

ASSEMBLY OF MANITOBA CHIEFS

MANITOBA FIRST NATIONS  
HEALTH & WELLNESS STRATEGY



**Action Plan**

A 10 Year Plan For Action  
2005 - 2015

A Work in Progress  
August 2006

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## FORWARD

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The Assembly of Manitoba Chiefs *Manitoba First Nation's Health and Wellness Strategy: a 10-Year Plan for Action* (hereon referenced as the Manitoba First Nations Health Strategy (**MFNHS**)) is built upon several years of research, political deliberation and direction by the First Nation leadership, community service and program providers, and technical working groups. The Manitoba Chiefs in Assembly gave life to the MFNHS through Resolution **#JAN-05.01**, passed at the AMC Special Chiefs Assembly on Health and Housing held January 2005 in Long Plain First Nation (**Appendix I**).

On February 5, 2003 a First Ministers Accord on Health Care Renewal was signed between the Federal and Provincial Governments. This Accord mandates an action plan; "Governments will work together to address the gap in health status between Aboriginal and non-Aboriginal Canadians through better integration of health services". It also requires the First Ministers to direct their Provincial Health Ministers "to consult with Aboriginal peoples on the development of a comparable Aboriginal Health Reporting Framework" (Health Canada, 2003a).

In Wahbung (1971), Manitoba First Nations focused our direction on the Inherent and Treaty rights in the pursuit of coexistence on a Nation-to-Nation basis. In more recent times, First Nations have called on the Government of Canada to implement health care delivery as recommended by the *Final Report of the Royal Commission on Aboriginal Peoples, 1996*. As the federal and provincial jurisdictional disputes over health services for First Nations continue, First Nations leadership will forge a renewed bi-lateral relationship with the Crown and Canadian governments in pursuit of equitable co-existence.

## EXECUTIVE SUMMARY

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It is well documented in many government reports and research studies that First Nation citizens and our communities have not received the same level of access to health infrastructure and resources necessary such as home care and other supports. All studies on First Nations health have identified a significant gap between the health status of First Nations to that of Canadians. For too long the delivery of health services and programs to First Nations has been fragmented, being left to jurisdictional debates by other governments. It is time to honour the First Nations–Crown relationship, as affirmed in our Treaties and through the Canadian Constitution, and engage in respectful consultation with outcomes to strengthen our co-existence.

The present initiatives of ‘integration and adaptation’ from the federal government need to be understood within the context of our Inherent and Treaty Rights, and two very significant documents - the *1979 Federal Indian Health Policy* and the *1996 Final Report of the Royal Commission on Aboriginal Peoples (RCAP)*. This is addressed in a “Companion Document on Health” (**Appendix II**) on re-establishing relations with Canada – which was reviewed at the Special Chiefs in Assembly of January 2005. The First Nations have given notice to Canada that we will not be co-opted into its “Pan-Aboriginal” agenda. Our leadership joined the national leaders in Ottawa December 2004 by Assembly of First Nations (AFN) Resolution that “AFN Opposes Government of Canada’s Pan-Aboriginal Approach”.

Together, we as First Nation peoples must determine our own relations with Canada to ensure the protection and implementation of the Crown’s Treaty obligations and fiduciary trust responsibilities. The MFN Health Strategy envisions that First Nations peoples in Manitoba will have a healthy and safe life equal to that of the general population and enriched by our strong cultures and the promotion and advancement of our fundamental inherent and treaty rights. Manitoba First Nations will be empowered with improved health status through First Nations control/governance/administered health and social services, access to financial resources geared to equitable outcomes.

### Our Goals:

1. Increase life expectancy to a level comparable with non-First Nations in Manitoba and Canada;
2. Reduce the prevalence of illness and disease rates, across all ages, to improve health to a level comparable or better than the provincial and national health levels;
3. Strengthen the service infrastructure essential to improving access by First Nations peoples to the health services;
4. Support improvements to accessing health services and programs.

### Our Priorities:

1. Designing and Implementing a First Nations Health Systems Delivery Framework
2. Strengthening comprehensive primary health care
3. Supporting emotional and social well-being
4. Addressing the social determinants of health

## 5. Pursuing health information and research.

On this foundation, the MFN Health Strategy pursues an organized plan of action based on building relationships, which also respects the traditional teachings of our peoples. This plan may serve as a guide for developing relationships between community and regional sectors, between departments and organizations, and between governments. In mainstream health jargon, this may be called “integration”; First Nations prefer “building relationships”. In general terms, three levels of relationships to restore First Nations health could include:

- **Level One: *Inter-Sectoral Relationships*** of health programs and service providers at the community and regional levels.
- **Level Two: *Inter-Departmental Relationships*** of government departments responsible for health and social programs, policies and funding i.e. FNIHB health and INAC social programs with health related mandates (water and sanitation, personal care homes, children with complicated medical needs).
- **Level Three: *Inter-Governmental Relationships*** between First Nation, federal and provincial jurisdictions (Health Canada, Manitoba Health, Regional Health Authorities with First Nation Tribal Councils and independent First Nation communities).

Policy for federal programs for First Nation peoples stem from Constitutional and statutory provisions. This must also include the Treaties and First Nations customs, practices, cultures and traditions. The ad-hoc federal policies currently in place have strayed from the federal *Indian Health Policy (1979)*, which emphasizes that the special relationship between First Nation peoples and the federal government is built upon three pillars:

**1. *Community Development:*** *both socio-economic development and cultural and spiritual development to remove the conditions of poverty and apathy which prevent members of the community from achieving a state of physical, mental, social well-being.*

**2. *Traditional Relationship of the Indian People to the Federal Government:*** *this relationship must be strengthened by opening up communication with Indian people and by encouraging their greater involvement in planning, budgeting and delivery of health programs.*

**3. *The Canadian Health System:*** *Indian communities have a significant role to play in the complex and interrelated elements of the health system, which is a shared responsibility between the federal, provincial and municipal governments, Indian Bands and the private sector. The federal government is committed to maintaining an active role in the Canadian health system and is committed to promoting the capacity of Indian communities to participate in the health system and decisions affecting their health.*

The RCAP (1996) recommended four major principles to health care which have yet to be acted upon:

1. ***Equity of health and social welfare outcomes:*** focus on financing health needs and allocation models that are designed to facilitate equitable health status.
2. ***Holism in the diagnosis of problems, their treatment and prevention:*** reflective of health and well being, optimally means that health and social services should be integrated.
3. ***Aboriginal peoples control over health systems:*** a piece-meal approach to health programs and services by policy-makers is counterproductive to self-government development among communities and nations.
4. ***Diversity in the design of systems and services:*** recognizes different cultural approaches to health and also recognizes the co-existence of traditional approaches to healing with the western medical model.

The first step to achieving success will be the recognition that First Nations voices guide the health strategy and inspire all to implement this Action Plan to improve the health of our nations, communities, families and the lives of the generations to come.



## INTRODUCTION

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***“A very great vision is needed, and the man who has it must follow it...as the eagle seeks the deepest blue of the sky.”***

Crazy Horse

The MFN Health Strategy recognizes and respects the cultural diversities throughout the region - the Cree, Dakota, Dene, Ojibway and Ojibway-Cree. This document was inspired and enhanced through the Assembly of Manitoba Chiefs' increased connections with indigenous peoples in Australia and New Zealand. It seeks to move forward on the First Nations Agenda, with First Nations together for the common interest of improving the health and social (socio-economic) status of our people for the collective advancement of promoting, preserving and protecting the fundamental Inherent and Treaty rights of First Nation peoples.

The *Manitoba First Nations Health and Wellness Strategy: a 10-Year Plan for Action* (MFNHS) addresses our people's and community's needs and values in health programs and delivery models, while working toward the vision for a First Nations-administered health care system. We are at the beginning of a fundamental shift from being 'administered peoples' to 'regulating authorities'; the transformation from government departmental program models to First Nations regional health frameworks and systems.

## HISTORICAL RELATIONS AND IMPACTS TO FIRST NATIONS

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As First Nation peoples we have been placed by the Creator on these lands as inherent sovereign nations since time immemorial, with our own world views and systems of governance that sustain our relations among all nations on the foundation of our teachings and cultures; respect, sharing, harmony and balance in the cycle of life.

*The Royal Proclamation of 1763*, signed by King George III of Great Britain, recognized First Nations people as nations and acknowledged that First Nations continued to own and possess lands and territories – establishing the principles that only the Crown could negotiate the sharing of the lands and resources with First Nations and that there must be the consent of the First Nations by way of meeting. The nation of Britain entered into Treaties with First Nations over time. In Manitoba, Treaties were entered into since 1871.

*The British North America Act, 1867* – defined a distribution of two legislative powers – without First Nations. By Section 91 Canada's federal government assumed legislative responsibility under s. 91(24) 'Indians, and Lands reserved for the Indians', and by Section 92 the Province assumed jurisdiction of "The Establishment, Maintenance, and Management of Hospitals, Asylums, Charities, and Eleemosynary Institutions in and for the Province, other than Marine Hospitals." Apart from the reference to hospitals and asylums there is no clear reference to which government body was responsible for health and health care – creating a jurisdictional gap in health to First Nations on- or off-

reserve for the Government of Canada. Under federal legislation, a consolidation of all then existing legislation and policies on First Nations resulted in the *Indian Act, 1876*. There is no specific reference to health services to First Nations. As a result, the federal-provincial negotiations have sought political fiscal arrangements or resorted to the Canadian courts to resolve disputes related to health matters leaving as one author defines as “jurisdictional currents” (Boyer, 2004).

There are differing views of the Treaty relationship between the First Nations and the Government of Canada that reveal divergent perspectives. The First Nations understanding includes the ‘spirit and intent’ of the Treaties and ceremonies of the negotiations and sees the inclusion of a provision of a Treaty right to health care services and programs as part of the fulfillment of the Government of Canada’s fiduciary trust obligations and honouring of the Treaties. Canada on its’ part does not share that understanding of the Treaties and the issue of health, and continues to provide health services and programs to First Nations as a matter of policy and moral obligation. In general, the Crown has dealt with the Treaties as an administrative and policy issue and interpretations based solely on the written text. The Courts have affirmed that the Crown holds a fiduciary obligation and must uphold the honour of the Crown as paramount in relations with the First Nations. At the AMC Special Chiefs Assembly on Health and Housing held in Long Plain First Nation on January 25 – 28, 2006, Ovide Mercredi delivered a presentation on *The Treaty and Inherent Right to Health (Appendix IV)*, as contracted by the AMC. Mr. Mercredi advised the use of domestic, constitutional and international forums to develop positions to protect these rights. He cautioned leaders that accepting more programs and services when the government doesn’t fully recognize First Nations rights is risky, and that First Nations must keep their Treaty Rights up front and on the table, and they need to say no to any federal government agreement that doesn’t acknowledge Treaties.

