



First Nations Health Authority  
Health through wellness

Programs and Services  
Overview and Contacts

May 2015

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## Chief Medical Officer

Led by Chief Medical Officer, Dr. Evan Adams, the Chief Medical Office leads FNHA's public health function, maximizing the strength of public health physicians and providing a medical health "face" on public health matters in the communities. In addition to Dr. Adams, the CMO team consists of Senior Medical Officers who are assigned regional responsibilities. The introduction of regionally-focused public health expertise breathes life into FNHA's shift to being in closer relationship with community.

Senior Medical Officers will work in partnership with FNHA Regional Directors and regional health authority Chief Medical Officers to promote and protect the health status of the First Nations population within their respective regions. These roles support transformation of health care and improve access and quality of health services consistent with the wellness directives provided by First Nations communities.

Senior Medical Officers work from both overall FNHA and regional-specific perspectives to promote and protect the health and wellness of BC first Nations people and communities. In accordance with our regional focus, each Senior Medical Officer will be assigned regional responsibilities as follows:

- North (TBD)
- Interior and Vancouver Coastal (Dr. Evan Adams)
- Vancouver Island (Dr. Shannon Waters)
- Fraser-Salish (Dr. Naomi Dove)

CONTACT	CONTACT INFORMATION
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## Regional Offices

FNHA regional offices, including Regional Directors, Mental Wellness Advisors, Project Developers, Health Liaisons and Community Engagement Coordinators, are part of the Policy, Planning and Community Services portfolio. Regions will often be your first point of contact.

Regional Directors and their teams:

- provide strategic and technical support to the activities of their Region such as the development of Regional Health and Wellness Plans and implementation of the Regional Partnership Accords
- facilitate the involvement of Regional Health Authorities, and other regional partners, in the First Nation health processes, plans and priorities
- conduct outreach throughout the Region, including facilitation of service delivery at the Regional level
- Provide leadership in the management of financial and human resources for the Regional Offices, and are the first point of contact for communities,
- Support the FNHC and FNHDA regional representatives at Regional Tables and Regional Caucuses.

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Position	Name	Phone Number
<b>Regional Director</b>	Brennan McDonald <a href="mailto:Brennan.Mcdonald@fnha.ca">Brennan.Mcdonald@fnha.ca</a>	250-510-5139
<b>Regional Liaison</b>	Eunice Joe <a href="mailto:Eunice.Joe@fnha.ca">Eunice.Joe@fnha.ca</a>	250-720-6761
<b>Mental Health Advisor</b>	Emmy Manson <a href="mailto:Emmy.Manson@fnha.ca">Emmy.Manson@fnha.ca</a>	250-748-9760
<b>Community Engagement Coordinator – Coast Salish</b>	Marina White <a href="mailto:Marina.White@fnha.ca">Marina.White@fnha.ca</a>	250-510-2817
<b>Community Engagement Coordinator – Kwakwaka’wakw</b>	Cary-Lee Calder <a href="mailto:Cary.lee.calder@fnha.ca">Cary.lee.calder@fnha.ca</a>	250-203-3889
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**Interior Regional Office: 201-520 Chief Eli Larue Way, Kamloops BC, V2H 1H1**

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**Fraser-Salish Regional Office: 31753 Harris Road, Abbotsford BC, V4X-1W1**

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All FNHA email addresses are: [FirstName.LastName@fnha.ca](mailto:FirstName.LastName@fnha.ca)

## First Nations Health Benefits

The FNHA Health Benefits program provides a specific number of health related goods and services to meet medical or dental needs not covered by provincial, territorial, or other third party health insurance for BC First Nations.

For a complete breakdown of FNHA Health Benefits, please read, download and print the [First Nations Health Benefits Information Package](#) found online at [www.fnha.ca/benefits](http://www.fnha.ca/benefits).

### Benefit Areas

The FNHA helps provide coverage for health goods and services in the following benefit areas:

- **Dental**
  - Dental care; Orthodontic care
- **Medical Supplies and Equipment (MS&E)**
  - Supplies (e.g. wound care); Equipment, including Audiology & Respiratory equipment
- **Medical Transportation**
  - Transportation costs to and from medical services
- **Mental Health - Crisis Intervention (short-term)**
  - Counselling and support (\*this is not the Indian Residential School Health Support program)
- **MSP Payments**
  - BC Medical Services Plan
- **Pharmacy**
  - Prescription drugs; Over-the-counter drugs; Compounded drugs
- **Vision**
  - Eye exams; Glasses

### Eligibility

The FNHA administers these benefits for eligible First Nations in BC. You are eligible for FNHA Health Benefits if you are *ALL* of the following:

- A First Nations person with a Status Number *OR* a child (under 1 year of age) of a First Nations person with a Status Number; and
- A resident of British Columbia as defined by BC's Medical Services Plan (you've resided in BC for at least 3 months – not as a student) with active coverage; and
- Not covered under any other benefits provided by the Federal Government or First Nations organization through self-government or land claims agreements.



