ABORIGINAL BLUEPRINT

Saskatchewan Approach

Draft for Discussion

Introduction

The commitment by First Ministers and National Aboriginal leaders to develop an Aboriginal health blueprint serves as a tremendous opportunity to improve the health and well-being of Aboriginal peoples. Nowhere is this initiative more important than in Saskatchewan, which has one of the largest and fastest-growing Aboriginal populations among Canadian provinces. First Nations and Métis residents made up 13.5 per cent of the provincial population as of 2001, and that figure is rising with some projecting it will grow to 28 per cent by 2015.

In Saskatchewan, the idea of governments and Aboriginal communities working together in the health care field is not new. Many successful partnerships have been formed and the province's First Nation communities are leaders in delivering health services to their people. But in Saskatchewan, like the rest of Canada, there is a long way to go in bringing the health status of Aboriginal people in line with that of the general population.

There is no quick fix for the complex, long-standing health problems facing Aboriginal people.The solution rests with a sustained effort to improve the standard of living and health care services for all Aboriginal people through systematic change and concrete action.The Aboriginal health blueprint serves as a positive catalyst, both at the national and provincial level.

As a companion to the national blueprint, the Saskatchewan document is built on the priorities that emerged from the provincial blueprint engagement sessions and submissions, and identifies further actions that will be undertaken by the Province of Saskatchewan and the federal First Nations and Inuit Health Branch (FNIHB) – Saskatchewan Region in collaboration with Aboriginal peoples.

The Province of Saskatchewan and FNIHB - Saskatchewan Region recognize that only by working collaboratively with First Nations, Métis and service providers will we achieve improvements in Aboriginal health.This document is therefore a starting point and by no means represents a final blueprint for Aboriginal health in Saskatchewan.

First Principles

The national Aboriginal health blueprint document contains a series of undertakings that will be carried out in Saskatchewan by the Province of Saskatchewan and FNIHB – Saskatchewan Region. We share the vision of the national blueprint and reaffirm that nothing in this document shall:

- Have the effect of, or be interpreted as, limiting or expanding any fiduciary relationship between Canada and Aboriginal peoples;
- Be construed to affirm, define, diminish, derogate from, or prejudice any treaty or Aboriginal rights of the First Nations or their members;
- Prejudice whatsoever any applications, negotiations or settlements with respect to land claims or land entitlements between Canada and the First Nations;
- Prejudice whatsoever the implementation of any inherent right to self government that a First Nation may possess nor prejudice in any way negotiations with respect to self-government involving the First Nations; or
- Be construed as modifying Treaties or creating a new treaty within the meaning of the *Constitution Act*, 1982.

As in the national blueprint, the Province of Saskatchewan and FNIHB commit to recognize the unique rights, needs and health care context of each constitutionally recognized Aboriginal peoples - Indians (First Nations), Inuit and Métis. In Saskatchewan, we will support two sets of discussions: one with First Nations and one with Métis.

Aboriginal Health Care in Saskatchewan

The Province of Saskatchewan and FNIHB – Saskatchewan Region have taken a number of steps together and individually to address the health needs of Aboriginal peoples. Initiatives include:

- Formal and informal partnerships with First Nation and Métis organizations. These partnerships include the Northern Health Strategy, the Athabasca Health Authority, hospital agreements in Fort Qu'Appelle and Stony Rapids, and the Métis Addictions Council of Saskatchewan Inc. Regional Health Authorities have also entered into partnerships with First Nations and Métis to support local planning and service delivery;
- Development by Saskatchewan First Nations of significant health service management and delivery capacities largely through their uptake of the FNIHB transfer initiative. At present over 75 per cent of the on reserve population in Saskatchewan region receive primary health services provided by First Nations under long-term transfer agreements;
- Strategies to increase the number of Aboriginal health care providers through bursaries, representative workforce agreements, and educational programs such as the Northern Nursing Program;
- Steps to address service delivery to Aboriginal people through programs such as Aboriginal Awareness Training;
- Research initiatives through the Indigenous Peoples' Health Research Centre, whose primary focus is promoting and developing capacity in health research among Aboriginal people in areas of Aboriginal health such as chronic diseases, Indigenous health, appropriate delivery of health services and prevention measures; and
- Initiatives to address specific health and health service concerns that face Aboriginal people. These include the provincial diabetes strategy, the Premier of Saskatchewan's Project Hope for addictions, a strategy to address FASD and other cognitive disabilities, tuberculosis programs, tele-health, and joint work on pandemic and emergency service planning.

