



# Understanding the realities of Tuberculosis in First Nations Communities

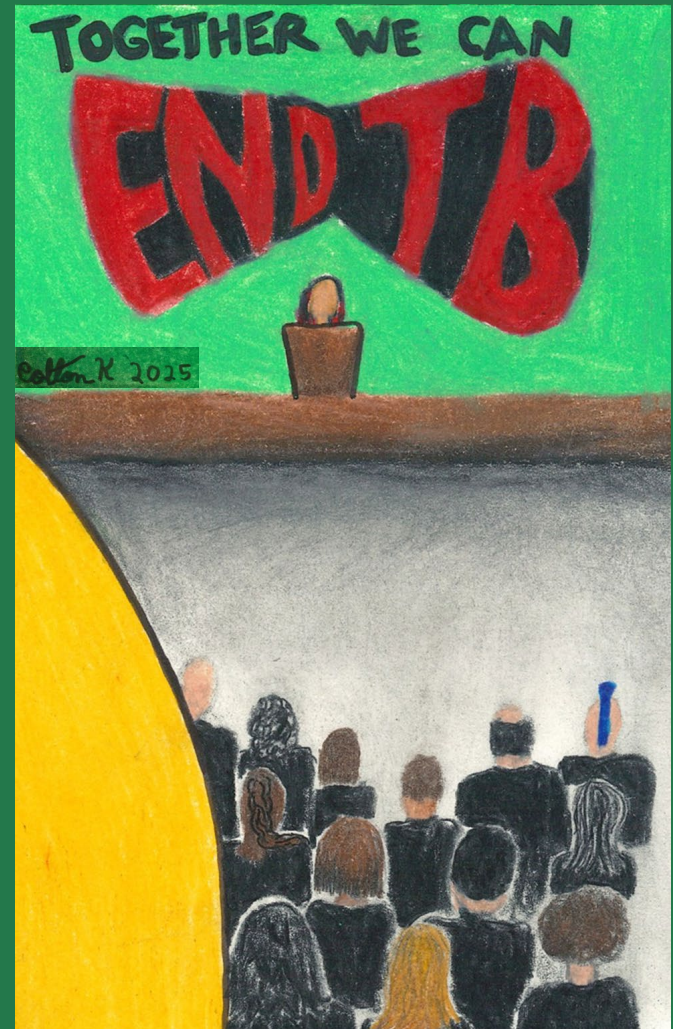
Tina Campbell, RN

Webinar for Public Health Agency of Canada (PHAC) & National Collaborating Centre for Infectious Diseases (NCCID)

March 23rd 2026

# Session Purpose:

1. Highlight current TB realities in Canada
2. Provide an overview of TB in First Nations Communities
3. Discuss how the legacy of colonization, stigma, and social inequities affect current health outcomes



# 1. TB in Canada

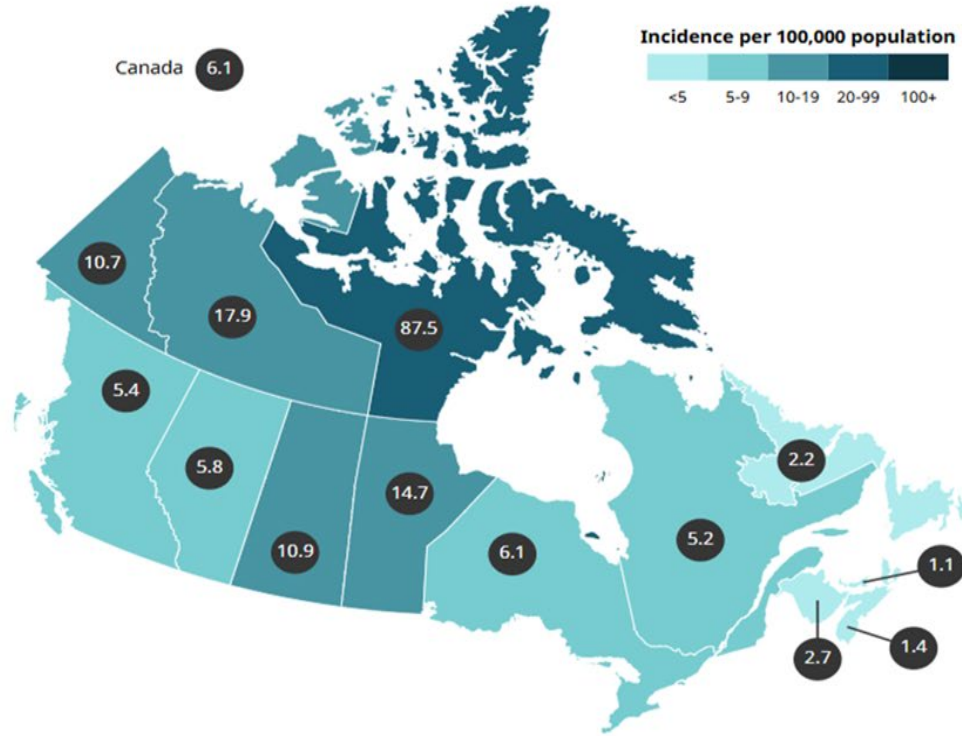
- Public Health Agency of Canada reported 2,508 cases of TB disease in 2024.
- Despite being preventable and treatable, TB remains present in Canada
- TB Disease disproportionately impacts Inuit, First Nations, Metis and persons born outside of Canada

