

Ministre des Services
aux autochtones



Minister of
Indigenous Services

Ottawa, Canada K1A 0H4

The Honourable Kevin Sorenson, M.P.
Chair of the Standing Committee on Public Accounts
House of Commons
OTTAWA ON K1A 0A6

Dear Mr. Sorenson:

I am pleased to provide a progress report on the steps taken to support the oral health of First Nations and Inuit populations, as requested in the Standing Committee on Public Accounts' May 2018 report entitled, "Report 4, Oral Health Programs for First Nations and Inuit – Health Canada, of the 2017 Fall Reports of the Auditor General of Canada".

Sincerely,

A handwritten signature in cursive script that reads "Jane Philpott".

Hon. Jane Philpott, M.D., P.C., M.P.

c.c.: Ms. Angela Crandall, Clerk of the Committee

Progress Report to the Standing Committee on Public Accounts

Context:

Indigenous Services Canada (ISC) supports the oral health of First Nations and Inuit populations through the Non-Insured Health Benefits Program, the Children's Oral Health Initiative and Dental Therapy services. The Non-Insured Health Benefits Program reimburses claims for medically necessary health services, which includes an oral health component. The Children's Oral Health Initiative and Dental Therapy services are community-based programs delivered in First Nations and Inuit communities that offer prevention and health promotion, outreach and home visiting, treatment and referrals. These programs support the Department's mandate to ensure access to health services for First Nations and Inuit.

In 2016-2017, the Office of the Auditor General (OAG) of Canada undertook an audit of (then) Health Canada's oral health programs for First Nations and Inuit. The audit sought to determine whether the Department had reasonable assurance that its oral health programs for Inuit and First Nation people had a positive impact in their oral health.

In the fall of 2017, the OAG released the *Report 4, Oral Health Programs for First Nations and Inuit – Health Canada, of the 2017 Fall Reports of the Auditor General of Canada*. The report included six recommendations pertaining to the areas of program administration and data collection and analysis.

In April and May of 2018, the Standing Committee on Public Accounts reviewed the OAG's report and requested responses and progress updates with various deadlines on the six recommendations, they include:

- Recommendation 1 – that, by 30 November 2018, Indigenous Services Canada provide the House of Commons Standing Committee on Public Accounts with a report detailing what progress has been made with regard to 1) finalizing and implementing a strategic approach to oral health for Inuit and First Nations people, including the development and use of a detailed action plan with specific timelines; and 2) monitoring its implementation.
- Recommendation 2 – that, by 30 November 2018, Indigenous Services Canada provide the House of Commons Standing Committee on Public Accounts with a report detailing what progress has been made with regard to developing a concrete plan to determine how much of a difference its oral health services are making on the oral health of Inuit and First Nations people.
- Recommendation 3 – that, by 30 November 2018, Indigenous Services Canada provide the House of Commons Standing Committee on Public Accounts with a report detailing what progress has been made with regard to improving its analysis of data, including the information that is collected and recorded in its dental database, to ensure that information on the Children's Oral Health

Initiative is accurate and comprehensive enough to contribute to ISC's overall management of its oral health programs.

- Recommendation 4 – that, within 120 days of the presenting of this report, Indigenous Services Canada provide the House of Commons Standing Committee on Public Accounts with a report detailing what progress has been made with regard to improving the process for making changes to its list of oral health services covered by the Non-Insured Health Benefits Program.
- Recommendation 5 – that, within 120 days of the presenting of this report, Indigenous Services Canada provide the House of Commons Standing Committee on Public Accounts—pertaining to improving the management of the Non-Insured Health Benefits Program dental benefit—a report detailing what progress has been made with regard to 1) clarifying what its service standard for pre-approvals is measuring; 2) clarifying the service standard for complex appeals; and, 3) improving its data entry, so that it has accurate and reliable information in its appeal database.
- Recommendation 6 – that, by 31 January 2019, Indigenous Services Canada provide the House of Commons Standing Committee on Public Accounts with a report detailing what progress has been made with regard to implementing strategies to ensure that it has the human resources it needs to deliver oral health programs and related services to First Nations and Inuit populations over the long term.

