

**Review of Health Canada Expenditures to
Inuit: 1999-2000 & 2000-2001**

Laurel Lemchuk-Favel

FAV COM

October 4, 2001

Purpose

- Conduct a financial review of Health Canada expenditures to Inuit in NWT, Nunavut, Nunavik and Labrador
- Examine issues related to the administration or delivery of Health Canada programs in Inuit jurisdictions

Information Sources

- Request financial data from Health Canada Finance Dep't, Northern Secretariat, Quebec Region, Atlantic Region
- Conduct interviews with members of ITC Health Committee
- Review recent reports on Inuit health care systems

NIHB Analysis

- Dental and pharmacy benefits administered centrally through First Canadian Health (FCH). FCH records these expenditures at point of service
- Other expenditures including vision, medical transportation and some dental contributions administered regionally and recorded at point of residence

NWT and Nunavut Analysis

Health Canada expenditures include:

- 1 NIHB: FCH and territorial contribution agreements (c/a)
- 2 Other FNIHB c/a: BF/BHC; ADI, H&CC, CPNP, NNADAP; FAS; program mgt

NWT and Nunavut Analysis

Health Canada expenditures cont'd:

3 Population and Public Health Branch
(PPHB): CAPC, AHS, CPNP, Hep C, Pop
Health, AIDS, CAP

*Note: resources related to the GNWT Health Transfer are
not identified as Health Canada expenditures*

c/a expenditures are preliminary and unaudited

NIHB Analysis: Limitations

- FCH can identify Inuit-specific expenditures. NWT and Nunavut are combined, therefore no NWT or Nunavut-specific expenditures are available;
- GNWT and GN NIHB expenditures (c/a) for vision, med transport etc are territory-wide. No Inuit or First Nations-specific expenditures are available.

NWT & Nunavut NIHB

Analysis: Assumptions

- FCH: Assume that Inuit per capita FCH expenditures (pharmacy and dental) are the same in NWT and Nunavut;
- Vision c/a: In FCH, Inuit dental pc expenditures are 71% of First Nations. As both dental and vision services are provided by visiting professionals, assume a similar Inuit/FN pattern is seen with GNWT vision expenditures

NWT NIHB Analysis: Assumptions

- Pharmacy c/a: In FCH, Inuit pharmacy pc expenditures are 52% of First Nations. Assume a similar Inuit/FN pattern is seen with GNWT c/a pharmacy expenditures
- Program mgt: Assume that in NWT, Inuit and First Nations incurred equivalent pc NIHB program management costs;

NWT NIHB Analysis: Assumptions

- Medical Transportation: As no comparable data exists for medical transportation, assume that per NWT Inuit and First Nations medical transportation expenditures are equivalent;
- Dental c/a: Assume that NWT dental contribution expenditures are for travel costs to remote Inuit communities.

NWT Expenditures (Millions)

	99-00	00-01	change
NIHB	\$2.37	\$2.52	6.4%
Other FNIHB	\$0.86	\$1.2	25.3%
PPHB	\$0.18	n/a	
Total	\$3.42	\$3.72	9.0%

Nunavut Analysis

- Assume that all Health Canada expenditures are directed to Inuit (as First Nations are estimated to be less than 0.5% of the population)
- Nunavut c/a expenditures are preliminary and unaudited

Nunavut Expenditures (Millions)

	99-00	00-01	change
NIHB	\$18.45	\$17.43	-5.5%
Other FNIHB	\$4.42	\$5.62	27.0%
PPHB	\$1.20	\$1.93	60.8%
Total	\$24.08	\$24.98	3.75%

Atlantic Region Analysis

Health Canada expenditures include:

- 1 LIHC transfer agreement (community health program)
- 2 Project specific c/a's, including NIHB pilot
- 3 FCH and region NIHB expenditures
- 4 PPHB (Aboriginal Head Start only)

Atlantic Region Expenditures

	99-00	00-01	change
NIHB	\$3.70	\$3.83	3.7%
Other FNIHB	\$5.42	\$6.04	11.3%
PPHB	\$0.48	\$0.48	0%
Total	\$9.61	\$10.36	7.8%

Quebec Region Analysis

Health Canada expenditures include:

- 1 NIHB: for Inuit not covered by JBNQA
(minimal)
- 2 Other FNIHB: BF/BHC, NNADAP,
H&CC, CPNP, ADI
- 3 PPHB

*note: resources related to JBNQA are not
regarded as Health Canada expenditures*

Quebec Region Expenditures

	99-00	00-01	change
NIHB	\$0.18	\$0.18	-2.8%
Other FNIHB	\$2.93	\$3.56	21.6%
PPHB	\$0.53	0.53	0%
Total	\$3.64	\$4.27	17.2%