# Proportion of TB disease cases by population Group, 2015-2024



# Incidence of TB disease by Province/Territory, 2024

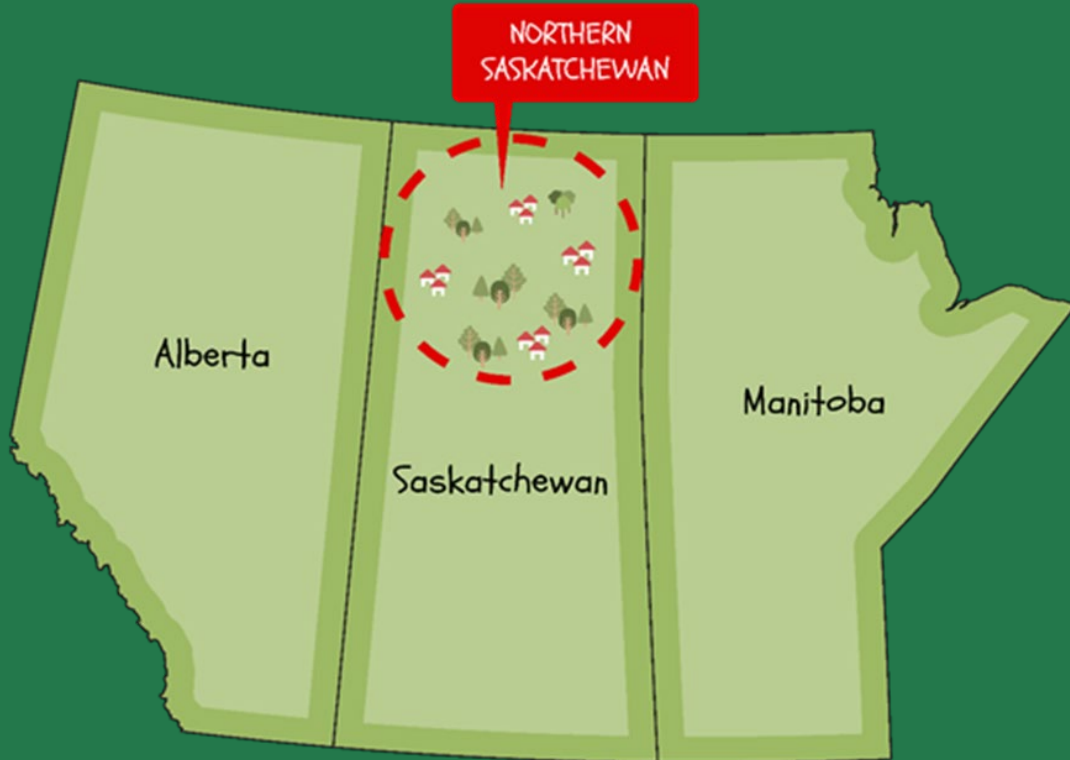
Figure 1: Incidence of TB disease (per 100,000 population) by Province/Territory, 2024



## 2. TB in First Nations Communities



# Northern Inter-Tribal Health Authority



- 33 First Nation - on reserve communities
- 39,566 on-reserve population (ISC 2023)
- 47.9% of SK on Reserve population
- 3.2% SK total population

