

**GOVERNMENT RESPONSE TO THE FIFTEENTH REPORT OF THE STANDING COMMITTEE ON
PUBLIC ACCOUNTS, HEALTH RESOURCES FOR INDIGENOUS COMMUNITIES**

INTRODUCTION

The Government of Canada welcomes the 15th Report of the Standing Committee on Public Accounts (the Committee) entitled, “Health Resources for Indigenous Communities,” on the important issue of availability of personal protective equipment (PPE) and appropriate health human resources for Indigenous health needs. The recommendations from the Committee’s report align with existing Government of Canada priorities, such as the Minister of Indigenous Services’ mandate to improve access to high-quality services and to continue to deliver distinctions-based supports in response to COVID-19.

The Government of Canada fully accepts the three recommendations set out in the Committee’s report, and commits to providing progress reports to the Committee by the requested dates.

BACKGROUND

Indigenous health care and health services are provided by Provincial/Territorial and Federal Governments and Indigenous partners. Provinces and territories are responsible for providing universally accessible and publicly insured health care services to all residents in their respective jurisdictions. Indigenous governments and communities play a leadership role, including through collaboration with federal, provincial, and territorial governments, community health planning, and managing the delivery of a range of health services and programs. Indigenous Services Canada (ISC) funds or directly provides services for First Nations and Inuit that supplement those provided by provinces and territories. This includes health promotion and disease prevention, public health protection, and primary care. Recent investments have also extended support to address Métis priorities, where authorized by Treasury Board program authorities.

In 79 remote and isolated communities, where access to provincial health services is limited, ISC is the main funder or provider of primary health care services. The department employs primary health care workers or funds First Nation-employed health care teams to provide urgent, emergent, and primary care in these communities. ISC also maintains a stockpile of Personal Protective Equipment (PPE) for use by health care workers in all communities during public health emergencies.

ISC’s current service delivery model for remote and isolated First Nations communities is a nurse-centric approach. The Department relies largely on Registered Nurses to maintain the 24/7 urgent, emergent, and primary care services in these remote communities which places unique demands on this nursing workforce. Nurses are often the communities’ main point of contact with the health care system. As of July 31, 2021, ISC directly employed approximately 779 nurses with 400 of them to serve as the primary source of health care in 50 remote and isolated communities across Canada.

In addition to the recruitment and retention of ISC-employed health professionals, the department also relies on contracted agency resources (i.e., nurses and paramedics on contract). Since the onset of COVID-19, additional surge health human resources have been added to the existing roster of contractors, including the addition of Licensed Practical Nurses and Paramedics. Reliance on these resources has increased significantly from 2020-21 to 2021-22 fiscal years.

The COVID-19 pandemic has exacerbated pre-existing health system challenges and health human resources shortages around the world. This has a disproportionate effect on ISC, where there are particular challenges in recruiting and retaining the specialized health care professionals needed to maintain essential service delivery. The shortage of health human resources poses a particular risk in Indigenous communities, where there is an increased risk of outbreaks of infectious diseases like COVID-19 due to a variety of factors, including high rates of pre-existing conditions, inadequate housing, and limited access to health care services, all of

which are inextricably linked to the ongoing legacy of colonization, intergenerational trauma, racism, and discrimination.

The Government of Canada is committed to working in partnership with First Nations, Inuit, and Métis to improve Indigenous health outcomes and accordingly, ISC invests over \$5 billion annually to support access to high-quality health services. Recent investments have also been made to help address gaps in primary care in Indigenous communities. For example, Budget 2021 provided \$354 million to increase the number of nurses and other medical professionals in remote and isolated First Nations communities. Further, the Government of Canada continues to work closely with First Nations, Inuit and Métis partners to act and adapt quickly to the emerging challenges of the COVID-19 pandemic. Over the course of the pandemic, ISC has invested approximately \$1.6 billion in support of Indigenous-led public health measures and other community-based responses to the COVID-19 pandemic.

