

# Programs and Services 2024/2025



First Nations Health Authority  
Health through wellness





The programs and services represented in this guide are carried out on the unceded territories belonging to self-determining First Nations in what is now known as British Columbia. The First Nations Health Authority acknowledges and thanks those whose wisdom, knowledge and contributions are reflected in this guide.

# Table of Contents

- Introduction..... 4
- Social Determinants of Health: Advancing the 10-Year Strategy ..... 5
- Regionalization ..... 6
- Section 1: Health Benefits ..... 8**
  - First Nations Health Benefits Overview ..... 9
  - Health Benefit Areas ..... 11
    - Dental ..... 11
    - Medical Supplies & Equipment ..... 11
    - Medical Transportation ..... 11
    - Mental Health ..... 11
    - Pharmacy ..... 11
    - Vision Care ..... 12
    - Coordination of Benefits ..... 12
  - Oral Health Program..... 12
    - Dental Therapy Program ..... 12
    - Children’s Oral Health Initiative ..... 12
- Section 2: Nursing and Clinical Services ..... 14**
  - Nursing Service Overview..... 15
    - Cultural Safety & Humility and First Nations Anti-Racism Program ..... 16
    - Provincial and Clinical Quality ..... 17
    - Provincial Clinical Innovation ..... 20
    - Clinical Education & Professional Development..... 23
    - Nursing Clinical Professional Practice Services ..... 24
    - Communicable Disease, Population and Public Health Clinical Specialty Teams ..... 26
    - Allied Health Professional Practice ..... 28
- Section 3: Health Promotion and Disease Prevention..... 29**
  - Healthy Living ..... 31

Chronic Disease Prevention and Management .....	31
Aboriginal Diabetes Initiative .....	31
Injury Prevention.....	33
Healthy Child Development .....	33
Fetal Alcohol Spectrum Disorder .....	34
Prenatal Nutrition.....	35
Aboriginal Head Start On-Reserve .....	35
Maternal and Child Health .....	36
Mental Health and Wellness .....	37
Building Healthy Communities .....	37
Healing Modalities/Houses.....	38
Traditional Health and Wellness .....	38
Land-based Treatment and Healing.....	38
National Aboriginal Youth Suicide Prevention Strategy.....	39
Alcohol and Drug Use Services .....	40
Indian Residential Schools – Resolution Health Support Program .....	42
Indian Residential School Resolution Health and Cultural Support .....	43
Brighter Futures – Health and Cultural Support Services for Missing and Murdered Indigenous Women and Girls.....	43
Indian Day School Program.....	44
Expanded Trauma Informed Health Support Program .....	44
Indian Residential School Resolution Health Support Counselling Program.....	45
<b>Section 4: Environmental Public Health Services.....</b>	<b>47</b>
Environmental Public Health Services Overview.....	48
Drinking Water Safety.....	50
Public Health Engineering Services .....	51
Food Safety .....	52
Food Security, Food Systems and Healthy Eating .....	52
Healthy Housing.....	53
Wastewater.....	54

Solid Waste Disposal.....	55
Facilities Inspection.....	55
Emergency Preparedness and Response .....	57
Environmental Contaminants .....	57
Climate Change & Health .....	58
We All Take Care of the Harvest (WATCH).....	59
<b>Section 5: Health Infrastructure Support.....</b>	<b>60</b>
Health System Capacity .....	61
Health Planning and Management .....	61
Health Surveillance .....	61
Capital Assets.....	63
Health Systems Transformation .....	64
Electronic Health (eHealth) Overview .....	64
eHealth Infostructure Program.....	64
First Nations-led Primary Health Care Initiative .....	67
Health Emergency Management .....	68
<b>Section 6: Other Funding.....</b>	<b>70</b>
Funding Envelopes.....	71
First Nations Virtual Doctor of the Day .....	71
First Nations Virtual Substance Use and Psychiatry Service.....	71
Tripartite First Nations Health Plan .....	72
Canada Consolidated Contribution Agreement .....	73
<b>Appendix 1: Glossary of Acronyms.....</b>	<b>78</b>



## Introduction

The First Nations Health Authority (FNHA) is the health and wellness partner to over 200 diverse First Nations communities and citizens across British Columbia (BC). Since its establishment by BC First Nations in 2013, the FNHA has worked to transform and reform the way health care is delivered to First Nations in BC, and to undertake program and service delivery in a manner aligned with First Nations philosophies, perspectives and ways of being. With communities at the forefront of everything we do, programs and services are continually 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 section 5.3 (3)(1). This document describes federally funded programs supported by the Canada Funding Agreement, and it also includes a section summarizing programs supported by funding received through the Canada Consolidated Contribution Agreement.

### Program and Service Delivery

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 flexibilities to design and deliver 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 among 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 health transformation in BC, the FNHA is increasingly assuming direct service delivery in new areas, including primary health care and mental health and

wellness.

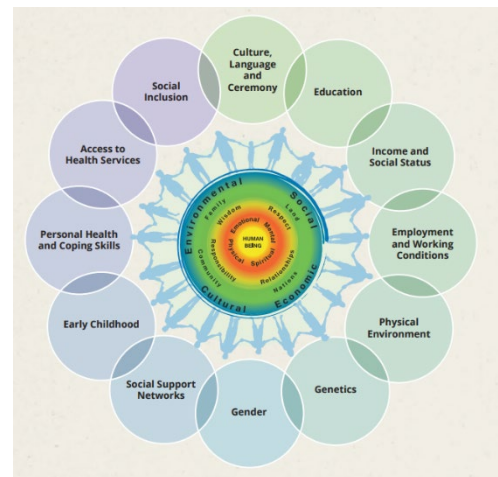
- A stream of funding within the Canada Funding Agreement supports the broader commitments of the parties to implement the Tripartite First Nations Health Plan, mainly in the areas of community engagement and governance.
- Beyond the funding provided through the Canada Funding Agreement, the FNHA receives federal funding through a Canada Consolidated Contribution Agreement in support of a number of new or expanded programs and services.

## Social Determinants of Health: Advancing the 10-Year Strategy

First Nations people recognize the complex factors that impact an individual's wellness such as mental, emotional, spiritual and physical elements. Broader factors like land, culture, community, family and Nations are also understood to be part of a person's wellness. The [First Nations Perspective on Health and Wellness](#) visually depicts this wholistic understanding of health and wellness, and describes the FNHA's [Vision](#): Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities.

The First Nations Perspective on Health and Wellness is closely linked with Social Determinants of Health (SDOH). SDOH are social, cultural and environmental factors or conditions that influence the health of individuals, families and communities that go beyond, but also include, the provision of health services. They include:

- Culture & Language
- Education
- Income & Social Status
- Physical Environments
- Gender
- Early Childhood Development
- Social Inclusion
- Self-Determination
- Access to Health Services
- Employment & Working Conditions
- Genetics
- Social Support Networks
- Personal Health Practices & Coping Skills



The FNHA's efforts to advance the development and implementation of community-driven and Nation-based approaches to address the SDOH are guided by the [10-Year Strategy on the Social Determinants of Health: A Framework for the Future](#) (the Strategy), which was approved at Gathering Wisdom XII (2023) by First Nations Chiefs and leaders in B.C..

The Strategy identifies four key areas of focus to address the social determinants of health

and strengthen the health and wellness of First Nations individuals, families and communities:

- (1) **Healing Approaches:** improve trauma-informed care at all levels including best-in-class clinical equipment and emergency transportation.
- (2) **Cultural Infrastructure:** rebuild the cultural infrastructure damaged through colonialism to reclaim and uphold healing practices and traditions.
- (3) **Nation-based Governance:** systems-change to improve approaches and solutions that meet Nations' needs and priorities.
- (4) **Sustainable Funding:** Flexible and sustainable approaches for federal and provincial investment in mental health planning and service delivery.

**Social Determinants of Health Funding (SDOHF)** has been provided by the FNHA, the Province of BC and the Government of Canada to advance the Strategy. This funding provides Nations with flexible, sustainable long-term funding to address the SDOH in a way that works for them. Through the SDOHF, Nations can direct funding to projects, services and initiatives that will have the greatest impact and address the unique needs of their people. The Strategy and SDOHF are intended to support Nation rebuilding through facilitating community cooperation and the pooling of resources to enhance the impact of funding.

**SDOHF was distributed directly to Nations in summer 2024.**

To learn more: [Read the 10-Year Strategy](#) or visit [10-Year Strategy FAQs](#)

This guide describes the programs and services in both FNHA-funded and FNHA-delivered 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 in this guide and in the [FNHA Multi-Year Health Plan](#).

This guide is updated annually to reflect changes in FNHA programming and associated policy frameworks.

## Regionalization

FNHA has five regional teams, each led by a VP of Regional Operations, which mirror BC's five regional health authorities. Each region has its own established governance and engagement pathway. The shared mechanism through which the FNHA, FNHC and FNHDA receive direction from First Nations leadership on priorities is through biannual regional caucuses held in the spring and fall.

Regionalization is a movement towards a model that supports Community-driven, Nation-based, regionally-coordinated and provincially- and federally-funded health and wellness



services in the regions. Regionalization upholds FNHA's strategic vision and commitment to BC First Nations outlined in the [Transformative Change Accord \(2005\)](#), Transformative Change Accord: First Nations Health Plan (2006) and Tripartite First Nations Health Plan (2007) and the [7 Directives](#). The transfer of structures, functions and activities to the Regions is intended to shift the FNHA-community relationship from funder-recipient towards true partnership.

# Section 1: Health Benefits

## First Nations Health Benefits Overview

### Health Benefits Areas

**Dental**

**Medical Supplies & Equipment**

**Medical Transportation**

**Mental Health**

**Pharmacy**

**Vision Care**

**Coordination of Benefits**

### Oral Health Program

**Dental Therapy Program**

**Children's Oral Health Initiative**

## First Nations Health Benefits Overview

The [Health Benefits Program](#) administers health benefits and supports Medical Services Plan (MSP) enrolment for BC First Nation clients.

The FNHA assumed responsibility for the Health Benefits Program on July 2, 2013. To ensure continuity of services for Health Benefits clients, the FNHA entered into a “buy-back” agreement by purchasing the administration of some benefits from Indigenous Services Canada’s Non-Insured Health Benefits (NIHB) Program. The first phase of this transition took effect on October 1, 2017, with the majority of drug benefit administration transitioning from the NIHB to BC PharmaCare and other agencies established within BC to provide necessary benefits to all British Columbians.

On September 16, 2019, the FNHA completed the transition of services from the 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 MSP and covering ambulance bills for Health Benefits clients.

**The Health Benefits Program approaches its work by building relationships with health partners and aims to deliver person-centred benefits within the parameters of the FNHA’s funding and structural framework.**

### Objectives

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

- Provides benefits appropriate to clients’ 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 the 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.
- 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 the 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, comparable to the federal NIHB Program and informed by professional medical judgment and industry standards.
- 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 is mandated by the Health Benefits Sub-Agreement. 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 BC, as defined by MSP; 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 MSP coverage in addition to meeting 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. The FNHA will, at minimum, adopt the changes set by the federal government but may choose to extend eligibility beyond what Canada has set out.

The FNHA also has agreements to manage MSP for non-Health Benefits clients, which 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 dental care services, medical supplies and equipment, medical transportation, pharmaceuticals and vision care services.

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, the FNHA is the last payor for dental, medical supplies and equipment, medical transportation, mental health, vision care and pharmacy benefits administered by the FNHA, the Pacific Blue Cross or funding recipients. The FNHA is the first payor for pharmacy benefits administered by BC PharmaCare.

