

Project Title

Setting the Stage – The Developmental Phase of Planning for Enhanced Primary Care Services for the First Nations' People within the Regional Municipality of Wood Buffalo

1. Recipient

Name of Organization	Athabasca Tribal Council
Address	9206 McCormack Drive Fort McMurray, Alberta T9H 1C7
Contact Name	Patrick Mercredi
Title	Director of Health
Telephone	(780) 791-6538
Fax	(780) 791-0946
Email	Patrick.Mercredi@atc97.org
Guarantee	No former or current federal government employees, who are still under the federal Conflict of Interest guidelines, will receive benefit from this project



The Athabasca Tribal Council (ATC), established in 1987, represents the interests of the five First Nations of North Eastern Alberta with a vision of “*working in unity together we will continue to realize our true value as healthy, productive and proud Cree and Dene people*”. The ATC includes the Athabasca Chipewyan First Nation, Chipewyan Prairie First Nation, Fort McKay First Nation, Fort McMurray No. 468 First Nation, and Mikisew Cree First Nation, which are comprised of more than 2,500

native Cree and Chipewyan people.

A board of directors consisting of the five First Nations Chiefs heads the ATC. A Chief Executive Officer oversees the day to day running of the ATC. The Board had identified the following goals:

- Enhance and promote the general well being of our people by providing programs, services, and opportunities;
- Foster growth, prosperity and development of First Nations communities through capacity building;
- Maintain and protect our Treaty Rights and Freedoms;
- Promote, maintain and protect the integrity of our relationship with Mother Earth, the Land, water, ice, air, and resources;

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- Promote and protect our origins, territories, environment, culture, customs, history and languages as First Nations’ peoples;
- Work together in harmony and unity, supporting each other politically, socially, economically and culturally; and
- Develop meaningful and productive relationships with our stakeholders.

In order to achieve the vision and the goals, the ATC works closely with their member groups and with economic, educational, and health partners in the region. The ATC has specialized programs in the fields of education, training, health, social services, and the environment.

The ATC Department of Health works with member First Nations in promoting initiatives in the matters of Health and Child Care. Initiatives include the establishment of effective Community Day Cares, the initiation of Community Health Needs Assessments, participation in Regional Health Surveys conducted by the Northern Lights Regional Health, and the establishment of a Regional Prescription Drug Abuse Strategy Committee to combat prescription drug abuse in this area. A major focus is being placed on identifying and implementing means to increase access to primary health services for the First Nations communities.

The ATC was incorporated in 1987, and has served the First Nations communities for 19 years. ATC has worked across many jurisdictions, including municipal, provincial and federal governments. At present, the ATC is in partnership with Northern Lights Health Region (NLHR) in providing an Aboriginal Liaison who works to insure seamless health care services for individuals coming in from outlying and remote areas. Furthermore, the ATC and the NLHR has engaged in informal relationship building over the last decade in the form of discussions and informal collaborations to provide better health care services such as Primary Health, Mental Health, and other health services. Major issues are discussed and resolved through the informal mechanisms and structures that we have developed.

2. Project Partners

Name of Organization	Northern Lights Health Region
Address	7 Hospital Street Fort McMurray, Alberta T9H 2P1
Contact Name	
Title	VP, Health Services
Telephone	(780) 791-6198
Fax	(780) 791-6029
Email	

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The Northern Lights Health Region is the largest of nine regional health regions in Alberta. It is also the region with the fewest number of people, although it serves over 20 communities across the great expanse of Northern Alberta. From the provincial boundaries of B.C., Saskatchewan and the N.W.T. this health region serves the remote and rural communities of northern Alberta by providing public health care, acute health care, emergency and trauma care, mental health care, and allied health services. The authority's over 1000 professionals are dedicated to delivering the highest possible standard of care to the people living in these communities.

The NLHR is committed to achieving its vision through a committed focus to its mission and by living its values in how it operates and works with its stakeholders and communities.

Vision: Work together for a healthier future.

Mission: Improve health and promote wellness.

The NHLR faces some unique challenges in providing health services:

- The region is split into two physically distinct areas – the western half (High Level and Ft. Vermillion area) and the eastern half (Regional Municipality of Wood Buffalo area).
- Fort McMurray (approximately 435 km north of Edmonton) is home to almost 65,000 people¹ and is one of Canada's youngest and fastest growing communities. The majority of the region's population live in Fort McMurray itself.
- The smaller, more remote communities in the Regional Municipality of Wood Buffalo have a total population of about 15,000².
- The region has the highest percentage of aboriginal population in the province. Within the Regional Municipality of Wood Buffalo, 12% of the population is aboriginal³.
- NLHR has a shortage of health professionals within the region as a whole.

