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**BLUEPRINT ON ABORIGINAL HEALTH
A 10-YEAR TRANSFORMATIVE PLAN**

**PREPARED FOR THE MEETING OF
FIRST MINISTERS AND LEADERS OF
NATIONAL ABORIGINAL ORGANIZATIONS**

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BLUEPRINT ON ABORIGINAL HEALTH

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BLUEPRINT ON ABORIGINAL HEALTH

I. VISION STATEMENT

The Blueprint is a ten-year transformative plan for making significant progress in closing the gap in health outcomes between the general Canadian population and Aboriginal peoples, including First Nations, Inuit and Métis. This will be achieved by improving access and quality of health services through comprehensive, wholistic and coordinated service provision by all parties to the Blueprint, and through concerted efforts on determinants of health.

II. CONTEXT

The Blueprint is the result of collaborative efforts by federal, provincial and territorial governments and representatives of Aboriginal peoples in every region of Canada throughout 2005.

The Aboriginal peoples of Canada include the Indian, Inuit and Métis peoples of Canada. This is inclusive of all Aboriginal peoples, who may reside on reserves or settlements, in rural or urban areas, or northern and arctic regions.

Indians (First Nations), Inuit and Métis have unique histories, cultures, traditions and relationships with federal-provincial-territorial governments. Their social and cultural distinctions are a defining feature of Canada and form an important context for cooperative efforts to improve their well-being. In addition, this document contains commitments that address the interests of Aboriginal peoples living in urban and rural areas.

The Blueprint on Aboriginal Health incorporates three distinct frameworks (First Nations, Inuit and Métis) situated within an overall strategy developed collaboratively to bring about transformative change in health status. It is a response to the commitment made at the Special Meeting of First Ministers and National Aboriginal Leaders in September 2004, and also referenced in the 10-year Plan to Strengthen Health Care for all Canadians, to develop a Blueprint for concrete initiatives to improve the health status of Aboriginal peoples.

INTERPRETATION OF THE BLUEPRINT

The Blueprint is intended to guide future decision-making by federal, provincial, and

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territorial governments, First Nations, Inuit, Métis and other Aboriginal leaders in achieving the stated Vision of closing the gap in health outcomes through comprehensive, wholistic, and coordinated services. The document is a political commitment, and as such is not legally binding. It contains overarching Principles and Approaches as well as three distinct frameworks- First Nations, Inuit and Métis. It recognizes that, despite improvements in many health indicators and promising initiatives in a number of regions current health strategies have had limited effect in closing the gap.

The Blueprint is a national document which provides guidance on concrete initiatives to improve the health status of Aboriginal peoples to be implemented at the local, district, regional, provincial and territorial levels, responsive to needs. This will be achieved through a collaborative approach to meeting health needs and without unnecessary duplication or creation of parallel health care systems and through the establishment and maintenance of high quality and cost-effective health care programs and services.

As a key principle, FPT governments agree to continue to assume their current and long-standing roles in health. Whereas provinces and territories are primarily responsible for the delivery of insured health services, the federal government contributes to these expenditures through the Canada Health Transfer. On the basis of legislation, policy, and historical practice the federal government provides some health services to First Nations on reserve and Inuit, including public health activities, health promotion and the detection and mitigation of hazards to health in the environment. The federal government will not offload any responsibilities it may have to provide health services to First Nations or Inuit.

In addition, the federal government provides a limited number of health programs that are accessible regardless of status and residency. The federal government reiterates its commitment to continue to maintain its current mandate for these health services. All parties agree that dedicated efforts and resources will be needed in order to make more effective use of existing programs and services and fully implement the Blueprint. As we move forward, it is recognized that identifying adequate, stable and predictable funding will provide a foundation for implementation of the Blueprint. The federal government is prepared to make investments to support the implementation of the Blueprint. As well, the implementation of the commitments set out in this document will require clarification of roles and responsibilities of all levels of governments in the provision of health services.

New arrangements will be explored and developed to improve seamless health care delivery in a manner that addresses mandate and jurisdictional issues to the satisfaction of First Ministers and National Aboriginal Leaders. In addition, in order to clarify roles and responsibilities in the health sector and to resolve jurisdictional impediments to provide appropriate and seamless health care delivery to Aboriginal peoples, all parties

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have agreed on a process to address this task (see section VI, Moving Forward, subsection 2 below).

The Blueprint acknowledges and respects current processes and agreements, such as those outlined in existing land claim agreements (e.g., Nunavut) that may already be in place to improve the health of Aboriginal peoples. To this end, the partners in the Blueprint respect the decisions of those who wish to pursue other health strategies.

In each of the three streams, references to F/P/T governments will be interpreted to mean federal and relevant provincial/territorial governments.

III. PRINCIPLES & APPROACHES

PRINCIPLES

A. Vision of Health

In this Blueprint, the term “health” embraces a holistic approach encompassing the physical, emotional, intellectual and spiritual well-being of people living in harmony with well-functioning social systems in a healthful environment. Health is also grounded in traditional beliefs. The Blueprint focuses on population health strategies that address determinants of health. It further recognizes the need to address other determinants such as access to clean water, food security, education, housing, and violence against Aboriginal women, children and elders, through interagency collaborative efforts.

