

WORKING OUTLINE OF THE ABORIGINAL HEALTH BLUEPRINT

Approved April 20, 2005
From Core Group Meeting April 12

The working outline of the Aboriginal Health Blueprint is attached. The purpose of the working outline is:

- A) *To establish a table of contents and framework for the Blueprint, which will help provide structure for the Blueprint.*
- B) *To assist in providing guidance and direction to national and regional engagement processes, which will contribute input to the development of the Blueprint.*

The outline includes a Vision Statement that is intended:

To be a clear, focused, high-level description of what we aspire to do and the future we want to create, which emphasizes what is different about the way we are going to achieve it, and is meaningful to the people affected by it as well as governments.

The outline includes Principles that are intended:

To be clear statements of the values and practices which will inform and guide us in achieving our vision, goals, and activities.

The Blueprint's Pillars with Goals, Objectives and Action Plans should:

Link the broad qualitative statements of what we want to achieve with the specific initiatives, measures and activities which we will undertake to meet our vision.

The Blueprint's scope is intended:

To identify and build upon national/regional/provincial/territorial initiatives and First Nations/Inuit/Métis-specific initiatives, over the short, medium and long-terms, for all Aboriginal peoples, including urban Aboriginal peoples, non-status Indians, status Indians living off-reserve, Aboriginal Elders, women, and youth and Aboriginal peoples living in rural, northern and remote areas.

WORKING OUTLINE OF THE ABORIGINAL HEALTH BLUEPRINT

VISION (Draft)

The Blueprint on Aboriginal Health is a first step in fulfilling a commitment made by First Ministers and National Aboriginal Leaders in September 2004 to work towards achieving a quality of life and improved health status for all Aboriginal peoples equal to that enjoyed by other Canadians. This will be accomplished by working together through a process that has equal partnership and meaningful collaboration as its cornerstone.

PRINCIPLES (Draft)

1. The Blueprint will address the roles of all parties to lay a foundation for future collaborative working relationships – government-to-government and other. The work on the Blueprint will put aside past differences and proceed without prejudice.
2. There will be respect for existing jurisdictions, including First Nations and Inuit governments and Métis communities, that develop and deliver health services.
3. There will be respect for Aboriginal organizations that design and deliver health services on a longstanding basis, along with institutions and organizations that support health services for Aboriginal peoples.
4. Aboriginal and Treaty rights, [including how those treaty rights are applied to health] self-government agreements, and land claims settlements will be honoured, respected and upheld in the development and implementation of the Blueprint.
5. The needs and relative health status of the constitutionally-recognized Aboriginal peoples of Canada, i.e., Indians, Inuit and Métis, will be recognized and respected.
6. The Blueprint will be inclusive of all Aboriginal peoples, including but not limited to: urban, rural, northern and remote, on-reserve, off-reserve, non-status, women, youth and Elders.

7. Within this context of inclusiveness, as stated in Principle #6, there will be specific provincial, territorial and Aboriginal approaches as well as plans and frameworks specific to First Nations, Inuit and Métis.
8. A gender-specific (gender-based) analysis of Aboriginal health issues and policies will be part of the Blueprint.
9. The Blueprint will address decision-making and reciprocal accountability to support the Vision and new working relationships; it will not result in “off-loading”.
10. The Blueprint will include a wholistic approach to health, with a focus on health programs and services, and linkages to the broader determinants of health. The Blueprint will build upon existing accomplishments while fostering new and transformative ideas and initiatives.
12. The Blueprint will facilitate access of Aboriginal peoples to the health service of their choice – be it traditional, mainstream or both.
13. The Blueprint will equally acknowledge the interests of all partners in the area of information and research, reporting, and evaluation, and include issues relating to data development, ownership and control.

PILLARS OF THE BLUEPRINT

The September 13, 2004 Communiqué of First Ministers and the Leaders of five National Aboriginal Organizations agreed that the Blueprint is intended to improve the health status of Aboriginal peoples and health services in Canada through concrete initiatives for:

- a) Improved delivery of and access to health services to meet the needs of all Aboriginal peoples through better integration and adaptation of all health systems;
- b) Measures that will ensure that Aboriginal peoples benefit fully from improvements to Canadian health systems; and,
- c) A forward-looking agenda of prevention, health promotion and other upstream investments for Aboriginal peoples.

The three initiatives in the Communiqué establish the basic pillars for the Blueprint, below. Also, the Communiqué noted that: “In fulfilling these objectives, the Blueprint will explore practical ways to clarify roles and responsibilities of the

various parties.” These pillars plus the subjects of roles and responsibilities and working relationships are reflected in the Action Agenda.