# Active TB Rate by Year, NITHA, SK, Canada, 2016 - 2025\*

Active TB rate

200  
180  
160  
140  
120  
100  
80  
60  
40  
20  
0

	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025*
—▲— NITHA	73.0	90.8	37.9	51.0	42.0	131.0	186.0	114.0	113.2	120.6
—■— Saskatchewan	8.0	8.2	6.8	5.6	8.7	10.3	12.1	11.1	10.9	
—◆— Canada	4.9	5.0	4.8	5.1	4.7	4.9	5.1	5.5	6.1	

\* Preliminary numbers, subject to change.

# Why are rates of TB higher among First Nation communities?

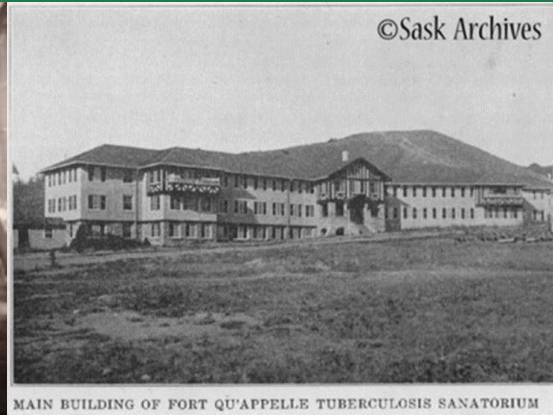
- Historical treatment of TB
- Social Inequities
- Stigma





3. How the Legacy of  
colonization, stigma  
and the social  
inequities affect  
current health  
outcomes

# Historical Treatment of TB



- TB Came to Canada in the 1700's
- In 1867 TB was the leading cause of death in Canada
- Reserve systems and segregation of Indigenous people to **Residential Schools, Indian Hospitals** and **TB sanatoriums** caused disease to spread rapidly

Melanie  
Deschambeault

# Understand the Social Determinants of TB

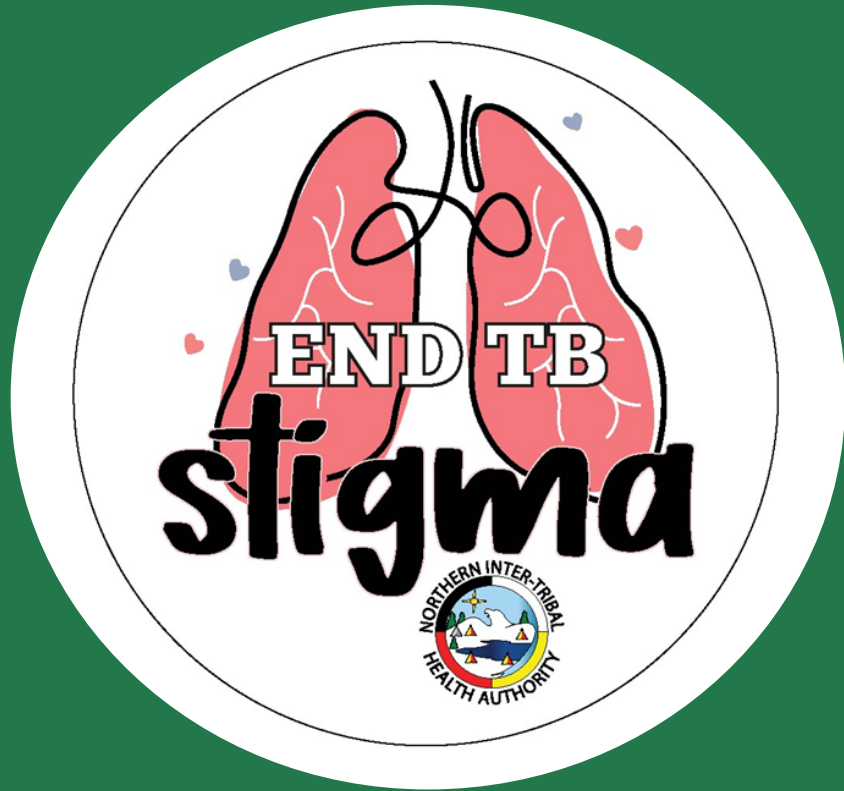
- Housing conditions
- Nutrition
- Access to Health Care



