



# PROGRAMS AND SERVICES 2023/2024

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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 British Columbia.

The First Nations Health Authority acknowledges and thanks those whose wisdom, knowledge and contributions are reflected in this guide.

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# 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 sections 5.3 (1) and 5.4 (1)(e). 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.

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

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

# Section 1: Health Benefits

## First Nations Health Benefits Overview

### Health Benefits Areas

- **Dental**
- **Medical Supplies and 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. This gave the FNHA time to establish the necessary systems and infrastructure to facilitate transition from the NIHB to alternative providers selected by the FNHA.

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. This transition was intended to improve access to benefits and services, support Health Benefits clients to access services available to all other provincial residents, streamline the approval process for limited coverage drugs and address the need for Health Benefits clients to navigate both federal and provincial services.

On September 16, 2019, 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.

### Program 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. In order to be eligible for the Health Benefits Program, an individual must be:

- a) A registered Indian according to the Indian Act or an infant up to 24 months old of an eligible parent;
- b) A resident of 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 BC 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 Benefits Areas**

In accordance with the BC 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 and 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

- **Provincially Led/Coordinated Operational Programs and Services**
- **Collaborative Practice Services**
- **Clinical Specialty Team Descriptions**
- **Education and Professional Development**
- **Clinical Care**
- **Clinical Support Services**

## Quality Programs and Services

- **The Community Accreditation and Quality Improvement Program**
- **Quality Improvement and Safety Network**
- **Quality Care and Safety Office**
- **British Columbia Cultural Safety and Humility Standard**
- **Cultural Safety and Humility, and Indigenous Anti-Racism Program**

## Nursing Services Overview

The FNHA Provincial [Nursing Services](#) Team is based out of Vancouver and houses the Chief Nursing Officer, Executive Director, Director of Education and Professional Development, Director of Community-Based Testing and Biomedical Initiatives and the Director of Collaborative Practice. The Director of Quality and Director of Cultural Safety and Humility and Indigenous Anti-Racism reports to the Vice President of Quality and Cultural Safety and Humility and Indigenous Anti-Racism, which is a role also served by the Chief Nursing Officer.

In 2018, due to organizational changes in support of regionalization efforts, regional nurse managers and community health practice consultants transitioned to their respective regional teams and they now report directly to the Vice President of Regional Operations. Provincial and regional teams work in close partnership and alignment with one another to provide and support quality care in the community.

Planning for the transition of nursing operations to regional teams is ongoing and will continue.

### Regional Partners

Each region has a dedicated regional nursing manager and a team of community health practice consultants. Regions with nursing operations responsibilities may also have senior clinical nurse advisors.

- *Regional Nurse Managers:* The regional nurse managers are the primary FNHA contacts for nursing services within each of the five regions. Working proactively and in collaboration with the regional team, communities and regional health system providers, they provide consultative leadership at the regional level to support communities in establishing interdisciplinary health service teams and nursing engagement activities between the regional team, communities, and health system partners for community primary care needs and nursing services. Three of five regions have communities where clinical nursing services are FNHA delivered, and the respective regional nurse managers are responsible for operational management of care and services at those sites.
- *Community Health Practice Consultants:* Regional community health practice consultants provide consultation to both community health and home and community care nursing programs within their respective regions. They provide education, thought leadership and consultation on clinical practice services, including orientation, training, in-service, clinical support and clinical competency assessment to nurses who provide health services to First Nations communities in BC. They also deliver professional nursing program consultation supporting the development, implementation and management of community-based nursing programs.
- *Senior Clinical Nurse Advisors:* The senior clinical nurse advisors assist directly with many of the day-to-day operational needs of the FNHA-operated nursing stations and health centres. Along with the regional nurse managers, they also work

proactively and in collaboration across all levels to ensure the delivery of nursing services.

### **Provincially Led/Coordinated Operational Programs and Services**

- *Recruitment and Retention Team:* This team manages nursing employment opportunities at FNHA and champions innovations in models of care and staffing opportunities.
- *Community Based Testing and Biomedical Initiatives Team:* This team oversees the planning, implementation and sustainment of diagnostic procedures, including infectious disease testing and X-ray procedures for First Nations Communities in BC. In addition, this team is also responsible for stewarding work relating to medical device lifecycle management (including sourcing and preventative maintenance) for First Nations rural and remote communities, in partnership with regional health authority biomedical engineering teams.

### **Collaborative Practice Services**

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

Collaborative Practice Services includes the following teams:

- Clinical Specialty Teams:
  - Mental Health, Substance Use and Harm Reduction
  - Chronic Disease and Serious Illness
  - Community and Public Health

### **Objectives**

- Provide clinical practice support, consultation, coordination, education and resource development for all regional teams and point-of-care health care providers in First Nations communities across the province.
- 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.



## Clinical Specialty Team Descriptions

### Types of Service Providers

The Collaborative Practice Services team members are an interprofessional team of regulated health care leaders including registered nurses, registered psychiatric nurses, remote certified nurses, clinical nurse specialists, pharmacists, dietitians and social workers. Additional team members include Indigenous cultural educators, cultural advisors, project managers, data analysts, program officers and administrative team members. They value and champion a team-based care model and approach to the design and delivery of programs and services.