The Blueprint Engagement Process - Identifying Priorities

To identify the priorities for the national blueprint and the Saskatchewan document, various engagement processes were undertaken within the province.

Engagement meetings were organized in May and June 2005 in Regina, Saskatoon and Prince Albert, facilitated by the Saskatchewan Institute of Public Policy (SIPP) with assistance from Indigenous Peoples' Health Research Centre. Approximately 200 participants attended the various discussions, including representatives from the Federation of Saskatchewan Indian Nations (FSIN), First Nation bands and Tribal Councils, Métis locals, Regional Health Authorities and various other community, health sector, research and academic organizations. SIPP produced a detailed report on these sessions which has been widely circulated.

FNIHB - Saskatchewan Region provided financial support to the Federation of Saskatchewan Indian Nations, the Northern Inter-Tribal Health Authority and the Muskeg Lake Cree Nation to hold their own engagement sessions and write blueprint submissions. These documents, along with SIPP's engagement session report, can be found in the Appendix. These documents, taken together with informal contributions from First Nation bands and Tribal Councils, Regional Health Authorities, provincial government departments, Saskatchewan Health branches and federal government departments helped to shape Saskatchewan's Aboriginal health priorities and formed the basis for our blueprint strategy.

Through the various engagement processes, many competing yet significant priorities were brought forward. Some of these addressed specific health issues that are of greatest significance to Aboriginal communities. These included:

- diabetes;
- mental health and addictions;
- health promotion, with an emphasis on maternal and children's health;
- improved access to services for residents in remote communities, including transportation issues; and
- greater Aboriginal representation in the health workforce.

In addition to health specific priorities, other issues came forward that addressed the manner in which services are delivered, and the participation of Aboriginal peoples in their development and delivery. Areas requiring attention included:

- communication and cooperation;
- jurisdictional barriers and funding; and
- cultural competence and respect in institutions.

While each is considered critical to the health and well-being of Saskatchewan's Aboriginal communities, it will be important to clarify and balance the priorities in a short, medium and long-term strategic context.

The following sections outline undertakings by the Province of Saskatchewan and FNIHB – Saskatchewan Region, based on six foundational pillars agreed upon by federal, provincial and territorial governments and the five national Aboriginal organizations. Where the phrase "we agree" or "we recognize" is used, it means "The Province of Saskatchewan and the First Nations and Inuit Health Branch - Saskatchewan Region agree/recognize …". Where there are undertakings by one level of government alone, the party will be named.

We understand that any undertakings described in this document are subject to the approval of the required spending authorities by the federal and provincial governments. Our intent in this document is to present areas where there is common agreement and/or positive practice in place at the local level so we can move forward.

Blueprint Pillars

Pillar 1: Delivery and Access

The engagement submissions were unanimous in concluding that barriers to access by First Nations and Métis peoples to needed health services must be eliminated. Despite the absence of sustainable funding arrangements to date, many promising partnerships have been developed engaging Regional Health Authorities and First Nation health organizations in building innovative service delivery models. These local initiatives need policy support to become system-wide in the provincial health care system. We agree that actions by all those involved in the delivery of health services are required to meet this challenge. To this end:

- Health Canada, for its part, is seeking new funding to provide for ongoing annual percentage increases to First Nations funding agreements. Until and unless such funding is provided to HC/FNIHB nationally, FNIHB - Saskatchewan Region agrees to continue to make every effort within the constraints of existing budgets to provide Saskatchewan First Nations funding agreements with annual percentage increases.
- For its part, the Province of Saskatchewan acknowledges the effectiveness of many existing local partnerships between Regional Health Authorities and First Nation health organizations, and is willing to continue encouraging such positive partnerships to expand the adoption of these models across Saskatchewan.
- FNIHB – Saskatchewan Region reaffirms its commitment to promote and support the greatest degree of First Nations control possible over the delivery of health services to their communities. First Nations taking responsibility for the design and delivery of health services on reserve through long-term, flexible funding arrangements is seen by the federal government as a contributing factor to the improvement in overall health status of First Nations communities, families and individuals.
- The Province of Saskatchewan and FNIHB – Saskatchewan Region agree to continue to pursue the adaptation and integration of health services through support to projects involving First Nations and Regional Health Authorities. We will assist First Nations and Regional Health Authorities in accessing project funding from the federal Aboriginal Health Transition Fund.
- We support the provision in the "10 Year Plan to Strengthen Health Care" calling for acceleration of efforts on tele-health and e-health to improve access for remote and rural communities including Aboriginal communities.
- Together, we understand that these combined efforts will, in the long-term, ensure that the services provided by all health organizations meet the needs of First Nations and Métis people, wherever they may live in Saskatchewan.