# A hidden barrier

→ Stigma: is a social process in which individuals or groups are unfairly judged, labelled, or discriminated against because of a particular condition





Stigma may lead to:

- Delayed TB testing
- Hesitation to seek care
- Fear of judgment
- Challenges completing treatment

→ *Reducing stigma helps strengthen trust, engagement, and successful TB care.*

# Walking together towards TB Elimination: NITHA in action

- Strengthening community based TB Programs
- Expanding screening and early detection
- Building trust and partnerships with communities
- Promoting TB awareness and reducing stigma





Thank you



First Nations Health Authority  
Health through wellness

# Supporting TB Care in First Nations, Inuit and Northern Communities

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Liza Sam, FNHA TB Clinical Nurse Educator  
March 23, 2026

# Acknowledgement of Lands

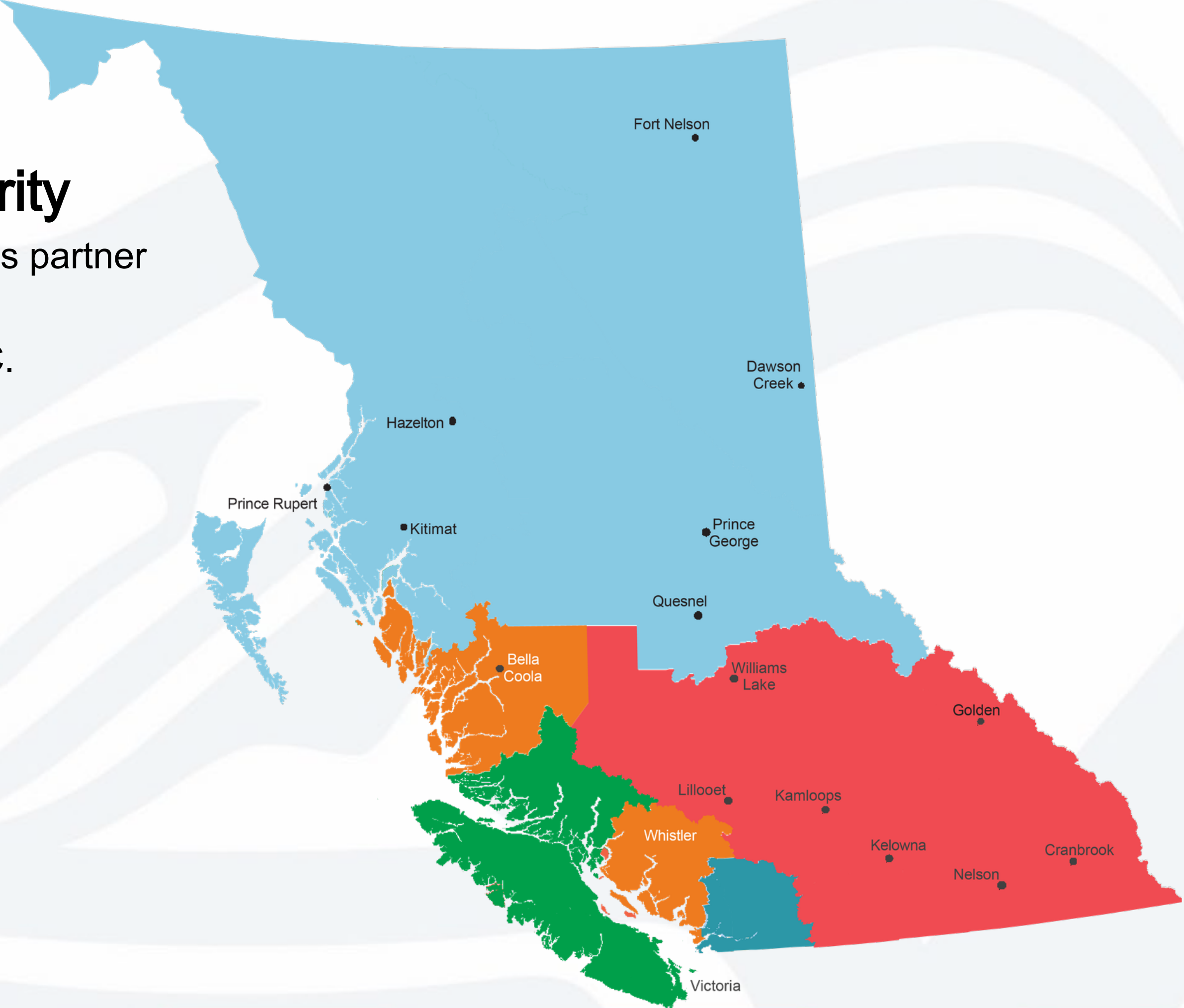
I'd like to acknowledge the traditional, ancestral and unceded lands of which we are all calling in from today.