The Northern Lights Health Region is committed to working with the ATC and its partners to improve access to primary health services for the First Nations people in the region.

Name of Organization	Wood Buffalo Primary Care Network
Address	111 – 9914 Morrison Street Fort McMurray T9H 4A4
Contact Name	Brenda Regehr
Title	Director
Telephone	(780) 788-1768

¹ Regional Municipality of Wood Buffalo. Municipal Census. 2006. p12.

² Ibid. p 12.

³ Ibid. p 26.

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Fax	(780) 788-1764
Email	bregehr@nlhr.ca



“Achieving excellence in primary care through team-based practice”

The Wood Buffalo Primary Care Network (PCN) is the result of a formal arrangement between Fort McMurray Family Physicians and the Northern Lights Health Region. Through this collaboration the PCN proposes to increase access to primary care services while improving on the coordination of comprehensive care available for the region of Wood Buffalo.

The PCN is a specialized primary care clinic focusing on diabetes, heart disease, geriatric care, palliative care, and women’s health. The PCN brings together an interdisciplinary team of health professionals who provide comprehensive, coordinated care for patients referred by their family physician. The PCN provides community linkages to: specialists, health care professionals and community services and assist patients in navigating through the system.

Key Priorities:

Presently the PCN has chosen to focus on specific gaps identified by the physicians and RHA representatives and will augment the services provided by Primary Care Physicians and the Northern Lights Health Region through:

- Extended coordinated care in the areas of:
 - Chronic Disease Management
 - Diabetes
 - Heart Disease
 - Geriatric Care
 - Palliative Care
 - Women’s Health
- Coordinated next day physicians’ appointments for patients referred through Health Link
- Linking unattached patients with physicians with open practices
- Encouraging Chronic Disease Self Management
- Supporting health promotion activities in the related areas

Name of Organization	Health Canada, First Nations and Inuit Health Branch
Address	Suite 730, 9700 Jasper Avenue Edmonton, AB T5J 4C3
Contact Name	Joyce Cardinal
Title	Zone Nurse Manager, Treaty 8
Telephone	(780) 495-3714
Fax	(780) 288-4914
Email	joyce_cardinal@hc-sc.gc.ca



Health Canada Mission and Vision:

Helping the people of Canada maintain and improve their health.

Health Canada is committed to improving the lives of all of Canada's people and to making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

First Nations and Inuit Health Branch Mandate:

Ensure the availability of, or access to, health services for First Nations and Inuit communities.

Assist First Nations and Inuit communities address health barriers, disease threats, and attain health levels comparable to other Canadians living in similar locations.

Build strong partnerships with First Nations and Inuit to improve the health system.

FNHIB enables the best possible outcomes in promoting, improving, and preserving the health status of First Nations and their communities by: facilitating access to health services according to identified health needs; providing access to health information; building capacity and promoting self-reliance; and demonstrating accountability in the effective use of resources.

Letters of support from Northern Lights Health Region and Wood Buffalo PCN are attached.

3. Amount Requested from the AHTF

Funding Requested from AHTF	\$50,000
Other Funding Sources and Amounts:	
<ul style="list-style-type: none"> • First Nations & Inuit Health Branch 	In-kind –committee membership, attendance at meetings, transportation to Ft. McMurray
<ul style="list-style-type: none"> • Wood Buffalo Primary Care Network 	In-kind – Committee membership, attendance at meetings
<ul style="list-style-type: none"> • Northern Lights Health Authority 	In-kind – Committee membership, attendance at meetings, teleconference/ videoconference links
<ul style="list-style-type: none"> • ATC 	In-kind – people in community working closely with region, etc.
Total Project Cost	\$50,000 plus in-kind contributions