## **Oral Health Program**

In addition to the 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 the 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. The COHI Program is delivered by dental therapists



and dental hygienists. 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 the effectiveness of 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 and Clinical Services

## Nursing Services Overview

**Cultural Safety & Humility and First Nations Anti-Racism Program**

**Provincial and Clinical Quality**

**Provincial Clinical Innovation**

**Clinical Education & Professional Development**

**Nursing Clinical Professional Practice Services**

**Communicable Disease, Population and Public Health Clinical Specialty Teams**

**Allied Health Profession Practice**

## Nursing Service Overview

The FNHA Office of the Chief Nursing Officer (OCNO), located in Vancouver, includes the Vice President, Quality, Cultural Safety & Humility and Chief Nursing Officer, the Executive Director and seven provincial Directors who provide guidance and practice support for a wide range of clinical services necessary to support First Nations clients on their health and wellness journeys.

These key roles provide leadership, advice and expertise to the development, implementation and evaluation of multiple clinical practice domains across both nursing and allied health practice, including clinical quality, clinical education, research, ethics, health informatics, interprofessional clinical practice, client experience and health services innovation. The OCNO also focuses on systems leadership and transformation for clinical services and programs for First Nations across BC. The OCNO emphasizes clinical education, leadership and innovation, while fostering a learning environment that prioritizes cultural safety, humility, quality, clinical quality and client safety and services.

The OCNO Executive forms part of a health and wellness ecosystem that works to champion, partner and live a wholistic view of health and wellness that acknowledges and includes an individual's physical, mental, emotional and spiritual health well-being. OCNO executives acknowledge that a person's connections and relationships with family, community, culture and environment are intrinsically linked to well-being.

In an effort to advance FNHA's commitment to regionalization to better meet the needs of community, additional nursing and cultural safety and humility staff have been hired in the regions, existing employees have been provided the opportunity to regionalize, and more resources have been allocated to the regions to advance nursing programs and services. Regionalization efforts include:

- The transition of nursing operations is complete in the Interior, Northern and Vancouver Coastal Regions.
- MOIS Electronic Medical Record (EMR) is live for North Island Midwives, with further implementation throughout the region planned for 2025.
- Fraser-Salish and the Fraser Health Authority are developing an alternate pathway for complaints from Indigenous people (Blueprint for Feedback and Accountability)

### Regional Partners

In 2018, regional nurse managers and community health practice consultants joined regional teams under the Vice Presidents of Regional Operations to enhance nursing services regionalization efforts. Each region has a dedicated Regional Nursing Manager, Community Health Practice Consultants and Clinical Nurse Advisors who collaborate to ensure quality care and focus on the overall FNHA nursing services operations and advisory to Funded/ First Nations Health Service Organization (FNHSO) sites.



## **Key Roles**

*Regional Nurse Managers:* Primary contacts for nursing services, providing consultative leadership to support interdisciplinary health service teams and nursing engagement for community care.

*Community Health Practice Consultants:* Offer consultation and education for community health and home care nursing programs, including training and clinical support for nurses in First Nations communities.

*Senior Clinical Nurse Advisors:* Assist with operational needs in FNHA nursing stations and health centers, collaborating to ensure effective nursing service delivery.

## **Cultural Safety & Humility and First Nations Anti-Racism Program**

The Cultural Safety and Humility team is guided by Goal 4 in the FNHA's multi-year strategic health plan *Paddling Together*, which is to "Advance First Nations approaches to addressing anti-Indigenous racism in health care."

## **Cultural Safety and Humility Mission**

Influence transformation of the BC Health System through Indigenous ways of knowing, by becoming world leaders in Cultural Safety and Humility and First Nations-specific anti-racism in the workplace.

## **Commitment Statement**

To collaboratively design a refreshed BC First Nations community-informed Cultural Safety & Humility and First Nations-Specific Anti-Racism (FNSAR) Framework that acknowledges the existence of racism and harm – past and present – and demonstrates championship of cultural safety and humility as leaders in the health system.

To create an environment for system transformation and change that benefits First Nations experience accessing healthcare. As guided by one of our wisdom holders, we must first set our own table in order to foster cultural safety and address anti-First Nations racism. In partnership with other FNHA leaders and departments, the CSH team aims to advance First Nations-centered approaches to eliminating First Nations-specific racism in health care through three primary priorities and with a layered approach that engages these three system levels:

## **People**

Growing cultural safety and humility and First Nation specific Anti-racism (FNSAR) resources and training which support wholistic learning, un-learning and development.

## **Organization**

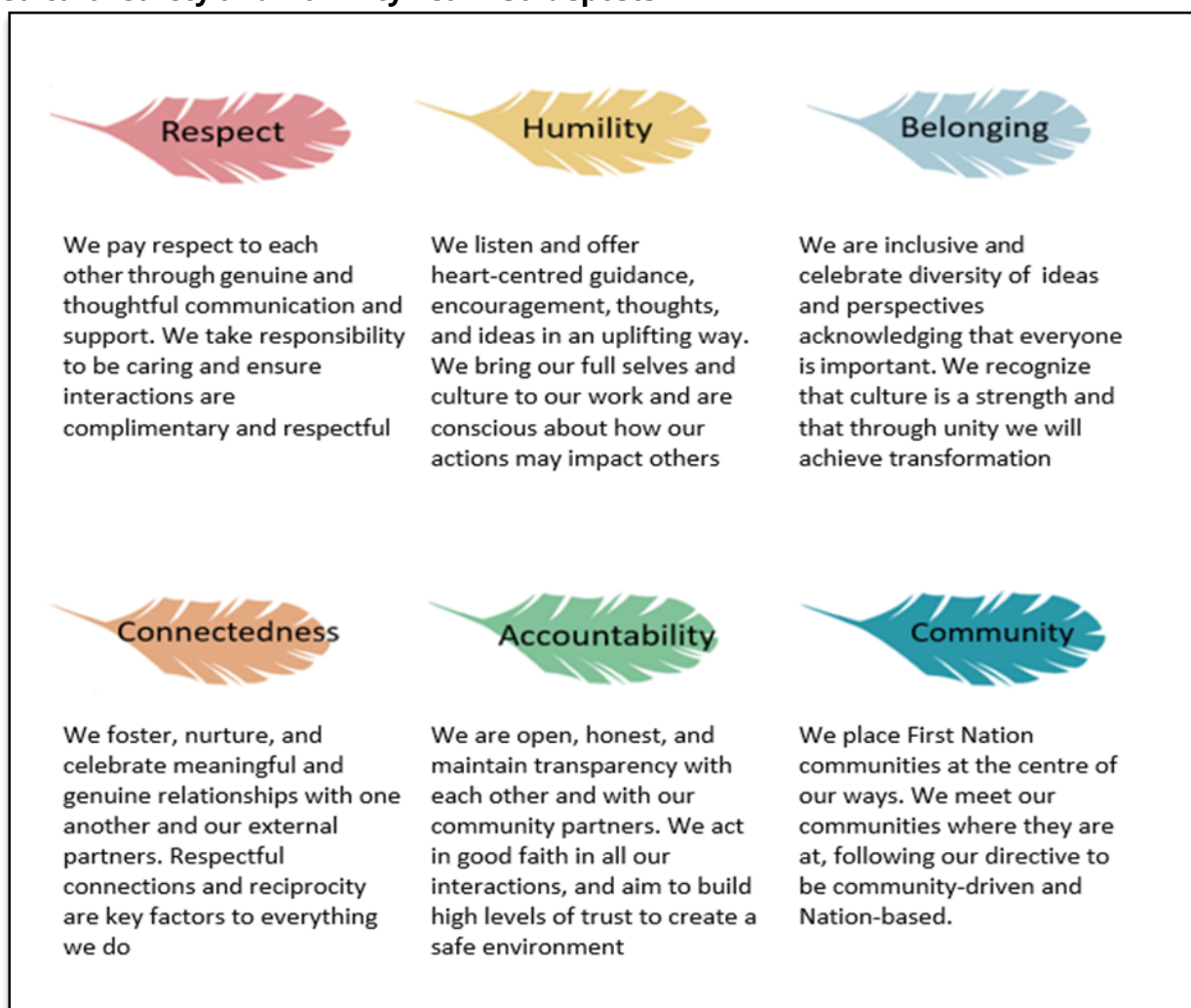
Embedding organizational cultural safety and humility and FNSAR standards, policies and reciprocal accountabilities.

## Environment

Collaborating and providing leadership, internally and with wider health system partners, on cultural safety and humility and FNSAR wise practices.

These three areas of work align with the First Nations Perspective on Wellness. This work is embedded in a complex network of strategic frameworks, constitutional agreements and mandates. This unique legislative mandate ensures that the team is answerable to BC First Nations. Additionally, the team draws guidance from influential sources such as UNDRIP, DRIPA, TRC, Reclaiming Power and Place (MMIWG) and In Plain Sight reports. These reports serve as the overarching framework emphasizing the right of Indigenous communities to access all social and health services without facing any discrimination.

## Cultural Safety and Humility Team Guideposts



## Provincial and Clinical Quality

The Provincial & Clinical Quality team promotes, supports and facilitates activities for

improving the quality and safety of healthcare services for First Nations communities in BC.

The scope of the activities ranges from preventing harm through partnerships for the development of a BC Cultural Safety and Humility Standard and supporting accreditation activities to addressing harm after they have occurred through complaints process or clinical quality reviews.

### **The Community Accreditation and Quality Improvement Program**

The Community Accreditation and Quality Improvement (CAQI) Program partners with community health and addiction recovery healing services to strengthen the quality and safety of health and wellness services by and for BC First Nations guided by the First Nations Perspective on Health and Wellness, shared leadership and a community-based approach. The CAQI Program supports accreditation goals and continuous quality improvement actions that enhance health systems and service outcomes.

#### **This effort**

- Builds Indigenous-led health systems development, management and evaluation.
- Requires shared commitment and ongoing funding.
- Improves quality of services and culturally safe care.
- Supports sustainable and sufficient health and human resources.

The CAQI Program supports communities to pursue and maintain health services accreditation status by providing funding to First Nations to partner with a recognized Canadian accreditation body. BC First Nations health services currently work with one of three accrediting bodies: Accreditation Canada, the Canadian Accreditation Council or the Commission on Accreditation of Rehabilitation Facilities. Participation in the program is voluntary.

#### **Programs and Services**

- Being guided by the BC First Nations Perspective on Health and Wellness for all program development, implementation and evolution.
- Leading with cultural safety and humility when furthering culturally safe care and quality health services.
- Promoting awareness, understanding and benefits of accreditation and quality improvement through the understanding and application of an Indigenous lens.
- Linking accreditation and quality improvement to related health service priorities, practices and processes, such as leadership development, community health and wellness planning and evaluation.
- Partnering with participating quality champions to engage in ongoing opportunities for leadership, resource sharing, learning and mentorship.

- Providing funding, consultation and support to program participants who are participating in continuous quality improvement efforts.
- Evolving a BC First Nations led approach to accreditation and quality improvement via the BC First Nations Perspective on Quality.

### **Quality Improvement and Safety Network**

The CAQI Program hosts the FNHA Quality Improvement and Safety Network, which is a province-wide peer network whose approach to quality improvement initiatives are rooted, defined and led by community and culture as “Indigenous teachings lead Indigenous practices.”

Network activities provide opportunities for health leaders to connect with fellow colleagues, access new learning opportunities, share leading practices and build supporting resources. This network champions and provides subject matter expertise when informing the FNHA’s quality activities.