B. Distinctions-Based

All parties recognize the unique interests, needs and health issues of each constitutionally-recognized Aboriginal peoples - Indians (First Nations), Inuit and Métis - by supporting three distinct frameworks relevant to and driven by each population group.

C. Partnership

The Blueprint will build upon and ensure broader inclusion and partnership between F/P/T governments and the governments, Aboriginal organizations and service providers of First Nations, Inuit and Métis in providing health programs and services in all regions and communities, regardless of their relationship to the *Indian Act* and regardless of their place of residence (urban, rural, remote, arctic regions, on-reserve or off-reserve). Implementation of the Blueprint will also respond to the specific and

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D. Funding

All parties acknowledge that new funding and resources for health that are stable, sustainable, ongoing, and appropriate to national, regional and local realities will be required to implement some of their commitments in this Blueprint. It is recognized that federal, provincial and territorial governments will address the commitments of the Blueprint within the broader context of managing their overall health care systems in a sustainable manner.

E. A Living Document

This Blueprint is an historic and shared commitment by federal, provincial and territorial First Ministers and national Aboriginal Leaders to undertake vigorous, practical action to close the gap in health disparities between Aboriginal peoples, including First Nations, Inuit and Métis and Canadians as a whole within a ten-year time frame. The Blueprint is a living document that must be reviewed on a periodic basis to maintain accountability and evaluate goal attainment.

APPROACHES

Throughout the engagement processes in every province and territory certain cross-cutting issues arose on a consistent basis. These issues have been deemed to be so important and so fundamental to the frameworks presented in this Blueprint that they have been identified here as approaches, without which the commitments and goals in this Blueprint could not succeed.

1. Building on Indigenous Knowledge

All parties agree that Indigenous knowledge, both traditional and contemporary, can complement Western science in developing strategies to improve health. All parties will support wholistic approaches including traditional practices and participation of traditional practitioners in the health team, with due regard for community standards of care and practitioner and patient safety.

2. Women's Participation

All parties commit to address the specific needs of Aboriginal women and their children and to ensure gender-equality in health services through:

- a) application of a culturally-relevant gender-based analysis in research, policy and program development;
- b) engaging women in the development and delivery of women-specific health and healing action plans; and,

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- c) convening women-specific preparatory tables for F/P/T/A consultation, negotiation, implementation and evaluation with regard to health.

3. Determinants of Health

All parties agree to adopt a population health approach that focuses on determinants of health, including those outside the formal health sector through:

- a) concerted action, communications and collaboration with other sectors to address determinants such as housing, education, food security, violence against Aboriginal women, children and elders and environment, including clean water and environmental contaminants;
- b) addressing regional realities in strategies to promote health and prevent disease; and,
- c) identifying, sharing and implementing best practices that take a wholistic approach when developing new programs or improving existing health programs including First Nations, Inuit and Métis health programs, promoting inter-community and inter-agency networking and learning.

4. Engagement and Inclusivity

F/P/T governments agree to work with First Nation governments and Aboriginal organizations to ensure that the interests of their constituencies are reflected in the Canadian health care systems. This will include but not be limited to:

- a) supporting organizations at the national and regional levels to enable them to participate as equal members with F/P/T governments in all processes to follow-up on the Blueprint commitments;
- b) establishing collaborative processes and capacity to facilitate engagement and address health issues at national, regional and local levels, as appropriate;
- c) reaching out to under-served populations and populations at risk including but not limited to residents of remote, rural and urban communities, the elderly, youth at risk, sex trade workers, victims of violence, two-spirited persons and persons with disabilities; and
- d) supporting the engagement of Aboriginal peoples and organizations whose interests are not fully captured in a distinctions-based approach in order to ensure their effective involvement and input regardless of residency and/or beneficiary status.

5. Sustainability and Accountability

All parties recognize that where First Nation governments and Aboriginal organizations receive program and capital funding, it should be stable and sustainable, long-term, and appropriate to regional realities to fulfill their partnership responsibilities and health service delivery functions under the Blueprint. All parties agree to work together to:

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- a) review programs where stable, sustainable funding is an issue;
- b) understand and address regional realities in cost-of-living and service delivery costs;
- c) develop multi-year funding arrangements to the maximum extent feasible;
- d) consider funding processes that allow reinvestment of budget surpluses and/or carryover of some funding across fiscal years; and,
- e) consolidate and streamline reporting requirements on service providers by 2010.

6. Description of Current Mandates

This Blueprint exists in the context of complex Canadian health care systems. Within these health care systems, Aboriginal peoples including First Nations, Inuit and Métis receive the majority of their health care services - primarily physician and hospital care - through the provinces and territories. The federal government contributes towards these expenditures through the Canada Health Transfer. In addition, the federal government provides some health services to First Nations and Inuit, such as public health activities, health promotion and the detection and mitigation of hazards to health in the environment on the basis of legislation, policy and historical practice. As a result of self-government negotiations, transfer agreements, land claim agreements and other mechanisms, the majority of First Nation governments and some Inuit organizations now deliver a variety of health services and programs. In addition, Métis and other Aboriginal organizations also deliver a limited number of health programs and services.

The majority of health services available to Inuit, Métis, non-status Indians and status Indians living away from communities are provided by the provinces and territories in the same manner that services are available to all citizens. Some provinces/territories provide innovative, culturally-specific programs and services to meet the particular health needs of First Nations, Inuit and Métis. In addition, the federal government provides a limited number of health programs that are accessible regardless of status and residency.

