# Memorandum of Understanding on First Nations Health and Well-Being



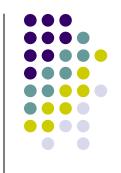


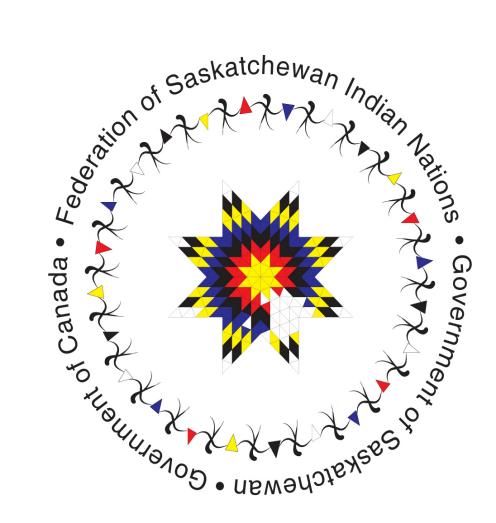




The spirit and intent of the MOU is to improve the mental, physical, spiritual, emotional and traditional well-being of First Nation individuals, families and communities.

#### The MOU LOGO





- The logo symbolizes the community members joining together to create a health plan.
- The Community members are encompassed by the three parties of the MOU.
- The star blanket is symbolic of the First Nations Health and Well-Being Plan that is being created.
- There are pieces missing from the star blanket that are held by the community members.

#### **Community Involvement**



- As requested;
- Planned at working group meetings;
- At open space forums;
- With health technicians and with leadership;
- Through visioning session;
- Through e-learning event;
- As opportunities arise (meetings and assemblies)
- Through newsletters;
- Ongoing process;

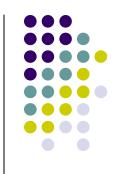


#### MOU

#### Change is Needed

- There are gaps in the health status of First Nations;
- There are inconsistencies in the delivery of health programs and services for First Nations in Saskatchewan;
- It is time to transform outcomes and lead change.





#### **HIV/AIDS**

76% of cases in 2008 are aboriginal.

#### **Chronic Conditions**

 Diabetes was more than 4 times higher among First Nations women than among non-First Nations women and more than 2.5times higher among First Nations men than among non-First Nations men.

#### **Suicide**

Suicide is the leading cause of death for 5-24 year old First Nations youth.

**Life Expectancy (at birth)** for Saskatchewan (2005) and Registered Indians (2006):

Sk	Total Life Expectancy		Registered Indians
•	Males	76.6	69.7
•	Females	82.1	<b>75.6</b>





Review every 2 years Aug 19, 2008-2010-2012 – 2014

**Guided by Steering Committee** 

Improve health & eliminate disparity

Adapt programs with other jurisdictions to close gaps

Recruit, retain more FNs

Establish coordinated partnership among jurisdictions Establish planning process for a 10year FN Health and Wellness Plan

#### **MOU Signing**



 MOU was signed by the parties at Treaty Four Governance Centre on August 19, 2008.



## A New Way of Doing Business



- Adapt, Integrate and Improve Across All Jurisdictions.
  - Identify and close gaps in health delivery;
  - Identify areas of cost efficiencies by eliminating duplication and over-lap;
  - Increase participation of First Nations in design and delivery of programs and services;
  - Supports traditional healing practices
  - Implement coordination and efficiencies with partners;
- Take a Leadership Approach
  - Add value to existing systems
  - Develop and support innovations
  - Look at sustainability





- Diminish or redefine any First Nation jurisdiction nor any responsibilities of Canada towards First Nations
- Confirm, deny, limit, enlarge or otherwise affect any existing treaty rights or used as an interpretive aid to determine such rights;
- Confirm, deny, limit, enlarge or otherwise affect any relationships or activities involving regional health authorities or the Saskatchewan Cancer Agency with individual bands or tribal councils.

## The MOU Steering Committee







Government of Canada Gouvernement du Canada



- Health Canada (FNIH)
- Saskatchewan Ministry of Health & Ministry of First Nations and Métis Relations



#### **Steering Committee Partners**



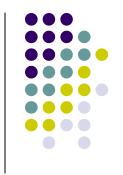
- To oversee the implementation of the MOU commitments, including development of the First Nations Health and Wellness Plan;
- Agree to work in a trusting and respectful manner for the common interest of First Nation Health and Wellbeing;
- Will look for potential short term and long term successes;
- Will share and protect data.





