



# PROGRAMS AND SERVICES 2020 / 2021



First Nations Health Authority  
Health through wellness

## Contents

<b>Introduction .....</b>	<b>1</b>
Purpose .....	1
Program and Service Delivery .....	1
<b>Section 1: Health Benefits.....</b>	<b>3</b>
First Nations Health Benefits Overview .....	4
Program Objectives.....	5
Program Principles .....	5
Eligibility.....	5
Providers .....	6
Health Benefit Areas .....	7
Dental.....	7
Medical Supplies & Equipment .....	7
Medical Transportation.....	7
Mental Health .....	7
Pharmacy .....	7
Vision Care .....	7
Coordination of Benefits.....	7
Oral Health Program .....	8
Dental Therapy Program.....	8
Children’s Oral Health Initiative .....	8
<b>Section 2: Nursing Services.....</b>	<b>10</b>
Nursing Services Overview.....	11
Collaborative Practice Services .....	12
Clinical and Client Care .....	12
Home and Community Care .....	14
Communicable Disease Control.....	16
Communicable Disease Control Overview.....	17
Immunization Program.....	18
Sexually Transmitted and Blood Borne Infections (STBBI)/Harm Reduction (HR)/Human Immunodeficiency Virus (HIV)/Hepatitis C Virus (HCV).....	19
FNHA Tuberculosis Services .....	22

Communicable Disease Management and Follow-up .....	24
Pandemic & Communicable Disease Emergencies .....	26
Panorama Public Health System Implementation and Supports.....	27
<b>Section 3: Health Promotion and Disease Prevention .....</b>	<b>29</b>
Healthy Living .....	30
Chronic Disease Prevention and Management .....	30
Aboriginal Diabetes Initiative.....	30
Injury Prevention .....	32
Healthy Child Development .....	32
Fetal Alcohol Spectrum Disorder .....	33
Prenatal Nutrition .....	34
Aboriginal Head Start On-Reserve .....	34
Maternal and Child Health .....	35
Mental Health and Wellness .....	36
Brighter Futures .....	36
Building Healthy Communities.....	37
National Aboriginal Youth Suicide Prevention Strategy.....	37
Alcohol and Drug Use Services.....	38
<b>Section 4: Environmental Public Health Services .....</b>	<b>41</b>
Environmental Public Health Services Overview .....	42
Drinking Water Safety .....	44
Food Safety .....	45
Health and Housing.....	45
Wastewater.....	46
Solid Waste Disposal .....	47
Facilities Inspection.....	47
Communicable Disease Prevention and Control .....	48
Emergency Preparedness and Response .....	49
Environmental Contaminants .....	50
Climate Change and Health Adaptation Program .....	51
<b>Section 5: Health Infrastructure Support .....</b>	<b>52</b>
Health Systems Capacity .....	53
Health and Wellness Planning and Management.....	53
Community Accreditation and Quality Improvement Program .....	53



Health Surveillance .....	54
Community Capital Assets .....	55
Health Systems Transformation.....	55
Primary Care and eHealth Overview.....	55
e-Health Infostructure Program.....	56
Health Emergency Management.....	59
<b>Appendix 1: Glossary of Acronyms .....</b>	<b>60</b>
<b>Appendix 2: FNHA Programs and Services Contact List.....</b>	<b>61</b>

# Introduction

In 2020/2021, the First Nations Health Authority (FNHA) will enter its sixth full fiscal year following the transfer of programs and services for British Columbia (BC) First Nations from Health Canada's First Nations and Inuit Health Branch. In the period following transfer, the transformation envisioned by the tripartite health plans and agreements can be seen in emerging changes to programs and services as well within the broader health system. Changes will continue as programs and services are reviewed and adapted to further align with the First Nations Perspective on Health and Wellness and the 7 Directives that guide FNHA operations.

## Purpose

The purpose of this FNHA Programs and Services Guide is to provide a listing and detailed description of First Nations Health Programs and Services to be delivered or funded during the period covered by the FNHA Multi-Year Health Plan in accordance with the Canada Funding Agreement Sections 5.3 (1) and 5.4 (1)(e). This document is intended to encompass programs funded by the Canada Funding Agreement, and it also includes a section summarizing programs supported by funding received from the federal government via the Canada Consolidated Contribution Agreement.

## Program and Service Delivery

As described below, the FNHA enables programs and services in several different and complementary ways.

- **FNHA-Funded:** A significant number of programs and services are funded by the FNHA and delivered by communities and their mandated health organizations. 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, communities have significant flexibility in the design and delivery of the programs described in this Guide, in areas including mental health, wellness programs and healthy child development.

Shared decision-making and partnerships between regional health authorities, First Nations within the regions, and the FNHA continue to grow, strengthen and evolve, particularly when supported by emerging data and evidence, and the sharing of successes across regions. New recipients represent new aggregated health service delivery entities amongst BC First Nations and health authority partners as a result of the implementation

of the regional enveloping process that supports new and innovative service delivery projects.

- **FNHA-Delivered:** The FNHA also directly delivers a number of programs and services, many of which directly relate to and support the local programs and services delivered by communities. These include Health Benefits, Environmental Public Health, Health Protection, Nursing, and Surveillance and Research. As part of the transformation in BC, the FNHA is increasingly assuming direct service delivery in new areas, including within primary health care and mental health and wellness service areas.

A stream of funding within the Canada Funding Agreement supports the broader commitments of the tripartite parties in implementing the Tripartite First Nations Health Plan, mainly in the areas of community engagement and governance.

Beyond the Canada Funding Agreement funding, the FNHA receives federal funding through a Canada Consolidated Funding Agreement in support of a number of new or expanded programs and services.

This Guide describes the programs and services in each of the above areas. As noted in the introduction, a number of program reviews, new FNHA service lines and capabilities, and other improvements are being implemented that will result in the ongoing innovation, improvement and transformation of the suite of programs described herein and in the FNHA Multi-Year Health Plan.

See Appendix 2 for a list of contacts for each program area. Note that these contacts may change over time. This guide is updated annually to reflect changes in FNHA programming and associated policy frameworks. If you are unable to contact a program/service area lead, please call FNHA at 1-604-693-6500/Toll Free: 1-866-913-0033.

# Section 1: Health Benefits

## First Nations Health Benefits

- Dental
- Medical Supplies & Equipment
- Medical Transportation
- Mental Health
- Pharmacy
- Vision Care

## Oral Health Program

- Dental Therapy Program
- Children's Oral Health Initiative

## First Nations Health Benefits Overview

The Health Benefits Program is a key FNHA program that administers health benefits and manages the Medical Services Plan for Health Benefits clients.

FNHA assumed responsibility for the Health Benefits Program on July 2, 2013. To ensure continuity of services for Health Benefits clients, FNHA entered into a “buyback” agreement by purchasing the administration of some benefits from Indigenous Services Canada’s Non-Insured Health Benefits (NIHB) Program. This has allowed FNHA time to establish the necessary systems and infrastructure to facilitate transition from NIHB to alternative providers selected by FNHA.

The first phase of this transition took effect on October 1, 2017, with the majority of drug benefit administration transitioning from NIHB to BC PharmaCare and other agencies established within BC to provide necessary benefits to all British Columbians. This transition was intended to improve access to benefits and services, support Health Benefits clients to have access to services available to all other provincial residents, streamline the approval process for limited coverage drugs, and address the need for Health Benefits clients to navigate both federal and provincial services.

On September 16, 2019, FNHA completed the transition of services from NIHB when the administration of dental, vision care, medical supplies and equipment and some pharmacy benefits transitioned to Pacific Blue Cross.

Guided by the direction provided by communities and Health Benefits clients, and working in alignment with the FNHA’s vision and plans, the Health Benefits Program administers benefit coverage for medical and dental services that are not covered by provincial, federal or third-party insurance plans. The Health Benefits Program is delivered in partnerships with federal and provincial governments, service providers and most importantly, with First Nations communities, to provide coverage for health benefits. Additionally, the Health Benefits Program supports access to essential medical care for Health Benefits clients by managing the Medical Services Plan (MSP) and covering ambulance bills for Health Benefits clients.

The Health Benefits Program approaches its work through relationships with health partners and aims to deliver person-centred benefits within the parameters of our funding and structural framework.



## Program Objectives

The Health Benefits Program strives to provide health benefits to Health Benefits clients in a manner that:

- provides benefits appropriate to their unique health needs and enables access to those benefits in a manner that meets people where they're at;
- empowers individuals to take ownership over their health and wellness journey and reinforces FNHA's role as a partner in those journeys;
- contributes to the achievement of an overall health status that is comparable to the Canadian population as a whole;
- is managed in a cost-effective manner that promotes transparency and administrative efficiency and simplicity, whenever possible;
- is integrated with the provincial health system;
- demonstrates strong partnerships with provincial and federal governments, service providers and BC First Nations communities;
- promotes cultural safety and humility in the health care system; and
- champions the BC First Nations Perspective on Health and Wellness and embeds this philosophy throughout the health care system, shifting the system from a sickness-treatment model into a wellness model.

## Program Principles

Informed by these objectives and FNHA's 7 Directives, the Health Benefits Program is guided by the following principles:

- provide coverage for medically necessary items and services, as well as travel to access medically necessary health services;
- strive to provide comprehensive coverage that limits out-of-pocket costs to Health Benefits clients, whenever possible;
- provide coverage that is, at minimum, comparable to the federal NIHB Program and informed by professional medical judgment and industry standards; and
- be consistent with best practices of health services delivery and evidence-based standards of care.

## Eligibility

Health Benefits clients must meet the eligibility criteria that are mandated by the Health Benefits Sub-Agreement. In order to be eligible for the Health Benefits Program, an individual must be:

- a) a registered Indian according to the *Indian Act* or an infant up to 24 months old of an eligible parent;
- b) a resident of British Columbia, as defined by the Medical Services Plan; and
- c) not funded or insured under any other benefit system or benefit plans provided by
  - i) federal legislation, a federal policy or under agreements entered into by Canada, and/or
  - ii) a First Nations organization pursuant to self-government agreements, land claim agreements, contribution arrangements or internal policies or plans.

Health Benefits clients receiving pharmacy benefits must have active Medical Services Plan coverage in addition to the eligibility criteria above.

The federal government may change the eligibility criteria for the Health Benefits Program in accordance with the *British Columbia Tripartite Framework Agreement on First Nation Health Governance*. FNHA will, at minimum, adopt the changes set by the federal government but may choose to extend eligibility beyond what the federal government has set out.

FNHA also has agreements to manage the Medical Services Plan for non-Health Benefits clients that are not governed by the *Programs and Services Guide*.

## Providers

The Health Benefits Program works to ensure that Health Benefits clients receive care from providers who have the relevant training and qualifications necessary for their role and who operate within their scope of practice, as appropriate.

## Health Benefit Areas

In accordance with the *British Columbia Tripartite Framework Agreement on First Nation Health Governance*, the Health Benefits Program will, at a minimum, provide health benefits in the areas of pharmaceuticals, dental care services, vision care services, medical transportation, and medical supplies and equipment.

Currently, the Health Benefits Program pays for specific items and services under the following benefit areas for eligible Health Benefits clients:

### Dental

The dental benefit provides coverage for dental services to maintain good oral health, prevent cavities and gum disease, and restore function.

### Medical Supplies & Equipment

The medical supplies and equipment benefit provides coverage for certain medical items for Health Benefits clients who receive care at home.

### Medical Transportation

The medical transportation benefit supports Health Benefits clients accessing medically necessary health services not available in their community of residence. Health Benefits Clients may be provided with funding for meals, accommodation, and transportation as required.

### Mental Health

The mental health benefit provides Health Benefits clients with access to counselling services from a qualified mental health provider.

### Pharmacy

The pharmacy benefit provides coverage for pharmacy items and medications, including prescription and over-the-counter items.

### Vision Care

The vision care benefit provides coverage for eye exams and prescription eyewear to ensure Health Benefits clients maintain good eye health.

### Coordination of Benefits

In accordance with the program's principles, the Health Benefits Program is intended to be integrated with the provincial health care system as one aspect of a Health Benefits Client's journey. To ensure sustainability of the Health Benefits Program, FNHA is the last payor for dental, medical supplies and equipment, medical transportation, mental health, vision care, and pharmacy benefits administered by FNHA, Pacific Blue Cross or funding recipients. FNHA is the first payor for pharmacy benefits administered by BC PharmaCare.

## Oral Health Program

In addition to FNHA's Dental Care benefit, the Oral Health Program supports a holistic approach to First Nations' oral health and wellness by offering prevention, education and treatment-based dental services to First Nations people living on-reserve. The program includes both the Dental Therapy Program and the Children's Oral Health Initiative. Additionally, the Oral Health Program partners with communities, organizations, educational institutions, providers and others to bring dental services closer to home.