Inuit and non-BC resident First Nations using health services in BC will continue to be covered through Health Canada’s Non-Insured Health Benefits (NIHB) program. Similarly, outside of BC, these goods and services continue to be covered through Health Canada’s Non-Insured Health Benefits (NIHB) program for registered First Nations and recognized Inuit.

The FNHA and Health Canada are committed to ensuring that no one falls through the cracks. In cases where there is confusion about eligibility, valid claims will be paid out and the FNHA and Health Canada will reconcile after the fact. First Nations people who are unsure of their coverage should contact FNHA Health Benefits to confirm their eligibility.

**Access**

For a complete breakdown on accessing First Nations Health Benefits please read the [First Nations Health Benefits Information Package](#) found online at [www.fnha.ca/benefits](http://www.fnha.ca/benefits) or visit us online at: [www.fnha.ca/benefits/access-for-first-nations](http://www.fnha.ca/benefits/access-for-first-nations)

**Health Benefits Support**

Website: [www.fnha.ca/benefits](http://www.fnha.ca/benefits)

**General**

Toll-Free: 1.855.550.5454

Email: [healthbenefits@fnha.ca](mailto:healthbenefits@fnha.ca)

**In-person Inquiries**

1166 Alberni Street, Room 701  
Vancouver, BC V6E 3Z3

**Mailing Address**

First Nations Health Authority  
Health Benefits Program - Client Services  
540 - 757 West Hastings Street  
Vancouver, BC V6C 1A1

**Dedicated staff**

The FNHA Health Benefits team has all of the usual claim assessors, as well as a new Benefit Support Representative to help callers navigate the system.

**Operations (Claim Specific)**

- Dental
- Medical Supplies & Equipment
- Medical Transportation
- Mental Health Crisis Intervention
- MSP Coverage
- Pharmacy
- Vision

**Toll-Free:** 1.800.317.7878

**IRS Info:** 1.877.477.0775

**Dental Toll-Free:** 1.888.321.5003

## Community Dental Program

The Community Dental Program has 2 components:

**Dental Therapy** - Dental therapists currently work in a number of communities and provide basic clinical care (emergency care, fillings and extractions) as well as oral health promotion and disease prevention activities. They are licensed and regulated by the College of Dental Surgeons of British Columbia, and improve access to oral health care, particularly in remote and isolated communities.

**Children's Oral Health Initiative (COHI)** – COHI is an early childhood tooth decay prevention program designed to support children from birth through age seven, their parents and caregivers, and pregnant women. Services include annual oral health screening, fluoride varnish applications, dental sealants and temporary fillings, as well as oral health promotion education and resources. COHI is delivered in a large number of BC communities by teams consisting of a dental professional (either a dental therapist or dental hygienist) and a COHI Aide. The COHI Aide is a community member selected by the community to support the program at the local level. The goal of COHI is to make oral health and oral care a regular part of family life.

CONTACT	CONTACT INFORMATION
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# Community Health and Wellness Services

## Functions

The Community Health & Wellness Services Department works within the Policy, Planning & Community Services – ensuring the five regions are provided the necessary support across the program areas, and providing direct community-facing services including Health Protection, Nursing and Environmental Public Health Services.

FNHA Community Health & Wellness Services delivers programs including: Mental Wellness, Healthy Living, Maternal and Early Childhood Development and Surveillance Services and Data Analytics. Health Services is responsible for ensuring that programs and services function effectively while contributing to program and service evaluation, policy and transformation.

CONTACT	CONTACT INFORMATION
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## Nursing

The FNHA Nursing Services office is based in Vancouver with a regionally based office in Prince George. The Vancouver office houses the Director of Nursing, Education and Practice Support Teams, Home Care Nurse Advisors, and the Transfer Nurse Management team. These teams support all nurses (FNHA employed & non-FNHA employed) in First Nation communities.

