



Compendium of Federal and Provincial Health Services Available to First Nations in Nova Scotia



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Mi'kmaq - Nova Scotia - Canada Tripartite
Forum Health Working Committee

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Introduction

The following document performs a number of functions. First and foremost, it is a compendium of health services currently available to First Nations Peoples in Nova Scotia. Provincially and Federally funded services are included as well as brief descriptions of the programs/services. These descriptions are indexed in Table A.

Secondly, Table A provides a breakdown of:

Which programs/services are available *on-reserve*;

- Of the services available on-reserve, which are available to registered and/or non-registered Indians living *on* reserve;
- Who pays for the services available on reserve (i.e. the federal and/or provincial governments);

Which programs/services are available *off-reserve*;

- Of the services available off-reserve, which are available to registered and/or non-registered Indians living *on or off* reserve;
- Who pays for the services available off-reserve (i.e. the federal and/or provincial governments).

The above breakdown is somewhat complex and requires explanation. By indicating which programs/services are available on-reserve and which are available off-reserve, Table A indicates *where* programs/services are available (on or off reserve). This distinction made, Table A addresses *who* has access to these programs/services in these two locations.

Programs/services available on-reserve are, for the most part, accessible only to Registered and Non-Registered Indians living *on-reserve*. However, there are exceptions. For example, Non-Registered Indians living on-reserve do not have access to services covered under the Non-Insured Health Benefits program. Also, certain services available on-reserve, for example alcohol/drug treatment centres, are accessible to Registered Indians living off-reserve (these cases are the exception rather than the rule and have been indicated in Table A with the symbol “@”).

Programs/services available off-reserve are a different matter. Unlike programs/services available on-reserve, services available off-reserve are available to both Registered and Non-Registered Indians living *on or off* reserve. Thus, both Registered and Non-Registered Indians living on reserve can access all of the services available off-reserve. This is why, in Table A, in the column(s) devoted to services available off-reserve, it says: for “Registered... living *on or off* reserve/Non-Registered...living *on or off* reserve”.

Further exceptions and clarifications are indicated with an asterisk (*). The table is also colour coded with red indicating programs/services funded by the Federal government and blue indicating programs/services funded by the Provincial government. All of these symbols/colours are explained in the legend found at the beginning of Table A.

Table A:

**Availability and funding responsibility for health services
currently available to
First Nations Peoples in Nova Scotia**

Legend:

Blue = Provincially funded programs and/or services

Red = Federally funded programs and/or services

Black = Services that are not available in the setting in question (i.e. on-reserve/off-reserve)

N/A = Environmental Health Services are funded off reserve by the provincial government. However, these programs have not been included here.

@ = Federal programs/services which are provided on-reserve that are available to Registered Indians living off-reserve (priority is given to residents of the reserve).

* = Only available at Eskasoni and Indian Brook Reserves in Nova Scotia (priority is given to Registered Indians). However, Registered Indians also have access to the national network of treatment centres.

** = Federal government is the payer of last resort

*** = Only Eskasoni has a pharmacy on reserve. Elsewhere, prescriptions are filled off reserve.

**** = Informal agreements between reserves and physicians are in place on almost 50% of the reserves in Nova Scotia. In these cases, a physician spends an allotted amount of time caring for people on reserve. These services are then billed to MSI (i.e. the province pays for them). In Eskasoni, physicians are also provincially funded, but paid for on a non-fee-for-service basis.

***** = There is a nurse practitioner at the North End Health Clinic in Halifax.

	= Collaboration/Overlap between Provincial and Federal initiatives (for a more detailed explanation of this relationship see the program descriptions)
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Table A		On-Reserve <i>(i.e. is the service available on-reserve for:...)</i>		Off-Reserve <i>(i.e. is the service available off-reserve for:...)</i>	
		Registered <i>(living <u>on</u> reserve)</i>	Non-Registered <i>(living <u>on</u> reserve)</i>	Registered <i>(living <u>on or off</u> reserve)</i>	Non-Registered <i>(living <u>on or off</u> reserve)</i>
Addictions Services	Institutional				
	Detox	- Not available	- Not available	- Provincial: p. 28	- Provincial: p. 28
	Alcohol/drug treatment centres	- Federal: p. 18*	- Federal: p. 18 *	- Provincial: p. 28 - Federal: p.18 @	- Provincial: p. 28
	Solvent treatment centres	- Federal: p. 20 *	- Federal: p. 20 *	- Provincial: p. 28 - Federal: p.18 @	- Provincial: p. 28
	Community-based prevention/promotion and education				
	Drug and Alcohol	- Federal: p. 17	- Federal: p. 17	- Prov: p. 26,27 - Fed: p. 17,20 @	- Prov: p. 26,27
	Tobacco abuse	- Federal: p. 17, 21	- Federal: p. 17, 21	- Prov: p. 26,27,31 - Fed: p. 17,22 @	- Prov: p. 26,27,31
	Solvent abuse	- Federal: p. 5,17,20	- Federal: p. 5,17,20	- Prov: p. 26,27 - Fed: p. 17,20 @	- Prov: p. 26,27
	Gambling	- Not available	- Not available	- Prov: p. 26,27	- Prov: p. 26,27
Community Health Services					
	Community Health Prevention & Promotion	- Federal: p. 5,6,7, 8,9,10,11,12,15, 16,17,20,21,24	- Federal: p. 5,6,7, 8,9,10,11,12,15, 16,17,20,21,24	- Prov: p. 26,31,32,38,39,41,4 2,43	- Prov: p. 26,31,32,38,39,41, 42,43
	Parenting	- Federal: p. 2,4,6,8,12	- Federal: p. 2,4,6,8, 12	- Prov: p. 42,43	- Prov: p. 42,43
	Nutrition Education and Promotion	- Federal: p. 6,9	- Federal: p. 6,9	- Prov: p. 43,44	- Prov: p. 43,44
	Family Violence	- Federal: p. 2,4	- Federal: p. 2,4	- Prov: p. 43	- Prov: p. 43

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Dental Services					
	Dental Services (preventive)	- Federal: p. 10	- Federal: p. 10	- Provincial: p. 32	- Provincial: p. 32
	Dental (treatment) for children	- Federal: p. 10, 19 (NIHB)	- Federal: p. 10	- Provincial: p. 32 - Federal: p. 19 (NIHB)**	- Provincial: p. 32
	Dental (treatment) for people over 10	- Federal: p. 10, 19 (NIHB)	- Federal: p. 10	- Provincial: p. 32 - Federal: p. 19 (NIHB)**	- Provincial: p. 32
Environmental Health Services					
	Safe Drinking Water	- Federal: p. 11	- Federal: p. 11	N/A	N/A
	Environmental Contaminants	- Federal: p. 16	- Federal: p. 16	N/A	N/A
	Solid Waste Treatment & Disposal	- Federal: p. 11	- Federal: p. 11	N/A	N/A
	Transportation of Dangerous Goods	- Federal: p. 22	- Federal: p. 22	N/A	N/A
	Food Inspection in Public Buildings	- Federal: p. 11	- Federal: p. 11	N/A	N/A
	Pest Control	- Federal: p. 11	- Federal: p. 11	N/A	N/A
	Occupational Health and Safety	- Federal: p. 11	- Federal: p. 11	N/A	N/A
	Environmental Assessment	- Federal: p. 11	- Federal: p. 11	N/A	N/A