### 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.

### Mental Health, Substance Use and Harm Reduction Team

This 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), supporting community OAT program development and supporting registered nurse prescribing initiatives. The team also provides provincial support for the FNHA's harm reduction program by providing harm reduction education, support, 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.

### **Chronic Conditions and Serious Illness Team**

The Chronic Conditions and Serious Illness Team provides program knowledge support, resource and tool development, as well as clinical education delivery for all health care providers working within 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 all 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. The Home and Community Care Program is provided primarily through contribution agreements with First Nations communities. 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.

### **Community and Public Health Team**

Community and Public Health programs are delivered in First Nations communities throughout BC and include immunizations, sexually transmitted and blood borne infections (STBBI), the provincial immunization registry, Panorama and maternal child health. These programs equip community health care providers with the tools they need to deliver essential public health programs and services. Community health nurses fulfill the communicable disease management provisions outlined in the BC *Public Health Act* as per British Columbia Centre for Disease Control (BCCDC) guidelines and within the scope and practice of a registered nurse or licensed practical nurse.

The FNHA's Community and Public Health Team works with health care providers by increasing awareness and building capacity around public health programs with education, training and resources. The Community and Public Health Team also collaborates with regional health authorities to improve access to health services such as immunization; sexual health screening and HIV testing; access to Panorama and the provincial immunization registry; and the delivery of a confident Maternal Child Health Program in First Nations communities.

## Education and Professional Development

### Clinical Education Team

The Clinical Education Team provides health care provider education and education delivery support. The team works collaboratively with those in educator roles to integrate innovation, education theories, education 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 for clinical education.

### Rural and Remote Team

The Rural and Remote Team focuses on all components of clinical care (urgent/emergent, primary care, community and public health), with a high priority on urgent/emergent care response. Nurses are remote certified, allowing greater autonomy in an expanded scope of practice and are the first point of contact in nursing stations to respond to urgent/emergent care needs. Competence and experience in remote practice, emergency nursing, high acuity and/or critical care nursing is required for competence proficiency.

This team is responsible for the orientation, preceptorship and ongoing education for nurses in remote practice (nursing stations). The team is also responsible for creating practice supports (e.g., decision support tools and practice guidelines) specific to remote nursing practice. They are responsible for practice evaluation and offer this to the regional transferred communities in partnership with the regional community health practice consultants. The team supports nurses both with expert clinical advice as well as initial critical incident debriefing when required. This team also liaises with both external and internal partners to provide expert consultation in regards to practice in remote settings.

### Clinical Care

[Clinical Care](#) consists of essential health care services directed towards First Nations individuals living primarily in remote and isolated communities to enable them to receive the clinical care they need in their home communities. It is provided either directly by the FNHA or through contribution agreements with First Nation bands or tribal councils in locations where these services are not provided by provincial health systems. Clinical care is often the first point of individual contact with the health system and is delivered by collaborative health care practice teams, predominantly nurse led, providing integrated and accessible assessment, diagnostic, curative and rehabilitative services for urgent and non-urgent care. The continuum of clinical and client care is inclusive of health promotion and disease prevention at the client/family level in the course of treatment, primary care and population and public health care, as well as the coordination and integration of care and referral to appropriate provincial secondary and tertiary levels of care outside the community. Physician and nurse practitioner visits, and ambulatory and emergency services are components of clinical and client care services provided in some First Nations communities.

## Objectives

- Provide access to emergency/urgent medical care and primary care 24 hours a day, seven days a week, in remote communities served by nursing stations, and five days a week in community health centres for community/public health and home/community care services. Clients include those who reside in rural and remote communities where access to health services is limited or not available through provincial or regional health authorities.
- Provide access to coordination and consultation services with other appropriate health care providers and/or institutions as indicated by client needs.

## Components

*Emergency/Urgent Care* involves the immediate triage and assessment of a seriously injured or ill client to determine the severity of the condition and the type of care needed. It may involve treatment with stabilizing measures and arranging for immediate transport to a tertiary care centre, or keeping the client under observation until transport is possible. Where available, this is done in consultation with a nurse practitioner and/or physician. In rural and remote communities, this is done by the nursing staff often in consultation with a nurse practitioner or physician by telephone or, where Internet speed allows, via real-time virtual services (Telehealth). It is important to note that remote certified nurses also have an expanded scope of practice that enables them to better support emergency and urgent care needs in the community.

*Primary Care* involves assessing and identifying health conditions and generating a management plan for a client who is seeking care and treatment for a non-life-threatening specific health concern. Other health care providers may be consulted depending on the nature of the condition.

*Community and Public Health Services* includes maternal/child programs (pre- and post-natal and newborn care and development), routine childhood and adult immunization programs, disease outbreak management and follow up, STBBI, health prevention and promotion, school health education, healthy living programs, chronic disease management and harm reduction. This program supports communities to onboard and use the Panorama Public Health System, the provincial immunization registry for all mandated communicable disease documentation, ensuring all users are competent on the system and in compliance with the Ministry of Health eHealth conformance standards, and that all privacy and security requirements are met.

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

case management process. Essential service elements include client assessment; home care nursing; case management; home support (personal care and home management); in-home respite; linkages and referral, as needed, to other health and social services; provision of and access to specialized medical equipment and supplies for care; and a system of record keeping and data collection.