### Objectives

- Reduce and prevent oral disease through prevention, education, necessary treatment and oral health promotion.
- Increase access to oral health care.

## Dental Therapy Program

The Dental Therapy Program helps increase access to oral health care in First Nations communities, particularly in remote and isolated locations. The program offers community education, health promotion and preventive and therapeutic dental treatment services. Dental therapists provide the following services under the indirect supervision of a dentist: examinations and x-rays; emergency services; preventive services; treatments such as fillings and extractions; and referrals to dentists and other health professionals. BC dental therapists are employed by FNHA and registered by the College of Dental Surgeons of BC.

## Children's Oral Health Initiative

The Children's Oral Health Initiative (COHI) is an early childhood tooth decay prevention program aimed at children aged 0-7. COHI is delivered by dental therapists and dental hygienists and COHI services provided in communities include an annual dental screening by an oral health professional, fluoride varnish applications, preventive dental sealants and temporary fillings. In addition, the program provides one-on-one oral health promoting education to parents, caregivers (including Elders) and pregnant women. A community member is hired as a COHI aide to facilitate the administration of the program and provide

education and some services in the community, allowing oral health professionals to maximize their service in the community.

#### Types of Service Providers

COHI providers include dentists, denturists, dental therapists, dental hygienists, dental assistants, COHI aides and Community Health Representatives.

# Section 2: Nursing Services

**Clinical and Client Care**

**Home and Community Care**

**Communicable Disease Control**



## Nursing Services Overview

The FNHA Nursing Services office is based in Vancouver with regionally based offices in Prince George, Kelowna and Mastsqui (Mission) and three locations on Vancouver Island. The Vancouver office houses the Chief Nursing Officer, Director of Nursing Operations, which includes Northern Nursing Operations, and the Director of Collaborative Practice. The Director of Collaborative Practice oversees Clinical Education and Practice Support, Quality and Client Experience.

A number of organizational design changes have resulted from the Nursing Review completed in 2015. Regional Nurse Managers are based in four regions (Vancouver Coastal and Fraser Salish have been combined to form one region). The former Home and Community Nursing Practice Advisors and Transfer Nursing Practice consultants have been reassigned to each region and report to their respective Regional Nurse Managers.

Current FNHA Nursing Services teams include:

- **Clinical and Client Care:** This team oversees the operational and clinical practice within FNHA-managed nursing stations and health centres. The nurse manager provides supervision and leadership to the nursing staff and programs.
- **Nursing Resource Team:** The Nursing Resource Team is part of Clinical and Client Care. The Nursing Resource Team manager arranges staffing schedule, manages the agency nursing contract and provides leadership and supervision to the Nursing Resource Team.
- **Regional Nurse Managers:** The Regional Nurse Manager is the primary FNHA contact for nursing services, working proactively and in collaboration with the regional team, communities and regional health system providers to provide consultative leadership at the regional level to support communities in establishing interdisciplinary health service teams and nursing engagement activities between the regional team, communities, health system partners and Nursing Services on community primary care needs and nursing services.
- **Community Nursing Practice Consultants:** Regional Community Nursing Practice Consultants continue to provide consultation to both community health and home and community care nursing programs within their respective regions. They provide education, thought leadership and consultation on clinical practice services that includes orientation, training, in-service, clinical support and clinical competency assessment to nurses who provide health services to First Nations communities in BC. They deliver professional nursing program consultation supporting the development, implementation and management of community-based nursing programs.
- **Communicable Disease Control Team:** The Health Protection Team ensures that current practice and new developments in Communicable Disease Control and

population and public health prevention programs are delivered with a First Nations perspective. Programs include: immunization; sexually transmitted & blood borne infection/harm reduction/HIV/hepatitis C virus; tuberculosis; communicable disease management and follow-up; pandemic and communicable disease emergencies; and the Panorama Public Health System implementation and supports.

- **Recruitment & Retention:** The Recruitment & Retention Team manages nursing employment opportunities at the FNHA.

## Collaborative Practice Services

- **Education and Clinical Practice Team:** This team provides direction and support to ensure that the delivered client-centered care meets professional practice standards and is within relevant scope of practice. The team supports programs, processes, services and expertise that assess and facilitate the development of clinical competency.
- **Clinical Nurse Specialists Team:** Clinical Nurse Specialists for Maternal/Child Health, Public Health, Healthy Living/Chronic Disease, Adolescent Mental Health and Addictions provide advanced practice support, consultation and leadership at a systems level to advance current and innovative evidenced-based practice. The Clinical Nurse Specialist has a consultation role in the care of complex clients within each practice area, models of care delivery, and promotion and support of clinical research.
- **Quality and Client Experience:** The Quality and Client Experience leader supports the development and implementation of a framework, methodology and processes to monitor and develop responses to, and report on, quality care and safety issues, as well as enhances activities and practice that promote exceptional client and community experiences.

## Clinical and Client Care

Clinical and Client Care consists of essential health care services directed towards First Nations individuals, living primarily in remote and isolated communities, which enable them to receive the clinical care they need in their home communities. It is provided either directly by FNHA or through contribution agreements with First Nation Bands or Tribal Councils in locations where these services are not provided by provincial health systems. Clinical and Client Care is often the first point of individual contact with the health system and is delivered by collaborative health care practice teams, predominantly nurse led, providing integrated and accessible assessment, diagnostic, curative and rehabilitative services for urgent and non-urgent care. The continuum of Clinical and Client Care is inclusive of health promotion and disease prevention at the client/family level in the course of treatment; Primary Care and Population and Public Health Care; and the coordination and integration of care and referral to appropriate provincial secondary and tertiary levels

of care outside the community. Physician visits, Nurse Practitioner visits, ambulatory and emergency services are components of Clinical and Client Care services provided in some First Nations communities.

### Objectives

- Provide access to emergency/urgent and non-urgent health services to community members including those who reside in remote/isolated communities where access to health services is not available through provincial or regional health authorities.
- Provide access to coordination and consultation services with other appropriate health care providers and/or institutions as indicated by client needs.

### Components

- **Emergency/Urgent Care:** Involves immediate assessment of a seriously injured or ill client to determine the severity of the condition and the type of care needed. It may involve treatment with stabilizing measures and arranging for immediate transport to a tertiary care centre, or keeping the client under observation. Where available, this is done in consultation with a Nurse Practitioner and/or physician. In isolated/remote communities, this is done by the nursing staff often in consultation with a Nurse Practitioner or physician by telephone or internet. It is important to note that registered nurses with a Remote Certified Practice designation also have an expanded scope of practice that is ideal to support Emergency and Urgent Care.
- **Non-Urgent Care:** Involves the assessment, identification of problem(s) and generation of a plan of management for a client who is seeking care and treatment for a non-life-threatening specific health concern. Other health care providers may be consulted depending on the nature of the condition.
- **Coordination and Case Management:** Provides linkages with other services that may include other health, social and education programs available both within the community and outside of the community, such as therapeutic services; primary, secondary and tertiary care hospitals; primary care; and specialist physician and nursing services.
- **Access to Medical Equipment, Supplies and Pharmaceuticals:** Involves the provision of and, access to, medical equipment, supplies and pharmaceuticals to provide clinical and client care. This is within the parameters of the BC FNHA Nursing Station Drug Formulary and the approved clinical decision support tools and Health Benefits.
- **System of Record Keeping and Data Collection:** Develops and maintains a client record that may include paper-based or an electronic health record, and an information system that meets best practices and health record management standards that enables program monitoring, ongoing planning, reporting and evaluation activities.
- **Quality Improvement Process:** Includes the capacity to review and continuously

- improve the delivery of clinical and client care in a safe and effective manner.
- **Diagnostics:** Includes the capacity to perform an electrocardiogram and blood sampling to guide urgent and non-urgent clinical care.

### Types of Service Providers

Regulated health professionals: Registered Nurses, Registered Nurses with Remote Certified Practice designation, Nurse Practitioners and Licensed Practical Nurses. In BC, this category may include unregulated health workers such as: health care aides, pharmacy technicians and support personnel such as health receptionists. The type of service provider is dependent on the services available in a particular location and not all are found in each facility.

### Provider Qualifications

Regulated health professionals that include Registered Nurses, Registered Nurses with Remote Certified Practice designations<sup>1</sup>, Nurse Practitioners and Licensed Practical Nurses must all meet the provincial professional association registration and licensing requirements in the province of BC. All regulated health professionals must have the appropriate education to meet the competencies required for work to their full scope of practice in the clinical care setting. Unregulated health workers who participate as members in the practice teams must also have the required training to work in the clinical care setting. Support personnel should also have the required training to work in this capacity in the clinical care setting. All health care team members must also have the required level of security and training for access to health records and the management of health records.

## Home and Community Care

Home and Community Care is a coordinated system of home and community-based health care services that enable First Nations and people of all ages with disabilities, chronic or acute illnesses and the elderly to receive the care they need in their homes and communities. It is provided primarily through contribution agreements with First Nations communities and territorial governments and strives to be equal to home and community care services offered to other Canadian residents in similar geographical areas. Home and Community Care is delivered primarily by home care Registered Nurses and trained and certified personal care workers. Service delivery is based on assessed need and follows a

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<sup>1</sup> A Remote Certified Practice designation is required by the Nurses and Nurse Practitioners of British Columbia for nurses working in isolated/remote locations.

case management process. Essential service elements include client assessment; home care nursing; case management; home support (personal care and home management); in-home respite; linkages and referral, as needed, to other health and social services; provision of and access to specialized medical equipment and supplies for care; and a system of record keeping and data collection. Additional supportive services may also be provided, depending on the needs of the communities and funding availability. Supportive services may include but are not limited to rehabilitation and other therapies; adult day care; meal programs; in-home mental health; in-home palliative care; and specialized health promotion, wellness and fitness.

## Objectives

- Build the capacity within First Nations communities to plan, develop and deliver comprehensive, culturally sensitive, accessible and effective home care services.
- Assist First Nations living with chronic and acute illness in maintaining optimum health, well-being and independence in their homes and communities.
- Facilitate the effective use of home care resources through a structured, culturally defined and sensitive assessment process to determine service needs of clients and the development of a care plan.
- Ensure that all clients with an assessed need for home care services have access to a comprehensive continuum of services within the community, where possible.
- Assist clients and their families in participating in the development and implementation of the client's care plan to the fullest extent and to use available community support services where available and appropriate in the care of clients.
- Build the capacity within First Nations communities to support the delivery of quality client-centered home care services promoting safety.

## Components

- **Structured Client Assessment:** Uses an assessment tool that includes ongoing reassessment and determines client needs and service allocation. Assessment is a structured dynamic process of continuous information gathering and knowledgeable judgments that attach meaning to the information being gathered. Assessment and reassessment processes can involve the client, family and other care givers and/or service providers.
- **Managed Care:** Incorporates case management, care planning, referrals and service linkages to existing services provided both on- and off-reserve/settlement.
- **Home Care Nursing Services:** Includes direct service delivery, supervision and teaching of personnel, providing personal care services and support to family caregivers.
- **Home Support Services:** Includes personal care services such as bathing, grooming, dressing, transferring and care of bed-bound clients; and home management assistance services such as general household cleaning, meal

preparation, laundry and shopping. First Nations and Inuit Home and Community Care home support services are intended to enhance and not duplicate Department of Indigenous Services Canada's Assisted Living services.

- **Provision or Access to In-Home Respite Care:** Provides safe care of clients and short-term relief for family and caregivers so that they can continue to provide care, thereby delaying or preventing the need for institutional care.
- **Access to Medical Equipment and Supplies:** Involves the provision of and access to medical equipment, supplies and pharmaceuticals that are specialized to client needs within home and community care.
- **Information and Data Collection:** Maintains a system of record keeping and data collection to carry out program monitoring, ongoing planning, reporting and evaluation activities and to provide safe storage and handling of confidential client health records.
- **Management and Supervision:** Includes the capacity to manage the delivery of a quality home and community care program in a safe, efficient and effective manner including professional supervision and consultation.
- **Established Linkages with other Services:** May include coordinated assessment processes, referral protocols and service links with such providers as hospitals, physicians, respite, therapeutic services, gerontology programs and cancer clinics, both within and outside the community.

### Types of Service Providers

Home and Community Care Nurses, personal care workers, and other community health and social development team members.

### Provider Qualifications

Nurses must be registered under the *Nursing Act* in the Province of BC. Personal care workers require certification from a community college or other recognized institution, based on the requirements in place for such workers in BC.