National NIHB Analysis

1999-2000

Inuit: \$26.5 million; \$722 per capita

FN: \$518.4 million; \$793 per capita

Inuit/First Nations per capita ratio: 0.91

2000- 2001

Inuit: \$25.9 million; \$692 per capita

FN: \$549.9 million; \$819 per capita

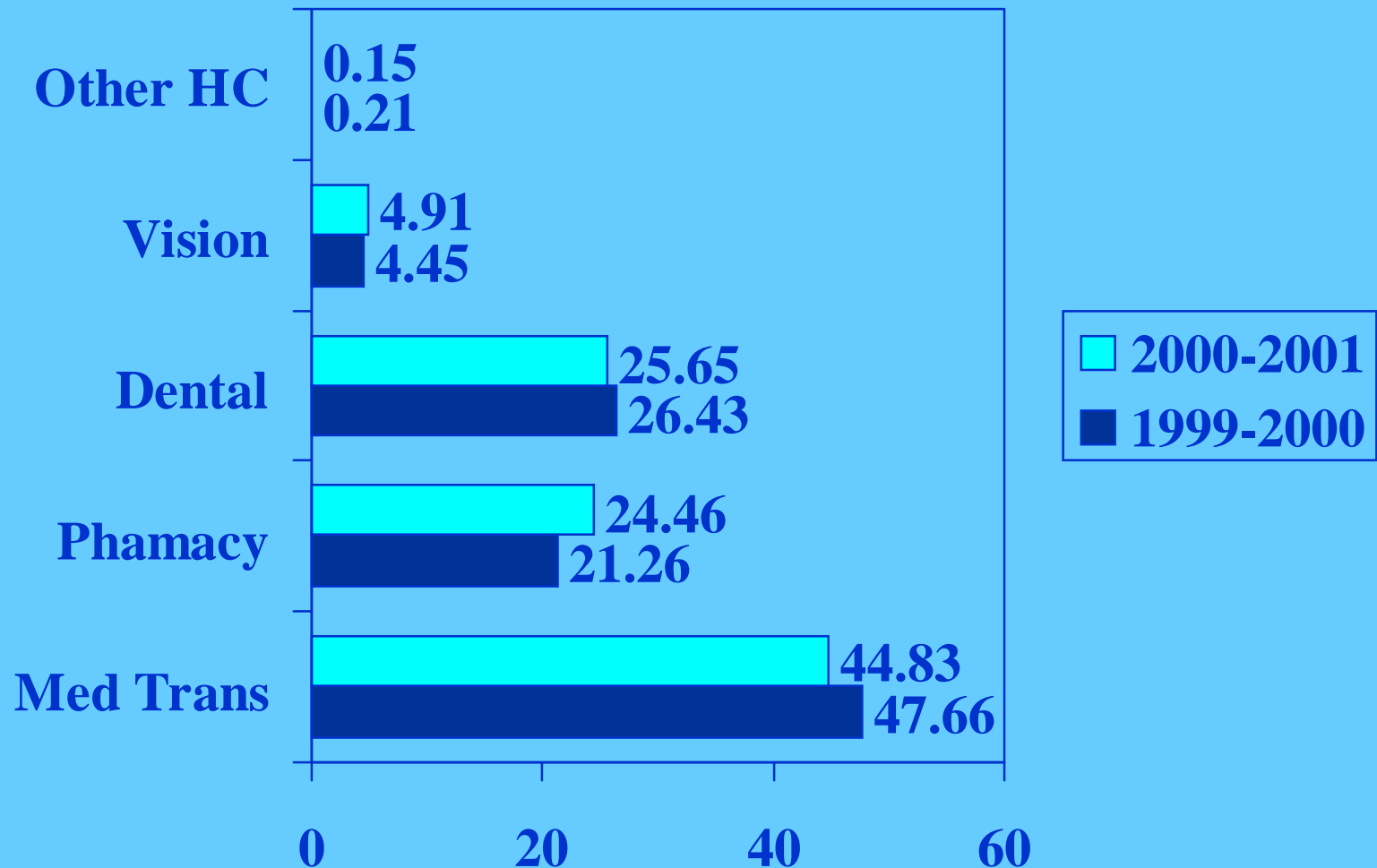
Inuit/First Nations per capita ratio: 0.84

NIHB Comparison by Category

1999-2000 Inuit/FN Ratio (pc)

Medical Transportation	1.35
Pharmacy	0.49
Dental	1.24
Other Health Care	0.06
Vision	1.11
Total	0.91

Inuit NIHB by Category (%)



HC Per Capita Inuit Expenditures: 1999-2000

	NIHB	Other FNIHB	PPHB
NWT	\$532	\$211	\$45
Nunavut	\$822	\$197	\$53
Atlantic	\$692	\$1,132	\$93
Quebec	\$363	\$418	\$64