IV. DISTINCTIONS-BASED DIRECTIONS FOR ACTION

The parties have agreed to the establishment of specific frameworks for First Nations, Inuit and Métis respectively. Each framework provides for concrete, pragmatic actions aimed at closing the gap in health outcomes with the overall Canadian population.

FIRST NATIONS FRAMEWORK

The First Nations' collective vision for First Nations people is to be served by their own distinct yet coordinated health system which ensures a full continuum of services, a wholistic approach to health and the integrity of traditional healing practices. Fundamental to this First Nations collective vision is the understanding that:

- \$ New approaches proposed in the Blueprint must be developed in a manner consistent with the First Nations – Federal Crown Political Accord which states in part:
 - < “First Nations and Canada agree that new approaches to reconciliation must be grounded in the recognition and affirmation of Aboriginal and treaty rights in section 35 of the Constitution Act 1982”;
 - < “The Crown must uphold its fiduciary relationship with First Nation peoples and fulfill its fiduciary duties”;
 - < “Implementation of the treaty relationship must be informed by the original understandings of the treaty signatories, including the First Nations’ understanding of the spirit and intent”;
 - < “Cooperation will be a cornerstone for partnership between Canada and First Nations. This requires honourable processes of negotiations and respect for requirements for consultation, accommodation, justification and First Nations consent as may be appropriate to the circumstances. Upholding the honour of the Crown is always at stake in the Crown’s dealings with First Nation peoples.”
- \$ The Political Accord commits to the establishment of a Joint Steering Committee which will undertake and oversee joint action and cooperation on policy change, including the establishment of a framework or frameworks, to promote meaningful processes for the recognition and reconciliation of section 35 rights, including the implementation of First Nations governments. The Committee is to contribute to relationship renewal through consideration of certain new policy approaches including the implementation of treaties. In that context new approaches proposed in the Blueprint will be informed by any discussion of health within the treaty and fiduciary context.
- \$ It is the First Nations position that the delivery of health services can be affected by the fiduciary relationship with the Crown.
- \$ First Nations do not support a pan-Aboriginal approach to service delivery which they view as conflicting with First Nations’ jurisdictions, rights to health benefits, or

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the federally-recognized inherent right to self-government; therefore it is a condition of their participation in ongoing Blueprint processes that new targeted funding flowing from Blueprint commitments in the First Nations framework be distinctly identified.

- \$ Nothing in this Blueprint will abrogate or derogate from any Inherent Aboriginal and treaty right and nothing in this document or in the related Blueprint process shall supersede or hinder bilateral treaty and self-government tables.
- \$ First Nation governments have recognized responsibilities to represent their people whether resident on First Nations lands or residing away.

1. Delivery and Access

- 1.1 Canada will enhance the sustainability of federally-funded First Nation health-related programs and the effective use of resources by First Nations by committing to:
 - a) invest to enhance First Nations health programs and services, and to ensure the long-term sustainability of the First Nations health program conduct a comprehensive, joint federal-First Nations review of the program that supports the direction outlined in this Blueprint;
 - b) multi-year funding mechanisms for health-related service delivery undertaken by First Nations communities and regional and national organizations, including ongoing operating and capital funding will be pursued and implemented where feasible;
 - c) a process for First Nations communities to lead the development of business plans for utilizing Non-Insured Health Benefits (NIHB) resources more effectively; and
 - d) jointly addressing, in the short term, First Nations concerns, regardless of residence, with NIHB's administration and coordination with the ultimate objective of improving access for all eligible individuals through means such as greater transparency, jointly established appeals process and community-driven strategies to address prescription drug misuse and abuse.
- 1.2 Canada will strengthen the role and capacity of First Nation governments and organizations to deliver health services by committing to:
 - a) funding for First Nations health facilities to become accredited through an independent professional third-party assessment;
 - b) facilitating reinvestment of potential budget surpluses/revenues within the communities' funding agreements to the maximum extent feasible;
 - c) streamlined reporting mechanisms aligned with community health planning (i.e. outcome versus output-based data elements); and

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- d) supporting access to culturally and linguistically-appropriate care through such mechanisms as “patient supports” or “client assistants”.
- 1.3 F/P/T governments commit to examine opportunities for mechanisms, including multi-year funding for both First Nation governments and health service providers to improve seamless access to health services for First Nations people living on reserves and away from reserve communities.
- 1.4 All parties agree on the need for improved coordination and collaboration in addressing gaps between and within federally-funded, provincially-funded and territorially-funded continuing care services and will initiate steps in the short term to ensure this happens. It is recognized that new service delivery mechanisms will be developed in a manner that addresses jurisdictional issues to the satisfaction of all parties.
- 1.5 F/P/T governments commit to ensure access to an appropriate mix of primary health care services available to First Nations communities.

