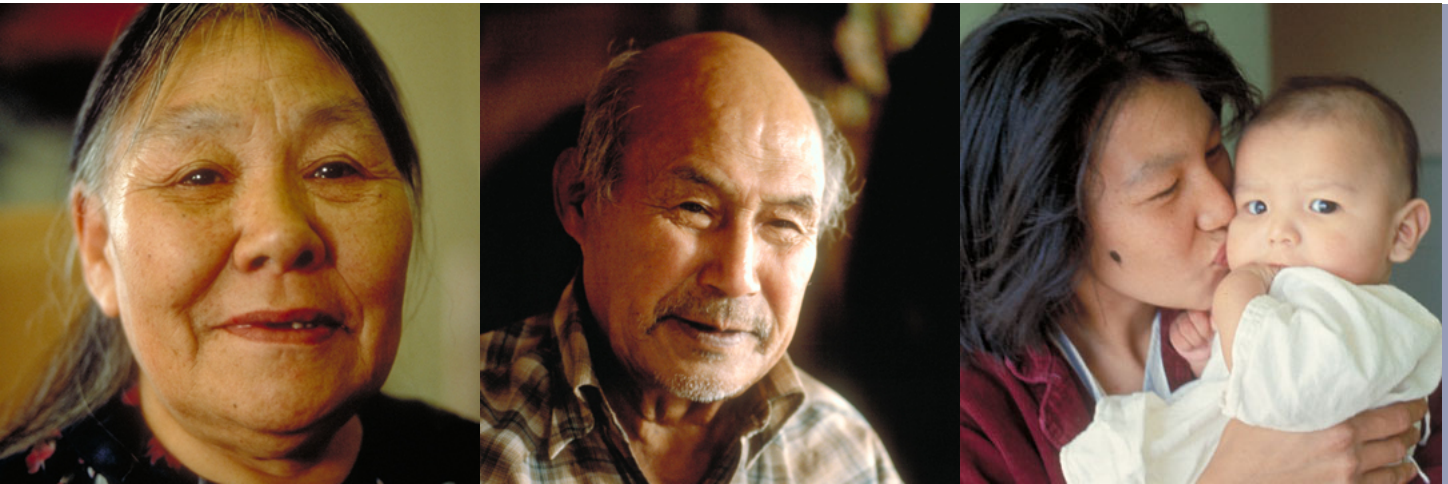
The Revision of the Community Based Reporting Template

Panel:

FNIH: Dr. Shannon Waters, Joanne Nelson, Sylvia Passmore, Kamaljeet Guram

FNHC: Heather Morin, Maritia Gully, Mark Matthew



Canada

Outline

- Background on the Community Based Reporting Template
- Current environment
- Overview of proposed major changes to template
- Discussion

Background

- In March 2005, Health Canada renewed the Contribution Program Authorities for First Nations (FN) & Inuit programming & services.
- This included a new program structure (or Program Authority Architecture, PAA) with integrated logic models & performance measurement strategies that applied lessons learned from past program evaluation results.

Background

- In 2008 the **Community-based Reporting Template (CBRT)** was implemented to help
  - consolidate reporting requirements &
  - reduce the burden of reporting that is currently on recipients

  by eliminating individual program reports & reducing the frequency of reporting.

Background

- The CBRT groups reporting into program clusters - the clusters as defined by the new Program Authority Architecture.
- The trend towards consolidation & reduced reporting burden was also supported by the **Blue Ribbon Panel** & contribution agreement recipient feedback on reporting.

Current Environment

- A new Program Authority Architecture (PAA) is currently at the approval stages in National Headquarters
- The PAA is anticipated for implementation in April 2011 (this is yet to be confirmed).
- With this comes changes to the CBRT to reflect the new structure.