The federal *Indian Health Policy 1979* emphasizes the special relationship between First Nation people and the federal government. Policy for federal programs for First Nations people stem from Constitutional and statutory provisions, treaties and customary practice as well as from the commitment of First Nations people to preserve and protect our cultures and traditions. *The Indian Health Policy* was built upon three pillars due to “[t]he increasing level of health in Indian communities....to provide the means to end the tragedy of Indian ill-health in Canada” by:

- 1. Community Development:** *both socio-economic development and cultural and spiritual development; to remove the conditions of poverty and apathy which prevent the members of the community from achieving a state of physical, mental, social well-being.*
- 2. Traditional Relationship of the Indian People to the Federal Government:** *The federal government serves as the advocate of the interests of Indian communities to the larger Canadian society in its institutions, and promotes the capacity of Indian communities to achieve their aspirations. This relationship must be strengthened by*

*opening up communication with Indian people and by encouraging their greater involvement in planning, budgeting and delivery of health programs.*

- 3. The Canadian Health System:** *This system is one of specialized and interrelated elements, which may be the responsibility of federal, provincial or municipal governments, Indian bands, or the private sector. But these divisions are superficial in the light of the health system as a whole. The most significant federal roles in this interdependent system are in public health activities on reserves, health promotion, in the detection and mitigation of hazards to health in the acute and chronic diseases and in the rehabilitation of the sick. Indian communities have a significant role to play in health promotion, and in the adaptation of health services delivery to the specific needs of their community. Of course, this does not exhaust the many complexities of the system. The federal government is committed to maintaining an active role in the Canadian health system as it affects Indians. It is committed to encouraging the provinces to maintain their role and to filling gaps in necessary diagnostic, treatment and rehabilitative services. It is committed to promoting the capacity of Indian communities to play an active, more positive role in the health system and in decisions affecting their health.*

*The Canada Health Act* focuses on distributing health care to all Canadians equally – but does not connect to the First Nations constitutional protections of Sections 35 and 25 that result in inequalities of health access and services. The ongoing dispute between the federal and provincial governments over responsibility for First Nations health has resulted in fragmentation of health services. This in turn has resulted in a significant gap between First Nations and non-First Nations health status in Canada.

Many commission reports and research studies have documented and reported on the state of emergency of First Nations health. The Assembly of Manitoba Chiefs report of 1997, *“Review of The First Nations Health Crisis In Manitoba”* was addressed by the AMC Chiefs-in-Assembly. An Action Plan was presented to the Assembly of First Nations and resulted in a resolution supporting a national health renewal process. These reports lead to similar findings including: that First Nations people have an overall health status well below that of other populations in Canada including: increased rates in the areas of chronic diseases such as diabetes, heart diseases, acute renal failure, mental health such as youth suicides, and fetal alcohol spectrum disorders. Canada’s health care systems were built on western based medicines and health treatments that displaced First Nations medicines and healing traditions through legislation, policies, and practices, yet were designed to include First Nations (RCAP, 1996).

Today, there is much unfinished business regarding the responsibility for First Nations health in Canada across the regions with varying successes and different approaches – and without consultation of First Nations peoples. Manitoba First Nations continue to advocate the First Nations – Crown/Canada Treaty relationship to enforce the original spirit, intent and understanding of the Treaties to close the gap in health disparities for First Nations.

## **OUR VISION**

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**“All life comes from our Creator.  
Life is therefore sacred and must be preserved, protected and respected.  
Paramount to life is HEALTH.  
Thus, it is recognized and asserted that health  
Is the total well-being and balance  
Of our physical, mental, emotional and spiritual natures.  
In a collective and cooperative spirit  
And respectful of each First Nations autonomy,  
It is our vision that total HEALTH  
Be restored and maintained in the lives  
Of all First Nations people in Manitoba.”**

**Manitoba First Nations Health and Wellness Strategy  
A 10 Year Plan for Action 2005 – 2015**

<b>Our Goals</b>				
<b>Portability of Inherent and Treaty Rights</b>				
Increase Life Expectancy	Reduce Prevalence of Disease	Strengthen Service Infrastructure to Improve Access		
<b>Our Priorities</b>				
Effective Health Care System	Primary Health Care and Traditional Medicines	Emotional & Social Well-being	Social Determinants	Health Information and Research

**Key Result Areas**



<b>Key Action A: Move Towards A More Effective Health Care System</b>						
<b>Health Care System Framework</b>	Promote and Protect Traditional Ways and Medicines	Community Controlled Primary Health Care Services	Emotional and Social Well-being	A Competent Health Workforce	Sustainable, Needs-Based Funding and Operations	Accountability
<b>Key Action B: Build Good Health by Improving Social Determinants</b>						
<b>Housing</b>	<b>Environmental Health</b>	<b>Education</b>	Revive and Strengthen Our Languages and Cultures	Build Our Economies	Justice	
<b>Key Action C: Build the Infrastructure to Improve Health Status</b>						
Pursue Health Information and Research						

## **OUR MISSION**

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To ensure that First Nation peoples in Manitoba enjoy a healthy and safe life equal to that of the general population, which is enriched by strong cultures, respect and equity through promoting and ensuring social progress, harmony and the quality of life among our people;

To improve the health status of First Nations peoples in Manitoba through First Nations-controlled, governed and administered health and social services that are effective and financially sustainable from adopting better coordination, integration, access to financial resources geared to equitable outcomes by good governance;

To join First Nations together for the common interest of improving the health and social status of our people for the collective advancement of promoting, preserving and protecting the fundamental, inherent and treaty rights of First Nation peoples for now and for future generations;

To protect First Nations governments and people from any further encroachments or violations to our integrity and freedoms of self-determination.

## **OUR GOALS**

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1. Increase life expectancy to a level comparable with non-First Nations in Manitoba.
2. Reduce the prevalence of illness and disease rates, across all ages, to improve health to a level comparable or better than the provincial and national health levels.
3. Strengthen the service infrastructure essential to improving access by First Nation peoples to health services.
4. Portability of Treaty Rights and residency: supporting off-reserve First Nations citizens and access to health care.

## **OUR PRIORITIES**

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1. Design and Implement an effective First Nations Health System Delivery Framework.
2. Strengthen comprehensive Primary Health Care and strengthen and protect Traditional Ways and Medicines.
3. Support emotional and social well-being.
4. Address the social determinants of health.
5. Pursue health information and research, through First Nations initiatives and partnerships.

## KEY ACTIONS

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***“No army can withstand the strength of an idea whose time has come.”***

Victor Hugo

## SECTION A: MOVE TOWARDS A MORE EFFECTIVE HEALTH CARE SYSTEM

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### Key Action Area One: Health Care System Framework

Control over the health system relates to aspirations of self-determination and self-government initiatives of First Nation peoples. Numerous studies have shown that persons with control over their lives will have better health outcomes and live longer. RCAP argues that a piece-meal approach to health programs and services is counter-productive to self-government development among communities and nations (Lemchuck-Favel, 1999). Further to this, this fragmented approach has been linked to significant gaps between the health status of First Nations peoples and that of all other Canadians (Martens et al., 2002).

The following objectives guide the actions that need to be taken at a strategic level within the health system to enhance service delivery to Manitoba First Nations within comprehensive primary health care.

***Primary Health Care (PHC)*** is the first level of contact with the health system where services are mobilized to promote health, prevent illnesses, care for common illnesses, and manage ongoing health problems. PHC extends beyond the traditional health sector and includes all human services that play a part in addressing the interrelated factors that affect health.

*Primary Care includes assessment, diagnosis and treatment of common illnesses generally provided by family physicians and nurses. Primary Care is one of the core services provided by the primary health care system.*

*Other core PHC services include health promotion, illness prevention, health maintenance and home support, community rehabilitation, pre-hospital emergency medical services and coordination and referral.*

*PHC services are generally provided in the community. Some services, notably primary care, are also provided in acute care (i.e. hospital) settings.*

(Source: Manitoba Health's Primary Health Care Policy Framework)



## Objectives

1. Ensure First Nations self-determination and control through Treaty and Inherent Rights to restore greater authorities over health and to implement a First Nations Primary Health Care Model with Traditional medicines.
2. Ensure the portability and accessibility of health benefits under Treaty and Inherent Rights for First Nations citizens, regardless of where they live.
3. Improve the coordination of programs and services among First Nations, federal and provincial governments.
4. Increase First Nations participation in planning and management of health services with other governments and their departments.

## Actions

### Short-term (within 1 year)

- Increase Manitoba First Nations meaningful participation in Federal and Provincial mainstream service management and planning (i.e. Representation on Senior Management Committees at Health Canada, INAC and other relevant departments; and on senior provincial committees and Regional Health Authority Boards).
- Establish a Manitoba First Nations Health Council to act as representatives for inter-governmental joint planning teams (Mandate, representation, and implementation to be determined by Manitoba Chiefs-in-Assembly).
- Establish Intergovernmental and interdepartmental policy tables as a mechanism to develop policies and address the impacts of jurisdictional gaps.

### Medium-term (1-5 years)

- Integrate existing health programs from Health Canada/FNIHB with health-related components within the social umbrella from INAC (i.e. personal care homes, disabilities, children with complex medical needs, mould, and water and sanitation).
- Create new programs and services culturally rooted and effectively delivered to meet health needs of First Nations.
- Establishment of a First Nations Ombudsman within the health system.
- Research and networking regarding the establishment of a Manitoba First Nations Health and Social Commission (MFNHSC) to design and implement better coordination of health and social services.
  - The MFNHSC would serve as the transitional ‘administrative’ step, as outlined in the Health Framework Agreement Initiative.
  - The MFNHSC would be responsible for regional program coordination, administration, and health & social policy development and strategic planning.
  - Explore current health system models (i.e. RHA, Tribal Council Health Services (Transfer), other existing First Nations models; adapt/adopt and implement).

- Prioritize self-government negotiations over health in the Manitoba Framework Agreement Initiative (FAI) in collaboration with the federal and provincial governments to achieve greater authority over First Nations health services.
  - The FAI team will work with the Manitoba Health Technicians, Health Council and the Health and Social Commission. Collaboratively they will design the FNIHB and INAC dismantling frameworks inclusive of implementation plans.

