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FIRST NATIONS AND INUIT HEALTH

Alberta Region Programs and Services



Canada

First Nations and Inuit Health - Alberta Region Programs and Services

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Health Canada

Health Canada's goal is for Canada to be among the countries with the healthiest people in the world. To achieve this goal, Health Canada plays a few key roles:

- It is a leader and partner in the health field through the administration of the *Canada Health Act* and by financially contributing to the health system through the Canada Health Transfer.
- It is a guardian that plays a stewardship role in protecting the health of Canadians by regulating and approving products, vital to the health and well-being of our citizens.
- It is a funder and service provider for First Nations and Inuit health.
- It is an information provider as it uses its research and surveillance to provide Canadians the information to maintain and improve their health.

Services are delivered to First Nations people through the First Nations and Inuit Health Programs of Health Canada's Regions and Programs Branch (RAPB).



This document is intended to serve as an overview of the programs and services offered by First Nations and Inuit Health (FNIH) Alberta Region to First Nations and First Nations communities in Alberta.

What is First Nations and Inuit Health (FNIH)?

As a directorate within Health Canada, the goal of FNIH is to help improve the health of all First Nations and Inuit people. FNIH works collaboratively with the First Nations people in Alberta and provides funding to support on-reserve local health programs and services. In some cases, FNIH also provides health care resources and services.

In Alberta, FNIH has established a mission and vision to guide its work with First Nations communities.

FNIH Alberta Region Mission

FNIH-Alberta Region, enables the best possible outcomes in promoting, improving and preserving the health status of First Nations members and their communities by:

- Facilitating access to health services according to identified health needs.
- Providing access to health information.
- Building community capacity and promoting self-reliance.
- Demonstrating accountability in the effective use of resources.

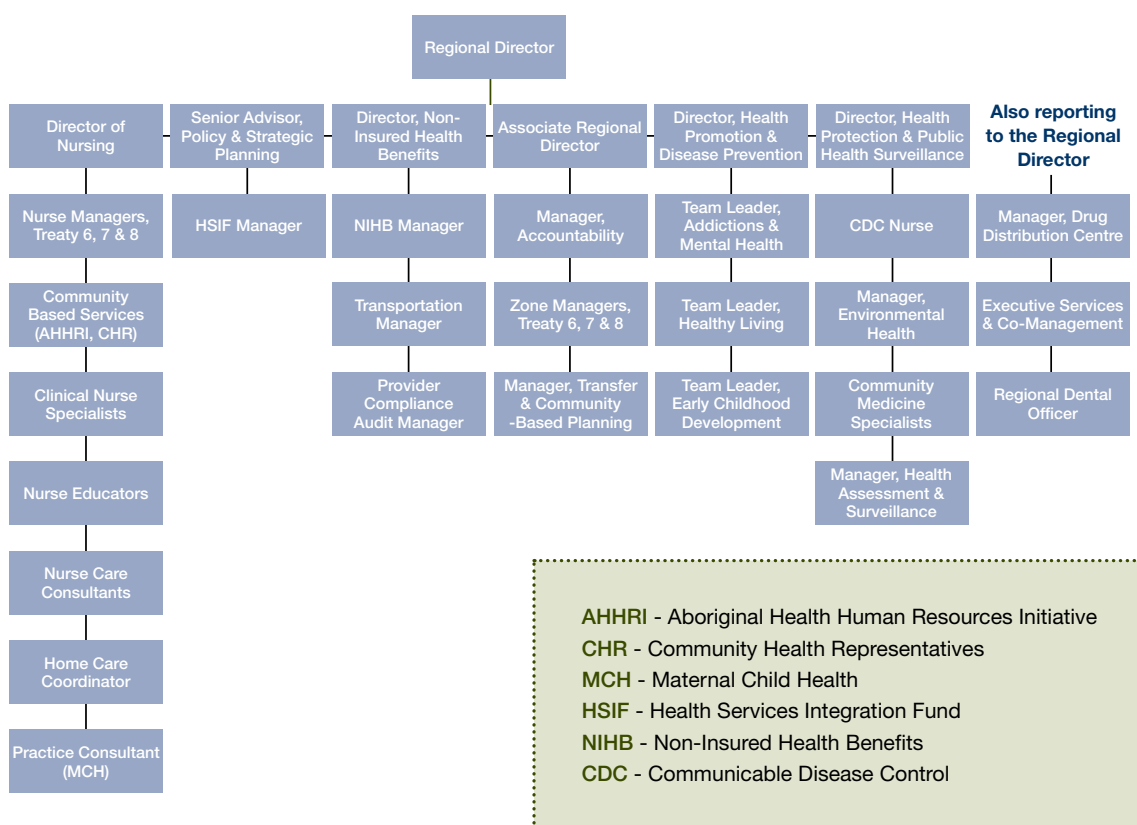
FNIH Alberta Region Vision

To be an integrated health-focused organization in supporting First Nations quality health systems in an environment of trust, accountability, and partnership.



FNIH Programs

FNIH is the largest Health Canada directorate in the Alberta Region. Well over half of Health Canada's 600 staff are employed with FNIH. Employees work in Edmonton, Calgary, and in First Nations communities. The Directorate is led by a Regional Director and seven Directors who oversee the delivery of a large range of programs and services.



First Nations in Alberta

There are a broad range of cultures and languages within First Nations communities in Alberta. The most common First Nations languages in Alberta are Blackfoot, Cree, Chipewyan, Dene, Sarcee and Stoney (Nakoda Sioux). To learn more about various cultures and traditions of the First Nations in Alberta, please contact local communities directly.

Indian and Northern Affairs Canada (INAC) reported that as of December 31, 2009, there were 105,031 individuals registered with First Nations bands in Alberta.