Current FNHA Nursing Services include:

- Home & Community Care
- Nursing Operations (Nursing Stations and Health Centres)
- Transfer Nursing Practice and Management Consulting to transferred First Nation Communities
- Education & Clinical Practice (including mandatory nursing education, nursing practice consultants and Clinical Nurse Specialists for Maternal/Child Health, Public Health, Healthy Living/Chronic Disease and Adolescent Mental Health).
- Recruitment & Retention office (For Nursing employment opportunities at the FNHA, email [nursing@fnha.ca](mailto:nursing@fnha.ca))

<b>VANCOUVER OFFICE- 540 – 757 West Hastings Street</b>	
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<b>HOME AND COMMUNITY CARE</b>	
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Administrative Assistant <b>Meekum Wong</b>	<a href="mailto:meekum.wong@fnha.ca">meekum.wong@fnha.ca</a> 604-693-6831
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<b>NORTHERN OPERATIONS</b>	
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## Environmental Public Health Services

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, suitably built and maintained housing and community facilities, as well as proper treatment and disposal of wastewater and solid waste. Planning for and responding to emergencies is another component required to maintain a healthy environment, and work to prevent and control communicable diseases.

The FNHA's Environmental Public Health Services team works in partnership with First Nations communities to prevent or identify environmental health risks that could threaten the health of community residents. The FNHA Environmental Public Health Services team provides services to all First Nations communities in the Province of British Columbia.

The following is a list of areas of responsibility for the Environmental Public Health Services unit based on the needs of the communities

- Drinking Water Safety
- Food Safety
- Healthy Housing
- Wastewater
- Solid Waste Disposal
- Facilities Inspections
- Communicable Disease Control
- Emergency Preparedness and Response Planning
- Environmental Contaminants, Research and Risk Assessment

Activities such as inspections, training sessions and public education are provided routinely according to the frequencies agreed upon by Environmental Health Officers and Chiefs and Councils in their community work plans, or as required at the request of Chiefs and Councils.

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### Surveillance Services and Data Analytics

Integrated and comprehensive First Nations surveillance services and data analytics in BC to provide information for the Public Health Surveillance function in the Office of the Chief Medical Officer allows for better monitoring of First Nations health and wellness and will ensure that quality data is available and accessible. Measuring, monitoring and reporting on First Nations health and wellness is shifting from an illness-based approach to a holistic wellness approach. In order to facilitate this shift and empower First Nations to define how their health and wellness is defined, meaningful and collaborative development of health and wellness indicators is an area of focus within the Office of the CMO with support from Surveillance Services and Data Analytics.

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### Mental Wellness

The Mental Wellness team provides professional consultative expertise, and works in partnership with Regions and provincial partners, in the area of mental health programming in BC First Nation communities, including in the specific areas of Addictions and Indian Residential Schools Mental Health and Addictions as well as:

**National Aboriginal Youth Suicide Prevention Strategy (NAYSPS)** - As a program, NAYSPS targets resources that support a range of community-based solutions and activities that contribute to improved mental health and wellness among Aboriginal youth between the ages of 10 and 30 years, their families and communities.

**National Native Alcohol and Drug Addiction Program (NNADAP)** - Substance Use Prevention and Treatment programming provide 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 which provide culturally-relevant in-patient, outpatient and day or evening programs for alcohol, solvents and other drug addictions.

**Wellness Programs Supports:** The Wellness Programs Supports team provides professional consultative expertise, and works in partnership with Regions and provincial partners, to provide

healthy living and maternal and early childhood development programming in BC First Nations communities.

**Maternal and Child Health (MCH)** - This program is designed to support pregnant First Nations women and families with infants and young children to reach their fullest developmental and lifetime potential. In identified First Nations on-reserve communities, MCH aims for contact with all pregnant women and new parents, providing long-term home visiting for those families that require additional supports. Services provided through MCH include screening and assessment of pregnant women and new parents to assess family need; as well as home visiting to provide follow-up, referrals and case management as required.

**Fetal Alcohol Spectrum Disorder (FASD)** - This program supports the development of culturally appropriate evidence-based prevention and early intervention programs related to FASD.

**Prenatal Nutrition** - The goal of this program is to improve the health of mothers and babies by supporting the following outcomes: Moms eat well so that babies are healthy at birth, babies are breastfed; at 6 months of age babies start to eat health solid foods while continuing to be breastfed.

**Aboriginal Head Start on Reserve (at-home)** - This program supports the health and developmental needs of First Nations children from birth to age six and their families at-home (on-reserve). Areas of support include: spiritual, emotional, intellectual and physical growth of each child; encouraging children to enjoy life-long learning; support for parents, guardians and extended family members as primary teachers.