## Communicable Disease Control

The primary focus of the Communicable Disease Control Team is to ensure that current practice and new developments in Communicable Disease Control and population and public health prevention programs are delivered with a First Nations focus. The Communicable Disease Control programs are delivered as per the mandatory communicable disease (CD) Programs, legislated under the *Health Act (1981)* and the *Public Health Act (2008)*. The control and prevention of CDs legislated under the *Health Act* are mandatory programs under health transfer agreements and are delivered in First Nations communities by Community Health Nurses. The Communicable Disease Control program supports implementation and sustainment of the provincial public health system.



Program support by the Communicable Disease Control Team includes prevention and control of many prevalent CDs and are organized under the following portfolios:

- Immunization
- Sexually transmitted & blood borne infection/harm reduction/HIV/hepatitis C virus
- Tuberculosis (TB)
- CD management and Follow-up
- Pandemic and CD emergencies
- Panorama Public Health System implementation and supports

The team provides timely information on best practices of communicable disease control and outbreak management for Community Health Nurses, Home Care Nurses, Licensed Practicing Nurses, Community Health Representatives, Community Health Workers and Health Directors working within First Nations CD programs. The team supports the development of Community CDC Health/Work Plans upon request from community.

### Communicable Disease Control Overview

Communicable Disease Control (CDC) programs aim to reduce the incidence, spread and human health effects of CDs, as well as improve health through prevention and health promotion activities of on-reserve First Nations. The burden of CDs remains of particular concern in some on-reserve First Nations communities and can be linked to common underlying risk factors that enable further exposure and spread of disease. Significantly elevated levels of CDs (such as TB and HIV, as well as HIV-TB co-infection) are further complicated by issues of remoteness, limited access to health services, social stigmatization and socio-economic issues.

Health Protection CDC management programs and initiatives support public health measures to mitigate these underlying risk factors by:

- Preventing, treating and controlling cases and outbreaks of CDs (e.g., immunization, TB and sexually transmitted infection screening, TB Directly Observed Therapy).
- Promoting public education and awareness to encourage healthy practices.
- Strengthening community capacity (e.g., to prepare for and respond to pandemic influenza).
- Collaborating with the Health Surveillance Department to identify risks (e.g., surveillance and reporting).
- Creating and delivering culturally appropriate CDC Public Health training.

In collaboration with other regional health authorities, CDC programming focuses on communicable disease management, vaccine preventable diseases, blood borne diseases

and sexually transmitted infections, TB infections and disease and CD emergencies. A number of these activities are closely linked with those undertaken in the environmental health programming area, particularly as they relate to waterborne, foodborne and zoonotic infectious diseases.

Health Protection CDC works with communities and health care teams to identify strengths and opportunities in CDC Public Health Programs and communicates and cultivates open dialogue with First Nations communities, health care teams, FNHA colleagues, the First Nations Health Directors Association and external partners.

## Immunization Program

The immunization program focuses on increasing uptake of routine infant series and preschool immunization as well as routine immunization across the lifespan. The overall expected outcomes are to improve coverage rates for routine immunizations, reduce vaccine-preventable disease incidence and outbreaks, and to support the development of an enhanced immunization surveillance system.

### Objectives

- Ensure equitable access to newly recommended vaccines through BC Ministry of Health funding and BC Centre for Disease Control (BCCDC).
- Improve the coverage rates of routine immunizations for children between the ages of two and seven.
- Improve data and understanding of immunization health surveillance coverage rates, the incidence of vaccine preventable diseases, barriers to immunization and best practices in implementation.
- Ensure excellence in immunization program delivery in BC First Nations Communities by Registered Nurses/Community Health Nurses.

### Components

- **Service Delivery:** Provides direct immunization-related services on-reserve by Community Health Nurses. These include administering vaccines according to appropriate BC schedules; notifying residents when they are due for vaccines; and forecasting effectively for vaccine equipment needs while monitoring wastage. The program supports the delivery of an immunization program that is reflective of its respective BC immunization program with the goal of ensuring basic immunization services in community are comparable to those delivered by regional health authorities off-reserve.
- Clinical consults include:
  - Consulting directly with Community Health Nurses working with community members who have complex immunization needs;

- Providing technical support in immunization program development by Health Directors and Community Health Nurses, and interpreting the scope of practice for health care staff as it relates to providing immunization services;
- Advocating for community health staff when issues emerge with program delivery, internally or externally with regional partners; and
- Creating resources for Registered Nurses to ensure purchasing and maintenance of immunization resources and supplies.
- **Public Health Education and Awareness:** Supports activities that inform, educate and create awareness on vaccine-preventable diseases and immunization through mechanisms such as workshops, promotion resources, teleconferences and social marketing campaigns.
- **Capacity Development:** Supports activities that enhance and support development of health care workers' knowledge and skills through mechanisms such as training, workshops and professional certification, as required. This includes ensuring that all Registered Nurses are certified to the highest standard in their immunization knowledge and skill by holding education sessions for beginning and expert, and overseeing delivery of Immunization Certification Program in community; creating an Immunization Incident Reporting form and process for all Registered Nurses delivering immunizations within communities; and planning for future reduction of systems-related errors.
- **Surveillance Data Collection and Evaluation:** Supports activities that enhance and support development of the technical strategies required to improve data collection and surveillance through ongoing investigation of new data collection mechanisms and arrangements, as determined by the FNHA Health Surveillance department. This includes collaborating with FNHA Panorama and Surveillance Teams to develop, introduce and implement an enhanced immunization surveillance system; and to develop and implement templates and a final document for an annual immunization report with the Health Surveillance department.

### Types of Service Providers

CDC Nurse Specialists, Physicians, Community Health Nurses, Community Health Workers and Health Directors.

### Provider Qualifications

Providers are registered members in good standing with their relevant professional associations and are entitled to practice their profession in accordance with the laws of BC. A variety of training, including on-the-job training, is required for Community Health Workers.

## Sexually Transmitted and Blood Borne Infections (STBBI)/Harm Reduction

## (HR)/Human Immunodeficiency Virus (HIV)/Hepatitis C Virus (HCV)

These programs focus on prevention, education, awareness and community capacity building, as well as facilitate access to quality and timely diagnosis, care, treatment and social support.

### Objectives

- Increase awareness of STBBI/HR/HIV and HCV through improved community-based knowledge development.
- Increase the availability of evidence-based STBBI/HR/HIV and HCV interventions.
- Decrease the number of new infections.
- Diagnose HIV as early as possible in people already infected.
- Reduce the stigma of STBBI/HR/HIV and HCV within communities.
- Promote testing, access to prevention, education and support, and supportive social environments for those vulnerable to and living with STBBI/HR/HIV and HCV.
- Increase effective collaboration towards the achievement of a coordinated and integrated response to STBBI/HR/HIV and HCV across jurisdictions.

### Components

- **Service Delivery:** Facilitates access to quality screening, diagnosis, care, counselling, support and treatment through partnerships with physicians, community partners, health service centres, Community Health Representatives and other health service providers, and through referrals, when appropriate, to provincial health services. This includes:
  - Supporting Community Health Nurses to work to their full scope of practice.
  - Facilitating collaboration and partnership with regional health authority public health nurses.
  - Participating in provincial health system processes to ensure reflection of First Nations and Aboriginal peoples in STBBI, HR, HIV and HCV initiatives.
  - Providing support and resources to regional Aboriginal service organizations.
  - Supporting local resources and the development of local networks to support First Nations communities.
  - Working across FNHA teams to ensure integration and holistic care.
  - Providing consultation for Community Health Nurses working with community members who have complex needs and subject matter expertise consultation for the FNHA Nursing Services Team.
- **Public Education and Awareness:** Supports culturally appropriate public awareness campaigns to help prevent further spread, and reduce stigma and discrimination to encourage care-seeking behaviour. Education on risk factors is provided through mechanisms such as knowledge-exchange initiatives. This includes:
  - Working with Health Directors, Community Health Nurses and other

- stakeholders advocating to reduce challenges in providing sexual health and harm reduction in partnership with the regional health authorities;
  - Working in collaboration with the BCCDC and the regional health authorities to engage people who use drugs (i.e. Compassion, Inclusion and Engagement) in initiatives that affect systems change around harm reduction service delivery so that they are more compassionate and inclusive; and
  - Delivering trainings and workshops designed to decrease stigma and judgement.
- **Capacity Development:** Facilitates access to skilled health professionals and provide relevant training opportunities to those supporting program delivery in order to develop their capacity to respond to STBBI/HR/HIV and HCV and related health issues. This includes program design, implementation and evaluation of STBBI/HR/HIV and HCV; and training and supporting Community Health Nurses and Community Health Representatives in sexual health, harm reduction and trauma-informed practice through workshops, community visits and development of educational resource materials.
- **Culturally Relevant Curriculum:** Designs and creates culturally relevant curriculum and workshops that promote healthy sexuality and harm reduction with First Nations communities. The team works with regional staff, health authority partners and First Nations communities to build capacity to prevent the spread of HIV, hepatitis and sexually transmitted infections, celebrating the resources and strengths of each individual community. They partner with other Indigenous HIV organizations and community groups to plan, deliver and improve services and resources related to harm reduction and healthy sexuality.
- **Surveillance, Data Collection and Evaluation:** Supports activities such as evidence-based analysis and the development and dissemination of knowledge resources leading to improved surveillance data analysis and effective programming. This includes collaborating with and supporting internal FNHA Panorama and Surveillance Teams; and participating in FNHA/BCCDC Joint Surveillance.

## Types of Service Providers

CDC Nurse Specialists, Physicians, Community Health Nurses, Community Health Workers and Health Directors.

## Provider Qualifications

Providers are registered members in good standing with their relevant professional associations and are entitled to practice their profession in accordance with the laws of BC. A variety of training, including on-the-job training is required for Community Health Workers.

## FNHA Tuberculosis Services

FNHA TB Services – In’ati Is’ick (Paddling Together) – aims to close the gap in disparity of TB incidence for First Nations peoples of BC to meet the all-population rate in Canada by 2020. Larger range targets include the World Health Organization goal for low-incidence countries that aims for a 50% reduction in TB incidence and less than 10 cases of TB per million population by the year 2035. High-level strategies include assurance to timely and culturally safe diagnosis, treatment and follow-up care for those exposed to and diagnosed with TB, transformation of medicalized TB models of prevention to community-driven health integrated interventions informed through Indigenous perspective.

### Objectives

- Reduce the incidence of TB disease in First Nations communities through culturally informed and community-driven interventions.
- Assure systematic early detection, diagnosis and monitoring of TB disease in order to eliminate the cycle of transmission.
- Promote holistic treatment including case management; integration of traditional medicine; and social, spiritual and physical support via community integration and the Ho’kumelh O’pekwan (gathering basket) aspect of the program.
- Build capacity, compassion and engagement within community through training and funding Wellness Champions: community members who provide directly observed therapy, education and story-sharing to persons affected by TB and their communities.
- Collaborate with First Nation, provincial and federal public health, nursing and medical professionals toward the prevention and control of TB disease at the community level.
- Operate with excellence through the incorporation of surveillance, data collection and evaluation as well as First Nations community expertise and Indigenous scholarship in program development, implementation and evaluation.

### Components

FNHA TB Service provision takes place through collaboration between FNHA TB Services, First Nations communities and provincial partners. Services are primarily delivered in First Nations communities and include community-level assessment, monitoring and prevention of TB, holistic case management of TB disease and contact investigation when TB disease is present, capacity building through culturally-informed TB awareness and prevention activities, and surveillance, data collection and evaluation.

- **Community-Level Screening, Monitoring and Prevention of TB:** Conducts systematic and ongoing assessment of TB infection in persons at risk for exposure to TB disease or for persons at risk of progression to TB disease if infected. This includes integration of TB clinical assessment tools – Tuberculin skin test, health



history and symptom review, radiology and interferon- $\gamma$  release assay – as well as the foundation of trust and relevance as determined by community.