We recognize that innovation in the design and delivery of health services is present in many new approaches developed by local authorities and agencies. The integrated and wholistic character of such proposals, and their ability to leverage effective service delivery solutions at the local level, are to be supported and emulated by others. With that understanding:

The Province of Saskatchewan and FNIHB – Saskatchewan Region, individually and jointly, are pursuing a number of innovative health service delivery projects, such as:

- Developing A 15-bed inpatient residential youth treatment facility in Prince Albert, and the review of opportunities for a similar project in the southern part of the province as part of the Premier of Saskatchewan's *Project Hope* initiative;
- Exploring the potential for a Diabetes Centre of Excellence on Muskeg Lake Cree Nation's urban reserve in Saskatoon in collaboration with First Nations, the federal and provincial governments, and the Saskatoon Regional Health Authority;
- Continuing to support the collaborative approach of the

Northern Health Strategy, and their goal to improve the health status of all residents of Northern Saskatchewan;

- Promoting the Regina – Qu'Appelle Partnership in Excellence initiative, which supports First Nations and Métis people in attaining fair and equitable health and social outcomes; and
- Building a new multi-facility hospital in Ile a la Crosse which will have 11 primary and acute care beds, a long-term care facility, family healing center, emergency department, radiology and labs.

Pillar 2: Sharing in Improvements to the Canadian Health Care System

Throughout our discussions, health human resource issues have emerged as an important part of ensuring that First Nations and Métis people share in improvements to the health care system.

Increasing Aboriginal representation in front-line health delivery offers many benefits: it provides direct employment opportunities to First Nations and Métis people; it helps to ensure that the health system is sensitive to First Nations and Métis culture; and it helps to ensure an adequate supply of properly prepared health providers in Aboriginal communities. Recent research conducted by the Saskatchewan Institute of Public Policy for the Provincial Aboriginal Representative Workforce Council has found that there are significant costs to not only the health sector, but the economy as a whole in Saskatchewan, from *not* having a representative workforce.

Another important priority is providing cultural awareness training to non-Aboriginal health providers so they provide appropriate care to First Nations and Métis patients, and encourage a welcoming and supportive workplace for Aboriginal employees.

The provincial and federal governments have several initiatives in place that have been designed to increase Aboriginal representation in the health care professions and increase Aboriginal awareness. Some examples include:

- Partnerships for Building a Representative Workforce: a collaboration of the Saskatchewan Association of Health Organizations, Aboriginal communities, health employers, labor, educators and government. This program is working toward the goal of having Aboriginal people employed in all classifications in health care. Since 1996, 1,700 Aboriginal people have been hired under this initiative.
- The Native Access Program to Nursing (NAPN): a support and advocacy program for Aboriginal students in the Nursing Education Program of Saskatchewan (NEPS). NAPN is one of the 10 recipients of the 2005 Saskatchewan Healthcare Excellence Awards (SHEA). It provides support to Aboriginal students at the College of Nursing on the University of Saskatchewan campus in Saskatoon, as well as at the Nursing Division at SIAST (Saskatoon and Regina). There are currently over 100 Aboriginal students enrolled in NEPS (Regina and Saskatoon) being supported by NAPN.
- The Northern Nursing Program: the Nursing Education Program of Saskatchewan added 40 first-year nursing seats at the First Nations University of Canada, Prince Albert campus to address the need for greater Aboriginal and northern representation in the health system. The first graduating class from this program will be in April 2006.
- The Northern Health Sciences Access Program: the program helps prepare First Nations and Métis students for post-secondary study in nursing or other health-related programs by upgrading their science, math and English skills. To date, 45 students have completed the program, with 37 students scheduled to complete the program in the upcoming year.

- Aboriginal Awareness Training: Regional Health Authorities and the Saskatchewan Cancer Agency are providing Aboriginal Awareness Training to their employees and to date 9,000 employees have participated in these programs. The goal is to train 35,000 health care workers in the next three years.

