



Department of Health and Community
Services
Annual Report
2006-07




Newfoundland
Labrador



Table of Contents

Minister's Message	2
Departmental Overview	3
Vision	3
Mission.....	3
Values	3
Lines of Business	3
Departmental Structure	6
Where Health Dollars Are Spent	7
Shared Commitments.....	8
Highlights and Accomplishments	10
Outcomes of Objectives.....	13
Issue #1 - Access.....	13
Issue #2 - Long Term and Community Support	15
Issue #3 - Seniors	17
Issue #4 – Sustainability	20
Issue #5 - Early Learning and Child Care.....	24
Issue # 6 - Public Health Capacity	26
Issue #7 - Population Health.....	28
Opportunities and Challenges Ahead.....	33
Financial Statements	35
Acknowledgements.....	36

Minister's Message



Annual Report 2006-2007

I am pleased to present the 2006-07 Annual Report for the Department of Health and Community Services. As the Minister of Health and Community Services and the Minister responsible for Aging and Seniors, I acknowledge my accountability for the preparation of this report and the accomplishments contained herein. During the last fiscal year our government made significant progress in improving access to health and community services, enhancing public health capacity and wellness promotion and enhancing the prevention and treatment of cancer. We have continued to build a solid foundation in health care that will be responsive to the needs of our people as we prepare for an older population.

One of the key accomplishments by my Department this year was the expansion of the Newfoundland and Labrador Prescription Drug Program to assist individuals with low incomes, an initiative of the Poverty Reduction Strategy. Through a \$32.8 million annual investment, the program reduces the financial barriers for over 80,000 individuals to access coverage for prescription drugs.

This year we unveiled our five-year Early Learning and Child Care Plan which lays out a multi-faceted approach to enhance the field of child care and support families by making child care more affordable. We also demonstrated our commitment to supporting children by enhancing the Children's Dental Program to remove financial barriers for families with children 12 and under in accessing dental services. Additionally, we laid the groundwork to strengthen the province's Child, Youth and Family Services system.

Budget 2006 also dedicated \$15.5 million in new funding to prevent and treat cancer with an additional \$3.7 million invested in wellness initiatives to improve and protect the health and well-being of our residents.

This year will certainly be remembered as one which held significant progress in health care across our province. This progress would not have been possible without the dedication of the many individuals employed in health care who work to ensure the best possible outcomes for their fellow Newfoundlanders and Labradorians.

Sincerely,

Ross Wiseman, M.H.A.
Minister of Health and Community Services

Departmental Overview

Vision

The vision of the Department of Health and Community Services is for individuals, families and communities to have achieved optimal health and well being.

Mission

By 2011 the Department of Health and Community Services will have developed and guided implementation of provincial policies and strategies to ensure equitable and quality services in population health, public health capacity and accessibility to priority services and to improve accountability and stability in the health and community services system.

Additional information related to the Mission may be found in the Department of Health and Community Services Strategic Plan at <http://www.health.gov.nl.ca/health/plans/plan2006-08.pdf>

Values

The Department of Health and Community Services values collaboration, fairness, privacy, respect, transparency in decision making and excellence.

Lines of Business

1. Policy, Planning, Program Development and Support

The Department of Health and Community Services provides a leadership role for programs that operate under a legislative framework, provincial policy, and/or provincial program standards.

These programs include:

Programs under a legislative framework

Medical Care Plan, Hospital Insurance Plan, Child Youth and Family Services, Community Youth Corrections (in conjunction with the Department of Justice), child care services, adoptions/post adoptions, communicable diseases, environmental health including tobacco control and smoke free environments, food safety, drinking water quality, personal care homes and sanitation in conjunction with the Department of Government Services.

Programs not under a legislative framework

Parent and child health, early childhood development, immunization, healthy eating and active living, chronic disease management in select areas, long term and community support services, select staffing frameworks, intervention and support services for

persons with disabilities, emergency preparedness, drug programs, mental health and addictions services.

The Department establishes funding and/or operational delivery standards in areas such as ambulance services, home support for seniors and persons with disabilities, transition homes, special child welfare allowance, residential services for persons with select disabilities, special assistance program (eligible supplies and equipment), financial eligibility criteria, Medical Transportation Assistance Program, Dental Program and Newfoundland and Labrador Prescription Drug Program.

The Department ensures that regional health and community services are planned within the strategic directions of Government, the needs of the population and within the fiscal capacity of the health and community services system including determining need and placement of new health technologies and diagnostics, supporting innovation in service delivery, human resource planning, service location and volume, and maintaining facility infrastructure.

With respect to the 16 *Acts* for regulatory bodies, the Department provides liaison, interpretation of *Acts* and Regulations, facilitates amendments as necessary, and monitors annual reports as required by these *Acts*.

The Department, in conjunction with the postsecondary education system, provides leadership to health professional education and training programs to reflect the needs of the health and community services system and in funding some training programs.

The Department represents Provincial priorities in the development of intergovernmental (Atlantic and Federal/Provincial/Territorial (F/P/T) strategic directions and initiatives. In addition, the Department oversees the administration of programs emanating from various F/P/T agreements such as Early Learning and Child Care, Early Childhood Development and National Child Benefit. These programs also include, but are not limited to, initiatives under the First Ministers' Accord such as wait time reduction, enhancement of home care programs, public health, initiatives under primary health care renewal and other services such as reciprocal billing, and Canadian Blood Services.