- **Holistic Case Management of TB Disease and Case Management:** Provides integrated, holistic case management of persons experiencing TB disease and those exposed to infectious TB. Efforts strive for a culturally safe, client-centered approach to all aspects of care. Team members include Community Health Nurses, Wellness Champions, Elders/cultural leaders and primary care providers. FNHA TB Services Nurse Advisors provide TB service consultation, coordination and guidance. BCCDC provides TB physician recommendations. Community Health Nurses oversee care management and align treatment with existing health conditions and services. Wellness Champions are community members who provide directly observed therapy, education, cultural navigation and encouragement to persons affected by TB. Primary care providers oversee clinical monitoring. FNHA TB Services Nurses act as a coordination hub assuring care progresses according to quality standards and that services are provided with equity and safety. Team members travel to community to provide intensive consultation as well as training, facilitation of community engagement when TB is of concern and direct clinical service support as needed. BCCDC provides clinical oversight of TB treatment and evaluation of persons exposed to TB disease. The Ho'kumelh O'pekwan (gathering basket) aspect of the program provides basic need supplementation in order to assure that TB patients have nutritional, transportation and other basic needs critical to successful treatment. It also gifts clients, Wellness Champions and nurses in recognition of the hard work of paddling together for success.
- **Capacity Building through Culturally Informed TB Awareness and Prevention Activities:** Provides culturally informed education and awareness materials (such as posters and brochures); training workshops for Community Health Nurses and Wellness Champions; community-based gatherings with the aim of increasing awareness of TB and reducing trauma-associated impacts in community. An additional Relational Wellness workshop occurs with the aim of increasing the functionality of relational partnerships between all team members involved with TB clients. Two Vancouver-based Registered Nurse level TB trainings occur per year and three to six community, or regional based, Community Wellness Champion focused workshops occur per year.
- **Surveillance, Data Collection and Evaluation:** FNHA TB Services partners with the BCCDC to monitor TB incidence trends for active TB disease, TB infection and community-level assessment activities. Epidemiologic studies provide critical information toward the development of services including assessment protocols and high incidence or outbreak management. Current evaluation and strategic planning activities include bacilli Calmette-Guérin vaccine post-discontinuance evaluation, interferon- $\gamma$  release assay testing access expansion, FNHA TB Services performance measurement development, and potential short course preventive TB therapy.

## Types of Service Providers

CDC Nurse Specialists, Physicians, Community Health Nurses, Community Health Workers and Health Directors.

## Provider Qualifications

Providers are registered members in good standing with their relevant professional associations, and are entitled to practice their profession in accordance with the laws of BC. Training, including on-the-job training, is required for Community Health Workers.

## Communicable Disease Management and Follow-up

CD Management supports health care professionals with reportable CD prevention and control by ensuring timely and appropriate responses to cases, contacts and outbreaks in First Nations communities. The BCCDC Communicable Disease Control Manual, Chapter 1 provides the best practice guidelines for CD management in community. The CD management program collaborates with regional health authority CD teams to provide culturally safe care and align with the FNHA Directive: Community Driven, Nation Based as the foundation of CD management within First Nations communities.

## Objectives

- Ensure that First Nations communities receive equitable, timely and culturally safe CD management services in community, through collaboration with regional health authorities, FNHA, BCCDC and BC Ministry of Health.
- Develop a culturally safe CD Management guideline in collaboration with First Nations communities, FNHA, regional health authorities, BCCDC, and BC Ministry of Health to facilitate delivery of CD management services and clarify roles and responsibilities.
- Provide clinical consultation with health care professionals working with First Nations communities to develop the knowledge, skill and competency to:
  - Follow Chapter 1 of the BCCDC CDC Manual;
  - Complete the relevant BCCDC disease specific provincial surveillance forms;
  - Follow the CD management recommendations of the regional health authority Medical Health Officer and CD team to ensure diagnosis, treatment, contact tracing, chemoprophylaxis, immunoprophylaxis and education are provided as required.
- Collaborate with Office of Chief Medical Officer and regional health authority CD teams to provide:
  - Clinical CD expertise to inform public health messaging for community members as part of CD prevention and management initiatives;
  - CD education and resources for health care professionals to use with community; and

- Referrals to additional supports as required to ensure CD Management activities are completed and documented within community.

## Components

- **Service Delivery:** In the event of a CD case, contacts or outbreak, consults with health care professionals working in First Nations communities and collaborate with regional health authorities to ensure diagnosis, treatment, contact tracing, chemoprophylaxis, immunoprophylaxis and education are provided as indicated. CD management resources will be developed and updated as needed and health care professionals in First Nations communities will be consulted to develop community-oriented CD information.
- **Public Education and Awareness:** Incorporates a cultural safety and humility lens and community context into health care professional education. Further, public CD information on the FNHA website is published in collaboration with Communications and the Office of Chief Medical Officer to ensure community members can access relevant information to support the health and wellness of their families and communities.
- **Capacity Development:** Works with health care professionals to strengthen their knowledge, skills and competency to respond to a reportable CD case or outbreak. The program also facilitates the development and implementation of CD management guideline with regional health authorities, BCCDC and the BC Ministry of Health. The CD Management guideline is a collaborative effort with the Office of the Chief Medical Officer and Environmental and Public Health Services to meet the FNHA directives and regional health authority Medical Health Officer recommendations.
- **Surveillance, Data Collection and Evaluation:** The FNHA does not directly collect reportable CD data from communities or conduct reportable CD surveillance other than tuberculosis (see FNHA TB Services). In BC, the majority of reportable CDs are sent from the BCCDC to regional health authority CD teams. Within each regional health authority CD team, CD management is completed in collaboration with the health care professional in the First Nations community and FNHA Health Protection Team. When community-based health care professionals participate in reportable CD management activities, a disease-specific provincial surveillance form may be required. These forms are collected and used by the BCCDC in their Annual Summaries of Reportable Diseases. In the future, community-based surveillance will be strengthened when First Nations health service organizations capture their CD management activities in Panorama.

## Types of Service Providers

CDC Nurse Specialists, Physicians, Medical Health Officers, Environmental Health Officers, Nurse Practitioners and Community Health Nurses.

## Provider Qualifications

Under the *Health Professions Act*, health care professionals are registered members in good standing with their College and are entitled to practice their profession in accordance with the laws of BC. A variety of training, including on-the-job training, is required for health care professionals to ensure they have the knowledge, skills and competency to ensure evidence informed CD Management best practices with First Nations communities.

## Pandemic & Communicable Disease Emergencies

The Pandemic & Communicable Disease Emergencies (CDE) program is responsible for ensuring that the special considerations and needs of First Nations communities are reflected in overall pandemic planning and supports the development, strengthening and testing of community pandemic plans.

### Objectives

- Support communities in preparing for a pandemic or communicable disease emergency by facilitating testing and revision of community-level plans as needed.
- Facilitate communities' response to a pandemic (e.g., support mass immunization clinics, provide training, guidance documents, etc.)
- Ensure health facilities have access to personal protective equipment (e.g., masks, gloves, gowns) during a pandemic.
- Ensure that First Nations circumstances are reflected in pandemic planning at regional health authorities and all levels of government.

### Components

- **Service Delivery:** Supports the development and testing of community pandemic plans as well as response efforts during a pandemic. The CDE program promotes the pandemic planning services to First Nations communities and provides, on request, in-community plan reviews and pandemic tabletop exercises with the community emergency committee.
- **Public Education and Awareness:** Develops culturally appropriate education and information materials for the FNHA website. In addition, there is collaboration with FNHA Community Engagement and the First Nations Health Directors Association to promote FNHA pandemic planning services to First Nations Community Health Directors. Pandemic and Communicable Disease Emergencies community awareness events are provided on request, including drop-in days at the health centres, educational sessions at community events and support for community lunches or dinners including educational quizzes and games (e.g. Pandemic Bingo).
- **Capacity Development:** Works with communities' health professionals and leaders to strengthen their skills in planning and testing their pandemic plans and to increase their ability to respond to a pandemic or communicable disease

emergency.

- **Surveillance, Data Collection and Evaluation:** Conducts periodic testing and strengthening of pandemic plans to support community-level preparedness through facilitated tabletop exercises. This allows communities to evaluate their own pandemic and communicable disease emergency preparedness. As part of this program's ongoing commitment to quality improvement, at each facilitated tabletop exercise of a pandemic plan, the participants are asked to evaluate the process and experience and identify areas for improvement. A review of this evaluation data informs future initiatives with the pandemic planning program at the community level.

### Types of Services Providers

Communicable Disease Control Nurse Specialists, First Nations Community Health Directors, Community Health Nurses, Community Health Works and Community Emergency Managers/Responders

### Provider Qualifications

Providers are registered members in good standing with their relevant professional association or college and are entitled to practice their profession in accordance with the laws of BC. Community knowledge and experience in preparedness and response to health emergencies is an asset, although in-person and by distance trainings are provided to those involved with preparedness and response.

## Panorama Public Health System Implementation and Supports

The First Nations Panorama Program allows public health partners to more effectively share and manage public health information and support clients' circle of care. Working closely with provincial and Yukon partners, the Panorama Implementation and Support Team works to ensure that the needs of nurses working in First Nations health service organizations are represented at every level of governance. Through the Panorama Public Health Surveillance System, the FNHA is working to ensure that there is timely, accurate and useful public health and CD surveillance, and research and data collection systems for on-reserve First Nations. This and other electronic systems are designed to improve decision making and, ultimately, lead to better health care and health outcomes for First Nations.

### Objectives

- Reduce the inequities of access to clinical information experienced by nurses in a public health role in First Nations health service organizations.
- Support the growth of capacity related to the use of an electronic documentation

system.

- Increase capacity related to eHealth Conformance and privacy standards for those First Nations health service organizations using Panorama.
- Provide tools and support to enable accurate reporting of public health measures.
- Work toward implementation with respect for capacity, workload and community priorities.

## Components

There are five streams of service provided by the team to First Nations health service organizations:

- Implementation support, including eHealth Conformance and Privacy;
- User account management for access to the system;
- User training and clinical documentation support;
- Post-implementation support for continued maintenance of eHealth Conformance; and
- Ongoing user support (i.e., staff turnover, requests for access and, refresher training).

## Types of Service Providers

Nurse Specialists, Panorama System Analysts, Panorama Implementation and Sustainment Specialists.

## Provider Qualifications

Clinical providers are registered members in good standing with their relevant professional association and entitled to practice their profession in accordance with the laws of BC.



# Section 3: Health Promotion and Disease Prevention

## Healthy Living

- Chronic Disease Prevention and Management
- Aboriginal Diabetes Initiative
- Injury Prevention

## Healthy Child Development

- Fetal Alcohol Spectrum Disorder
- Pre-Natal Nutrition
- Aboriginal Head Start On-Reserve
- Maternal and Child Health Programs

## Mental Health and Wellness

- Brighter Futures
- Building Healthy Communities
- National Aboriginal Youth Suicide Prevention Strategy
- Alcohol and Drug Use Services

## Healthy Living

The Wellness Program Support Team provides professional expertise in the area of healthy living and supports a suite of community-based programs, services, initiatives and strategies that aim to improve health outcomes associated with chronic diseases and injuries among First Nations individuals, families and communities. Initiatives promote healthy behaviours and supportive environments, particularly in the areas of healthy eating, food security and physical activity, and address chronic disease prevention, screening and management and injury prevention.

Funding also supports: knowledge development, dissemination and exchange; research; monitoring and evaluation; public education and outreach; capacity building; program coordination; consultation; and other health promotion and disease prevention activities related to healthy living.

## Chronic Disease Prevention and Management

In this program cluster, community-based programs deliver services and activities that aim to reduce the rate of chronic diseases such as type 2 diabetes among Indigenous people. The key objective is to improve the health status of First Nations individuals, families and communities through actions designed to contribute to the promotion of healthy living and supportive environments (important for the prevention of all chronic diseases) and specifically, the reduction of the prevalence and incidence of diabetes. To that end, focus is placed on addressing healthy eating, food security, physical activity and obesity, as well as increasing awareness of diabetes, its risk factors and complications and supporting diabetes screening and management. Activities include sharing community knowledge and promising practices, supporting community planning, and training health service providers and community workers.

## Aboriginal Diabetes Initiative

The goal of this program is to improve the health status of First Nations individuals, families and communities through actions aimed at reducing prevalence and incidence of diabetes and its risk factors. The initiative provides direct funding to communities to undertake a variety of community-based actions that promote healthier eating and active living. These activities aim to increase awareness and knowledge of risk factors and approaches to diabetes prevention; provide access to health promotion initiatives targeted at diabetes prevention, screening and management; training opportunities and continuing education to community diabetes prevention workers and health professionals; and increasing community access and capacity to deliver diabetes prevention programs and

services. The initiative also funds three mobile units that provide prevention education along with screening and management of diabetes of individuals living in rural and remote First Nations communities.

## Objectives

- Increase awareness of diabetes, diabetes risk factors and complications as well as ways to prevent diabetes and diabetes complications in First Nations communities.
- Support activities targeted at healthy eating and food security.
- Increase physical activity as a healthy living practice.
- Increase the early detection and screening for complications of diabetes in First Nations communities.
- Increase capacity to prevent and manage diabetes.
- Increase knowledge development and information-sharing to inform community-led evidence-based activities.
- Develop partnerships to maximize the reach and impact of health promotion and primary prevention activities.