Long Term (5 to 10 yrs):

- Establish First Nation jurisdiction over health.

**Key Action Area Two: Promote and Protect Traditional Ways and Medicines**

The Cree, Dakota, Ojibway, Dene, and Oji-Cree peoples and their ancestors have had their own traditional ways of life, healing, medicines and well-being since time immemorial. Each of our peoples are fortunate to have the medicine people of our traditions; the midwives; the ones who know the plants, roots, and medicines to heal us; the ones who can interpret dreams; the ones who carry out very sacred ceremonies, such as the Sundance; to heal our nations.

Some First Nation peoples seek our traditional healers; some seek only westernized medicine; others seek both ways to heal.

**Objectives**

1. Respect and promote the traditional ways of healing and knowledge of our people.
2. Provide access by First Nations to their traditional healers, if people so desire.
3. Facilitate coordination of traditional healers and bio-medical practitioners into holistic care service models, if the traditional healers so desire.
4. Protect the Creator's gifts to the First Nations peoples of our traditional healers, medicine people, and Pipe carriers and cultural knowledge from externally imposed research, appropriation and legislation.

**Actions**

Short Term (Within 1 year)

- Bring traditional healers and medicine people together to gain their guidance and direction.
- Review existing policy and develop potential solutions as it related to barriers to access to and delivery of Traditional healing.
- Encourage Youth-Elders meetings and cultural camps so that First Nations youth experience their connectedness to the land and the healing within that relationship.

- Involve and support the traditional medicine people who wish to ally with practitioners in western medicine, and support those who prefer not to.
- Protect First Nation peoples and traditional medicines from co-modification, genetic modification, bio-piracy and outside patenting, and other forms of misuse of traditional healing ways and medicines.
- Protect portability of rights including right to access traditional healers and care beyond the borders of Manitoba.
- Protection of and access to Sacred Sites and repatriation of Traditional artifacts in Manitoba (e.g. Burial Mounds; petroforms); *Heritage Resources Act* (MB).

#### Medium Term (1-5 Years)

- Assist our people to access traditional healers and ensure appropriate financial resources are provided for access to traditional healers, on par with mainstream health practitioners.
- Encourage partnerships between practitioners of traditional and westernized medicine, in situations where First Nation healers are interested and willing partners.
- Design and implement traditional wellness clinics/programs and promote existing clinics/programs.
- Design and implement programs targeting the youth population; to promote the use of traditional foods by increasing the knowledge and awareness of the gathering/hunting and preparation of traditional foods.

#### Long Term (5-10 Years)

- Protection and care of traditional lands, sacred places and ceremonial sites, and gathering areas for medicines and prevent conflicting land use.
- Encourage traditional ceremonies and cultural values in a contemporary context for our people in order to renew their spiritual ties to the lands, resources, each other and the community.
- Protect traditional healers from outside legislation, to protect and promote healing of our peoples and nations.

### **Key Action Area Three: Community Controlled Primary Health Care Services**

Communities need to be involved in assessing and prioritizing their needs, determining and implementing strategies, and evaluating their effectiveness. Community members have valuable information about their needs, desires and resources. For people to meet their own needs effectively, they must have opportunity, authority and responsibility.

Health care services are required to treat illness, restore health and keep people healthy and safe. It is not always clear which services achieve the desired results and which approaches are less costly but equally effective. The integration and coordination of services across the health system reduce duplication, effectively provide health professional expertise and help ensure the most effective use of human and financial

resources. Three approaches applying a primary health care approach to improve the health status of a population are listed below:

1. We need to achieve a better balance between allocating resources to treat disease, and promoting health and preventing disease;
2. We need to provide services in the most affordable way to meet the needs and achieve our health goals; and
3. We need to evaluate the results or outcomes of services and programs.

## **Objectives**

1. Improve individual and community health status through achieving equity in access to health providers, programs and services.
2. Ensure equity of outcomes through a full range of services expected within a comprehensive primary health care context including traditional medicines.
3. Ensure community decision-making and control over the management and delivery of health services to Manitoba First Nations.
4. Improve capacity of individuals and communities to manage and control their health and well-being.

## **Actions**

### Short-term (within 1 year)

- Establish community-level health committees in each First Nation to ensure that community controlled services work together to deliver a coordinated system of health promotion and primary health care.
- Support and build community capacity to conduct community needs assessments to determine needs and priority areas (population health approach).
- Support and build community capacity to address identified needs/priorities utilizing community development approaches.
- Support nurse practitioners with appropriate recognition and training to enable them to perform a complex clinical role.
- Support the transition from physician-based and hospital-based services delivery models to wider primary health care approaches that incorporate teams of various health care providers.
- Implement a revised Traditional Healer program to ensure access to traditional healers and medicines.

### Medium-term (1-5 years)

- Identify and eliminate duplication and address gaps in order to draw on mainstream programs and services.
- Develop and deliver education and prevention services to restore health and keep people health and safe.

- Work with governments to implement the recommendations from the *Manitoba First Nations Diabetes Strategy, 1999*.
- Develop comprehensive primary health care systems that include the following elements:
  - Clinical services (management of chronic and communicable disease, acute care and emergency care).
  - Illness prevention services (including population health programs such as immunization, prenatal care, screening programs and environmental health programs).
  - Programs for health gain (prenatal care, nutrition, physical activity, emotional and social well-being, and substance misuse).
  - Access to secondary and tertiary health services (personal care homes, hospitals, and dialysis).
  - Client community assistance and advocacy services.
  - All systems to include evaluative framework and research.
  - Protect Inherent rights by working with Crown governments to establish First Nations Regional Health Authorities where First Nations decide it is appropriate.
- Work with the Regional Health Authorities, provincial and federal governments to:
  - Ensure First Nations have meaningful representation and participation in RHA planning and decision-making.
  - Reform mainstream health services which affect First Nations.
  - Redesign and redefine the roles and responsibilities of some existing rural hospitals into primary health care centers.
  - Improve access to services through tele-health initiatives.
  - Create a First Nations licensing body for Personal Care Homes on-reserve.
  - Seek funding commitments to adequately support the operation of current Personal Care Homes.
  - Seek funding commitments for the construction and operation of Personal Care Homes on-reserve.
  - Establish Primary Health Care Centers, Renal Health Centers, Home Care, Personal Care Homes, and Palliative Care where required.
- Seek funding commitments to develop First Nations Community Controlled Primary Health Care Services.

Long term (5-10)

- Established community infrastructure and professional capacity agreements to address Primary Care on-reserve.

**Key Action Area Four: Emotional and Social Well-Being**

Improving the mental health and restoring emotional and social well-being of First Nations people is one of the highest priority areas to address. Upstream investments into mental health promotion are required to prevent our high utilization patterns in treatment crisis management care. Strengthening personal health practices and coping

skills can prevent diseases, promote self-care, cope with challenges; and it can also develop self-reliance, allowing people to solve problems and make choices that enhance health. These skills help people face life's challenges in positive ways, without recourse to risky behaviours such as alcohol or drug abuse. Research tells us that people with a strong sense of their own effectiveness and ability to cope with circumstances in their lives are likely to be most successful in adopting and sustaining healthy behaviours and lifestyles.

## **Objectives**

1. Develop a comprehensive strategy to heal the multigenerational impacts of historic trauma, colonization and assimilation.
2. Increase Traditional knowledge and ways of life.
3. Enhance the coping abilities and nurture self-esteem, self-respect and confidence levels of individuals, families and communities to take their rightful place in this world.
4. Protect every First Nations child, youth, woman, man and Elder and maintain that each has the right to live in safety, peace and harmony in their homes and communities.
5. Create a seamless mental health delivery framework that promotes healthy lifestyles and prevents risky behaviours, addictions, self-harm and violence against others and provides access to treatment services for those requiring such care.
6. Redesign and establish the professional infrastructure required to support any existing and new programs at the community and regional levels.

## **Actions**

### Short-term (within 1 year)

- Develop a Manitoba First Nations Mental Health mandate to guide First Nations needs and priorities.
- Promote and lobby for upstream investments (i.e. prevention-oriented) into mental health programs and suicide prevention strategies that reflect a holistic model of care.
- Continue to lobby for equitable compensation and ongoing healing through the Aboriginal Healing Foundation.
- Develop a Critical Incident Stress Debriefing/Management teams/program.
- Establish and improve the collection, exchange and analysis of First Nations health information at the provincial and federal levels to identify First Nations needs and priorities.

Medium-term (1-5 years)

- Work with government departments to design and define the scope of a mental health continuum, with required linkages to other agencies and health programs.
- Determine and train sufficient numbers of community, mental health workers, psychologists and social workers to respond to emotional needs of community members.
- Improve access to mental health services off-reserve through collaborating with the federal and provincial governments.
- Establish community holistic councils with representatives from relevant health programs (nursing, mental health therapists, BFI/BHC, NADAP) as well as policing and justice services, education, child and family services, youth and Elders to develop priority setting and decision-making over their community's health and social programs.
- Develop community zero-tolerance policies for the protection of children, women, men and Elders from emotional and physical violence; and develop First Nations mechanisms of redress for offenders (e.g. Restorative Justice, Sentencing/Healing Circles, Community Justice Forums).
- Develop culturally relevant and community based strategies to respond to alcohol, smoking, substance and drug misuse.

**Key Action Area Five: A Competent Health Workforce**

The current shortage of various health professionals throughout Canada is well documented. When discussing new models of health service delivery, it is imperative that the requirements for health human resources are available to provide care.

**Objectives**

1. Design and deliver the Manitoba First Nations Health Human Resource Strategy with partners (such as MFNERC, Frontier School Division, and universities and colleges).
2. Increase the First Nations health human resource pool in Manitoba in order to decrease the ratio gap of providers to clients and target, but not limit to, 240 trained professionals by the year 2015:
  - a. 10 First Nations Physicians;
  - b. 5 Pharmacists;
  - c. 5 Dentists;
  - d. 80 First Nations Registered Nurses and Licensed Practical Nurses;
  - e. 60 'Para-health' Professionals;
  - f. 60 Mental Health Workers;
  - g. 10 senior level Health Managers.