*Overall Coordination and Case Management:* Nurses oversee the care of patients with complex health conditions, including chronic disease (e.g., diabetes, heart health, rheumatoid arthritis), serious illness (e.g., cancer), mental and emotional health, substance use and alcohol use causing harm. Where multiple care providers are involved, nurses coordinate care to ensure a cohesive and wholistic approach to client care. This maximizes the potential for clients to receive care close to home and achieve optimal health outcomes.

## **Clinical Support Services**

### **Medical Device Lifecycle Management**

This program involves 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. In collaboration with the Community-Based Testing and Biomedical Initiatives Team, senior clinical nursing advisors and practice consultants provide support on the education and performance monitoring of medical equipment. Nurses at point of care are responsible to complete training, develop and maintain required competency, and in the case of infectious disease testing devices as well as other point of care instruments, complete ongoing quality control activities.

### **Pharmaceuticals and Medical Supplies**

This area of service is within the parameters of the BC FNHA Nursing Station Drug Formulary and the approved clinical decision support tools and Health Benefits.

### **System of Record Keeping and Data Collection**

These systems operate to develop and maintain client records (which may include paper-based or electronic health records), and include an information system that meets best practices and health record management standards that enable program monitoring, ongoing planning, reporting and evaluation activities.

### **Panorama Public Health System Implementation and Support**

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

## **Diagnostics**

Diagnostics is the capacity to perform client testing to aid in diagnosis and monitoring of health and wellness, which includes:

- Blood glucose (glucometers)
- Hemoglobin (Hgb) and WBC counts (Hemostat)
- Urine dipstick (urinalysis)
- Urine tox screen (drug toxicity screening)
- Urine pregnancy test (Beta HCG detection)
- Rapid strep test (throat swab – detection of group A streptococcus bacteria);
- Electrolytes, Chemistry Profile, Troponin and Coagulation status (i-STAT)
- COVID-19 tests (and effective Autumn 2022, Influenza and RSV) -GeneXpert® system
- COVID-19 point of care testing devices (Abbott ID NOW™ & Lucira Check IT)
- COVID-19 Rapid Antigen Tests (various vendors)
- Cardiac monitoring via carescape and lifepak

## **Types of Service Providers**

Regulated health professionals include registered nurses, registered nurses with remote practice designation, nurse practitioners, licensed practical nurses, other regulated care providers including those in allied health disciplines (e.g., social workers, dietitians, pharmacists). In BC, service providers may include unregulated health workers such as health care aides, pharmacy technicians, youth workers, counsellors and support personnel such as health receptionists. The type of service provider is dependent on the services available in a particular location and not all are found in each facility.

## **Provider Qualifications**

Regulated health professionals 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. Unregulated health workers who participate as members in practice teams must also have the required training and demonstrated competency to work in the clinical care setting. Support personnel should also have the required training to work in this capacity. All health care team members must also have the required level of privacy and security training for access to health records and their management.

## Quality Programs and Services

### 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 and the Commission on Accreditation of Rehabilitation Facilities. Participation in the program is voluntary.

Key program approaches and activities include:

- 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 is rooted, defined and led by community and culture such that “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 using their experiences 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 given the 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 as well as by appointed regional staff who work in partnership with the office. 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, and/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.



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

In partnership with Health Standards Organization and leaders across the province and nation, the first Cultural Safety and Humility Standard was published in June 2022. This standard helps governing bodies and organizational leaders identify, measure, and achieve culturally safety systems and services that better respond to the health and wellness priorities of First Nations, Métis, and Inuit peoples and communities.

The standard outlines the responsibilities of health systems and 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 is pursuing an in-depth review of our health services in alignment with the standard. We strive to remain a world leader in cultural safety and humility, and anti-Indigenous racism.

### **Clinical Quality and Client Experience**

The Clinical Quality and Client Experience 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, the Quality Care and Safety Office, the Cultural Safety and Humility Team, and across all teams within the Office of the Chief Nursing Officer 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.

## **Cultural Safety and Humility, and Indigenous Anti-Racism Program**

Cultural Safety and Humility team is guided by Goal 4: Paddling Together to advance First Nations approaches to addressing anti-Indigenous racism in health care.

### **Cultural Safety and Humility Mission**

- Become a world leader in cultural safety and humility in the workplace.
- Influence transformation of the BC Health System through Indigenous ways of knowing and being.

### **Commitment Statement**

As a First Nations organization—in which each of us are a FNHA Takaya Wolf clan family member—our aim is to be able to inform and influence a variety of functions across FNHA and the wider BC provincial health system, while ensuring we are an exemplar of cultural safety and humility within FNHA first and foremost. We have a range of roles and functions that span from developing resources and training, to supporting the implementation of policy and standards, to coordinating accountability processes. As a result, we must commit to being proactive and have a clear engagement and communications strategy to be able to influence and provide leadership in areas that will lead to culturally safe and

responsive healthcare for First Nations people.

Our work sits within a matrix of strategic frameworks, constitutional agreements, and mandates: our legislative mandate means we are accountable to First Nations; our work is informed by, and aligns to, the tripartite Anti-Racism, Cultural Safety and Humility Action Plan with First Nations Health Council (FNHC) and First Nations Health Director Association (FNHDA); and through the guiding voices who informed the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), the Declaration on the Rights of Indigenous Peoples Act (DRIPA), Truth and Reconciliation Commission (TRC), Reclaiming Power and Place: the Final Report on the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) and In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care report as the overarching framework on the right of Indigenous people to access, without any discrimination, all social and health services.