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Home Care Services					
	Acute	- Provincial: p. 35	- Provincial: p. 35	- Provincial: p. 35	- Provincial: p. 35
	Chronic	- Federal: p. 13	- Federal: p. 13	- Provincial: p. 35	- Provincial: p. 35
	Palliative	- Not available	- Not available	- Provincial: p. 35	- Provincial: p. 35
Hospital Services					
	Hospital services (Canada Health Act)	- Not available	- Not available	- Provincial: p. 36	- Provincial: p. 36
Long Term Care Services					
	Institutional services	- Not available	- Provincial: p. 37 (province assists with per diem cost on needs-tested basis)	- Not available	- Provincial: p. 37 (province assists with per diem cost on needs-tested basis)
Mental Health Services					
	Institutional	- Not available	- Not available	- Provincial: p. 36	- Provincial: p. 36
	Community-based	- Federal: p. 5, 19 (NIHB)	- Federal: p. 5	- Provincial: p. 38	- Provincial: p. 38

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Optometric Services					
	Vision care	- Not available	- Not available	- Provincial: p. 39 - Federal: p. 19 (NIHB)**	- Provincial: p. 39
Pharmacare					
	Special Drugs	- Federal: p. 19 (NIHB)***	- Not available	- Federal: p. 19 (NIHB)	- Not available
	Drugs (for Seniors)	- Federal: p. 19 (NIHB)***	- Provincial: p. 40	- Federal: p. 19 (NIHB)	- Provincial: p. 40
Physician Services					
	Physician services	- Provincial: p. 44 ****	- Provincial : p. 44 ****	- Provincial: p. 44	- Provincial: p. 44
Public Health Services					
	Diabetes	- Prov: p. 42, 43 - Federal: p. 1.	- Prov: p. 42,43 - Federal: p. 1	- Prov: p. 42,43	- Prov: p. 42,43
	Non-communicable Disease	- Prov: p. 42,43 - Fed: p. 8, 9, 12	- Prov: p. 42,43 - Fed: p. 8, 9, 12	- Prov: p. 42,43	- Prov: p. 42,43
	Communicable disease control	- Provincial: p. 41 - Federal: p. 7	- Provincial: p. 41 - Federal: p. 7	-Provincial: p. 41	-Provincial: p. 41
	HIV/AIDS	- Provincial: p. 41 - Federal: p. 15	- Provincial: p. 41 - Federal: p. 15	-Provincial: p. 41	-Provincial: p. 41
	Tuberculosis	-Provincial: p. 41 - Federal: p. 24	-Provincial: p. 41 - Federal: p. 24	-Provincial: p. 41	-Provincial: p. 41
	Immunization	-Provincial: p. 41 - Federal: p. 7, 8	-Provincial: p. 41 - Federal: p. 7, 8	-Provincial: p. 41	-Provincial: p. 41
	Health enhancement/ promotion	- Provincial: p. 43 - Federal: p. 1,2,4, 5,6, 8, 9,10	- Provincial: p. 43 - Federal: p. 1,2,4, 5,6, 8, 9,10	- Provincial: p. 43	- Provincial: p. 43

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Transportation Services	Emergency				
	To hospital (accident)	- Provincial: p. 34	- Provincial: p. 34	- Provincial: p. 34	- Provincial: p. 34
	Between hospital and home	- Provincial: p. 34	- Provincial: p. 34	- Provincial: p. 34	- Provincial: p. 34
	Non-emergency				
	To hospital (non-accident)	- Federal: p. 19 (NIHB)	- Not available	- Federal: p. 19 (NIHB)	- Not available
	Between hospital and home	- Federal: p. 19 (NIHB)	- Not available	- Federal: p. 19 (NIHB)	- Not available
	Access to medically req'd services)	-Federal: p. 19 (NIHB)	- Not available	- Federal: p. 19 (NIHB)	- Not available

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Federal Programs

Aboriginal Diabetes Initiative

Policy Framework/Authority	The Canadian Diabetes Strategy (February 2000). Time limited strategy (1999-2004)
Collaboration/Overlap	Upon request Provincial resources are available (e.g. education). See Provincially funded Public Health Services - Non-Communicable Disease Prevention.
Funder	Federal Government
Delivery Location	On reserve (First Nation Communities)
Eligible Clients	<ol style="list-style-type: none"> 1. Primary Prevention and Promotion - All Aboriginal people. 2. Lifestyle supports - First Nations on-reserve.
Program Description	The Aboriginal Diabetes Initiative will address the epidemic of diabetes among Aboriginal people in Nova Scotia through prevention and promotion, and lifestyle support activities. Diabetes primary prevention and health promotion programs will be provided to all Aboriginal people. Lifestyle Support programs are provided for First Nations living on-reserve.
Goals and Objectives	<ol style="list-style-type: none"> 1. To improve access to diabetes care and treatment through referral and lifestyle support services for First Nations living on-reserve. 2. To improve diabetes awareness and implementation of effective diabetes prevention programs for all Aboriginal peoples. 3. To strengthen community-based organizations that will support participation in diabetes programs such as peer support groups and recreational programs for youth at risk.
Program Components	A. Prevention and Promotion
	B. Lifestyle Support

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Aboriginal Head Start - On Reserve

Policy Framework/Authority	Aboriginal Head Start (AHS) On Reserve Program (1998);
Collaboration/Overlap	Upon request Provincial resources are available (e.g. education). See Provincially funded Child, Youth and Maternal Services, and Public Health Services - Non-Communicable Disease Prevention.
Funder	Federal Government
Delivery Location	On Reserve
Eligible Clients	First Nations children aged 0 - 6, and their families living on reserve.
Program Description	The Aboriginal Head Start On Reserve Initiative is an early intervention strategy that addresses the needs of young First Nations children, up to six years of age, who live in First Nations communities.
Goals and Objectives	<p>The goal is to support early child development strategies that are designed and controlled by First Nations communities.</p> <p>Aboriginal Head Start On Reserve is intended to:</p> <ol style="list-style-type: none"> 1. Support the spiritual, emotional, intellectual and physical growth of each child; 2. Support and encourage each child to enjoy life long learning; 3. Support parents and guardians as the primary teachers and care givers of their children; 4. Help parents to play a major part in planning, developing, implementing and evaluating the project; 5. Recognize and support the role of the extended family in teaching and caring for children; 6. Include the broader First Nations community throughout all its stages, from planning to evaluation; 7. Ensure linkages and cooperation with other community programs and services to enhance the effectiveness of the project; and 8. Ensure resources are used in the best possible way to produce measurable and positive outcomes for First Nations children living on reserve, as well as their parents, families and communities.
Program Components	The program provides funding for a focused approach in six program components that are integrated, sustainable and viable.
	A. Culture and language
	B. Education

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	C. Health Promotion
	D. Nutrition
	E. Social Support
	F. Parental and Family Involvement

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Brighter Futures - Aboriginal Component