## Components

- **Health Promotion and Primary Prevention:** Supports a wide range of community-led and culturally relevant health promotion and prevention activities offered in First Nations communities to promote diabetes awareness, healthy eating and physical activity as part of healthy lifestyles.
- **Screening and Treatment:** Supports complications-screening initiatives in remote and rural areas in some regions. In other regions, program funding has been directed towards diabetes education and complications prevention, including foot care programming and diabetes self-management.
- **Capacity Building and Training:** Supports training for community diabetes prevention workers including continuing education for health professionals and paraprofessionals working in communities in areas such as diabetes education, health promotion, foot care and cultural competency. Regional multidisciplinary teams provide subject matter expertise to communities in areas including diabetes, nutrition, food security and physical activity.
- **Research, Surveillance, Evaluation and Monitoring:** Supports activities related to research, surveillance, evaluation and monitoring of diabetes prevention and promotion initiatives, and supports efforts to build the evidence base for nutrition and food security.

## Types of Service Providers

Service providers may include, but are not limited to, community diabetes prevention workers, physical activity specialists, nutritionists/dietitians, Community Health Nurses and Community Health Representatives and doctors.

## Provider Qualifications

When using a professional health care provider, projects must ensure that the provider is a registered member in good standing of the college or professional association in the province of BC and entitled to work in accordance with the laws of BC.

## Injury Prevention

The key objective of injury prevention activities is to work with national and regional partners, including National Indigenous Organizations, non-government organizations, provinces and territories, researchers, communities and other partners to gather existing data and statistics to: monitor injury trends; promote best practices; identify priorities for knowledge development, dissemination and exchange; and contribute to the development of tools to assist First Nations to create a community environment that prevents injuries. FNHA participates on the BC Injury Prevention Policy Advisory Committee, which brings together all health authorities in BC, to ensure that BC First Nations priorities for injury prevention are integrated with the provincial context and priorities. Injury prevention education is provided through community-based programs, such as Aboriginal Head Start and Brighter Futures, to help First Nations understand the importance of injury prevention from an early age.

## Healthy Child Development

The Wellness Program Support Team provides professional expertise in the area of Healthy Child Development and supports community-based and culturally relevant programming, services, initiatives and strategies that aim to improve health outcomes associated with First Nations maternal, infant, child, youth, young adult and family health. The areas of focus include universal and enhanced programming targeting pre- and post-natal health, infant and child health, early learning and development, youth development and physical, emotional and mental health.

More specifically, programming provides increased access to a continuum of supports for women and families with young children from preconception through pregnancy, birth and parenting children from birth to age six. Funding also supports knowledge development and dissemination, monitoring and evaluation, public education and outreach, capacity building, program coordination, consultation and other health promotion and disease prevention activities related to healthy child and youth development. Healthy child development activities are provided through community-based programs such as Fetal Alcohol Spectrum Disorder, Pre-Natal Nutrition, Aboriginal Head Start On-Reserve and

Maternal and Child Health programs.

### Objectives

- Collaborate with First Nations community, FNHA regional, provincial and federal government partners to improve the coordination of, and access to, healthy child and youth development programs and services.
- Aid the development, delivery and management of culturally appropriate programs, services and initiatives for First Nations living on-reserve by providing increased support for women and families with young children from preconception through pregnancy, birth and parenting.
- Ensure that programs and services are evidence-based, using a continuum of care model that includes prevention and health promotion (awareness and education), intervention (assessment, referrals and counselling) and support.
- Build upon the strengths among First Nations individuals, families and communities to deliver community-based culturally appropriate health promotion and disease prevention programs and services by supporting activities such as training and asset mapping.

### Fetal Alcohol Spectrum Disorder

The Fetal Alcohol Spectrum Disorder (FASD) program supports the development of culturally appropriate evidence-based prevention, promotion and early intervention programs related to FASD. The program implements prevention programs through mentorship, using a home visitation model – Parent Child Assistance Program. The Program is an evidence-based home visitation case-management model for mothers who use alcohol or drugs during pregnancy. Its goals are to help pregnant and parenting women to build healthy families and prevent future births of children exposed prenatally to alcohol and drugs.

### Objectives

- Support the development of culturally appropriate and evidence-based prevention and early intervention programs related to FASD.
- Support capacity building and training of community workers and professional staff, development of action plans, and prevention, education and awareness activities.
- Implement prevention programs through mentoring projects, using an evidence-based home visitation model (mentors help a woman identify her strengths and challenges, and link her to appropriate services/supports that can help reduce her risk of having a baby affected by FASD).
- Implement intervention programs through case management and community coordination to facilitate access to diagnosis and to help families connect with multidisciplinary diagnostic teams and other supports and services.

## Prenatal Nutrition

The Prenatal Nutrition program aims to build on the strength of mothers and babies by supporting pregnant women to experience healthy well-balanced nourishment during pregnancy, continuing with healthy nourishment of the mother and child beyond birth.

### Objectives

- Support maternal and infant nourishment and breastfeeding promotion. Activities fall under three core elements that include nutrition screening, education and counselling; maternal nourishment; and breastfeeding promotion, education and support.

## Aboriginal Head Start On-Reserve

The Aboriginal Head Start On-Reserve Program supports parents, guardians and extended family members of First Nations children to become their first teachers. Focusing on families of children from birth to age six years, these community-based programs aim to develop school readiness as well as a lifelong interest in learning in First Nations children.

### Objectives

- Support the spiritual, emotional, intellectual and physical growth of each child.
- Support and encourage children to enjoy lifelong learning.
- Support parents, guardians and extended family members as the primary teachers.
- Encourage parents and the broader First Nations community to play a role in planning, developing, implementing and evaluating the Aboriginal Head Start On-Reserve Program.
- Build relationships and coordinate with other community programs and services to enhance the effectiveness of the program.
- Encourage the best use of community resources for children, as well as for their parents, families and communities.

### Components

- **Culture and Language:** Promotes and supports children experiencing their First Nations culture and learning their language. This includes activities and events that allow children to develop a sense of belonging and identity as a First Nations person, and to learn and retain their First Nations languages. Programming also includes cultural resources to support children's learning, as well as activities that support the linkage between the program and community cultural events.
- **Education:** Promotes lifelong learning by promoting activities and events that encourage children's readiness to learn skills and focus on their physical, spiritual, emotional, intellectual and social development needs. For example, children can

learn early literacy skills such as printing, recognizing sounds and words and developing gross and fine motor skills. The environment is organized around routines that encourage children's active learning and positive social interactions, including opportunities for children to learn through play.

- **Health Promotion:** Encourages children and families to live healthy lives by following healthy lifestyle practices. Programming provides activities and events that promote physical activity, such as outdoor playground activities and traditional games. Staff are also provided with opportunities and activities that promote self-care, such as helping children to brush their teeth. Staff encourages the appropriate physical, visual, hearing and developmental assessments of children. Programming provides visits with health professionals such as nurses (for immunizations), dental hygienists, speech therapists and physicians. Support is also offered to parents and families through access to other professionals such as drug and alcohol addictions counselors, mental health therapists, and/or environmental health officers.
- **Nutrition:** Teaches children and families about healthy foods that will help them meet their nutritional needs. Programming offers nutritious snacks and/or meals using Eating Well with Canada's Food Guide-First Nations, Inuit and Métis, and can provide children with opportunities to participate in traditional food gathering activities. In addition, the Nutrition component ensures that parents/guardians have opportunities to meet with health professionals such as nutritionists.
- **Social Support:** Assists parents and guardians to become aware of the resources available to them in achieving a healthy and holistic lifestyle. Programming includes activities and events that allow young children and their families to gain information about, and access to, other community service sectors and service providers. Programming provides a variety of learning opportunities and training for parents and families.
- **Parental and Family Involvement:** Recognizes and supports the role of parents and family as the primary teachers and caregivers of their children. Programming provides opportunities for parents/guardians, families and community members to participate directly in the program, including attending parent/guardian committees, monthly family dinners, children's field trips or other after-hour activities. Outreach services/home visits support parental and family involvement by bringing information into the home, including on how to register their children in the Aboriginal Head Start On-Reserve Program.

## Maternal and Child Health

The Maternal and Child Health program is designed to support pregnant First Nations women to experience healthy pregnancies and support parents of infants and young children and their families to support their children's optimal development to adulthood. In funded First Nations communities, Maternal and Child Health programs aim to reach all pregnant women and new parents, providing longer-term support for those who require

additional supports. Services provided through Maternal and Child Health programs include screening and assessment of pregnant women and new parents and case management through home visitation. Home visits allow interaction between the support staff and family to assess and provide education, support to pregnant women and families with infants on parenting skills and knowledge, healthy child development, positive lifestyle changes, preconception health, optimal maternal reproductive health and access to social supports.

### Objectives

- Implement support services that include screening and assessment of pregnant women and new parents to assess family needs; reproductive and preconception health promotion; and home visiting by nurses and community-based workers to provide follow up, referrals and case management as required.
- Enable home visiting to offer education and support to pregnant women and families with infants with respect to parenting skills and knowledge, healthy child development, positive lifestyle choices, preconception health, optimal maternal reproductive health and access to social supports.

## Mental Health and Wellness

The Mental Health and Wellness Team provides program and clinical consultative services, and works in partnership with regions and provincial partners, in the area of mental wellness programming in BC First Nations communities.

### Brighter Futures

Brighter Futures is a community-based program for First Nations communities. The program promotes health and wellness through learning-related activities that strive to increase awareness, change attitudes, build knowledge and enhance skills.

### Objectives

- Improve the quality of, and access to, culturally appropriate, holistic and community-directed mental health, child development and injury prevention services at the community level.

### Components

- **Mental Health:** Improves the quality of, and access to, culturally appropriate mental health services at the community level. Activities include training; planning; consultation and information exchange; promotion of linkages among health, children and families; and comprehensive community projects.
- **Child Development:** Strengthens the existing child development network of social,



health, medical, educational and cultural services. Activities include the provision of resource centres, infant stimulation programs and behavioural and developmental counselling involving parents and children.

- **Injury Prevention:** Reduces death and acute and long-term disability due to childhood injuries. Activities targeted at preventing injury include public education; training of community workers; knowledge development; and assisting communities to develop appropriate bylaws and regulations.
- **Healthy Babies:** Improves the physical, mental and social health and well-being of mothers and infants through nutritional education; emphasis on regular medical examinations during pregnancy; education on the dangers of alcohol and other drug use during pregnancy; and training for community-based workers.
- **Parenting Skills:** Promotes culturally appropriate parenting skills by providing funding to support the development and delivery of training programs for parents of children aged two and older.

## Building Healthy Communities

This program is designed to assist First Nations communities to develop community-based approaches to youth substance use and mental health crisis, the two components of the initiative. Communities have the flexibility to determine which community-based program, services and/or activities they want to provide.

### Objectives

- Assist communities in preparing for and managing mental health crises such as suicide and substance use.
- Address community capacity-building by training caregivers and community members to deliver programs and services within their own communities.

### Components

- **Mental Health Crisis Intervention:** Provides funding for a variety of activities related to mental health crisis intervention including assessment and counselling programs; referrals for treatment and follow-up; after-care and rehabilitation to individuals and communities in crisis; culturally sensitive accredited training for community members and caregivers on crisis management; intervention; trauma and suicide prevention; and community education and awareness of mental wellness and suicide prevention.
- **Solvent Use:** Provides funding for culturally appropriate, community-based prevention and intervention programming for youth solvent users.

## National Aboriginal Youth Suicide Prevention Strategy

The National Aboriginal Youth Suicide Prevention Strategy targets resources that support a

range of community-based solutions and activities that contribute to improved mental health and wellness among Indigenous youth between the ages of 10 and 30 years, their families (including infants, children, youth and parents) and communities.

### Objectives

- Increase protective factors (e.g. youth leadership) and decrease risk factors (e.g. loss of traditional culture) for youth suicide. This includes increasing community capacity to deal with the challenge of youth suicide, enhancing community understanding of effective suicide prevention strategies and supporting communities to reach youth at risk and intervene in times of crisis.
- Target resources that support a range of community-based solutions and activities which contribute to improved mental health and wellness among Indigenous youth, families and communities.

### Components

- **Primary Prevention:** Supports activities that focus on mental health promotion activities that increase resiliency and reduce risk among Indigenous youth.
- **Secondary Prevention:** Supports activities that focus on supporting collaborative, community-based approaches to suicide prevention.
- **Tertiary Prevention:** Supports activities that focus on increasing the effectiveness of crisis response, stabilization and aftercare for survivors.
- **Knowledge Development:** Supports activities that aim to improve what we know and what works in the field of Indigenous youth suicide prevention.

### Types of Service Providers

Coordinators, volunteers, youth workers, suicide prevention workers, wellness workers, crisis counsellors, Elders and traditional teachers, mental health paraprofessionals, Community Health Nurses, community health representatives, and recognized mental health service providers.

### Provider Qualifications

Professional health care providers must be registered members in good standing with the college and/or professional association applicable to the provider's profession and entitled to practice their profession in accordance with the laws of the province as applicable. Qualifications for volunteers/paraprofessionals/community-based workers are determined by each community.