Current Environment

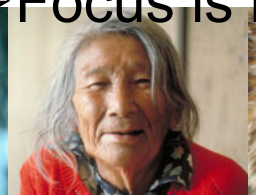
- In December 2010 FNIH-BC Region, & National Aboriginal Organizations, received a draft CBRT from National office, to review & provide feedback on
- Some FNIH-BC Region staff, and FN Health Council (FNHC) staff who work in data management, were able to review the draft & provide initial comments in mid-January 2011
- There has not been an opportunity for all FNIH-BC Region staff to discuss and provide feedback on the new draft of the CBRT template

Current Environment

- It is expected that there one or more revision cycles before the draft is finalized
- The first round of feedback was in a very short turn-around time, & unfortunately, there was not enough time to arrange for feedback from the communities
- There was a decision to hold a Learning Circle session in order to have a discussion with communities around current developments with the CBRT

Overview of Major Changes Proposed in Draft

- Changes to cluster names
- Asking for one report *per community*
- More detailed information in “Healthy Child Development”
- “Communicable Disease Control & Management” – an effort to synchronize with Provincial guidelines & systems in place
- “Home & Community Care”/”Clinical & Client Care” – new information is being asked for
- “Environmental Public Health” – changes do not affect BC communities
- Focus is no longer on “counting participants” in activities

Changes to “Cluster” Names

December 8, 2010

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Changes to “Cluster” Names

- “Children & Youth” changes to “**Healthy Child Development**”
- “Mental Health & Addictions” changes to “**Mental Wellness**”
- “Chronic Disease & Injury Prevention” changes to “**Healthy Living**”…

  - this will be reflected in the new Program Compendium

The completion of the Community-based Reporting Template is a requirement for Contribution Agreement reporting on performance information for health programs and services. Financial and Audit required reporting is not included in the Reporting Template. Contribution Agreement recipients are required to complete the Community-based Reporting Template for performance reporting for **all types of funding models and each community separately** in accordance with the due date established in the Contribution Agreement.

The Community-based Reporting Template consists of three Mandatory Parts, these are: 1) Identification Information, 2) Common Information, 3) Program Component Reporting.

Programs that currently report to Health Canada using electronic systems such as the HCC e-SDRT and HRTT and COHI dental database are required to continue to input into these systems. Mandatory reporting on Public Health, project-based reporting and reporting for the Non-Insured Health Benefits Program, the Indian Residential Schools Resolution Health Support Program, Environmental Health Research projects, Aboriginal Health Human Resource Initiative, the National Native Alcohol and Drug Abuse Program – residential treatment, the Youth Solvent Abuse Treatment Centre Program, e-Health Infostructure and Health Facilities and Capital Program should continue to be reported in accordance with the Contribution Agreement and/or established Health Canada performance measurement indicators.

Specific Instructions

Information for multiple communities should be reported individually. Recipients are required to report programs and services delivery information for each community under their contribution agreement through separate Community-based Reporting Templates.

The completed Reporting Template should be submitted to the Health Canada, First Nations and Inuit Health Regional Office.




One report *per community*

- The previous iteration of the CBRT required only one template per funding arrangement

- FNIH-BC Region has given feedback that we do not want one report required per community

More Detailed Indicators in “Healthy Child Development”

Question 2F - Birth Weight: Please indicate the birth weights for new births in the last year. Refer to the Pregnancy Tracking Tool provided with the CBRT, or other tracking tools, for this information.

Birth Weight	Number
Less than 5lb 9oz (less than 2500g)	
Between 5lb 9oz and 8lb 11oz (2500g – 4000g)	
More than 8lb 11oz (more than 4000g)	
Birth weight unknown	

Question 2G - Solid Food Initiation: For infants who have undergone solid food initiation, please indicate when this occurred. Refer to the Pregnancy Tracking Tool provided with the CBRT, or other tracking tools, for this information.