First Nations Communities in Alberta

There are 45 First Nations communities in Alberta with on-reserve population ranging from less than 50 to more than 7,000 individuals. The majority of these individuals live in First Nations communities with on-reserve populations of over 1,000 people (83 per cent). INAC indicates that 65 per cent of First Nations registered to Alberta bands live on-reserve. First Nations community landmasses also vary significantly, ranging from 2,000 to 135,000 hectares per community.

Map of First Nations Communities

1. Athabasca Chipewyan First Nation
2. Beaver First Nation
3. Bigstone Cree Nation
4. Chipewyan Prairie First Nation
5. Dene Tha' First Nation
6. Driftpile First Nation
7. Duncan's First Nation
8. Fort McKay First Nation
9. Fort McMurray First Nation
10. Horse Lake First Nation
11. Kapawe'no First Nation
12. Little Red River Cree Nation
13. Loon River First Nation
14. Lubicon Lake Indian Nation (no reserve)
15. Mikisew Cree First Nation
16. Sawridge Band
17. Smith's Landing First Nation
18. Sturgeon Lake Cree Nation
19. Sucker Creek First Nation
20. Swan River First Nation
21. Tallcree First Nation
22. Whitefish Lake First Nation (Atikameg)
23. Woodland Cree First Nation
24. Alexander First Nation
25. Alexis Nakota Sioux First Nation
26. Beaver Lake Cree Nation
27. Cold Lake First Nations
28. Enoch Cree Nation
29. Ermineskin Cree Nation
30. Frog Lake First Nation
31. Heart Lake First Nation
32. Kehewin Cree Nation
33. Louis Bull Tribe
34. Montana First Nation
35. O'Chiese First Nation
36. Paul First Nation
37. Saddle Lake First Nation
38. Samson Cree Nation
39. Sunchild First Nation
40. Whitefish Lake First Nation #128 (Goodfish Lake)
41. Blood Tribe
42. Piikani Nation
43. Siksika Nation
44. Stoney Tribe
 - Bearspaw (Eden Valley)
 - Chiniki (Morley)
 - Wesley (Big Horn)
45. Tsuu T'ina Nation



Source: *First Nations in Alberta*, Indian and Northern Affairs Canada, 2009

Non-Insured Health Benefits Directorate

FNIH provides eligible First Nations and Inuit individuals with a specified range of medically necessary health-related goods and services when they are not covered through private insurance plans or provincial/territorial health and social programs.

Drugs

Non-Insured Health Benefits (NIHB) provides coverage for approved prescription and over-the-counter medications, diabetes management supplies, and special mixtures and compounds.

Medical Supplies & Equipment

When prescribed by a licensed doctor or medical specialist, NIHB provides coverage for the following:

- Audiology (hearing aids)
- Medical equipment (wheelchairs, walkers, etc.)
- Medical supplies (ostomy supplies, dressings, etc.)
- Orthotics and custom footwear
- Pressure garments
- Prosthetics
- Oxygen and respiratory therapy

Medical Transportation

Medical transportation is available to access medically required health services at the nearest appropriate facility. NIHB's medical transportation program covers the following:

- Land transportation (busses, community vans)
- Food and lodging for clients in-transit
- Scheduled and chartered flights
- Ground ambulance
- Escort and/or interpreter services when medically or legally required
- Transportation to alcohol, drug, and solvent abuse treatment centres
- Transportation to traditional healers

Dental Health

NIHB covers routine and emergency dental treatments (cleanings, fillings, and extractions). Complex treatments such as root canals, crowns, orthodontics, and dentures require pre-approval by Health Canada.

Vision Care

Vision Care benefits include general eye and vision exams, prescription glasses and repairs to glasses. Benefits are available every 24 months for adults and every 12 months for children (coverage is subject to NIHB guidelines).

Crisis Intervention Mental Health

NIHB pays for short-term mental health services including assessment, treatment and referral. Services are provided by approved and recognized professionals.

Indian Residential Schools (IRS) Resolution Health Support Program (RHSP)

The IRS RHSP provides community-based health supports to former IRS students and their families before, during, and after they file their claims through the IRS Settlement Agreement. There are three types of support provided through the program:

- Emotional Support: Resolution Health Support Workers (RHSWs) emotionally support clients and provide referrals.
- Cultural Support: Cultural Support Providers (CSPs) are traditional healers/practitioners who are recognized and respected as people who perform traditional ceremonies or prayers. They respect and share the beliefs and practices of their clients.
- Professional Counselling: Professional counselling support is provided to IRS claimants by therapists who have been approved to provide such services by NIHB.

Transportation assistance may be approved for claimants who must travel to appointments with their CSP and/or professional counsellor.

APPEAL PROCESS

Appeals may be submitted by the claimant or on their behalf with their consent. Appeals must provide supporting information regarding the condition of the claimant, including attempts at alternative treatments that have failed, relevant diagnostic test results, and justification from health care providers.

Nursing Directorate

Nursing

For many communities, nurses are often the main point of contact within the health care system. They routinely provide primary health care in remote and culturally diverse areas and operate in homes, schools, health centres, and nursing stations. Their work requires advanced knowledge, skill, and clinical judgment and they use a holistic approach to care in routine, acute, and emergency situations.

Nurses working in First Nations Health Centres plan, organize, and implement culturally-appropriate prevention and health promotion programs.

By provincial legislation, nursing stations are required to have access to Nurse Practitioners to provide treatment services.

Home and Community Care (HCC)

The HCC program provides funding for communities in order to assist people in need of home care, allowing them to stay in their homes as long as possible. Funding is provided for essential service elements, including:

- Management and supervision of the program,
- Home nursing,
- Case management,
- Provision of in-home respite,
- Access to medical supplies and equipment,
- Personal care,
- Electronic data gathering and reporting,
- Assessment of needs by qualified professional,
- Linkages with other service providers.

