



Health  
Canada

Santé  
Canada

*Your health and  
safety... our priority.*

*Votre santé et votre  
sécurité... notre priorité.*

# First Nations and Inuit Health Strategic Plan:

A shared path to improved health

A stylized landscape graphic consisting of three overlapping, curved shapes in shades of brown, yellow, and green, suggesting a horizon or a path. The brown shape is at the top, the yellow shape is in the middle, and the green shape is at the bottom. There are thin, curved lines in the same colors as the shapes, suggesting a path or a road.

Canada

**Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health.** We assess the safety of drugs and many consumer products, help improve the safety of food, and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians.

Published by authority of the Minister of Health.

*First Nations and Inuit Health Strategic Plan:*

*A shared path to improved health*

is available on Internet at the following address:

**[www.hc-sc.gc.ca/fniah-spnia/pubs/strat-plan-2012/index-eng.php](http://www.hc-sc.gc.ca/fniah-spnia/pubs/strat-plan-2012/index-eng.php)**

Également disponible en français sous le titre :

*Plan stratégique sur la santé des Premières nations et des Inuits :*

*Un parcours partagé vers l'amélioration de la santé*

This publication can be made available on request in a variety of alternative formats.

For further information or to obtain additional copies, please contact:

Publications

Health Canada

Ottawa, Ontario K1A 0K9

Tel.: 613-954-5995

Fax: 613-941-5366

Email: [info@hc-sc.gc.ca](mailto:info@hc-sc.gc.ca)

© Her Majesty the Queen in Right of Canada, represented by the Minister of Health, 2012

This publication may be reproduced without permission provided the source is fully acknowledged.

PDF

Cat.: H34-258/2012E-PDF

ISBN: 978-1-100-21186-2

Print

Cat.: H34-258/2012

ISBN: 978-1-100-54403-8

HC Pub.: 120109

---

## · Table of Contents ·

---

Message from the Senior Assistant Deputy Minister .....	3
Introduction .....	4
How We Got Here .....	4
What We Do .....	6
Our Strategic Plan .....	8
Monitoring Our Progress .....	19
Appendix - Literature Review sources .....	20



---

· Message from the Senior  
Assistant Deputy Minister ·

---

Health Canada's First Nations and Inuit Health Branch (FNIHB) has had a longstanding role of supporting the delivery of health services to First Nations and Inuit. The work we have undertaken with our partners has contributed to many improvements and innovations in how health programs and services are delivered.

At the same time, healthcare is becoming a much more complex and inter-related area of public policy. Today, First Nations and Inuit health issues intersect with a number of other key government priorities—notably in areas such as social and economic policy, community safety, the environment, and federal-provincial-territorial relations. Moreover, how we choose to address health issues facing First Nations and Inuit is an important consideration in how Canada manages its ongoing relationship with Aboriginal peoples.

For these reasons, improving the overall all health and wellbeing of First Nations and Inuit is not only an important element of Health Canada's mandate, it is also contingent on the involvement of a wider range of partnerships.

This first Strategic Plan for First Nations and Inuit Health outlines how the department plans to move forward in fulfilling its core mandate of providing health services, while strengthening its focus with key partners to advance mutual priorities for improved health. These priorities have been identified in collaboration with First Nations and Inuit, other governments and with Health Canada employees at the national and regional levels. FNIHB regional offices are key players in ensuring our success in implementing this Plan.

We trust that this Strategic Plan will become an important resource for employees, partners and stakeholders as we continue to pursue a shared path towards improved First Nations and Inuit health.

Michel Roy  
Senior Assistant Deputy Minister  
First Nations and Inuit Health Branch

---

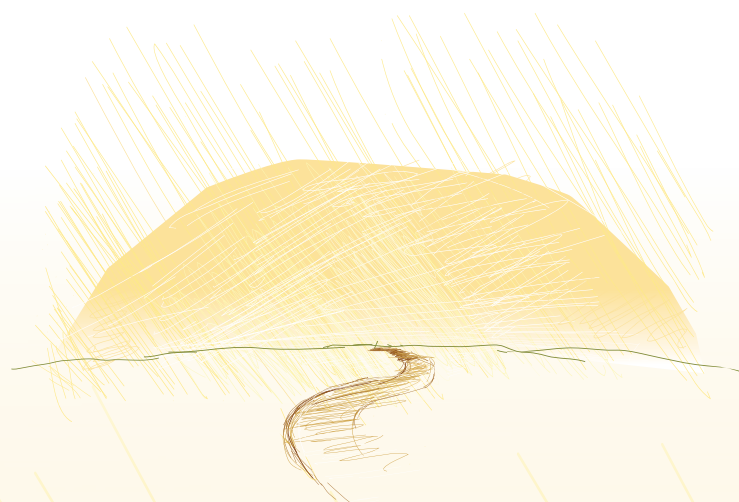
## · Introduction ·

---

Over the last six decades, there have been many milestones that have contributed to better health outcomes for First Nations and Inuit. Unfortunately, their health status, as measured by most major indicators of health, remains below that of the Canadian population. These discrepancies are rooted in a range of historical, political, cultural, geographical and jurisdictional factors, which have resulted in the need for multi-sectoral and multijurisdictional frameworks that foster collective ownership and individual responsibility of First Nations and Inuit.