In June 2018, the Minister of Indigenous Services Canada responded to two of the six recommendations (recommendations 4 and 5) as set forth by the House of Commons Standing Committee on Public Accounts.

The following is ISC's report to the House of Commons Standing Committee on Public Accounts that responds to three additional recommendations (recommendations 1, 2 and 3).

The remaining recommendation (6) will be reported by January 31, 2019 as per Standing Order 108(3) (g).

Introduction:

Indigenous Services Canada (ISC), through the First Nations and Inuit Health Branch supports the delivery of public health and health promotion services for First Nations populations living on-reserve and for Inuit in Nunangat.

ISC is mandated to create systematic change in how the federal government delivers health services to Indigenous peoples, in collaboration with the Minister of Health and the Minister of Crown-Indigenous Relations and Northern Affairs.

The most recent oral health surveys (Canadian Health Measures Survey- oral health component and the First Nations and Inuit Oral Health Surveys) found that First Nations and Inuit have nearly twice as much dental disease and more unmet oral health needs

compared with other Canadians. ISC invests more than \$230 million annually through the Non-Insured Health Benefits Program (NIHB), the Children's Oral Health Initiative (COHI) and Dental Therapy services.

The following response provides progress on recommendations one, two, and three with deadlines of November 30, 2018 as set forth by the House of Commons Standing Committee on Public Accounts.

Recommendations of the House of Commons Standing Committee on Public Accounts:

Recommendation 1: Indigenous Services Canada provide the House of Commons Standing Committee on Public Accounts with a report detailing what progress has been made with regard to 1) finalizing and implementing a strategic approach to oral health for Inuit and First Nations people, including the development and use of a detailed action plan with specific timelines; and 2) monitoring its implementation.

Strategic approach and action plan:

A strategic approach to oral health for Inuit and First Nations people called *A Continuum Approach to Oral Health Services for First Nations and Inuit* (the Continuum) has been finalized. It includes two data strategies, added as appendices, as well as the integrated oral health approach. The Assembly of First Nations (AFN) and the Inuit Tapiriit Kanatami (ITK) were engaged in the development of the document and will continue to be engaged in the implementation phase.

The Continuum was finalized and presented to the Non-Insured Health Benefits Oral Health Advisory Committee on June 14, 2018 as well as to the First Nations and Inuit Health Branch Senior Management Committee, which includes Indigenous partners or NIHB Regional representation, on June 20, 2018.

The First Nations and Inuit Health Branch Senior Management Committee approved the Continuum on August 21, 2018. The final document provides strategic guidance and a holistic collaborative approach between First Nations and Inuit Health Branch, Regions, Indigenous partners and other departments. Implementation of the Continuum is underway.

Implementation:

Regional Service Delivery Plans were developed, with timelines set by the First Nations and Inuit Health Branch Regions, to operationalize the Continuum. These were presented to First Nations and Inuit Health Branch Senior Management Committee on September 26, 2018.

The development of the Regional Service Delivery Plans was informed by the engagement that was undertaken in each First Nations and Inuit Health Branch Region to discuss Budget 2017 implementation plans. And in turn, each Region engaged with

stakeholders, Chiefs and band councils and Land Claim Organizations within their respective areas.

The Regional Service Delivery Plans act as an operational framework at the Regional level to address the gaps and challenges to improving oral health for First Nations and Inuit. These plans provide a summary of how Regions plan to meet the specific oral health service needs based on specific activities that link directly to the three integrated goals and objectives identified in “A Continuum to Oral Health Services for First Nations and Inuit” as well as measureable program targets and indicators identified in “Community Oral Health Services Strategies to Improve Oral Health Data Collection, Analysis and Reporting” such as identifying new communities that will receive COHI services.