We advance First Nations-centered approaches to eliminating Indigenous-specific racism in health care at these 3 system levels:

### **People**

Growing cultural safety and humility and Indigenous-Specific Anti-Racism (ISAR) resources and training which support wholistic learning, un-learning and development.

### **Organization**

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

### **Environment**

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

**Cultural Safety and Humility Team Guideposts**

<b>Connectedness</b>	<b>Accountability</b>	<b>Community</b>
<p>We foster, nurture, and celebrate meaningful and genuine relationships with one another and our external partners. Respectful connections and reciprocity are key factors to everything we do</p>	<p>We are open, honest, and maintain transparency with each other and with our community partners. We act in good faith in our interactions, and aim to build high levels of trust to create a safe environment</p>	<p>We seek and place First Nation aspirations at the centre of our thinking and solutions. We meet our communities where they are and value their voices as an empowering model of self-determining wellness</p>
<b>Respect</b>	<b>Humility</b>	<b>Belonging</b>
<p>We pay respect to each other through genuine and thoughtful communication and support. We take responsibility to be caring and ensure interactions are complimentary and respectful</p>	<p>We listen and offer heart-centred guidance, encouragement, thoughts, and ideas in an uplifting way. We bring our full selves and culture to our work and are conscious about how our actions may impact others</p>	<p>We are inclusive and celebrate diversity of ideas and perspectives acknowledging that everyone is important. We recognize that culture is a strength and that through unity we will achieve transformation</p>

# 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**
- **National Aboriginal Youth Suicide Prevention Strategy**
- **Alcohol and Drug Use Services**

## 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/dietitians, 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 of [injury prevention](#) activities is to work with national and regional partners—including national Indigenous organizations, non-government organizations, provinces and territories, researchers, communities and other partners—to gather existing

data and statistics to monitor injury trends; promote best practices; identify priorities for knowledge development, dissemination and exchange; and contribute to the development of tools to assist First Nations to create 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 and substance use.
- Address community capacity-building by training caregivers and community members to deliver programs and services within their own communities.

#### Components

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

*Solvent Use* provides funding for culturally appropriate, community-based prevention and intervention programming for youth solvent users.

### National Aboriginal Youth Suicide Prevention Strategy

The [National Aboriginal Youth Suicide Prevention Strategy](#) 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. Treatment is most effective when it is trauma-informed and grounded in culture and tradition. Many different modalities of treatment are effective, which include, but are not limited to, group or individual counselling sessions, art therapy, somatic experience sessions and neurofield training.

*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.

*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.

### **Types of Service Providers**

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

### **Provider Qualifications**

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 paraprofessionals and community-based workers are determined by communities.

# **Section 4: Communicable Disease Population and Public Health**

**Communicable Disease Population and Public Health**

**Communicable Disease Control Overview**

**Infection Prevention Consultation Services**

**FNHA Tuberculosis Services**

**Communicable Disease Management and Follow-up**

**Communicable Disease Emergency Response Planning**

## Communicable Disease Population and Public Health

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

Program support by the CDPPH Team includes prevention and control of many prevalent communicable disease and are organized under the following portfolios:

- Tuberculosis
- Communicable disease management and follow-up
- Communicable disease emergencies
- Infection prevention and control

The team provides timely information on best practices of communicable disease control and outbreak management for community health nurses, home care nurses, licenced practical nurses, community health representatives, community health workers and Health Directors working within First Nations communicable disease programs. The team supports the development of community communicable disease emergency planning upon request from the community.

## Communicable Disease Control Overview

[Communicable disease control](#) programs aim to reduce the incidence, spread and human health effects of communicable diseases, as well as improve health through prevention and health promotion activities, in First Nations communities. The burden of communicable disease remains of particular concern in some First Nations communities and can be linked to common underlying risk factors that enable further exposure and spread of disease. Significantly elevated levels of communicable disease are further complicated by issues of remoteness, limited access to health services, social stigma and socio-economic issues.

CDPPH communicable disease control management programs and initiatives support public health measures to mitigate these underlying risk factors by:

- Preventing, treating and controlling cases and outbreaks of communicable disease (e.g., tuberculosis screening, tuberculosis directly observed therapy) in collaboration with community health nurses, FNHA regional teams and regional health authority partners.
- Having an FNHA health surveillance epidemiologist embedded with BCCDC to provide direct access to tuberculosis reporting for First Nations in communities.



- Promoting public education and awareness to encourage healthy practices.
- Strengthening community capacity (e.g., to prepare for and respond to communicable disease emergencies).
- Collaborating with the health surveillance department to identify risks (e.g., surveillance, reporting).
- Creating and delivering culturally appropriate communicable disease control public health training.

In collaboration with other regional health authorities, communicable disease control programming focuses on communicable disease management, tuberculosis infections and disease and communicable disease emergencies. A number of these activities are closely linked with those undertaken in the immunization and STBBI health programming areas.

CDPPH communicable disease control works with communities and health care teams to identify strengths and opportunities in communicable disease public health programs and communicates and cultivates open dialogue with First Nations communities, health care teams, FNHA colleagues, the FNHDA and external partners.