2. Monitoring and Reporting

The Department monitors and provides feedback as appropriate with respect to:

- periodic evaluation of selected elements of legislation under the authority of the Department, and in conjunction with other Government departments and agencies as is necessary and or required;
- adherence to guidelines/best practices and/or funding/service delivery standards in areas such as Management Information Systems and Reporting Guidelines, Dental Health Program, Medical Care Plan, Newfoundland and Labrador Prescription Drug Program, ambulance, and intervention services;

- periodic evaluation of select programs and services such as best practice reviews in Regional Health Authorities, and Drug Plan review;
- budget allocation and financial monitoring with respect to Regional Health Authorities and other agencies funded by the Department; and,
- the implementation of budget directions by the Department or other entities to achieve targeted outcomes such as improved service levels, reduced wait times, and reduced expenditures.

The Department monitors and reports to stakeholders with respect to performance in the areas of population health, health behaviours, health status, disease control, human resources and access to quality health services.

3. Provincial Public Programs and Services Administration

The Department of Health and Community Services provides supervision, control, and direct program and service delivery for matters related to:

- inter-provincial, inter-country and approval of all adoption placements and post adoptions services;
- provision of records of immunizations;
- payment and remuneration for medical services (MCP), dental services (Dental Health Program), and drug program (NLPDP) among others;
- special authorization of restricted drug benefits;
- approval and provision of grants to select community agencies;
- bursaries and incentives to students in select training programs according to established criteria;
- distribution and storage of vaccines;
- storage and distribution of National Emergency;
- medical transportation assistance to individuals as per provincial criteria;
- selected information technology initiatives involving health authorities and the health system, such as the development and maintenance of the Client and Referral Management System, in partnership with the Office of the Chief Information Officer; and
- administration of the monetary supplement for early childhood educators.

Departmental Structure

The Department's 252 employees are located throughout five office locations; Confederation Building, Margaret's Place, Pleasantville, Grand Falls-Windsor and Stephenville. The Department is organized as follows:

	Female	Male	Total
Minister's/Deputy Minister's Office	14	4	18
Communications	2	Nil	2
Government Relations	3	Nil	3
Medical Services	22	4	26
Regional Health Operations	13	4	17
Policy and Planning	15	7	22
Public Health, Wellness and Children and Youth Services	33	8	41
Corporate Services	92	31	123
Total	194	58	252

In addition to these locations the Department supported the following infrastructure in the health and community services system in 2006-07:

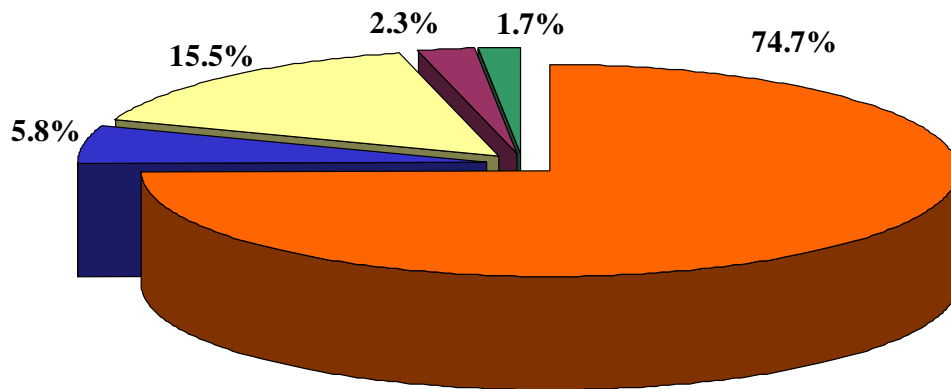
Hospitals	16
Health centers	18
Nursing homes	21
Nursing stations	13
Community/clinical offices	106
Personal Care Homes	105
Acute care beds	1593
Nursing home beds	2729

Where Health Dollars Are Spent

2006/07

\$1.89 Billion

(Source: Report on the Program Expenditures and Revenues of the Consolidated Revenue Fund)



- Regional Integrated Health Auth. & Related Services
- Medical & Drug Subsidy Program
- MCP Physician Services
- Other
- Capital

Shared Commitments

The Department of Health and Community Services depends on the valuable contribution of many partners to achieve its vision of optimal health and well being for individuals, families and communities. The Department works in collaboration with Regional Health Authorities, Boards of Trustees, dedicated staff, physicians, community volunteers, and many other agencies to deliver a seamless range of high quality, health and community services to the residents of Newfoundland and Labrador.

The Department of Health and Community Services is represented at several federal/provincial/territorial (FPT) forums in the health, education, social services and seniors sectors. This work is carried out through extensive networks, committees, and agreements with other jurisdictions, the Federal Government and various Atlantic and national organizations. These partnerships are essential to achieve shared goals and best practices so that optimal federal funding arrangements are in place to meet the growing demands on the provincial health and community services system.

Increased opportunities for population health in the areas of healthy eating, physical activity, tobacco control, and injury prevention are occurring, and continued enhancement of the provincial public health system in the areas of communicable disease, environmental health and health emergency management are occurring. Opportunities for improved access to priority services and accountability and stability in the delivery of services are also occurring. This is achievable through collaboration with many stakeholders including but not limited to:

- ✓ The Department of Education, school districts, schools, Regional Health Authorities, the Kids Eat Smart Foundation, the Department of Human Resources Labour and Employment, food service providers, as well as students, parents and teachers who work together to ensure the success of initiatives to encourage healthy eating in schools.
- ✓ The Alliance for the Control of Tobacco, the Newfoundland and Labrador Lung Association, Smoker's Helpline, the Newfoundland and Labrador Medical Association, Regional Health Authorities, the Tobacco Free Network, the Central Tobacco Awareness Coalition, school districts and retailers and community organizations who all play an important role in tobacco control and the reduction of tobacco use.