Persons who may qualify for care include those:

- Recently discharged from a hospital,
- Living on their own but who require daily living assistance,
- With an illness or disease that may require regular follow-up.

To ensure that the highest level of care, education and training opportunities are provided to HCC workers through annual Nursing Professional Development and annual Health Care Aids educational conferences.

Community Health Representatives (CHRs)

CHRs are community members trained to assist in the delivery of health care programs. They increase accessibility to health care by bridging the cultural gap between health care professionals and community members. They play a key role in health promotion, protection, and injury prevention and are often change agents within their communities.

Aboriginal Health Human Resources Initiative (AHHRI)

AHHRI is a catalyst that assists in the development of services and programming to foster an educated and culturally competent supply of First Nations health care providers. The goal of the program is for communities to work towards building a health professional workforce that is responsive to the unique and diverse needs of Aboriginal peoples.

First Nations & Inuit Health Careers Program (FNIHC)

The goal of FNIHC is to increase the number of Aboriginal people entering into health careers who will, in turn, assist First Nations and Inuit communities to build local capacity and manage their programs.

Funding is provided to the Treaty organizations to encourage and support participation in health-related educational opportunities. In Alberta, the program provides learning environments that support First Nations in overcoming barriers to educational achievement. Components of the program include:

- Promotion of health careers,
- Coordination of career-related summer employment opportunities,
- Introduction and information on colleges, technical institutes, and university programs.



Health Promotion & Disease Prevention Directorate

MENTAL WELLNESS

National Native Alcohol and Drug Abuse Program (NNADAP) – Community-Based Program

NNADAP's community-based programs work to reduce alcohol and substance abuse within their population by using culturally appropriate addictions services. The community-based component of NNADAP seeks to:

- Promote awareness and understanding of addictions,
- Promote alternative, healthier lifestyles,
- Provide prevention and intervention services,
- Support those addicted and their families post-treatment.

National Native Alcohol and Drug Abuse Program (NNADAP) – Residential Treatment

NNADAP offers residential treatment for drug and alcohol abuse. There are seven NNADAP treatment centres in Alberta, (please see page 32 for a complete list of centres in the province).

Brighter Futures / Building Healthy Communities

Brighter Futures and Building Healthy Communities are community-based programs that deliver culturally appropriate and holistic health and wellness services to First Nations communities. These programs rely on coordination between service sectors such as health, social services, justice, and education to help with the prevention and early intervention of individual, family, and community health concerns. The goals of the programs are to help communities find their own solutions to issues including mental health, child development, healthy babies, injury prevention, and parenting skills.



National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)

The goal of NAYSPS is to increase protective factors and reduce risk factors against Aboriginal youth suicide. This can be achieved by increasing understanding and awareness of Aboriginal youth suicide prevention. NAYSPS projects work across government, agencies, and organizations to decrease the number of Aboriginal youth suicides across Canada. Projects work towards strengthening key protective factors in youth such as a strong sense of identity, meaning and purpose, and resiliency. They also work towards improving and increasing crisis response to suicide prevention and suicide clusters following a suicide-related crisis.

Youth Solvent Abuse Program (YSAP) – Community-Based Component

YSAP helps communities increase understanding and awareness around addictions, promote healthier lifestyles, and strengthen links to treatment centres. Community initiatives address early intervention, prevention, and community development as well as provide support to clients undergoing residential treatment.

Youth Solvent Abuse Centres (YSAC) – Residential Treatment

YSAC is a national residential in-patient treatment program that complements community-level activities aimed at preventing youth solvent abuse. Administered through a network of Youth Solvent Addictions Centres, the program provides culturally appropriate treatment, specialized treatment, and recovery programs for First Nations and Inuit youth with chronic solvent abuse problems.

HEALTHY CHILD DEVELOPMENT

Aboriginal Head Start On-Reserve (AHSOR)

The AHSOR program supports the spiritual, emotional, intellectual, and physical growth of children living on-reserve from newborns to six years of age. The program prepares children for school, encourages each child to enjoy lifelong learning, and incorporates the promotion and protection of First Nations cultures and languages. The program also incorporates nutrition, health, and social support programs.

Teachers, parents, extended family, guardians, and the community are involved in the planning, development, implementation, and evaluation of local AHSOR projects.

Maternal Child Health (MCH)

The MCH program works to improve the health of pregnant First Nations women and families with infants and small children (up to six years) including those with complex needs.

The program increases the availability of services to First Nations communities including safer birthing options, screening, assessments, and case management. The program also builds partnerships with the provincial health system, communities, and families. For example, Elders are invited to play a greater role in supporting pregnant women and families with young children. The program also encourages participation of fathers in family activities.

MCH provides funding for professionals and para-professional frontline workers and cultural-based training for staff.

Fetal Alcohol Spectrum Disorder (FASD)

The FASD program seeks to reduce the number of children born with FASD and to improve the quality of life of children and families affected by FASD. To accomplish this, the program:

- Supports activities that help women who may be at high risk of having a baby with FASD.
- Provides funding for training professionals and frontline staff.

Canada Prenatal Nutrition Program - First Nations and Inuit Component (CPNP-FNIC)

CPNP-FNIC works towards improving the nutritional health of pregnant women, mothers, and infants by supporting clients during pregnancy and for an extended period after birth.

CPNP-FNIC strives to improve the chances for women to have healthy infants and families by:

- Improving the diet of prenatal and breast feeding clients.
- Increasing access to nutritional information, services, and resources.
- Increasing knowledge and skill-building opportunities, breast feeding rates, and the number of infants being fed age-appropriate foods.