Today, we are facing an even more complex and challenging environment, with competing fiscal pressures, significant demographic challenges, new and emerging health technologies, shortages of health professionals, and increased expectations among First Nations, Inuit, provinces and territories to transform health service delivery mechanisms targeting First Nations and Inuit.

With the ultimate goal of situating Health Canada to better anticipate and respond to these challenges and opportunities, we led a year-long effort to create a Strategic Plan for First Nations and Inuit Health that describes the directions and activities that will be prioritized over the coming years. The Plan sets out a path that enables us to build on our accomplishments, while recognizing that we cannot do everything at once or in the same way in all places.



---

## · How We Got Here ·

---

As a first step, we undertook a review of past and present policy approaches to First Nations and Inuit health, previous recommendations from independent and government reviews, and a wide range of research papers or other policy documents outlining potential directions. We sought assistance from the Canadian Association of Drugs and Technologies in Health in undertaking a literature review and environmental scan of relevant evidence pertaining to health interventions for populations faced with higher socio-economic disparities.

In the past year, we have also sought input from Health Canada employees nationally, regionally and locally, First Nations and Inuit organizations, our federal, provincial and territorial colleagues, health practitioners, national advisory groups, researchers and experts in the field of First Nations and Inuit health.

Several groups and individuals have been instrumental in the development of this Strategic Plan. In particular, we would like to acknowledge the contributions of:

- Employees who participated in the engagement process, including members of the Strategic Plan Working Group, the Sub-Indicators Working Group and the Aboriginal Employees Network;
- Assembly of First Nations (AFN), the National First Nations Health Technicians Network, the AFN Youth Council, the Public Health Advisory Committee;
- Inuit Tapiriit Kanatami (ITK), the National Inuit Committee on Health and the Inuit Youth Council;
- Regional First Nations Provincial/Territorial Organizations, Treaty Organizations and First Nations Health Authorities and Directors;
- Regional Co-management and Tripartite Fora;
- First Nations Information Governance Centre Board;
- Public Health Agency of Canada (PHAC);
- Canadian Institutes of Health Research's Institute on Aboriginal Peoples' Health Advisory Board;
- Aboriginal Affairs and Northern Development Canada (AANDC);
- Provinces and territorial representatives, including the Public Health Network and Health Support Committee;
- FNIHB's Health Services Integration Fund National Advisory Committee, Community Development and Capacity Building National Advisory Committee, First Nations and Inuit Mental Health Advisory Committee and Principle Nursing Advisors;
- Health Canada's Science Advisory Board.

---

## · What We Do ·

---

Healthcare for First Nations and Inuit in Canada is delivered in the context of a complex, dynamic and interdependent health system governed by federal, provincial, territorial and First Nations and Inuit jurisdictions.

As a result, the need for FNIHB to work collaboratively with other jurisdictions and partners with health and other expertise is fundamental, since many of the necessary levers to effect change are not held by FNIHB, or even by the federal government.

FNIHB's current mandate is derived from the 1979 Indian Health Policy. This policy foundation has not changed substantively since its inception. Although the 1979 Health Policy remains valid, it is becoming increasingly clear that we need to provide further guidance on how to manage the new opportunities and challenges emerging in this dynamic environment.

Based on this current mandate and the outcomes of the many internal and engagement sessions undertaken over the course of 2011–12, we have developed a Vision and reconfirmed our Strategic Outcome for the Branch.



## A Complex Environment for First Nations and Inuit Health

- **Provinces** deliver hospital, physician and public health programs to all Canadians, including First Nations and Inuit, but, generally do not operate direct health services on-reserve.
- **Health Canada** funds primary care in 85 remote/isolated First Nations communities, public health nursing, health promotion/disease prevention programming and environmental health services and home and community care in well over 600 communities.
- **Health Canada** also provides eligible First Nations and Inuit, regardless of where they live, with supplementary health benefits for certain medically required services where these individuals do not have coverage from other public or private programs (prescription drugs, medical supplies and equipment, dental care, vision care, short-term mental health crisis counselling and medical transportation).
- **First Nations and Inuit** have taken on various levels of responsibility to direct, manage and deliver a range of federally funded health services.
- **Territories** deliver insured health services and programs to all their citizens, including First Nations and Inuit. However, FNIHB provides additional funding for home and community care, and health promotion and disease prevention programs to First Nations (including those that are self-governing) and Inuit in the Territories. In the Yukon, FNIHB delivers the full NIHB program to eligible First Nations, whereas in NWT and NU, the program is delivered in partnership with the Territorial Governments.