2. Sharing Improvements in the Canadian Health Care Systems

- 2.1 F/P/T governments will ensure that First Nations benefit equitably from the new National Pharmaceutical Strategy.
- 2.2 F/P/Ts and First Nation governments and organizations will support the development and implementation of health human resources strategies aligned with First Nations priorities including the further development and support for:
 - a) sufficient resources to ensure that First Nations are competitive in the health human resources marketplace;
 - b) increased numbers of First Nations health professionals and para-professionals;
 - c) health administration/management positions with professional development programs for areas such as policy development and information/privacy;
 - d) recognition and respect for traditional health practitioners;
 - e) strategies to consider enhanced accountability of health service providers to First Nations clients, including First Nations representation on appropriate health bodies;
 - f) linkages of First Nation students pursuing health careers with First Nations/P/T education systems (for better access to post-secondary support for the full continuum of studies, continuing education and continuous development); and,
 - g) culturally appropriate health curriculum development.

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- 2.3 Canada will complement health services by investing in telehealth services in rural, remote and northern First Nations communities. P/T governments accept the need to ensure linkages with First Nations' telehealth services within their own telehealth strategic plans.

3. Promoting Health and Well-Being

- 3.1 All parties will support the development of a First Nations Wholistic Health Strategy (Whole Life) that responds to community, regional diversities and circumstances. The Strategy will be characterized by:
 - a) complementary traditional knowledge and western approaches;
 - b) flexible funding arrangements;
 - c) linkages with non-medical health determinants;
 - d) special emphases on mental wellness and addictions/harm reduction, chronic diseases and diabetes, maternal, child and youth programming, family violence, communicable diseases;
 - e) services for persons with disabilities and strategies to reduce the rate of disabilities;
 - f) services for children with special needs; and
 - g) First Nations women-specific strategies such as a Health and Healing Action Plan.
- 3.2 F/P/T governments will better adapt their health services towards a First Nations wholistic approach in partnership with First Nation health authorities, governments and organizations and enhance access to health promotion and disease prevention initiatives for First Nations people both living in and away from their communities.
- 3.3 F/P/T governments will support existing and future First Nations health authorities, governments and organizations in developing and implementing First Nations public health strategies that include:
 - a) strengthening the role and capacity of First Nations in public health planning, intervention and surveillance;
 - b) planning for emergency preparedness and disaster relief, especially First Nations capacity in pandemic influenza planning and communications;
 - c) development of multi-jurisdictional/departmental strategies to address the impact of environmental, water and housing safety;
 - d) enhancement of access to early screening and appropriate/timely referral (e.g. mammography, cervical cancer, diabetes) for First Nations; and
 - e) development of protocols to clarify roles and responsibilities in the area of public health.

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- 3.4 F/P/T governments and First Nation governments, health authorities and organizations will establish and support processes and protocols, where required, to ensure a respectful and safe environment for both traditional healers and patients. Recognition and support of community-based processes to protect and access traditional healing and medicines are key to achieving this goal.

4. Developing Ongoing Collaborative Working Relationships

- 4.1 F/P/T governments and First Nation governments and organizations are committed to work in partnership through existing and/or new bilateral, trilateral and multilateral processes. Such processes will address among other matters:
 - a) First Nations' involvement in the design, development and delivery of health services;
 - b) The specific health needs and challenges faced by women, youth, elders, and First Nations people living away from their communities; and,
 - c) The development of strategies to address the health impacts resulting from environmental factors, degradation of the environment, climate change and/or economic resource development such as the concerns of the Dene Nation regarding potential health impacts of the Mackenzie Pipeline development.
- 4.2 Canada will support ongoing First Nations engagement in the Blueprint implementation at a national and regional/Treaty level.

5. Clarifying Roles and Responsibilities

- 5.1 F/P/T governments and First Nation governments and organizations will work towards clarifying roles and responsibilities for First Nations health.
- 5.2 F/P/T and First Nation governments will establish reciprocal or other arrangements that support service provision by First Nations health authorities to all individuals living within a catchment area, where appropriate.
- 5.3 F/P/T and First Nation governments will establish cross-provincial arrangements where required to enable First Nations to access services in the nearest and most appropriate location and in the language of choice.
- 5.4 All parties recognize that First Nations exercise some jurisdiction in health, mainly through but not restricted to, their ability to enact by-laws on-reserve and through self-government agreements, to protect the health and safety of their membership. F/P/T governments' support for First Nations' jurisdiction and

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6. Monitoring Progress and Learning as We Go

- 6.1 F/P/T and First Nation governments will support the development and implementation, by 2010, of a First Nations-specific Health Reporting Framework as part of the Aboriginal Health Reporting Framework based on the following:
 - a) principles of ownership, control, access and possession of First Nations data within the context of applicable privacy and access to information as well as other legislation; and,
 - b) culturally appropriate, gender-specific reporting.
- 6.2 Canada agrees to explore ways to support First Nations' collection of longitudinal health data and to enhance First Nations' capacity to participate in and benefit from health research through initiatives such as research and information centres and surveys.
- 6.3 F/P/T governments will work with First Nation governments and organizations to develop information exchange protocols.
- 6.4 F/P/T and First Nation governments and organizations will report on their progress in meeting commitments elaborated within the First Nations Framework of the Blueprint on Aboriginal Health on a frequency to be determined.

INUIT FRAMEWORK

The existing Aboriginal and treaty rights of Inuit as an Aboriginal people of Canada are recognized and affirmed in section 35 of the Constitution Act, 1982, and it is recognized that the honour of the Crown is at stake when dealing with Inuit. In addition to the above, implementation of the federal government's commitments will be done in a manner consistent with the Inuit Partnership Accord signed in May 2005, including any present or future commitments as a result of the Government of Canada – Inuit Action Plan.