## Actions

### Short-term (within 1 year)

- Design culturally respectful health education programs that are more supportive of First Nations students and their family and community realities and responsibilities - supports need to focus on recruitment and retention.
- Develop partnerships between First Nations, government and academic institutions to negotiate for First Nations seat designation and address long admission waiting lists.
- Create additional bursary and sponsorship programs to help alleviate the long waiting lists for financial support, inclusive of sponsorship criteria.
- Prioritize post secondary education (PSE) support for health careers in designated services needed in the community, and enter into contracts with PSE students to return to their home community for a number of years upon graduation and provide these services.
- Provide supports for apprenticeships/mentorships with traditional healers.
- Provide safe and supportive work environments, which offer a high standard of professional development.
- Develop Recruitment & Retention incentives and initiatives for existing professionals, while planning for future development.
- Work collaboratively to overcome barriers against recruitment of foreign trained doctors and other health professionals to ease First Nations access to quality health care.

### Medium-term (1-5 years)

- Fast track First Nations training of 'health para-professionals', with laddering access to full accreditation, in the following areas:
  - Mental health workers and psychologists.
  - Lab, ultrasound and x-ray technicians.
  - Dieticians and nutritionists.
  - Physiotherapists, occupational health specialists, etc...
  - Information Technology and health information/record management systems.
- Address Recruitment & Retention issues with Federal, provincial, and institutional partners, at the community, regional and national levels, through joint strategy development in the following areas:
  - Safe Work Environments, as regulated under the *Workplace Health & Safety Act* (e.g. WHMIS, 24 hour Security)
  - Continuing education and life-long learning
  - Personal & Professional Isolation
  - Wage Parity between government and non-government Health Professionals, Para-professionals, and Support personnel.
  - Centralized First Nations Health Authority.
  - Community- and/or Tribal Council-level Human Resource Manager/Advocate.
  - Regional Employee Assistance Programming at the community-level.
- Establish First Nations Human Resource Division to work within the MFNHSC.



- Provide Human Resource Management support to communities i.e. community program and personnel policies, job descriptions.
- Identify learning needs of community based workers, explore training approaches, and develop partnerships with academic institutions to develop effective and efficient training approaches to meet identified needs. i.e. training for health leadership.
- Build community capacity in the management and administration of health programs and services.

Long-term (5-10 years)

- Establish satellite community-based nursing education programs.
  - Pilot such a program here in Manitoba by working in collaboration with the communities, the universities, the College of Registered Nurses of Manitoba and provincial and federal governments.
- Build the first ever satellite First Nations University program through studying other models in distance education as well as the PENT and BUNTEP programs used for training teachers. These programs have near a 100% completion rate in some of our communities.
- Employ a First Nations health workforce that is reflective of community and individual health needs and service requirements.
- Proportional representation of staffing.

**Key Action Area Six: Sustainable, Needs-Based Funding and Operations**

The financing vehicle for Manitoba First Nations must keep pace with the need for a First Nations controlled, holistic approach to community, family and individual healing (Lemchuck-Favel, 1999). The piece-meal funding arrangements among federal and provincial government departments limits opportunities for creative and need-based cost efficiencies, an issue which is necessary to address in dealing with the federal funding caps and provincial downsizing. Currently, the federal and provincial governments are making efforts to address regional and national deficit reduction goals without proper consideration of current and projected First Nations health care needs. Throughout this jurisdictional interplay, the federal and provincial governments continually seek to find ways in which the other government may pay the costs of services.

**Objectives**

1. Ensure a sustainable First Nations health care system for our people through creating viable health programs and practicing good governance.
2. Improve the effectiveness and the financial sustainability of the health care system through better coordination, integration and access to financial resources geared to equitable outcomes.

## Actions

### Short-term (within 1 year)

- Explore the financial viability and sustainability of a First Nations health care system that is reflective of consolidated provincial/federal funding by:
  - Review regional financial studies and reports on the current health care expenditures.
- Study national and international health financing models to explore ideas that could assist in the design of a financial framework for a First Nations health care system.

### Medium-term (1-5 years)

- Implement the MFN Health Strategy to restore a controlled, governed and administered First Nation health care system.
- Work with FNIHB to implement the recommendations from the *National First Nations and Inuit Transfer Policy Report, 2004*.
- Develop and implement integrated models of funding between federal funding agencies that allow for comprehensive programs and long-term sustainability of funding.
- Design needs-based funding formulas, which provide stable and predictable funding to facilitate program and financial planning. Funding formulas to include:
  - Isolation factor.
  - Total population of community (non-status, status).
- Propose a regional Manitoba First Nation financial framework and incorporate this into the FAI dismantling and implementation plan.
- Mediation/Redress to resolve jurisdictional Challenges.
- Develop Bi-Lateral (First Nations-Federal) and Double Bi-Lateral (First Nations-Federal and Federal-Provincial with First Nations observers) protocols for Health and Social Programs between First Nations-Federal-Provincial governments.
- Negotiate multi-year funding agreements between federal-provincial-First Nations planning and transfer renewals.

### Long-term (5-10 years)

- Achieve greater transfer of authorities to First Nations from federal departments.
- Enter into Bi-Lateral and Double Bi-Lateral agreements and political accords between First Nations-Federal-Provincial authorities.

## **Key Action Area Seven: Accountability**

This Action Plan requires greater First Nations control of the health care system in the context of administration and reform through incorporating the holistic health needs of the community.

In an integrated funding model, First Nations will not be faced with the obstacles currently experienced with stove-piped financing; therefore, community needs can be easily met as resources follow need rather than fitting needs into existing funded programs. Full responsibility rests with the community health system to ensure that community priorities are reflected in community health plans; to demonstrate improved health outcomes; to manage resources in a cost-effective and efficient manner; to evaluate community satisfaction and continuously improve the system; to practice evidence-based decision making in health program design and implementation; and finally to report to the community periodically on the systems progress against the defined indicators and outcomes (Lemchuck-Favel, 1999).

### **Objectives**

1. Practice greater accountability to First Nations citizens and Canadians in improving First Nations health outcomes.
2. To require reporting by Crown governments on health planning, expenditures and rationale to First Nations.
3. Increase First Nations decision-making and resource allocation with Crown Governments and their agencies.
4. Design a First Nations-specific streamlined, effective, efficient and consistent reporting framework, in consultation with Manitoba First Nations.
5. Increase communication and openness in resource sharing of information and best practices between governments, service providers and First Nations clients.
6. Advance and support regional and community self-reliance through flexible health services, programs and policy development.

### **Actions**

#### Short Term (Within 1 Year)

- Focus on accountability for health service outputs, together with accounting for expenditure of funds.
- Negotiate access to provincial and federal data bases and information systems to increase a collaborated and effective service approach to facilitate long-term program planning to improve health outcomes.

- Develop, review and revise community health plans annually; each community or First Nations health authority will be responsible for determining their own specific initiatives, priorities, timeframes, and indicators to measure progress over time.
- Design a First Nations 'Report Card' that is culturally relevant and useful for communities to measure progress of health outcomes.
- Develop a communication strategy to create awareness and understanding of the Manitoba First Nations Health Strategy.
- Define Federal and Provincial jurisdiction; increase community awareness and understanding of these roles and responsibilities.

Medium Term (1-5 Years)

- Design and implement a streamlined First Nations reporting framework that recognizes and resolves the current reporting burden experienced by First Nation communities.
- Develop communication strategies between national, regional and community health systems to facilitate informed community decision-making processes.
- Address the deficit in infrastructure for information communications technology across the Region.
- Strategically interconnect provincial and federal health information systems to assist in access to timely information and electronic portability of medical records – with the necessary First Nations and governmental privacy protections.

Long Term (5-10 Years)

- Develop a First Nations-defined Reporting Framework.

## **SECTION B: BUILD GOOD HEALTH BY IMPROVING SOCIAL DETERMINANTS**

Individual health is as much a product of the degree of prosperity, opportunity and control people have in their lives as it is a product of the medical services they receive. Many factors, such as the lack of employment, economics, education, adequate housing and water, food security as well as access to traditional foods and medicines, influence the health of a person. The poor health status of First Nation peoples heightens the awareness and the need for culturally appropriate health services through addressing the social determinants of health. Actions must address the full range of factors that influence the health of the population.

### ***Determinants of Health***

*A number of factors work together to make people healthy, or not. They include:*

- *the social and economic environment,*
- *the physical environment, and*
- *the person's individual characteristics and behaviours.*

*These factors are called the **determinants of health**.*

*The determinants of health do not exist in isolation from one another. Rather, they work together in a complex system. What is clear though, is that people's circumstances affect their health and well-being. For example, research shows that living and working conditions have a greater impact on people's health than health care. Things like housing, income, social support, work stress and education also make a big difference in how long people live, and the quality of their lives.*

(Source: Public Health Agency of Canada: Canadian Health Network)

The determinants of health considered in this document are not all inclusive and it remains for First Nations leadership and citizens to continually define and prioritize these determinants for themselves.

### **Key Action Area Eight: Housing**

*The Ottawa Charter for Health Promotion (WHO, 1986) recognized shelter as a basic prerequisite for health. Inadequate housing and overcrowding are significant issues among First Nations in Manitoba; about one quarter (25.8%) of houses in 1998-99 needed major renovation or replacement and the average persons per household are twice as high for Manitoba First Nations compared to other Manitoba residents (Martens et al., 2002)*

## Objectives

1. Seek recognition and implementation of our Inherent and Treaty Right to shelter.
2. Eradicate the First Nations housing crisis and sustain adequate housing through the development of a housing action plan whereby First Nations assume jurisdiction and control of all aspects of housing.
3. Seek recognition that local control and priority setting is the responsive and effective approach to delivering housing programs wherever First Nations citizens live.

## Actions

### Short Term (Within 1 Year)

- Develop the Manitoba First Nations Housing and Infrastructure Strategy and Action Plan.
- Seek investments in capacity development to improve all housing related skills, including management and governance.

### Medium Term (1 to 5 Years)

- Implement the Manitoba First Nations Housing and Infrastructure Strategy and Action Plan.
- Improve, simplify and enhance the status quo Federal housing and infrastructure programs in the short term.
- Ensure existing and new funds flow immediately to First Nations.

## Key Action Area Nine: Environmental Health

In May 2003, INAC released the study entitled *National Assessment of Water and Wastewater Systems in First Nations Communities*. Of the 740 national on-reserve water systems and 462 wastewater systems, a number require upgrading or improved operation and maintenance to meet the federal guidelines. Nationally 62% of the water systems did not have an emergency response plan in place.

- In Manitoba, of the 66 water systems assessed, 32 were rated medium risk and 6 were rated as high risk;
- In Manitoba, of the 67 wastewater systems assessed, 25 were classified as medium risk and 5 were rated as high risk.