---

· Health Canada First Nations and  
Inuit Health Strategic Plan ·

---

OUR VISION

Healthy First Nations and Inuit individuals, families and communities

OUR STRATEGIC OUTCOME

In the context of federal health programs under Health Canada, First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs and that improve their health status.

Health Canada supports First Nations and Inuit in achieving their health and wellness goals, by working with First Nations, Inuit, provinces and territories to advance collaborative models of health and health care that support individuals, families and communities from a holistic perspective, while respecting jurisdictional roles and responsibilities.

We will advance our strategic goals by building and maintaining effective relationships with First Nations, Inuit, provinces, territories, members of the Health Portfolio, (Canadian Institutes of Health Research and the Public Health Agency of Canada), Aboriginal Affairs and Northern Development Canada, other federal departments, and other partners (such as non-profit and professional organizations, universities and the private sector). We will engage First Nations and Inuit in senior management oversight and accountability for advancement of the Strategic Plan, and in development of partnerships with other governments and organizations.

This Strategic Plan will assist in guiding our actions over the short, medium and longer terms, resulting in:

HIGH QUALITY HEALTH SERVICES  
COLLABORATIVE PLANNING AND RELATIONSHIPS  
EFFECTIVE AND EFFICIENT PERFORMANCE  
SUPPORTIVE ENVIRONMENT IN WHICH EMPLOYEES EXCEL

## OUR PRINCIPLES

Health Canada will strengthen its working relationship with First Nations based on an approach of mutual respect and enhanced collaboration aimed at a strong partnership. In pursuit of this principle, Health Canada will engage with First Nations in processes that will bring all relevant stakeholders and jurisdictions to the table in keeping with the enduring historical relationship and Canada's commitment to respect and honour any recognized rights of First Nations and the Treaty relationship. Such processes are to be determined jointly with First Nations building on existing achievements as well as introducing new processes as required.

Health Canada will respect the principles and processes as established in Land Claims Agreements in its relationship with Inuit; recognize that delivery of services in Inuit regions is complex (unique); engage Inuit in the design and delivery of Health Canada programs and policies that affect Inuit; and show a willingness to work with Inuit and public governments in Inuit regions.

Our programs, services and relationships will demonstrate that we value:

**Wellness** – promoting holistic perspectives that help protect and promote the health, safety and well-being of First Nations and Inuit

**Excellence** – striving for continuous quality improvement, learning and innovation

**Reciprocity and trust** – working together with First Nations, Inuit, provinces, territories, federal departments and other partners in a circle of shared responsibility, accountability and stewardship

**Fiscal Stewardship** – practising sound fiscal management, complying with fiscal accountability measures and ensuring value for money

**Flexibility** – responding to the needs of individuals across their lifespans, and to the needs of families and communities, taking into account distinct regional circumstances and gender differences

**Culture** – recognizing that cultural practices and traditions are essential to the health and well-being of First Nations and Inuit

**Communications and Engagement** – communicating transparently and involving First Nations and Inuit in the development, delivery and management of national and regional policies and programs

## OUR ORGANIZATION

In fulfilling its mandate and in pursuit of the strategic goals, the First Nations and Inuit Health Branch (FNIHB) provides and/or funds a range of programs and services, including:

- Community-based health promotion and disease prevention programs in First Nations and Inuit communities in areas such as children and youth, mental health and addictions, and chronic disease and injury prevention;
- Primary care services on-reserve in remote and isolated areas where provincial services are not readily available and home and community care services in all First Nation and Inuit communities;
- Programs to control communicable diseases and address environmental health issues in First Nations and Inuit communities outside the Territories, and initiatives related to environmental health risk assessment and contamination;
- Non-Insured Health Benefits, which provide a range of medically necessary goods and services to status Indians and eligible Inuit regardless of where they live that supplement benefits provided by private or provincial/territorial programs.

## STRATEGIC GOAL 1: HIGH QUALITY HEALTH SERVICES



Health outcomes for First Nations and Inuit are determined by a range of factors, including the quality of health services provided. How First Nations and Inuit health services are organized, and how they interact with the broader health system, are fundamental considerations for equitable access to healthcare services; and these are also areas in which Health Canada has a particular mandate to promote progress. For these reasons, ensuring access to quality health services is a key strategic goal for the Branch.