Oral Health Initiative

Oral Health addresses the high rates of preventable dental disease in First Nation communities. Oral health is provided by the Children's Oral Health Initiative (COHI) and dental therapists who monitor children's dental health and provide fluoride application services in all First Nations communities.

HEALTHY LIVING

Aboriginal Diabetes Initiative (ADI)

The goal of the ADI program is to improve the health of Aboriginal people, families, and communities through actions aimed at reducing the prevalence and incidence of diabetes and its risk factors. Programs funded through the ADI:

- Increase the awareness of the risk factors of diabetes, its complications, and prevention strategies,
- Increase the practice of healthy eating and active living,
- Increase early detection of diabetes cases,
- Improve the practice of diabetes self-management,
- Increase ownership of diabetes programs and the capacity to prevent diabetes.

In Alberta, ADI funds two community-based programs, the Health Promoter Initiative and Screening for Diabetes Complications Initiative.

The Health Promoter Initiative is a model that is being tested in a number of Alberta First Nations communities through Community Health Promoters. Health Promotion empowers people to take greater control of their health.

The initiative is:

- Holistic,
- About mobilizing the community,
- Focused on the determinants of health,
- Built on the strengths of the community.

The Screening for Diabetes Complications Initiative

Several communities have part-time community-based screening programs to reduce the number of diabetes cases and deaths associated with diabetes' complications. Retinal photographers also travel to communities to provide retinal photography screening. Dietitians provide individual and group counselling via telehealth.

Nutrition

Nutrition expertise is provided to First Nations communities to support the achievement of optimal levels of nutritional health. Community Nutritionists provide advice and education as well as promote nutrition-related health and social issues, including:

- Chronic diseases,
- Dental health,
- Specific nutrient concerns,
- Food security,
- Traditional foods.

Frontline staff such as CHRs and Community Health Nurses are important allies in communicating key nutrition messages and supporting local healthy eating initiatives.



Health Protection Directorate

Medical Officer of Health (MOH)

The MOH is a physician who specializes in public health. The MOH is responsible for the protection and promotion of community health and the control and prevention of communicable diseases. The MOH works with a team made up of the Communicable Disease Nurse Manager, Environmental Health Officers, and community staff to ensure the health of the community is protected. The MOH has delegated authority under the *Alberta Public Health Act* and public health agencies for purposes of communicable disease control.

Communicable Disease Control (CDC)

CDC is a mandatory and required program in all First Nations communities. Disease control is achieved through screening, diagnosis, treatment, and prevention of illness. These interventions minimize the impacts of communicable diseases in the community.

Services provided through the CDC include routine immunization, notifiable disease reporting, and management of communicable diseases in the community, including outbreak management.

Immunizations: A major component of the CDC program is routine childhood immunizations. Vaccines, while mainly for children, are given throughout a person's lifetime. Vaccines work by preventing some diseases and reducing the serious complications of many other diseases in children and adults.

Outbreak Management: All agencies must strive to prevent disease outbreaks in their communities. Methods of outbreak management include prevention by identifying and treating people who have a communicable disease or who have come in contact with an infected person, determining the source of the outbreak, and preventing further spread of the disease.

Blood-Borne Pathogens/ Sexually Transmitted Infections (BBP/STI): The BBP/STI program provides support and funding to First Nations communities to develop the knowledge, skills, and tools they require to help control and prevent the spread of BBP/STI. Funded recipients work on preventing the spread of BBP (including Hepatitis B, Hepatitis C, and HIV/AIDS) and STIs through developing capacity within their communities, and/or developing supports within their communities for the care, treatment, and acceptance of people infected with or affected by BBP/STI.

Nurses and CHRs are available to provide information about HIV/AIDS testing and counselling for people going through the testing process. Where required the BBP/STI program provides access to clean needles and syringes to reduce the spread of blood-borne disease.

Tuberculosis Control Program (TBCP): Tuberculosis (TB) is a preventable and curable disease when detected and treated early. However, TB can have serious long-term effects if intervention is delayed; this is especially true in young children. TB is an infectious condition that spreads from person to person by airborne TB bacteria and falls under the mandatory programming cluster of CDC.

The goal of the TBCP is to bring the rates of TB in First Nations communities in line with the rates in the rest of Canada and, one day, TB elimination. TB programming is provided through a partnership between community health staff, the regional FNIH TB program, Alberta Health Services (AHS), and the centralized provincial TB Control Program.

Major components of the TBCP:

- Management and treatment of those with TB disease
- Screening activities for preschoolers and those with medical conditions that put them at higher risk for TB
- Preventative treatment for those with latent TB infections
- DOT (Directly Observed Therapy) for clients who are on TB medications
- TB education for staff and community

Environmental Health

Conditions in the environment, both natural and man-made, 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.
- Suitable treatment and disposal of wastewater and solid waste.

Environmental Public Health Services (EPHS) program works to identify, prevent, and mitigate environmental public health risks that could impact the health of First Nations community residents.

Environmental Health Officers (EHOs): EHOs are FNIH employees who work with First Nations communities. Services include guidance, education, public health risk assessments, inspections, investigations, and recommendations to First Nations officials and community members to assist them in the management of public health risks associated with their environment.

EPHS are delivered by EHOs in nine core program areas:

- Drinking water safety
- Facility inspection
- Food safety
- Housing
- Solid waste disposal
- Wastewater
- Environmental Public Health Training Programs
- CDC
- Environmental contaminants and research and risk assessment

Drinking Water Safety Program (DWSP)

The goal of the DWSP is to monitor the quality of water supplies to ensure drinking water complies with the Guidelines for Canadian Drinking Water Quality. Compliance includes inspecting, investigating, sampling, testing, and providing technical advice and consultative support. Community-based Drinking Water Quality Monitors (DWQM) are trained by Health Canada's EHOs and are responsible for routine bacteriological water sampling and disinfection residual testing, which is the final check on the overall safety of the drinking-water supply chain. The DWQM responsibilities are in addition to the operational monitoring conducted by the water treatment plant operator.