Policy Framework/Authority	Brighter Futures Program (1993)
Collaboration/Overlap	<p>Upon request Provincial resources are available (e.g. education).</p> <p>See Provincially funded Child, Youth and Maternal Services, Addictions Services - Prevention and Community Education, Addictions Services - Community-Based Treatment Services, and Public Health Services - Non-Communicable Disease Prevention.</p>
Funder	Federal Government
Delivery Location	On reserve (First Nation Communities)
Eligible Clients	The Brighter Futures Program is directed at children 0-6. However, the program approach also includes the families and communities.
Program Description	Brighter Futures is a Canada-wide multifaceted program with an Aboriginal component designed to foster the health and social development of children, particularly young children at risk. The Aboriginal component is designed to assist First Nations and Inuit communities in developing community-based approaches to managing mental health and child development programs.
Goals and Objectives	The goal of Brighter Futures is to encourage and support the well-being of children, individuals and families through a community-based approach. The purpose of Brighter Futures is to improve the quality of, and access to, culturally sensitive wellness services at the community level to help create healthy family and community environments in which children and all community members can thrive.
Program Components	A. Injury Prevention
	B. Healthy Babies
	C. Parenting Skills
	D. Solvent Abuse
	E. Mental Health
	F. Child Development

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Building Healthy Communities

Policy Framework/Authority	Building Healthy Communities Program (1994)
Collaboration/Overlap	Upon request Provincial resources are available (e.g..). See Provincially funded Addiction Services and Mental Health Services
Funder	Federal Government
Delivery Location	On reserve (First Nation Communities)
Eligible Clients	The Building Healthy Communities Program is directed at First Nations & Inuit communities. However, the program approach also includes the families and communities.
Program Description	Building Healthy Communities is designed to assist First Nations and Inuit communities in developing community-based approaches to managing mental health crises. This initiative provides funding for youth solvent abuse (see Solvent Abuse), home nursing (see Home and Community Care) and Health Transfer Services.
Goals and Objectives	The mental health crisis management program objectives are: 1. To establish a community-based mental health crisis management program. 2. To enhance community management and control and provide the necessary tools to tackle problems of hopelessness and suicide. 3. To address critical gaps in mental health services and programs (eg. crisis intervention, aftercare and training for caregivers and community members dealing with crises). 4. To provide support for crisis interventions and to reduce the number of suicide attempts and other violent crisis situations.
Program Components	A. Mental Health Crisis Intervention

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Canada Pre-Natal Nutrition Program - First Nations Component

Policy Framework/Authority	Canada Pre-Natal Nutrition Program (1994)
Collaboration/Overlap	Upon request Provincial resources are available (e.g. education). See Provincially funded Public Health Services - Non-Communicable Disease Prevention.
Funder	Federal Government
Delivery Location	On reserve (First Nations Communities)
Eligible Clients	Women of childbearing age and infants who live in First Nations communities.
Program Description	The Canada Prenatal Nutrition Program- First Nations Component is a comprehensive community-based program that supports pregnant women who face conditions of risk that threaten their health and the development of their babies. The overall goal is to improve maternal and infant nutritional health with a particular focus on those at risk.
Goals and Objectives	<ol style="list-style-type: none"> 1. To improve the adequacy of the diet of prenatal and breastfeeding women. 2. To increase access to nutrition information services and resources to eligible First Nations women, particularly those at high risk. 3. To increase breastfeeding initiation and duration rates. 4. To increase knowledge and skill building opportunities for those involved in this program. 5. To increase the number of infants fed age-appropriate foods in the first twelve months.
Program Components	A. Nutrition screening, education and counselling
	B. Breast feeding promotion, education and support
	C. Maternal nourishment

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Communicable Disease Control

Policy Framework/Authority	Department of Health Act and The Indian Health Policy (1979)
Collaboration/Overlap	<p>The province is ultimately responsible for communicable disease control. All detected instances must be reported to the province. Furthermore, provincial labs, vaccines, and guidelines (i.e. for immunization schedules) are used. Finally, for tracking purposes, federal and provincial nurses collaborate extensively.</p> <p>See Provincially funded Public Health Services - Communicable Disease Prevention and Control program.</p>
Funder	Federal Government
Delivery Location	On reserve (First Nations Communities)
Eligible Clients	First Nations communities and individuals living on reserve.
Program Description	Provision of public health services to First Nations on reserve are deemed to be mandatory in each province. This includes surveillance activity, as well as the reporting of communicable disease identified in the health acts of each province.
Goals and Objectives	<p>The goal of the communicable disease control program is to prevent the occurrence and spread of communicable diseases.</p> <ol style="list-style-type: none"> 1. To provide primary prevention through the delivery of immunization against vaccine-preventable diseases. 2. To record and/or monitor communicable disease cases as applicable. 3. To provide interventions, including counselling, referral and follow-up to prevent the occurrence and spread of communicable diseases. 4. To be available to provide professional consultations on communicable disease control, and to assist in the education of health care workers and community members. 5. To provide professional services to manage outbreak situations, which may occur at any time.
Program Components	A. Immunization
	B. Contact Tracing
	C. Outbreak Management
	D. Monitoring and Screening
	E. Education

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Community Health Prevention and Promotion

Policy Framework/Authority	Department of Health Act
Collaboration/Overlap	Upon request Provincial resources are available. See Provincially funded public health services, mental health services, addictions services, etc.
Funder	Federal Government
Delivery Location	On reserve
Eligible Clients	First Nation and Inuit communities and individuals.
Program Description	Community health prevention and promotion services offer a broad range of community-based activities that enhance the health and well-being of First Nations and the Inuit. The activities are focussed on health promotion and injury/illness prevention and include such programs as maternal and infant health, child health, school health, adolescent health and elder health.
Goals and Objectives	The goals of all community health prevention and promotion activities are to promote health life choices using a community development and population health framework including: 1. To offer a broad range of community-based activities that enhance the health and well-being of First Nations and the Inuit. 2. To provide a focus for health promotion and injury prevention activities.
Program Components	A. Maternal Health
	B. Child Health
	C. School Health
	D. Adolescent Health
	E. Adult Health
	F. Elder Health

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Community Nutrition

Policy Framework/Authority	Department of Health Act and The Indian Health Policy (1979)
Collaboration/Overlap	Upon request Provincial resources are available (e.g. education). See Provincially funded Public Health Services - Non-Communicable Disease Prevention.
Funder	Federal Government
Delivery Location	On reserve and/or in First Nations and Inuit Communities
Eligible Clients	First Nation and Inuit communities and individuals.
Program Description	Nutrition expertise is provided to support First Nations and Inuit achieve optimal levels of nutritional health. Nutrition expertise is in place at the national and regional levels to provide advice, promotion and education focussed on nutrition-related health and social issues. These issues include: chronic diseases, dental health, specific nutrient concerns, food security, traditional foods, etc. as they apply through the life cycle in a population health and health determinants context. A variety of levels of activity related to capacity building, advocacy, surveillance and research also fall within the purview of community nutrition.
Goals and Objectives	<ol style="list-style-type: none"> 1. To provide culturally acceptable, timely and expert advice and support on nutrition related matters. 2. To train and support capacity building in areas of nutrition and healthy eating, as well as program delivery. 3. To address nutrition related data and knowledge development needs to support policy development and the delivery of programs and services.
Program Components	Not applicable

