

EVALUATION OF ENVIRONMENTAL PUBLIC HEALTH (EPH) SERVICES

FEBRUARY 2025

EPH Services are a suite of services delivered through the First Nations and Inuit Health Branch (FNIHB) of Indigenous Services Canada (ISC). These services are delivered by EPH Officers (EPHOs), who are employed either by ISC or are transferred to First Nations' organizations. EPHOs work with First Nation communities south of the 60th parallel to identify and prevent environmental public health risks.

The evaluation assessed EPH Services from April 2015 to March 2021, covering \$44.4 million in expenditures and focusing on the following areas¹:

Relevance

Effectiveness

Efficiency

Service Transfer, Climate Change and COVID-19

Finding 1:
EPH services are essential and generally well-aligned with First Nations community needs. Strong relationships between EPHOs and communities support effective delivery, but respondents highlighted increasing demand driven by population growth, infrastructure expansion, and climate challenges; with some also noting gaps in youth-focused education and the integration of Elder knowledge.

Finding 2:
While vital to the health of communities, the effectiveness of EPH services is constrained by resource limitations and systemic barriers. Key performance targets for inspections of food and community care facilities, as well as other public health infrastructure, were consistently unmet, with inspection rates far below standards. Despite these challenges, EPH did achieve its objective of providing 100% access to trained personnel for drinking water monitoring, reflecting success in targeted areas.

Finding 3:
EPH balances operational efficiency with culturally appropriate service delivery, prioritizing relationship-building with communities. While regional strategies like localized staffing and collaborative planning improve efficiency, outdated technology and data management systems hinder the program's ability to analyse data and inform priorities. Additionally, unresolved systemic issues, such as inadequate infrastructure funding, limit EPH's ability to address recurring public health hazards.

Finding 4:
Transfer of EPH services to First Nations-led organizations advances departmental goals but requires sufficient ongoing support, collaboration, and funding. Transferred EPHOs are included in communication and training with ISC EPHOs but it appears that there is no national approach or specific policy in place that defines the expectations placed on a REHM with respect to interaction and engagement with transferred EPHOs.

Finding 5:
Climate change intensifies demands on EPH services, disproportionately impacting First Nations communities through extreme weather, water safety, disease risks, and long-term effects of evacuations, diverting resources from routine work to emergencies.

Finding 6:
COVID-19 significantly disrupted EPH services, coinciding with a 50% reduction in inspection rates.. EPHOs took on leadership roles in pandemic response, dedicating 23% of their time to communicable disease control, but 69% reported a detrimental impact on EPH service delivery. A lasting positive effect is increased public health awareness in communities.

¹ While the evaluation did include questions on Gender-Based Analysis Plus, evidence collected was not strong enough to complete a comprehensive analysis of EPH Services' impact on diverse communities.

RECOMMENDATIONS, MANAGEMENT RESPONSE AND ACTION PLAN

Recommendation #1: Ensure that Regional Environmental Health Managers and EPHOs have access to current and easily transferable knowledge and information they can use and share with community leaders to inform about the overall nature of EPH services and the role of an EPHO.

Action 1.1: Update the EPH Services booklet that provides an overview of services and roles of EPHOs (Q3, 2025-26).

Action 1.2: Develop a deck to accompany the updated EPH services booklet (Q3 2025-26).

Recommendation #3: Identify and implement information management technology that would improve the effectiveness and efficiency of public health data collection, analysis, and use in service planning; and, that would improve the access and use of this data by First Nations.

EPHS initiated an IT enabled Project called the Unified Environmental Public Health Infosystem (UnEPHI) several years ago. The project aims to replace and consolidate several existing legacy systems with a new unified one that meets current IT and Security requirements; leverages current mobile technology to allow in-field data collection; and allows First Nation and others access (based First Nations principles of Ownership, Control, Access and Possession) to the data for analysis, trending and to inform decision making.

The UnEPHI Project team has identified the Business Requirements for the new solution and an Options Analysis was completed and endorsed by the Department Architecture Review Board (DARB).

Action 3.1: Together with Public Service Procurement Canada (PSPC), post an open RFP to solicit bids for the new system (Q1, 2025-26).

Action 3.2: Begin implementation and then transition to the new system (Q2, 2025-26).

Action 3.3: Project closed out (Q4, 2027-28).

Recommendation #2: Describe and document the role of a Regional Environmental Health Manager with respect to the level of interaction, engagement and support provided to transferred EPHOs, with the goal of ensuring that a consistent but flexible approach is implemented within and between regions.

Action 2.1: Develop and implement a policy, documented in the EPH services' Quality Management Framework, on how to include transferred EPHOs in the EPH services community of practice, regionally and nationally, designed to be evergreen (Q3, 2025-26).

Action 2.2: Develop a guide for transferred and non-transferred EPHO on how to access EPH resources, including the Quality Management Framework, which will be kept up to date should location of these resources be changed (Q2, 2025-26).

Recommendation #4: Revisit and update if required the National Framework, to ensure that EPH standards, inspection targets, and methods of prioritization are reasonable and comparable to other jurisdictions in Canada, and if necessary, seek additional EPH resources to ensure those confirmed targets can be met.

Action 4.1: Conduct environmental scan of provincial/ territorial EPH indicators and update EPH services indicators, if and as appropriate (Q3, 2025-26).

Action 4.2: Update the National Framework (Q1, 2026-27).

Action 4.3: Update the EPH Work load analysis and associated resource needs (Q4, 2027-28).

Action 4.4: If appropriate, seek additional resources to address confirmed targets (Q4, 2027-28).