## Objectives

1. Ensure there is clean water for our children and future generations through development of water management strategies.

2. Ensure there is future efficient solid and waste water management systems in place to stop the contamination of our land and water.
3. Ensure we have a voice in the development of all government policies that affect First Nations.

## **Actions**

### Short-term (within 1 year)

- Focus on our successes and encourage other First Nations communities to follow suit in all areas of environmental health. Sharing of information and building upon existing programs and projects are essential to ensuring sustainable healthy communities.
- Pay close attention to our Elder's Traditional Environmental Knowledge, it holds the secret to sustaining our communities for generations to come.
- Analysis of the role of First Nations in implementation of the Kyoto Accord and implications for future development.
- First Nations collaboration with FNIHB and INAC to review existing programs and responsibilities.
- Develop MFN Environmental Strategy that includes the following:
  - Community Emergency Measures Plans.
  - Impact Assessment from Past and Present Environmental Contamination, Natural Disasters and Manmade Disasters (e.g. Fuel Spills, Flooding, Hydro Development).
  - Solid and Waste Water Management strategies and resources.
  - Environmental Contamination & Toxins (e.g. Fuel spills, Industrial pollution, Asbestos) – prevention, education and remediation.
  - Environmental Scan to determine Known and Unknown Sites of Contamination.
  - Environmental Air Quality Issues (Residential; Workplace; Gravel Roads).

### Medium-term (1-5 years)

- Host an Elder's Forums on Climate Change, Traditional Medicines, and Indigenous Education similar to those that occurred in northern Saskatchewan.
- Develop a Manitoba First Nations Environmental Strategy to protect the best interests of the communities and entrench First Nations Traditional Environmental/Ecological Knowledge.
- Protection of and access to Sacred Sites in Manitoba (e.g. Burial Mounds); *Heritage Resources Act* (MB).
- Work with the federal government departments in the development of the seven-part First Nations Water Management Strategy aimed at improving the safety of water supplies on reserve.
- Develop First Nations community plans to facilitate in identifying the issues and help focus on planning a framework for the future. Issues that can be discussed include:
  - Capacity Development and Training.
  - Management issues.
  - Land Management.

- Environmental issues.
- Traditional Environmental/Ecological Knowledge.
- Natural resources.
- Infrastructure and capital requirements.
- Water and Wastewater Management.

Long Term (5-10 years):

- Implement the Manitoba First Nations Environmental Strategy.

### Key Action Area Ten: Education

Education is closely tied to socio-economic status, and effective education for children and life-long learning for adults help build the foundations to health and prosperity for individuals and the community. According to Health Canada, education contributes to health and prosperity by equipping people with knowledge and skills, which thereby increases opportunities for job and income security. It also improves people's ability to access and understand information to help keep them healthy.

#### Objectives

1. Ensure the future of our nations through nurturing of healthy and empowered children as leaders of tomorrow.
2. Guarantee that every First Nations child has the opportunities to receive the best education. Hear all of our children say with the utmost confidence, "**When** I go to college and **When** I learn a trade ..." NOT "**If** ..."
3. Promote life-long learning for community members and working health professionals.

#### Actions

1. Health education
  - Increase involvement of parents and guardians in education, school, extracurricular activities and recreational activities.
  - Eliminate childhood obesity and early onset of diabetes type II by promoting good nutrition, healthy eating habits and physical activity.
  - Include illness prevention and health promotion strategies into school curriculums through stronger partnerships with public health nurses and other community health services.
  - Develop school health policies or community by-laws for 'junk-free' schools removing soft drink machines, chip and chocolate bars from canteens as well as promoting fat and sugar free bagged lunches; establish healthy school lunch programs.



- Develop and promote self-esteem and healthy relationship workshops that are age appropriate for every grade beginning from Kindergarten through to grade twelve.
- Decrease adolescent pregnancy and improve youth health and knowledge through supporting mandatory public health classes on contraception and communicable disease control in schools.
- Ensure that adequate resources are available to support education for children with special needs.

## 2. Preparing and securing our future in primary and secondary education

- Ensure government agencies address policy barriers for education access and commit to increased investments in education.
- Ensure universal access to education for children living on- and off-reserve - regardless of jurisdictional barriers and issues of funding.
- Prevention investments into early childhood education by protecting and promoting Head Start programs and early childhood development.
- Ensure education curriculums meet or exceed provincial standards.
- Ensure enhanced resources are available to support First Nations in meeting/exceeding provincial education standards.
- Ensure teachers are responsive and adapt to various student learning styles.
- Design and implement programs that will prepare students for transition into post-secondary education.
- Increased education on historical and modern experiences as it relates to language & culture.
- Involve Elders in schools to give direction, guidance and to share teachings.
- Promote role model program to encourage youth to set and reach goals.
- Support for teen moms (i.e. day care, financial, and mentoring).
- Provide competitive recruitment and retention packages for teachers to attract the most qualified educators for our children.
- Begin early career path counselling with students in pre-adolescent years and support their ambitions throughout the coming years.
- Address enhanced resourcing for children with special needs (e.g. specific funding, diagnosis, occupational/physiotherapy).
- Enhanced educational opportunities for Exceptional Children.
- Increase and promote Adult Education program opportunities.
- Adequate resources / facilities to support student learning in schools (i.e. science labs, gyms with appropriate equipment).
- Increase parental/community involvement in school activities.

## 3. Post Secondary Education (PSE)

- Community to plan for Health HR / HR needs for future.
- Adequate financial resources to support students entering PSE.
- First Nations review of current PSE policy/criteria; identify barriers which may prevent students from receiving financial support and revise policies/criteria to ensure support for:

- Access to funds for students pursuing PSE.
- Change in choice of career path.
- Graduate Studies.
- Increase access to education/guidance counsellors.
- Promote / Increase awareness of existing student support services.
- Design and implement support system for student transition.
- Increase access to affordable tutors.
- Promote awareness of existing bursaries, scholarships and awards.
- Increase number of available bursaries, scholarships and awards accessible to First Nations students.
- Increase cultural sensitivity training opportunities for educators.
- Explore Student summer employment opportunities within the health sector.
- Increase Internship opportunities in First Nations health.

### **Key Action Area Eleven: Revive and Strengthen our Language and Culture**

Prosser (1978) defined culture as “related to traditions, customs, norms, beliefs, values, and thought patterns passed down from generation to generation” (cited in Saskatchewan Health, 1997). Cultural practices differ from community to community and may differ among groups within each community. The government’s policy of assimilation has had a negative impact on First Nations languages and cultures. Cultural loss is considered a significant determinant of health and well-being in the Aboriginal Community (Kinnon, 2002). First Nations must seek to restore and preserve their languages and culture as they begin their journey to restoring health.

First Nations must seek to restore and preserve their languages and culture as they begin their journey to restoring health, as language loss and revitalization are very complex matters that go right to the heart of nationhood, identity, and whole health and sense of well-being. International research has found there are “potential psychic and physically adverse effects of linguistic exploitation” and that “the development of a minority language and linguistic rights may prolong life expectancy and well-being of minority members” (Kunnas 2003). Elders have spoken about the link between the loss of language and culture and the increase in youth suicide: “they perish from their lack of knowledge” (AFN 1993:21). The Assembly of Manitoba Chiefs’ *Final Report on the Language and Well Being Project 2005* found that there needs to be an approach to strengthening and revitalizing languages that reaches people at a level deeper than merely offering language resources or classes. Rather, efforts need to be based upon understanding the deep connection of identity and the language, and the historic oppression that led to the level of language loss can lead to grief over loss as well as frustration and anger.

## Objectives

1. Preserve the language and culture of First Nations communities.
2. Increase education and awareness through the school curriculum.

## Actions

### Short-term (within 1 year)

- Bring Elders, traditional healers and medicine people together to gain their guidance and direction.
- Develop community strategies to preserve language and culture.
- Promote awareness of existing programs that promote the preservation of traditional knowledge/ways/language and develop a list of resources.
- Employ language curriculum specialists at the Manitoba First Nations Education Resource Centre to assist First Nations in addressing their language needs.
- Ensure the school curriculum increases education on historical and modern experiences as it relates to language and culture.
- Increase public awareness of First Nations Treaty and Inherent rights.

### Medium-term (within 1-5 years)

- Implementation of community strategy.
- Increase the involvement of Elders in schools to provide direction, guidance and share teachings.
- Increase the number of First Nations language immersion schools.
- Development of medical dictionary, written in all Manitoba First Nations languages.
- Community development and implementation of cultural camps.
- Establish an Anishinabe language and cultural Radio and Television Network in Southern and North-eastern section of Manitoba.

## **Key Action Area Twelve: Build Our Economies**

Current advocacy efforts in the economic area focus as needed for change in policies and legislation of the federal and provincial governments that exclude or hinder First Nations economic activity and access to resources, capital and opportunities. In addition, First Nations are also seeking the development of new policies and legislation that will enable and enhance economic access and activity for First Nations institutions and their citizens.

## **Objectives**

1. Act on Treaty and Inherent Rights to lands and resources
2. Develop effective strategies for Manitoba First Nations to enjoy the same Standard of living as all Manitobans for the overall improvement to health.
3. Create more stable economies and long-term employment opportunities in First Nations communities.
4. Initiate revenue/fiscal arrangements, access to capital economic opportunities in the public and private sectors.

## **Actions**

### Public Policy

- Continue to challenge existing federal and provincial public policies to gain greater First Nations control and authorities over Economic Development and Income Assistance funding and programs.

### Health Sector

- Explore revenue/fiscal arrangements, either community or regional ventures, that could help finance a First Nations health care system, in the following areas:
  - Tele-health.
  - Transportation.
  - Pharmaceuticals.
  - Health human resources.
  - Financial Management Corporations – Third Party.

### Gaming

- Work with the province to develop a First Nations Gaming Corporation to replace the Manitoba Lotteries Corporation's (MLC) oversight of First Nations gaming.
- Partner with other First Nation communities to establish revenue sharing First Nations casinos.
- Create a 'Development Fund' for First Nations Economic Development through revenue sharing with the provincial government.

### Natural Resources

- Explore partnership arrangements at the ownership level with resource based companies.
- Consider alternative energy based development such as Wind Power projects or Hydrogen power projects.
- Consider environmentally safe partnerships for Hydro generation and/or transmission line projects.

- Form tripartite agreements between the First Nations, the federal and provincial governments to develop increased access and control over natural resources by First Nations.
- Develop partnership arrangements for natural resources revenue sharing with the provincial government and/or private sector corporations.