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Dental/Oral Health Strategy

Policy Framework/Authority	Oral Health Strategy (BEC 1997)
Collaboration/Overlap	Upon request Provincial resources are available (e.g. education). See Provincially funded Public Health Services - Public Health Enhancement.
Funder	Federal Government
Delivery Location	On reserve and/or in First Nations and Inuit Communities
Eligible Clients	First Nations Communities and individual First Nations, Inuit or Innu people of all ages living on reserves.
Program Description	<p>The objective of the First Nations and Inuit Health Branch dental/oral health strategy is to improve the oral health status of the First Nations and Inuit peoples at a level comparable to other Canadians. To achieve this goal the dental/oral health program provides a broad range of preventive, restorative and oral health promotion programs and activities to support First Nations and Inuit communities in their efforts to reduce, eliminate or prevent oral diseases.</p> <p>This includes supporting the delivery of community based dental care services provided through salaried or contract dental staff (such as dentists, dental therapists, dental hygienists, dental assistants, denturists). It also includes the promotion of First Nations and Inuit individuals in oral health professional training programs such as dental therapists.</p>
Goals and Objectives	<p>The objective of the FNIHB oral health strategy is to reduce, eliminate or prevent the need for dental treatment through prevention, education and health promotion initiatives.</p> <p>The objective of the National School of Dental Therapy is to increase the numbers of First Nations and Inuit people completing programs as oral health care providers, to subsequently return to their communities to provide badly need oral health services.</p>
Program Components	<p>A. National School of Dental Therapy</p> <p>B. Oral Health Promotion and Prevention</p> <p>C. Dental Care</p>

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Environmental Health Program

Policy Framework/Authority	Department of Health Act and The Indian Health Policy (1979)
Funder	Federal Government
Delivery Location	On reserve
Eligible Clients	First Nations on-reserve and Inuit communities.
Program Description	Environmental health is a proactive, health prevention program which serves as a primary line of defence against environmental and occupational diseases, contaminants and injuries. It involves identification of hazards, risk assessment, risk communication and prevention.
Goals and Objectives	<ol style="list-style-type: none"> 1. To meet health and safety requirements for protecting health and the environment 2. To improve environmental health awareness 3. To prevent the spread of enteric, food-borne and other communicable diseases
Program Components	To achieve compliance with health and safety requirements, services include pre-planning consultations, reviewing plans, inspecting, investigating, sampling, testing, training, technical advice and recommending corrective actions in the following areas:
	A. Water Quality
	B. Air Quality
	C. Food Quality
	D. Waste Treatment and Disposal
	E. Soil Quality
	F. Safety & Occupational Health
	G. Prevention and Outbreak Management of Environmental and Occupational Diseases
	H. Environmental Assessments (CEAA)
I. Pest Control	

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Fetal Alcohol Syndrome/Fetal Alcohol Effects Initiative

Policy Framework/Authority	Canada Pre-Natal Nutrition Program (1999)
Collaboration/Overlap	Upon request Provincial resources are available (e.g. education). See Provincially funded Child, Youth and Maternal Services, and Public Health Services - Non-Communicable Disease Prevention.
Funder	Federal Government
Delivery Location	On reserve (First Nation and Inuit Communities)
Eligible Clients	Services are directed towards status First Nations on reserve and Inuit communities
Program Description	This initiative allows for a sustained national focus on FAS. It promotes improvements in the health of pregnant women at risk and their babies. The program is delivered through a number of national and regional projects. Project activities focus on: prevention of FAS/FAE births, public awareness and education, FAS/FAE training and capacity building, development of practical tools for community-based programs, increased early identification and diagnosis, coordination and integration of services, and surveillance.
Goals and Objectives	<ol style="list-style-type: none"> 1. To prevent FAS/FAE births 2. To increase the knowledge, skills and quality of life of FAS/FAE affected children, mothers, fathers and families
Program Components	<p>A. Public Awareness and Education</p> <p>B. Research and Capacity Development</p> <p>C. Early Identification/Diagnosis</p> <p>D. Coordination and Integration</p> <p>E. Surveillance</p>

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First Nations Home and Community Care Program

Policy Framework/Authority	First Nations and Inuit Home and Community Care Program (1999)
Funder	Federal Government
Delivery Location	On reserve or in First Nation or Inuit Communities
Eligible Clients	<p>Eligible recipients for this program include:</p> <ul style="list-style-type: none"> • First Nation and Inuit who have undergone a formal assessment of their continuing care service needs and have been assessed to require one or more of the essential services. • Recipients must have access to services which can be provided with reasonable safety to the client and care giver, within established standards, policies and regulations for service practice.
Program Description	The First Nations and Inuit Home and Community Care program implements or enhances a continuum of home and community care services under First Nations and Inuit control that are culturally sensitive, accessible, comprehensive, effective and which responds to the unique health and social needs of First Nations and Inuit.
Goals and Objectives	<ol style="list-style-type: none"> 1. To build the capacity with First Nations and Inuit to plan, develop and deliver comprehensive, culturally sensitive, accessible and effective home care services. 2. To assist First Nations and Inuit living with chronic and acute illness in maintaining optimum health, well-being and independence in their homes and communities. 3. To ensure that all clients with an assessed need for home care services have access to a comprehensive continuum of services within the community, where possible. 4. To put in place a universal set of essential services in home and community care in the majority of First Nation and Inuit communities in the country. 5. To assist clients and their families in participating in the development and implementation of the client's care plan to the fullest extent and to utilize available community support services where available and appropriate in the care of clients. 6. To build the capacity with First Nations and Inuit to deliver home care services through training, technology, and the development and implementation of information systems that enables program monitoring, research, defining best practice and evaluation.

Compendium of Health Services

Program Components	A. Structured Client Assessment process
	B. A Managed Care process
	C. Home Care Nursing Services
	D. Home Support Personal Care Services
	E. Provision or Access to In-Home respite care
	F. Established linkages with other services
	G. Access to medical equipment and supplies
	H. A System of Record Keeping and Data Collection

Compendium of Health Services

HIV/AIDS Program

Policy Framework/Authority	Canadian Strategy on HIV/AIDS.
Collaboration/Overlap	The First Nations Task Force on Aids is located in Halifax. It serves Registered and Non-registered Indians on and off reserve. The task force collaborates with Provincial HIV/AIDS program. See Provincially funded Public Health Services - HIV/AIDS program.
Funder	Federal Government
Delivery Location	On reserve
Eligible Clients	First Nations living on reserves.
Program Description	Provides community-based HIV/AIDS education, prevention and related health services to First Nations people living on reserves.
Goals and Objectives	<ol style="list-style-type: none"> 1. To develop initiatives to control and prevent the spread of HIV infection to the on-reserve population; 2. To reduce the health, social and economic impacts of HIV/AIDS for on-reserve people; 3. To encourage and support the active involvement of on-reserve communities in community-based HIV/AIDS programming; 4. To identify options/strategies for the provision of on-reserve treatment, care and support programs that will facilitate First Nations and Inuit people with HIV/AIDS remaining in or returning to their home community; 5. To provide timely and comprehensive national education and prevention programs; 6. Increase the knowledge base of the epidemiology of the HIV/AIDS epidemic in First Nations and Inuit communities; 7. To ensure that appropriate skills exist at the community level to provide prevention programs and care/treatment services and that the capacity is developed within communities and organizations; 8. To develop a coordinated approach associated with HIV/AIDS programming for First Nations and Inuit people.
Program Components	A. Prevention
	B. Community Development
	C. Support
	D. Program Co-ordination

Compendium of Health Services

National First Nations Environmental Contaminants Program

Policy Framework/Authority	Combined funding from the Northern and Arctic Pollution Initiative and the EAGLE Project (1990).
Funder	Federal Government
Delivery Location	On reserve
Eligible Clients	First Nations and Inuit communities, Bands, and Tribal Councils who have contaminant concerns.
Program Description	This is a research program to assess health risks associated with environmental contaminants and to assess environmental contaminant exposure and associated risk in First Nations and Inuit communities.
Goals and Objectives	<ol style="list-style-type: none"> 1. To assess the exposure of First Nation and Inuit people to environmental contaminants. 2. To establish levels of environmental contamination in First Nations and Inuit communities. 3. To identify sources of contaminants. 4. To provide First Nations and Inuit people with advisories that take into account both health risks and benefits associated with their traditional lifestyle.
Program Components	A. National Program
	B. Regional Program
	C. Northern Contaminants Program