Pillar 1: DELIVERY AND ACCESS

This pillar includes the *goal* of improving the delivery of and access to health services in order to more effectively meet the needs of all Aboriginal peoples.

And, it also includes the *objectives* of:

- a) Integration, which involves the identification of mechanisms for improving the continuum of care through seamless service delivery, including First Nations governments who deliver health services; and,
- b) Adaptation which involves the establishment of mechanisms for culturally competent models of care within federal, provincial or territorial health systems.

Pillar 2: SHARING IN IMPROVEMENTS TO CANADIAN HEALTH CARE

This pillar includes the *goal* of ensuring that all Aboriginal peoples benefit fully from improvements to the Canadian health systems

And, it includes the *objectives* of:

- a) Describing how all Aboriginal Peoples will be included in and benefit from the First Ministers’ Ten-Year Plan to Strengthen Health Care; and,
- b) Describing how future improvements in the Canadian health care system will benefit all Aboriginal Peoples.

Pillar 3: PROMOTING HEALTH AND WELL-BEING

This pillar includes the *goal* of supporting health promotion and illness prevention in respect of all Aboriginal peoples.

And, it includes the *objectives* of:

- a) Identifying priority areas for investment in health promotion, disease prevention, etc. for all Aboriginal peoples; and,

- b) Facilitating a wholistic approach to health that draws linkages to the broader determinants of good health for all Aboriginal peoples.

THE BLUEPRINT'S ACTION AGENDA (Draft)

The work on the Blueprint will identify ways to realize these goals and objectives, along with the instrumental activities that support a new working relationship of all parties and evidence-based decision-making. The goal of the action agenda is to identify which options and/or recommendations could be carried out by the federal government, by the provincial/territorial governments and by Aboriginal peoples at a First Nations/Inuit/Métis-specific level, including those options that can be fulfilled through joint initiatives.

The issues to be addressed under the Blueprint can be organized in a framework of six main action areas. Under each heading are possible approaches in terms of options and recommendations for initiatives.

1. DELIVERY AND ACCESS

- a) analyze gaps and barriers in service delivery and coverage;
- b) identify successful initiatives and practical measures that are already in place;
- c) identify new initiatives that will improve delivery of and access to health services for all Aboriginal peoples; and,
- d) identify what Aboriginal health human resource and infrastructure development are required and how could it be achieved.

2. SHARING IN IMPROVEMENTS TO CANADIAN HEALTH CARE

- a) Identify existing mainstream initiatives that require participation of Aboriginal peoples;
- b) Identify ways to improve health services to all Aboriginal Peoples that flow from the First Ministers' 10 year Action Plan; and,
- c) Identify ways to increase participation by Aboriginal peoples, in more effective planning, delivery and evaluation of Aboriginal health services.

3. PROMOTING HEALTH AND WELL-BEING

- a) Identify the priority areas for investment in Aboriginal health promotion and disease prevention;
- b) Identify how can we facilitate a wholistic approach to Aboriginal health that links with the key determinants of health; and,
- c) Identify existing successful initiatives that we can build on.

4. MONITORING PROGRESS AND LEARNING AS WE GO

- a) Identify how we can determine if we are making progress; and,
- b) Identify how can we proceed respectfully and effectively to monitor and evaluate programs.

5. CLARIFYING ROLES AND RESPONSIBILITIES BETWEEN GOVERNMENTS AND ORGANIZATIONS

- a) Identify where our current roles and responsibilities create barriers to improving health outcomes or services;
- b) Identify practical changes to achieve our goals, ways that address roles and responsibilities and to build solutions;
- c) Clarify the meaning of government-to-government relationships in this context; and,
- d) Describe why reciprocal accountability is important and necessary, including mechanisms for achieving it.

6. DEVELOPING ON-GOING COLLABORATIVE WORKING RELATIONSHIPS

- a) Identify how we can structure on-going collaborative working relationships in pursuit of our vision; and,
- b) Identify the capacity that is needed to sustain these new relationships as well as how to develop it.

PROCESS FOR COMPLETION OF THE BLUEPRINT

Following national, provincial, territorial and First Nations, Inuit and Métis-specific engagement processes, as well as other possible engagement processes, through the spring of 2005, it is expected that input into the Blueprint will be consolidated and prepared for approval by First Ministers and National Aboriginal Leaders by November 2005.