4. Duration of the Project

June 2007 to March 31, 2008

5. Project Overview

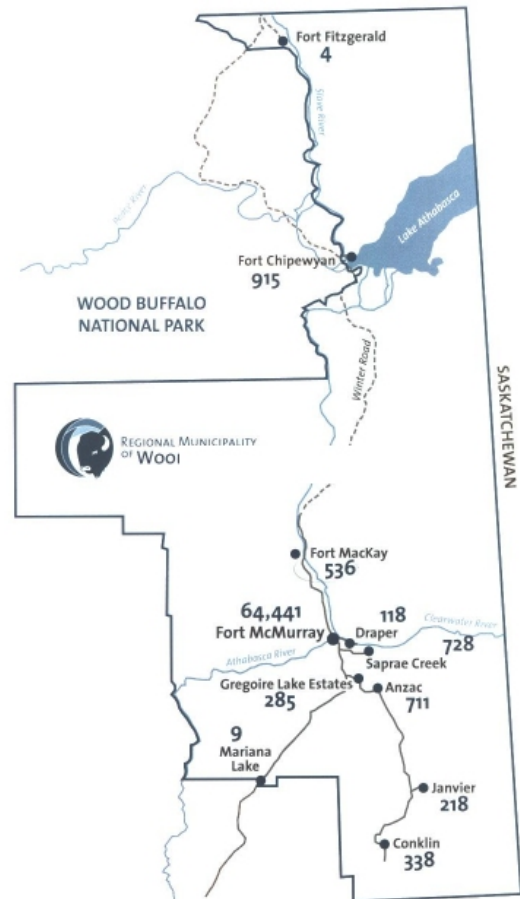
The project will bring together the key organizations (the Athabasca Tribal Council, the Northern Lights Health Region, the Wood Buffalo Primary Care Network, the First Nations and Inuit Health Branch) to develop and facilitate the partnership between these organizations, and others as required in order to improve integration, coordination, and collaboration of health services for First Nations people in north eastern Alberta. The project will assess the primary care service delivery needs of the First Nations communities, and provide opportunity for continuing community consultation and participation in future primary care service delivery planning and implementation activities.

Background: NLRH provides health services to its population and struggles with on-going shortages in health human resources in all disciplines. Service delivery is further complicated by the geographic location of the region (located in the far north-east corner of Alberta); the rapidly expanding population of the region; and the remoteness of many of its communities. The First Nations population in NLRH, specifically within the Regional Municipality of Wood Buffalo, make up the majority of the population living in the remote communities. The adjacent map shows the location of the communities within the Regional Municipality of Wood Buffalo. The First Nations population reside primarily in the communities of Fort Chipewyan, Fort MacKay, Janvier, and the Gregoire Lakes area.

The First Nation and Inuit Health Branch provides nursing services to the First Nation community health centres within the Regional Municipality of Wood Buffalo. As well FNIHB provides funding, support, and advice to Fort Chipewyan (a transferred community) and to Fort McKay. FNIHB provides funding through contribution agreements for comprehensive preventative health programs.

With the exception of the Gregoire Lakes area, the communities are too far away from Ft. McMurray for people to receive regular medical services. The Gregoire Lakes area is within driving distance, however a vehicle is necessary for the travel and is not always an option.

Fort Chipewyan is Alberta's oldest continuous European settlement dating back to 1788 when the North West Company established an outpost there. Two First Nations communities – the Miksew Cree First Nation and the Athabasca Chipewyan First Nation, surround it. The only vehicle access to Fort Chipewyan is via a winter road from Fort Smith, 140 kilometers to the north or from Fort McMurray, 303 kilometers to the south. Fort Chipewyan has a paved all weather, lighted airstrip. Scheduled air service from Fort McMurray and Edmonton provides residents with food, clothing and all supplies. Air Mikisew provides the air service six days per week.



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The health of residents in the Fort Chipewyan area is taken care of by the Nunee Health Board Society. The Society has taken control and responsibility of health and wellness services through a transfer agreement with Health Canada. It provides funding for primary health service through its nursing station with only the most serious or specialized case being flown south to Fort McMurray or Edmonton and preventative programs through additional funds.

Residents of First Nations communities in the Regional Municipality of Wood Buffalo must endure a large travel burden, dangerous driving conditions, long waits, lack of public transportation and mounting travel costs in order to receive primary health services such as prescriptions, referrals, lab tests, consultation, diagnosis, diagnostic tests and pharmacy. FNIHB does provide funds through the Non-Insured Health Benefit Program for medical transportation, transporting residents from the communities to medical services off reserve.

Table 1 shows the population of the First Nations communities in the Regional Municipality of Wood Buffalo.