Compendium of Health Services

**National Native Alcohol and Drug Abuse Program
Community-Based Programs**

Policy Framework Authority	National Native Alcohol and Drug Abuse Program (NNADAP) (1984);
Funder	Federal Government
Delivery Location	On Reserve (there is one program in Halifax)
Eligible Clients	Registered and non-registered Indians on reserve
Program Description	Over 500 community based prevention programs employ about 650 workers in the provision of education and counseling services to First Nations and Inuit communities nationwide. There are 14 programs in Nova Scotia which employ 44 workers, 13 of which are located on reserves, and 1 which is located in Halifax. Primary, secondary and tertiary prevention strategies are directed to community members.
Goals and Objectives	<ol style="list-style-type: none"> 1. To support First Nations and Inuit communities to reduce the high levels of alcohol and other substance abuse within their population. 2. To build the capacity with First Nations and Inuit to develop and deliver culturally appropriate community-based addictions services. 3. To increase awareness and understanding among First Nations and Inuit communities about alcohol and substance abuse issues as well as awareness and promotion of alternative healthier lifestyles i.e., traditional values, individual and family wellness values, etc. 4. To strengthen links between community-based program and residential treatment. 5. To provide support to individuals and families of individuals in post treatment.
Program Components	A. Prevention
	B. Intervention
	C. Aftercare/Follow-up

Compendium of Health Services

**National Native Alcohol and Drug Abuse Program
- Residential Treatment Component**

Policy Framework/Authority	National Native Alcohol and Drug Abuse Program (NNADAP) (1984);
Funder	Federal Government
Delivery Location	Eskasoni and Indian Brook Reserves
Eligible Clients	First Nations and Inuit.
Program Description	The NNADAP Residential Treatment Component is a national network of fifty three treatment centres operated by First Nations organizations and/or communities to provide culturally appropriate in-patient and out-patient treatment services for alcohol and other substance abuses. The 53 treatment centres represent 695 treatment beds. There are two treatment centres in Nova Scotia with 22 beds in total.
Goals and Objectives	<ol style="list-style-type: none"> 1. To offset and reduce abuse of alcohol and other substances among First Nations and Inuit. 2. To provide culturally sensitive treatment to First Nations and Inuit. 3. To provide equitable access to treatment across the country for First Nations and Inuit. 4. To increase awareness and understanding of addictions and promotion of wellness. 5. To strengthen links between treatment and programming at the community level. 6. To develop a cohesive treatment delivery system to improve access and quality of services, enhance service delivery and support to communities in addressing addiction priorities.
Program Components	A. Treatment
	B. Community Outreach
	C. Research and Development

Compendium of Health Services
Non-Insured Health Benefits

Policy Framework/Authority	Department of Health Act, 1979 Indian Health Policy
Funder	Federal Government
Delivery Location	In the appropriate setting
Eligible Clients	Registered Indians and recognized Inuit and Innu in Canada.
Program Description	The Non-Insured Health Benefits (NIHB) Program provides a limited range of medically necessary goods and services, not provided through other private or provincial/territorial health insurance plans. Non-Insured Health Benefits include prescription drugs, over-the-counter medication, dental care, vision care, medical supplies and medical equipment, short term mental health services and medical transportation to access medically required health services not provided on the reserve or in the community of residence.
Goals and Objectives	The purpose of the NIHB Program is to provide non-insured health benefits to First Nations and Inuit in a manner that:: <ul style="list-style-type: none"> • is appropriate to their unique health needs; • contributes to the achievement of an overall health status for First Nations and Inuit people that is comparable to that of the Canadian population as a whole; • is sustainable from a fiscal and benefit management perspective; and • facilitates First Nations and Inuit control at a time and pace of their choosing.
Program Components	A. Dental Health
	B. Medical Transportation
	C. Drugs
	D. Medical Supplies & Equipment
	E. Vision Care
	F. Mental Health

Compendium of Health Services

Solvent Abuse

Policy Framework/Authority	Building Healthy Communities - Solvent Abuse Component. (1994);
Funder	Federal Government
Delivery Location	On-reserve
Eligible Clients	First Nations and Inuit youth who are addicted to, or at risk of inhaling solvents.
Program Description	This program provides community-based prevention, intervention and inpatient treatment to youth solvent abusers. Nationally this includes a network of ten solvent addictions treatment centres (comprising 126 beds) who provide culturally appropriate in-patient and out-patient treatment services to First Nations youth. Nine of the centres target youth aged 12 to 19 years and one is aimed at youth aged 16 to 25 years. None of these centres are in Nova Scotia.
Goals and Objectives	<ol style="list-style-type: none"> 1. To provide specialized treatment and recovery programs for persons with chronic solvent abuse problems in a manner sensitive and respectful to their unique cultural heritage. 2. To network and work collaboratively with other community based programs and resources including NNADAP workers and other workers and community agencies, to ensure client needs are met.
Program Components	A. Intervention
	B. Treatment

Compendium of Health Services
Tobacco Control Initiative

Policy Framework/Authority	Tobacco Control Initiative (1997);
Funder	Federal Government
Delivery Location	On reserve
Eligible Clients	First Nations and Inuit, on reserve or in Inuit communities.
Program Description	The overall purpose of the First Nations and Inuit Tobacco Control Strategy, a subcomponent of the National Tobacco Control Strategy, is to reduce smoking rates among First Nations and Inuit with the long term goal of reducing tobacco induced illness and death among First Nations and Inuit. The First Nations and Inuit tobacco initiative focuses on: reducing consumption, especially among First Nations and Inuit youth; addressing preventable conditions through promotional activities; building on awareness levels; and respecting traditional tobacco use.
Goals and Objectives	<ol style="list-style-type: none"> 1. To improve awareness and understanding of tobacco-related health illnesses 2. To improve understanding that traditional use of tobacco does not encourage recreational or abuse of tobacco. 3. To reduce smoking uptake among First Nations and Inuit. 4. To increase smoking cessation among First Nations and Inuit, reducing the high rate of smoking in the First Nations and Inuit population. 5. To increase smoke-free environments in First Nations and Inuit communities, reducing exposure to second-hand smoke.
Program Components	A. Education and awareness
	B. Prevention
	C. Smoking Cessation
	D. Environmental Tobacco Smoke