- Work collaboratively to develop a 10 year
   Saskatchewan First Nation Health and Wellness Plan;
- Establish formal process based on shared interests and equal partnership;
- Work to remove engagement challenges;
- Process has been legitimate Communities have been and continue to be consulted





## The Steering Committee identified four thematic areas for health plan:

- Improving Quality and Performance
- Improving Access
- Promoting Good Health
- Relationships and Partnerships

#### **Shared Interests**



- Priorities identified by all parties:
  - Chronic Disease
  - Mental Health and Addictions
  - Long Term Care
  - Health Human Resources
  - Improving the Health System Experience





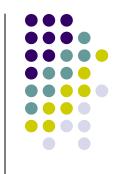
- Resolutions from All Chiefs Assembly;
- MOU Signing Ceremony;
- Established Steering Committee;
- Engagement of communities, First Nation leadership, core groups, regional authorities, health providers, and federal authorities;

#### **Progress to Date**



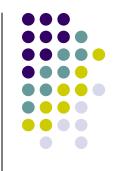
- Three parties identified themes and priorities;
- 'Expert' task groups formed and delegated the work of drafting recommendations in priority areas;
- Recommendations presented to the Steering Committee for consideration for inclusion in the 10 year Health Plan;
- 3 Parties engaged in internal reviews;

#### **Next Steps**



- Continue to engage First Nations in priority setting process;
- Submit recommendations to the Steering Committee for approval;
- Drafting of the 10 Year Health and Wellness Plan;

#### **Next Steps**



Governments' ratification processes;

 Finalize and approve Health and Wellness Plan;

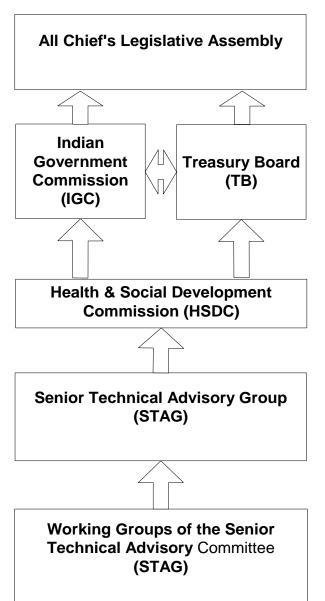
 Implementation of the 10 Year Health and Wellness Plan activities.



#### **Vetting Process**

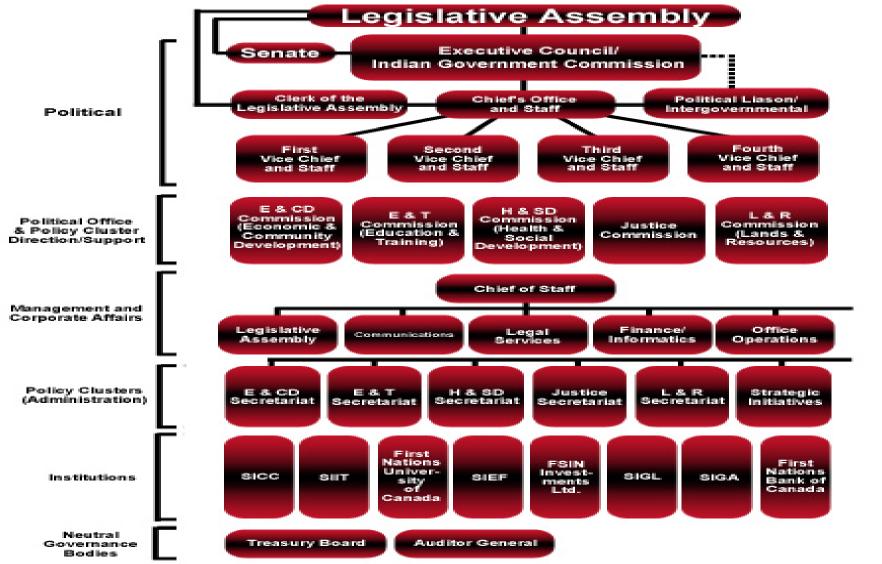
For
Health & Social
Development Secretariat

The Diagram depicts the vetting process for Health & Social Development Secretariat of FSIN. This diagram illustrates the how working groups of STAG fit into the vetting process of FSIN.



## **FSIN** Reporting Structure





## Ekosi (that's it)