### **Quality Care and Safety Office**

The mandate of the Quality Care and Safety Office (QCSO) is to amplify client voices by facilitating a safe space for them to share their experiences of care, working with healthcare services to address concerns and channeling those learnings to improve quality care and safety for BC First Nations. This work is operationalized by walking alongside clients, or their representatives, to ensure that they receive wholistic support services for the lived experiences that have brought them to the QCSO. The provincial QCSO works alongside regional Quality and Wellness Liaisons to address any feedback as close to community as possible.

To improve quality care for BC First Nations, the QCSO supports a wide range of client experiences. There are three main types of experiences that the QCSO supports:

#### **Complaints**

A complaint is defined as a formally filed statement of dissatisfaction within a specific interaction experienced in the course of receiving health and wellness programs and services. Complaints may occur in FNHA-delivered programs or services (i.e., an FNHA-operated nursing clinic; virtual doctor of the day); FNHA-funded programs or services (i.e., a mental health provider contracted through FNHA Health Benefits) or a health system partner (i.e., a hospital or clinic run by a local regional health authority). Complaints are managed by the QCSO and/or regional staff as appropriate to honour clients’ wishes and support improvement. The QCSO informs clients of their rights and the various mechanisms across the province regarding complaints management.

#### **Compliments**

A compliment is defined as a formally filed statement of satisfaction within a specific interaction experienced in the course of receiving health and wellness programs and

services. Compliments are managed by the QCSO but may also be accepted and managed by any FNHA worker.

### **Feedback**

Feedback is defined as a request for information, general comments, questions or a concern that falls outside of the definition of a complaint. Feedback is managed by the QCSO but may also be accepted and managed by any FNHA staff.

### **Clinical Quality**

The Clinical Quality Team leads and collaborates in the continuous and ongoing effort towards measurable improvements in clinical quality to support healthy, vibrant and self-determining communities.

The team partners with regional leaders and across all teams within the OCNO to monitor and develop responses to quality care and safety issues. The team facilitates and collaborates on efforts to improve clinical services, implement new services and address any areas where harm or potential harm could occur.

The team also oversees the HAÍŁCÍSTA Incident Management program and associated activities to support regional nursing operations in their efforts to improve patient safety, including the management of critical events.

### **British Columbia Cultural Safety and Humility Standard**

The FNHA, in partnership with Health Standards Organization and leaders across the province and nation, developed the [\*first BC Cultural Safety and Humility Standard\*](#) (the CSH Standard). The CSH Standard was published in June 2022 and supports governing bodies and organizational leaders to identify, measure and achieve culturally safety systems and services, which in turn help to improve the health and well-being of First Nations people, families and communities in BC.

The standard outlines the responsibilities of health and social service organizations in BC to establish a culture of anti-racism and cultural safety and humility in their services and programs. It serves to address long-standing issues of Indigenous-specific racism perpetuated by health systems and organizations.

The standard defines cultural safety as an outcome of respectful engagement based on the recognition of, and the work needed to address, power imbalances inherent in the health care system. The FNHA has completed an in-depth review of our health services in alignment with the standard and has begun work to address any identified gaps.

### **Provincial Clinical Innovation**

The provincial clinical innovation program is stewarding major sections of work, including:



- Uplifting First Nations Clinical Data Quality and Sovereignty/Clinical Applications Management
- Clinical Informatics Systems Management
- Medical Supplies, Equipment and Pharmaceutical (MSEP) Distribution Improvement
- Community Based Testing & X-ray procedures and improving access to diagnostic testing (Laboratory and X-ray) in First Nations Communities across BC
- Medical Device Lifecycle Management

### **Uplifting First Nations Clinical Data Quality and Sovereignty**

This space is held to ensure that First Nations' clinical and public health data, collected through the course of clinical or public health investigations and interventions (diagnostic or screening testing, immunization) in or outside community are stewarded in a manner that ensures the data are safeguarded to the highest standards of data security and privacy, and accessible by First Nations community providers and clients.

### **Clinical Informatics Systems**

The Clinical Informatics Team (formerly the Panorama team) is responsible for managing a set of clinical software applications necessary to support community public health outcomes, ensuring that clinical and public health data is accessed to the highest level of achievable quality.

Among others, the applications used include:

- Panorama/PHENIX for Immunization and tuberculosis (TB) data,
- PHSA eForms (Imms BC; Community Based Testing), Future laboratory information system (GeneXpert and other in community testing)
- SynthOS X-ray clinical application,
- CareConnect, Medinet and Pharmanet access management

The team also works closely with an array of community, public and private partners to ensure that community instances of clinical applications are implemented through good engagement, fulsome health provider training and then monitored to performing optimally in accordance with critical data security and privacy standards and principles.

### **Objectives**

- Support quality practice for use of/access to clinical software applications to ensure optimal outcomes for First Nations communities and clients. This includes offering, consultation, implementation support and training for all providers in First Nations communities across the province.

- Build practice competency and capacity for clinical software applications/clinical informatics with regional teams and community healthcare providers.
- Share knowledge from provincial and national partners to apply and integrate wise/best practices in First Nations communities.

## **Medical Supplies, Equipment and Pharmaceutical (MSEP) Distribution Improvement**

### **Goal**

To reduce the complexity and errors related to medical supplies and pharmaceuticals distribution management.

### **Principles**

- Minimize FNHA involvement with the supply chain where possible.
- Decrease risk and increase quality improvement.
- Present economic opportunities for First Nations enterprises.

### **Working Groups**

- Pharmaceuticals and medical supply ordering and inventory management
- Vendor optimization and distribution

Relating to pharmaceutical distribution specifically, this program operates within the parameters of the BC FNHA Nursing Station Drug Formulary together with the approved clinical decision support tools and Health Benefits.

## **Community-Based Diagnostics and Devices**

### **Objectives**

The Community-Based Devices team (formerly known as Community-based testing (CBT)) addresses the clinical service inequities First Nations communities experience by strengthening the capacity to perform client screening and diagnostic testing to uplift critical social determinants of health.

The types of screening and diagnostic testing currently available to community includes:

- GeneXpert® respiratory diagnostic testing (SARS-CoV-2, Influenza and RSV)
- Rapid strep test (throat swab – detection of group A streptococcus bacteria)
- Phlebotomy service planning and quality management
- X-ray procedures (chest, extremities)
- TB testing (in partnership with FNHA TB Services)
- Electrolytes, Chemistry Profile, Troponin and Coagulation status (i-STAT)

- Helicobacter pylori urea breath test collection
- HBA1C and Blood glucose (glucometers)
- Urine testing (dipstick (urinalysis, drug screening, pregnancy testing)
- Others upon community request and provider guidance

Nursing professionals at the point of care are responsible for completing training, developing and maintaining required competency, and in the case of infectious disease testing devices as well as other point of care instruments, participating in ongoing quality assurance activities.

### **Medical Device Lifecycle Management**

The Community Based Devices team has partnered with Regional Health Authorities to assure the quality management of medical devices and medical equipment in First Nations communities. This program involves guidance and advocacy concerning the provision of, and access to, updated and relevant medical equipment, to provide clinical and client care that is in alignment with BC provincial standards for safe and quality care.

This new initiative stewards work relating to sourcing, inspection, preventative maintenance and repair for medical devices and medical equipment, including curation of all device and equipment information within a provincial database.

The Provincial Clinical Innovation team walks alongside the OCNO Rural and Remote Practice and FNHA Regional teams to ensure that device and equipment evaluation and decision making are well coordinated. Moreover, senior clinical nursing advisors and practice consultants provide support on the education and performance monitoring of medical equipment. Steps are also being taken to expand access to FNHSO communities.

### **Clinical Education & Professional Development**

The Clinical Education & Professional Development Team provides clinical education delivery and clinical workforce development support. The team works collaboratively with those in educator roles to integrate innovation, education theories, learning strategies and wise practice approaches.

The team is committed to enhancing educator skill and competency to ensure capacity building and professional development. Additionally, this team supports, coordinates and facilitates clinical student practice education experiences and plans for future innovation in program development for Indigenous mentorship and career development pathways. This team liaises and partners with Provincial Health Authority clinical education leaders to optimize resources and align best practice initiatives.

### **tə sta'lewətxw (River) Clinical Learning Center**

The Clinical Education & Professional Development team will also manage the tə sta'lewətxw

Clinical Learning Centre in the FNHA's new central office building. The tə stə'wətxw Clinical Learning Centre will support clinical quality and safety through simulated learning with a foundation of Indigenous ways of knowing and being. Clinical simulation consists of realistic looking clinical rooms reflecting the context of clinical care in a First Nations community, which allows learners to practice and develop clinical expertise in a safe environment. The center will also support bringing clinical education closer to home through virtual simulation.

### **Clinical Workforce Development**

This initiative encompasses:

- Leadership for the FNHA Clinical Retention & Recruitment Steering Committee
- Clinical leadership pathway development, implementation and evaluation
- Ensuring clinical integration in retention and recruitment initiatives

### **Nursing Clinical Professional Practice Services**

The Nursing Professional Practice Team promotes and supports the development of wise, evidence-based, clinical practice competency and innovation to enhance and improve culturally safe, quality care for BC First Nations clients and communities.

Nursing Professional Practice Services includes the following Clinical Specialty Teams:

- Nursing Professional Practice
- Rural Remote Practice Team (RRPT)
- Chronic Disease and Serious Illness & Wholistic Integrated Continuum of Care

### **Objectives**

- Provide leadership for clinical practice support (nursing and interprofessional), consultation, coordination, education and resource development for all regional teams and point-of-care health care providers in First Nations communities across the province of BC.
- Monitor and communicate changes to legislative and regulatory practice standards and consult with regional and community partners as required to promote and ensure optimal and appropriate application of standards and scope of practice.
- Facilitate systems leadership for coordination, communication and implementation of practice initiatives and change requirements.
- Build practice competency and capacity with regional teams and community health care providers for specialized clinical knowledge and practice.
- Liaise with provincial, national and specialized clinical bodies and provides follow-through to regions to apply and integrate wise/best practices in the community.

### **Types of Service Providers**

The Nursing Professional Practice Team members are an interprofessional team of regulated health care leaders including registered nurses, remote certified nurses, clinical nurse specialists, pharmacists, dietitians and social workers.

### **Provider Qualifications**

The regulated health professionals noted above must all meet the provincial professional college registration and licensing requirements in the Province of BC and all hold at minimum, a bachelor's degree.

Clinical nurse specialists must have a master's degree in nursing and extensive clinical experience in their specialty practice setting. All regulated health professionals must have the appropriate education to meet the competencies required for work. Support personnel must also have the required training to fulfil the role responsibilities. 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.

Advanced practice and clinical nurse specialists provide clinical systems leadership and expertise to promote and advance current, innovative, evidence-based clinical care by supporting and/or leading wise practice and research.

The clinical nurse specialist has a role in consultation about the care of complex clients within each specialty practice area and facilitating care partnerships within and across health sectors in the province. Clinical nurse specialists are available for maternal/child health, public health (including immunizations and sexually transmitted blood and body infections), chronic conditions, serious illness and palliative care, mental health and substance use.

### **Chronic Conditions and Serious Illness & Wholistic Integrated Continuum of Care Teams**

The Chronic Conditions and Serious Illness Team & Wholistic Integrated Continuum of Care (WICC) project provides program knowledge support, resource and tool development, as well as clinical education delivery for all health care providers working within BC First Nation communities.

The overall objective is to ensure all First Nations people have access to a wholistic, culturally safe health care team that will support their care journey through chronic conditions, palliative care, serious illness and end of life care.

Additionally, this team provides program support and consultation for home care programs within First Nations communities to ensure that all First Nations people have access to community-driven or regional home care supports as needed to maintain independence at home.