Compendium of Health Services

Transportation of Dangerous Goods

Policy Framework/Authority	No specific program authority
Funder	Federal Government
Delivery Location	N/A
Eligible Clients	Health care facilities in First Nations and Inuit Communities
Program Description	<p>To provide for the management of biomedical waste and the transportation of dangerous goods, that occur as a result of the delivery of health services in First Nations. This is done by training and certifying regional FNIHB health care facility staff and environmental health officers under the Transportation of Dangerous Good Regulations in order to handle and prepare these substances for transport and dispose of substances.</p> <p>All transportation practices for dangerous goods are subject to the Transportation of Dangerous Goods Act and Regulations. This legislation is enforced at the federal level, although each health centre is subject to provincial TDG laws as well. Staff at the health care facilities must be familiar with both and they must be trained and certified at the federal level. Failure to conform and comply with the TDG legislation would result in legal implications.</p>
Goals and Objectives	<ol style="list-style-type: none"> 1. To provide safe and efficient shipping of hazardous materials 2. To reduce the number of environmental emergencies (i.e. spills) occurring during transportation. 3. To ensure proper reporting of environmental emergencies 4. To reduce punitive damages to the Department as a result of mishandling hazardous materials during transport 5. To protect all employees who handle dangerous goods during the transportation process.
Program Components	<p>Health promotion, consultation, administration & program management and crisis response are an integral part of the program activities. To achieve compliance with the Transportation of Dangerous Goods Act and Regulations, IATA and ICAO at the federal and provincial levels, services provided include inspecting, auditing, training and providing technical advice and consultation in the following areas:</p> <p>A. Storage</p> <p>B. Packaging</p>

Compendium of Health Services

	C. Marking/labeling
	D. Transporting
	E. Shipping/receiving
	F. Disposal

Compendium of Health Services
Tuberculosis Elimination Strategy

Policy Framework/Authority	Tuberculosis Eliminations Strategy (1992)
Collaboration/Overlap	<p>The province is ultimately responsible for monitoring communicable disease. All detected instances must be reported to the province. Furthermore, provincial labs, vaccines, and guidelines (i.e. for immunization schedules) are used. Finally, for tracking purposes, federal and provincial nurses collaborate extensively.</p> <p>See Provincially funded Public Health Services - Communicable Disease Prevention and Control.</p>
Funder	Federal Government
Delivery Location	On reserve
Eligible Clients	First Nations on reserve.
Program Description	<p>The Tuberculosis Elimination Strategy was introduced in 1992 to enhance the TB control program delivered within the communicable disease control program. The program includes typical elements of most national, such as case finding and holding, contact tracing and chemoprophylaxis, surveillance, immunization, health education and training, and research. As recommended by the World Health Organization, Directly Observed Therapy (DOT) and Directly Observed Prophylaxis (DOP) is the standard of care.</p> <p>National responsibilities include policy-making, surveillance, and the production of an annual report. Activities such as case management, development of a TB registry, outbreak management, and community health education are centralized at the Regional level.</p>

Compendium of Health Services

<p>Goals and Objectives</p>	<ol style="list-style-type: none"> 1. The elimination of TB among First Nations and Inuit communities in Canada, by decreasing the incidence of the disease to 1 per 100,000. 2. To facilitate the provision of treatment to those with active disease, prevent the emergence of drug resistance, and achieve life-time control of the patient's TB. 3. To detect TB among those exposed to case individuals, and prevent the spread of the disease to other people in the community. 4. To provide the information needed to evaluate TB program interventions and develop policies. 5. To enable health workers and communities to prevent and control TB at the community level, by increasing awareness and understanding of the disease. 6. To encourage and enable research that will help FNIHB to achieve its goal to eliminate TB among First Nations and Inuit communities in Canada. 					
<p>Program Components</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="479 789 1437 842">A. Case Finding and Case Holding</td> </tr> <tr> <td data-bbox="479 842 1437 900">B. Contact Tracing and Chemoprophylaxis</td> </tr> <tr> <td data-bbox="479 900 1437 959">C. Surveillance</td> </tr> <tr> <td data-bbox="479 959 1437 1018">D. Health Education and Training</td> </tr> <tr> <td data-bbox="479 1018 1437 1077">E. Research</td> </tr> </table>	A. Case Finding and Case Holding	B. Contact Tracing and Chemoprophylaxis	C. Surveillance	D. Health Education and Training	E. Research
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B. Contact Tracing and Chemoprophylaxis						
C. Surveillance						
D. Health Education and Training						
E. Research						

Provincial Programs

Addictions Services - Prevention and Community Education

Policy Framework/ Authority	Health Act (NS)
Funder	Provincial Government
Delivery Location	Off reserve - on reserve by request only -
Eligible Clients	All residents of the province
Program Description	Based on the identified needs of the community, this program provides health promotion information and awareness activities focused on a variety of target populations to raise their awareness of the issues of alcohol and/or other drug and/or gambling use, misuse and abuse and provide information on the services available.
Goals and Objectives	<ol style="list-style-type: none"> 1. To raise awareness of the incidence and prevalence of alcohol/other drug/gambling risks and problems and the impact on the health of individuals, families and communities. 2. To provide basic information to assist individuals and communities to identify alcohol and other drug related concerns as well as concerns for gambling addiction and to encourage healthy mobilization of resources to address these issues. 3. To reduce the incidence and prevalence of harm as well as the increased personal access to the treatment service earlier in the progress of the disease.
Program Components	A. Health Promotion
	B. Education
	C. Training of Allied Professionals
	D. Community Development

Compendium of Health Services

Addictions Services - Community-Based Treatment Services

Policy Framework/ Authority	Health Act (NS)
Funder	Provincial Government
Delivery Location	Off reserve - on reserve by request only -
Eligible Clients	All residents of the province
Program Description	The delivery of services in the community of residence is a key component to the successful interruption of addiction and its treatment. This program provides community based assessment and treatment to persons harmfully involved with or addicted to alcohol/other drugs or problem gambling in their community of residence, both drawing on and developing the resources of the community.
Goals and Objectives	<ol style="list-style-type: none"> 1. To gain a better understanding of the impact of alcohol/other drugs or problem gambling on an individual or others whose lives have been affected by such harmful involvement, and to match the client to appropriate treatments. 2. To interrupt the addictive process in order to begin to address the specific issues that will assist the client to progress through the treatment process. 3. To provide a safe environment for withdrawal and/or reduction in harm that does not entail extensive intervention into the client's life. 4. To provide therapy and supportive counseling in order to assist clients in a process of self-discovery and change. 5. To provide an opportunity for intensive treatment education, exploration of personal issues, and assistance in motivation through the recovery process.
Program Components	A. Assessment
	B. Intervention
	C. Detoxification - Day Program
	D. Therapy/Counseling (Treatment Education)
	E. Structured Treatment - Modular Programs

Compendium of Health Services

Addictions Services - Regional Treatment Services

Policy Framework/ Authority	Health Act (NS)
Funder	Provincial Government
Delivery Location	Off reserve
Eligible Clients	All residents of the province
Program Description	This program involves various institutionally based services providing assessment and treatment to persons harmfully involved with or addicted to alcohol/other drugs or problem gambling.
Goals and Objectives	<ol style="list-style-type: none"> 1. To gain a better understanding of the impact of alcohol/other drugs or problem gambling on an individual or others whose lives have been affected by such harmful involvement, and to match the client to appropriate treatments. 2. To interrupt the addictive process in order to begin to address the specific issues that will assist the client to progress through the treatment process. 3. To provide a safe environment to monitor and respond appropriately to various physical and psychological symptoms that may occur during withdrawal. 4. To provide therapy and supportive counseling in order to assist clients in a process of self-discovery and change. 5. To provide an opportunity for varying intensities of treatment education, exploration of personal issues, and involvement in a personal recovery program in an institutional setting. 6. To provide an opportunity for long term rehabilitation in a sheltered or halfway sheltered environment.
Program Components	A. Assessment
	B. Intervention
	C. Detoxification - In patient
	D. Therapy/Counseling (Treatment Education)
	E. Structured Treatment - Treatment Orientation Program
	F. Structured Treatment - Residential & Non-Residential Rehabilitation Programs
	G. Structured Treatment - CORE
	H. Long Term Sheltered Environment Option