Office of the Auditor General Report

In May 2021, the Office of the Auditor General (OAG) tabled a report on Health Resources for Indigenous Communities. The OAG found that overall, ISC adapted quickly to respond to the COVID-19 pandemic. It was noted that ISC was able to provide PPE to Indigenous communities and organizations in a timely manner, when provinces and territories were unable to do so. The department expanded access to its PPE stockpile to include those supporting the delivery of health services. The OAG noted that ISC's support helped Indigenous communities and organizations respond to the pandemic. Further, the OAG found that ISC streamlined its processes for hiring nurses in remote and isolated First Nations communities, and that ISC engaged with partners effectively by meeting with Indigenous communities and organizations to examine how the department could best support their PPE needs.

The OAG report identified three areas for improvement, particularly in the areas of PPE inventory management and health human resources. As such, the OAG issued two recommendations: 1) that ISC should review the management of its PPE stockpile to ensure it has accurate records and the right amount of stock; and 2) that ISC should work with First Nations communities to consider other approaches to address the ongoing shortage of nurses.

Standing Committee on Public Accounts Report

In March 2022, the Committee reviewed the OAG's findings and ISC's Management Response Action Plan (MRAP). Following this review, the Committee presented its own report in May 2022, entitled "Health Resources for Indigenous Communities," in the House of Commons. The Committee issued three recommendations, calling on ISC to report back on progress addressing the OAG findings over the next three years.

Specifically, it was recommended that ISC provide the Committee with the following three sets of reports:

- By December 31, 2022, ISC should provide the committee with a report explaining the results of the department's automated PPE inventory management tool testing and stating whether the department's target of having a 12-month supply of PPE was met.
- ISC should present three reports to the committee outlining, with concrete examples: (1) by August 31, 2022, the changes made to improve the health and safety of the department's nursing staff; (2) by April 30, 2023, its new nurse recruitment strategy and updated employer branding products; and (3) by July 31, 2023, the changes made to policies and contracts to incorporate paramedics into the model of care.
- ISC should present three reports to the committee that include: (1) indicators on shortages of nurses and paramedics in remote Indigenous communities, such as vacancy rates; (2) number of requests for medical personnel and of requests met (including percentages); and (3) indicators on housing availability, by April 30, 2023, 2024, and 2025.

ISC remains committed to continuing its work with Indigenous partners, as well as provincial, territorial, federal, and international partners, to support the continued response to the COVID-19 pandemic, strengthen the management of PPE, and address health human resource shortages.

Below are the details on how the Government of Canada is addressing each of the three recommendations of the Committee’s report. The reports required in the Committee’s first recommendation, as well as the first component of the second recommendation, are included herein. The Government agrees to submit all future reports according to the timelines requested by the Committee.

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| Recommendation 1 – PPE Inventory Management |
| Standing Committee on Public Accounts |
| That, by 31 December 2022, Indigenous Services Canada present a report to the House of Commons Standing Committee on Public Accounts explaining the results of the department’s automated personal protective equipment (PPE) inventory management tool testing and stating whether the department’s target of having a 12-month supply of PPE was met. |
| Response and Status Update |
| <p>The Government accepts the first recommendation and provides the Committee with the following report. The objective of this work is to have sufficient stores of PPE to continue to deliver primary health care services and to respond to future health crises.</p> <p>Indigenous Services Canada has been centrally involved in the process of managing and distributing PPE throughout the pandemic. When an Indigenous community requires PPE, requests are first submitted to their respective province or territory. If the province or territory should be unable to provide the requested PPE, the request is then forwarded to Indigenous Services Canada. Once received, an internal team processes the request and distributes the requested PPE to the community. The Department maintains contracts for PPE warehousing and distribution, funded through the COVID-19 Public Health Fund, to ensure the department is well positioned to manage and deliver PPE to Indigenous communities and organizations when requested. The intent is to ensure the safety of health workers and others supporting delivery of health services.</p> <p>Indigenous Services Canada has undertaken reviews of its practices involving PPE during the pandemic. The department reviewed its initial inventory of PPE from before the COVID-19 pandemic and compared it to the average usage of PPE for the first year of the pandemic. The department found that, overall, the PPE inventory was in good standing, meaning it had sufficient stock to meet the needs of First Nations communities.</p> <p>Indigenous Services Canada aims to maintain a 12-month supply of PPE with support from the Public Health Agency of Canada’s National Emergency Supply Stockpile. Approximately 2% of PPE procured by the Public Health Agency of Canada is allocated to Indigenous Services Canada through the National Emergency Strategic Stockpile, under the federal-provincial-territorial policy on the allocation of scarce resources during the pandemic. With the re-establishment of regular supply chains for PPE and substantially decreased dependence on supply by provinces and territories, the National Emergency Supply Stockpile has pivoted from bulk procurement to regular operations of surge support for urgent needs. Supplies procured through bulk procurement will continue to be allocated to provinces and territories and Indigenous Services Canada until they are depleted to established stockpiling targets.</p> <p>The department is reviewing its cyclical approach for purchasing and disposing of PPE to allow for an optimum amount of stock to be maintained. As of August 9, 2022, Indigenous Services Canada has a 12-month stockpile for all items, with the exception of hand sanitizer, which has a 9-month supply. Work is underway to reach the 12-month target for hand sanitizer by fall 2023.</p> <p>To ensure that Indigenous Services Canada has accurate records and the optimum amount of stock to respond to current and future public health emergencies, the department has completed the first phase of implementing an automated inventory management tool. On June 6, 2022, an Interdepartmental Letter of Agreement between Indigenous Services</p> |