Recommendation 2: Indigenous Services Canada provide the House of Commons Standing Committee on Public Accounts with a report detailing what progress has been made with regard to developing a concrete plan to determine how much of a difference its oral health services are making on the oral health of Inuit and First Nations people.

The First Nations and Inuit Health Branch Senior Management Committee approved the data improvement strategies for both the Non-Insured Health Benefits and the Children’s Oral Health Initiative on August 21, 2018. The strategies are now being implemented to establish a baseline against which program objectives will be measured.

Data strategy activities implemented/underway for the Children’s Oral Health Initiative include, for example:

- Revision of the Dental Screening Form to improve and facilitate data collection;
- Prioritization of changes and enhancements to the existing dental database in consultation with Information Management and Information Technology (IM/IT);
- Combination of the Children’s Oral Health Initiative and Dental Therapy under the same Program Activity within the Programs Inventory;
- Interdepartmental discussions (ISC, Statistics Canada and the Public Health Agency of Canada) to complete a second cycle of the First Nations and Inuit oral health surveys in conjunction with the proposed Canadian Health Measures Survey (CHMS) - oral health component. Both Health Canada and the Public Health Agency of Canada have confirmed their willingness to assist ISC and Indigenous partners with the surveys; and
- Ongoing engagement with the First Nations Information Governance Center (FNIGC), AFN and ITK to determine their interest in conducting First Nations and Inuit oral health surveys.

Recommendation 3: Indigenous Services Canada provide the House of Commons Standing Committee on Public Accounts with a report detailing what progress has been made with regard to improving its analysis of data, including the information that is collected and recorded in its dental database, to ensure that information on the Children’s Oral Health Initiative is accurate and comprehensive enough to contribute to Indigenous Services Canada’s overall management of its oral health programs.

The First Nations and Inuit Health Branch Senior Management Committee approved the data improvement strategies for both the Non-Insured Health Benefits and the Children’s Oral Health Initiative on August 21, 2018. The strategies are now being implemented to establish a baseline against which to measure program objectives.

These strategies were developed through consultations with national and regional partners and indigenous stakeholders.

The data strategy specific to the Children’s Oral Health Initiative, known as *Strategies to Improve Data Collection, Analysis and Reporting*, includes the following objectives:

- Advancing Ownership, Control, Access and Possession through: a compliant approach to data collection, analysis, reporting and sharing information in a way that will bring benefit to Regions, while minimizing harm;
- Improving the quality of oral health data used for program reporting and evaluations;
- Analysing oral health program data (national, regional and community-level) on a more systematic basis for evidence-based decision making;
- Exploring ways to link/integrate/utilize community-level data sources with other existing oral health data sources; and,
- Improving reporting capabilities to meet oral health program needs at the national, regional, and at the community-level.

The Children’s Oral Health Initiative *Strategies to Improve Data Collection, Analysis and Reporting* also includes specific actions and recommendations that aim to contribute to the overall improvement of oral health data and management of the program.

A Data Improvement Working Group was created to provide advice and guidance on data collection, analysis and reporting and on the implementation of the Children’s Oral Health Initiative data strategy. Members of this working group include First Nations and Inuit Health Branch Regions, Indigenous partners, oral health professionals, Information Management and Information Technologies representative as well as a Synergy in Action representative.

Synergy in Action is a Business Intelligence environment that integrates multiple sources of health and administrative data to deliver timely access to data to support evidence-based decision-making and efficient operations. This environment provides the potential to enhance regional analytic and reporting capacity, improve management and delivery of health services and health information provided to First Nations by the

First Nation and Inuit Health Branch. The Synergy in Action group is responsible for First Nations and Inuit Health Branch's dental analysis and reporting requirements, which aims to increase reporting capabilities related to operational deliverables.

Further, a number of the activities and recommendations identified in the Children's Oral Health data strategy are currently in the process of being implemented, as outlined in the response above.