Community	Population
Fort Chipewyan	1000
Mikisew Cree (Ft. Chip)	2434
Athabasca Chipewyan (Ft. Chip)	828
Fort McKay	614
Fort McMurray (Gregoire Lakes area)	597
Chipewyan Prairie (Janvier area)	682

Table 2 shows the health services currently available within each of the First Nations communities.

Table 2 Health services currently provided, by community

Service	Fort Chipewyan	Fort MacKay	Gregoire Lakes	Janvier
Physician	✓ (visiting basis only)	✓ (visiting basis only)	X	X
Community Health Representatives (CHR)	✓	Vacant	vacant	✓
Community Health Nurse (CHN)	✓ 2CHNs	✓	vacant	✓
Nurse Practitioner (NP)	✓	X	X	vacant
Health educator	✓ PHN does this	✓ CHN/CHR do	✓ CHN/CHR do	✓ CHN/CHR do

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	work	this work	this work	this work
Pharmacist	X	X	X	X
Mental Health Worker	✓	X	X	X
NNADAP worker	✓	✓	✓	✓
Home Care Nurse (HCN)	✓	✓	vacant	vacant
Psychologists	✓ (visiting basis only)	✓ (visiting basis only)	✓ (visiting basis only)	✓ (visiting basis only)
Clinical telehealth services	✓ (limited)	(video conferencing equipment only)	X	X

In a needs assessment conducted in 2001 researchers found:

“They [First Nations people of the Regional Municipality of Wood Buffalo] gave the health system an overall rating from poor to excellent. Most of the respondents indicated that it was good (42%) to fair (33%). A small portion of the respondents (5%) said it was excellent and 19% said it was poor. These results were mostly different than other Albertans, where 15% gave the system an excellent rating, 53% gave it a good rating, 26% gave it a fair rating and 7% gave it a poor rating. From these results, the ATC respondents considered the health care system in their region to be worse than those of other Albertans.”⁴

Unfortunately there is nothing to indicate that the situation has improved since the 2001 study. Therefore the planning, and subsequent implementation, of enhanced primary health services, which are fully integrated into the operation of the NLHR and the Wood Buffalo PCN is a priority action for the ATC and FNIHB.

ATC and its partner organizations (Wood Buffalo Primary Care Network, Northern Lights Health Region, First Nations & Inuit Health Branch) will enter into a partnership arrangement to work towards enhanced primary care health services for the First Nations people in the Regional Municipality of Wood Buffalo.

The overall goal of enhancing primary health services will be broken into two phases:

1. Phase 1 – the Developmental Phase whereby the partnership is formally established, governance structure developed, community needs for primary care service delivery are assessed, and a proposal for the AHTF Full Integration Project is developed; and
2. Phase 2 – the Joint Planning Phase whereby the community needs are prioritized, plans are established as to how best meet the needs, service level agreements are signed by the partners, and primary health services begin to be implemented.

Through Phase 1, the Partners will clarify the roles and responsibilities of each organization in providing primary care through a signed Memorandum of Understanding. The Partners recognize that there are jurisdictional and organizational barriers to be addressed, but all are

⁴ Population Research Laboratory. A Comprehensive Needs Assessment in the First Nations Communities of the Athabasca Tribal Council. University of Alberta. August 2001.

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prepared to work collaboratively to identify innovative means of bridging these barriers in order to reach the goal of enhanced primary health services.

The project will start by setting up an appropriate governance model for the project – a governance model that will continue to serve the Partners needs into service delivery phases. The Partners will develop and sign a formal Memorandum of Understanding to help shape the roles and responsibilities each organization has in delivering primary care in the Regional Municipality of Wood Buffalo. These roles and responsibilities will be further developed in Phase 2 as service level agreements are developed and signed as a result of prioritizing the health service needs for each community, based on the health service delivery gaps identified in Phase 1. In Phase 1 the primary care service delivery needs of the First Nations communities in the Regional Municipality of Wood Buffalo will be assessed through a consultative process with the communities.

Phase 1 is expected to take up to nine months, and will be based on a participatory model, which will offer the Partners and the First Nations communities the opportunity to participate and contribute throughout the project.