We honor the past and present stewardship of these lands throughout generations.



# First Nations Health Authority

- The FNHA is the health and wellness partner to over 200 diverse First Nations communities and citizens across BC.



# Community Connection



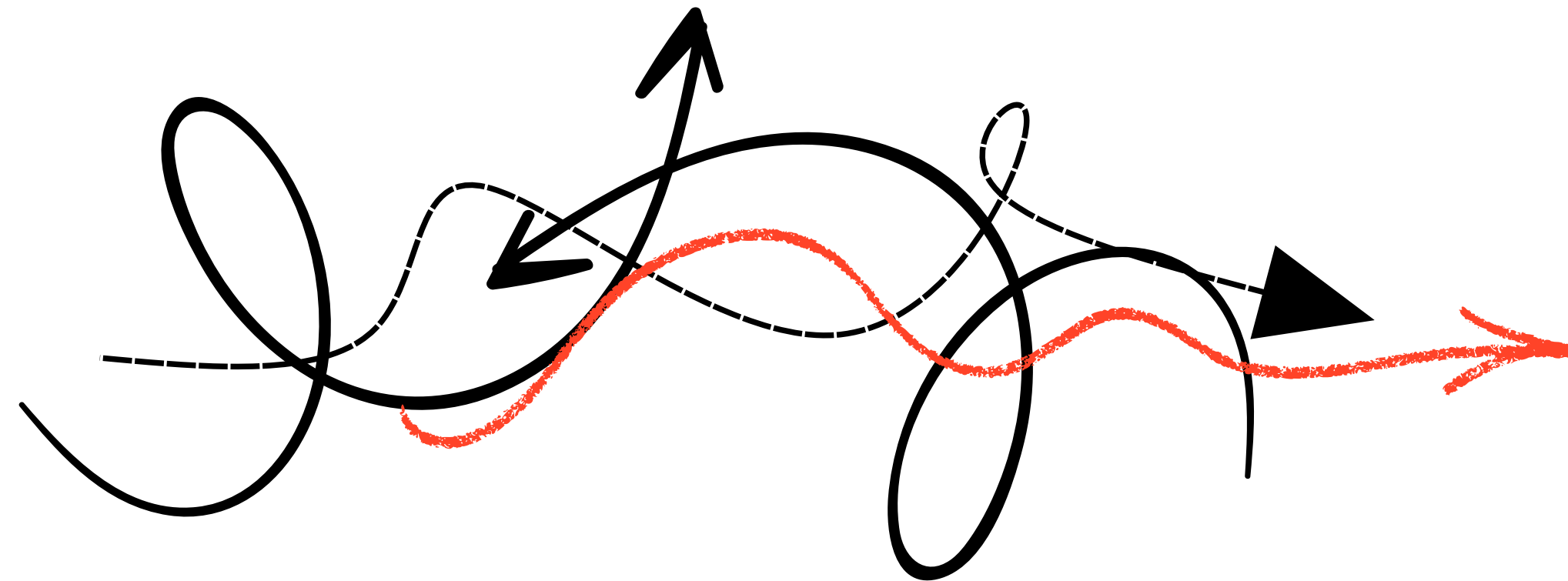
# TB Care Plan

Client A  
Diagnosed with  
TB Disease



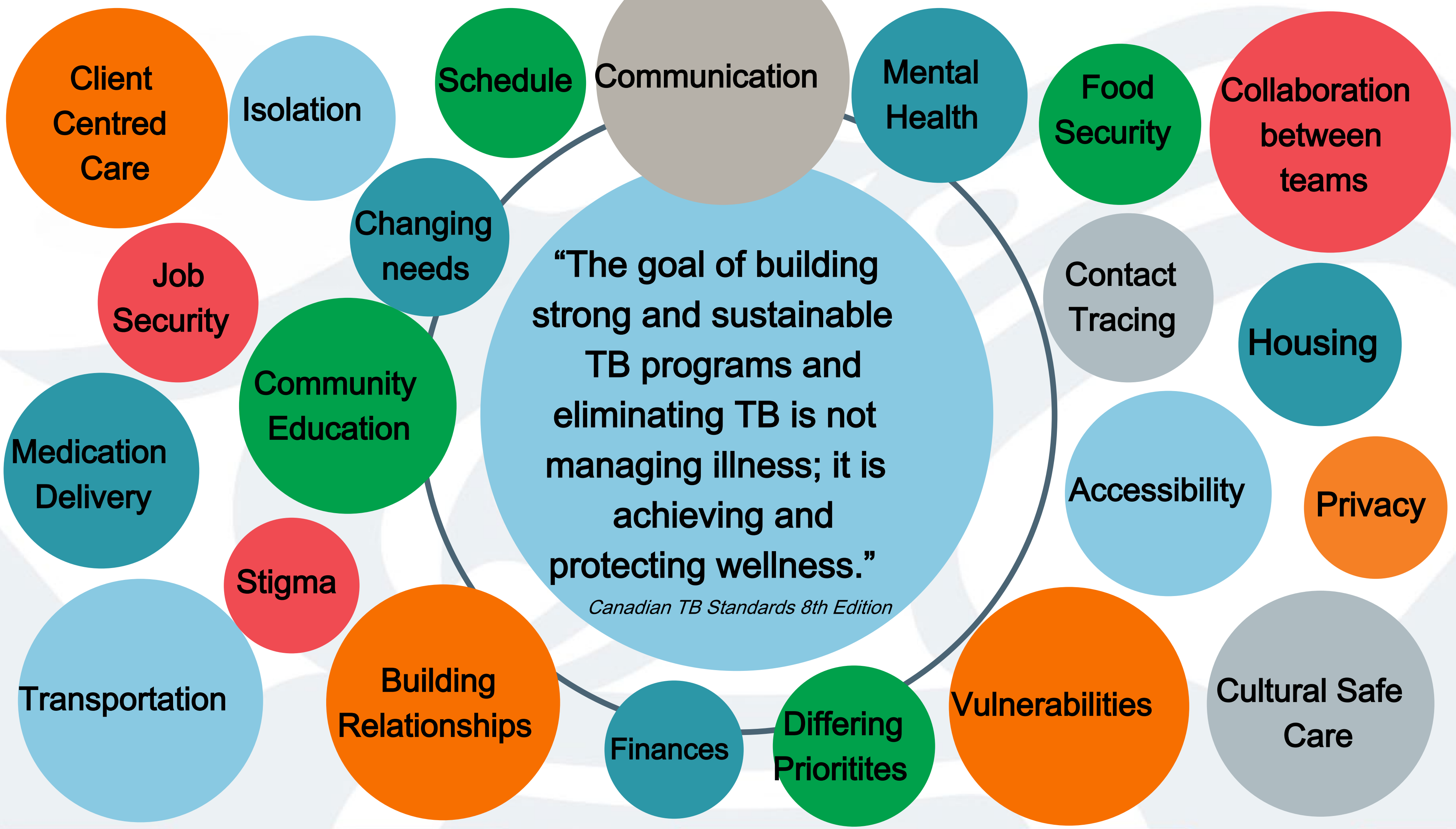
Complete TB  
treatment and  
cure TB

Client B  
Diagnosed with  
TB Disease



Complete TB  
treatment and  
cure TB





# Thank you - Merci

**Gayaxsixa** (Hailhzaqvla)

**Huy tseep q'u** (Stz'uminus)

**Haa'wa** (Haida)

**Gilakas'la** (Kwakwaka'wakw)

**Kleco Kleco** (Nuu-Chah-Nulth)

**Snachailya** (Dakelh)

**Kw'as ho:y** (Halq'eméyem)

**Huy ch q'u** (Hul'qumi'num)

**Kwukwstéyp** (Nlaka'pamux)

**HÍSWKE** (Sen'cōten)

**lim læmt** (Syilx)

**Mussi Cho** (Kaska Dena)

**Tooyksim niin** (Nisga'a)

**Kukwstsétsemc**  
(Secwepemc)

**Ćεćεhaθεć** (Ayajuthem)

**Sechanalyagh** (Tsilhqot'in)

**T'oyaxsim nisim** (Gitxsan)

**#YESWECANENDTB**

**#END TB**

**#WORLDTB DAY**

# REFERENCES

1. Dunn, J. L., Larocque, M., Van Dyk, D., Vides, E., Khan, F. A., Wong, T., ... Alvarez, G. G. (2022). *Chapter 12: An introductory guide to tuberculosis care to improve cultural competence for health care workers and public health professionals serving Indigenous Peoples of Canada*. Canadian Journal of Respiratory, Critical Care, and Sleep Medicine, 6(sup1), 184–193.  
<https://doi.org/10.1080/24745332.2022.2041328>
2. BC Centre for Disease Control. *Communicable Disease Control Manual Chapter 4: Tuberculosis Section 7: Contact Investigation*. (2019 October). Page 7. <https://www.bccdc.ca/resource-gallery/Documents/Communicable-Disease-Manual/Chapter%204%20-%20TB/7.0%20Contact%20Investigation.pdf>



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# COMMUNITY BASED TUBERCULOSIS CARE MANUAL