Solid Food Initiation	Number
Number of infants who turned 6 months old during the reporting period	
Solid food initiated before 6 months	
Solid food initiated at 6 months	
Solid food initiated at 7 months or later	
Unknown when solid food was initiated	




More Detailed Indicators in “Healthy Child Development”

Includes: Canadian Perinatal Nutrition Program (CPNP), Maternal Child Health (MCH), Fetal Alcohol Spectrum Distorder (FASD), Aboriginal Health Start on Reserve (AHSOR) & Children’s Oral Health Initiative (COHI)

This information was:

- Previously asked for through program specific reporting (i.e. CPNP, MCH)

This information may:

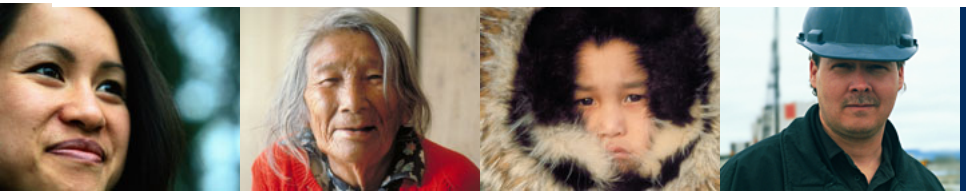
- Help in measuring successes for these programs
- Provide measurable indicators to track over time to establish trends
- Help with program planning & resource allocation

Data Collection Tools & Support

- For “Healthy Child Development”, “Mental Wellness” (National Aboriginal Youth Suicide Prevention Strategy, NNADAP, etc.) & “Healthy Living” (Aboriginal Diabetes Initiative, Injury Prevention)

Question 7 – Data Collection Tools and Support:

A) Do you employ data collection tool(s) to track your work in mental wellness?	Yes ☐ No ☐	
If yes, please rate your level of satisfaction with the following statements:		
B) “The data collection tool(s) is useful” (mark your satisfaction with this statement in the appropriate box)	Strongly disagree	☐
	Disagree	☐
	Neutral	☐
	Agree	☐
	Strongly agree	☐
C) “The data collection tool(s) is adequate” (mark your satisfaction with this statement in the appropriate box)	Strongly disagree	☐
	Disagree	☐



Communicable Disease Control & Management

Includes: Vaccine Preventable Diseases, HIV/AIDS, TB, CD Emergency (Pandemic Planning)

New with draft CBRT:

- Questions asked about pandemic plans

Unchanged from previous CBRT:

- Cases of vaccine preventable disease
- Vaccine wastage
- TB screening & testing information

Communicable Disease Control & Management

Question 8: Complete the applicable immunization coverage report form from your FNIH region. Please fill out the applicable immunization coverage report form for your region/province according to your provincial immunization schedule. Please use a calendar reporting period (January 1 to December 31) when completing the applicable immunization coverage report.

DRAFT FOR DISCUSSION

- Will only need to submit immunization coverage information to FNIH-BC Region and not separately through the CBRT

Home & Community Care

- Continue input into e-SDRT
- Four new questions on topics including:
  - Complaints & appeals
  - Incident & occurrence process
  - Accreditation

Clinical & Client Care

- Only to be completed by communities with a Nursing Station providing clinical & treatment services
- Questions asked on:
  - Number & types of services being delivered
  - Number of nursing staff
  - Appeals & complaints, incident & occurrence

- We questioned the need for some of the information being asked

Environmental Public Health

- Largely irrelevant to BC Region since the Environmental Health Officers (EHO's) are all Health Canada employees
- Health Canada's EHO's will continue input into EHIS

Question 1: Is the EHO that works in your community an employee of Health Canada?

Yes – Please proceed to segment 2 of section G.

No – Please complete section G

Note: all EHOs working in First Nations communities south of 60 degrees, including EHOs employed directly by Bands and Tribal Councils, as well as EHOs employed by Health Canada, are encouraged to use EHIS. If all inspections, training, and activities are entered in EHIS, performance reports can be generated directly from the system. However, if EHOs, communities, or Tribal Councils choose not to use EHIS or choose to use EHIS but not to share aggregate performance reports from EHIS directly with Health Canada for reporting purposes, then the following questions are mandatory.

If you are not sure, please check with the Regional Environmental Health Manager at the Regional FNIH office to verify.

Discussion

- Comments
- Questions