## Indian Residential Schools (IRS)

The FNHA works in partnership with the office of Indian Residential Schools Resolution Canada and Service Canada to fund and coordinate a variety of services. The IRS Resolution Health Support Program (RHSP) provides access to mental health, transportation services and emotional support services for eligible former IRS students through the FNHA regional office. The objective of IRS RHSP is to ensure that former Indian Residential School (IRS) students and their families have access to emotional health support and cultural support services so that a broad spectrum of wellness issues related to the impacts of the IRS experience may be safely addressed. Those eligible for services include former IRS students and their families before, during and after their participation in Settlement Agreement (SA) processes which include: former IRS attendees with a claim against Canada who are in the process of actively resolving their claim through the Independent Assessment Process; recipients of common experience

payments; as well as those who are participating in Truth and Reconciliation and Commemorative Events. The regional coordinator assists eligible claimants to access the services offered by the IRS Resolution Health Support Program. The Resolution Health Support services are safe, confidential, respectful and non-judgemental.

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## Healthy Living

Important functions of FNHA include promoting Healthy Living, preventing chronic diseases and operating as a health and wellness partner to First Nations. This program area includes: healthy living, chronic disease prevention, healthy eating, nutrition, physical activity & sport, injury prevention and behavioral changes. The key objective is to improve the health and wellness of First Nations individuals, families and communities through promotion of healthy living and supportive environments.

The FNHA supports community-based programs, services and activities that aim to reduce the rate of chronic diseases among First Nations people. Chronic diseases can be defined as a long-standing health conditions (examples include diabetes, heart disease, cancer, and similar conditions). Chronic disease prevention and management involves preventing chronic disease and managing conditions once they are acquired.

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## Health Protection

The primary focus of the Health Protection Team is to ensure current practice and new developments in communicable disease control and prevention are delivered with a First Nations focus. Program support and delivery by the Health Protection Unit includes prevention and control of many prevalent communicable diseases including:

- Tuberculosis
- Vaccinations for preventable diseases
- Sexually transmitted and blood borne infections
- HIV/AIDS
- Pandemic influenza
- Other communicable disease emergencies

The team provides up-to-date information and best practices of communicable disease control and outbreak management for Community Nurses, Community Health Representatives (CHRs), Community Health Workers (CHWs) and Health Directors (HDs) working within First Nations communicable disease programs.

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## eHealth

eHealth, the use of information management and communication technologies in health services, is an area of development that offers tools and strategies to improve effectiveness of health services for First Nations communities. Current eHealth initiatives include Telehealth, Panorama, Connectivity and eMR/eHR.

Telehealth is the use of communication technologies such as videoconferencing to deliver health and educational services from a distance. This will allow 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.

Connectivity refers to the degree a community is connected to the internet. Broadband connectivity provides improved access to internet services and the degree a community or organization is connected through this technology. Primarily internet-based communications requires 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. EMRs/EHRs are important because at the point of care, the attending physician or nurse has access to prior and current medical history. Using electronic records helps alert medical professionals if there are certain predispositions, conditions and contraindications in medications. EMR/EHRs provide improved information and better access to records that will assist health professionals to improve health outcomes.

The First Nations Panorama Implementation Project (FNPIP) is a Tripartite eHealth initiative that allows the Ministry of Health, Regional Health Authorities and First Nations Health Service Organizations to more effectively share and manage public health information and support clients' circle of care. Working closely with the larger provincial Panorama Implementation Project alongside BC Health Authorities and the Ministry of Health, FNPIP and the contributions of each Tripartite partner represents an important and tangible example of eHealth implementation, leveraging larger infrastructure developments around network and connectivity.

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## Corporate Services

### Capital Assets Team

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.

Key activity areas include:

- Working in partnership with community representatives, Chief and Council, 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;
- Supporting communities by carrying out facilities condition reports ensuring health and safety compliance, effecting necessary repairs and life cycle replacements, and working with the communities on the delivery of their Operation and Maintenance (O&M) plans to ensure facilities remain operational.
- Providing the community with on-going advice and guidance on the management of projects, as well as providing technical support on building and construction techniques and trends.
- Work with communities to ensure maximum benefits to the communities are received by contracting work to the communities for the maintenance and repairs to facilities.

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### Community Accreditation and Quality Improvement Program

The Community Accreditation and Quality Improvement program partners with interested First Nations health and treatment services to initiate accreditation and support on-going quality improvement efforts.