- ✓ Well known local personalities who participate in television ads to promote the Go Healthy website, a Provincial Wellness Plan program.
- ✓ The Regional Health Authorities, the Canadian Cancer Society, and other key stakeholders involved in the development of a new provincial cancer control strategy.
- ✓ The Provincial Wellness Advisory Council which includes representation from many community and professional organizations that provide guidance on the implementation of the Provincial Wellness Plan including review and recommendations for Provincial Wellness Grants.
- ✓ The Injury Prevention Working Group, including members from the Newfoundland and Labrador Safety Council (Chair), the Department of Government Services, the Environmental Health and Youth and Family Services Divisions of Health and Community Services, as well as the Seniors Resource Centre of Newfoundland and Labrador, the Newfoundland and Labrador Teachers' Association and the RCMP who collaborated to prepare recommendations approved by the Provincial Wellness Advisory Council.



- ✓ The Newfoundland and Labrador Dental Association and the Newfoundland and Labrador Dental Licensing Board who partner to improve access to dental services for children.
- ✓ Public health professionals and physicians who administer programs and services throughout the province.
- ✓ Consumers, service providers, health and justice program administrators, and community agencies were instrumental in moving forward with the new *Mental Health Care and Treatment Act*. (not yet proclaimed)
- ✓ The Department of Human Resources Labour and Employment as a part of the interdepartmental working group for the Poverty Reduction Strategy.
- ✓ The Foster Families Associations and the Regional Health Authorities to produce new radio advertisements that recognize the contribution of foster parents and the promotion of foster parent recruitment.

Highlights and Accomplishments

- Under the Poverty Reduction Strategy, \$8.3 million was provided in Budget 2006 and \$32.8 million annualized as part of the Newfoundland and Labrador Prescription Drug Program which provided expanded access to more low-income residents, effective January 2007.
- In Budget 2006 an investment of \$2.7 million annualized was made to add 55 new positions over a three year period to Child, Youth and Family Services programming in the Regional Health Authorities.
- In October 2006 the Turner Review and Investigation Report was released and Government responded by outlining a multi-faceted approach to strengthen the province's child protection system. To begin this process an action plan was released which includes:
 - ✓ an external evaluation of the Family Services Program to enhance policies and standards for this program; and
 - ✓ completion of an independent operational and organization analysis of the delivery of Child, Youth and Family Services.



In addition to achievements related to the strategic plan indicators it is also important to address other achievements that impact the health and wellness of people in this province. As a result of figures suggesting the cancer rate will increase by as much as 56 per cent over the next 20 years, a new cancer control strategy is underway in this province.

- As part of the new cancer control strategy, Government allocated \$15.5 million in Budget 2006 for cancer screening and treatments including:
 - ✓ \$3.3 million to begin construction on two new bunkers to house two new radiation machines at the Dr. H. Bliss Murphy Centre in St. John's. Further investment will follow in next year's budget to purchase the equipment, which is expected to be operational in late 2007. The overall investment for this project is \$10 million.
 - ✓ \$1.5 million to strengthen resources in preventing cancer and to expand the Cervical Screening Program into the Eastern and Labrador-Grenfell

regions. Through increased public education, the program will aim to increase cervical screening rates by 25 per cent.

- ✓ \$750,000 for a new breast screening centre in Grand Falls-Windsor and to expand the existing breast screening centre in St. John's, as well as program enhancements for breast and other cancers.
 - ✓ \$6.4 million to introduce three new cancer treatment therapies for colorectal cancer and a new treatment therapy for multiple myeloma.
 - ✓ A further \$620,000 to add three new drugs to the Newfoundland and Labrador Provincial Drug Program - Eprex and Aranesp used to treat anemia associated with certain cancers, and Tarceva, an oral agent used to treat lung cancer that has failed to respond to standard first-line chemotherapy.
 - ✓ \$3 million to add the drug Herceptin to the Provincial Systemic Therapy Formulary to treat selected patients with early stage breast cancer (Stages 1, 2 and 3).
- Government of Newfoundland and Labrador also recognizes oral health as an important component of children's health and well-being. As a result, in 2006, Government allocated \$4.1 million in the Children's Dental Health Program for children 12 years or under in this province.

Legislative and Regulatory Activities

Related to highlights and accomplishments, this section addresses legislative and regulatory activities directly related to strategic plan indicators, as well as additional legislative and regulatory activities not explicitly stated in the 2006-2008 strategic plan for the April 1st, 2006 – March 31st, 2007 period.

In December 2006 Government of Newfoundland and Labrador moved forward with a progressive piece of legislation, Bill 61, the *Mental Health Care and Treatment Act* (not yet proclaimed). The new Bill, which replaces a 30 year old legislation, focuses on the protection and treatment of people suffering from severe mental illness, as well as the expanded role of mental health personnel. Introduction of this *Act* also includes changes to the roles and operations of the Mental Health Care Treatment Review Board and a provision of Community Treatment Orders. Community Treatment Orders (CTOs) provide an alternative to extended hospital or facility stays for appropriate individuals. CTOs involve mandatory treatment and care in the community under the supervision of a specialized interdisciplinary team. These revisions also include a mandatory review of the *Act* within five years.

The *Regional Health Authorities Act* (not yet proclaimed), assented May 26th, 2006, addresses the delivery of health and community services and the establishment of Regional Health Authorities. Under this *Act* Authorities have the capacity to provide health and community services and to promote health and well-being through needs assessment, service provision, resource management, as well as disease and injury prevention. This occurs through collaborative relationships with other organizations and agencies and the development of programs and policies.

The *Health Research Ethics Authority Act* (not yet proclaimed), assented December, 12th, 2006 provides the Authority with the power to ensure that health research involving human subjects is conducted in an ethical manner. Under this *Act* the Authority is also responsible for enhancing public awareness of ethics in health research involving human subjects.