## Alcohol and Drug Use Services

Alcohol and Drug Use Services provides a range of community-based prevention and

treatment services and supports. Community-based programming includes prevention, health promotion, early identification and intervention, referral, aftercare and follow-up services. These services are integrated with a network of addiction treatment centres that provide culturally relevant inpatient, outpatient and day or evening programs for alcohol, solvents and other drug addictions.

## Objectives

- Support First Nations and Inuit communities to establish prevention and treatment programming and interventions aimed at reducing harm, preventing alcohol, drug, and solvent use and supporting overall community wellness.

## Components

- **Prevention Initiatives:** Strives to prevent substance use, delay age of first substance use and avoid high-risk substance use. Initiatives aim to strengthen protective factors and minimize risk factors for substance use and addiction within individuals, families and communities. Prevention is linked with overall health promotion aimed at changing the underlying social, cultural and environmental determinants of health.
- **Early Identification and Intervention Initiatives:** Involves identifying and then screening people who may be at risk for developing, or already have, a substance use or mental health issue. By identifying those who may be at risk, service providers may be able to intervene in a way that is brief and focused and, if necessary, identify mental health and/or addiction-related resources and supports that may be required.
- **Screening, Assessment and Referral Services:** Identifies individuals at elevated risk for substance use challenges, collects the information required to refer the client to the appropriate course of treatment (such as outpatient or a residential treatment centre), identifies any additional services that might be required (such as withdrawal management, job support services) and provides a referral and liaison function to support timely access.
- **Treatment Planning:** Develops a treatment plan based on individual client requirements and current situation. Services vary and can include one-to-one or group counselling in community with a goal of working toward attendance at a residential treatment centre. Harm reduction is also an important component of treatment planning to reduce the risks associated with using substances. Treatment is most effective when trauma-informed and grounded in culture and tradition. Many different modalities of treatment are effective and can include, but are not limited to, group or individual counselling sessions, art therapy, somatic experience sessions and neurofield training.
- **FNHA-Funded Treatment Centres:** This is considered the first and primary option for addiction treatment. Funding support to access non-FNHA-funded treatment centres is considered based on the following rationale: need for specialized

treatment services for concurrent disorders (mental health and substance use); identified need for longer-term treatment beyond FNHA-funded centres' typical six-to-eight-week programs; deemed ineligible for FNHA-funded centre due to complex health conditions; and unavailability of FNHA-funded residential treatment services when client is ready for treatment. Requests for non-FNHA-funded treatment centres will be considered on an exceptional basis as outlined in the rationale above and clients must be free of commitments to the judicial system at the time of application.

- **Discharge Planning and Aftercare Services:** Seeks to build on the strong foundation set by the treatment process. These services provide an active support and structure within communities that facilitates the longer-term journey of individuals and families toward healing and integration back into a positive community life.
- **Performance Measurement, Research and Knowledge Exchange:** Supports the ongoing development and delivery of effective programs and services to enhance program approaches to better meet the needs of clients while getting the most value from available resources. This component of the program tracks client outcomes and supports more effective case management, program quality assurance, evaluation activities and identification of potential areas of research. Funding for treatment centres and community programs supports efforts to complete this work in a meaningful way. Knowledge exchange helps with the transfer of information among research, policy and practice at a community, regional and/or national level. Knowledge exchange supports the development of new approaches to care and helps to refine services at these levels through face-to-face meetings, conferences and web-based forums.

### Types of Service Providers

Support intervention and outreach workers, child and youth workers, alcohol, drug and crisis counsellors, solvent use workers, Elders and cultural practitioners, Community Health Nurses and Community Health Representatives. Mental health professionals (e.g., social workers and psychologists) also provide services with some treatment programs.

### Provider Qualifications

Professional health care providers such as psychologists and social workers must be registered members in good standing with the college and/or professional association applicable to the provider's profession, and entitled to practice their profession in accordance with the laws of BC. Qualifications for paraprofessionals/community-based workers are determined by communities.

# Section 4: Environmental Public Health Services

## Environmental Public Health Services

- Drinking Water Safety
- Food Safety
- Health and Housing
- Wastewater
- Solid Waste Disposal
- Facilities Inspection
- Communicable Disease Prevention and Control
- Emergency Preparedness and Response
- Environmental Contaminants

## Climate Change and Health Adaption Program

## Environmental Public Health Services Overview

Environmental Public Health addresses all the physical, chemical and biological factors external to a person, and all related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. According to the World Health Organization, it is targeted towards preventing disease and creating health-supportive environments. Conditions in the environment, both natural and human-built, can affect a person's ability to achieve and maintain good health. A healthy environment includes safe water and food supplies; properly designed, constructed and maintained housing and community facilities; and suitable treatment and disposal of wastewater and solid waste. To maintain a healthy environment, it is also necessary to plan for and respond to emergencies and work to prevent and control communicable diseases.

The FNHA's Environmental Public Health Services (EPHS) Team works in partnership with First Nations communities to identify and prevent environmental public health risks in First Nations communities that could impact the health of community members. Where public health risks are identified, recommendations are provided to reduce these risks. Through community training, education and awareness, community capacity is increased to achieve a healthy and safe environment. EPHS aims to reach an equivalent or better standard of environmental health as non-First Nations communities. The FNHA EPHS Team provides services to all First Nations communities<sup>2</sup> in the province of BC.

The following is a list of areas of responsibility based on the needs of the communities:

- Drinking water safety
- Food safety
- Health and housing
- Wastewater
- Solid waste disposal
- Facilities inspections
- Communicable disease control
- Emergency preparedness and response
- Environmental contaminants

Activities such as assessments, training sessions and public education are routinely provided according to community work plans developed with Chief and Council or as required at the request of Chief and Council or their administration. FNHA Environmental Public Health Services are carried out by Environmental Health Officers who work with communities to provide advice, guidance, education, public health assessments and

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<sup>2</sup> FNHA does not provide EPHS to Tsawwassen First Nation (treaty), and is currently determining its service approach to treaty/self-governing nations.

recommendations to First Nations and their leadership to help them prevent and manage public health risks associated with the environment. Environmental Health Officers visit First Nations communities at home (on-reserve) to inspect and assess environmental public health hazards and provide education and training sessions. They gather and analyze data to make recommendations on what steps can be taken to promote public health in First Nations communities. Environmental Health Officers do not hold legislative authorities under the *BC Public Health Act*; recommendations are provided to Chief and Council, who have the responsibility of addressing and implementing the recommendations.

### Guiding Principles

- Work with First Nations communities as active partners in environmental public health programming.
- Collaborate with public health workers, provincial and local health authorities, First Nations organizations and other federal, provincial and municipal departments and agencies when delivering environmental public health programming in First Nations communities.
- Strive for a level of on-reserve Environmental Public Health Services comparable to that available off-reserve.

### Objectives

- Identify and prevent environmental public health risks that could affect the health of community residents.
- Recommend corrective action and health promotion that may be taken by community leaders and residents to reduce these risks.
- Build community capacity to prevent and manage environmental health risks.

### Types of Service Providers

Environmental Health Officers, Environmental Health Technicians.

### Provider Qualifications

Environmental Health Officers must possess a Certificate in Public Health Inspection (Canada) issued by the Canadian Institute of Public Health Inspectors. Environmental Health Officers must be entitled to practice in accordance with the professional governing body (Board of Certification of Public Health Inspectors of the Canadian Institute of Public Health Inspectors) and laws of BC.

Environmental Health Technicians do not hold a professional qualification; however, they must have a combination of education and experience that enables them to provide a

supportive role to Environmental Health Officers and Community-Based Water Monitors. Typical relevant education would be in a field of environmental, biological or chemical sciences. Relevant experience can include carrying out monitoring programs, following established sampling protocols (including quality assurance and quality control programs), delivering training and demonstrating other community-level skills.

## Drinking Water Safety

Access to safe and reliable drinking water is essential for good health. FNHA Environmental Public Health Services undertakes activities related to drinking water safety in First Nations communities and works closely with Department of Indigenous Services Canada on drinking water related technical issues and drinking water advisories.

### Components

- **Drinking Water Monitoring:** Provides drinking water monitoring, surveillance and quality assurance/quality control. Implements and maintains a Community-Based Drinking Water Quality Monitoring Program, including training in accordance with the Community-Based Drinking Water Quality Monitor Reference Manual. Reviews and interprets water quality results according to the Guidelines for Canadian Drinking Water Quality. Where more stringent BC water quality guidelines exist, these will be applied. Professional laboratories approved by the Provincial Health Officer are used for microbiological samples and professional laboratories that are accredited by an accrediting body are used for chemical and radiological samples. Provides advice, guidance and recommendations to First Nations communities pertaining to drinking water safety issues such as boil water advisories, do not consume advisories or do not use advisories. Investigates water systems from source to tap and investigates suspected problems with community drinking water supplies. Reviews plans for new or upgraded community water systems from a public health perspective.
- **Community-Based Program Funding:** Provides funding, equipment and supplies to communities to implement the Community-Based Drinking Water Quality Monitoring Program, in accordance with the DWSP Funding Guidelines and the Community-Based Drinking Water Quality Monitor Reference Manual, to achieve the following objectives:
  - Sample and test drinking water supplies for *E.coli*, total coliforms and chlorine residuals in the community, in accordance with the *Guidelines for Canadian Drinking Water Quality*;
  - Reduce the possibility of waterborne disease events by increasing and improving the monitoring of and reporting on community drinking water supplies in the community;
  - Build the capacity of First Nations through community-based drinking water quality monitoring programs and Support Drinking Water Safety special



projects to develop community awareness and education, and to improve confidence in drinking water safety;

- DWSP program funding is not provided for capital, or operations and maintenance; and
- Environmental Health Officers will work with Community Health Representatives and Community-Based Water Monitors to ensure that sampling requirements – on which DWSP funding to communities is based – and public safety are met.

## Food Safety

Food safety includes the proper supply, storage, preparation and distribution of food.

FNHA EPHS works with Chiefs, Councils, food service operators, community meal programs and community members to prevent foodborne illness in First Nations communities. EPHS addresses potential public health issues related to both traditional and non-traditional foods.

### Components

- **Environmental Public Health Assessment:** Provides public health inspections of public food service facilities and community gatherings such as feasts, pow-wows, wellness fairs, ceremonies, music festivals and tournaments; reviews plans for new or upgraded food service facilities from a public health perspective; provides advice, guidance and recommendations to Chiefs, Councils, owners, operators and First Nations community members about public health issues related to food safety; reviews food safety and sanitation plans; and notifies communities of food recalls and alerts.
- **Public Education:** Provides public education to community members about food safety including sources, storage, preparation and distribution of both traditional and conventional foods in food service establishments and at home.
- **Training:** Delivers food handler training (e.g. FOODSAFE™) to food service personnel and volunteers at community gatherings.

## Health and Housing

A healthy home means those community members living in that home have the physical and social conditions necessary for health, safety, hygiene and comfort. FNHA EPHS works with First Nations communities, its members and other agencies to help address public health issues related to housing and health.

### Components

- **Environmental Public Health Assessment:** Provides public health inspections of at-home (on-reserve) housing upon request; inspections may include evaluation of

health and safety hazards including indoor air quality, contaminants, pest control, water supply, solid and liquid waste disposal, general safety, structural concerns and overcrowding. Reviews plans from a public health perspective for new housing developments and renovations, and provides advice, guidance and recommendations to Chief and Council, community workers and occupants related to all stages of housing, including site and design, construction, occupancy and demolition.

- **Public Education:** Provides public education to Chiefs, Councils, community workers and occupants about how to maintain a safe and healthy home.
- **Training:** Provides training sessions upon request on public health issues related to housing.

## Wastewater

Wastewater, also known as sewage, can be harmful to humans by spreading diseases and polluting surface and groundwater sources. FNHA EPHS identifies existing and potential hazards associated with wastewater disposal in order to reduce and prevent public health risks. Program activities focus on community wastewater treatment plants as well as on-site sewage disposal systems.

## Components

- **Environmental Public Health Assessment:**
  - Reviews plans for new on-site sewage disposal systems and repairs from a public health perspective.
  - Provides advice, guidance and recommendations related to on-site sewage disposal systems, including information on appropriate decommissioning of sites, when necessary.
  - Conducts on-site inspections for new installations and repairs of sewage disposal systems, when necessary.
  - Works with and approves the installation of septic systems installed by registered on-site sewage practitioners, where applicable.
  - Responds to complaints by providing public health inspections of existing on-site sewage disposal systems, where appropriate.
  - Inspects wastewater treatment plants if there is a public health concern.
  - Provides advice, guidance and recommendations related to wastewater treatment plants.
  - Reviews plans for new and upgraded wastewater treatment plants from a public health perspective.
  - Provides public education to home occupants and owners about how to properly maintain an on-site sewage disposal system and reduce risks related to sewage discharge.