#### Access to Capital

- Work with provincial and federal governments to design and implement “Economic Incentives” to attract the private sector to locate their business on reserve, for example; Tax Credits or On-Reserve Tax Free Zones.

### **Key Action Area Thirteen: Justice**

According to Kinnon (2002) the National Indian and Inuit Community Health Representatives indicated that “Family Violence has been linked to unemployment, overcrowded housing and alcohol and drug abuse and has a significant long term impact on health status”. The need for holistic community driven approaches is evident and will require the support from all governments.

#### **Objectives**

1. Protect every First Nations child, youth, woman, man and Elder and maintain that each has the right to live in safety, peace and harmony in their homes and communities.
2. Promote healthy families and healthy communities through education and awareness of family violence issues.

#### **Actions**

##### Short-term (within 1 year)

- Establish multi-sectoral teams to develop community approaches to address issues that impact safety, peace and harmony in the community.
- Explore and implement effective methods that raise awareness and educate the public.
- Develop community zero-tolerance policies for the protection of children, women, men and Elders from emotional and physical violence; and develop a First Nations mechanism of redress for offenders (e.g. Restorative Justice, Sentencing/Healing Circles, Community Justice Forums).

## **SECTION C: BUILD THE INFRASTRUCTURE TO IMPROVE HEALTH STATUS**

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### **Key Action Area Fourteen: Pursue Health Information and Research**

Health research is a critical component in the health care system. Research can assess the effectiveness of policy, services and programs and contribute to the knowledge of what determines health and what produces positive change in the health of the individual or community.

#### **Objectives**

1. Participate in evidence-based decision making in developing and implementing healthy public policies, programs and services.
2. Close the gap or 'digital divide' between First Nation communities and non-First Nations to access health information to improve the economic and social well-being of the community.
3. Increase human and fiscal capacities and maintain First Nation ownership in research and information management systems through engagement with government as a jurisdictional authority.

#### **Actions**

##### Short-term (within 1-2 years)

- Establish a baseline of health information through a thorough statistical evaluation and research project to assess the current status of First Nation health.
- Conduct a thorough First Nation health literature review and analysis.
- Address the deficit in infrastructure for information communications technology across the region.
- Launch an all-encompassing human resource initiative to support First Nations health professionals in research and information technology.
- Promote the establishment of international indigenous health information research systems and networks.
- Design and lobby for a Manitoba First Nations Research Centre and Stat Network.

##### Medium-term (2-5 years)

- Enact First Nations privacy legislation with concurrent recognition of First Nation principles of Ownership, Control, Access, and Possession (OCAP) by governments.
- Ensure that technology is available in communities to support the collection of data and telehealth.

##### Long-term (5-10 years)

- Establish and operate our own First Nations Health Information Systems, with state of the art sustainable infrastructure and linkages with the federal and provincial health information highway.

Manitoba First Nation Health & Wellness Strategy

- Establish a First Nations Privacy Commissioner.
- Establish a Manitoba First Nations Health Research Centre and Stat Network.

## IMPLEMENTATION

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***“Let us put our minds together and see what kind of life we can make for our children.”***

Chief Sitting Bull

The MFNHS sets out the direction for Manitoba First Nations to achieve our vision of improving the health of our people today and the lives of our generations to follow. The MFNHS was mandated by the Manitoba Chiefs in Assembly through Resolution #JAN-05.01 (**Appendix I**). It is intended to influence several joint health and social planning initiatives and policy directions including, the federal ‘Aboriginal’ Health Blueprint process occurring across the country. In September 2004 at the First Ministers Special Meeting (FMM) on Aboriginal Health, the Prime Minister of Canada directed the Ministers of Health to work with their Regional Aboriginal Leadership on designing a Regional Blueprint on Aboriginal Health to be rolled-up into a National Blueprint on Aboriginal Health. In preparation, the Assembly of Manitoba Chiefs (AMC) developed a draft ***Manitoba First Nations Health & Wellness Strategy: A 10-year Plan for Action (MFNHS)*** which was reviewed in workshops across the First Nation-Specific Stream within the Regional (**Appendix III**) and National Blueprint on Aboriginal Health.

In October 2005 the province made a unilateral decision to develop the Provincial document entitled *Blueprint for Aboriginal Health – Strengthening Aboriginal Health*, which identifies provincial priorities and actions, without input from First Nations. In early 2006, Manitoba’s Minister of Health informed the Grand Chiefs that the Manitoba document was not tabled at the First Ministers Meeting held in November 2005.

The Assembly of First Nations (AFN) played a key role in the national coordination of a First Nations-specific stream within the National Blueprint on Aboriginal Health. The draft MFNHS was provided to AFN in November 2005 for inclusion into the First Nations Specific Framework within the National Blueprint on Aboriginal Health. The National Blueprint on ‘Aboriginal’ Health Document entitled *“Blueprint on Aboriginal Health: A 10-Year transformative Plan – November 24-25, 2005 A Work in Progress”* was tabled at the 2005 FMM. The First Nation Specific Framework in the National Blueprint on Aboriginal Health identifies specific federal commitments to First Nations health.

AMC Grand Chief Ron Evans sent a letter to Minister Sale in February 2006 which provided formal feedback on the Provincial document: *Blueprint for Aboriginal Health - “Strengthening Aboriginal Health”*. The letter recommended the establishment of a formalized process to support a more comprehensive and coordinated effort as a first necessary step to improving the health status of the First Nations population within Manitoba.

While the issues are complex, they are not insurmountable. Progress has been made over the past decade to identify the health needs and priorities and the most promising approaches. Establishing the infrastructure to support the implementation for a more comprehensive and coordinated effort is the necessary first step. Planning sessions will



be held between the Manitoba First Nations Health Technicians Network (MFNHTN), the Manitoba Keewatinook Inineew Okimowin (MKIO), the Southern Chiefs Organization (SCO) and the Assembly of Manitoba Chiefs (AMC) secretariats to identify which organization is responsible for progressing in each action area. They will also identify and design any new structures that were suggested as medium and long-term action areas (Manitoba First Nation Health Council and the Manitoba First Nations Health and Social Commission) and incorporate this into the Implementation Plan. To initiate implementation, funding will be sought from the federal and provincial governments.

The MFNHS Implementation Plan will be completed and be inclusive of key action areas and the following:

- **Political Action Plan on Health:** A comprehensive Political Action Plan which utilizes avenues of political influence and asserts the Treaty Right to Health.
- **Multi-Year Work Plans:** Is based on the Logical Framework for this particular task group area and schedules the expected timing of the work on each output from the logical framework.
- **Multi-Year Budgets and Fiscal Arrangements.**

## **CONCLUSION**

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Improving the health of First Nations is a shared responsibility requiring partnerships between First Nations organizations, individuals, communities, and a number of government departments across all levels of government. It requires concerted effort, both across and beyond the health sector, to address the complex and inter-related factors that contribute to the causes and persistence of health problems faced by First Nations peoples.

An essential aspect to restoring health and promoting wellness involves community empowerment as well as individual well-being. Self-government is critical for a First Nations health care system to illustrate both individual and community empowerment.

All First Nations understand that we will have to strategize holistically, considering both traditional and westernized medicine, to improve our health status. New models of cooperation and joint action involving the necessary community input and values will lead to the substantive changes that First Nations seek. Federal and provincial governments know this must occur. The status quo is no longer an option. First Nations are committed to introducing and acting upon the innovative solutions presented in our strategy. We began in January 2005 and will see the outcome in January 2015.

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# **APPENDIX I: RESOLUTIONS**

**ASSEMBLY OF MANITOBA CHIEFS  
SPECIAL CHIEFS ASSEMBLY ON HEALTH & HOUSING  
LONG PLAIN FIRST NATION  
JANUARY 25, 26, 27 & 28, 2005**

**CERTIFIED RESOLUTION**

*JAN-05.01*

*Page 1 of 3*

Moved by:

Chief Norman Bone  
Kooseekoowenin First Nation

Seconded by:

Chief Frank Whitehead  
Opaskwayak Cree Nation

**CARRIED**

**RE: MANITOBA FIRST NATIONS HEALTH STRATEGY, TEN YEARS AND BEYOND 2005**

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**WHEREAS**, the Creator placed the First Nations of the Cree, Dakota, Dene, Ojibway, and Oji-Cree on these lands and territories with our own languages, cultures, spiritual teachings, governments and economies in harmony with all creation; and

**WHEREAS**, First Nations had prospered upon these lands and territories since time immemorial with our own institutions, infrastructures and trade relations which secured the well-being of our peoples; and

**WHEREAS**, generations of First Nations have suffered from colonization, assimilation, oppression and violation of our Treaty and Inherent Rights which continues to adversely affect our health and well-being; and

**WHEREAS**, the Assembly of Manitoba Chiefs (AMC) has developed a Manitoba First Nations Health and Well-Being Strategy and 10+ Year Action Plan presented at this Assembly with the following goals:

- i. To restore and maintain First Nation jurisdiction consistent with the inherent right of self-determination;
- ii. To promote and protect traditional ways of living, health, healing and medicines;
- iii. To design and implement a First Nations health plan by First Nations;
- iv. To achieve equitable outcomes such as:
  - a. increased life expectancy;
  - b. reduced prevalence of disease;
- v. To strengthen First Nations health infrastructure and improve access to health services and supports.