Further, Government of Newfoundland and Labrador announced consultations for the *Health Information Act*. This *Act* will govern the collection, use and disclosure of personal health information while providing individuals access to verify the accuracy of their own information.

Other legislative advancements include the *Pharmaceutical Services Act*, assented December 12th, 2006, which provides enhanced transparency and accountability for the core elements of the Newfoundland and Labrador Prescription Drug Program (NLPDP), the Tamper Resistant Prescription Drug Pad Program, and the Newfoundland and Labrador Interchangeable Drug Products Formulary. The new *Act* provides clarity by defining eligibility requirements and appeal processes for beneficiaries under the NLPDP, as well as the decision-making process for coverage of new drug therapies. Furthermore, the *Act* gives Government the authority necessary to ensure that an effective and efficient audit function is in place to maintain the financial sustainability of the program.

Outcomes of Objectives

In line with the *Transparency and Accountability Act*, this section presents a discussion of outcomes of objectives found within the Departmental 2006-2008 Strategic Plan for the April 1st, 2006-March 31st, 2007 time period. The purpose is to provide the people of Newfoundland and Labrador with information on the issues of Access, Long Term and Community Support, Seniors, Sustainability, Early Learning and Child Care, Public Health Capacity and Population Health identified within the plan. Overall, the Department has worked diligently to reach the goals, objectives and associated indicators outlined in the Strategic Plan. The following section will provide a general overview of progress while addressing specific achievements in each issue area.

Issue #1 - Access

Goal

By March 31, 2008 the Department of Health and Community Services will have improved access to cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics

Objective for 2006-2007

By March 31, 2007 the Department of Health and Community Services will have centralized reporting of regional wait times for cancer care, cardiac care, cataract surgery, joint replacement and diagnostic procedures; multi year targets established to achieve benchmarks; priority evidence based assessment tools in use for selected surgical and diagnostic services; and established processes to review appropriate utilization for select services.

Indicators

- Collection of comparable indicators for selected services
- Quarterly reporting to the public on Newfoundland and Labrador's standing in relation to the national wait time benchmarks
- Targets identified for each of the five priority areas by December 2006
- Processes established to monitor targets on a quarterly basis
- Processes established to report progress in meeting multi-year wait time targets to the citizens of NL
- Priority assessment tools developed for use in select surgical and diagnostic services, and implementation initiated
- Pilot evaluation of the priority assessment tools completed
- Provincial committee to review appropriate utilization, including recommendations for evidence based best practice in select areas
- Ongoing monitoring of provincial wait times for access in the five priority areas including a review of utilization trends with recommendations to improve access

The monitoring of timely access occurs through a variety of mechanisms including the centralized reporting of comparable indicators for wait times in the areas of cancer care, cardiac care, cataract surgery, joint replacement and diagnostic procedures. Since 2005, four quarterly reports have been provided to the public fulfilling Government's commitment to provide regional and provincial updates on wait times to citizens of our province on a regular basis.

Provincial multi-year targets to achieve national benchmarks for each of the five priority areas have not been formally established. The original date of December 2006 has been extended to December 2007 to reflect the target date outlined in the 10 Year Plan to Strengthen Health Care. Therefore, development of these targets is anticipated for the coming year. Consequently, processes have not been established to monitor these targets on a quarterly basis nor has a reporting process been established. However, work is ongoing and these will be addressed in the coming year.

In November 2006, the National Wait Time Alliance (WTA) released an interim report card illustrating Federal, Provincial and Territorial progress with regard to commitments made in the 2004 Health Accord, and the achievement of national wait time benchmarks. Newfoundland and Labrador ranked first, receiving an A grading in four of the benchmark categories; hip and knee replacement, cancer care, cardiac care and vision restoration indicating 80% to 100% of the population received treatment in these areas within benchmark timeframes. The WTA plans to monitor the progress made by jurisdictions and will release other report cards in the future. Newfoundland and Labrador was recognized as one of only two provinces to explicitly report performance benchmarks to the public on a consistent basis.

As national benchmarks for MRI and CT are yet to be established, the province received an INC (incomplete) grade in the fifth category, diagnostic imaging.

Progress has also been made with regard to the development of evidence based assessment tools to be used in select surgical and diagnostic services. In April 2006 the Provincial Ophthalmologist Group began work with the provincial wait time coordinator to develop a provincial cataract patient urgency classification system to help identify “at risk” cataract patients. This tool was adopted and formally implemented by ophthalmologists in each region as of January 1, 2007 and will facilitate the prioritization of waitlisted patients according to urgency/risk classification. While a formal evaluation has not been completed to date, plans for an evaluation are occurring and will commence once more data becomes available. Work is also underway to develop a provincial urgency classification for diagnostic imaging referrals. Working collaboratively to adopt a single provincial classification system for diagnostic imaging ensures that all patients in the province are prioritized appropriately using a standardized urgency scale.

The monitoring of benchmark performance is an ongoing process and utilization review is occurring at the regional level. While a formal provincial committee has not been established, consultations occur on a regular basis between the provincial wait time coordinator and Regional Health Authorities. When further wait time data becomes available a review of trends and utilization patterns will occur and a provincial process to monitor these patterns will be established.