## Infection Prevention Consultation Services

The [Infection Prevention Consultation Services \(IPCS\)](#) Team aims to connect and work alongside communities and health service partners to collaboratively find sustainable solutions to prevent the transmission and spread of communicable diseases. They do this through engagement and knowledge sharing to discover effective infection prevention measures that make sense for each healthcare service setting and public space in each community. In addition, the IPCS Team advocates and advises for optimal and safe health services and public infrastructure at all levels of governance (locally, provincially and federally) in order to support decision makers with diligent, prudent, equitable and practical guidance that optimizes community health care delivery and infrastructure.

### Objectives

The IPCS team approaches our work from a wholistic viewpoint. Our objective is to support communities in managing and mitigating risks associated with communicable diseases within their healthcare service settings and gathering spaces by bringing people together and working alongside community and FNHA partners to jointly find tailored, innovative, and sustainable solutions.

## IPCS Team Services

The IPCS team provides consultation in a variety of areas and settings that includes, but is not limited to:

- Healthcare service settings
- Multi-purpose community spaces
- Public community sites (i.e. longhouses, sweat lodges, schools, daycare, etc.)
- New builds, construction, renovations, and maintenance
- Selection of products, fixtures, fittings, furnishings, and equipment
- Functional planning
- Environmental cleaning and disinfection
- New technologies and innovations
- Medical device reprocessing
- Public health measures
- Outbreak Management
- Disaster response and temporary healthcare service setting and clinic set-up
- Communicable disease emergency (CDE) response
- Accreditation, standards, requirements
- Quality improvement and more

## Components

*Relationship:* The IPCS Team is committed to connecting with community and FNHA partners in a meaningful way. We acknowledge that building relationships is foundational to any endeavor and these start with community-centred engagement, listening, and mutual sharing of knowledge and understandings. Healthy relationships and trust determine the effectiveness and sustainability of our work. We also acknowledge that there is reciprocity in learning the unique circumstances of each community that we serve and we commit to adapting our practice in recognition and respect of that uniqueness.

*Resources:* The IPCS Team provides consultation, advocacy, and applicable resources to communities and provincial/national bodies to support the development of current and community-centered IPC (Infection Prevention Control) guidance materials, and help inform decision makers of risks and opportunities for enhancing communicable disease prevention and safety.

*Service Delivery:* The IPCS Team is committed to community-centred partnerships. We recognize the uniqueness of each community's culture and setting, and thus tailor our consultation and supports accordingly (e.g., in-person engagement and consultation, virtual follow-up meetings, etc).

*Capacity Building:* Infection transmissions and communicable disease events can be detrimental to both human and economic resources. We consult and provide guidance on preventative measures and infrastructure and design, as well as proactive pre-planning for unexpected events (e.g., communicable disease emergencies, facility flood damage, etc.). This supports the preservation of vital resources for community work and health programs, safeguarding the well-being of individuals and enabling the continuity of essential community services (e.g., mental health and substance use, etc).

*Partnerships and Networking:* The effectiveness of IPC measures to mitigate the risk of communicable disease transmission is optimized through active partnerships and bringing the right people and decision makers to the table. In this manner, proactive rather than reactive preventive strategies that work for each community can be decided upon and implemented. The IPCS Team connects and partners with those who are integral to each project, such as community individuals, internal FNHA teams, and/or external consultants.

### **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. FNHA IPCS providers are registered nurses who have completed specialized training in all areas of IPC, and have years of practical experience in relevant settings. The IPCS team also have expertise in IPC healthcare infrastructure, design, construction and renovations. In addition, they have extensive skills and experience in areas such as, operational and project management and facilitation, logistics, budgeting, continuous quality improvement activities, and providing tailored strategies and solutions that integrate IPC and public health principles into community-guided practices.

### **FNHA Tuberculosis Services**

FNHA [Tuberculosis \(TB\) Services](#) aims to close the gap in TB incidence rates between First Nations and non-First Nations in BC. High-level strategies include improving access to timely and culturally safe diagnosis, treatment and follow-up care for those exposed to and diagnosed with TB; and transforming medicalized TB models of prevention to community-driven and wrap around interventions informed through Indigenous perspectives.

### **Objectives**

- Reduce the incidence of TB disease in First Nations communities through culturally informed and community-driven interventions.
- Assure systematic early detection, diagnosis and monitoring of TB disease to eliminate the cycle of transmission.
- Promote wholistic treatment, including case management, integration of traditional values, and social, spiritual and physical support in partnership with client and community.
- Build capacity, compassion and engagement within communities through training and funding wellness champions (community members who provide directly observed therapy, education and story-sharing to persons affected by TB and their communities).
- Collaborate with First Nations, provincial and federal public health, nursing and medical professionals toward the prevention and control of TB disease at the community level.
- Operate with excellence by incorporating surveillance, data collection and evaluation as well as First Nations community expertise and Indigenous wise practices in program development, implementation and evaluation.

## Components

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

*Community-Level Screening, Monitoring and Prevention of TB* encompasses the systematic and ongoing assessment of TB infection in persons at risk for exposure to TB disease or for persons at risk of progression to TB disease if infected. This includes integration of TB clinical assessment tools – Tuberculin skin test, health history and symptom review, radiology and interferon- $\gamma$  release assay – as well as the foundation of trust and relevance as determined by the community.