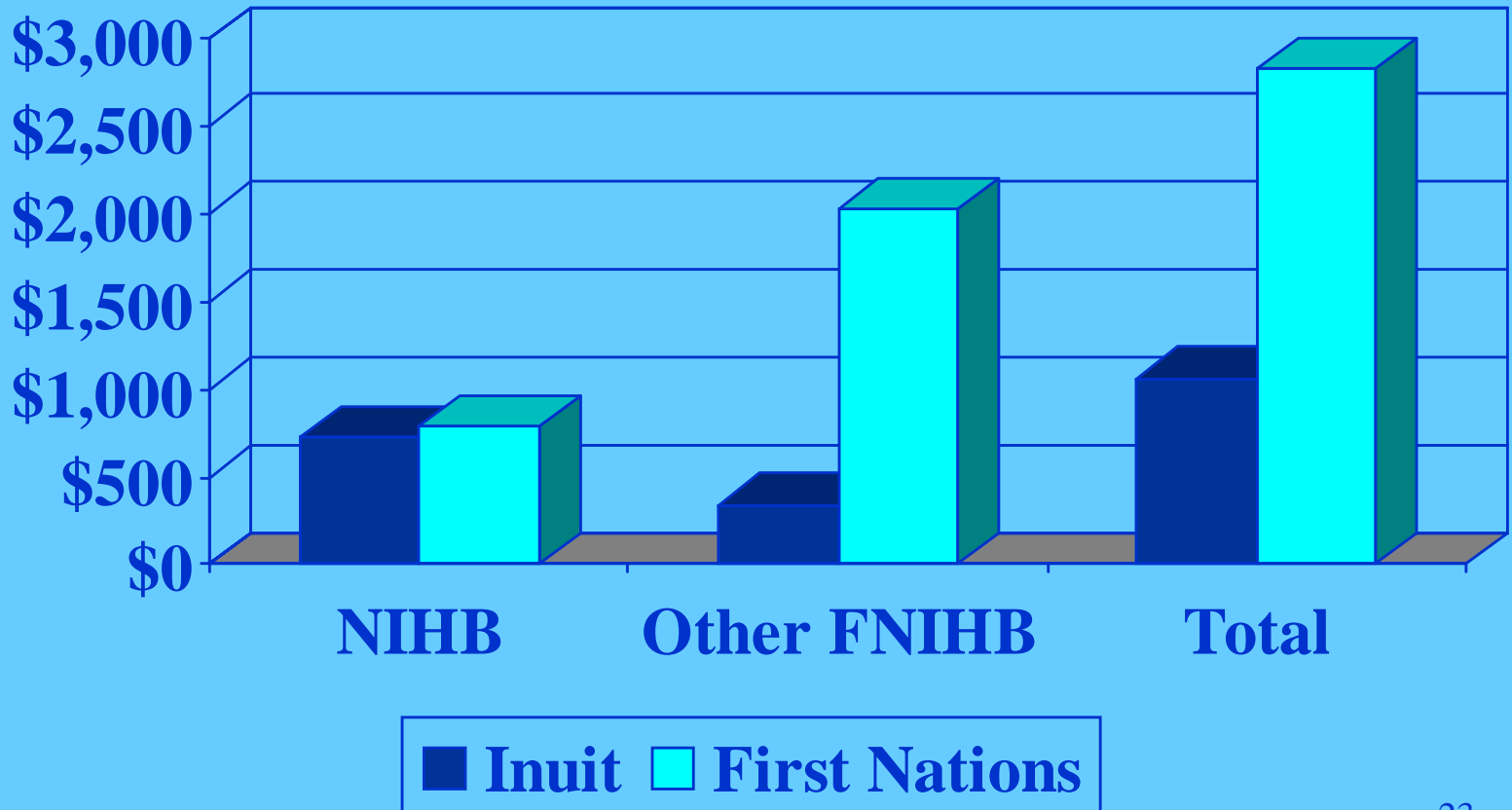
*Note: FNIHB program components vary among
the four jurisdictions*

1999-2000 Inuit & FN Per Capita Expenditures

	Inuit	FN
NIHB	\$722	\$793
Other FNIHB	\$341	\$2,026*
Total	\$1,063	\$2,819

* First Nations FNIHB expenditures include community health programming (nurses, CHRs, clerks, NNADAP workers) for communities south of sixty, except JBNQA.

1999-2000 Inuit and First Nations Per Capita Expenditures



Issues in Health Canada Programming

- Inuit involvement in all stages of federal health program delivery (planning/ implementation to financial control over resources)
- lack of sufficient time to prepare proposals
- no protection of Inuit funds in national strategies

Issues in Health Canada Programming

- program designs may not include an equitable allocation between Inuit and First Nations
- need more flexibility in program criteria
- lack of a holistic approach
- administration and delivery of NIHB Program