Workplan:

Specific Objectives	Activities	Expected Outcomes	Timelines
Development and facilitation of the partnership between the Athabasca Tribal Council, the Northern Lights Health Region, the Wood Buffalo PCN, and the First Nations & Inuit Health Branch	Development of appropriate governance structure	Development of committee structure to appropriately govern and manage the project	June – August 2007
		Terms of References for committees (i.e. Steering Committee, Working Group, Evaluation Steering Committee)	July – August 2007
		Identification of individuals to sit on each committee from each organization	July – August 2007
	Contract with consultant to provide research, professional advice, communications support, and supportive systems that will improve the partnership over time.	A formalized partnership between the key partners (the Athabasca Tribal Council, the Northern Lights Health Region, the Wood Buffalo PCN), based on a signed Memorandum of Understanding	June – October 2007
Enhanced working relationships between the partners and the First Nations communities		On-going	

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Specific Objectives	Activities	Expected Outcomes	Timelines
Consultation with the communities to determine primary health service needs	Determine the specific health service delivery needs for each of the communities included in ATC.	Assessment of primary health service delivery needs in the individual First Nations communities	August 2007 – December 2007
		Increased participation of First Nations communities in determining the need for health services	August 2007 – March 2008
	Ongoing communication and participation with communities	Increased participation of First Nations communities in determining the need for health services and how best to provide those services	August 2007 – March 2008
Development of the Full Integration Project Proposal	Development of a proposal to submit to AHTF	Completion of full proposal for submission to AHTF	July 2007 – March 2008

7. Risk Management

The area of greatest risk, in terms of timing, is the consultation with the communities in order to determine primary health service delivery needs. The ATC Director of Health and the Partnership Liaison Consultant will work together to plan the best timing, and most appropriate approach, for starting the consultation process and for developing the active involvement of the First Nations communities. They will work together to ensure that community consultation occurs within the project timetable.

All partner organizations have senior level commitment to the project and are prepared to work together to overcome any potential barriers, including issues related to timing. The project oversight committee will monitor the progress of the project on a regular basis and take steps to make sure it keeps on target.

Preparation of the full proposal will begin as soon as developmental funding is received. This will allow time for reflection from all partners, as well as provide flexibility for the development of the needs assessment piece.

8. Budget

1. Personnel
 - Partnership Liaison Consultant
 - Research assistants for needs assessment

2. Supplies and Services
 - Long distance telephone and fax
 - Photocopying/printing
 - Minor office supplies (paper, etc)
 - Annual financial audit report
 - Teleconferencing – in-kind contribution by NLHR

3. Travel and Accommodation
 - Monthly travel and accommodation for the Partnership Liaison Consultant
 - Vehicle rental/transport to Ft. Chipewyan

4. Equipment and Office Rental
 - In-kind contributions from the partners

5. Communication and Dissemination
 - Community consultation/needs assessment (including hosting)

6. Training and Staff Development
 - None included

7. Evaluation
 - Reporting to Health Canada included under Partnership Liaison Consultant

8. Capital Costs
 - None included

9. Other
 - None anticipated

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Category	Fiscal Year – 2007/08				Total
	Q1 Apr.-June	Q2 Jul-Sep	Q3 Oct.-Dec.	Q4 Jan-Mar	
Personnel	\$1,000	\$13,000	\$14,500	\$7,000	\$35,500
Supplies & Services	\$0	\$50	\$50	\$1,200	\$1,300
Travel and Accommodation	\$0	\$2,050	\$3,050	\$2,100	\$7,200
Equipment and Office Rental Costs	IN-KIND CONTRIBUTIONS				
Communication and Dissemination	\$0	\$1,000	\$4,000	\$1,000	\$6,000
Training and Staff Development	\$0	\$0	\$0	\$0	\$0
Evaluation	\$0	\$0	\$0	\$0	\$0
Capital Costs	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0
Total	\$1,000	\$16,100	\$21,600	\$11,300	\$50,000

4. Attachments

Attachment 1 - Letters of support

1. Resolution from Athabasca Tribal Council Chiefs
2. Northern Lights Regional Health
3. Wood Buffalo Primary Care Network
4. Health Canada

Attachment 2 - Letter of incorporation

1. Athabasca Tribal Council

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Attachment 1 - Letters of Support



Bernie Blais
Telephone: (780) 791-6020
Fax: (780)-791-6019
e-mail: bblais@nlhr.ca

April 25, 2007

Athabasca Tribal Council
9206 McCormick Drive
Fort McMurray, AB
T9J 1G5

Dear Mr. Mercredi

Subject: Aboriginal Health Transition Fund Proposal

I am writing in support of the Athabasca Tribal Council submission to the Aboriginal Health Transition Fund.