### Objectives

- 1.1 Strengthen access, quality and safety of health services across the continuum of care for individuals, families and communities:
  - a) Ensure continuous quality improvement and professional practice that adheres to provincial regulatory and legislative requirements by developing health service delivery best practice frameworks and benchmarks that are comparable and harmonized with provincial systems where appropriate;
  - b) Define mandatory/core program requirements across all program and service areas and align funding approaches accordingly;
  - c) Examine and renew models of primary health care in remote and isolated First Nations communities, and draw on relevant outcomes to improve the quality of services in other communities;
  - d) Engage clients and communities in ongoing quality improvement initiatives, including expanding accreditation to primary care facilities and federally-operated nursing stations and health centres;
  - e) Facilitate and/or mobilize new interdisciplinary health teams inclusive of professionals, paraprofessionals, traditional practitioners and clients themselves to enhance federally-funded primary care, health promotion, disease prevention, health protection services in First Nation communities;

"We want to transform instead of filling the void."

" Whatever  
we do should be  
client centred so  
that the people  
who need it get  
the service and  
it should be of  
high quality."

- f) Continue to support and track progress on the five strategic directions of the Public Health Strategic Framework for First Nations (FNIHB, 2009): system organization, workforce, information, social determinants of health and system transformation;
- g) Advance the deployment and use of interoperable emerging technologies in clinical and public health services and management.

1.2 Support access to a comprehensive range of quality services and medically necessary health products and benefits:

- a) Continually update and apply evidence-based coverage decisions;
- b) Ensure evidence-based benefit policy and program development (consistent with best practices of health service delivery);
- c) Enhance client safety activities and promote the appropriate use of medications with a view to achieving the best possible health outcomes for First Nations and Inuit clients;
- d) Monitor and measure the impact of interventions and work with expert advisors, stakeholders and other key players to identify further improvements to the Non-Insured Health Benefits Program.

1.3 Enhance regional capacity to work with partners to support high-quality service delivery across the continuum of care:

- a) Transition the national FNIHB office towards a more supportive role to regions in improving the quality of FNHIH health services and programs and aligning with provincial services and systems where applicable;
- b) Transition the regional FNIHB offices towards strengthened health and wellness expertise;
- c) Establish multistakeholder advisory committees in Regions to advise on matters of regional and community planning and priority setting and assist the Region in meeting its outcomes-based accountability.

1.4 Support a continuum of mental wellness programs and services that draw upon previous and ongoing work undertaken by Health Canada in collaboration with First Nations and Inuit:

- a) Develop a comprehensive vision of mental health services that strengthens existing mental wellness programming by identifying opportunities to build on community strengths and enhance control of resources;

- b) Advance the renewed program framework for the National Native Alcohol and Drug Abuse Program (NNADAP), which includes addressing emerging addictions such as prescription drugs;
- c) Enhance linkages between community programs and Non-Insured Health Benefits to encourage the safe use of prescription medications and to promote practices that protect the health and safety of First Nations and Inuit;
- d) Continue to support multi-disciplinary mental wellness teams at the regional level which provide a variety of culturally safe mental health and addictions services and supports to First Nations and Inuit communities and include community, cultural, and clinical approaches to mental wellness services, spanning the continuum of care;
- e) Support First Nations and Inuit in developing community-based suicide prevention programming that reflects community priorities, incorporates traditional culture, targets at-risk populations, and establishes formal networks for suicide crisis response.

## STRATEGIC GOAL 2: COLLABORATIVE PLANNING AND RELATIONSHIPS

Improving health outcomes for First Nations and Inuit is not only a matter of effective FNIHB services. We recognize that other federal departments, jurisdictions, and First Nations and Inuit partners hold many of the levers to improve health outcomes, and that health challenges facing First Nations and Inuit health are most effectively addressed by bringing together these partners. New and innovative partnerships with those who share responsibility for solutions, is increasingly necessary in today's modern healthcare system. For these reasons, collaborative planning and relationships has been identified as a key strategic goal.



"Elder Elmer Courchene has reminded us that the language we use to describe our relationships is important. He referred us to the Ojibway word "Weechitiwin" as an alternative way of expressing integration. It means working together, blending families together."

" Everyone is in agreement that capacity development is the name of the game- if it is not happening with the people, it will not happen at the indicator level. Capacity will influence the social determinants and enable communities to "own" their health services."

" Our intention is to 'co-design' approaches with First Nations. We can bring some skills to the table, but communities understand their own situation and needs best. Programs and initiatives are infinitely stronger if people are involved from the inception."