Canada and the Public Health Agency of Canada regarding the Provision of a Temporary Warehouse Management System for Indigenous Services Canada's inventory was finalized. The purpose of the Interdepartmental Letter of Agreement was to formalize the arrangement between the two parties, whereby the Public Health Agency of Canada is providing information technology services to Indigenous Services Canada with respect to the setup, maintenance, and management of a designated Indigenous Services Canada partition within the Public Health Agency of Canada Temporary Warehouse Management System digital application. The system is now operational for one ISC warehouse, with work underway to on-board the digital application in Indigenous Services Canada's second warehouse in August 2022.

During summer 2021, Indigenous Services Canada worked with a contractor to finish a full recount of all the PPE and update the inventory tracker accordingly. The department's inventory target has increased from six to 12 months' worth of equipment in its stockpile at all times. Indigenous Services Canada is also committed to conducting a monthly inventory analysis so that the department is proactively managing the PPE stockpile, staying on top of trends, and anticipating any needs.

The department will continue to identify and maintain optimum amounts of PPE in its stockpile for the needs of First Nations people living on reserve to respond to public health emergencies. It will continue to work with Indigenous, provincial, territorial, and federal partners in identifying the optimal amounts of PPE to protect Indigenous Peoples. This work, as is the case with all of its funding and service work, will be done without prejudice and in non-derogation of any rights claims and will respect principles of self-determination of Indigenous groups in structures, policies, and relationships.

Recommendation 2 – Actions to address the shortage of nurses and paramedics

Standing Committee on Public Accounts

That Indigenous Services Canada present to the House of Commons Standing Committee on Public Accounts three reports outlining, with concrete examples: (1) by 31 August 2022, the changes made to improve the health and safety of the department's nursing staff; (2) by 30 April 2023, its new nurse recruitment strategy and updated employer branding products; and (3) by 31 July 2023, the changes made to policies and contracts to incorporate paramedics into the model of care.

Response and Status Update

The Government accepts the second recommendation and provides the Committee with 1) a report on the changes made to improve the health and safety of the department's nursing staff; and 2) a brief update on the new nurse recruitment strategy and changes made to incorporate paramedics into the model of care, along with a commitment to submit a complete report on both issues within the next year. The initiatives and progress outlined here aim to address the shortage of health professionals by improving working conditions, strengthening recruitment, and introducing more sustainable models of care that include paramedic support.

1. Changes made to improve the health and safety of the department's nursing staff

Indigenous Services Canada has responded to the need to improve the health and safety of the department's nursing staff in two main areas by: 1) establishing the Safety and Security in Nursing Stations Committee with an associated work plan, and 2) developing the Nursing Health Human Resource Framework.

Indigenous Services Canada works closely with Health Canada and the Occupational and Critical Incident Stress Management (OCISM) Services on responding to and reporting on incidents. Progress toward these two objectives is measured through reports provided on an annual basis.

