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# AT A GLANCE

## First Nations and Inuit Health Programs and Services – Alberta Region



Canada

## What is First Nations and Inuit Health (FNIH)?

*The goal of the First Nations and Inuit Health Branch of Health Canada is to help improve the health of First Nations and Inuit people. FNIH Alberta Region is responsible for managing these programs by:*

- Working collaboratively with First Nations in Alberta
- Providing funding to support on-reserve local health programs and services
- Providing non-insured health benefits to First Nations and Inuit not covered by private insurance plans or provincial health and social programs
- Providing health care resources and services



# Services Available to all First Nations and Inuit Living in Alberta

## Non-Insured Health Benefits (NIHB)

FNIH provides eligible First Nations and Inuit people with the following medically necessary health-related goods and services:

Benefit Area	Coverage
Drugs	Approved prescription and over-the-counter medication prescribed by a licensed physician or an appropriate prescriber
Medical Supplies and Equipment	When prescribed by a licensed physician or medical specialist, coverage includes: <ul style="list-style-type: none"><li>• Audiology (hearing aids)</li><li>• Medical equipment (wheelchairs, walkers, etc.)</li><li>• Medical supplies (ostomy supplies, dressings, etc.)</li><li>• Prosthetics</li><li>• Oxygen and respiratory therapy</li></ul>
Dental Health	<ul style="list-style-type: none"><li>• Routine and emergency dental treatment provided by a licensed dentist including examinations, x-rays, cleanings, and fillings</li><li>• Some services require pre-approval</li></ul>
Vision Care	<ul style="list-style-type: none"><li>• Eyeglasses, case, and repairs as per guidelines</li><li>• Eye exams for persons aged 19-64</li></ul>
Crisis Intervention Mental Health	Crisis intervention mental health by approved and recognized professionals

Benefit Area	Coverage
Medical Transportation	<p>Transportation is available to access medically required health services at the nearest appropriate facility</p> <ul style="list-style-type: none"><li>• Land transportation including ground ambulance and medical transportation vans which are available in many First Nations communities</li><li>• Food, accommodations, flights, and medically or legally required escort and interpreter services</li><li>• Access to treatment centres and traditional healers</li></ul>

Decisions made by NIHB can be appealed. Appeals can be submitted by an eligible First Nations person, their parent or guardian and must include supporting information. Supporting information should include what types of treatments have failed, relevant test results, and recommendations from health care providers.



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

The IRS RHSP provides community-based supports to former IRS students and their families. The following three support services are provided through the program:

- Resolution Health Support Workers (RHSWs) provide emotional support to clients and provide referrals as needed.
- Cultural Support Providers (CSPs) are traditional healers/practitioners who are recognized and respected as people who perform traditional ceremonies or prayers.
- Professional counselling support is provided by therapists (psychologists and clinical social workers) who have been approved by NIHB.

Transportation assistance is also available for individuals who must travel to appointments with their CSP and/or professional counsellor.

## **Residential Treatment Centres – Addictions**

Residential treatment for addictions is available in a number of facilities throughout the province. Treatment centres are funded through either the National Native Alcohol and Drug Abuse Program (NNADAP) or the Youth Solvent Abuse Program (YSAP). Admissions are based on referrals from addictions counsellors and other health professionals.



# Services Available to First Nations Living On-Reserve in Alberta

## Primary Health Care

Primary Health Care is the first point of contact for people accessing the health care system. FNIH provides a range of primary health care programs and services, including nursing, community health representatives, in addition to home and community care. In some of the larger communities, physicians and dentists may provide services on-reserve.

### *Nursing*

Each First Nations community in Alberta has access to either a health centre or nursing station.

Most First Nations communities have a health centre staffed with nurses who plan, organize, and implement culturally appropriate prevention and health promotion programs such as immunization programs and well-baby clinics.

Remote and isolated First Nations communities have access to nursing stations. Nursing stations offer medical services 24 hours a day, seven days a week and are supported by nurse practitioners and physicians. Staff provide assessment and treatment services as well as disease prevention and health promotion programs.

### *Community Health Representative (CHR) Services*

CHRs are community members trained to assist in the delivery of health care programs. They help make health care programs more accessible to First Nations people 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.

### *Home and Community Care (HCC)*

HCC 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. This includes home nursing, access to medical supplies and equipment, and personal care.

#### **Persons who may qualify for care**

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

## **Public Health Protection**

Public Health Protection focuses on the protection and promotion of the health of the entire population. FNIH supports public health protection in First Nations communities through a number of programs and services.

### *Communicable Disease Control (CDC)*

First Nations communities are expected to maintain Communicable Disease Control activities including monitoring the rate and spread of certain infectious diseases through screening, diagnosis, treatment and prevention of illness. For example, some of the mandatory activities are:

- Routine immunization program (child and adult),
- Notifiable diseases/outbreak management including communicable disease emergency planning and infection control,
- Prevention for Blood-Borne Pathogens and Sexually Transmitted Infections (BBP/STI),
- Tuberculosis Control.

# Services Available to First Nations Living On-Reserve in Alberta (continued)

## Public Health Protection (continued)

### *Environmental Public Health Services (EPHS)*

EPHS works to identify, prevent, and reduce environmental public health risks that could affect the health of First Nations community residents.

- Environmental Health Officers (EHOs) provide public health risk assessments, inspections and recommendations to First Nations leaders and community members. EHOs provide public health inspections of food facilities, public and social housing as well as wastewater and solid waste disposal.
- The Drinking Water Safety Program monitors the quality of water supplies on-reserve.

### *Health Assessment and Surveillance (HAS)*

HAS provides health information reported by First Nations communities to support public health interventions and program planning in communities and the region.

## Health Promotion and Disease Prevention

### **Mental Wellness**

Mental Wellness programs are community-based and culturally appropriate. They seek to reduce the impact of addictions and promote wellness in First Nations communities.



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

The community-based program of NNADAP offers culturally appropriate addictions services, including counselling and awareness sessions.

### *Brighter Futures / Building Healthy Communities*

The Brighter Futures and Building Healthy Communities programs help communities develop their own solutions to a number of 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 reduce the rate of aboriginal youth suicide. This initiative helps increase protective factors (resiliency, personal identity, meaning, and purpose) and reduce suicide risk factors, while working to improve and increase crisis response.

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

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

## **Healthy Child Development**

FNIH funds a number of healthy child development programs targeting children under the age of six. The programs provide support to children, their parents and their families.

### *Aboriginal Head Start On-Reserve (AHSOR)*

The AHSOR program supports the spiritual, emotional, intellectual, and physical growth of children living on-reserve, from birth 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.

### *Maternal Child Health (MCH)*

The MCH program works to improve the health of pregnant First Nations women, families with infants, and small children (up to six-years-old), 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.

### *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.

### *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 them during pregnancy and for an extended period after birth.



## *Oral Health*

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 First Nations communities.

## **Healthy Living**

FNIH funds initiatives that promote healthy living and the prevention of chronic diseases.

### *Aboriginal Diabetes Initiative (ADI)*

The goal of the ADI program is to improve the health of Aboriginal people, families, and communities by reducing the prevalence of diabetes and its risk factors. In Alberta, ADI currently funds two additional initiatives:

**The Health Promoter Initiative** empowers people to take greater control of their health. This initiative is holistic, mobilizes the community and builds on its strengths.

#### **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 available for First Nations communities to support the achievement of optimal levels of nutritional health. In some communities, local nutritionists provide advice and education as well as promote nutrition-related health and social issues.

## **Contact Information**

General Inquiries: 780.495.2703

Non-Insured Health Benefits: 1.800.232.7301

Website: [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

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