## Solid Waste Disposal

Solid waste, or garbage, can be a public health hazard if it is not managed properly. Waste disposal sites can attract nuisance animals and disease-spreading pests and can leach pollutants that contaminate the air, soil and water, including drinking water supplies. Fires at solid waste sites can cause air pollution and be harmful to those individuals with chronic diseases such as asthma. FNHA EPHS works with the community, site operators and agencies, such as the Department of Indigenous Service Canada, to help prevent and control public and environmental health risks posed by solid waste collection, storage and disposal.

### Components

- **Environmental Public Health Assessment:**
  - Provides public health inspections of disposal sites and transfer stations.
  - Evaluates the method of solid waste collection, site operation and containment of waste; the types of waste being disposed; pest control; soil conditions; groundwater conditions; and leachate analysis.
  - Reviews plans for new or upgraded solid waste disposal sites or practices (e.g., transfer stations) from a public health perspective.
  - Provides advice, guidance and recommendations to Chiefs, Councils, builders, owners, site operators, other agencies and First Nations community members about public health issues related to solid waste collection, storage and disposal.
  - Reviews plans and provides recommendations to Chiefs, Councils and site operators for safe decommissioning of disposal sites.
- **Public Education:**
  - Provides advice, guidance and recommendations on best management practices to Chiefs, Councils, builders, owners, site operators and First Nations community members about public issues related to solid waste collection, storage and disposal.
  - Provides information and/or referrals related to reducing, reusing and recycling solid waste; disposing of hazardous waste (e.g. batteries, paint, biomedical); and safe collection and storage of waste.

## Facilities Inspection

FNHA Environmental Public Health Services staff work with First Nations communities, owners, operators, employees and users of facilities to help prevent the spread of communicable disease, minimize public health risks and reduce safety hazards. Facilities include health, community care, recreational and general facilities accessible to the public.

Types of Facilities	Description
Health Facilities	Health centres and clinics, nursing stations, hospitals and long-term care facilities.
Community Care Facilities	Daycares, Elders' centres, group homes, Head Start Centres, nursing homes, schools, youth drop-in centres, retirement homes, treatment centres and wellness centres.
Recreational Facilities	Arenas, beaches, billiard halls, bingo halls, bowling alleys, fitness centres, campgrounds, casinos, community centres, curling rinks, golf courses, parks and playgrounds. In addition, seasonal monitoring of recreational water facilities may be provided.
General Facilities	Administration offices, personal service establishments (e.g. hair salons, tattoo parlors, etc.), gas station convenience stores, hotels, motels and lodges, rooming houses and bed and breakfasts, industrial sites and marinas.
Temporary Special Event Facilities	Community gatherings such as pow-wows, Treaty Days, traditional events, music festivals and sports competitions.

## Components

- **Environmental Public Health Assessment:**
  - Provides routine inspections of facilities and additional inspections. The scope of inspections includes general sanitation, general structure, safety conditions, food safety practices, water quality, sewage and solid waste disposal, pest control, crowding and air quality.
  - Reviews plans for new or renovated facilities from a public health perspective on request.
  - Provides information on decommission/renovation hazards that could adversely impact the health of community members or workers.
  - Provides advice, guidance and recommendations to Chiefs, Councils, owners, operators, employees and users of facilities pertaining to public health.
- **Public Education:** Delivers public education and awareness sessions for Chiefs, Councils, facility operators and community members related to public health and safety issues.

## Communicable Disease Prevention and Control

FNHA EPHS is responsible for the environmental public health component of

communicable disease prevention and control. All program activities, such as public health inspections, water monitoring and food handler training, are carried out with the aim to prevent illness and the spread of communicable diseases.

Specific surveillance, investigation and educational activities are undertaken in response to enteric (gastrointestinal) cases and outbreaks in the community from such agents such as *E. coli*, Shigella and norovirus. Illness surveillance is essential at facilities such as daycares, schools and health centres. Prevention and control of diseases from animals, such as rabies, is also an area of communicable disease prevention.

### Components

- **Environmental Public Health Assessment:**
  - Undertakes health surveillance activities as required to prevent and address cases of communicable diseases.
  - Works with Chiefs, Councils and other public health staff, such as Community Health Nurses, the Regional Medical Health Officer and provincial health authorities, to address suspected or confirmed cases of environmental health communicable diseases and prevent secondary transmission of such diseases. Environmental Health Officers may aid in investigation, source identification, sampling and monitoring.
  - Provides advice, guidance and recommendations to Chiefs, Councils, facility operators, staff and First Nations community members about environmental public health issues related to communicable disease prevention and control.
- **Public Education:** Provides information to Chiefs, Councils and community members to raise awareness about environmental health communicable diseases and standard practices to prevent and control such diseases; and provide updates to Chiefs, Councils and the wider community on the status of any outbreaks occurring in the community, along with steps being taken to control the outbreak.
- **Training:** Provides training to health staff and community members about the environmental public health component of communicable disease control. This also includes providing training and resources in outbreak management.

### Emergency Preparedness and Response

First Nations communities need to prepare for, and respond to, emergencies such as floods, forest fires, chemical spills, storms, contamination of food or water supplies and disease outbreaks. FNHA EPHS works with partners to ensure environmental public health considerations are included in emergency planning and response activities.

### Components

- **Environmental Public Health Assessment:** Provides advice, guidance and

recommendations to Chiefs, Councils and First Nations community members about environmental public health issues related to emergency preparedness and response; and participates in the development of First Nations' Emergency Preparedness and Response Plans.

- **Public Education:** Provides communities with information on environmental public health as it relates to emergency preparedness and response.
- **Emergency Response:** In the event of an emergency, assesses emergency locations and advises the Emergency Response Team of how to reduce associated environmental public health risks; provide public health inspections of temporary accommodations, residential and public buildings, drinking water, food services, solid waste and wastewater disposal systems; provide food handler training, drinking water sampling and other emergency EPHS; and conduct risk assessment activities to ensure communities are safe to return to.

## Environmental Contaminants

First Nations communities may be exposed to many sources of naturally occurring and manmade environmental contaminants. At certain levels, exposure to contaminants in air, water, food and soil can cause or contribute to a variety of adverse health effects, such as cancer, gastrointestinal illnesses, respiratory diseases and birth defects. The Environmental Contaminants Program assists First Nations communities in developing capacity to work with governments, agencies, academia and other organizations to incorporate both scientific and Traditional Knowledge in environmental health studies. The program supports community-based studies to identify, measure and prevent risks to health associated with environmental contaminants.

### Objectives

- Increase environmental health risk awareness and community capacity through community-based studies and monitoring projects.
- Provide scientific information and knowledge to First Nations communities regarding human health and links to environment.

### Components

- **Environmental Public Health Assessment:** Works with Chiefs, Councils, and other public health staff and community members to address suspected or confirmed public health risks associated with environmental contaminants; and assist communities in interpreting research results.
- **Public Education:** Provides public education about environmental contaminants to Chiefs, Councils and community members.
- **Community Based Studies and Risk Assessment:**
  - Provides funding for community-based studies and risk assessment through

the FNHA Environmental Contaminants Program for targeted environmental monitoring and community exposure assessments.

- Assists Chiefs and Councils or community groups to formulate study questions in response to concerns expressed by the community.
- Assists communities to develop linkages with academic and institutions that can be partners in developing research project proposals.
- Provides advice concerning projects.
- Assists communities in interpreting research results.

## Climate Change and Health Adaptation Program

The Climate Change and Health Adaptation Program was introduced to the FNHA suite of programs in 2016. Indigenous communities face health challenges arising from climate change such as sea level rise, erosion, drought, floods, extreme and unpredictable weather and declining access to traditional foods. The development and exchange of scientific and traditional knowledge between Indigenous communities and their researchers and scientists supported by the Climate Change and Health Adaptation Program is intended to address gaps in community-driven information and to support adaptation.

### Objectives

- Support efforts by Indigenous communities to adapt to climate change and reduce health impacts from climate change through projects, training and capacity-building activities.

### Components

- **Community and Regionally-Driven Climate Change Projects:** Supports community and/or regionally driven climate change projects that are intended to help enable First Nations identify climate change health impacts and develop adaptation responses and adaptation decision-making at the community and regional level to reduce these impacts in the context of a changing environment. Projects should incorporate traditional knowledge and science where possible. Projects may be undertaken in partnership with the provincial government or other organizations where appropriate.
- **Sharing of Projects and Activities:** Supports the communication of research project outcomes and other activities to communities.
- **Training and Capacity Building:** Builds capacity of First Nations to conduct studies and understand and ameliorate climate change health impacts and/or provide climate change awareness and adaptation training.

# Section 5: Health Infrastructure Support

## Health System Capacity

- Health and Wellness Planning and Management
- Community Accreditation and Quality Improvement Program
- Health Surveillance
- Community Capital Assets

## Health System Transformation

- Primary Care and eHealth

## Health Emergency Management



## Health Systems Capacity

### Health and Wellness Planning and Management

Health Planning and Management funding supports First Nations recipients in the development, evaluation and monitoring of health programs and services through sustainable community health and wellness planning. It also supports community development activities and program delivery through the administration and delivery infrastructure at the community level.

#### Objectives

- Enable increased First Nations control and capacity building around health programming and service delivery that, when combined with its existing arrangements, enable recipients to develop health plans as well as design, manage, evaluate and deliver health programs and services, and/or allocate funds, according to their identified health priorities.

#### Components

- **Health and Wellness Planning:** Supports First Nations communities in the development of community health and wellness plans to guide their health service delivery.
- **Health Management and Support:** Supports the creation of health infrastructure within the community and the ongoing administration required to manage the delivery of health services.

#### Exceptions

Recipients in a Set Funding Model are not eligible for Health Planning and Management funding for the ongoing management and delivery of health programs and services unless they are in the planning phases of the health planning process. Recipients who are not delivering community-based health programs and services may be assessed on a case-by-case basis to determine their eligibility for Health Planning and Management funding.

### Community Accreditation and Quality Improvement Program

The Community Accreditation and Quality Improvement Program partners with interested First Nations health and addiction recovery services to enhance the safety and quality of health services via accreditation and ongoing quality improvement efforts. The objective of the program is to support an Indigenous and collaborative approach for health leadership and health organizations to assess provided services, identify opportunities for improvement and target efforts for effective change. Improvement initiatives affirm existing strengths, promote further learning and foster an organizational culture of quality,

safety and service excellence. The accreditation process involves First Nations health service organizations, community leadership, community members, health professionals and strategic provincial and national partners, and offers an ongoing opportunity to voice, mobilize and direct services for better health and wellness outcomes. The Community Accreditation and Quality Improvement Program funding assists First Nations organizations to engage in quality improvement processes and to implement wise protocols and practices that further effective governance, client-centred services, organizational development and evolving capacities.

## Objectives

- Facilitate opportunities for organizations to share valuable ideas, actions and leading practices.
- Align and strengthen regional capacity and structures to better support organizations through their accreditation process.
- Increase the number of First Nations communities accessing accredited health services.
- Work in collaboration with accrediting bodies to ensure standards are culturally relevant and guidance and support is available to organizations.
- Incorporate ongoing quality improvement into the First Nations healthcare system.
- Recognize BC First Nations Champions who support ongoing commitments to quality services, culturally safe care and community wellness.

## Components

- Promotes awareness, understanding and benefits of health services accreditation.
- Integrates and links activities to related health service priorities, practices and processes.
- Provides ongoing consultation, training opportunities and resources for continuous quality improvement.
- Supports the FNHA First Nations Quality Improvement and Safety Network.

## Health Surveillance

The FNHA Health Surveillance Unit provides information for effective Public Health interventions supported by the FNHA's programs, services and Chief Medical Officer. This allows for better monitoring of First Nations health and wellness and will ensure that quality data is available and accessible to inform immediate action as well as longer-term program planning and policy development. Measuring, monitoring and reporting on First Nations health and wellness is shifting from an illness-based approach to a holistic wellness approach to inform short- and long-term actions, support program design and support a quality agenda. Details on program-specific surveillance activities are included in

program descriptions throughout this document.

## Community Capital Assets

The Capital Assets Team works directly with BC First Nations to support the feasibility, design, construction and ongoing operations and maintenance of health facilities and accommodations for nursing and visiting professionals.

### Components

- Works in partnership with community representatives, Chief and Council, Health Directors and health staff to ensure full participation in the design and construction of the facilities built in the community to carry out health programs.
- Supports communities by carrying out facilities condition reports ensuring health and safety compliance, effecting necessary repairs and life-cycle replacements, and working with the communities on the delivery of their Operation and Maintenance plans to ensure facilities remain operational.
- Provides communities with ongoing advice and guidance on the management of projects, as well as providing technical support on building and construction techniques and trends.
- Works with communities to ensure maximum benefits are received by contracting work to the communities for the maintenance and repair of facilities.

