supporting total compensation policies for Health Directors that are in line with the values of their Nations.

Recommendations

1. To advance building health capacity in communities, First Nations health governance partners and Nations commit to discussing how to best support communities in providing resources to improve the salary/compensation and overall well-being of Health Directors to address retention and burnout challenges.
2. Every three years, conduct a comprehensive salary survey of First Nations Health Directors to provide helpful points of comparison, enable trend analysis, and track the evolution of compensation and new and emerging needs.