Compendium of Health Services

	I. Halfway Sheltered Environment Option Addictions Services - Targeted Services
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Policy Framework/ Authority	Health Act (NS); Motor Vehicle Act
Funder	Provincial Government
Delivery Location	Off reserve - on reserve by request only -
Eligible Clients	All residents of the province
Program Description	These programs provide targeted services designed to meet the specific needs of the populations in question.
Goals and Objectives	<ol style="list-style-type: none"> 1. To reduce the incidence and prevalence of the harm from alcohol/other drugs or problem gambling for adolescents at risk. 2. To provide a safe environment to promote change through the reduction in the incidence and prevalence of harm from alcohol/other drugs or problem gambling for women at risk. 3. To reduce the incidence and prevalence of impaired driving.
Program Components	A. Adolescent Treatment - Choices
	B. Women’s Drug Dependency Services
	C. Driving While Impaired Program

Compendium of Health Services
Tobacco Control Strategy

Policy Framework/ Authority	Health Act (NS) Tobacco Access Act Smoke-Free Places Act
Funder	Provincial Government
Delivery Location	Off reserve - on reserve by request only -
Eligible Clients	All residents of the province
Program Description	The Tobacco Control Unit has responsibility for developing, implementing and evaluating a comprehensive Tobacco Control Strategy for the province.
Goals and Objectives	To reduce tobacco use.
Program Components	A. Taxation
	B. Legislation
	C. Treatment/cessation
	D. Community-based programs
	E. Youth prevention
	F. Media/public awareness
	G. Monitoring and evaluation

Compendium of Health Services

Dental Services

Policy Framework/ Authority	Health Act (NS); Dental Act
Funder	Provincial Government
Delivery Location	Off reserve
Eligible Clients	<i>Children's Oral Health Program:</i> Children under the age of 10 who do not have full private coverage for the services offered under this program. <i>Dental Surgical Program:</i> Residents of Nova Scotia requiring medically necessary dental surgery (not all services are covered).
Program Description	The public health dental hygiene component of the Children's Oral Health Program is part of public health services in district health authorities throughout the province. Dental hygienists are integral members of the public health team and work closely with their colleagues in all aspects of service planning, delivery and evaluation. Whether in schools, daycares, prenatal education settings or in professional or public education settings, the public health dental hygiene team are committed to enhancing the oral health status of Nova Scotians.
Goals and Objectives	<i>Children's Oral Health Program:</i> Short-term goals: 1. To identify schools whose children may be at increased risk for dental disease. 2. By grade 6 every child will brush with a fluoridated toothpaste twice a day and floss once a day. 3. To increase students' oral health knowledge and awareness. 4. To increase the percentage of children participating in their school Mouth rinse program. Long-term goals: 5. School age children and youth will have strengthened capacities to achieve optimal oral health for a lifetime. <i>Dental Surgical Program:</i> 1. To provide medically necessary surgical dental services for eligible residents of the province.
Program Components	<i>Children's Oral Health Program:</i> A. Fluoride Mouth rinse Program B. KATS (kids against tobacco smoke) C. Three year old wellness clinic D. High school health awareness program

Compendium of Health Services

	E. Dental screening for referral
	F. Oral health education
	<i>Dental Surgical Program:</i>
	A. For a description of dental surgical procedures currently covered phone (902) 496-7067.

Compendium of Health Services
Emergency Health Services

Policy Framework/ Authority	Health Act (NS); Emergency Health Services Act (pending proclamation)
Funding Arrangement	Health Canada is billed a subsidized rate of \$105.00 per transport
Delivery Location	In the appropriate setting
Eligible Clients	All residents of the province
Program Description	Emergency Health Services (EHS) is a division of the Nova Scotia Department of Health. It is responsible for the continual development, implementation, monitoring and evaluation of pre-hospital emergency health services in the province.
Goals and Objectives	<ol style="list-style-type: none"> 1. Integrate EHS with the health care system 2. Continuously ensure the improvement of patient care 3. Establish Legislative Agenda 4. Refine Contract Management/Formulation processes 5. Strive for Efficiency 6. Support the production of outcome driven research 7. Foster innovation 8. Incorporate Quality Improvement Principles throughout the system.
Program Components	A. EHS Communications Centre (Central dispatch)
	B. EHS Ground Ambulance Services
	C. Medical Oversight
	D. EHS LifeFlight (air medical transport)
	E. EHS Nova Scotia Trauma Program
	F. EHS Atlantic Health Training and Simulation Centre
	G. Medical First Response

Compendium of Health Services

Home Care Services

Policy Framework/ Authority	Health Act (NS)
Funder	Provincial Government
Delivery Location	Varies by service.
Eligible Clients	Varies by service.
Program Description	At present, three categories of home care are offered across the province: Chronic Home Care, Acute Home Care, and Palliative Home Care.
Goals and Objectives	1. To enable people to receive health care in their own homes among family and friends
Program Components	A. Chronic Home Care (available only to non-natives on reserves, province-wide)
	B. Acute Home Care (available on and off reserve, to all residents of the Province)
	C. Palliative Home Care (available off reserve in DHA 4, 5 and 6)
	D. Home Oxygen (available off reserve, province-wide)

Compendium of Health Services

Hospital Services

Policy Framework/ Authority	Canada Health Act; Health Services and Insurance Act
Funder	Provincial Government
Delivery Location	Off reserve
Eligible Clients	All residents of the province
Program Description	Hospital services, more specifically, hospital insurance, is a program funded by the Nova Scotia government to provide a broad range of medically necessary hospital in-patient and out-patient services received by eligible residents of the province.
Goals and Objectives	1. To provide medically necessary hospital in-patient and out-patient services for eligible residents of the province.
Program Components	Currently there are 34 hospitals in Nova Scotia (this # includes rehabilitation services). For a description of the hospital service components see: “All you Want to Know About Medicare, Hospital Insurance, Optometric Services”.

Compendium of Health Services
Long Term Care Services

Policy Framework/ Authority	Adult Protection Act; Homes for Special Care Act; Social Assistance Act; Health Authorities Act
Funder	Private, or when eligible, the Provincial Government
Delivery Location	Off reserve
Eligible Clients	All eligible residents of the province
Program Description	The Long Term Care program emphasizes services to the elderly and to specially identified groups who require support on an ongoing basis. Much of the care provided assists residents with activities of daily living, but there are also services provided by nurses, CNAs, occupational therapists, physiotherapists, and other health care providers.
Goals and Objectives	<ol style="list-style-type: none"> 1. To provide support on an on going basis to the elderly and specially identified groups. 2. To provide services based on a social model, providing a holistic framework for the delivery of resident-centred care.
Program Components	Level I: Residents who require personal care and assistance with daily activities
	Level II: Level I care and specialized nursing care.