Access 2007-2008

Objective

By March 31, 2008 the Department of Health and Community Services will have improved access to cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics

Measure

Improved access to select health and community services

Indicator

- Wait times in Newfoundland and Labrador will be equal to the national wait time benchmarks in the areas of cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics
- Pilot initiatives to improve access to pediatric dental surgery in NL
- Report baseline data for the national cervical and breast screening benchmarks
- Develop a standardized provincial methodology for measuring and reporting wait times for the national hip fracture repair benchmark

Issue #2 - Long Term and Community Support

Goal

By March 31, 2008, the Department of Health and Community Services will have increased access in the area of long term and community support services

Objective for 2006-2007

By March 31, 2007 the Department of Health and Community Services will have established the policy and program directions for community support for adults with disabilities including residential services and community dementia care, pilot tested a monitoring framework for program tracking and reporting and implemented year 1 of the Personal and Community Care home provincial services framework

Indicators

- Review and revise financial rate structure in disability support program and policy for home and community support for adults including residential services and community dementia care
- Submit above revisions for approval
- Draft indicator framework for consultation
- Pilot the framework in the personal care home sector
- Initial monitoring reports
- Program operational standards revised and disseminated
- Sprinkler installation in homes
- Equalization grants required/distributed
- Pilot testing of Inter-RAI Tool for home care in Central Health Region
- Planning/project management for facility development/enhancement in:
 - Corner Brook- long term care
 - Clarenville - long term care
 - Happy Valley- Goose Bay- long term care
 - Grand Bank - Health Care Centre
 - Labrador West - Health Center
 - Corner Brook - Humberwood Addictions Centre
- Rate increases for alternate family care and personal care homes

The long term and community supports system provides target adult groups with programs and various support services to manage the activities and functions of everyday life.

While not completed, efforts to establish policy and program directions for home and community support for adults including residential services and community dementia care is progressing. A company has been hired to conduct an international/national literature/research review of best practices and a cross jurisdictional scan of disability supports available throughout the country. They will also develop a recommended framework for a disability supports program for the consideration of the Long Term Care and Community Supports Services Committee. The Committee will use this document to inform their development of a provincial framework for the Department's Disability Supports Program. The review of the financial rate structure of the disability support program was included as part of the contractual responsibilities of the company. Once complete, recommendations will be reviewed and revisions taken into consideration for approval.

Work is ongoing with regard to the revision of program operational standards manuals. Efforts include the revision of the Provincial Personal Care Home Program and the Co-operative Apartment Program. However, work continues to develop the operational standards for the Provincial Personal Care Home Program and will be disseminated upon completion and approval.

Drafts of the Special Child Welfare Allowance and Alternate Family Care Operational Standards Manuals have also been completed. It is anticipated that the Individualized Living Operational Standards Manual will be completed by Summer 2007. Revised

program operational standards have been disseminated to the Regional Health Authorities. Once complete these will be submitted for approval.

An indicator framework for monitoring has been developed for the personal care home sector. Quarterly reports that include census data, care and operational issues are collated by the Department. Care and operational data collection reports have been disseminated and home owners are expected to submit reports to the regions beginning the Summer 2007.

Other ongoing initiatives related to long term and community support services include:

- ✓ Ongoing sprinkler installation in homes with approximately two sprinklers per month being installed. This work will continue until complete.
- ✓ Implementation of the Resident Assessment Instrument (InterRAI) for home care in Central is almost complete. Eastern has begun this process and Western and Labrador-Grenfell are in the preparation stages.
- ✓ Equalization grants are in effect.
- ✓ Planning/project management for facility development and enhancement in many areas of the province. The Corner Brook, Clarenville, Happy Valley Goose Bay and Grand Bank Long Term Care facilities are still in the planning stage. The Grand Falls Cancer Clinic was officially opened by former Minister Tom Osbourne on Nov 17th, 2006. A planning report is complete for the new Labrador West Health Centre (replacement for the Captain William Jackman Memorial Hospital) and the project is now waiting for Government direction on funding for the facility. The Minister was present for the official sod turning of the Corner Brook Addictions Center in October of 2006.



Finally, it was announced that the Alternate Family Care Program would receive a 5% increase for each of the next three years. The 5% increase for 06-07 was implemented in July, 2006. The rate for personal care homes increased to \$1500.00 per month, effective July 1st, 2006.

Long Term and Community Supports 2007-2008

Objective

By March 31, 2008, the Department of Health and Community Services will have increased access in the area of long term and community support services

Measure

Increased access in the area of long term and community support services

Indicator

Long term care facilities

- Increased number of beds in nursing homes and health care centers while at the same time designing a more personalized living space
- Decreased number of clients awaiting placement

Community/personal care homes

- Increased number of personal/community care home subsidies
- Decreased number of clients awaiting subsidies
- Implement a monitoring and reporting process for personal care homes

Community home support services

- Monitor the number of clients in receipt of services
- Decrease the number of clients waitlisted for new service
- Decrease in the number of clients waitlisted for enhanced services
- Increase support to families caring for an adult relative with a disability
- Complete a best practice review for disability supports

Issue #3 - Seniors

Goal

By March 31, 2008 the Department of Health and Community Services will have improved the health of seniors through the creation and partial implementation of a healthy aging plan

Objective for 2006-2007

By March 31, 2007 the Department of Health and Community Services will have completed a plan that supports healthy aging

Indicators

- Develop a Healthy Aging Framework, Healthy Aging Plan and an indicator framework for the plan
- Monitor an indicator framework
- Contributed an aging and seniors lens to:
 - Departmental policy/initiatives such as the Provincial Wellness Plan and the Oral Health Plan, Mental Health and Addictions Services Policy Framework and the Long Term and Community Supports Services Framework
 - Interdepartmental initiatives such as the Violence Prevention Initiative (Women's Policy Office) and the Poverty Reduction Strategy (Human Resources Labor Employment), Inter-departmental Working Group for Aging And Seniors and Ministerial Council on Aging and Seniors

Newfoundland and Labrador has the most rapidly aging population in the country and it is estimated that by the year 2016 almost 20% of the population will be over the age of 65. Preparing for this change requires planning and input from seniors for the successful delivery of programs and services in this area.