*Wholistic Case Management of TB* is the integrated, wholistic case management of people experiencing TB disease and those exposed to infectious TB. Efforts strive for a culturally safe, client-centered approach to all aspects of care. Team members include community health nurses, wellness champions, Elders/cultural leaders and primary care providers. FNHA TB Services nurse advisors provide TB service consultation, coordination and guidance. The BCCDC provides TB physician recommendations. Community health nurses oversee care management and align treatment with existing health conditions and services. Wellness champions are community members who provide directly observed therapy, education, cultural navigation and encouragement to persons affected by TB. Primary care providers oversee clinical monitoring. FNHA TB Services nurses act as a coordination hub assuring care progresses according to quality standards and that services are provided with equity and safety. Team members travel to communities to provide intensive consultation as well as training, facilitation of community engagement when TB is of concern, and direct clinical service support as needed. The BCCDC provides clinical oversight of TB treatment and the evaluation of persons exposed to TB disease. The Ho'kumelh O'pekwan (gathering basket) aspect of the program provides basic need supplementation to ensure that TB patients have nutritional, transportation and other basic needs critical to successful treatment. It also gifts clients, wellness champions and nurses in recognition of the hard work of paddling together for success.

*Capacity Building through Culturally Informed TB Awareness and Prevention Activities* provides culturally informed education and awareness materials (such as posters and brochures); training workshops for community health nurses and wellness champions; and community-based gatherings with the aim of increasing awareness of TB and reducing trauma-associated impacts in communities. An additional relational wellness workshop occurs with the aim of increasing the functionality of relational partnerships between all team members involved with TB clients. Vancouver-and regional based registered nurse level TB trainings occur each year, and community wellness champion focused workshops also occur annually.

*Surveillance, Data Collection and Evaluation* is completed by an FNHA epidemiologist working in partnership with the BCCDC.

## **Types of Service Providers**

Communicable disease control nurse specialists, physicians, community health nurses, community health workers and Health Directors.

## **Provider Qualifications**

Regulated health professionals are registered members in good standing with their relevant professional associations, and are entitled to practice their profession in accordance with the laws of BC. A variety of training, including on-the-job training, is required for community health workers.

## **Communicable Disease Management and Follow-up**

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

## **Objectives**

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

- management initiatives;
- Communicable disease education and resources for health care professionals to use with communities; and
- Referrals to additional supports as required to ensure communicable disease management activities are completed and documented within communities.

## **Components**

*Service Delivery:* In the event of a communicable disease case, contacts or outbreak, the team consults with health care professionals working in First Nations communities and collaborates with regional health authorities to ensure diagnosis, treatment, contact tracing, chemoprophylaxis, immunoprophylaxis and education are provided as indicated. Communicable disease management resources will be developed and updated as needed and health care professionals in First Nations communities will be consulted to develop community-oriented communicable disease information.

*Public Education and Awareness* is the incorporation of a cultural safety and humility lens and community context into health care professional education. Public communicable disease information is published on the FNHA website in collaboration with communications and the office of the chief medical officer to ensure community members can access relevant information to support the health and wellness of their families and communities.

*Capacity Development:* This program works with health care professionals to strengthen their knowledge, skills and competency to respond to a reportable communicable disease case or outbreak. The program also facilitates the development and implementation of communicable disease management guidelines with regional health authorities, the BCCDC and the BC Ministry of Health. The communicable disease management guideline is a collaborative effort with the office of the chief medical officer and environmental public health to meet the FNHA directives and regional health authority medical health officer recommendations.

*Surveillance, Data Collection and Evaluation:* In BC, data on the majority of reportable communicable disease are sent from the BCCDC to regional health authority communicable disease teams. Within each regional health authority communicable disease team, communicable disease management is completed in collaboration with the health care professional in the First Nations community and the FNHA CDPFH Team. When community-based health care professionals participate in reportable communicable disease management activities, a disease-specific provincial surveillance form may be required. These forms are collected and used by the BCCDC in their annual summaries of reportable diseases.

## **Types of Service Providers**

Communicable disease control nurse specialists, physicians, medical health officers, environmental health officers, nurse practitioners and community health nurses.

## 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. A variety of training, including on-the-job training, is required for health care professionals to ensure they have the knowledge, skills and competency to ensure evidence-informed communicable disease management best practices with First Nations communities.

## Communicable Disease Emergency Response Planning

The [Communicable Disease Emergency Response Planning](#) Program is responsible for supporting First Nations communities in developing, testing and strengthening their community communicable disease emergency response plans, and reflecting the special considerations and needs of First Nations communities in overall communicable disease emergency response planning supports and resources.

### Objectives

- Support communities in preparing for communicable disease emergencies by supporting the development of or revisions to community-level plans.
- Facilitate testing and revision of community-level plans.
- Develop resources and links to relevant training opportunities for communicable disease emergency response planning.
- Support communities with preparing and planning for access to personal protective equipment during a communicable disease emergency.
- Reflect First Nations perspectives and circumstances in communicable disease emergency planning at regional health authorities and all levels of government.
- Ensure infection prevention and control best practices guide the measures and actions regarding communicable disease management in communicable disease emergency response plans.

### Components

*Service Delivery* supports the development and testing of community communicable disease emergency response plans. The program promotes communicable disease emergency response planning services to First Nations communities and provides templates, guides and support to complete plans. The team provides in-community as well as virtual plan reviews and tabletop exercises.

