

# First Nations Health Plan

## Memorandum of Understanding

Between

The First Nations Leadership Council  
Representing the BC Assembly of First Nations, the First Nations Summit  
and the Union of BC Indian Chiefs

And

Government of Canada

And

Government of British Columbia

(Collectively the “Parties”)

Canada



## **Whereas:**

- a) The Parties have common goals of closing the health gaps between First Nations and other British Columbians over the next ten years, and of establishing a new relationship based on mutual respect and recognition.
- b) It is recognized that health for First Nations encompasses the physical, spiritual, mental, economic, emotional, environmental, social and cultural wellness of the individual, family and community and needs to be addressed holistically, but for the purposes of this Memorandum of Understanding, the focus is on health programs and services.
- c) B.C. and the FNLC have agreed to a First Nations Health Plan, which builds on and supports the First Nations Health Blueprint for British Columbia (2005) and other relevant reports.
- d) The Parties will use the bilateral First Nations Health Plan as a framework for developing a tripartite 10-year First Nations health plan to close the gap in health outcomes between First Nations people and other British Columbians.

## ***Therefore the Parties have reached the following understanding:***

### **1. Purpose**

1.1 The purpose of this MOU is to:

- a) Acknowledge that maintaining the status quo will not close the health gaps between First Nations and other British Columbians; therefore, the Parties must improve upon health programs and services currently in place;
- b) Establish and define a collaborative and coordinated tripartite partnership for improving the health of First Nations people and their communities in B.C.; and,
- c) Set out an initial framework for a tripartite First Nations health plan.

### **2. Roles and Responsibilities**

The Parties acknowledge and respect established and evolving jurisdictional and fiduciary relationships and responsibilities, and will seek to remove impediments to progress by establishing effective working relationships.

- 2.1 B.C. and Canada recognize that First Nations need to be partners in the design and delivery of health programs and services for First Nations.
- 2.2 First Nations recognize their responsibility and leadership role in improving the health of First Nations individuals, families and communities.
- 2.3 The Parties recognize the importance of engaging the expertise of First Nations communities and health care professionals in developing and implementing a detailed tripartite First Nations health plan.
- 2.4 The Parties recognize the need for First Nations, federal and provincial officials and health practitioners to coordinate planning at local, regional and provincial levels, including the importance of coordinating community health plans developed by First Nations with the Aboriginal health plans developed by B.C. and Canada.

2.5 The Parties acknowledge that the participation of all parties is required in order to improve First Nations' health outcomes.

### **3. Priorities and Actions**

3.1 The Parties have agreed to the following four areas for collaboration:

#### ***a) Governance, Relationships and Accountability***

The Parties agree to collaboratively increase the involvement of First Nations in decision making concerning health services for First Nations, and to establish clear mechanisms for working with governments and health authorities so that health services are better aligned with the needs of First Nations.

Actions under consideration include, but are not limited to, establishing a new First Nations Health Council to serve as the representative voice of all First Nations for health initiatives; establishing a trilateral process for health policy and program planning as well as the monitoring of health outcomes in First Nations communities; and appointing an Aboriginal physician in the Office of the Provincial Health Officer to advise on Aboriginal health issues and report on the health of Aboriginal people in B.C.

#### ***b) Health Promotion / Disease and Injury Prevention***

The Parties will work together to improve health promotion, and disease and injury prevention services so that First Nations people experience lower levels of preventable diseases and injuries, and live longer and healthier lives.

Actions under consideration include, but are not limited to, collaborating on initiatives to address injury prevention; establishing and coordinating programs to address mental health, substance abuse and youth suicide; coordinating the ActNow BC strategy with First Nations health programs to reduce incidences of preventable diseases like diabetes; and providing hearing, dental and vision screening for all First Nations children under the age of six years, on and off-reserve.

#### ***c) Health Services***

The Parties seek to provide equitable access to health services that meet the needs of First Nations communities, and ensure that these services are culturally sensitive.

Actions under consideration include, but are not limited to, coordinating efforts in chronic disease management (e.g. diabetes, HIV/AIDS, cancer, Hepatitis C, etc.); building a health centre in Lytton to improve acute care and community health services; implementing a Northern Health Authority pilot to improve patient outcomes and access to services; increasing the number of trained First Nations health care professionals; creating a fully integrated clinical telehealth network; developing culturally appropriate addictions beds/units for Aboriginal people; coordinating efforts under the Aboriginal Health Transition Fund; and collaborating on emergency preparedness activities, including pandemic planning.

#### ***d) Performance Tracking***

The Parties will work together to develop the data and information necessary to improve health services and to monitor and report on health status and health care information for First Nations in B.C.

Actions under consideration include, but are not limited to, establishing data sharing agreements and mechanisms for the timely sharing of data on the health of First Nations in B.C.; reporting every five years on the health status of Aboriginal people through the Office of the Provincial Health Officer, with interim reports every two years; and expanding health surveying to include First Nations.

3.2 The Parties agree to discuss other priorities and actions which may be identified from time to time, including innovative multilateral initiatives such as the First Nations Leadership Process that brings together First Nations communities, the private sector and governments, working towards a common goal of improved health outcomes.

3.3 The Parties agree to discuss potential changes to programs and services that might impact the other Parties.

#### **4. Performance Indicators**

The Parties commit to tracking progress using the following performance indicators:

- a) Life expectancy at birth;
- b) Mortality rates (deaths due to all causes);
- c) Infant mortality rates;
- d) Diabetes rates;
- e) Status Indian youth suicide rates;
- f) Childhood obesity; and,
- g) Practising, certified First Nation health care professionals.

The Parties agree to consider other performance indicators which may also assist in tracking progress on closing the gap in health outcomes.

#### **5. Next Steps**

5.1 The Parties agree to immediately enter into negotiations to develop a tripartite First Nations health plan, including initial activities, priorities, and funding.

5.2 The Parties are committed to concluding the above negotiations within six (6) months of signing this agreement.

#### **6. Term**

6.1 Any Party to this MOU may request that the MOU be reviewed, replaced or amended by providing six (6) months written notice to the other Parties.

6.2 A process to review, amend or replace this MOU must be undertaken within a timeframe agreed to by all Parties at the commencement of that process.

In witness whereof the parties have executed this Memorandum  
this 27th day of November, 2006.

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**Government of Canada**



Honourable Tony Clement  
Minister of Health



Witness

**Government of British Columbia**



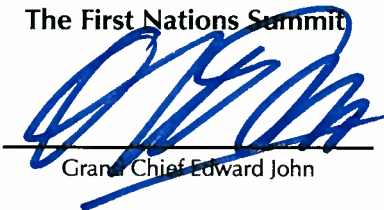
Honourable Gordon Campbell  
Premier



Witness

**First Nations Leadership Council**

**The First Nations Summit**



Grand Chief Edward John

**BC Assembly of First Nations**



Regional Chief Shawn Atleo

**Union of BC Indian Chiefs**



Grand Chief Stewart Phillip



Chief Judith Sayers



Chief Robert Shintah



Dave Porter



Chief Lynda Price