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Mental Health Services

Policy Framework/ Authority	Canada Health Act (partial); Health Services and Insurance Act
Funder	Provincial Government
Delivery Location	Off reserve*
Eligible Clients	All residents of the province
Program Description	Mental health services exist to prevent mental illness and to help people to cope with mental health problems or illness. See the 'program components' for a more detailed list of the services available.
Goals and Objectives	<ol style="list-style-type: none"> 1. To prevent mental illness 2. To help people cope with mental health problems or illness 3. To treat mental illness or mental health problems 4. To support consumers and families to achieve optimal mental well-being and to remain in their community to the fullest extent possible
Program Components	A. Community Mental Health Education, Promotion, and Prevention
	B. Community Based Mental Health Services
	C. Facility Based and Outreach Services (See hospital services, p. 37)
	D. Specialized Services
	E. Rehabilitation Services

* Mental health services are available on reserves within the Cape Breton District Health Authority (Eskasoni, Chapel Island, Membertou, Whycocomagh and Wagmatcook) for individuals with severe and persistent mental illness. These services are offered through Mental Health Services of the district on a case management basis, where case managers meet with band members to check to see if they are taking the appropriate medication, have the appropriate community supports in place, such as a decent place to live, and have timely access to appropriate treatments (medical, mental health, addictions etc).

Compendium of Health Services
Optometric Services (Specialized)

Policy Framework/ Authority	Health Services and Insurance Act
Funder	Provincial Government
Delivery Location	Off reserve
Eligible Clients	All residents of the province
Program Description	<p>Optometric vision analysis when performed by an optometrist for the purpose of determining:</p> <ul style="list-style-type: none"> • The refractive status of the eye • The presence of any abnormality in the visual system. <p>Coverage for routine vision analysis is limited to once every two years for children up to their 10th birthday, as well as those 65 years of age and over. For all others, routine vision analysis is an uninsured service.</p>
Goals and Objectives	To prevent vision problems and maintain healthy eyes..
Program Components	A. Vision analysis

Compendium of Health Services
Pharmacare Services (for Seniors)

Policy Framework/ Authority	Health Services and Insurance Act; Nova Scotia Seniors' Pharmacare Program Regulations
Funder	Provincial Government
Delivery Location	Off reserve
Eligible Clients	Residents of Nova Scotia with MSI who are 65 or older who do not have drug coverage through Veterans Affairs Canada, Indian and Inuit Health Services, or a private drug plan.
Program Description	A drug prescription program covering seniors age 65 and older, who elect to join the program and pay the annual premium. There is also a co-payment that must be made to the pharmacy each time the senior gets a prescription.
Goals and Objectives	To help seniors with the cost of their prescription drugs.
Program Components	A. Provision of prescribed medicines that are listed as benefits in the Nova Scotia Formulary
	B. Provision of some prescribed ostomy supplies
	C. Provision of prescribed diabetic supplies, including testing materials; needles; and syringes

Compendium of Health Services

Public Health Services - Communicable Disease Prevention and Control

Policy Framework/ Authority	Acts and Regulations: Health Act (NS); Environment Act; Agriculture Act; Day Care Act; Education Act; Justice Act
Funder	Provincial Government
Delivery Location	Through out Nova Scotia, in collaboration with partners.
Eligible Clients	All residents of the province
Program Description	<p>Public Health Services (PHS) is community based and community driven component of the health system that focuses on health of population. PHS works in partnership with communities, families and individuals to prevent illness, protect and promote health and achieve well being. Programs and services provided by PHS are guided by a strong population-based epidemiological and scientific foundation. The three core programs of the PHS are: communicable disease prevention and control (CDPC), non-communicable disease prevention, and public health enhancement. Among other functions, CDPC focuses on prevention, control and surveillance of the following: enteric, food and water borne diseases; blood borne pathogens (such as HIV, Hepatitis B & C); sexually transmitted diseases; vaccine preventable diseases; tuberculosis; diseases transmitted by direct contact and respiratory routes; and vectorborne and other zoonotic diseases such as west Nile virus, rabies, etc.</p> <p>CDPC in cooperation and collaboration with partners develops guidelines for control of infectious diseases in the Long Term Care Facilities and community based organizations.</p>
Goals and Objectives	<ol style="list-style-type: none"> 1. To reduce or eliminate non-vaccine preventable communicable diseases. 2. To reduce or eliminate vaccine preventable diseases. 3. To minimize the impact of outbreaks on the health of Nova Scotians
Program Components	<p>A. Non-vaccine Preventable Diseases</p> <p>B. Vaccine Preventable Diseases</p> <p>C. Outbreak Investigation and Management</p>

Compendium of Health Services

Public Health Services - Non-Communicable Disease Prevention

Policy Framework/ Authority	Health Act (NS); Family Benefits Act; Family & Children’s Services Act; Tobacco Act; Day Care Act; Municipal Legislation; Motor Vehicle Act; Environment Act; Occupational Health & Safety Act; Labour Standards Code; Education Act.
Funder	Provincial Government
Delivery Location	Predominantly off reserve, though collaboration occurs
Eligible Clients	All residents of the province
Program Description	Public Health Services (PHS) are guided by a strong population-based epidemiological and scientific foundation. The three core functions of the PHS: communicable disease prevention and control, non-communicable disease prevention, and public health enhancement, share a similar ethos - a preventative approach based on the determinants of health and intersectoral collaboration. The key function of non-communicable disease prevention is the reduction of risk factors through the promotion of healthy lifestyles beginning in the preconceptual period and continuing throughout the lifespan.
Goals and Objectives	<ol style="list-style-type: none"> 1. Communities, families and individuals will take action leading to healthy babies and health families. 2. Children in the community will attain their optimal level of physical, mental, emotional, and social development. 3. Communities, families, and individuals will make healthier lifestyle choices.
Program Components	A. Healthy Beginnings
	B. Early Childhood
	C. Modifiable Risk Factor Reduction

Compendium of Health Services

Public Health Services - Public Health Enhancement

Policy Framework/ Authority	Health Act (NS); Education Act; Environment Act; Tobacco Excise Act (Federal); Tobacco Access Act; Family Benefits Act; Children and Family Services Act; Dental Neglect Policy; Minister of Health Policy
Funder	Provincial Government
Delivery Location	Predominantly off reserve, though collaboration occurs
Eligible Clients	All residents of the province
Program Description	Public Health Services (PHS) are guided by a strong population-based epidemiological and scientific foundation. The three core functions of the PHS: communicable disease control; non-communicable disease prevention; and public health enhancement; share a similar ethos - a preventative approach based on the determinants of health and intersectoral collaboration. The key function of public health enhancement is to support individuals and communities to maximize their potential for achieving health, principally through community based initiatives and partnerships.
Goals and Objectives	<ol style="list-style-type: none"> 1. School aged children and youth will have strengthened capacities to achieve healthy growth and development into adulthood. 2. Communities and individuals will have enhanced capacities to achieve health 3. Communities and individuals will have enhanced capacity for social action to achieve health.
Program Components	A. School Aged Children and Youth
	B. Community Health Promotion Funds
	C. Community Social Supports

Compendium of Health Services

Physician Services

Policy Framework/ Authority	Canada Health Act; Health Services and Insurance Act
Funder	Provincial Government
Delivery Location	On and off reserve*
Eligible Clients	All residents of the province
Program Description	Physician Services provides a wide range of medically necessary primary health care physicians' services.
Goals and Objectives	1. To ensure that eligible residents of Nova Scotia receive medically necessary physician services.
Program Components	For a description of insured services see “All you Want to Know About Medicare, Hospital Insurance, Optometric Services”.

* The Province pays the fee-for-service billings of NS physicians for all insured services. Physicians are free to set up their practices anywhere in the province. Consequently, some reserves have full time family physicians on site or are visited periodically by physicians and others do not. Band members of reserves that do not, must visit physicians in adjacent communities to receive physician services.