## Objectives

- 2.1 Identify and advance shared priorities with First Nations, Inuit, other federal departments, provinces and territories, and other partners through culturally-appropriate collaborative planning and coordinated initiatives to improve health outcomes:
  - a) Support First Nations and Inuit capacity development to effectively participate in collaborative planning and service delivery;
  - b) Support the BC First Nations Health Authority and assess outcomes for future trilateral initiatives;
  - c) Explore possible North of 60° approaches with First Nations, Inuit and territorial governments where there is a shared interest to improve service delivery and population health challenges;
  - d) Clarify and fulfill Health Canada's role in relation to First Nations and Inuit that have successfully concluded self-government or land claim agreements in order to enhance capacity for health programs;
  - e) Support improved planning and coordination between community and provincial/territorial services (e.g. such as in areas of health promotion, chronic disease prevention and management, public health);
  - f) Work with provinces, territories, AANDC and others, to provide better supports across the continuum of care, including to the aging population in First Nations and Inuit communities.
  
- 2.2 Support First Nations and Inuit in their aim to influence, manage and/or control health programs and services that affect them:
  - a) Strengthen mechanisms for First Nations and Inuit representatives to influence decision-making at the national and regional senior management levels;
  - b) Use First Nations and Inuit health plans such as community health plans and population health assessments, in the development of national and regional policies, plans, programs and services;
  - c) Advance aggregated models of health services governance led by First Nations with appropriate capacity to support groups of communities in the management and delivery of programs and services;
  - d) Support First Nations and Inuit to achieve strong governance models for health programs and services, and significantly reduce the number of administrative interventions required;



- e) Support capacity development for First Nations health managers and community health workers, such as by leveraging the Aboriginal Health Human Resources Initiative;
- f) Work with Inuit, territorial and provincial governments, and other federal partners to develop an approach to Inuit health that informs planning within Health Canada.

## STRATEGIC GOAL 3: EFFECTIVE AND EFFICIENT PERFORMANCE

Effective and efficient performance of Canada's health system and sound fiscal management are expected by all Canadians, an expectation that applies equally to First Nations and Inuit Health. At the same time, those involved in First Nations and Inuit health face unique challenges with respect to data, funding mechanisms and governance that impact their ability to manage programs and services effectively. Many of these impediments require immediate attention to sustain momentum in innovation and program delivery. For this reason, effective and efficient performance has been identified as a key strategic goal for FNIHB as a key partner in First Nations and Inuit health.



### Objectives

- 3.1 Improve availability of, and access to, high quality data for better decisions from planning to point of care:
  - a) In collaboration with First Nations and Inuit, develop a guiding framework for data sharing agreements with First Nations, Inuit, and provincial/territorial governments for the collection, use and dissemination of data;
  - b) Leverage existing First Nations and Inuit data initiatives and respect First Nations and Inuit ownership, control, access and possession of their collective and individual data;

"We are progressing in some fashion that is not linear. It is an iterative process that sees our capacities decrease as First Nations' capacities increase."

"If there is not an openness, there is not an equal relationship."

- c) Contribute to timely research and evaluation of interventions and new service delivery models to inform planning;
- d) With First Nations and Inuit, identify opportunities to invest in data and infrastructure that are interoperable with provincial systems;
- e) Develop and implement a surveillance and information framework for FNHI which is compatible and integrated with First Nations/ Inuit/provincial/territorial surveillance strategies and relevant at the community and regional levels;
- f) Increase support to First Nations and Inuit for data collection and analysis to better inform decision-making and priorities.

3.2 Efficient management of cost-effective and evidence-based supplementary health benefits that contribute to improving the health status of First Nations and Inuit in Canada:

- a) Explore opportunities for the NIHB Program to coordinate benefits and procedures with other plans;
- b) Foster collaborative relations with First Nations and Inuit, service providers and their organizations to facilitate service delivery, including bringing services closer to home, wherever possible, by optimizing use of medical transportation resources as well as community-based programs;
- c) Strive for continuous improvement in ongoing communication with clients, providers and their representatives regarding NIHB coverage and administration;
- d) Make use of NIHB data to inform population health assessments, the effectiveness of prevention and treatment interventions and program/policy development wherever possible.

3.3 Streamline and harmonize grants and contributions by working with Aboriginal Affairs and Northern Development Canada and other federal departments to:

- a) Establish a single federal standardized financial reporting protocol including audited consolidated financial statements for common recipients;
- b) Standardize funding agreement models and templates;

- c) Explore opportunities to more closely align program terms and conditions, authorities and outcomes-based reporting requirements with approaches to comprehensive community planning and community development;
- d) Demonstrate the value of administrative processes by examining these with First Nations, recognizing their expertise.