In addition, Inuit view the Blueprint on Aboriginal Health as a needs-based approach and the best current vehicle to address health needs. The Blueprint shall not be interpreted or implemented so as to infringe on any rights of Inuit under the Land Claims Agreements or the fiduciary obligations of the Crown.

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Reference to Inuit organizations includes but is not limited to Land Claims Organizations Inuit Tapiriit Kanatami, Pauktuuttit, and relevant institutions serving Inuit in Canada.

To ensure that Inuit benefit equitably from the commitments set out in the Blueprint, Inuit-specific strategies must be adopted to accommodate the unique conditions of Arctic environments, the distinctive features of Inuit culture, entitlements under land claims agreements in the two territories and two provinces where Inuit principally reside, as well as the needs of Inuit in urban areas. The parties agree to address the following issues and priorities identified by Inuit:

1. Delivery and Access

- 1.1 In the short-term, all parties agree to develop, update and begin to implement health program delivery funding formulae which recognize the realistic costs of living and doing business in the arctic context. These funding formulae should be built on a base which can be adjusted for population, remoteness and a rate of growth reasonable to the arctic regions. The ultimate goal is to remove financial barriers that impede access to and delivery of health services including but not limited to costs of goods and services, and wages and benefits of personnel.
- 1.2 F/P/T governments will ensure that a continuum of care for mental health is made available to Inuit in or close to their home communities to address critical needs in mental health, addictions and suicide prevention and community support networks, including traditional approaches.
- 1.3 In the short term, Canada commits to address Inuit concerns with NIHB's administration and coordination with the ultimate objective of improving access for all eligible individuals.
- 1.4 In light of overall housing and facilities shortages that prevail in most Inuit communities, all parties recognize the need to commit funding for capital infrastructure for both accommodation of health personnel and for facilities for programs. This requirement will be taken into consideration in the design, development and delivery of current or improved programs.
- 1.5 In order to assist in improving coordination of programs/services, the appropriate parties commit to design and begin to implement, by 2007, an Inuit photo identification card that would facilitate and improve access to NIHB taking into account previous studies and work already done on this issue.

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- 1.6 F/P/T governments will work with Inuit organizations, where appropriate, to design, develop, deliver and support health services which meet Inuit-specific language and cultural needs.

2. Sharing Improvements in the Canadian Health Care Systems

- 2.1 F/P/T governments recognize that, in order for Inuit to share equitably in the 10-year Plan to Strengthen Health Care, the upgrading of primary health care services in Inuit communities must reflect Inuit priorities including, but not restricted to: children's and youth programs with particular attention to identification and treatment of FASD; pre- and post-natal care; and increased access supported by training and accreditation to midwifery services in all arctic regions.
- 2.2 Canada will invest in telehealth services in remote and arctic Inuit communities. P/T governments accept the need to ensure linkages with Inuit telehealth services within their own telehealth strategic plans. F/P/T governments will:
 - a) involve Inuit in strategic planning and training for technical support services;
 - b) provide appropriate infrastructure to accommodate telehealth equipment and services; and
 - c) include north-to-north communications capacity to facilitate peer support and training/learning of health personnel in isolated and remote arctic communities.
- 2.3 F/P/T governments and Inuit organizations will collaborate to develop and implement strategies to assist Inuit in achieving a representative workforce across the variety of health professions and para-professions. As part of building Inuit capacity, all education partners will collaborate to prepare Inuit for health careers and, in particular, address the following:
 - a) enhance elementary and secondary learning related to health careers;
 - b) incorporate Inuit culture and circumstances in health training programs;
 - c) provide effective access to health career training in the arctic regions including the use of appropriate technological resources;
 - d) recognize cultural competency and prior learning of Inuit candidates;
 - e) support health career development; and,
 - f) secure spaces for qualified students in health professional training programs.
- 2.4 In the short-term, all parties commit to the implementation of recruitment and retention strategies designed to encourage health professionals and para-professionals to remain in the arctic regions. These could include issues such as competitive pay and benefits, employment incentives and career development.

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- 2.5 F/P/T governments will ensure that Inuit benefit equitably from the new National Pharmaceutical Strategy.

3. Promoting Health and Well-Being

- 3.1 F/P/T governments will work with Inuit organizations to develop and implement options to give Inuit increased participation at all stages of health program design, development and delivery affecting Inuit.
- 3.2 The federal government commits to support Inuit participation in the development of strategies to address the health impacts resulting from environmental factors, degradation of the environment, climate change and/or economic resource development. Provincial and territorial partners will work toward a vision that promote the best possible health outcomes.
- 3.3 All parties recognize food security and affordability as key determinants of health and accordingly will address this issue in the short term through strategies which may already exist that enhance or include:
 - a) improved access to healthy and nutritious food, facilitated by programs such as the Food Mail Program;
 - b) improved access to healthy safe country food by advocating for initiatives such as those aimed at reducing costs of country food harvesting, improving access to facilities and equipment to facilitate storage and promoting community and inter-community sharing / distribution of country food;
 - c) education to promote the nutritional, social, physical and spiritual values of country food and the negative impact of unhealthy processed foods, as part of diabetes and obesity reduction strategies; and,
 - d) studies and actions needed to protect the health of Inuit exposed to contaminants and meet international obligations to control these contaminants.
- 3.4 All parties will explore the establishment of an Inuit-specific component of the Aboriginal Health Collaborating Centre which will be respectful of Inuit interests and priorities.