Over the next two years, the WICC project in consultation and partnership with BC First Nations advisory groups, will be further exploring health care service enhancements through the lens of access, caregiver support and seamless transitions in care. The goal is to ensure safe transitions within the health journey while focusing on ways to highlight client and community strengths, wise ways and regional supports.

The team is committed to enhancing health care professionals' skills and competencies in regards to providing home care programs and meeting the needs of those with acute, chronic or life-limiting conditions.

## **Communicable Disease, Population and Public Health Clinical Specialty Teams**

### **Description**

Communicable Disease, Population, and Public Health (CDPPH) programs are delivered by Community Health Nurses (CHNs) and other healthcare team members in First Nations communities throughout British Columbia. Guided by the priorities and requests of communities, these programs aim to support holistic health and wellness. The CDPPH team provides specialized public health expertise and systems support to aid decision-making and service delivery for FNHA and the communities we serve.

The team is committed to centering Community and Culture by understanding the unique context of each partner. By leveraging existing strengths and opportunities, the CDPPH team helps implement public health programs that are culturally safe and aligned with the specific needs of First Nations communities.

Walking alongside healthcare providers and community health staff, the CDPPH team supports capacity building and awareness through tailored resources, education, consultation, and clinical support when needed. These partnerships aim to promote community empowerment and to foster increasing control over their health and wellness and to promote public health programs aligned with community-led goals.

The CDPPH team also collaborates with BCCDC, Regional Health Authority public health teams, FNHA regional and provincial nursing teams to strengthen public health integration. Together, we work to improve access to public health services and support First Nations communities in achieving their health priorities.

### **Types of Service Providers**

The CDPPH team assists CHNs in fulfilling the communicable disease management provisions outlined in the BC Public Health Act and British Columbia Centre for Disease Control (BCCDC) guidelines. In partnership with FNHA Regional Nursing teams, the CDPPH team supports both FNHA-employed and band-employed nurses in meeting the Community Health Core Program Requirements.

These requirements are delivered as part of funding agreements for CHNs through individual Community Health and Wellness Plans.

- Provide prompt, comprehensive education and support for health care staff working in communities.
- Offer clinical and programmatic updates at monthly all Nurses calls
- Provide targeted clinical updates, such as webinars, lunch and learns.
- Create RISE courses to support clinical orientation to their topic area for new CHNs.
- Create templates to support the implementation of required public health programming and reporting.
- Hosts twice-yearly in-person education sessions to orient new CHNs to public health programming and support CHN connections and mentoring.
- Work with Federal, Provincial and Regional Health Authority partners to facilitate access to clinical supplies.

## **Types of Programs and Services**

### **Immunization**

- Supports CHNs in achieving Immunization Competency Certification.
- Provides direct clinical consultation for CHNs working in communities.

### **Sexually Transmitted and Blood-Borne Infections (STBBIs)**

- Provides tailored resources, education, and support to improve STBBI prevention, screening, and treatment.
- Collaborates with community teams to address unique health concerns related to STBBIs.

### **Maternal and Child Health**

- Offers guidance and resources to support maternal and child health programs, including perinatal care and early childhood health initiatives.
- Assists CHNs in integrating maternal and child health services into broader community health plans.

### **Communicable Disease Management and Emergency Response**

- Provides expertise in managing communicable diseases, including outbreak response and reporting.
- Collaborates on planning and response for communicable disease emergencies, ensuring timely and culturally appropriate interventions.

### **Tuberculosis (TB)**

- Supports CHNs in delivering TB prevention and care services, including community-based screenings, education, case management, and follow-up care plans.

- Provides direct clinical management and medication oversight for active and preventive TB treatment.
- Offers specialized consultation and resources for managing TB in high-incidence communities.

### **Infection Prevention and Control (IPC)**

- Provides on-site and remote consultation on infection prevention practices in healthcare and community settings.
- Collaborates with facilities and teams to address IPC needs during outbreaks, renovations, and program planning.

## **Allied Health Professional Practice**

### **Objectives**

The Allied Health Professional Practice team promotes culturally safe, high-quality, and evidence-informed team-based care. They guide allied health professional standards, including practice, scope, and regulations, while fostering partnerships with internal and external stakeholders. They also provide professional practice support, clinical leadership, and expert advice on care delivery, including complex trauma-informed care. Working with the Nursing Professional Practice, Specialized Teams, and Clinical Education and Professional Development, they aim to improve quality of care and patient safety through systemic change.

### **Types of Programs and Services**

Partnering with community, regional, and provincial partners to define allied health priorities, the team supports to:

- **Champion Community Voices** - Collaborate with system partners to elevate First Nation community voices in provincial strategic plans, advocating for culturally safe and relevant healthcare policies.
- **Clinical Placement Opportunities** - Support recruitment and retention by creating clinical placement opportunities in First Nations communities, providing practical experience and encouraging long-term commitment to First Nations health and wellness.
- **Standardized Practice Tools** - Develop Decision Support Tools, policies, and Standard Operating Procedures to guide clinical care in the community, ensuring consistency and quality.
- **Professional Practice Pathway** - Develop a professional practice pathway by engaging with key stakeholders, including community representatives, allied health professionals, and regulatory bodies, setting clear goals and objectives to ensure consistent, high-quality, culturally competent care.

# **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**

**Prenatal Nutrition**

**Aboriginal Head Start On-Reserve**

**Maternal and Child Health**

## **Mental Health and Wellness**

**Building Healthy Communities**

**Healing Modalities/Centres**

**Traditional Health and Wellness**

**National Aboriginal Youth Suicide Prevention Strategy**

**Alcohol and Drug Use Services**

**Indian Residential Schools – Resolution Health Support Program**

**Indian Residential School Resolution Health and Cultural**

## **Support**

**Brighter Futures – Health and Cultural Support Services for Missing and Murdered Indigenous Women and Girls**

**Indian Day School Program**

**Expanded Trauma Informed Health Support Program**

**Indian Residential School Resolution Health Support Counselling Program**



## Healthy Living

The FNHA provides 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, preventative health measures, chronic disease 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, heart disease, cancer and respiratory disease 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). To that end, focus is placed on addressing healthy eating, food security, physical activity and obesity, as well as increasing awareness of risk factors and complications and supporting preventative screening and management. Activities include sharing community knowledge and promising practices, supporting community planning, and training health service providers and community workers. Surveillance work in chronic disease is ongoing from the Chronic Disease Registry and from the Health System Matrix, done in collaboration with the FNHA.

### 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 the 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; increase training opportunities and continuing education to community diabetes prevention workers and health professionals; and increase 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/dieticians, community health nurses and community health representatives, and physicians.

## **Provider Qualifications**

Regulated health professionals 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.

## **Injury Prevention**

The key objective that the FNHA seeks to achieve through [injury prevention](#) 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 community environments that prevent injuries. The FNHA participates on the BC Injury Prevention 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 On-Reserve, to help First Nations understand the importance of injury prevention from an early age. Beginning in fiscal year 2022/2023 ongoing injury surveillance will be performed via linkage between the First Nations Client File and data holdings of Trauma BC and in collaboration with the BC Injury Research and Prevention Unit. This data will be used to inform injury prevention programming.

## **Healthy Child Development**

The FNHA supports 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 parental, 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 parents 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 parental and child health programs.

## **Objectives**

- Collaborate with First Nations communities and 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 parents 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 of 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 known as the Parent Child Assistance Program. The program is an evidence-based home visitation case-management model for those who use alcohol or drugs during pregnancy. Its goals are to help pregnant and new parents to build healthy families and prevent future births of children exposed prenatally to alcohol and drugs.

### **Objectives**

- Support the development of culturally appropriate, 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, whereby mentors help a birthing parent identify their strengths and challenges and link them to appropriate services/supports that can help reduce their 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.

The FNHA is working on surveillance data from Perinatal Services BC in support of this program.

## **Prenatal Nutrition**

The Prenatal Nutrition Program aims to build on the strength of birthing parents and babies by supporting healthy well-balanced nourishment during pregnancy and continuing with the healthy nourishment of the birthing parent and child beyond birth.

### **Objectives**

- Support parental and infant nourishment and promote breastfeeding. Activities fall under three core elements that include nutrition screening, education and counselling; birthing parent 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* supports children to experience their First Nations culture and learn 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* encourages 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 gross and fine motor activities. 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 encourage 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 wholistic 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 and home visits support parental and family involvement by bringing information into the home, including on how to register 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 people 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 for interactions between the support staff and family to assess and provide education; support pregnant women and families with infants on parenting skills and knowledge; and promote healthy child development, positive lifestyle changes, preconception health, optimal parental reproductive health and access to social supports. Data from Perinatal Services BC is being used to support this work.

### **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 parental reproductive health and access to social supports.

## **Mental Health and Wellness**

The [Mental Health and Wellness Team](#) provides program and clinical consultation services and works in partnership with regions and provincial partners in the area of mental wellness programming in BC First Nations communities.

### **Building Healthy Communities**

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

### **Objectives**

- Assist communities in preparing for and managing mental health crises such as suicide prevention, substance use and healthy initiatives.
- Address community capacity-building by training caregivers and community members to deliver training 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.

### **Healing Modalities/Houses**

The Healing Modalities work that the FNHA is advancing seeks to foster approaches to healing and wholistic wellness by focusing on unresolved trauma. The vision of this initiative is to create a provincial network of healing modalities/houses that will complement FNHA-funded programs in order to provide a comprehensive continuum of mental wellness care across the spectrum for all First Nations in BC. This aligns with the Truth and Reconciliations call to action #21, to have sustainable funding for existing and new Aboriginal healing centres.

#### **Objectives**

- To provide a place to connect people to healing, trauma specific services, and wrap around supports.
- To provide traditional healers working alongside trauma specialists opportunities to foster a traditional healing and trauma specific therapy.
- To provide an integrated continuity of care.

### **Traditional Health and Wellness**

#### **Objectives**

Traditional Health and Wellness has been identified as a key priority area for FNHA to develop healing and wellness strategies that promote the practice and revitalization of traditional healing, traditional medicines, land-based healing and other culturally rooted wellness strategies. FNHA is currently focused on implementing our Traditional Health and Wellness Framework by developing actionable strategies to support existing and new programs and services that are respectful of our unique cultural diversity, protect our cultural and intellectual property and develop initiatives that honour our traditional protocols.

#### **Types of funding**

FNHA currently funds regional and community-based initiatives to investigate best practices, revitalize traditional healing, support training and mentorship opportunities and support traditional healers, cultural practitioners and Elders to provide culturally-appropriate healing and wellness strategies at the community level.

### **Land-based Treatment and Healing**

FNHA currently funds community-based initiatives to work towards strengths-based, holistic and client driven treatment and healing programming that addresses aftercare, and family and community contexts. Culture as healing is a key concept, where cultural

principles and values are guides to the development of programs, including increased use of family, group and cultural ceremony and healing practices on the land.

### **National Aboriginal Youth Suicide Prevention Strategy**

The [National Aboriginal Youth Suicide Prevention](#) Strategy offers 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 (such as youth leadership) and decrease risk factors (such as a 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 that contribute to improved mental health and wellness among Indigenous youth, families and communities. Surveillance activities in this area are under way. The injury surveillance program and data linkage include self-harm and suicide.

#### **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 collaborative, community-based approaches to suicide prevention.

*Tertiary Prevention* supports activities that focus on increasing the effectiveness of crisis response, stabilization and after care 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**

Regulated health professionals 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. Qualifications for volunteers, paraprofessionals and

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 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* strive 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* involve 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* identify individuals at elevated risk for substance use challenges, collect the information required to refer the client to the appropriate course of treatment (such as outpatient or a residential treatment centre), identify any additional services that might be required (such as withdrawal management, job support services) and provide a referral and liaison function to support timely access.