**WHEREAS**, the Manitoba First Nations Health and Well-Being Strategy is a work in progress built upon several years of Chiefs resolutions and recommendations, Wahbung (1971), Manitoba Health Crisis Report (1997), including information obtained from meetings with the Manitoba Health Technicians Network and knowledge of community needs – all dedicated to advocating for the protection, implementation and enforcement of Inherent Rights and Treaties including the Inherent Right of Self-Determination of First Nations peoples in Manitoba; and

.../2

**ASSEMBLY OF MANITOBA CHIEFS  
SPECIAL CHIEFS ASSEMBLY ON HEALTH & HOUSING  
LONG PLAIN FIRST NATION  
JANUARY 25, 26, 27 & 28, 2005**

**CERTIFIED RESOLUTION**

*JAN-05.01*

*Page 2 of 3*

**RE: MANITOBA FIRST NATIONS HEALTH STRATEGY, TEN YEARS AND  
BEYOND 2005 (cont'd)**

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**THEREFORE BE IT RESOLVED,**

That the Chiefs-in-Assembly direct the AMC to undertake a three-part strategy based on the Inherent Rights and Treaties including the Inherent Right of Self-Determination of First Nations peoples in Manitoba:

- i. At the regional level:
  - a. Support in principle the Draft Manitoba First Nations Health and Well-Being Strategy and 10+ Year Plus Action Plan (Health Strategy & Action Plan), with the exercise of First Nations jurisdiction in the forefront within that time period;
  - b. Immediately secure adequate resources to develop a grassroots-driven comprehensive Health Strategy & Action Plan for Chiefs-in-Assembly approval by September 2005;
  - c. Establish by April 1, 2005, a Manitoba First Nations Health Council, to be led and guided by First Nation leadership, and to include traditional healers and health experts to set targets, develop implementation plans and evaluate progress of the Health Strategy and Action Plan;
- ii. Establish a Chiefs Committee on Health to ensure immediate action to take back responsibility and decision-making on First Nation health that will advance the Health Strategy & Action Plan in all forums regionally and nationally:
  - a. Assembly of First Nations;
  - b. Federal-Provincial First Ministers Conference;
  - c. The Federal Aboriginal Health Blueprint table
  - d. The Prime Minister commitment of \$700 million in Aboriginal Health Funding;
    1. \$400M: Health Promotion and Disease Prevention – upstream investments.
    2. \$200M: Aboriginal Health Transition Fund
    3. \$100M: Aboriginal Health Human Resources
- iii. At the international level, initiate political and legal action to protect, implement and enforce the inherent right of self-determination and treaty rights, which are fundamental to the continued survival of First Nations, by 2005-2006.

.../3

**ASSEMBLY OF MANITOBA CHIEFS  
SPECIAL CHIEFS ASSEMBLY ON HEALTH & HOUSING  
LONG PLAIN FIRST NATION  
JANUARY 25, 26, 27 & 28, 2005**

**CERTIFIED RESOLUTION**

*JAN-05.01  
Page 3 of 3*

**RE: MANITOBA FIRST NATIONS HEALTH STRATEGY, TEN  
YEARS AND BEYOND 2005 (cont'd)**

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**FURTHER BE IT RESOLVED,**

That the AMC ensure that in all First Nation relationships with the federal and provincial governments, any action or measures taken to address the health and well-being of our people be consistent with the Constitutional protection of our Treaty and Inherent Rights and the fiduciary responsibility of the Crown.

**FURTHER BE IT RESOLVED,**

The Health Strategy & Action Plan is not intended to displace nor interfere with any First Nations' Inherent and Treaty rights nor their autonomy to initiate their own health care strategy.

**CERTIFIED COPY**  
*of a resolution adopted on  
JANUARY 25-28, 2005  
LONG PLAIN FIRST NATION, Manitoba*

  
\_\_\_\_\_  
**Grand Chief Dennis White Bird**



**ASSEMBLY OF MANITOBA CHIEFS  
SPECIAL CHIEFS ASSEMBLY  
JUNE 22, 23, 24, 2005**

**CERTIFIED RESOLUTION**

*JUN-05.03*

**RE: MANITOBA FIRST NATION HEALTH BLUEPRINT**

**Moved by:**

Chief Norman Bone  
Keeseekoowenin Ojibway  
First Nation

**Seconded by:**

Chief Cornell Pashe  
Dakota Tipi First Nation

**CARRIED**

**WHEREAS**, in September 2004, the federal government announced the 'Aboriginal' Health Blueprint Process; and

**WHEREAS**, the Assembly of Manitoba Chiefs in association with the Manitoba First Nations Health Technicians Network (MFNHTN) assisted in the development of the *Manitoba First Nations Health & Wellness Strategy: A 10-Year Action Plan*; and

**WHEREAS**, the Assembly of Manitoba Chiefs, the Manitoba Keewatinook Ininew Okimowin and the Southern Chiefs Organization worked collaboratively with northern, southern, and urban First Nations to receive guidance and direction; these recommendations were incorporated into the *Manitoba First Nations Health and Wellness Strategy: A 10-Year Action Plan*; and

**WHEREAS**, the *Manitoba First Nation Health & Wellness Strategy: A 10-Year Action Plan* encompasses regional First Nation plans and priorities in relation to health goals and recognizes the inherent rights and governing authorities of individual First Nation communities.

**THEREFORE BE IT RESOLVED**, that the Chiefs in Assembly hereby acknowledge and support the *Manitoba First Nations Health and Wellness Strategy: A 10-Year Action Plan*.

**FURTHER BE IT RESOLVED**, the Assembly of Manitoba Chiefs will commence discussions with Manitoba and Canada to insure that the *Manitoba First Nations Health & Wellness Strategy: A 10-Year Action Plan* will be incorporated into the regional and national 'Aboriginal' Health Blueprint.

**FINALLY BE IT RESOLVED** that this initiative will not affect or impede other First Nation Health initiatives.

**CERTIFIED COPY**

*of a resolution adopted on  
JUNE 22, 23, 24, 2005*

  
\_\_\_\_\_  
Acting Grand Chief Ron Evins

# **APPENDIX II: COMPANION DOCUMENT TO THE MANITOBA FIRST NATIONS HEALTH AND WELLNESS STRATEGY**

# **APPENDIX III: REGIONAL BLUEPRINT ON HEALTH - MANITOBA FIRST NATIONS- SPECIFIC STREAM**

## I. INTRODUCTION

The Manitoba Submission to the National Blueprint on Aboriginal Health was developed in collaboration with the Assembly of Manitoba Chiefs (AMC) representing the First Nations population regardless of age, gender, place of residence and status and the Manitoba Métis Federation (MMF) representing the Métis population in Manitoba. The Aboriginal Council of Manitoba Incorporated (ACMI) and the Mother of Red Nations (MORN) organizations were invited to provide input specifically for Aboriginal Women and Aboriginal urban populations. The federal and provincial governments including First Nations and Inuit Health Branch, Manitoba Health, Aboriginal Northern Affairs, Indian and Northern Affairs Canada facilitated the blueprint process by supporting the consultation, meeting and writing processes. This document reflects the recommendations that have come out of consultations with partners throughout the province; it is a living document and captures the high level recommendations for consideration by all partners.

We have come to a general consensus that to improve the health status of the First Nations and Métis populations within Manitoba both the provincial and federal governments must recognize and commit to include these populations and/or their representative bodies in planning and decision making processes. Respect must be given to the diversity of the specific groups and their distinct relationships with the provincial and federal governments. New and evolving relationships amongst all parties need to be restored, created and/or clearly defined. To ensure success, transformative change must occur to all working relationships, governance, operations, policies, and authorities.

A population health model, that mirrors a holistic health approach must be utilized to address health in its broadest sense, to include cultural, social, economic, and political areas. It is essential that the development and continuity of group specific needs are addressed and the appropriate infrastructure and capacity development is created and/or enhanced.

This “high level” blueprint synthesis document reflects the context, and priorities taking into consideration convergence and divergence between groups. It also addresses the current environment and recommendations for each of the action areas. It is significant to note that the ACM and MORN content (priorities and recommendations), resulting from their consultation process throughout the province, have been cross referenced with the First Nation and Métis content throughout the document.

## II. PRIORITIES

### **First Nations Priorities**

1. Designing and Implementing a First Nations Health Systems Delivery Framework.
2. Strengthening comprehensive primary health care.
3. Supporting emotional and social well-being.
4. Addressing the social determinants of health.
5. Pursuing health information and research.

### **Métis Priorities**

1. Undertake Extensive Métis Health Capacity Building

2. Develop a Comprehensive Métis Health Research Agenda
3. Develop a Métis Health Authority to Work in Collaboration With Governments in Management of Medical Services and Delivery of Health Promotion and Disease Prevention Services
4. Develop and Implement a Framework for a Métis Culture-Based Holistic Health Services
5. Develop a Métis specific financial and human resource within the Aboriginal Health Directorate at Manitoba Health, and ensure the Federal government seeks and implements the appropriate legal authority to work with the Manitoba Métis Federation.

## II. ACTION AREAS

Common recommendations have been identified within some of the action areas; however, the approach to each common recommendation will differ by group depending on relationship, developmental stage and capacity. There are also recommendations specific to the First Nations and Métis.

### Action Area 1: Delivery and Access

#### Common

- Establish intergovernmental, inter-sectoral and interdepartmental policy mechanisms to develop policies and address the impacts of jurisdictional gaps.
- Ensure meaningful participation with federal and provincial governments in mainstream service management and planning.
- Provide system-wide culturally relevant, appropriate, and safe health care.
- Develop culturally specific primary health care models within a population health approach.
- Develop a system-wide mechanism to identify all groups within Manitoba Health database and other information systems.
- Utilize health determinants and indicators appropriate for each group.
- Ensure infrastructure and capacity support for meaningful participation and representation at all levels in RHA planning and decision-making.
- Ensure mechanisms specific to geographic locations (including urban areas) are in place to ensure transportation is not a barrier to accessing health services.
- Ensure mechanisms are in place for accessing Traditional Healers, elders and medicines.
- Develop mechanisms to ensure protection and remuneration for Traditional healers, elders and medicines.
- Ensure diagnostic and screening services closer to populations being served.

#### First Nation

- For First Nations information, the principles of Ownership, Control, Access and Possession (OCAP) must be recognized.
- Ensure portability of Treaty and Inherent Rights.

#### Métis

- Ensure that Métis and non-Status Indian populations have access to a range of services, including but not limited to dental, glasses and eye-care, pharmaceutical, mental health services, and medical transportation, that are not insured by the provincial health system.

## **Action Area 2: Sharing in Improvements to Canadian Health Care**

### Common

- Establish intergovernmental, inter-sectoral and interdepartmental policy mechanisms to develop policies and address the impacts of jurisdictional gaps.
- Ensure a representative health workforce.
- Develop and design First Nations, Métis Nation, and other Aboriginal holistic models for health and social service for the general population.
- Establish an independent and legislated Ombudsperson to address health and social system complaints put forward by First Nations, Métis Nation, and Urban/Off-Reserve/Rural Aboriginal people and Aboriginal Women.
- Develop and implement policy and advocacy liaison positions that interact with the Regional Health Authorities. These positions must reside within the Aboriginal governing bodies: First Nations, Métis Nation, and Urban/Off-Reserve/Rural Aboriginal people and Aboriginal Women.

### First Nation

- Establish First Nation controlled, governed, and administered health and social services with access to financial resources geared to equitable outcomes.
- Integrate existing health programs from Health Canada/FNIHB with health related components within the social umbrella from INAC.

