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Incorporating the Economic Stimulus Package into the Health Canada Atlantic Capital Program

Health Canada – Capital Assets & Administration

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Atlantic Canada has 34 First Nations Communities Capital Asset in support of the Health Canada mandate provides project delivery services through contribution agreements in the construction of health centres, treatment centres, safe houses and residences.



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Our Process

- Identification of need through the band or a facility condition report
- Needs assessment
- Review by the Regional Capital Investment Board
 - Projects are ranked by established criteria regarding capacity, risk and need
- Approved projects are then funded through a contribution agreement
 - Health Canada's focus is capacity building throughout the process



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Overview

- Review of Capital Program
 - Capital Project Process
 - Long Term Capital Plan
- Overview of the Economic Stimulus
- Impacts to Capital Program
 - Emphasis on Planning
 - Needs Assessment Process
 - Project Scheduling and Implementation
- Emerging Issues and Program Delivery
- Questions?



HC/FNIH Major Capital Program – Scope

- Supports the creation and maintenance of facilities used to deliver Health Canada funded programs
- Focus is on Health Centres and Treatment Centres on Reserve
- Health Canada funded programs tend to be community health clinic programs such as pre-natal care, diabetes, immunization, etc.
- Primary care programs are delivered through Provincial facilities/hospitals



HC/FNIH Major Capital Program – Facility Inventory

- Main focus is on Health Centres and Treatment Centres on Reserve
- Facility size ranges from 50 m² to just under 1300 m² (majority of facilities are in the 350 to 600 m² range)
- Atlantic Region Facility Inventory:
 - 34 Health Centres
 - 5 Dental Clinics
 - 9 Treatment Centres
 - 6 Miscellaneous (residences, safe houses, etc.)



Facilities are Crown-funded, but Band-owned

- Affects Project delivery process
- Health Canada defines needs for funding purposes
- Health Canada provides project leadership and monitoring to ensure Federal standards are upheld and value for money is provided
- First Nations Bands deliver the projects (e.g. hire consultants, tender projects, provide project management, etc.) and provide day to day operations



Key Capital Program Planning Vehicle - Long Term Capital Plan

- Annual submission identifying major and minor projects, and O&M funding over the next five year window
- Typically A-base funding levels did not address overall funding requirements, so there has been follow-up “pressures” submissions to address need for supplemental funding
- Collective funding streams have resulted in a Capital program typically in the \$4.7 to \$6.1 million range depending on need and pressures funding availability



Economic Stimulus Package

- Federal Government initiative to spark the economy
- As it affects Health Canada/FNIH: \$135 million in capital spending over a two year window (nationally)



Effect on Health Canada Capital Program – Atlantic Region

- Exercise to identify which projects in LTCP could be advanced to be delivered over the next two years
- Realization that while some construction can be carried out in FY 2009/10, this fiscal year is primarily a planning and design year for additional projects to be carried out in FY 2010/11



Effect on Health Canada Capital Program – Atlantic Region

- Result has been an addition of approximately \$2.9 million for FY 2009/10 and approximately \$3.8 million for FY 2010/11 in economic stimulus funding
- Some reduction in supplemental “pressures” funding expected
- Overall Capital program funding expected to be in the range of \$6.2 million for FY 2009/10 and \$7.1 to \$7.5 million for FY 2010/11



Capital Project Process: Project Identification

- Projects can be proposed through multiple:
 - facility requests made by a First Nation
 - proposed by Health Canada as a result of new program requirements or as a result of our facility inspection process
- Request is analyzed to make sure it falls within Health Canada's mandate
- Program need is quantified through the Needs Assessment Process.



HFCP Needs Assessments - Evolution

Evolved from a community profile with a focus on federally funded assets to:

- Combining elements of community health planning
- Involving FNIH program managers in the decision making process
- Providing greater input for First Nations to define their facility need
- A space analysis clearly linked to program requirements and PDG
- Including a Functional Plan based on space analysis



Components of a Needs Assessment:

- Demographic Profile
- Community Health Needs Assessment and Facility SWOT analysis (Band perspective)
- Health Program Funding (Contribution Agreement) and Full Time Equivalent analysis
- Facility Profile
- Space Analysis and Functional Plan
- Options Analysis



First Nation Community Health Needs Assessment

Submitted by the First Nation and provides information on the following subjects:

- Community Profile
- Demographic Analysis
- Community Health Priorities
- Comparison of health priorities to HC mandates
- Facility Asset Mapping (SWOT Analysis)
- Health Canada funded programs and Health Canada funded community health positions



Health Program Funding and FTEs

- Health programs are funded through contribution agreement
- Each community has different health programs depending on the community's health needs
- Health Canada funded programs in the community form the basis for the space analysis
- FNIH program managers approve final FTE count for each HC funded program
- Often a discrepancy exists between Health Canada and the community on the number of FTEs



Facility Profile

- Summarizes annual Facility Inspection Report
- Can identify other facilities where Health Canada funded programs are delivered
- Captures existing facility usage and programming
- Identifies issues with the facility from both Health Canada and the community's perspective



Space Analysis – PDG

- Space analysis is based on *Planning and Design Guidelines for FNIHB Funded Facilities (2005)*
- Classifies the type of facility (health centre without treatment, health office, etc)
- Identifies the functional components necessary for the delivery of individual Health Canada funded programs (type and m²)
- Compares existing facility's size to the total of size of the required functional components needed to deliver Health Canada funded programs