Regional First Nations Environmental Contaminants Program (RFNEC)

The RFNEC program is designed to enable First Nations to research environmental contaminant that may be of concern within their communities. Research activities may include studies in hazard identification, exposure assessment, risk characterization, health impact, and risk management of potential environmental contaminant.

Health Assessment and Surveillance (HAS)

HAS provides regional and community-specific health information to First Nations communities to assist them with strategic health planning. HAS activities include data collection, analysis and interpretation, epidemiological research, and publication of health reports for Alberta's First Nations.

Operations & Administration Directorate

Health Planning & Quality Management

FNIH works with communities to support the planning and management of community health programs and services. This funding supports health planning, the development of health services and program delivery, as well as infrastructure. More flexible funding models are available to organizations that demonstrate sound health planning and development.

Flexible funding models enable increased control and the ability to build capacity around health programming. Organizations that use a flexible funding model use funds to support ongoing health planning, operational plans, and administration according to their community's identified health priorities.

Health Consultation & Liaison

The goal of Health Consultation and Liaison is to improve health outcomes and reduce health inequalities. Funding is provided to PTOs (Political Treaty Organizations) to increase participation by:

- Establishing and maintaining productive lines of communication.
- Ensuring involvement of First Nations leadership and community representatives.
- Developing and maintaining health consultation processes.

Health Facilities

Funding is provided to health facilities for the operation and maintenance of their facility. There are several program plans funded by Capital and Facility Management.

Operation and Maintenance Management activities include (but are not limited to) general cleaning, maintenance of mechanical systems, safety and security operations.

Minor Repair Activities for repairs, maintenance, or renovations that do not alter any structural components of the facility and cost less than \$1,500 to complete.

Nurses Residences for operation and maintenance activities that are applied to common areas of any nurse residence or nurse accommodation facility as well as their surrounding grounds.

Environmental Protection for activities that safeguard the land and environment in relation to the facility.

e-Health Infostructure

The eHealth Services Unit (eHSU) supports health service delivery and public health surveillance by working to increase the use of Information and Communication Technologies (ICT). TSAG, a regional First Nations organization, manages much of the technical work in partnership with the eHealth unit.

ICT Services include:

- **Network connectivity** provides the physical connections and manages the operation of the regional Community Health Network.
- **A Helpdesk call centre** which offers a toll-free number for ICT support available to First Nations Health Centre staff across the province.
- **Onsite user support** includes scheduled maintenance and emergency visits.
- **Health Centre upgrades** as a result of construction projects, facilities often require new IT planning and infrastructure. FNIH has funds available for these projects.

The eHSU also works collaboratively with other department and organizations to bring the benefits of IT services to First Nations communities. Two initiatives include:

- Working in cooperation with FNIH's HAS Unit to help better manage NIHB programs,
- Bringing access to Netcare, the provincial Electronic Health Record system, to First Nations communities and InterRai, the provincial Electronic Health Record system for Homecare.



Telehealth

Telehealth videoconferencing can be used for accessing clinical services from a variety of medical and mental health professionals. The technology can also be used to facilitate meetings and access to educational opportunities. All First Nations health centres and nursing stations are equipped with videoconferencing networked on the provincial SuperNet. FNIH provides videoconference bridging services for First Nations in Alberta.

FNIH Telehealth provides connectivity and equipment, training, scheduling, and technical and administrative support to First Nations communities. FNIH also supports communities by acting as liaison for them with Alberta Health Services and other provider agencies.

For further information and to register for educational opportunities available by Telehealth, please visit the Telehealth Portal at www.onehealth.ca/videoc.

Aboriginal Health Services (AHS) Accreditation

The goal of the AHS Accreditation initiative is to support First Nations & Inuit health service providers as they apply national standards to improve the quality of health care they deliver. Funding through AHS enables organizations to engage in the accreditation process and apply standards of excellence in the various areas of their service delivery.



Policy & Strategic Planning Directorate

The Policy & Strategic Planning Directorate coordinates regional planning for FNIH and facilitates intergovernmental and interdepartmental relations. It does so by analyzing data, forecasting trends and conducting policy analysis.

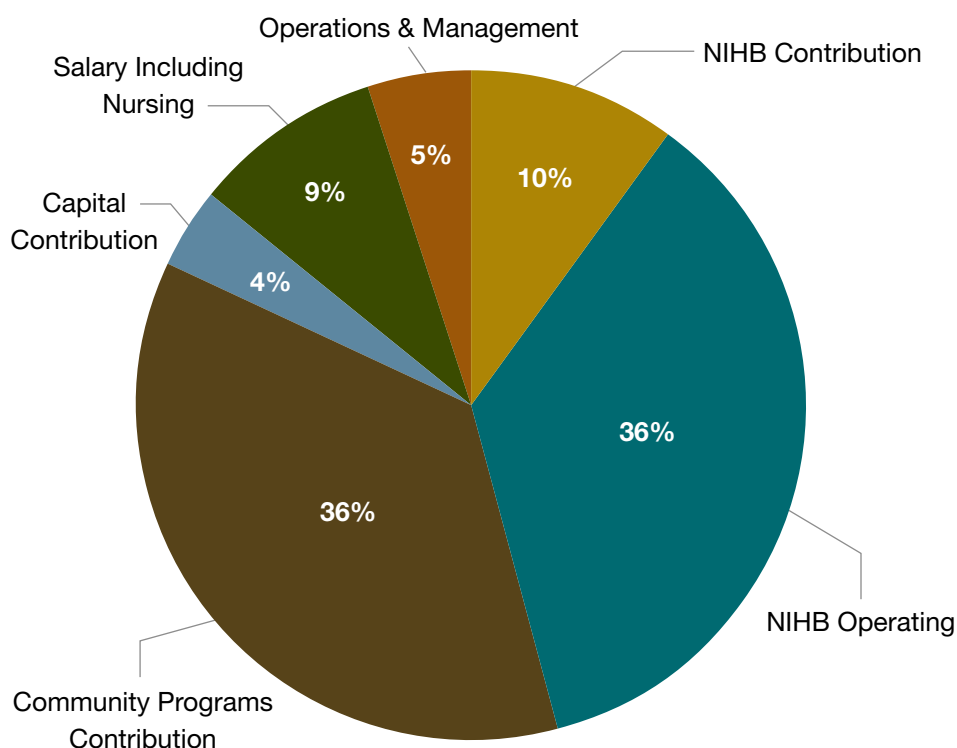
In addition, the Directorate is managing the Aboriginal Health Transition Fund (AHTF) and its successor strategy, the Health Services Integration Fund (HSIF). HSIF will build on the successes and lessons learned through AHTF and will seek to encourage better integration of federally- and provincially-funded health services.