*Treatment Planning* is based on individual client requirements and current situation. Services vary and can include one-on-one or group counselling in the 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.

*FNHA-Funded Treatment Centers* are 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 the typical six- to eight-week programs at FNHA-funded centres, deemed ineligible for an FNHA-funded centre due to complex health conditions, and the unavailability of FNHA-funded residential treatment services when the 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. Treatment is most effective when it is trauma-informed and grounded in culture and tradition. Many different modalities of treatment are effective, including group or individual counselling sessions, art therapy, somatic experience sessions and neurofield training.

*Discharge Planning and Aftercare Services* seek to build on the strong foundation set by the treatment process. These services provide an active support 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 is provided for treatment centres and community programs that have the capacity 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.

*Surveillance, Data Collection and Evaluation* supports this work through four separate data linkages and multiple reports that are produced monthly.

*The Mental Health, Substance Use and Harm Reduction Team (4 Directions Team)* is focused on co-creating and improving programs, developing resources and decision support tools, and providing consultative support in the areas of mental health, substance use and harm reduction for health care professionals, community-based service providers and community members working with First Nations people and communities across BC. The team is committed to working with partners to support communities to overcome challenges in these areas by incorporating culturally safe, destigmatizing and respectful practices. Some specific areas of focus include improving access to opioid use disorder treatment options such as Opioid Agonist Therapy (OAT), which supports community OAT program development and registered nurse prescribing initiatives. The team also provides provincial support for the FNHA's harm reduction program through harm reduction



education, support, and bulk ordering of nasal Naloxone and harm reduction training, including NotJustNaloxone. In the area of mental health, the team provides practice support and client consultation, clinical tools and resources, education and capacity building focused on mental health knowledge and skills for all nursing practice. The team works with partners locally, regionally and provincially to improve and change mental health care services and systems to create effective and acceptable mental health and substance use services, care and experiences for First Nations people.

### **Respecting Tobacco**

The Respecting Tobacco program aims to promote innovative approaches to prevent the use of commercial tobacco programs, increase skills and education of community members related to health promotion related to commercial tobacco, traditional tobacco and/or vaping.

### **Wellness Grants**

The First Nations Health Authority (FNHA) provides grant opportunities for wellness-focused and community-led events or initiatives. The wellness grants are intended to encourage the development of innovative, culturally grounded and community-based wellness promotion events. The FNHA provides two annual wellness grant cycles, including:

- Wellness Grants (WWG) – December - February
- Indigenous Peoples Day of Wellness Grants (IPDoWG) - June 21st

### **Wellness Initiatives**

Wellness Initiatives aims to support wholistic wellness for First Nations Communities utilizing our four wellness streams (Being Active, Nurturing Spirit, Eating Healthy and Respecting Tobacco) through annual wellness campaigns (March Food is Medicine, June 30x30, Sober for October). These campaigns are intended to encourage community wellness through physical activity, food sovereignty and nutrition and focusing on harm reduction approaches to substance use, to name a few.

## **Indian Residential Schools – Resolution Health Support Program**

### **Objectives**

Indian Residential Schools (IRS) – Resolution Health Support Program (RHSP) funded through the Health Canada (FNIHB). The program has been in operation through FNHA since October 1, 2013. This fulfills Canada's commitment with the IRS Settlement Agreement through to March 31, 2021. As of April 1, 2021, there is a three-year commitment to Indian Residential School funding through to March 31, 2024.

The mandate of the IRS RHS Program is to, through all phases of the IRS Settlement, provide mental health, emotional and cultural support services to eligible former students of the Indian Residential Schools. In recognition of the intergenerational impacts the schools had on families, these services are also available to the families of the former

students. The goal is to safely address a broad spectrum of wellness issues.

### **Types of Services**

- Emotional Support Services and Activities. Frontline emotional support to listen, talk and guide IRS clients through all phases of the IRS Settlement Agreement. RHSP emotional support services are provided by a para-professional Aboriginal Health Worker, known as a Resolution health Support Worker (RHSW), for the purpose of helping IRS Clients safely address a broad spectrum of mental wellness issues related to the impacts of these experiences.
- Cultural Support Services and Activities. Cultural Support Services are provided by elders or traditional healers through dialogue, prayers, traditional healing, ceremonies or teachings. The specific cultural support services provided will be determined based on the needs of each IRS client. The CSP is recognized by the community as an elder or traditional healer and has a minimum set of qualifications which are outlined.
- Professional Counselling Services (Administered through FNHA Health Benefits)
  - Individual
  - Family
  - Professional Counselling services shall be delivered in adherence to the Guide to Mental Health Services.

## **Indian Residential School Resolution Health and Cultural Support**

### **Objectives**

To provide frontline emotional and cultural support to eligible former IRS students and their family members

FNHA has ten contribution agreements:

1. Nuw Chah Nulth Tribal Council
2. Tsow Tun Le Lum
3. Indian Residential School Survivors Society
4. Okanagan Nation Alliance
5. Carrier Sekani Family Services
6. Adah Dene Healing Society
7. Gitanyow Human Services
8. Kispiox Health
9. Gitanmaax Health Gitxsan Health Society
10. Gitxsan Health

## **Brighter Futures – Health and Cultural Support Services for Missing and Murdered Indigenous Women and Girls**

### **Description**

To ensure that survivors, family members and those affected by the issue of MMIWG have

access to an appropriate level of mental wellness support services; and ensure those survivors, family members and those affected by the issue of MMIWG can safely address mental wellness issues related to the impacts of MMIWG.

### **Objectives**

- Access to an appropriate level of mental wellness support services.
- Safely address mental wellness issues

### **Partners**

- **Indian Residential School Survivors Society (IRSSS)**
  - IRSSS: North
  - IRSSS Interior
  - IRSSS Vancouver Coastal
  - IRSSS Fraser Coast Salish
- **Vancouver Island (Tsow Tun Le Lum)**
- **Vancouver Island (Nuu Chah Nulth Tribal Council)**

## **Indian Day School Program**

### **Description**

To ensure that eligible former IDS students and their family member(s) have access to an appropriate level of mental health and wellness support services to complete the application process.

### **Objectives**

To ensure that eligible former IDS students and their family member(s) can safely address mental health and wellness issues related to their experience at these institutions, their application for compensation from the Federal Indian Day School Settlement Agreement and provide support for any disclosure of childhood abuse(s)/traumas that occurred at these institutions. Website: <https://www.irsss.ca/service-request-form>

### **Partners**

- **Indian Residential School Survivors Society (IRSSS)**
  - IRSSS: North
  - IRSSS Interior
  - IRSSS Vancouver Coastal
  - IRSSS Fraser Coast Salish
- **Vancouver Island (Tsow Tun Le Lum)**
- **Vancouver Island (Nuu Chah Nulth Tribal Council)**

## **Expanded Trauma Informed Health Support Program**

## **Description**

The primary purpose of this funding is to increase the number of community-based, Indigenous health and cultural support providers (i.e. salary and related costs for workers to provide emotional support and cultural support).

## **Objectives**

Expanding the existing network of health and cultural support providers which will reduce the burden on health and cultural support workers and will improve access to culturally grounded supports to new people.

## **Partners**

- **Vancouver Island Region**
  - Kuper Island IRS: Penelekut
  - Alberni IRS: Tseshah
  - St. Christie IRS: Ahousah
  - Ahousah IRS:
  - St. Michaels IRS and Alert Bay: Namgis
  - Nanaimo Indian Hospital: Snuneymuxw First Nation.
- **Vancouver Coastal Region**
  - St. Augustines IRS: Sishalh Nation
  - St. Pauls IRS: Squamish Nation
- **Fraser Salish**
  - St. Mary's IRS, All Hallows: Fraser Region
  - Coqualeetza: Fraser Region requested.
- **Interior Region**
  - St. George's IRS: Lytton
  - St. Louis Kamloops IRS: T'kemlups to Secwepmec
  - St. Eugene's IRS: Aqam
  - Mission IRS: Sto Lo & communities
  - Anahim Lake Dormitory: Ulkatcho
- **Northern Region**
  - Lejac IRS: Nadleh
  - Elizabeth Long Home for Girls: Haisla
  - Crosby Home for Girls: Lax Kw'alaams
  - Lower Post IRS: Daylu Dena
  - Miller Bay Indian Hospital: Metlakatla

## **Indian Residential School Resolution Health Support Counselling Program**

### **Description**

The Indian Residential School Resolution Health Support Program (IRS RHSP) is a national program administered in BC through FNHA Health Benefits.

## Objectives

Through the IRS RHSP, counselling is available to address mental distress and intergenerational trauma resulting from the legacy of the residential school system.

## Components

First Nations and non-First Nations individuals are eligible for the program. Counselling is a tool for individuals experiencing a difficult situation to resolve their emotional distress and enjoy greater wellness. Health Benefits partners with Indigenous Services Canada to offer a comprehensive mental health plan to First Nations in BC. Services are available for former students who attended a residential school listed in the 2006 Indian Residential Schools Settlement Agreement. Services are also available to the family members of those students.

## Types of Services

- Indian Residential School Survivors and their families
- Indian Day School and Indian Day Scholar Survivors and their families
- Families of Missing and Murdered Indigenous Women and Girls (MMIWG)

The mental health provider must be registered with Health Benefits. Options to find a registered mental health provider:

1. Call Health Benefits at 1-855-550-5454.
2. Browse the [Health Benefits Mental Health Provider List](#);
3. Browse the mental health provider map below (see the [Mental Health Provider Map Guide](#) for instructions on how to locate a mental health provider using the [map](#)).

## Qualifications

Your plan covers counselling services from a qualified mental health provider. Your plan covers counselling services from a qualified mental health provider. Mental health providers include psychologists, clinical counsellors and social workers. Your plan will cover as many hours of counselling as you and your provider determine you need.

You **must** see a provider who is registered with the Health Benefits Program to receive coverage for your counselling services.

If you need travel assistance to access counselling, please contact the Medical Transportation Program (email: [Transportation@fnha.ca](mailto:Transportation@fnha.ca); phone: 1-855-550-5454).

If you prefer virtual appointments, talk to your provider about Telehealth options. See the **Telehealth** page or the **Telehealth for Mental Health poster**.

# Section 4: Environmental Public Health Services

Environmental Public Health Services Overview

Drinking Water Safety

Public Health Engineering Services

Food Safety

Food Security, Food Systems and Healthy Eating

Healthy Housing

Wastewater

Solid Waste Disposal

Facilities Inspection

Emergency Preparedness and Response

Environmental Contaminants

Climate Change & Health

**We All Take Care of the Harvest (WATCH)**

## Environmental Public Health Services Overview

[Environmental Public Health Services](#) (EPHS) 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. Environmental Public health 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; as well as 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. EPHS also considers how the various elements of community infrastructure, such as roads, schools, health centres, community buildings and food premises combine to create a healthy built environment (HBE). Considerations include how a community integrates with its surrounding environment to maintain healthy rivers, forests and oceans to support food security and adapt to climate change.

The 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 or mitigate 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 EPHS Team provides services based on the needs of communities in the following areas:

-  Drinking water safety
-  Food safety
- Food security, food sovereignty and healthy eating
-  Healthy housing
- Wastewater
-  Solid waste management
- Facilities inspections
- Emergency preparedness and response
-  Environmental contaminants
-  Climate change and health
-  Air quality
-  Healthy built environment
- Health impact assessment



Activities such as assessments, training sessions and public education are routinely provided according to community work plans developed with Chiefs and Councils or as required at the request of Chiefs and Councils or their administration. Services are carried out by environmental health officers who work with communities to provide advice, guidance, education, public health assessments and 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 Chiefs and Councils, who are responsible for considering and implementing the recommendations. Environmental health technicians 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.