The Northern Lights Health Region welcomes the opportunity to continue to work together with the Athabasca Tribal Council to foster relationships that build on improving health care services for First Nation communities. This initiative is of particular importance in our region given its focus on the integration, coordination, and collaboration among health care providers, and stakeholders. This submission will help in planning for enhanced primary care services for the First Nations' people within the Regional Municipality of Wood Buffalo.

Your support will help to make this a successful initiative. Thank you for giving serious consideration to this submission.

Sincerely,

A handwritten signature in dark ink that reads "Bernie Blais".

Bernie Blais
Chief Executive Officer

CORPORATE OFFICE

7 Hospital Street Fort McMurray, AB T9H 1P2 Ph. (780) 791-6020 Fx. (780) 791-6029

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111-9914 Morrison Street
Fort McMurray, AB T9H 4A4
Phone: 780.714.2233 Fax: 780.790.9119
Website: www.primarycarenetwork.ab.ca

April 13, 2007

To Patrick Mercredi:

I am pleased to provide a letter of support on behalf of the Wood Buffalo Primary Care Network (PCN) for the project currently being submitted to the Aboriginal Health Transition Fund. The PCN has been involved in the discussion for the project proposal entitled "Setting the Stage – The Developmental Phase of Planning for Enhanced Primary Care Services for the First Nations' People within the Regional Municipality of Wood Buffalo".

The PCN encompasses all of the family physicians in Fort McMurray and currently supports primary care services for the residents of Fort McMurray and the surrounding area by focusing on the areas of Chronic Disease Management and Complex Patients. The PCN has opened a new central clinic site in downtown Fort McMurray and functions as an extension of the physicians' offices by bringing together an interdisciplinary team of health professionals to assist physicians by increasing access and providing coordinated and comprehensive care.

The PCN has been involved in discussions with the First Nations and Inuit Health Branch, the Northern Lights Health Region and the Athabasca Tribal Council on how primary care might best be provided in the outlying areas of the Municipality of Wood Buffalo. We are committed to continue to meet with this group as required to best understand how the PCN might be able to take part in the strategies and activities proposed.

The issues being addressed through the proposal are of local and regional significance and the PCN will continue to support the collaborative approach to further the access and delivery of primary care in this area.

Thank you for your consideration of this project.

Sincerely,

A handwritten signature in black ink that reads "B. Regehr".

Brenda Regehr
RN, BScN, MBA
Northern Light Health Region
Director: Wood Buffalo Primary Care Network
Office: 780 788-1768
Cell: 780 881-6767

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First Nations and Inuit Health Branch
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9700 Jasper Avenue, Suite 730
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Fax (780) 495-2687

Direction générale des Premières nations et
des Inuits
Région de l'Alberta
9700 avenue Jasper, pièce 730
Edmonton (Alberta) T5J 4C3

www.hc-sc.gc.ca

April 18, 2007

Patrick Mercredi
Director of Health
Athabasca Tribal Council
9206 McCormack Drive
Fort McMurray
Alberta. T9H 1C7

Re: Partnership and Collaboration Support

I would like to take this opportunity to provide support in principle, for this initiative that has as its goal, building and formalizing partnerships to better adapt and integrate health service provision to First Nation people in the Regional Municipality of Wood Buffalo. Working together to implement an action plan for increasing access to Primary Health Services for the First Nation communities with a focus on improving integration, coordination and collaboration of health services will indeed contribute to improved access and health outcomes.

In addition to increasing access to health care services that meet the needs of the First Nation Communities, this initiative has the distinct potential of building health capacity in communities that are generally recognized as under served.

Sincerely

Heather Young MScN, RN
Director Nursing
First Nations & Inuit Health
Edmonton, Alberta

Our Mission: to help the people of Canada maintain and improve their health.
Notre Mission: aider les Canadiens et les Canadiennes à améliorer leur état de santé.

Attachment 2 –Certificate of Incorporation

CORPORATE ACCESS NUMBER
20379068



BUSINESS CORPORATIONS ACT

**CERTIFICATE
OF
AMENDMENT**

ATHABASCA TRIBAL CORPORATION
CHANGED ITS NAME TO ATHABASCA TRIBAL COUNCIL LTD. ON
MAY 16, 1997.




Registrar of Corporations

REG 3066 (98/01)