*Public Education and Awareness* develops culturally appropriate education and information materials for the FNHA website including a guidance document and fillable template for community communicable disease emergency response planning. Collaboration with community engagement and the FNHDA promotes the FNHA's communicable disease emergency response planning services to First Nations Health Directors. Communicable disease emergency response planning community awareness events may be provided on request.

*Capacity Development* works with communities' health professionals and leaders to strengthen skills in planning and testing their communicable disease emergency response plans to increase their ability to respond to a communicable disease emergency.

*Surveillance, Data Collection and Evaluation* reviews plans, provides feedback and maintains records of dates of completion, revision and exercising of the plans. The team facilitates testing and strengthening communicable disease emergency response plans to support community-level preparedness through preliminary scenario discussions and tabletop exercises. At all stages of the communicable disease emergency response plan development, feedback is gathered from communities, partners and stakeholders to evaluate the process and experience and identify areas for improvement. A review of this evaluation data informs future initiatives with the communicable disease emergency response planning program at the community level.

### **Types of Service Providers**

Communicable disease control nurse specialists, the FNHA communicable disease emergency nurse coordinator, FNHA provincial communicable disease emergency nurse advisors, FNHA regional communicable disease emergency nurse advisors, community health nurses, community health workers and community emergency managers and responders.

### **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. Community knowledge and experience in preparedness and response to health emergencies is an asset, although in-person and distance trainings are provided to those involved with preparedness and response.



# **Section 5: Environmental Public Health Services**

**Environmental Public Health Services Overview**

**Drinking Water Safety**

**Food Safety**

**Food Security, Food Sovereignty and Healthy Eating**

**Healthy Housing**

**Wastewater**

**Solid Waste Disposal**

**Facilities Inspection**

**Emergency Preparedness and Response**

**Environmental Contaminants**

**Climate Change and Health Adaptation**

## 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. According to the World Health Organization, 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.

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

- Drinking water safety
- Food safety
- Food security, food sovereignty and healthy eating
- Healthy housing
- Wastewater
- Solid waste disposal
- Facilities inspections
- Emergency preparedness and response
- Environmental contaminants
- Climate change and health adaptation

These services are described more in detail in the sections that follow. 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 addressing and implementing

the recommendations.

### **Guiding Principles**

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

### **Types of Service Providers**

Environmental health officers and environmental health technicians.

### **Provider Qualifications**

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

Environmental health technicians do not hold a professional qualification; however, they must have a combination of education and experience that enables them to provide a supportive role to environmental health officers and community-based water monitors. Typical relevant education would be in a field of environmental, biological or chemical sciences. Relevant experience could include carrying out monitoring programs, following established sampling protocols (including quality assurance and quality control programs), delivering training and other community-level skills.

## 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, 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 pertaining to 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 investigate suspected problems with community drinking water supplies.

- Environmental health officers, along with the public health engineer, 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 development of the First Nations Drinking Water Emergency Response Planning.

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

## Food Safety

Food safety includes the proper supply, storage, preparation and distribution of food. EPHS works with Chiefs and 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 and 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 Sovereignty and Healthy Eating

In addition to [BCCDC's goals of food security](#), the FNHA notes that food security and food sovereignty are inextricably connected and must be Nation-led. The following objectives provide guidance to our work to support food sovereignty in this space:

- Serve to increase the capacity of First Nations to conduct research and education for and by themselves;
- Educate, inform and respond to cultural biases and assumptions; and
- Assess the key conditions necessary to enter into a deeper journey of understanding in support of a non-linear, relational approach to First Nations food sovereignty. First Nations food sovereignty provides a framework for health and community development within the wholistic health narrative that enabled First Nation hunting, fishing and gathering societies to adopt sustainable adaptation strategies.

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

### Components

*Food Security and Food Sovereignty Projects* manages a number of projects and programs (e.g., First Nations Food Systems Project, Access to Traditional Foods in public facilities) and funding components, supporting the work through a decolonized, culturally safe and trauma-informed lens and approach.

*Communities of Practice* include a group of dietitians working with First Nations communities and Knowledge Keepers to share (on equal footing) traditional food practices, 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* include FNHA representation to advocate for and highlight the importance of First Nations-led expertise and decolonized approaches in relation to policy development, engagement processes and resource creation.

## 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.
- Reviews 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 and 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 disposal in order to reduce and prevent public health risks. Program activities focus on community wastewater treatment plants as well as on-site sewage disposal systems.

### Components

#### *Environmental Public Health Assessment*

- Reviews plans for new onsite sewage disposal systems and repairs from a public health perspective.
- Provides advice, 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.

- Works with and approves the installation of septic systems installed by registered onsite sewage practitioners, where applicable.
- 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.
- Provides advice, guidance and recommendations related to wastewater treatment plants.
- Reviews plans for new and upgraded wastewater treatment plants from a public health perspective.
- Provides public education to home occupants and owners about how to properly maintain an onsite sewage disposal system and reduce risks related to sewage discharge.