### **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 or higher than 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.

## Drinking Water Safety

Access to safe and reliable drinking water is essential to individual and population health. The [Drinking Water Safety Program](#) supports access to safe drinking water by working in partnership with First Nations communities on monitoring, surveillance and Quality Assurance/Quality Control (QA/QC) and drinking water advisories. The FNHA collaborates with individual First Nations; Indigenous Services Canada and First Nations consultants on drinking water-related technical issues, capital projects and emergency upgrades.

Chiefs and Councils are responsible for planning and developing capital projects that provide basic infrastructure needs such as drinking water. Community leadership is also responsible for the day-to-day operation of community water systems, which includes sampling and testing drinking water parameters.

### Components

*Drinking Water Safety Program* provides funding for labour, training, community-based laboratory equipment and supplies to communities to implement the Community-Based Drinking Water Quality Monitoring Program, in accordance with Drinking Water Safety Program funding guidelines and the Community-Based Drinking Water Quality Monitor Reference Manual, to achieve the following objectives.

### Objectives

- Sample and test drinking water systems for *E.coli*, total coliforms and chlorine residuals, in accordance with the Guidelines for Canadian Drinking Water Quality. Where more stringent BC drinking water quality guidelines exist, these will be applied.
- Make use of professional laboratories approved by the provincial health officer for additional and QA/QC microbiological samples; and for general chemistry, metals, hydrocarbons, pesticides/herbicides and radiological sampling.
- Reduce the possibility of waterborne disease events by increasing and improving the monitoring of and reporting on community drinking water systems.
- Build the capacity of First Nations through community-based drinking water quality monitoring programs and support drinking water awareness and education to improve confidence in drinking water safety through the Our Community Our Water Grant Program.
- Environmental health officers work with community leadership and provide advice, guidance and recommendations to First Nations communities about drinking water safety issues relating to any level of drinking water advisory.
- Environmental health officers work with community health representatives and community-based water monitors and operators to ensure that sampling and monitoring requirements are met based on the Drinking Water Safety Program-

scheduled funding.

- Environmental health officers investigate water systems from source to tap and assess suspected problems with community drinking water supplies.
- Environmental health officers, along with the public health engineers, review and provide comments and recommendations on plans for new or upgraded community water systems from a public health perspective.
- Environmental health officers also assist in the development of the First Nation's Drinking Water Emergency Response Planning and support during emergency events.

Drinking Water Safety Program funding is **not** provided for capital projects or for operations and maintenance.

## Public Health Engineering Services

Public Health Engineers (PHEs) work within our Environmental Public Health Services (EPHS) department at FNHA. PHEs work closely with Environmental Health Officers (EHOs), with a focus on community infrastructure projects. PHEs often work in the context of interdisciplinary project teams comprising health officers, community leadership, design consultants, provincial and federal agencies and technical specialists. The role of the PHE is to assess potential health risks in proposed designs and whether the proposed design achieves health protection objectives. PHE reviews do not constitute professional engineering advice and communities should retain the services of a qualified professional to provide design and construction advice.

### Types of Services

- Inspecting drinking water and wastewater systems.
- Assisting EHOs to interpret drinking water and wastewater quality results.
- Reviewing design & provide consultation for new or upgraded infrastructure from a public health perspective:
  - Water infrastructure (wells, intakes, water mains, water treatment plants, reservoirs,
  - Water treatment equipment, etc.).
  - Wastewater infrastructure (septic systems, sanitary sewer mains, lift stations, disposal fields, treatment equipment, outfalls, lagoons, wastewater treatment plants, etc.).
  - Stormwater infrastructure (sewers, ditches, culverts, ponds).
  - Civil servicing for new or upgraded community buildings.
  - Recreational facilities such as swimming pools, spray parks or wading pools.
  - Subdivision design and community land-use planning.
- Review draft E-ACRS or API inspections with community staff and/or operators.

- Provide recommendations in terms of infrastructure during the event of emergencies such as floods, forest fires, heat/cold/air quality advisories, chemical spills, storms, contamination of water supplies and sewage failures.

## Food Safety

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

## Food Security, Food Systems and Healthy Eating

In addition to [BCCDC's goals of food security and its definition](#), the FNHA notes that First Nations food security and food systems are completed through wholistic approaches, place-based, inextricably connected and must be Nation-led.

### Objectives

The following provide guidance to our work to support First Nations food security, nourishing foods and food systems in this space:

1. Serve to support First Nations-led food related programs, services, initiatives,

research and education for and by themselves.

2. Educate, inform and respond to cultural biases and assumptions related to food systems, food security and healthy eating; and
3. Assess the key conditions necessary to enter into a deeper journey of understanding in support of a non-linear, relational approach to Indigenous food security and food systems. First Nations food systems provide a framework for health and community development within the wholistic health narrative that enables Indigenous hunting, fishing and gathering, which connects with sustainable adaptation strategies.

Healthy eating is supported through a wholistic approach, including Indigenous knowledge and western-based scientific knowledge (e.g., dietetic support).

### **Components**

*Food Security and Food Systems Projects* manages a number of projects and programs (e.g., Food Systems Program led by Indigenous Sport, Physical Activity & Recreation Council (ISPARC); Common Language Project; Access to Traditional Foods in public facilities) and funding components, supporting the work through a First Nations-led, culturally safe and trauma-informed lens and approach.

*Communities of Practices* includes a group of dietitians working with First Nations communities and Knowledge Keepers to share (on equal footing) traditional food practices, nutrition, protocols and an informed practice of navigating two food systems (store-bought foods and traditional foods harvesting). Another community of practice is supported for food-related program staff across all regions, specifically those conducting canning and other preservation methods to provide Nation-to-Nation networking, knowledge sharing and food safe practices.

*Nutrition and Food Security Services* works with regional health authorities and FNHA regional teams to navigate gaps in services and identify medium- to long-term actions that are required to address these gaps.

*Provincial/Ministerial Food Security and Healthy Eating Committees* includes FNHA representation to advocate for and highlight the importance of Indigenous-led expertise and approaches in relation to policy development, engagement and co-creation processes and resource development.

### **Healthy 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. 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 evaluating health and safety hazards including indoor air quality, contaminants, pest control, water supply, solid and liquid waste disposal, general safety, structural concerns and overcrowding.
- Review plans from a public health perspective for new housing developments and renovations.
- Provides advice, guidance and recommendations to Chiefs and Councils, 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 healthy housing.

## **Wastewater**

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

## **Components**

### *Environmental Public Health Assessment*

- Provides information, guidance and recommendations related to onsite sewage disposal systems, including information on appropriate decommissioning of sites, when necessary.
- Conducts onsite inspections for new installations and repairs of sewage disposal systems, when necessary.
- Accepts and optionally reviews completed filings for the installation and repair of septic systems installed by registered onsite wastewater practitioners
- Provides, information, guidance and recommendations related to wastewater treatment plants, which includes reviewing plans from a public health perspective.
- In conjunction with the public health engineers, reviewing and providing information to Chiefs, Councils and land developers on aspects of storm water management best practices, including Planning, Volume Reduction, Water Quality, Rate Control, Construction Control and Operations and Maintenance

### *Health Hazard Response*

- Responds to complaints by providing public health inspections of existing onsite sewage disposal systems, where appropriate.
- Inspects wastewater treatment plants if there is a public health concern.

### *Public Education*

- Provides public education to home occupants and owners about how to properly maintain an onsite sewage 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. EPHS works with the community, site operators and agencies, such as 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 source separation, solid waste collection, recycling, site operation and containment of waste; types of waste being disposed of; 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 information, 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 information, 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 or referrals related to reducing, reusing and recycling solid waste; disposing of hazardous waste (e.g., batteries, paint, biomedical); and the safe collection and storage of waste.

## **Facilities Inspection**

EPHS 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	Day cares, Elder's centres, group homes, Aboriginal Head Start On Reserve 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, etc.

## Components

### *Environmental Public Health Assessment*

- Provides routine inspections of facilities in collaboration with community. The scope of inspections includes general sanitation, general structure, safety conditions, food safety practices, water quality, sewage and solid waste management, pest control, crowding and indoor air quality.
- Reviews plans for new or renovated facilities from a public health perspective on request.
- Provides information on decommission or renovation hazards that could adversely impact the health of community members or workers.
- Provides information, guidance and recommendations to Chiefs, Councils, owners, operators, employees and users of facilities about 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.

## **Emergency Preparedness and Response**

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

### **Components**

#### *Environmental Public Health Assessment*

- Provides information, 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 on how to reduce associated environmental public health risks.
- Provides public health inspections of temporary accommodations, residential and public buildings, drinking water, food services, solid waste and wastewater management systems.
- Provides food handler training, drinking water sampling and other emergency EPHS.
- Participates as part of provincial or federal emergency operations centres if needed.
- Conducts 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 man-made 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 health risks 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 potential environmental hazards.

## 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. It also assists communities in interpreting research results and developing risk communication.

*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 hazard identification, investigation and community exposure assessments.
- Assists Chiefs and Councils or community groups to formulate study questions in response to environmental contaminant concerns expressed by the community.
- Assists communities to develop linkages with academic and institutions that can be partners in developing research project proposals.
- Provides information concerning projects.
- Assists communities in interpreting research results and developing risk communication.
- Assists communities by supporting Health Impact Assessment and Human Health Risk Assessment projects.

## Climate Change & Health

The Climate Change and Health Program supports First Nations communities in BC to reduce health impacts from climate change through community-based climate-action projects, collaborative planning, monitoring and research initiatives, as well as training and awareness-building activities.

## Components

- *Community and Regionally Driven Climate Change Projects:* through the Indigenous Climate Health Action Program (ICHAP), delivers funding to support community and/or regionally driven climate action projects that focus on health and wellness outcomes. ICHAP supports projects that emphasize asset-based approaches, youth engagement, inclusion of traditional knowledge, community capacity building and Indigenous leadership. Projects can focus on climate health in general or on

developing a strategy or action plan to reduce climate change impacts on community health.

- Manages the Local Environmental Observer Network for BC, to increase awareness and understanding about environmental change and provide a culturally safe space for two-way information sharing that integrates BC First Nations perspectives on environmental health and wellness.
- Supports knowledge creation and facilitate increased awareness of climate change impacts on health for First Nations and adaptive responses, including through collaborative research initiatives with First Nations and other partners.
- Strengthens understanding among external stakeholders and partners of the climate health priorities, activities, needs and leadership capacity of First Nations in BC related to climate health. This includes active collaborations with health system partners on climate-health research, policy and program development and knowledge translation activities.

Supports the communication of climate-action initiatives and opportunities, research project outcomes and climate-health information to communities.

### **We All Take Care of the Harvest (WATCH)**

FNHA's pilot project, We All Take Care of the Harvest (WATCH) addresses seafood safety, security and sovereignty in the context of climate change. Initiated by the response to concerns raised at the 2016 Marine Biotoxin workshop, which discussed a prolonged phytoplankton bloom in 2015 leading to domoic acid and Amnesic Shellfish Poisoning (ASP), WATCH aims to assist coastal communities in determining the safety of their seafood harvest. The workshop revealed the accumulation of toxins in shellfish and plankton-eating fish, impacting the entire food chain, including crabs, marine mammals and birds. The primary concerns identified by First Nations community members was the necessity of timely information on the safety of shellfish harvesting, prompting the creation of the WATCH project.