### Métis

- Develop Métis-specific health governance, management, services and prevention programs policies. Where stand-alone services are not feasible, governance and management methodologies should be developed and implemented in partnership between Métis and provincial health system.

## **Action Area 3: Promoting Health and Well-Being**

### Common

- Compile evidence of successful models that focus on well and thriving communities, including evidence within other sectors like education. Recent studies are revealing that a higher level of cultural continuity the better the health status.
- Commit resources to increase government and community awareness of the importance of culture and language as a determinant of health and well-being, and to support the development and implementation of strategies to preserve culture and language.

### First Nation

- Ensure resources are available for community-based strategic and program planning for health promotion programs.
- Ensure First Nations community-controlled primary health care services.
- Develop and ensure resources to support a Manitoba First Nations mental health mandate to guide First Nations needs and priorities.
- Ensure First Nation leadership and citizens continue to define and prioritize their determinants of health, and actions to address these.

### Métis

- Applied research must be undertaken to develop health promotion and disease prevention approaches that are reflective of Métis needs and cultural orientations.
- Develop and implement Métis specific holistic health measures and indicators that represent Métis understanding of health and wellness.

#### **Action Area 4: Monitoring Progress and Learning As We Go**

##### Common

- Ensure appropriate First Nation, Métis and urban access to existing and new databases within provincial and federal government departments, without financial burden.
- Promote the establishment of international indigenous health information research systems and networks.

##### First Nation

- Establish and improve the collection, exchange and analysis of First Nation health information at the provincial and federal levels to identify First Nations needs and priorities.
- Address the deficit in infrastructure for information communications technology across the region.
- Enact First Nations privacy legislation with concurrent recognition of First Nation principles of Ownership, Control, Access, and Possession (OCAP) by governments.
- Establish a First Nations Privacy Commissioner.
- Establish a Manitoba First Nations Health Information & Research Institute.
- Design and implement a streamlined First Nation reporting framework that recognizes and resolves the current reporting burden experienced by First Nation communities.
- Strategically interconnect provincial and federal health information systems to assist in access to timely information and electronic portability of medical records – with the necessary First Nations and governmental privacy protections.

##### Métis

- Ensure Métis have sufficient and appropriate resources in order to participate in the Aboriginal Health Reporting Framework at the provincial, regional and local levels.
- Ensure development and implementation of Métis population identifiers in the Manitoba health and other data collection systems.
- Establish a Métis Health Information & Research Institute.

#### **Action Area 5: Clarifying Roles and Responsibilities**

##### First Nation

- First Nations must be an equal partner when defining Federal and Provincial roles and responsibilities in respect to First Nation's health. Governments must respect First Nations' long-term vision of self-determination and a recognized FN jurisdiction.
- Define Federal and Provincial jurisdiction; increase community awareness and understanding of these roles and responsibilities.
- Prioritize self-government negotiations over health in the Manitoba Framework Agreement Initiative (FAI) in collaboration with the federal and provincial governments to achieve greater authority over First Nation health services.
- Implement the MFN Health Strategy to restore a controlled, governed and administered First Nation health care system.

##### Métis

- Ensure the federal government will take responsibility to ensure allocation of provincial and federal resources for Métis specific health programs and services.
- Manitoba Health should work with the Manitoba Métis Federation, as the political representative voice of Métis in Manitoba, to design, develop, implement, monitor and evaluate a full spectrum of health programs and services specific to the Métis population, including disease prevention, health promotion, medical care, and continuing and elderly care.

### **Action Area 6: Developing On-Going Collaborative Working Relationships**

#### **First Nation**

- Increase Manitoba First Nations meaningful participation in Federal and Provincial mainstream service management and planning (i.e. Representation on Senior Management Committees at Health Canada, INAC and other relevant departments; and on senior provincial committees and Regional Health Authority Boards).
- Develop Bi-Lateral (FN's-Federal) and Double Bi-Lateral (FN's-Federal and Federal Provincial with FN's observers) protocols for Health and Social Programs between First Nation-Federal-Provincial governments.
- Negotiate multi-year funding agreements between federal-provincial-First Nation planning and transfer renewals.
- Achieve greater transfer of authorities to First Nations from federal departments.
- Enter into Bi-Lateral and Double Bi-Lateral agreements and political accords between First Nation-Federal-Provincial authorities.
- Establish First Nation jurisdiction over health.

#### **Métis**

- Commit infrastructure and capacity development resources for Métis participation in the implementation of the Blueprint and continuous planning with Métis regions and communities.
- Ensure government-to-government relations between Manitoba Health and Manitoba Métis Federation.
- The Manitoba Métis Federation will continue to work closely with the Métis National Council in developing and sustaining the relationship with the federal government.



# **APPENDIX IV: OVIDE MERCREDI'S SUMMARY PRESENTATION ON TREATY AND INHERENT RIGHT TO HEALTH**

**Assembly of Manitoba Chiefs  
Long Plain First Nation  
January 25, 2005**

**Ovide Mercredi's Summary Presentation on  
Treaty & Inherent Right to Health**

Speaking Notes:

On the issue of strategy and direction, do we blindly go into a process for health reform designed for us by the federal government? Or do we take the time to learn about the federal government's real intentions before we agree to participate? I think we first take the time needed to understand the implications and consequences of participating in a process marked "secret."

No doubt the federal government will have its agenda and end goals. What are these? Likewise, the First Nations will have their agenda and end goals on health reform. What are these?

In addition to the national process, the Manitoba government appears to be interested in having discussions on program and policy areas with First Nations. What are the provincial government agenda and end goals? How does the provincial approach to Health compare to the agenda and end goals of First Nations in Manitoba?

For First Nations what are the primary issues? Do we accept more and better services regardless of the lack of recognition of the aboriginal rights or treaty rights to health? Do we insist on the recognition of aboriginal and treaty rights to health before we accept

more and better services? No doubt these are difficult decisions or choices, yet to disregard a rights based agenda can be dangerous in the long term to treaty and aboriginal rights just as disregarding more and better services for our people unless our rights are acknowledged can be detrimental to the health and well-being of our people.

I suppose the better choice is to be able to do both, in tandem.

In the past decade the word “Partnerships” has been used as a catch-all for bridging fundamental issues involving the conflict between rights and practical measures. I do not think saying we are partners has resulted in changing the status quo or altering the fiscal and power imbalance between First Nations and Canadian governments. It may not be partnerships that we need, it may well be government to government, and Nation to Nation relationships just as we have enjoyed with the Treaties and as was recommended by the Royal Commission on Aboriginal Peoples. Of course, we all understand that honoring our rights will require a fundamental shift in both federal and provincial agendas and strategies. Is the political will there for a more honorable and honest relationship based on our rights as Indigenous Nations? From all accounts, that political will on the part of the national and provincial governments has been absent since Confederation.

Still hope is eternal and we need to ask this question: When will Canada honor our Treaties? When will the federal and provincial governments acknowledge and support the Treaty and Aboriginal right to Health?

By the way, these are not rhetorical questions. These questions concern not just our perspective on issues but also the nature of our relationship with the Crown in right of Canada and the Province.

Manitoba Chiefs and First Nations have always been strong defenders of the federal fiduciary obligation and relationship. Federal off-loading remains a big concern just as provincial encroachment on First Nations jurisdictions has become troublesome to us. Maintaining the federal government's fiduciary responsibilities for First Nations in the area of health programs and services continues to be high priority in this Province. Health reforms that move in the direction of federal off-loading to the Provinces will be regarded by First Nations as a breach of that fiduciary relationship.

In assessing the reform processes or opportunities with either government the fiduciary role of the federal government will stay as one of those primary issues for First Nations in this province.

I suppose the better strategy would involve measures that entrench the federal fiduciary obligations, except we need to ask: Does the Province also have a fiduciary obligation to First Nations to the extent the Provinces encroach on treaty and aboriginal rights? This is an important question that has not been given adequate attention in our discourse or engagement with the Provincial government.

In fact we need to assess some of our past thinking. After-all, according to the Supreme Court of Canada, the Crown in Right of the Province and the Crown in Right of the Federal government is indivisible. Thus, the Crown is the Crown. It is the Crown that has the fiduciary responsibility not just the federal government. Both governments are legally and constitutionally obligated to honor and uphold treaty and aboriginal rights.

In other words, both the federal and provincial governments have a duty to consult and accommodate our people each time their decisions about law, policy and program delivery impact on our treaty and aboriginal rights.

To demand that the fiduciary obligations and relationship be entrenched in our dealings with Canada is not rhetorical either. It is in fact a very practical and far reaching engagement with the State that is based on historical relationships and contemporary imperatives and obligations.

To set aside the fiduciary relationship will result in our full and complete assimilation.

In terms of primary issues, the most essential and important one is aboriginal and treaty rights. In our discourse with any government, the Treaties in Manitoba must retain their original prominence in all our dealings with the federal and provincial governments. The Treaties are the basis for our treaty rights, the foundation for our survival as a peoples

and the sacred social contract for our government to government and Nation to Nation relationship with Canada.

Can we afford not to put our Treaties front and centre in our talks with governments on health reform, health governance, health delivery and health transfers? When will we start telling Canada's governments, "No thanks" to any process that is based on the precondition that Treaty rights are a "non-starter"? How long can we play along with the opt-out cop-out idea of the non-derogation clauses? If the non-derogation clause in the Meech Lake Accord was not considered adequate by our First Nations, why would non-derogation clauses on policy and program processes be adequate assurances now?

Actually I am now thinking that the past neglect and dismissal of our Treaties by Canadian governments has resulted in a fundamental breach of our Treaties. That breach by Canada of our Treaties has been so apparent, complicit and intentional that by their actions we should consider seeking a remedy in international law to restore our position to what originally existed prior to the making of these Treaties. In other words we should demand full and unfettered control of our traditional lands, resources and territories as a result of the fundamental breach of our Treaties?

If Canada will not honor our Treaties, what obligation do we have to maintain such a one sided interpretation that seems to only favor Canadian sovereignty and jurisdiction?

I suppose the better course of action is for the Canadian governments to honor the Treaties and not be afraid to recognize our Treaty rights such as the Treaty right to

Health. It is high time for Canada to uphold the Treaties and be willing to discuss and acknowledge our Treaty Rights in our discussions with them on law, policy and service delivery.

There is nothing rhetorical about wanting to have our Treaties and Treaty rights upheld by Canada. To the contrary, it is the only real and lasting practical approach in dealing with our poverty, poor health, and damaged economy.

**\*\*\*Verbatim address will be available within a few weeks upon request.**