## Solid Waste Disposal

Solid waste, or garbage, can be a public health hazard if it is not managed properly. Waste disposal sites can attract nuisance animals and disease-spreading pests and can leach pollutants that contaminate the air, soil and water, including drinking water supplies. Fires at solid waste sites can cause air pollution and be harmful to those individuals with chronic diseases such as asthma. 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 solid waste collection, site operation and containment of waste; types of waste being disposed; pest control; soil conditions; groundwater conditions; and leachate analysis.
- Reviews plans for new or upgraded solid waste disposal sites or practices (e.g., transfer stations) from a public health perspective.
- Provides advice, guidance and recommendations to Chiefs and 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 and Councils and site operators for safe decommissioning of disposal sites.

#### *Public Education*

- Provides advice, guidance and recommendations on best management practices to Chiefs and Councils, builders, owners, site operators and First Nations community members about public issues related to solid waste collection, storage and disposal.



- Provides information and/or referrals related to reducing, reusing and recycling solid waste; disposing of hazardous waste (e.g., batteries, paint, biomedical); and 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 and additional inspections. The scope of inspections includes general sanitation, general structure, safety conditions, food safety practices, water quality, sewage and solid waste disposal, pest control, crowding and air quality.
- Reviews plans for new or renovated facilities from a public health perspective on request.
- Provides information on decommission/renovation hazards that could adversely impact the health of community members or workers.
- Provides advice, guidance and recommendations to Chiefs and Councils, owners,

operators, employees and users of facilities pertaining to public health.

#### *Public Education*

- Delivers public education and awareness sessions for Chiefs and 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, forest fires, 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 advice, guidance and recommendations to Chiefs and Councils and First Nations community members about environmental public health issues related to emergency preparedness and response, and participates in the development of First Nations' Emergency Preparedness and Response Plans.

#### *Public Education*

- Provides communities with information on environmental public health as it relates to emergency preparedness and response.

#### *Emergency Response*

- In the event of an emergency, assesses emergency locations and advises the Emergency Response Team of how to reduce associated environmental public health risks; provides public health inspections of temporary accommodations, residential and public buildings, drinking water, food services, solid waste and wastewater disposal systems; provides food handler training, drinking water sampling and other emergency EPHS; and 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 risks to health associated with environmental contaminants.

## Objectives

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

## Components

### *Environmental Public Health Assessment*

- Works with Chiefs and Councils and other public health staff and community members to address suspected or confirmed public health risks associated with environmental contaminants.
- Assists communities in interpreting research results and developing risk communication.

### *Public Education*

- Provides public education about environmental contaminants to Chiefs and 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 advice concerning projects.
- Assists communities in interpreting research results and developing risk communication.

## Climate Change and Health Adaptation

The Climate Change and Health Adaptation 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), deliver 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 First Nations 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.

*Training, Awareness Building and Strengthening Capacity:* Manage the Local Environmental Observer Network for BC to increase awareness and understanding about climate change and provide a culturally safe space for two-way information sharing that integrates BC First Nations perspectives on environmental health and wellness. This includes:

- Supporting knowledge creation and facilitating increased awareness of climate change health impacts for First Nations and adaptive responses.
- Strengthening 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.
- Supporting the communication of climate-action initiatives, research project outcomes and other activities to communities.

# Section 6: Health Infrastructure Support

## Health System Capacity

- **Health Planning and Management**
- **Health Surveillance**
- **Capital Assets**

## Health System Transformation

- **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 and 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 Opioid Cascade of Care. Both provide extensive health data for people who have experienced a toxic drug poisoning or who have been diagnosed with opioid 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:* The Injury Surveillance Program is in development, and a data linkage with Trauma BC's data holdings is planned. This linkage will provide incidence and prevalence data for all injuries recorded each year, including self-harm and suicide.

*Maternal and Child Health:* Through a data linkage with BC Perinatal Services, health surveillance reports on a number of indicators of maternal and 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. 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. For COVID-19, Health Surveillance has been receiving daily updates of vaccinations for all First Nations in BC. Weekly reports are created showing vaccine coverage and vaccine data are also used in support of vaccine effectiveness analyses.

*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 tele-visitation 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, 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, the BC Ministry of Health and participating 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 Primary Care Centres (FNPCCs) in the 15 selected sites; and
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 FNPCCs are currently in various stages of planning, development and implementation.

All FNPCCs are expected to be operational by 2024.

## 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.

### 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 7: Additional Services

First Nations Virtual Doctor of the Day

First Nations Virtual Substance Use and Psychiatry Service

## 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.

### Provider Qualifications

Registered members in good standing with the BC College of Physicians and Surgeons. 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 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 and psychiatry.

**Provider Qualifications**

Registered members in good standing with the BC College of Physicians and Surgeons. 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.

# 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 and Public Health
COHI	Children’s Oral Health Initiative
DRIPA	Declaration on the Rights of Indigenous Peoples Act
eHealth	Electronic Health
EMR	Electronic Medical Records
EPHS	Environmental Public Health Services
FASD	Fetal Alcohol Spectrum Disorder
FNHA	First Nations Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
FNPCC	First Nations Primary 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
ISAR	Indigenous-Specific Anti-Racism
MMIWG	Missing and Murdered Indigenous Women and Girls
MSP	Medical Services Plan



NIHB	Non-Insured Health Benefits
OAT	Opioid Agonist Therapy
QA/QC	Quality Assurance/Quality Control
QCSO	Quality Care and Safety Office
STBBI	Sexually Transmitted and Blood Borne Infections
TB	Tuberculosis
TRC	Truth and Reconciliation Commission
UNDRIP	UN Declaration on the Rights of Indigenous Peoples



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