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### APPENDICES



[FNHACommunity  
Based TB Care  
Manual](#)



# Tuberculosis Services Paddling Together



## Community Programming Guide



## FNHA TB Services Community Program Guide

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Resource available to order, check the  
Gathering Space - Order Form



help people navigate the journey to  
wellness when they have TB  
disease.



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## 7.6 Social and Structural Factors that can Influence Contact Investigations

- Adapt case interview tools to make them more effective for identifying contacts or exposure locations.
- Incorporate location-based TB screening to reach contacts that cases cannot or hesitate to identify by name (e.g., in situations involving illicit drugs use or illegal activities).
- Consider power differentials among service providers and clients, how this impacts care and what strategies could alleviate barriers.
- Integrate TB-related health literacy and counselling into contact investigations (eg. family counselling, support people in ways to disclose their illness).
- Empower clients involved in contact investigations to become “TB Champions” to address the consequences of TB stigma.
- Appreciate competing priorities in people’s lives and find opportunities to work with other health and social professionals known to the contacts and consider offering incentives (eg. monetary) to encourage participation in testing.
- Examine the social relationships between cases and contacts to identify settings and behaviors that characterize transmission events (social network analysis).

## Chapter 12: An introductory guide to tuberculosis care to improve cultural competence for health care workers and public health professionals serving Indigenous Peoples of Canada

[Jonathan L. Dunn](#), [Marlene Larocque](#), [Deborah Van Dyk](#), [Eduardo Vides](#), [Faiz Ahmad Khan](#), [Tom Wong](#), [Richard Long](#) & [Gonzalo G. Alvarez](#) Pages 184-193 | Published online: 25 Mar 2022