## Health Systems Transformation

### Primary Care and eHealth Overview

eHealth, the use of information management and communication technologies in health services, is an area of development, and in some cases implements services, that offer tools, services and strategies to improve effectiveness of health services for First Nations communities. Current eHealth initiatives include Telehealth, Health Grade Connectivity and electronic medical record (EMR)/electronic health record (EHR).

Telehealth (Virtual Care) is the use of communication technologies such as videoconferencing to deliver health and educational services from a distance – either in synchronous and asynchronous mode. This will allow health care professionals to deliver some services remotely using technology. Devices such as exam cameras, stethoscopes, portable ultrasound machines and ophthalmoscopes can be attached to videoconferencing units to enhance clinical sessions.

Health Grade Connectivity refers to the degree a community is connected to the Internet via broadband services that is health grade. Health grade, simply put, is Internet

connectivity that is highly secure, monitored, reliable and fast. Broadband connectivity provides improved access to Internet services and the degree to which a community or organization is connected through this technology. Primarily Internet-based communications require technological infrastructure that is limited in some rural and remote communities. Lack of sufficient infrastructure is a problem faced by many First Nations in BC. EMRs/EHRs are important because at the point of care, the attending physician or nurse has access to prior and current medical history. Using electronic records helps alert medical professionals if there are certain predispositions, conditions and contraindications in medications. EMR/EHRs provide improved information and better access to records that assist health professionals in decision making to improve health outcomes.

### e-Health Infostructure Program

The e-Health Infostructure Program supports the use of health technology to enable First Nations community front line healthcare providers to improve people's health through innovative eHealth partnerships, technologies, tools and services. It focuses on the strategic investment in, and adoption of, modern systems of information and communications technologies for the purpose of defining, collecting, communicating, managing, disseminating and using data to enable better access, quality and productivity in the health and health care of First Nations. The program evolved out of the need for FNHA to align with First Nations' e-health strategies, health plans and policy directions, as well as the movement by provinces/territories and the health industry towards increased use of information and communication technologies to support health service delivery and public health surveillance. Moreover, e-Health Infostructure (information + systems + technology + people) has the benefit of modernizing, transforming and sustaining health care to provide: optimal health services delivery (primary and community care included); optimal health surveillance; effective health reporting, planning and decision making; and integration/compatibility with other health services delivery.

### Objectives

Long-term objectives:

- An electronic health record capacity and capability for First Nations and seamless integration with provincial electronic health records systems.
- The establishment of innovative First Nations health governance appropriately integrated with other health systems (e.g., provinces).
- Improved First Nations capacity to influence and/or control (design, deliver and manage) health programs and services.
- A robust data governance structure that will facilitate efficient and effective sharing

of electronic information for primary health services' needs.

Supported by the following medium-term objectives:

- Continue to investigate alternate service delivery mechanisms that generate new services where demand is warranted, improve access to existing services and facilitate effective decision making to improve First Nations health and health service delivery.
- Increase effectiveness and efficiency in the use of e-Health Infostructure applications.
- Increase engagement of key stakeholders in the integration of health services and the creation and maintenance of collaborative and sustainable partnerships.
- Increase First Nations management of e-Health Infostructure.
- Ensure greater access to health data for First Nations, health care providers and decision makers.
- Increase use of e-health systems that meet provincial and national standards.

## Components

- **Program Management, Planning, Governance and Accountability:** Ensures the development, support and implementation of good management practices, including but not limited to appropriate and effective resource and activity monitoring and control systems; project reporting mechanisms; and effective financial and project planning.
- **Service Provision:**
  - Community-level health services supported and/or provided by FNHA are Telehealth (Virtual Care) and community health infostructure services.
  - Telehealth (Virtual Care) services provide access to care that remote and isolated First Nations communities might not otherwise have, as well as, enhancing existing health programs and services. Telehealth (Virtual Care) services include, but are not limited to televisitation for family members; tele-education for workers and community members; and remote clinical consultations for health issues such as diabetes and mental health.
  - As appropriate connectivity is the basic requirement for Telehealth (Virtual Care), FNHA works with First Nations leadership, private sector companies, provincial governments and other federal entities such as Department of Indigenous Services Canada and Industry Canada to facilitate on-reserve connectivity and the adoption of information and communications technologies.
  - Building on connectivity and Telehealth (Virtual Care), FNHA works with First Nations and other key partners to improve and expand existing services through health infostructure initiatives. These include, but are not limited to, the development of client registries, the integration of services into a comprehensive electronic medical record and linking on-reserve and

provincial health data in a secure, private and culturally appropriate manner.

- **Capacity Building:** Community-level capacity building is conducted in three main areas: human resources; infrastructure; and governance. Training is provided to health professionals working in on-reserve First Nations communities, Community Health Workers, and administrative and support staff on information and communications technologies. As mentioned above, Telehealth also facilitates distance training for other health services in remote and isolated First Nations communities. Infrastructure capacity is built through efforts to improve the Internet connectivity of remote and isolated communities and ensure adequate information and communication technology equipment is available. By supporting community needs assessments, change management strategies and new information/information technology management structures, the FNHA works with First Nations to increase governance capacity and ensure appropriate e-Health Infostructure governance mechanisms are in place. This facilitates both the adoption of new health technologies and their effective use once implemented.
- **Stakeholder Engagement and Collaboration:** The FNHA works closely with First Nations leadership, other federal departments and entities, provincial governments, private sector and non-governmental organizations to ensure strategies and program initiatives are inclusive, well-planned, well-run and fully coordinated with other federal, provincial and First Nations activities. A key objective is to promote and facilitate appropriate integration among First Nations and provincial health systems.
- **Policy Development and Knowledge Sharing:** The FNHA strives to ensure e-Health Infostructure-related policy development is relevant, well-informed and coordinated with key partners. This is done by continuously sharing knowledge on health information and communications technologies and innovations with private sector organizations, other government entities at the provincial and federal levels and First Nations through formal and informal networks.

## Health Emergency Management

Health Emergency Management facilitates coordinated FNHA activities in response to emergencies that may impact the health of BC First Nations community members. Through collaboration and partnership with various federal, provincial, regional and non-governmental health organizations, Health Emergency Management ensures that First Nations communities are effectively incorporated into emergency preparedness, prevention, response and recovery activities.

### Objectives

- Ensure that communities are effectively linked within the provincial emergency response system and receive emergency management support at a level equivalent to non-First Nations.
- Ensure an effective FNHA response during the response and recovery stages of an emergency.
- Advocate for First Nation people receiving Emergency Social Services.
- Promote cultural safety within Emergency Social Services and First Responder organizations.

### Components

- **Coordination and Leadership:**
  - Provides leadership within FNHA during an emergency and as a central FNHA contact for health emergencies in First Nations communities. Supports various mitigation, planning, response and recovery activities, including internal and external communications during an emergency, such as, Provincial Regional Emergency Operations Calls attendance, situational awareness reports, information dissemination to communities and emergency event debriefs.
  - Maintains situational awareness during seasonal and other situations with potential impacts on health of community members.
  - Builds partnerships with external partners (federal, provincial, regional, and non-governmental organizations and First Nations) related to emergency preparedness and facilitates collaborative response efforts.
- **Emergency Care Program:** Facilitates the delivery of a first responder training program to BC First Nations communities to enhance access to first responders who have life-saving skills and knowledge to perform patient care until the arrival of an ambulance.

# Appendix 1: Glossary of Acronyms

BC	British Columbia
BCCDC	British Columbia Centre for Disease Control
CD	Communicable Disease
CDC	Communicable Disease Control
COHI	Children's Oral Health Initiative
eHealth	Electronic Health
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPHS	Environmental Public Health Services
FASD	Fetal Alcohol Spectrum Disorder
FNHA	First Nations Health Authority
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HR	Harm Reduction
IRS	Indian Residential Schools
STBBI	Sexually Transmitted Blood Borne Infections
TB	Tuberculosis



## Appendix 2: FNHA Programs and Services Contact List

Program Area	Contact
<b>First Nations Health Benefits / Health Benefit Areas</b>	Email: <a href="mailto:healthbenefits@fnha.ca">healthbenefits@fnha.ca</a> Ph: 1-855-550-5454
Oral Health Program	Email: <a href="mailto:healthbenefits@fnha.ca">healthbenefits@fnha.ca</a> Ph: 1-855-550-5454
Children's Oral Health Initiative (COHI)	Email: <a href="mailto:info@fnha.ca">info@fnha.ca</a> Ph: 604-693-6500
<b>Nursing Services</b>	Email: <a href="mailto:nursing@fnha.ca">nursing@fnha.ca</a>
Clinical and Client Care	Email: <a href="mailto:nursing@fnha.ca">nursing@fnha.ca</a>
Home and Community Care	Email: <a href="mailto:nursing@fnha.ca">nursing@fnha.ca</a>
Communicable Disease Control	FNHA Communicable Disease Population and Public Health Team Ph: 1-844-364-2232 Fax: 604-666-2029 Core Business Hours: Mon-Fri 9am-4pm Email: <a href="mailto:cdc@fnha.ca">cdc@fnha.ca</a>
	Communicable Disease Management Email: <a href="mailto:cdmgmt@fnha.ca">cdmgmt@fnha.ca</a>
	Immunization Program Email: <a href="mailto:immunize@fnha.ca">immunize@fnha.ca</a> Confidential Fax: 604-693-3199
	Sexually Transmitted and Blood Borne Infections Email: <a href="mailto:STBBI@fnha.ca">STBBI@fnha.ca</a>
	Harm Reduction Email: <a href="mailto:STBBI@fnha.ca">STBBI@fnha.ca</a>
	Human Immunodeficiency Virus (HIV) Email: <a href="mailto:HIV@fnha.ca">HIV@fnha.ca</a>

Program Area	Contact
	Hepatitis C Virus Email: <a href="mailto:HIV@fnha.ca">HIV@fnha.ca</a>
	FNHA Tuberculosis Services Email: <a href="mailto:FNHATB@fnha.ca">FNHATB@fnha.ca</a> Confidential Fax: 604-689-3302
	Communicable Disease Emergencies Email: <a href="mailto:cdmgmt@fnha.ca">cdmgmt@fnha.ca</a>
	Panorama Public Health System Implementation and Supports Email: <a href="mailto:panorama@fnha.ca">panorama@fnha.ca</a>
<b>Health Promotion and Disease Prevention</b>	Email: <a href="mailto:nursing@fnha.ca">nursing@fnha.ca</a>
Healthy Living	Email: <a href="mailto:nursing@fnha.ca">nursing@fnha.ca</a>
Healthy Child Development	Email: <a href="mailto:HCYD@fnha.ca">HCYD@fnha.ca</a>
Mental Health and Wellness	Email: <a href="mailto:MHWPrograms@fnha.ca">MHWPrograms@fnha.ca</a>
<b>Environmental Public Health Services</b>	Email: <a href="mailto:environmental.health@fnha.ca">environmental.health@fnha.ca</a> For environmental public health emergencies, call your local Environmental Health Officer for assistance. If this is an urgent situation requiring Environmental Health Officer assistance outside of regular operating hours (Mon-Fri 8am-4pm), please contact our after-hours number: 1-844-666-0711 or email <a href="mailto:ephs.afterhours@fnha.ca">ephs.afterhours@fnha.ca</a> (Calls or emails received after 10:00pm will be responded to the following day at 6:00am)
Climate Change and Health Adaptation	Email: <a href="mailto:environmental.health@fnha.ca">environmental.health@fnha.ca</a>
<b>Health Infrastructure Support</b>	

Program Area	Contact
Health Systems Capacity	Health and Wellness Planning and Management Email: <a href="mailto:Community.Development@fnha.ca">Community.Development@fnha.ca</a> Ph: 604-661-3859
	Community Accreditation and Quality Improvement Program Email: <a href="mailto:CommunityQuality@fnha.ca">CommunityQuality@fnha.ca</a>
	Health Surveillance Email: <a href="mailto:Surveillance.Unit@fnha.ca">Surveillance.Unit@fnha.ca</a>
	Community Capital Assets Email: <a href="mailto:Capital@fnha.ca">Capital@fnha.ca</a> Ph: 604-693-6734
Health Systems Transformation (Primary Care and ehealth)	Acting Executive Director of Primary Care and ehealth Email: <a href="mailto:Megan.Hunt@fnha.ca">Megan.Hunt@fnha.ca</a> Ph: 250-645-3010
Health Emergency Management	Director, Emergency Management Email: <a href="mailto:Emily.Dicken@fnha.ca">Emily.Dicken@fnha.ca</a> Ph: 604-693-3238



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