The Province of Saskatchewan and FNIHB - Saskatchewan Region agree on the need for increased support to achieve the goal of a representative and culturally sensitive workforce. To that end:

- The Province of Saskatchewan and FNIHB - Saskatchewan Region will work with Aboriginal communities to secure federal health human resource funding for Saskatchewan initiatives that promote the development of a representative workforce and increase cultural awareness and competency.
- FNIHB – Saskatchewan Region will continue to pursue the implementation of its regional capacity development strategy for First Nation health organizations. This plan, covering 2005-2015, was developed with extensive input from First Nation health organizations and provides a solid foundation for further collaborative work to enhance human resource and organizational development strengths of First Nation health organizations.
- Saskatchewan Health will release a provincial health human resource plan before the end of 2005 that will address Aboriginal health human resource planning. This plan will further the objectives of initiatives that focus on increasing representation of Aboriginal health professionals, creating a culturally aware and competent workforce, and establishing ongoing support for Aboriginal people employed in the health care sector.
- Working with FNIHB - Saskatchewan Region and Aboriginal communities, Saskatchewan Health will host a Western and Northern Conference in 2006 that will highlight exemplary practices related to the training, recruitment, development, and retention of Aboriginal employees.

Pillar 3: Promoting Health and Well-being

The engagement sessions and submissions repeatedly mentioned areas where health promotion and public health initiatives were required to tackle:

- chronic conditions such as diabetes;
- child and youth-related programming;
- the continuum of mental health, suicide, addictions and violence
- prevention;
- public health; and
- access to nutritious and secure sources of food, including traditional foods.

The submissions and engagement sessions also highlighted many encouraging developments already under way. Led by local health innovators, examples include case management systems and family-centered case practice systems linking on and off reserve service providers.

The Province of Saskatchewan and FNIHB - Saskatchewan Region agree to address the shortcomings in the current system and also work collaboratively with First Nation organizations wherever possible to improve coordination of positive local initiatives in the areas of:

- diabetes;
- suicide prevention;
- maternal and child health;
- early learning and childcare;
- healthy use of medications;
- initiatives that will decrease the rate of accidents and injuries in the Aboriginal population;
- strategies to prevent HIV/AIDS and other sexually transmitted infections;
- mental health, addictions and violence prevention/care in

Aboriginal communities; and

- food security and issues associated with access to nutritious and traditional foods.

We agree that in many cases the positive initiatives being undertaken at the local level do not achieve greater acceptance and use within the province as a whole because there are no clear inter-jurisdictional policy frameworks. We agree to continue working collaboratively to address policy shortcomings and do whatever can be done within the powers of each jurisdiction to assure that the services provided to all Aboriginal populations are provided in a coherent, integrated and wholistic way.

We recognize that public health services for Aboriginal people are complex and complicated by the fact that a multitude of federal, provincial and First Nation authorities and ministries are involved in public health services for Aboriginal communities. Given the tremendous support in the engagement submissions for improving public health services available to Aboriginal peoples and communities:

We agree to improve public health services for Aboriginal communities, and to ensure seamless coverage of public health services for on and off reserve populations. To do this it is recognized that:

- We must work collaboratively with First Nation authorities on the application of provincial public health legislation on First Nation lands;
- There must be sufficient capacity within all public health authorities to fulfill agreed upon roles and responsibilities, and strong and effective working relationships between separate health authorities delivering public health services on and off reserve; and
- Commitment is required to improve communication and engagement of Aboriginal communities in public health emergency planning, including pandemic flu planning.

Pillar 4: Developing On-going Collaborative Working Relationships

Implementation of the Aboriginal health blueprint at the national and provincial levels will require strong collaborative relationships involving governments, First Nations and Métis peoples, and health sector organizations. In Saskatchewan, several partnerships have already been established at a provincial and local level to advance common interests. A clear message coming from the Saskatchewan engagement process was that strong two-way communication is necessary to build trust and achieve consensus. It is also important that any new processes should build upon, and not replace, existing partnerships.

The national blueprint document includes a commitment on the part of federal, provincial and territorial governments to work with First Nations, Inuit and Métis to establish collaborative processes to facilitate engagement and address health issues of Aboriginal peoples at national, regional and local levels, as appropriate.