Consultations with stakeholders and input gathered from community partners on aging and senior's issues were instrumental in the development of a framework document to guide Government's plan to support healthy aging. A draft of the Provincial Healthy Aging Policy Framework and Implementation Plan has also been completed. An indicator framework is currently under construction and once completed, plans will be made to have it monitored. It is anticipated that these documents will be completed, and the plan and framework approved and publicly released by Summer 2007.



Health indicator data related to healthy aging are available through various agencies such as the Canadian Institute for Health Information and the Newfoundland and Labrador Centre for Health Information. This data helps us to monitor health needs and trends. Healthy aging indicators provide important information to Government and the public on the current health status and potential risk factors that face the aging population. This information may be used to guide future planning activities.

Substantial effort has also been made through meetings and consultations to ensure an aging and seniors lens is applied to departmental policy and initiatives such as the Provincial Wellness Plan, Oral Health Plan, Mental Health and Addictions Services Policy Framework and the Long Term and Community Support Services Framework. To illustrate, the Seniors Resource Centre are members of the Provincial Wellness Advisory Council, and are recognized for contributing to the development of the Provincial Wellness Plan. An aging and seniors lens is evident in interdepartmental initiatives such as the Violence Prevention Initiative (Women's Policy Office), and Poverty Reduction Strategy (Human Resources Labour Employment). The Inter-departmental Working Group for Aging and Seniors and the Ministerial Council also contribute to the inclusion of seniors perspective in departmental policy and initiatives.

The first ever World Elder Abuse Awareness Day was held in June 2006. Elder abuse may involve physical, emotional, sexual and or spiritual abuse, as well as financial neglect. Government initiatives such as the Violence Prevention Initiative and the Healthy Aging Framework will increase awareness of seniors issues and enhance policy and legislation aimed at preventing the abuse of older persons in Newfoundland and Labrador.

The provision of quality long term care to the seniors of this province is a priority and Government is presently planning to meet the future needs of our aging population. In response to the identified need for additional capacity, Government invested \$25.2 million in Budget 2006 to proceed with the expansion and construction of long-term care facilities in Newfoundland and Labrador.

Seniors 2007-2008

Objective

By March 31, 2008, the Department of Health and Community Services has improved the health of Seniors through the creation and partial implementation of a Healthy Aging Plan

Measure

Creation and partial implementation of a Healthy Aging Plan

Indicators

- Policy framework and action plan that supports opportunities for healthy aging
- Monitor indicators of healthy aging to assess impact of opportunities in the areas of smoking, alcohol consumption, physical activity in leisure time, obesity, dietary practices, consulted a physician/dentist, uptake of flu vaccine, hip fracture hospitalization rate and self rated health
- Seniors focus included in departmental initiatives
- Contributed an aging and seniors lens to inter-department initiatives
- Improved access to pharmaceuticals for seniors
- Increased public awareness of abuse towards seniors
- Focus on seniors health in the oral health strategy
- Partial or full implementation of initiatives identified in the Provincial Healthy Aging Implementation Plan: Year 1: 2007-2008 such as:
 - Preliminary planning for public awareness campaign to promote positive images of aging
 - Seniors Recognition Awards Program
 - Preliminary planning to support an annual seniors fair and exposition
 - Seniors Organization Forum: Networking and Identification of Best Practices of Working Together
 - "Age-Friendly" toolkit distributed to municipalities
 - Development and distribution of educational materials for unpaid caregivers
 - Research project to assess impact of dispensing fees on seniors' financial well-being
 - Development of educational material (DVD) on seniors' mental health for dissemination to regional health authorities
 - Planning for Violence Against Older Persons Public Awareness Campaign
 - Promotion of World Elder Abuse Awareness Day
 - Provincial Research Grants Program
 - Develop a Seniors Profile
- Development and partial implementation of a monitoring and accountability framework

Issue #4 – Sustainability

Goal

By March 31, 2008 the Department of Health and Community Services will have ensured that health and community services are provided based on the needs of the citizens and within available resources

Objective for 2006-2007

By March 31, 2007 the Department of Health and Community Services will have established quality health and community services operational standards in select areas; established population health needs; and ensured services are provided within available resources

Indicators

- Development/revision of operational standards in Diagnostic Imaging & Laboratory, Personal/Community Care homes and Residential services for people with disabilities.
- Implementation of:
 - New operational standards for Transition House Program
 - Health Information Technology Plan including:
 - Self-care/Tele-care for 24/7 nurse phone health information
 - Electronic Medical Records Plan: pilot testing in urban area
 - Tele-health plan in primary health care in some regions
- Planning/project management for facility development/enhancement in:
 - Grand Falls Windsor and Gander- Cancer Clinics
 - St. John's - The Dr. H. Bliss Murphy Cancer Centre
 - Dialysis units in new satellite locations
- Evaluation of:
 - Enhanced sharing of electronic Primary Health Care information among teams in urban/rural pilot test areas
 - Electronic Medical Records Plan: an urban pilot test area
- Monitor population health needs assessment
 - Primary Health Care sites
 - Regional Service Plans
 - Canadian Community Health Survey
- Physicians' human resource plan
- Approved Regional Health Authority budgets and operational plans
- Implemented enhanced claims processing systems
 - Physician Claims Monitoring System
 - MCP re-registration project

To support and sustain quality care in Newfoundland and Labrador, the enhancement and delivery of various health care services, programs and infrastructure are essential.

As mentioned under Issue #2, the program operational standards have been revised for personal and community care homes, and residential services for people with disabilities. New operational standards for the Transition House Program have also been completed and the manual released in July 2006. A research study has been designed and is currently being implemented as a demonstration project with Radiology in Western. The results of this research will be used to inform the development of Operational Standards for Diagnostic Imaging & Laboratory.