4. Developing Ongoing Collaborative Working Relationships

- 4.1 In the short term, in full collaboration with Inuit organizations, the federal government will establish an Inuit Health Directorate in Health Canada. This will provide a single-window approach to effect health policy development and design leading to an improved delivery of health promotion/prevention programs for Inuit.

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- 4.2 F/P/T governments and Inuit are committed to work in partnership through existing and/or new bilateral, trilateral and multilateral processes including those provided in the implementation of the Partnership Accord and through meeting the objectives of the Land Claims Agreements. All these processes should feature direct Inuit involvement in the design, development and delivery of health services.
- 4.3 F/P/T governments will provide appropriate financial support to ensure Inuit continued involvement at the national and regional levels to implement and follow-up on the Blueprint commitments.

5. Clarifying Roles and Responsibilities

- 5.1 In the short-term, F/P/T governments and Inuit organizations will identify and agree upon common principles or criteria to guide discussions on roles and responsibilities, including where appropriate: partnership agreements to focus on health outcomes.
- 5.2 In the short term, F/P/T governments will prepare maps including expenditure analysis of the current health services funded and/or provided for Inuit. The maps will inform appropriate and equitable funding decisions and allocations.

6. Monitoring Progress and Learning as We Go

- 6.1 An Inuit-specific component will be incorporated into the Aboriginal Health Reporting Framework (AHRF), including protocols for data collection, utilization and sharing Inuit-specific data among Inuit organizations and communities and with F/P/T governments.
- 6.2 In the short term, F/P/T reporting will identify the extent to which resources for Aboriginal or FN/I programs benefit Inuit populations and priorities.
- 6.3 F/P/T/I progress reports on implementation of the Blueprint will include an Inuit-specific report outlining Inuit priorities.
- 6.4 F/P/T/I health human resource strategies will include building capacity for Inuit participation to manage the collection, utilization, sharing and interpretation of health data through Inuit organizations.

MÉTIS FRAMEWORK

The existing Aboriginal and treaty rights of the Aboriginal peoples of Canada, which include the Métis, are recognized and affirmed in section 35 of the Constitution Act, 1982. Implementation of the federal commitments in this Blueprint will be undertaken in a manner consistent with the Métis Nation Framework Agreement signed in May 2005.

Métis people believe that in order to properly meet their unique health care needs, major structural changes must be made to the design and delivery of existing health care approaches. Redressing the poor health conditions of Métis will require attitudinal, behavioral and systemic changes. It will also take the establishment of an effective and sustainable partnership between Métis and F/P/T governments. Failure to act quickly will lead to continued inter-generational negative health consequences, which can only exacerbate Métis health conditions.

Increased Métis involvement in the health and wellness area will ensure the provision of culturally grounded and "holistic well-being" approaches to health. The establishment of unique Métis health promotion initiatives will enable the current health care systems to respond more quickly and effectively to meet the growing health care needs of the Métis population. Thus, all parties believe that a forward-looking agenda on prevention and health promotion has the potential to achieve long-term transformative changes to the health conditions of Métis. The establishment of an innovative, forward-thinking "Métis Health Promotion Framework" integrated within the current Canadian health care systems will be a shining international example of Canadian ingenuity and adaptability. Métis people seek parity of services to those provided to First Nations and Inuit as well as parity with those accessible to other Canadians.

1. Delivery and Access

- 1.1 F/P/T governments accept the need for support and enhancement of overall Métis capacity at the national, provincial, territorial and regional levels to enable their effective engagement with the F/P/T governments in identifying and addressing the health needs of Métis.
- 1.2 F/P/T governments and Métis leadership accept the need to explore options for sustainable Métis bridging funds to increase capacity for Métis to become more involved in health care policy, program development and delivery by building on existing F/P/T programs, such as the Aboriginal Health Transition Fund.
- 1.3 To improve coordination of programs and services and to ensure cultural and linguistic appropriateness, F/P/T governments and Métis leadership agree to work together to implement approaches for increasing Métis participation and involvement in health promotion and primary health care. This may include

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health and wellness clinics, telehealth, health promotion practitioners and outreach workers. In existing and new allocations, Métis seek an equitable, sustainable share based on need.

- 1.4 Consistent with needs, F/P/T governments and Métis leadership agree to promote Métis access to, and where feasible, delivery of continuing care services, including home and community care as well as long-term institutional care.

2. Sharing Improvements in the Canadian Health Care Systems

- 2.1 F/P/T governments will complement health services by investing in telehealth services in Métis communities. P/T governments accept the need to ensure linkages with Métis' telehealth services within their own telehealth strategic plans.
- 2.2 F/P/T governments and Métis leadership will support and create strategies to assist Métis in achieving a representative workforce across the variety of health professions and para-professions, and will make strategic investments in health-related occupational training and post-secondary education.