Key activities include:

- Promote awareness, understanding and benefits of accreditation
- Link activities to related health service priorities, practices and processes
- Provide on-going consultation and resources for continuous quality improvement
- Support the First Nations Quality Improvement and Safety Network

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<b>Community Accreditation and Quality Improvement Team</b>			
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## Funding Arrangements Advisory Team

The Funding Arrangements Advisory team works directly with BC First Nations to support funding arrangement management, programs and services delivery, community development and comprehensive community health planning.

Key activity areas include:

- Working in partnership with community Health Directors and Health Leads to meet the requirements of community-based health funding arrangements;
- Supporting communities to develop and implement comprehensive community health plans that contribute to improved health outcomes; and
- Providing on-going advice, support, consultation and resources appropriate to health-based service development and delivery.

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<http://www.fnha.ca/what-we-do/funding-arrangements>

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## Our Shared Values

### **Respect**

We believe that maintaining respectful relationships is fundamental to the achievement of our shared vision. Respectful relationships are built upon the recognition that we all have something to contribute as individuals, and participants in the First Nations health governance structure. Therefore, we commit to treating each other with dignity and generosity, being responsive to one another, and acknowledging that each entity has their own respective processes and practices. We are also committed to respectful interactions with First Nations, tripartite partners, and other collaborators.

### **Discipline**

We have the historic opportunity to achieve transformative change in First Nations health and wellness, and an obligation to make the most of this opportunity. This will require discipline amongst us, including through: loyalty to one another and our shared vision; upholding and supporting our roles, responsibilities, decisions, and processes; maintaining and nurturing unity and a united front; integrity and reliability in fulfilling our commitments, and accountability to one another for these commitments and contributions; and, solutions-oriented and active participation.

### **Relationships**

We believe that effective working relationships with First Nations, tripartite partners, and with one another are the foundation for achieving our vision and implementing our health plans and agreements. We commit to fostering effective working relationships and camaraderie underpinned by: trust; honesty; understanding; teamwork; and mutual support. We also acknowledge that humour and laughter are both good medicine, and a good way to build relationships.

### **Culture**

We are here because of those that came before us, and to work on behalf of First Nations. We draw upon the diverse and unique cultures, ceremonies, customs, and teachings of First Nations for strength, wisdom, and guidance. We uphold traditional and holistic approaches to health and self-care and strive to achieve a balance in our mental, spiritual, emotional, and physical wellness.

## **Excellence**

We are humbled and honoured to have been asked by First Nations to work on their behalf to improve health and wellness, and have a moral and personal responsibility to strive for excellence. Excellence means that our outcomes are sustainable, that our processes are professional and transparent, and that we commit to learn continuously – through capacity development opportunities, from each other and from new, different and innovative models worldwide.

## **Fairness**

We work to improve the health and wellness of all First Nations in BC. Our decision making reflects the best interests of all First Nations, and leads to just and equitable treatment amongst all First Nations communities, First Nations organizations, and across all regions of British Columbia. We are committed to make room for everyone, and are inclusive in our communications, information-sharing, and discussions.

*These are the shared values of the FNHC, FNHDA and FNHA. You can count on FNHA staff living these values in all of our interactions. Do you have feedback for our staff? Email your confidential feedback to: [feedback@fnha.ca](mailto:feedback@fnha.ca)*

## General Email Contact information

<b>General Inquires</b>	<a href="mailto:info@fnha.ca">info@fnha.ca</a>
<b>Health Benefits</b>	<a href="mailto:healthbenefits@fnha.ca">healthbenefits@fnha.ca</a>
<b>Resources</b>	<a href="mailto:Resources@fnha.ca">Resources@fnha.ca</a>
<b>Careers</b>	<a href="mailto:Careers@fnha.ca">Careers@fnha.ca</a>
<b>Nursing</b>	<a href="mailto:Nursing@fnha.ca">Nursing@fnha.ca</a>
<b>Wellness Programming</b>	<a href="mailto:Active@fnha.ca">Active@fnha.ca</a>
<b>Spirit Magazine</b>	<a href="mailto:SpiritMagazine@fnha.ca">SpiritMagazine@fnha.ca</a>
<b>Feedback</b>	<a href="mailto:feedback@fnha.ca">feedback@fnha.ca</a>
<b>Nutrition</b>	<a href="mailto:Nutrition@fnha.ca">Nutrition@fnha.ca</a>
<b>Immunization</b>	<a href="mailto:immunize@fnha.ca">immunize@fnha.ca</a>
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<b>Telehealth</b>	<a href="mailto:FNHA.Telehealth@fnha.ca">FNHA.Telehealth@fnha.ca</a>

**NOTES:**

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First Nations Health Authority  
Health through wellness

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