3.4 Create appropriate linkages among FNIHB programs and services with those of other federal departments to support a population health approach and a whole-of-government approach to the social determinants of health:

- a) Leverage programs and resources to advance community development and a focus on prevention to respond to needs identified by communities in their health planning;
- b) Promote and coordinate a social determinants of health planning approach and specific evidence-based initiatives with federal and other willing partners that will result in better health outcomes over the longer term, paying particular attention to women, children and youth;
- c) Work with federal departments or other partners who have the levers to pursue strategies targeting key priority areas to identify reasonable and achievable objectives (e.g., water, housing, food security, or protective factors for youth, such as culture and family connections);
- d) Develop a comprehensive approach to child development that considers linkages between health, social, child and family services, education and other sectors which influence the health and well-being of First Nations and Inuit children.

"We're in an environment where the delivery of health services is only one component of what leads to good health outcomes."

## STRATEGIC GOAL 4: SUPPORTIVE ENVIRONMENT IN WHICH EMPLOYEES EXCEL



A supportive environment in which employees excel is a function of the interaction between the employee, his or her manager, and the working environment. An organization that expects, inspires, and encourages employees to perform at their highest levels will more than likely achieve the desired results. For this reason, fostering a supportive environment in which employees excel has been identified as a key strategic goal.

### Objectives

- 4.1 Ensure an environment that adheres to public service values and ethics, with a particular focus on the importance of a respectful workplace.
- 4.2 Promote lifelong learning and career development:
  - a) Work with First Nations and Inuit to develop cultural competency tools for training FNIHB headquarters and regional employees;
  - b) Alter administration processes to enable employees to be innovative and harness their health expertise and experience in contributing to strategic goals and actions.
- 4.3 Develop a FNIH-specific human resources approach:
  - a) Consider the unique needs and challenges of FNIH employees such as cultural safety, recruitment, retention and professional support;
  - b) Support targeted initiatives for First Nations, Inuit and Métis employees including designated positions, a restructured Aboriginal Management Development Program, a new Aboriginal Career Management for Employees program and special events programming.

"HC employees must come from a sincere place in order to be in a position of assisting communities - we need to understand what they've gone through and why many come from a place of hopelessness."