The Safety and Security in Nursing Stations Committee is focused on identifying and assessing gaps and recommending solutions for systemic issues related to the security of nurses

working in remote and isolated communities, including considerations for infrastructure that supports safety and security.

The Safety and Security in Nursing Stations Committee was established in 2018 in response to recommendations from the Office of the Auditor General. To date, this committee has completed several objectives, including (but not limited to):

- Mapped the process of reporting harassment and violence across ISC which identified the need for streamlining existing processes;
- Worked with Occupational Health and Safety as well as the department's Centre for Integrity, Values and Conflict Resolution (CIVCR) to address and incorporate the legislated obligation to streamline the reporting of incidents of harassment and violence through the CIVCR;
- Conducted an environmental scan at the regional level related to security personnel, in order to understand gaps and issues within remote and isolated nursing stations; and
- Worked with Security and Emergency Services Directorate, Operational Health and Safety, CIVCR, and ISC's infrastructure directorate to identify strategies for enhancing the capacity and capabilities of security personnel working in remote and isolate nursing stations.

In response to chronic recruitment and retention challenges, Indigenous Services Canada has developed a Nursing Health Human Resources Framework, which encompasses a comprehensive alignment of the department's efforts towards addressing and resolving retention barriers. The safety and security of nursing staff is an important component of the Framework, with specific commitments to develop standardized training for security personnel and provide ongoing support to the Nurse Health Resiliency Program (which focuses on wellness and counselling to build nurse resiliency in a stressful environment).

In addition to work that Indigenous Services Canada is leading, the department is currently supporting complementary community-led safety initiatives that will further support nursing safety. Budget 2021 provided \$103.8 million over five years for a new Pathways to Safe Indigenous Communities Initiative to support Indigenous communities to develop more holistic community-based safety and wellness models. Indigenous Services Canada is committed to continuing to work with Indigenous communities to improve the health and safety of the department's nursing staff.

2. By April 30, 2023, the department's new nurse recruitment strategy and updated employer branding products

Indigenous Services Canada will return to the Committee by April 30, 2023 with a complete report on the department's new nurse recruitment strategy and updated employer branding products. In the interim, the following provides an overview of the approach and progress to date.

Indigenous Services Canada's Nursing Health Human Resource Framework includes the department's new nurse recruitment strategy and updated employer branding products. The goal of this framework is to rebuild a strong and stable health human resource workforce, building on lessons learned through the pandemic, and to reduce the heavy reliance on contracted health care providers.

A cornerstone of the Nursing Health Human Resource Framework is talent acquisition and management. Talent acquisition represents a comprehensive effort to source candidates with the right combination of education, skills, and personality traits. Setting the tone for Indigenous Services Canada's "brand" can help define what makes the department an employer of choice for nurses. Using social media, the department can leverage its employer brand and candidate personas to reach, and strategically source, top talent.

Remuneration is another essential aspect of the nurse recruitment strategy, where important progress is being made. On August 16, 2022, the Government of Canada and the

Professional Institute of the Public Service of Canada announced an agreement to increase the existing recruitment and retention allowance for Indigenous Services Canada nurses working in remote and isolated communities. Effective September 1, 2022, the agreement triples the initial recruitment allowance from \$2,250 to \$6,750, the allowance provided after 12 months of employment from \$3,250 to \$9,750, and the retention allowance from \$5,500 to \$16,500 in the 50 remote and isolated First Nations communities where federally-employed nurses are located. This is expected to improve critical services in those communities as well as encourage recruitment of nurses who wish to make a positive impact in First Nations health care.

Key action items that Indigenous Services Canada will incorporate into the August 2023 report include departmental efforts to:

- Validate and finalize key elements of the sourcing strategy by demographic;
- Produce and implement an Indigenous Services Canada nursing brand guide;
- Introduce demographic-based advertising and marketing; and
- Update Indigenous Services Canada’s nursing image bank to enhance branding and promotional material in a way that resonates with communities and sought-after candidates.

3. By July 31, 2023, the changes made to policies and contracts to incorporate paramedics into the model of care

Indigenous Services Canada will return to the Committee by July 31, 2023 with a complete report on changes made to incorporate paramedics into the model of care. In the interim, the following provides an overview of the approach and progress to date.