### **Objectives**

- Help communities access timely safety information about seafood and harvest areas.
- Enhance the ability of communities to plan for and manage climate impacts that affect seafood.
- Promote seafood security and sovereignty for coastal First Nations.

# Section 5: Health Infrastructure Support

## Health System Capacity

**Health Planning and Management**

**Health Surveillance**

**Capital Assets**

## Health System Transformation

**Electronic Health (eHealth) Overview**

**eHealth Infostructure Program**

**First Nations-led Primary Health Care Initiative**

## Health Emergency Management

## Health System Capacity

### Health Planning and Management

[Health Planning and Management](#) funding supports First Nations recipients to develop, evaluate and monitor health programs and services through sustainable community health and wellness planning. It also supports community development activities and program delivery through administration and delivery infrastructure at the community level.

#### Objectives

- Health Planning and Management enables increased First Nations control and capacity building around health programming and service delivery that, when combined with its existing arrangements, supports recipients to develop health plans and to 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 to develop 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.

### Health Surveillance

The [FNHA Health Surveillance Team](#) provides information for effective public health interventions supported by the FNHA's programs, services, including the FNHA chief medical officer. This allows for better monitoring of First Nations health and wellness and supports quality data being available and accessible to inform immediate actions, 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 and program design, and to support a quality agenda.

The Health Surveillance Team also responds to numerous external requests for data each year, including requests from community leadership, health care partners and provincial and federal government agencies. Requests may focus on a specific area of concern or

data source but may also be more complex and require the synthesis of multiple data sources.

## **Components**

### *Health System Matrix and Population Grouper*

This program provides health care utilization data that can be analyzed based on the geographic location of clients as well as specific health concerns or diagnoses (e.g., diabetes or other chronic diseases).

### *Mental Health Surveillance*

This program tracks and reports on the prevalence of common mental health concerns using the Health System Matrix and the Chronic Disease Registry.

### *Toxic Drug Poisoning*

In collaboration with BCCDC, BC Coroners Services, BC Emergency Health Services, the Ministry of Mental Health and Addictions and others, several data sources are used to inform the response to the toxic drug crisis. Data are available annually from the BC Overdose Cohort as well as the Substance Use Cascade of Care. Both provide extensive health data for people who have experienced a toxic drug poisoning or who have been diagnosed with a substance use disorder (including opioid use disorder and alcohol use disorder). Data are available monthly from the BC Coroners Services and BC Emergency Health Services to allow for the tracking of toxic drug deaths and ambulance attended drug poisonings.

### *Injury Surveillance*

Through a recent data linkage with Trauma Services BC's "Trauma Cube" dataset, the Health Surveillance team is now able to report on the incidence and prevalence of various types and causes of injuries, injury related hospitalizations, injury related deaths and causes of death, including self-harm and suicide.

### *Maternal Child Health*

Through a data linkage with BC Perinatal Services, Health Surveillance reports on a number of indicators of maternal child health.

### *Communicable Diseases*

Historically, communicable disease surveillance has been done in collaboration with BCCDC, but no real-time First Nations specific data were available. With COVID-19 this has changed, and daily updates are currently available to identify new COVID-19 cases and track the status of active COVID-19 cases. COVID-19 case data is also used in conjunction with COVID-19 vaccine data to report on vaccine effectiveness.

Further data linkages are needed to expand the communicable disease surveillance, and this being pursued. Through a linkage with BCCDC's Panorama, data for reportable



communicable diseases, including STBBIs, will become available for BC First Nations.

#### *Immunization Surveillance*

Historically, immunization surveillance was restricted to immunization coverage for two- and seven-year-olds living on-reserve. For this program, Health Surveillance, in collaboration with the BCCDC team, collects data from communities and completes reporting and knowledge translation.

#### *Chronic Disease Surveillance*

Chronic Disease Incidence and Prevalence reporting is completed using both the Health System Matrix and the Chronic Disease Registry.

#### *Data Governance*

The Data Governance Program acts across all Health Surveillance programs to ensure that Indigenous data governance standards are followed in the use of all data products. In addition to supporting FNHA program teams, requests for data are received from external requesters.

### **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, Chiefs and Councils, 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 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 and also offers 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, when possible.

## Health Systems Transformation

### Electronic Health (eHealth) Overview

eHealth, the use of information management and communication technologies in health services, is an area under development that offers tools, services and strategies to improve the effectiveness of health services for First Nations communities. Current [eHealth initiatives](#) include Telehealth, Health Grade Connectivity and electronic medical record/development.

- **Telehealth (Virtual Care)** is the use of communication technologies such as videoconferencing to deliver health and educational services from a distance – either in synchronous or asynchronous mode. This allows 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 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.
- **Electronic Medical Records (EMR)** are an electronic (digital) collection of health information about a person that is stored on a computer. EMRs are important because at the point of care, the attending physician or nurse has access to prior and current medical history. The use of EMRs helps alert medical professionals to certain predispositions, conditions and contraindications in medications. They also provide improved information and better access to records that helps health professionals in decision-making and can improve health outcomes.

### eHealth Infostructure Program

The eHealth Infostructure Program supports the use of health technology to enable First Nations community frontline healthcare providers to improve people's health through innovative e-Health 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 the 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. 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 EMR 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.

### *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.
- Enable greater access to health data for First Nations, health care providers and decision-makers.
- Increase the use of e-Health systems that meet provincial and national standards.

## **Components**

*Program Management, Planning, Governance and Accountability:* This encompasses 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:*

- The community-level health services supported or provided by the 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, in addition to 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), the FNHA works with First Nations leadership, private sector companies, provincial governments and federal entities such as the 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), the 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 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.

### **First Nations-led Primary Health Care Initiative**

The First Nations-led Primary Health Care Initiative (FNPCI) is a partnership between the FNHA and the BC Ministry of Health and participating First Nations. The purpose of the FNPCI is to support the health and wellness of First Nations people across BC by improving access to primary health care services that are culturally safe and closer to home. Provincially, the FNPCI is a component of the BC Government's Primary Health Care Strategy. The FNHA and the BC Ministry of Health, in collaboration with BC First Nations, have agreed to establish up to 15 sites (three in each health authority boundary).

#### **The FNPCI has three primary objectives:**

1. Respect First Nations engagement pathways and governance principles in the planning of the FNPCI.
2. Implement First Nations led primary care initiatives in the 15 selected sites.
3. Evaluate and support knowledge exchange around the FNPCI using approaches and methodologies that honour Indigenous ways of knowing and being.

The FNPCCs will see different types of health care providers working together in the same space to meet the health care needs of First Nations peoples living in both rural and urban settings. The planning and services of each FNPCC will centre local First Nations knowledge, beliefs, values and practices, recognizing that these may be reflected differently based on the uniqueness of First Nations communities and Nations across BC. Examples of some of the services that the FNPCCs may offer include traditional healing and wellness, mental health counselling, nursing services, family practice physicians, harm reduction support, social work, Elder supports and more.

The 15 FNPCCs are currently in various stages of planning, development and implementation. All FNPCCs are expected to be operational by 2025

Each Region is at various stage of establishing First Nation Primary Care Centres (FNPCCs). There will be three FNPCCs in each of the Regions:

- 2/15 FNPCCs are open (Lu'ma and All Nations Healing House in Williams Lake)
- 1 is offering initial services with a family physician (Northern Nations Wellness Centre (Chetwynd))
- 7 are delivering Traditional Wellness and/or other Allied Health services (Éyameth' Health Centre, Nu-u-chah-nulth, Nlaka'pamux, northern St'át'imc, Fraser West, Coast Salish, and Kwakwaka'wakw)

- 4 have approved service plans prior to opening (Gitxsan & Wet'suwet'en Primary Care Centre (Hazelton), Dadzi Wellness Centre (Dakelh), es zúmin', and Nuxalk & Ulkatcho)
- 12/15 operations directors have been hired.

## 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 health-focused emergency preparedness, prevention, response and recovery activities.

In an effort to advance FNHA's commitment to regionalization to better meet the needs of community, additional Health Emergency Management staff have been hired in the regions, existing employees have been provided the opportunity to regionalize, and more resources have been allocated to the regions to advance Health Emergency Management programs and services. Regionalization efforts include:

- All regions have Health Emergency Management capacity, with most regions having a HEM Director.

### 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.
- Establish an effective FNHA health response during the response and recovery stages of an emergency.
- Advocate for First Nations people receiving Emergency Support Services.
- Promote cultural safety within Emergency Support Services and first responder organizations and play an active role in ensuring safe and accessible response environments.
- Enhance training and table-top exercises both internally and in partnership with communities and Nations.
- Provide leadership within the FNHA during an emergency and provide virtual and on-the-ground health supports as required during emergencies experienced by First Nations communities.
- Maintain situational awareness during seasonal and other emergency events with potential impacts on the health of community members.
- Build relationships with external partners (such as federal, provincial, regional and non-governmental organizations) and First Nations communities and Nations

related to emergency preparedness and facilitate collaborative response and recovery efforts.

### **Components**

*Health Management and Support:* Health Emergency Management supports various mitigation, planning, response and recovery activities, including ensuring availability of virtual and in-person mental health and cultural supports, training and exercise capacity as well as internal and external communications, such as integration into provincial or regional emergency operations coordination centres, situational awareness reports, information dissemination to communities and emergency event debriefs.



# Section 6: Other Funding

## Funding Envelopes

**First Nations Virtual Doctor of the Day**

**First Nations Virtual Substance Use and Psychiatry Service**

## Tripartite First Nations Health Plan

## Canada Consolidated Contribution Agreement

## Funding Envelopes

### First Nations Virtual Doctor of the Day

The [First Nations Virtual Doctor of the Day](#) (FNVDOD) Program was created to enable more First Nations people and their family members living in BC to access primary health care closer to home.

#### Purpose of the Service

- To improve access to timely, quality, culturally safe, integrated primary health care services both virtually and closer to home.
- To develop primary health care that is designed, led and delivered by and with First Nations.
- To improve and establish key partnerships that promote innovation and transformation of health and wellness services with First Nations.

First Nations people or their family members can self-refer directly into this service. All First Nations people who live in BC are eligible for the program, as are their family members, even if those family members are non-Indigenous.

#### Types of Service Providers

- Family Practice Physicians
- Primary Care Nurses
- Wellness Liaisons

#### Provider Qualifications

Registered members in good standing with the BC College of Physicians and Surgeons or BC College of Nurses and Midwives for relevant positions. All positions require approval through a screening process that assesses program fit in terms of experience working with First Nations people and communities and culturally safe and humble approaches to practice.

### First Nations Virtual Substance Use and Psychiatry Service

The [First Nations Virtual Substance Use and Psychiatry Service](#) provides responsive, quality access to addictions medicine and psychiatry services for First Nations people and their family members living in BC.

#### Purpose of the Service:

- Provide virtual access to addictions specialists and psychiatric care for First Nations people and their family members living in BC.
- Provide addictions medicine and psychiatry services where every client encounter is aligned with the principles and practices of cultural safety and humility.
- Provide addictions medicine and psychiatry services where collaborative care planning and wraparound care services are integral to all client encounters.

This is a referral-based service that welcomes referrals from a wide range of trusted health and wellness providers including, but not limited to: general physicians, nurses, counsellors, addictions workers, community health representatives, FNVDOD Virtual Providers, Knowledge Keepers and Elders.

**Types of Service Providers:**

- Physicians with training and specialization in addictions medicine
- Psychiatrists
- Registered Clinical Counsellors
- Mental Health Care Coordinators
- Mental Health Nurses
- Wellness Liaisons

**Provider Qualifications:**

Registered members in good standing with the BC College of Physicians and Surgeons, BC Association of Clinical Counsellors or BC College of Nurses and Midwives, for relevant positions. All positions require a screening process that assesses program fit in terms of experience working with First Nations people and communities and culturally safe and humble approaches to practice.