---

## · Monitoring Progress ·

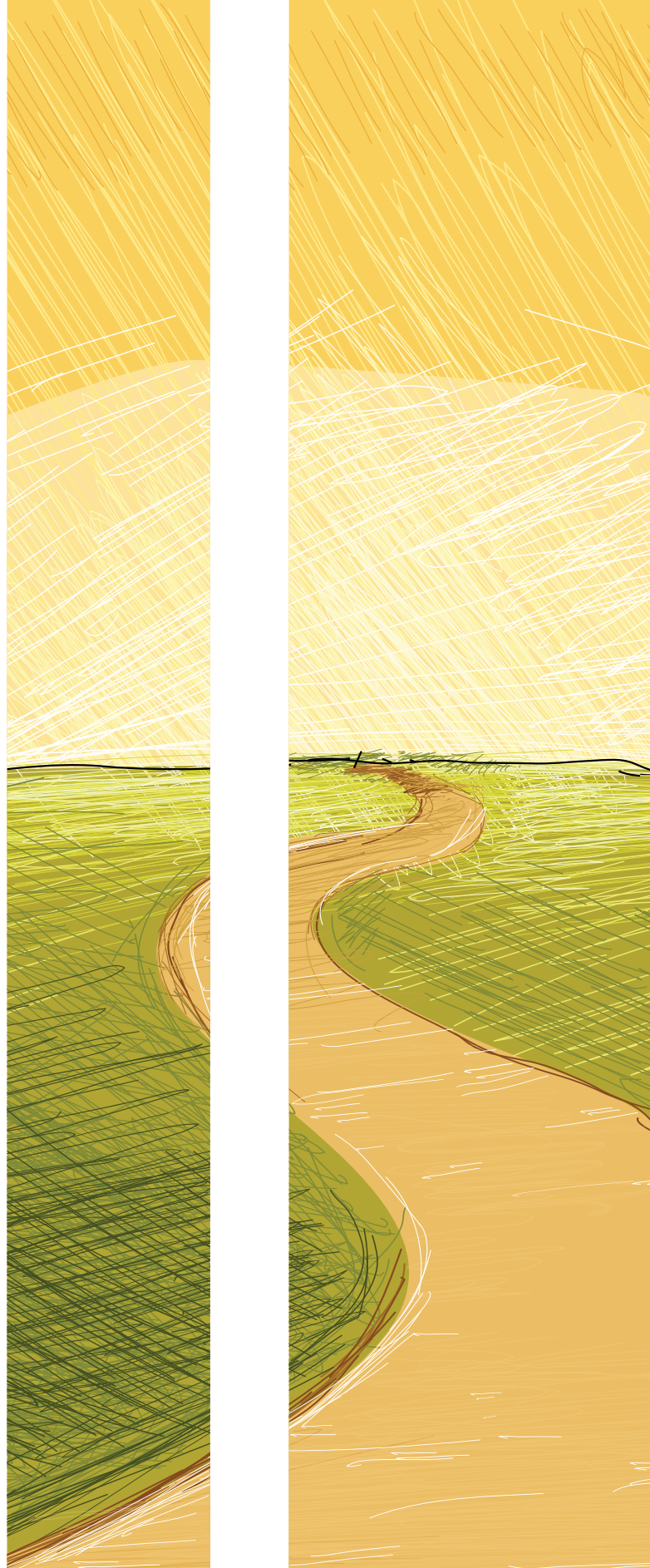
---

The Strategic Plan entails a systematic process to monitor and report on the progress that we are making on the actions in pursuit of the goals. The Plan itself provides the foundation for FNIHB's input into the annual Department Integrated Operational Plan. Annual operational plans lay out the priority activities of the Branch in the upcoming year, with specific budgets attached. Performance indicators are also mapped against these activities.

In addition to performance measurement as part of operational planning, FNIHB has been developing a comprehensive indicators framework which will provide the principal tool for measurement of progress against the strategic goals.

Reporting against the strategic and operating plans, and monitoring trends in the indicators framework will be completed in collaboration with First Nations and Inuit both at the national and regional levels.

While ongoing progress will be monitored through annual operational planning, FNIHB is committed to reviewing in depth the Strategic Plan every three years, and producing an updated version of the Plan at the end of this review. We recognize that the strategic goals will require dedicated effort over a longer-term horizon, but are confident that considerable change can be achieved in the short and medium terms.



---

## Literature Review Sources

---

### Government of Canada Reports and Federal Departmental Publications

- Indian Health Policy, 1979
- Royal Commission on Aboriginal Peoples (RCAP) – Final Report, 1996
- Gathering Strength, 1998
- Romanow Report, 2002
- Blue Print on Aboriginal Health, 2005
- Final Report of Senate Subcommittee on Population Health, 2009
- First Nations and Inuit Mental Wellness Strategic Action Plan, 2007
- Policy Framework for Regional Tri-Partite First Nation Health Agreements, 2011
- Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada, 2011
- PHAC Strategic Plan, 2007–2012
- A Statistical Profile on the Health of First Nations in Canada — Determinants of Health, 1999 to 2003
- Governance and Accountability in First Nations and Inuit Health Deck (FNIHB Strategy Session Summary), 2004
- FNIHB Health Agenda (Placemat), 2008
- INAC's Aboriginal Agenda, 2008
- FNIHB mandate: FNIHB intranet, 2008
- FNIHB Framework for Research and Research-related Activities, 2008
- Health Canada Website: FNIHB mandate section, 2008

- Strategic Framework for FNIHB's Public Health Role in First Nations Communities, 2010
- FNIHB Medium and Long-Term (MLT) Agenda, August 2010
- Medium and Long-Term (MLT) Agenda – NIHB annex, August, 2010
- Health Canada Estimates Part III – Report on Plans and Priorities, 2010–2011
- TBS Sunsetters Report: Report on Aboriginal Community and Health Systems Programming renewed in spring, 2010
- SMM Discussion on Strategic Visioning, 2010
- Health Canada Environmental Scan, FNIHB Input (Deck), 2010
- Regions and Programs Branch (RAPB) Strategic Plan, 2009–2012
- NIHB Annual Report, 2009/2010
- Report on Client Safety, NIHB, October 2010
- Community Development: Charting a strategy to policy and program reform in HC's FNIHB and INAC - Discussion of Appendices, 2010
- Strategic Action Plan on Mental Wellness, 2010
- Ingredients for a Healthy Indigenous Community, 2011
- FNIHB Program Activity Architecture Structure, 2011
- Departmental Operational Plan, 2011–12
- FNIHB IM/IT and e-Health Infostructure Activities and Investments, 2010–20
- Knowledge Synthesis Toward a National Report Card in Nursing, February 2011
- Innovations in Indigenous Health Services and Health Governance Paper prepared for First Nations Inuit Health Branch by CESO, March 2009
- Health Council of Canada - Strategic Directions five-year strategic plan, 2011
- THE HEALTH STATUS OF CANADA'S FIRST NATIONS, MÉTIS AND INUIT PEOPLES: A background paper to accompany *Health Care Renewal in Canada: Accelerating Change*, Health Council of Canada, 2005