Incorporating paramedics into Indigenous Services Canada’s model of care allows communities the opportunity to have well-rounded health care teams, rather than relying solely on nurses. The department has engaged in discussions with Health Canada regarding paramedics’ scope of practice, including roles and responsibilities in conducting activities with medications, specifically controlled substances. In September 2021, a Paramedic Working Group was formed and has started analysis of certain activities that paramedics may conduct with controlled substances at nursing stations.

Budget 2021 provided \$354 million to increase the number of nurses and other medical professionals in remote and isolated First Nations communities. This funding provided new resources to diversify the health workforce in these communities to include practical nurses, nurse practitioners, and paramedic services. By July 2023, Indigenous Services Canada intends to have a better defined interdisciplinary model of care including a broader range of health care professionals to inform optimization of different skills based on scopes of practice.

Paramedics were procured to provide surge HHR during the pandemic, funded through the COVID-19 public health fund. Building on lessons learned through COVID-19, Indigenous Services Canada is reviewing and refining contracts for re-procurement of national paramedic services that will align with the interdisciplinary models of care and the roles defined for paramedics across the remote and isolated nursing stations where clinical and client care services are delivered by Indigenous Services Canada.

Recommendation 3 – Results of actions to address the shortage of nurses and paramedics

Standing Committee on Public Accounts

That Indigenous Services Canada present three reports to the House of Commons Standing Committee on Public Accounts that include A) indicators on shortages of nurses and paramedics in remote Indigenous communities, such as vacancy rates; B) number of requests for medical personnel and of requests met (including percentages); and C) indicators on housing availability, by 30 April 2023, 2024 and 2025.

Response and Status Update

The Government accepts the third recommendation and will provide the Committee with associated reports on an annual basis, by April 30th of each of the next three years.

Indigenous Services Canada recognizes the need to develop and maintain strong workforce data collection, management, and reporting capacity, in order to monitor the effectiveness of measures to address health human resource shortages and inform improvements to policies and initiatives. As such, data analysis and trends are key considerations in Indigenous Services Canada's Health Human Resource Framework. ISC is working with Indigenous partners to develop a range of data collection and reporting instruments to complement existing data collection processes. This work will enable the department to monitor and report on:

- a. Indigenous Services Canada's nurse workforce;
- b. Nurse staffing levels against operational requirements; and
- c. Contract relief service days requested and associated fill rates.

Future reports to the Committee will incorporate key indicator results associated with the categories above.

With respect to housing, Indigenous Services Canada has already begun work to help address the housing needs of nursing staff in remote and isolated First Nations communities. For instance, Budget 2021 provided funding to expand accommodations for existing two-nurse nursing stations to increase to a complement of three, over a five-year period.

In addition, Indigenous Services Canada is currently working with communities and other federal departments to develop a more complete understanding of current state of professional accommodations in First Nations communities and future needs, which will be used to inform implementation options and next steps. A needs assessment is currently underway, and expected to be complete by fall 2022.

These targeted initiatives on professional accommodations are complemented by broader efforts to address Indigenous housing. Since 2015, the federal government has committed more than \$2.7 billion to support housing in Indigenous communities. Building on these investments, Budget 2022 proposed to provide a further \$4 billion over seven years, starting in 2022-23, to accelerate work in closing Indigenous housing gaps.

More broadly, the Government of Canada has committed to work in partnership with First Nations, Inuit, and Métis communities to continue to make immediate and long-term investments to close the infrastructure gap by 2030. The persistence of critical infrastructure gaps in some remote and isolated communities, such as lack of clean drinking water, safe health facilities, and connectivity, poses a further barrier to the recruitment and retention of health professionals. The building and maintenance of high-quality, safe community-based infrastructure will advance efforts to stabilize the Indigenous Services Canada health service workforce, by improving the environment in which they work, and contribute to workplace wellbeing and the psychological safety of nurses. Improving community-based infrastructure would also improve infection prevention and control principles. This will ultimately support communities in taking ownership and control over the primary care services through successful devolution.