## **Tripartite First Nations Health Plan**

In 2007, Health Canada, the BC Ministry of Health and the First Nations Leadership Council signed the Tripartite First Nations Health Plan. Through the Tripartite First Nations Health Plan, the parties committed to support the health actions items identified in a previous bilateral Transformative Change Accord: First Nations Health Plan, as well as to initiate a new agenda focused on creating and enabling a new First Nations health governance structure in BC. Funding commitments were made by both federal and provincial governments in support of the Tripartite First Nations Health Plan.

The funding commitment to the Tripartite First Nations Health Plan included support for the transfer of the First Nations and Inuit Health Branch-BC Region to the FNHA. Through this funding commitment, community engagement was carried out to build a new First Nations health governance structure and operationalize the new First Nations health governance structure. The federal funding commitment is outlined in the Canada Funding Agreement (CFA), which is a public document. Through the CFA, funding is provided for the ongoing implementation of the Tripartite First Nations Health Plan agenda.

**Objectives**

- Support a robust community engagement network, staffing and meetings to involve First Nations in the health governance process.
- Resource the operations of the First Nations Health Council and the FNHDA.

- Enable the health governance aims and commitments of the parties, including in areas such as the social determinants of health and the professional development of Health Directors.

## **Canada Consolidated Contribution Agreement**

In addition to CFA funding, the FNHA also receives funding from Indigenous Services Canada through the Canada Consolidated Contribution Agreement (CCCA), which supports the advancement of additional programs on an ad hoc basis. A full list of current and anticipated Canada Consolidated Contribution Agreement funding is provided below:

### **Canada Tobacco Strategy (Formerly Tobacco Control Strategy)**

This funding is aimed at socially and culturally appropriate projects that include the full range of interventions under each of the four pillars of leadership, health promotion, cessation and research and evaluation. It seeks to increase the number of smoke-free spaces in communities and the number of smoking resolutions passed by First Nations governance bodies within communities, while at the same time reducing the percentage of daily smokers.

### **Social Determinants of Health**

This funding supports demonstration sites and repairs, renovation, or the replacement of addiction treatment centres or other health infrastructure designed to provide a continuum of mental health and wellness supports including but not limited to: traditional wellness, toxic drug response, harm reduction, suicide prevention and life promotion, addiction specialists, healing from trauma and increased connection with traditional healers, Elders and clinicians.

### **Emergency Management**

This funding is to be used to undertake activities for emergency management preparedness, including related capacity building and knowledge mobilization activities matters for First Nations in BC.

### **Access to Treatment Centre Services for Yukon First Nations and Inuit**

This funding is to enable access to residential treatment centres and the outpatient centre services for Yukon First Nations residents and registered Inuit in Yukon. These include centres funded through the National Native Alcohol and Drug Abuse Program in British Columbia.

### **Funding for Supportive Care in Indigenous Communities**

This funding is used to address immediate and continuing supportive health needs of First Nations, their families and caregivers, through training, in-home supports and services accessed through long-term care facilities.

**Mental Wellness Team**

The funding is to be used to enhance existing community-based mental wellness teams and/or create new teams, or fund First Nations health providers to create and implement mental wellness teams that provide a variety of culturally safe mental wellness services and supports, including direct clinical services, trauma-informed care, land-based healing and treatment, early intervention and screening, aftercare and care coordination with provincial services.

**Opioid Wraparound Site**

This funding supports, enhances and expands wraparound services at existing and new opioid agonist therapy sites. Wraparound services include community-based psychosocial services and supports for treating addictions.

**Nenqayni Wellness Centre: Education Funding**

Renewed funding for the Nenqayni Wellness Centre Education Funding Activity is used to support the development and implementation of continuing education of children and youth receiving addictions treatment through the Nenqayni Wellness Centre.

**Cannabis Public Education**

This funding promotes, develops and distributes resources and implement culturally safe public education campaigns throughout BC, with a focus on rural and remote areas. In addition, funding enables health care providers and community leaders to receive comprehensive training and education so they can support and guide communities and ensure nursing staff are provided with continual training and up-to-date resources to ensure consistency in providing care and guidance to community members.

**Health Legislation Engagement**

This funding provides support on engagement processes for co-development of distinctions-based health legislation with BC First Nations. Activities include the development of policy and engagement capacity and building expertise on health legislation.

**Canadian Drugs and Substance Strategy Problematic Prescription Drug Use and Harm Reduction Funding**

This funding supports the implementation of prevention training and case management specific to problematic prescription drug use in First Nations communities. The funding is used to build and enhance existing services and community capacity to address problematic prescription drug use as well as to support harm reduction measures specific to problematic prescription drug use as well as legal/illegal opioids.

**Mental Wellness Interim Measures**

This funding is for the creation and implementation, or funding First Nation Health Providers to create and implement, community-based mental wellness teams that provide

culturally appropriate mental wellness services to First Nation individuals living in First Nations communities in British Columbia. The funding is also used to train members of the mental wellness team, or existing First Nation community-based health staff, so as to enhance and broaden their skills to better plan, prepare and respond in the event of a crisis situation to better serve First Nation clients in a culturally competent manner and for trauma-informed care.

### **Home and Community Palliative Care**

The Palliative Care funding is used to support the delivery of Palliative Care services including: increasing access to services, delivering culturally appropriate palliative care training and purchasing medical equipment and supplies required for Palliative Care services that are not covered under the FNHA's health benefits program.

### **Responding to Regional Priorities**

This funding supports community mental wellness priorities and needs as identified through regional processes. This funding is used to support Mental Wellness Teams or Opioid Agonist Therapy wraparound services, or other eligible areas of mental wellness need under that FNHA agreement.

### **Gender Equity in Indian Registration Act funding and Qalipu Supplemental Health Benefits Funding**

This funding supports the delivery of FNHA's health benefits program to certain individuals who have become status Indians within the meaning of the Indian Act as a result of: an amendment to the registration provisions in the Indian Act resulting from the Gender Equity in Indian Registration Act and a 2011 order-in-council that created the Qalipu Mi'kmaq First Nation Band and the subsequent and ongoing recognition of certain individuals as member of the band.

### **Indian Residential Schools Resolution Health Support Program (RHSP)**

This funding is to deliver RHSP Services to IRS Clients in British Columbia. RHSP Services include: emotional support services and activities, cultural support services and activities, professional counselling services. The objective of the RHSP is to ensure that former students and their families have access to an appropriate level of health services that will allow them to safely address the broad spectrum of mental wellness issues related to the impacts of Indian Residential Schools.

### **Brighter Futures – Health and Cultural Support Services for Missing and Murdered Indigenous Women and Girls (MMIWG)**

This funding is in response to the National Inquiry into the MMIWG's Interim Report and the commission's recommendations therein to provide emotional and cultural support services for survivors, family members and those affected by the issue of MMIWG until June 30, 2020 by: addressing the mental health issues of MMIWG Clients in a community-based, holistic and integrated manner and ensuring integrated and coordinated care for MMIWG

Clients by coordinating the human services sectors.

### **Indian Day Schools**

This funding is used to address the mental health concerns and support mental wellness for Indian Day School survivors and their family members in a community-based, holistic and integrated manner; and support the emotional health and wellness of Indian Day School clients and their family members.

### **Trauma-Informed Health Supports**

This funding is used to address the mental health concerns and support mental wellness for all Indigenous persons (regardless of source of trauma, status, or place of residence) in a community-based, holistic and integrated manner; and to support their emotional health and wellness as well.

### **Climate Change and Health Adaptation**

This funding is to support community and /or regionally driven climate change research, which means research undertaken at the community or regional level that is intended to hold enable First Nations identify Climate Change Health Impacts and develop adaptation responses and adaptation decision-making at the community, regional and nation level so as to reduce such impacts in the context of a changing environment. Such research should incorporate traditional knowledge and science where possible. Research may be undertaken in partnership with the provincial government or other organizations where appropriate.

### **Pre-Natal Escorts and Traditional Healers**

This funding is used to enhance medical transportation coverage in accordance with FNHA policies and practices so that women who are travelling for childbirth are eligible for coverage of a non-medical escort such as a family member. Also, the funding is used to provide for mental health counselling/healing by traditional healers, cultural practitioners, or Elders.

### **Response to the COVID-19 Pandemic**

Funding is provided to deliver, provide services or supports, or fund First Nations Health Providers to deliver and provide services and supports to First nations communities in response to COVID-19 public health needs.

### **Addressing Anti-Indigenous Racism in Canada's Health Systems**

This funding supports a commitment to addressing and ending anti-Indigenous racism in Canada's health systems in a way that is informed by the lived experiences of Indigenous Peoples and based on the recognition of rights of Indigenous Peoples, respect and co-operation. Action at all levels is required to make meaningful progress towards eliminating anti-Indigenous racism in Canada's health systems.

**Long-Term Care Continuum Engagement Funding**

The funding supports engagement on Long-Term Care, including: communication and outreach activities with the First Nations, delivering engagement sessions with clients and on and off reserve services providers, facilitating engagement sessions in accordance with provincial health orders in the identified BC health authority regions and sharing reports, key finds and recommendations from engagement sessions.

**Papal Visit Supports**

Funding to support community-based activities/initiatives that promote mental wellness related to the Papal Visit to Canada (July 24 - 29, 2022), for Indigenous persons residing in British Columbia.



# Appendix 1: Glossary of Acronyms

BC	British Columbia
BCCDC	British Columbia Centre for Disease Control
CAQI	Community Accreditation and Quality Improvement
CDPPH	Communicable Disease Population & Public Health
COHI	Children's Oral Health Initiative
DRIPA	Declaration on the Rights of Indigenous Peoples Act
eHealth	Electronic Health
EHO	Environmental Health Officer
EMR	Electronic Medical Records
EPHS	Environmental Public Health Services
FASD	Fetal Alcohol Spectrum Disorder
FNHA	First Nations Health Authority
FNHDA	First Nations Health Directors Association
FNHSO	First Nations Health Service Organization
FNPCC	First Nations Primary Health Care Centres
FNPCI	First Nations-led Primary Health Care Initiative
FNVDOD	First Nations Virtual Doctor of the Day
HIV	Human Immunodeficiency Virus
ICHAP	Indigenous Climate Health Action Program
IPC	Infection Prevention and Control
IPCS	Infection Prevention Consultation Services

IRS	Indian Residential Schools
IRSSS	Indian Residential School Survivors Society
MSP	Medical Services Plan
MMIWG	Missing and Murdered Indigenous Women and Girls
NIHB	Non-Insured Health Benefits
OAT	Opioid Agonist Therapy
PHE	Public Health Engineer
QA/QC	Quality Assurance/Quality Control
QCSO	Quality Care and Safety Office
RHSP	Residential Schools Resolution Health Support Program
RRPT	Rural Remote Practice Team
SDOH	Social Determinants of Health
STBBI	Sexually Transmitted and Blood Borne Infections
TB	Tuberculosis
TRC	Truth and Reconciliation Commission
UNDRIP	UN Declaration on the Rights of Indigenous Peoples
WATCH	We All Take Care of the Harvest



**First Nations Health Authority**  
Health through wellness

501 - 100 Park Royal South  
Coast Salish Territory (West Vancouver, BC)

Phone: 604.693.6500  
Toll free: 1.866.913.0033  
Fax: 604.913.2081  
Email: [info@fnha.ca](mailto:info@fnha.ca)  
Web: [www.fnha.ca](http://www.fnha.ca)