## Provincial/Regional Reports

- BC First Nations Health Plan, 2006
- Vancouver Coastal Health's People First Strategy, Vancouver Coastal Health's Aboriginal Health and Wellness Plan, 2008–2011
- Alberta Co-Management Agreement, 1996
- Alberta Health Services Strategic Direction, 2009–2012
- *Defining Our Focus / Measuring Our Progress (Alberta)*, June 30, 2009
- WAHBUNG: Our Tomorrows - The Indian Tribes of Manitoba, October, 1971
- ASSEMBLY OF MANITOBA CHIEFS MANITOBA FIRST NATIONS HEALTH & WELLNESS STRATEGY Action Plan - A 10 Year Plan for Action, 2005–2015
- Alberta Region 2010–2015 Co-Management Priorities - Alberta Co Management – Prevention Sub-Committee - Primary/Secondary Priorities, Dec, 2008
- Alberta Co-Management Committee – Key Priorities and secondary priorities as identified by the Children and Youth Sub-committee, Dec, 2008
- Alberta Co-Management Committee – Key Priorities and secondary priorities as identified by the NIHB Sub-committee, Dec, 2008
- Evaluation of the Implementation of the 2007 Co-Management Review, June 2010
- Alberta Co-Management Review, 2007
- Alberta region mental health and wellness strategy
- Alberta Region Co-Management National Native Alcohol and Drug Abuse Program (NNADAP)
- Partnership Committee Business Plan, 2007–2012
- Alberta Region Mental Health and Wellness Strategy BACKGROUND DOCUMENT
- Focus on Fundamentals: A Population Health and Community Development Approach to First Nations and Inuit Health System Renewal, University of Manitoba, 2001
- A Commentary on FNIHB Working Papers on Renewal, October 2001
- Pathways to Health Equity for Aboriginal Peoples - CIHR Roadmap Signature Initiative, 2012
- Toward a New Era of Policy: Health Care Service Delivery to First Nations, Miranda D. Kelly, 2011
- Summary of Planned CIHR Initiatives, February 2011
- Building Quality Healthcare, Oct 2010
- Strategic Plan 2010–2014 Reconciliation and Healing: Research & KT to address the underlying causes of the poor health of First Nations, Inuit and Métis Peoples, Malcom King, 2011



- Impact Evaluation of the Labrador Innu Comprehensive Healing Strategy, 2009
- Saskatchewan Health System Strategic Framework, 2010
- Saskatchewan First Nations Wellness Plan, 2011
- Manitoba Health Annual Report, 2010–2011 (Manitoba Aboriginal and Northern Health Office)
- Ontario Results-based Plan Briefing Book, 2010–2011
- Quebec Plan stratégique, 2009–2013
- New Brunswick - *Transforming New Brunswick's Health-care System: The Provincial Health Plan*, 2008–2012
- PEI Health System Strategic Plan, 2009–2012
- Healthier Together: A Strategic Health Plan for Newfoundland and Labrador
- NWT: Building on Our Foundation: *A Strategic Plan for the NWT Health and Social Services System*, 2011–2016
- Developing Healthy Communities: A Public Health Strategy for Nunavut
- FHIH Regions P/T Engagement Overview Deck, 2010
- Engagement with Provinces in Atlantic, 2010
- FNIH Engagement with Provinces and Territories – British Columbia Region, 2010
- FNIH Engagement with Provinces and Territories – Manitoba, 2010
- FNIH Engagement with Provinces and Territories – NORTHERN REGION, 2010
- FNIHB Engagement with Provinces and Territories – ONTARIO, 2010
- FNIHB Engagement with Provinces and Territories – QUEBEC, 2010
- Regional Priorities Template - Atlantic Region, 2010
- Regional Priorities Template - MB Region, 2010
- Regional Priorities Template - ON Region, 2010
- Framework for Investment Priorities, Specific Activities - ON Region, 2010
- Regional Priorities Template - SK Region, 2010
- Northern Region 2011–2012 Strategic Plan, January 2011

## NAO Documentation

- Assembly of First Nations - First Nations and Inuit Health Branch Joint Think Tank on "Partnership and New Relationships", 1999
- AFN First Nations Health Action Plan, 2004
- First Nations Public Health: A Framework for Improving the Health of our People and our Communities – AFN, November 2006
- AFN First Nations Health Plan, 2011
- ITK Strategic Plan, 2007–09
- ITK –HC-PHAC Work Plan, 2010

## International Reports/Studies

- UN Declaration on the Rights of Indigenous Peoples
- The Whererata Declaration, International Journal of Leadership in Public Service, 2010
- Australia's National Aboriginal Strategy, 1998
- Innovations in Indigenous Health Services and Health Governance - Paper prepared for First Nations Inuit Health Branch by the Canadian Executive Service Organization (CESO) - Alwyn Moyer, RN PhD & Katherine Stewart, March 2009
- ASTEC Final Summary Report – Evaluation of health interventions in 15 EU member states, March 2002