As part of the Selfcare and Telecare component of the Health Information Technology Plan the province established a Health Line service for residents of the province, launched in September 2006. As part of Government's commitment to increase accessibility



and the delivery of services through the use of information technologies, the HealthLine service provides Newfoundlanders and Labradorians with toll-free health information and advice 24 hours a day, seven days a week. While not intended to replace emergency health services, the HealthLine provides health information to residents of Newfoundland and Labrador so that they may determine the severity of their health issue and need for further medical attention.

In addition, the implementation of the Telehealth Plan in primary health care included the integration of Teleoncology into cancer care in all regions. Telehealth equipment is also being used in transplant situations so that physicians in different provinces and institutes can communicate about patient status and need. An external evaluation of the initiative, which includes a patient satisfaction survey component and key informant interviews is being conducted.

Two medical clinics in the City of St. John's are currently taking part in a pilot project which implements the electronic medical record (EMR) system; the Newfoundland Drive Medical Clinic and the MUN family practice Ross Centre, which includes clinics located in Shea Heights and the Health Science Centre. An evaluation designed to assess the effectiveness of sharing electronic primary health care information occurred in Harbour Breton and data analysis is now being carried out by Memorial University's E-Health Unit.

Development of a Provincial Pharmacy Network began in June 2006. The Network, a critical phase of the Electronic Health Record System, will offer province-wide, on-line, real-time medication profiles, as well as comprehensive drug information and an interactive database to assist pharmacists and physicians in identifying potential adverse drug interactions and events.

The On-Line Real-Time Claims Adjudication and Management System for Newfoundland and Labrador Prescription Drug Program (NLPDP) was implemented in March 2007. This system will improve service delivery for pharmacists and NLPDP beneficiaries by allowing drug claims under the NLPDP to be adjudicated as soon as the pharmacist enters the prescription in their computer. This system also allows the province to take advantage of lower prices for drugs with health benefits equal to that of expensive drugs.

Facility development and enhancement are also important to providing quality services to the residents of Newfoundland and Labrador. As such, a new Cancer Centre was opened at the James Paton Memorial Hospital in Gander. Cancer services in the Central region were also increased with the opening of the Grand Falls Windsor Cancer Centre, built adjacent to the existing diagnostic imaging department of the Central Newfoundland Regional Health Center.

Construction of two new radiation bunkers that will house two radiation treatment machines at the Dr. H. Bliss Murphy Cancer Centre is currently underway. This expansion will increase treatment capacity and help ensure patients in need of radiation will not have to go out of the province for treatment. It is anticipated that this new equipment will be operational in 2007-2008.

Government is committed to providing health care services to residents of this province as close to their home as possible by making strategic investments in health care infrastructure. Government is proceeding with three new satellite dialysis units. One located in Burin, one in Happy Valley-Goose Bay and one in St. Anthony. Steering committees are in place to oversee the process.

Population health needs are monitored regularly by several statistics agencies such as Statistics Canada and the Canadian Institute for Health Information via various surveys or other data collection mechanisms. For instance, the Canadian Institute for Health Information accesses data collected by the Canadian Community Health Survey on a variety of social, economic, environmental, occupational and demographic factors related to health.

Regional Health Authorities also conduct needs assessments to help identify population health needs within Primary Health Care team areas. Currently, there are 11 primary health care teams in the province. Proposal development has commenced in another 4 areas with an additional health care team receiving funding to begin the proposal process.

Regional Health Authorities (RHAs) are required to develop their own health service plans, consistent with the Department's three year strategic directions. The Department will continue to work closely with RHAs to set policy directions in areas related to:

- ✓ primary health care clinics;
- ✓ private family and general practitioner collaborative care;
- ✓ access to 24 hour health information and services;
- ✓ specialized treatment centres;
- ✓ the Newfoundland and Labrador Health Plan;
- ✓ chronic disease prevention and travel assistance; as well as
- ✓ home and community care; and
- ✓ chronic and long term care facilities.

To date, regional service planning at the Regional Health Authority level is underway, with some RHAs conducting needs assessments, and identifying service gaps.

Efforts to ensure services are provided within available resources include:

- ✓ the creation of the Physicians' Human Resources Plan;
- ✓ approval Regional Health Authority budgets and operational plans ; and
- ✓ an enhanced claims monitoring systems for physician claims and MCP re-registration.

The Physicians' Human Resources Plan which outlines approaches to retain and recruit physicians is near completion. Efforts to sustain the physician workforce in the province have included the launch of the Physician Recruitment Website. Funded by a grant from Health Canada, the web site provides a listing of job opportunities across the province, and speaks to the benefits of living and working as a physician in Newfoundland and Labrador. Visit the site at www.nlphysicianjobs.ca.

The approval of Regional Health Authority budgets and operational plans is an ongoing process. During the April, 1st 2006- March 31st, 2007 period all Regional Health Authorities had approved budgets and operational plans.

The Physician Claims Monitoring System (CMS) has been implemented. This automated claims selection program is designed to monitor the integrity of claims billed under MCP through examination of service documentation and comparison to the MCP Payment Schedule.

In May 2006 the MCP re-registration process was launched to strengthen controls over the registration process, improve security of MCP cards and provide an accountability mechanism for monitoring of the MCP database. Newfoundland and Labrador residents were asked to complete a re-registration form to receive a new MCP card. The new card, which now has an expiry date, will help Government to more effectively monitor MCP claims. By February 2007 over 80 per cent of the province had applied to re-register. The original deadline for re-registration of March 31st, 2007 was extended to July 31st, 2007 in response to the large volume of applications submitted that had omissions or were inconsistent with the MCP databases.