In keeping with the national blueprint:

- The Province of Saskatchewan and FNIHB - Saskatchewan Region will begin discussions, as soon as is practical after the FMM, with First Nation organizations to develop an ongoing, collaborative process which moves the partners forward as allies in implementing the blueprint agenda. This collaborative process will focus on the implementation of the blueprint, addressing specific issues or concerns, and maintaining open lines of communication.
- The Province of Saskatchewan and FNIHB - Saskatchewan Region will explore opportunities to work more closely with Métis and other Aboriginal organizations in implementing the blueprint and other areas of common interest.

Pillar 5: Clarifying Roles and Responsibilities

In Saskatchewan and across Canada, on reserve health services are delivered by First Nation organizations supported by the federal government, while services off reserve to First Nations and Métis people are provided by the provincial government, often through the Regional Health Authorities. The uncertainty, and at times disagreement, over who is responsible for delivering which services has been a significant barrier to the provision of seamless health care to Aboriginal peoples. This problem has been noted in studies dealing with Aboriginal health care and was reinforced during Saskatchewan's blueprint engagement process.

While the problems created by jurisdictional issues are numerous and obvious, identifying solutions is a greater challenge. In its report on the engagement meetings, the Saskatchewan Institute for Public Policy summarized one discussion as follows:

There is an inherent tension in the task of clarifying roles and responsibilities between the desire for better integrated, more efficient, and more effective services for the entire population and the desire of First Nations and Métis people to have greater autonomy and control over managing health care for their people. Participants agreed, however, that the current situation is overly complex and that people need to better understand the roles and responsibilities of governments and organizations. As well, for First Nations, it is important that the provision of health services respect their treaty rights and the treaty relationship between First Nations and the Crown.

FNIHB - Saskatchewan Region, the Province of Saskatchewan and First Nations organizations have succeeded in overcoming jurisdictional tensions to create a number of successful partnerships. These include partnerships with First Nations in the establishment of the Athabasca Health Authority and Health Facility in Stony Rapids, collaborative work on the Northern Health Strategy, the All Nations Healing Hospital in Fort Qu'Appelle, and primary health care sites in First Nation communities. There are many other examples of people working together at the local level to find practical solutions to address issues and needs.

To clarify roles and responsibilities and work through the barriers created by jurisdictional issues, the Province of Saskatchewan and FNIHB - Saskatchewan Region agree to:

Address problems related to jurisdictional issues through the following process:

- Agree on the challenges and issues requiring immediate attention based on priorities identified in the engagement sessions;
- Draw upon the national blueprint in developing common principles and criteria to guide discussions and decisions on specific jurisdictional roles and responsibilities;
- Examine the current delivery system, assess the status quo and develop collaborative operational solutions to resolve the issues of primary concern; and
- In the medium- to long-term, develop a rolling implementation strategy, which identifies issues and opportunities that can be addressed in the next five years and ten years.

Pillar 6: Monitoring Progress and Learning as We Go

The engagement submissions have demonstrated that it is universally understood that no Aboriginal group has access to comprehensive, valid and reliable health data for its population. This is clearly a significant barrier to improving health status. To achieve the development of Aboriginal health reporting frameworks in Saskatchewan will take many years because of the challenges and current shortages in data and research. Nonetheless, we agree to:

Work together with First Nations, Métis and other Aboriginal groups to develop Health Reporting Framework(s) on First Nations and Métis health. To be successful, it is recognized that there is a need to identify health outcomes that are meaningful to federal and provincial governments and to First Nations and Métis peoples.

The framework(s) to be developed for Aboriginal health in Saskatchewan may, subject to the outcome of future negotiations:

- Identify and report on distinct health and social indicators for First Nations and Métis peoples;
- Identify outcome measures based on distinct First Nation indicators to eventually replace current activity and output reporting required under funding agreements between FNIHB and First Nations;
- Be responsive to the data elements required for the gender-based analysis commitments described in the national Aboriginal health blueprint.

While demonstrating an understanding and acceptance of the need for reporting to governments, the engagement submissions contained many comments on the continuing burden of reporting imposed on Aboriginal communities and organizations by the funding governments. To this end:

We agree on the need to improve program accountability and reporting regimes in the short-term by:

- The federal government streamlining health program reporting requirements of First Nation health organizations by 2007;
- The federal and provincial governments providing annual reports on Aboriginal health, based on an Aboriginal Health Reporting Framework(s) described above, beginning in 2010; and
- First Nation organizations under Transfer or Integrated funding arrangements with FNIHB already provide annual reports to their membership on health services. These reporting requirements will be reviewed in accordance with the overall streamlining of reporting requirements. The goal is to have new reporting frameworks in place by 2007.