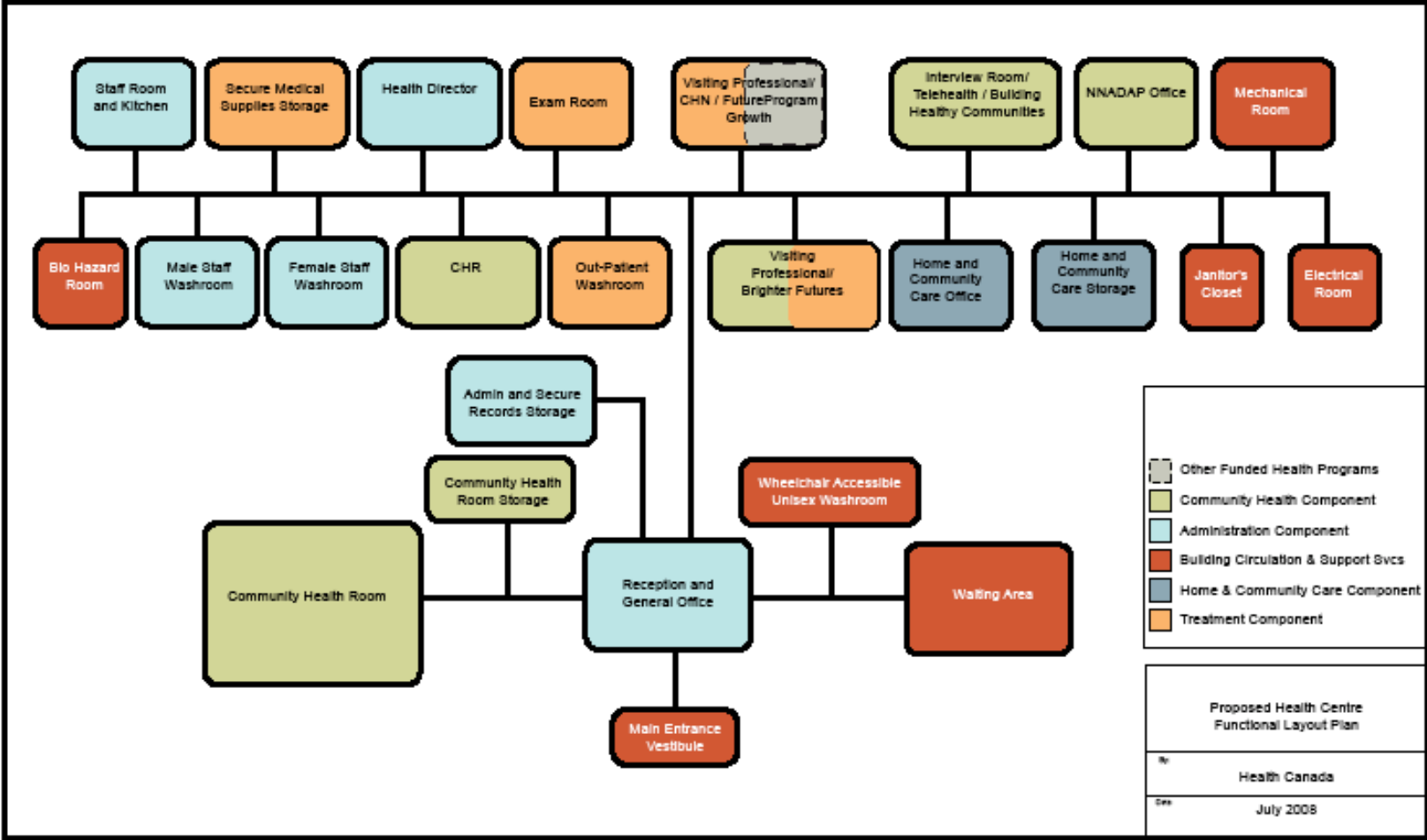


Functional Plan and Options Analysis

- A conceptual representation of what components the facility should include to meet program requirements
- Provides the basis for options analysis (i.e. facility options to meet the program need)
- Provides a reference for consultants during the concept phase (once approved)
- Permits program managers to determine whether there is sufficient space for their programs



Capital Assets & Administration



Capital Project Process: Project Implementation

- As projects are justified through the Needs Assessment process and with agreement from the various parties, they proceed through concept, design, and construction phases.
- The preferred mode of delivery is through the Contribution Agreement process (the First Nation delivers the project, and Health Canada provides project leadership and monitoring)



Project Scheduling and Implementation

- Needs Assessment – 6 months for the Band’s submission, internal analysis and review period
- Concept Stage and Environmental Review – 3 months
- Design Stage – 4 months
- Approval to go to tender, tender phase and award – 2 months
- Construction – 9 months (depending on time of year and project size)



Emerging Issues and Program Delivery

- Staffing: Funding and Personnel Pressures
- Processes are not necessarily consistent with ambitious schedules
- Reliance on external groups for project delivery
- Limited flexibility regarding unforeseen events (e.g. emergency situations, new program requirements affecting project requests)



Mitigation

- Develop real property database integrity
- Contingency planning and having shelf-ready projects
- Maintain some latitude to move projects up or back between fiscal years
- Gain buy-in from all parties to facilitate swift decision making
- Track project process and maintain involvement