### Health care workers providing services on Indigenous lands and/or working with Indigenous Peoples to do tuberculosis related work should:

- educate themselves about the epidemiology of tuberculosis (TB) in the community, recognizing that the community's historical relationship with TB will contextualize present day TB care;
- understand the geography and climate of Indigenous communities, including that many Indigenous communities facing high rates of TB are isolated and not linked by roads to urban centers, with the result that health care is less accessible and the diagnosis and treatment of TB potentially delayed;
- acknowledge the Indigenous territory that one is occupying; work toward understanding and practicing cultural safety by self-reflection on power differentials and respecting cultural differences, including language; and incorporate cultural values to promote a safe and inclusive environment;
- recognize the specific social determinants of health affecting distinct Indigenous groups, with the aim of delivering quality TB care and closing the health equity gaps between Indigenous and non-Indigenous Canadians;
- acknowledge the role of on-going colonization, personal and systemic racism, and privilege as they relate to health equity in TB care delivery, and take steps to prevent their harmful effects;
- promote self-resilience, self-advocacy and empowerment by respecting the rights of Indigenous Peoples as outlined in the Patients' Charter of TB care and the United Nations Declaration on the Rights of Indigenous Peoples; and
- understand that each Indigenous group — First Nations, Inuit and Métis — is historically and culturally distinct and may, therefore, have unique TB needs.