3. Promoting Health and Well-Being

- 3.1 Consistent with the fundamental strategies relating to the broader determinants, F/P/T governments and Métis leadership agree that a life-cycle approach should be adopted to ensure there are balanced public investments addressing the needs of Métis people as they move through the stages of life. In implementing this approach, the parties agree to a long-term commitment and forward-looking strategic investments in research, health promotion and disease prevention. The need to address population specific groups is critical including children, youth, women and the elderly.
- [3.2 Recognizing the importance of early childhood development as a key determinant of health, F/P/T governments commit to advocating for access of Métis to early childhood development programs and services and to advocate for programming that is responsive to the specific needs of Métis.]
- 3.3 All parties commit to collaborative action and advocacy with relevant agencies to address key priorities and gaps in the areas of mental health, maternal child and youth programs, diabetes prevention and treatment, and food security, including country food.

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- 3.4 All parties will explore the establishment of a Métis-specific component of the Aboriginal Health Collaborating Centre which will be respectful of Métis interests and priorities.

4. Developing Ongoing Collaborative Working Relationships

- 4.1 F/P/T governments and Métis are committed to work in partnership through existing and/or new bilateral, trilateral and multilateral processes. Such processes will address among other matters:
 - a) Métis involvement in the design, development and delivery of health services;
 - b) The specific health needs and challenges faced by children, women, youth and elders.
- 4.2 F/P/T governments will provide appropriate support to ensure Métis continued involvement at the national and regional levels to implement and follow-up on the Blueprint commitments.

5. Clarifying Roles and Responsibilities

- 5.1 In the short-term, F/P/T/As will identify and agree upon common principles or criteria to guide discussions on roles and responsibilities, including where appropriate, partnership agreements in the direction of improving health outcomes rather than focusing exclusively on issues of legal/constitutional jurisdiction and resourcing.
- 5.2 In the short term, F/P/T governments will prepare maps including expenditure analysis of the current health services they fund and/or provide for Métis.
- 5.3 All parties recognize that Métis organizations play a role in health and the need to protect the health and safety of their constituencies. F/P/T governments support a Métis role in relation to health including current and future agreements and acknowledge this is critical to the success of the objectives of the Blueprint.

6. Monitoring Progress and Learning as We Go

- 6.1 A Métis-specific component will be incorporated into the Aboriginal Health Reporting Framework (AHRF), including protocols for data collection, utilization and sharing Métis-specific data among Métis agencies and communities, Aboriginal organizations and with F/P/T governments.

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- 6.2 All parties recognize the need to improve Métis-specific information and research, including capacity for Métis participation to manage the collection, utilization, sharing and interpretation of data and research.

V. NATIONAL DIRECTIONS FOR ACTION

The Blueprint is intended to improve the health status of First Nations, Inuit and Métis in Canada through concrete initiatives in three specific areas.

1. Improved delivery of and access to health services to meet the needs of all Aboriginal peoples through better integration and adaptation of health systems. All parties commit to the following priorities:
 - a) in the short-term, building upon and improving initiatives to foster public health by strengthening environmental health activities where needed, and promoting access to public health services;
 - b) developing models and funding approaches to improve services by addressing gaps between and within federally-funded and P/T-funded continuing care services; and,
 - c) supporting culturally and linguistically-appropriate care through such mechanisms as “patient supports/advocates” or “client assistants”.
2. Measures that will ensure that Aboriginal peoples benefit fully from improvements to Canadian health systems. All parties commit to the following priorities:
 - a) acceleration of e-health and telehealth infrastructure development;
 - b) implementation of health human resource strategies through F/P/T investments and enhanced linkages; and,
 - c) exploring the current needs of those who may not have access to non-insured programs and considering options for improving access, outside the Non-Insured Health Benefits program.
3. A forward looking agenda of prevention, health promotion and other upstream investments for Aboriginal peoples. All parties commit to the following priorities:
 - a) facilitating engagement of communities in wholistic health planning;
 - b) concerted action, communications and collaboration with other sectors to address determinants such as housing, education, food security, and environment and violence against Aboriginal women, children and elders;
 - c) strategies for health promotion and disease prevention appropriate to regional realities through F/P/T investments;
 - d) acknowledgment of and respect for traditional approaches to healing;
 - e) engaging First Nations, Inuit and Métis and relevant Aboriginal

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organizations in the development of strategies to address health impacts resulting from environmental factors, degradation of the natural environment, and/or economic resource development through linkages with relevant F/P/T initiatives;

- f) healthy living and disease prevention strategies through F/P/T investments; and,
- g) access to appropriate levels of environmental health services and public health services in First Nations, Inuit and Métis communities and elsewhere, which could be achieved through improved coordination and engagement within mainstream systems as well as through strengthening community level services where needed, and through institutional capacity development.

VI. MOVING FORWARD

In this section the Blueprint presents commitments under three collective themes that point the way towards how the Vision will be achieved.