FNIH-Alberta Region Financial Information

The following chart illustrates how FNIH-Alberta Region plays a key role as a service provider and funder to First Nations in Alberta.

FNIH Alberta Region - 2009-2010 Financial Information



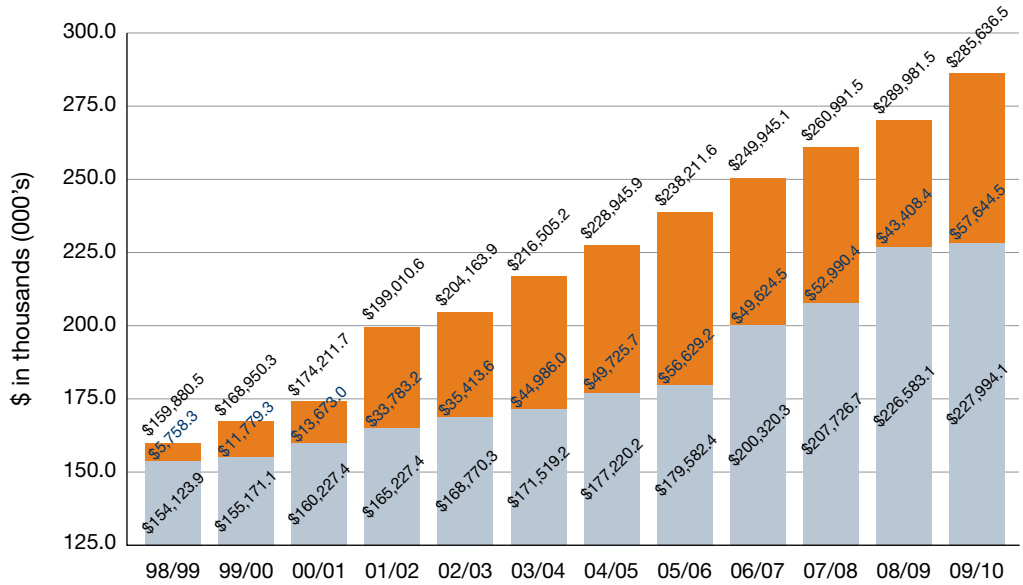
As a **provider of direct health services** FNIH provides non-insured health benefits to First Nations individuals; this encompasses 36 per cent of the overall FNIH budget. As illustrated in the chart, almost half of FNIH funds are allocated to NIHB through the contribution agreement portion and operating budget. A portion of FNIH salary funding is also directed to First Nations communities as FNIH employs nurses in several communities.

As a **funder** FNIH provides funding to First Nations communities through contribution agreements. The funding is used for community programs, capital and minor capital investments, and non-insured health benefits and totals 46 per cent of the overall budget. Operations and Management (O&M) funding and a portion of the salary funding are used to administer programs.

Funding for FNIH Alberta Region has been increasing steadily over the past decade; growing from \$159 million in 1998-1999 to \$285 million in 2009-2010.

Alberta Region - Total Envelope

Funding Fiscal Years - 1998/99 to 2009/10



The Co-Management Agreement: A Collaborative Approach to Governance

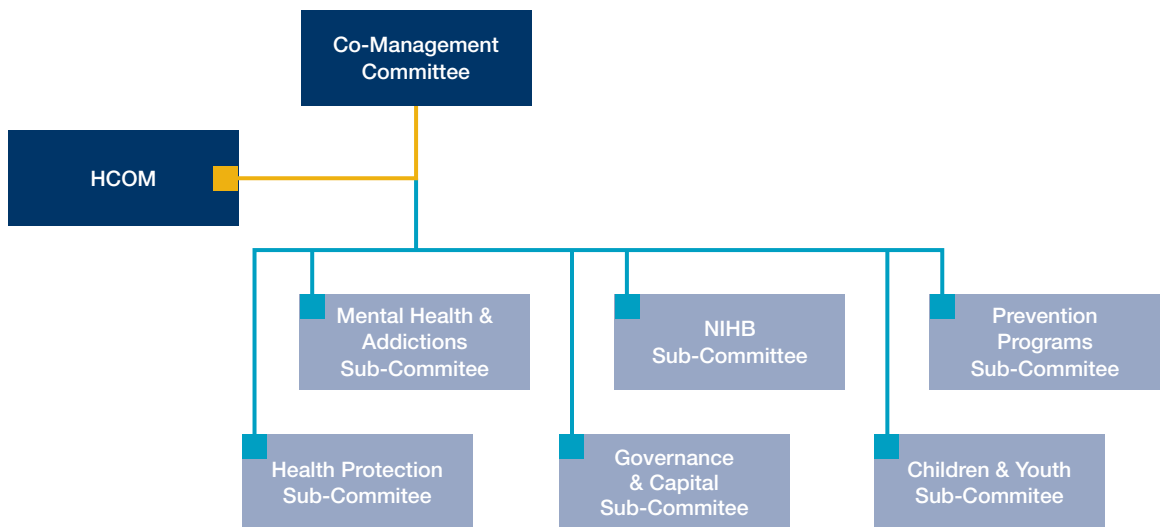
The Co-Management Agreement was signed between First Nations and Health Canada to co-manage FNIH programs in Alberta and is the only governance agreement of its kind in Canada. The agreement seeks to increase the participation of First Nations in assessing, analyzing, and managing programs and services funded and/or offered by FNIH Alberta Region.