1. Developing On-going Collaborative Working Relationships: In order to continue the collaborative approach fostered by the Blueprint engagement processes, all parties commit to:
 - a) regional/local-level inclusive processes to address the health issues raised in the Blueprint;
 - b) national-level ongoing fora that are consistent with and complementary to the various Partnership Accords signed with National Aboriginal Leaders in May 2005, where agreed, to support the implementation of the Blueprint; and,
 - c) the preparation of bilateral, multilateral and/or distinctions based implementation plans, as appropriate, within the first year to translate the results of the regional engagements into short (1-2 years), medium (3-5 years) and long-term (5-10 years) actions.
2. Clarifying Roles and Responsibilities: In order to clarify roles and responsibilities in the health sector to provide appropriate and seamless health care delivery and to improve health outcomes, all parties commit to:
 - a) identify and agree upon priorities in the area of roles and responsibilities for immediate discussion and undertake to work together to resolve these issues in the short-term;
 - b) identify and agree upon, in the short-term, common principles to guide discussions on roles and responsibilities in the direction of improving health outcomes rather than focusing exclusively on issues of legal/constitutional jurisdiction and resourcing;

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- c) identify and share best practices in the short-term in which roles and responsibilities have been or are being clarified; and,
 - d) develop an inventory of issues to be addressed in the medium and long term and an action plan to undertake this work.
3. Measuring Progress and Learning as We Go: In order to ensure that the commitments contained in this Blueprint will have a demonstrable impact on health, all parties commit to:
- a) implement an Aboriginal Health Reporting Framework (AHRF) as set out in the 2003 Health Accord which will inform all parties on progress achieved and key outcomes as well as provide information on current programs and expenditures. The Aboriginal Health Reporting Framework will:
 - < be developed using a model similar to the Blueprint process and using a distinctions-based approach that includes distinct indicators for First Nations, Inuit and Métis;
 - < ensure that, within the above distinctions, the AHRF is able to report on the various population segments, including women, non-status, off-reserve, Inuit residing outside land claims settlement areas and urban populations;
 - < develop and support appropriate methodologies for collecting health data on all Aboriginal peoples; and
 - < be finalized by 2007 and reporting against the framework will begin by 2010-2011.
 - b) strengthening community-based health research by:
 - < recognizing and enhancing the capacity of First Nations, Inuit and Métis communities and Aboriginal organizations to take a lead role in research affecting them, through innovative partnerships and direct access to research funding as appropriate;
 - < supporting First Nations, Inuit and Métis engagement in updating and refining ethical guidelines for research that affects their communities to foster respect for Indigenous knowledge, and ensure that they benefit equitably from research activities and outcomes; and,
 - < encouraging research on and with Métis, Aboriginal women and people in urban and rural communities, off-reserve locations and Inuit residing outside Land Claims settlement areas.

The implementation of the Blueprint will be pursued respecting the *Strengthening Relationships and Moving Forward* section in “First Ministers and National Aboriginal Leaders - Strengthening Relationships and Closing the Gap, November 24-25, 2005”.

VII. REGIONAL CONTEXT

While the Blueprint on Aboriginal Health is a national document which provides guidance to all parties, it is recognized that significant work to improve Aboriginal health and implement the Blueprint will take place at the regional and local levels.

The national Blueprint is based upon regional reports developed as a result of regional and local engagements as well as on extensive reports submitted by regional affiliates of the national Aboriginal organizations. It is these key regional documents, together with the national Blueprint that will guide and inform the direction each region will take in improving Aboriginal health.

These regional engagements reports are being finalized and will be used to develop action plans that will paint a picture of what the federal, provincial and territorial governments, together with the leaders and health care workers who serve First Nations, Inuit and Métis commit to do at the local, district, regional, provincial and territorial levels towards achieving the vision of this Blueprint.

The Blueprint is a beginning. Engagements across the country overwhelmingly indicated that this work must continue after it is tabled with the First Ministers and Leaders of the national Aboriginal organizations.

The Blueprint has generated national and regional directions and three distinctions-based frameworks - First Nations, Inuit and Métis - for taking action to close the gap in health status between Aboriginal peoples and all Canadians. Within the regions, in all provinces and territories across Canada, work must now begin in partnership with all parties to turn the direction provided by the Blueprint into concrete action.

VIII. CONCLUDING REMARKS - AN HISTORIC MOMENT

Federal, provincial and territorial First Ministers and Leaders of national Aboriginal organizations today launch a commitment to continuing collaboration toward the goals set out in the Blueprint on Aboriginal Health and concerted action to achieve substantial, measurable improvement in the health outcomes of Aboriginal peoples by 2015. We do so in recognition that First Nations, Inuit and Métis, who are the original peoples of Canada, have contributed enormously to what has made this a great country. Aboriginal Peoples are entitled to receive a standard of health care which results in a health status comparable to that of other Canadians and this Blueprint commits to achieving that goal.

The endorsement of the Blueprint marks an historic moment - the culmination of unprecedented collaboration of representatives of Aboriginal Peoples, ten provinces,

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We believe that closing the gap between the health status of Aboriginal peoples and Canadians as a whole is achievable. Realizing the vision that has inspired the Blueprint will require sustained commitment of all partners, mobilization of the energy and wisdom of First Nations, Inuit and Métis, and willingness to test practical, innovative strategies.

It is our desire to work together over the next ten years to turn the words and commitments contained in the Blueprint into action.

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ANNEX A

GLOSSARY OF ACRONYMS

Assembly of First Nations	AFN
Aboriginal Health Reporting Framework	AHRF
Congress of Aboriginal Peoples	CAP
Fetal Alcohol Spectrum Disorder	FASD
First Nations and Inuit Health Branch (of Health Canada)	FNIHB
First Nations / Inuit / Métis	FN/I/M
federal / provincial / territorial / Aboriginal	F/P/T/A
Inuit Tapiriit Kanatami	ITK
Métis National Council	MNC
National Aboriginal Organization	NAO
Non-Insured Health Benefits	NIHB
Native Women's Association of Canada	NWAC

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