The agreement was signed in November 1996 by Chief Robert Breaker, Chief Archie Cyprien, Chief Rod Alexis, and the Federal Minister of Health, the Honourable David Dingwall. In 1999, the Yellowhead Tribal Council joined in the agreement, Maskwacis Cree joined in 2010.

To jointly co-manage, co-assess and co-analyze, a Co-Management structure has been established including seven committees. The Co-Management Committee includes three Chiefs, each representing one of the signatories (Yellowhead Tribal Council-Maskwacis Cree, Treaty 7 and Treaty 8) as well as the Regional Director of FNIH. As with Co-Management, the sub-committees are co-chaired by representatives from First Nations organizations and FNIH. Each committee has equal representations from each of the signatories; two representatives from each of the three First Nations signatories and two representatives from FNIH. Co-Management Liaisons from each of the signatories are ex officio on all sub-committees. Therefore, each sub-committee includes eight members and four Co-Management Liaisons.

CO-MANAGEMENT'S GUIDING PRINCIPLES

- Equity and fairness
- Transparency
- Accountability
- Accountability to programs
- Timeliness
- Appropriateness
- Legality



Roles & Responsibilities for Sub-Committees

- Share all relevant data and information needed to support productive deliberations (e.g. information on policies, programs and services, human and financial resources, community needs and concerns, etc.)
- Jointly assess, analyze, and plan with respect to issues within their mandate
- Prepare joint briefings, based on deliberations, and advise/make recommendations to the Co-Management Committee



- Be responsible for monitoring progress and providing regular status reports to the Co-Management Committee, Treaty organizations, First Nations communities, and FNIH
- Report to the Co-Management Committee on a regular basis by providing written reports and updates on key issues
- Prepare a report and submit to the Co-Management Committee within 60 days following the end of each fiscal year

Key Priorities of Co-Management

1. To increase collaboration between all partners (programs/sub-committees) to establish a holistic continuum of care (i.e. sustainability of long-term care facilities).
2. To work collaboratively with key partners to positively change health determinant outcomes such as high school completion rates.
3. To improve collection, access, and use of First Nations specific data resulting in evidence-based decision-making.
4. To increase collaboration to achieve strategic outcomes, including:
 - Improving immunization rates.
 - Increasing the age of initiation to alcohol.
 - Reducing rates of teenage pregnancies.
 - Establishing standards and facilitating access to accredited training for health directors and health para-professionals.
 - Reducing rates of incidents related to family violence and participation in gang-related activities.
5. Re-commit to Co-Management's objectives to co-manage, co-assess and co-analyze.



Protocol Agreement with Indian and Northern Affairs Canada (INAC): Building Relationships Across Departments

In April 2010, a Protocol Agreement was signed between FNIH, Alberta Region and INAC, Alberta Region. The agreement seeks to foster improved relationships between the two organizations and identifies the following priorities:

- Collaboration and memorandum of understanding
- Enhanced internal and external communications
- Standardized water accessibility
- Improved high school graduation rates
- First Nations pandemic planning and emergency management
- Enhanced capacity and capabilities
- Improved housing and living conditions
- Surge capacity and business continuity
- Transportation, personnel, and First Nations communities



Health Centres and Nursing Stations

Health Centres

In most First Nations communities, community health programs are delivered by a local Health Centre. Health Centres are managed by the local First Nation to serve the health needs of their communities. Each Health Centre delivers communicable disease control programs and services. Health Centres may also provide other health care programs, depending on need. Other programs can include mental health and addictions, early childhood development, and primary health care.

Staffing levels in the health centre are based on the size of the First Nation community in which it is located. Staff can include public health nurses, home care nurses, community health representatives, and other non-regulated healthcare providers who support health programs and community health initiatives.

Nursing Stations

Nursing stations are located in communities defined as remote or isolated. These facilities offer community health programs as well as primary care. Primary Care is available 24 hours a day, seven days a week with after-hours emergency and on-call service. There are five nursing stations in Alberta: Fort Chipewyan, John D'or, Garden River, Fox Lake and Assumption (Dene Tha').



Contact Information

For General Inquiries: 780.495.2703

Non-Insured Health Benefits: 1.800.232.7301

Treaty 6

Name	Mailing Address	Phone	Fax
Alexander Health Centre	Box 3570 Morinville, AB T8R 1S3	780.939.4787	780.939.2951
Alexis Health Centre	Box 39 Glenevis, AB T0E 0X0	780.967.1090	780.967.1097
Beaver Lake Health Centre	Box 1950 Lac La Biche, AB T0A 2C0	780.623.4276	780.623.4569
Cold Lake Health Centre	Box 8100 Cold Lake, AB T9M 1N1	780.594.2473	780.594.0084
Enoch Health Centre	Box 60 Enoch, AB T7X 3Y3	780.470.5440	780.470.0683
Frog Lake Morning Sky Wellness Society	General Delivery Frog Lake, AB T0A 1M0	780.943.3777	780.943.2193
Goodfish Lake Health Centre	Box 272 Goodfish Lake, AB T0A 1R0	780.636.3638	780.636.3457
Heart Lake Health Station	Box 447 Lac La Biche, AB T0A 2C0	780.623.7477	780.623.8155
Kehewin Health Centre	Box 7550 Bonnyville, AB T9N 2H8	780.826.2913	780.826.1915
Maskwacis Health Services (Hobbema)	Box 100 Hobbema, AB T0C 1N0	780.585.3982	780.585.2203
	Including Ermineskin, Louis Bull, Montana, Pigeon Lake and Samson		
O'Chiese Health Centre	Box 2348 Rocky Mountain House, AB T4T 1B7	403.989.3900	403.989.3905
Paul Health Centre	Box 459 Duffield, AB T0E 0N0	780.392.2300	780.392.2301
Saddle Lake Health Centre	Box 160 Saddle Lake, AB T0A 3T0	780.726.3838	780.726.3922
Sunchild Health Centre	Box 997 Rocky Mountain House, AB T4T 1A7	403.989.3962	403.989.2251

Treaty 7

Name	Mailing Address	Phone	Fax
Blood Tribe Department of Health	Box 229 Standoff, AB T0L 1Y0	403.737.3888 EXT 8410	403.737.3985
Piikani Aakom-Kiyii Health Services	Box 3079 Brocket, AB T0K 0H0	403.965.3809	403.965.3971
Siksika Health Services	Box 1130 Siksika, AB T0J 3W0	403.734.5690	403.734.3900 403.734.3168
Stoney Health Centre	Box 8 Morley, AB T0L 1N0	403.881.3920	403.881.2742
	Including Big Horn (Wesley), Eden Valley (Bears paw) and Morley (Chiniki)		
Tsuu T'ina Health Centre	P.O. Box 51, 3700 Anderson Rd. S.W. Calgary, AB T2W 3C4	403.251.7575	403.251.1627

Treaty 8

Name	Mailing Address	Phone	Fax
Beaver First Nation Health Centre	P.O. Box 270 High Level, AB T0H 1Z0	780.927.3544	780.927.4064 780.927.4002
Bigstone Health Commission	P.O. Box 1020 Wabasca, AB T0G 2K0	780.891.2000	780.891.2623 780.891.3736
	Including Peerless Lake and Trout Lake		
Chipewyan Prairie Health Centre	General Delivery Chard, AB T0P 1G0	780.559.2375	780.559.2677
Dene Tha'	Box 90 Chateh, AB T0H 0S0	780.321.3971	780.321.3820
	Including Assumption and Meander River		
Driftpile Health Centre "Maggie Willier Wellness Centre"	Box 120 Driftpile, AB T0G 0V0	780.355.3931	780.355.2055
Duncan Health Centre	Box 327 Berwyn, AB T0H 0E0	780.597.3730 780.597.3777	780.597.3717
Fort Chipewyan Nunee Health Station	P.O. Box 476 Fort Chipewyan, AB T0P 1B0	780.697.3900	780.697.3572 780.697.3031
Fort McKay Health Centre	Box 5360 Fort McMurray, AB T9H 3G4	780.828.2450 780.828.4229	780.828.4132
Fort McMurray First Nation Health Centre	P.O. Box 5330 STN Main Fort McMurray, AB T9H 3G4	780.334.2443	780.334.2999
Horse Lake Health Centre	Box 303 Hythe, AB T0H 3C0	780.356.3013	780.356.2587
Kapawe'no Health Centre	Box 149 Grouard, AB T0G 1C0	780.751.2284	780.751.2363

Treaty 8

Name	Mailing Address	Phone	Fax
Little Red River	Box 30 Jean D'Or Prairie, AB T0H 3X0	780.759-3773	780.759-3770
	Including Fox Lake, Garden River and Jean D'Or		
Loon River Health Centre	Box 329 Red Earth Creek, AB T0G 1X0	780.649.3490	780.649.2214
Sturgeon Lake Health Centre	Box 747 Valleyview, AB T0H 3N0	780.524.3717	780.524.2903
Sucker Creek Health Centre	P.O. Box 65 Enilda, AB T0G OWO	780.523.4390	780.523.5934
Swan River Health Centre	P.O. Box 150 Kinuso, AB T0G 1K0	780.775.3544	780.775.2002
Tallcree Health Centre	P.O. Box 100 Fort Vermilion, AB T0H 1N0	South: 780.927.4605 North: 780.927.3956	South: 780.927.2391 North: 780.927.4312
Whitefish Lake Health Centre (Atikameg)	P.O. Box 210 Atikameg, AB T0G 0C0	780.767.3941	780.767.3900
Woodland Cree Health Centre	General Delivery Cadotte Lake, AB T0H 0N0	780.629.8963	780.629.3879



Treatment Centres

Treatment Centre	Community	Type	Telephone
Beaver Lake Wah Pow Treatment Centre	Lac La Biche, AB	Adult Residential	780.623.2553
Footprints Treatment Centre	Morinville, AB	Adult Residential	780.939.4787
Kainaiwa Adolescent Treatment Centre	Standoff, AB	Youth Residential	403.653.3315
Kapown Treatment Centre	Grouard, AB	Adult Residential	780.751.3921
Mark Amy Treatment Centre c/o Wood Buffalo Wellness Centre	Fort McMurray, AB	Adult Residential	780.334.2398
Siksika Medicine Lodge	Siksika, AB	Youth Residential	403.734.5699 (switchboard) 403.734.5690
St. Paul Treatment Centre	Cardston, AB	Adult Residential	403.737.3757 1.888.737.3757
Young Spirit Winds Treatment Centre	Hobbema, AB	Youth Outpatient	780.585.2219



Contact Information:

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