Sustainability 2007-2008

Objective

By March 31, 2008 the Department of Health and Community Services will ensure quality health and community services are provided based on the needs of the citizens and within available resources

Measure

Services are provided based on the population health needs of the citizens

Indicators

Monitor needs assessment development by Regional Health Authorities for

- Primary Health Care sites
- Regional Service Plans

Measure

Services are provided within available resources

Indicators

Expansion of the provincial Medical Transportation Assistance Program

Establishment of Telehealth Coordinator positions in four Regional Health Authorities

Monitoring and reporting on resource indicators:

- Provincial Government health expenditures per capita
- Regional Health Authorities current assets to liabilities ratio
- Regional Health Authorities current year surplus/deficit to total revenue
- Provincial Government health expenditures to total provincial government programs

Issue #5 - Early Learning and Child Care

Goal

By March 31, 2008 the Department of Health and Community Services will have increased availability of regulated child care spaces, programs and services that provide learning and developmental opportunities for children

Objective for 2006-2007

By March 31, 2007, the Department of Health and Community Services will have developed the necessary policy framework to begin effective implementation of the Early Learning and Child Care Plan in the areas of regulated child care spaces, services to children with special needs, and subsidies to low income families

Indicators

- Development/expansion of policies with partial implementation in the following areas:
 - Regulated child care spaces
 - Subsidies to low income families
 - Supports for children with special needs in regulated child care
- Improvements in recruitment and retention of early childhood educators by expansion of the Educational Supplement initiative to support wages in child care settings
- Development of evaluation process for the Early Learning and Child Care plan

The Department of Health and Community recognizes the importance of investing in children's learning and development. Appropriate child-centered activities, parent and child engagement in early child learning and providing a safe, secure, nurturing and stimulating environment all strengthen developmental outcomes.

The Early Learning and Child Care Plan released in May 2006 addressed child care affordability, recruitment and retention of qualified educators, capacity and inclusion, as well as, quality and developmental outcomes for children. The policy framework or guidelines for the Early Learning and Child Care Capacity initiative released in January 2007 supports this. Government priorities include:

- ✓ making child care more affordable for families;
- ✓ supporting training and other measures to attract more people to the field of child care;
- ✓ increasing the number of spaces in rural and under serviced areas;
- ✓ supporting the inclusion of children with special needs; and
- ✓ improving quality and developmental opportunities for children.

The Educational Supplement Program provides monetary support to certified early childhood educators (ECE's) working in child care centers. In June 2006, changes were made to the program to:

- ✓ provide income enhancement for low income early childhood educators, benefiting approximately 350 child care providers in the province.
- ✓ extend eligibility to include family child care providers who have Level I or higher Family Child Care Certification benefiting approximately 25 family child care providers; and
- ✓ provide entry-level providers, who are upgrading their educational qualifications, \$500 per year, benefiting approximately 50 child care providers..

Beginning in June 2006, Government announced additional support for approximately 250 low and middle income families by:

- ✓ Increasing the eligibility threshold for a full child care subsidy from a net annual income of \$20,280 to \$25,000 and applying a sliding scale for those earning a higher net income;



- ✓ Increasing the daily rates of subsidy fees for spaces provided to child care service licensees on behalf of families from \$30 to \$35 for infants; \$21.25 to \$24 for preschool age children; and \$9.50 to \$11 for school age children.

Plans to increase support for children with special needs in regulated child care include a training plan for inclusionary practices, inclusion equipment grants, funding for staffing needs and human resources.

Methods to evaluate aspects of the Early Learning and Child Care Plan include monitoring increases and decreases in regulated child care spaces and subsidies to low income families.

Objective 2007-2008

By March 31, 2008 the Department of Health and Community Services will have increased availability of regulated child care spaces, programs and services that provide learning and developmental opportunities for children

Measure

Increased availability of regulated child care spaces, programs and services

Indicators

- Reduced number of children awaiting licensed child care services
- Increased number of licensed child care spaces
- Increased number of families receiving child care subsidy
- Increased number of early childhood educators in receipt of educational supplement
- Increased number of subsidized child care spaces
- Increased number of family resource centers
- Increased resources to centre-based child care services to enhance the quality of child care provided to children and families

Issue # 6 - Public Health Capacity

Goal

By March 31, 2008, the Department of Health and Community Services will have enhanced population health through improvements in the public health system in the areas of communicable disease, environmental health and health emergency management

Objective for 2006-2007

By March 31, 2007, the Department of Health and Community Services will have increased public health human resources capacity and facilitated implementation of health emergency plans

Indicators

- Implementation of a provincial human resources enhancement plan including Epidemiologist, Infection Control Specialist, Director of Disease Control, Director of Public Health Information Management and Deputy Provincial Medical Officer of Health
- Implementation of a multi-year regional human resource enhancement plan
 - Increase the number of public health nursing position in the regions
 - Creation of four regional health emergency planning professional positions
- Roll out plans to Regional Health Authorities for implementation of:
 - Pandemic Influenza management
 - Respiratory infection control
- Planning electronic management systems for
 - Communicable disease surveillance
 - Vaccine inventory
 - Vaccine wastage monitoring
 - Immunization registry

Promoting health, preventing disease and protecting the public are considered the foundation of a publicly funded health system. Government announced \$4.6 million in Budget 2006 to strengthen the province's public health system and expand the capacity of the Emergency Measures Organization. The investment includes:

- ✓ \$800,000 to add to the antiviral stockpile to respond to a pandemic;
- ✓ \$465,000 to hire regional health emergency professionals;
- ✓ \$1.5 million to hire 39 public health nursing positions over the next two years;
- ✓ \$344,800 to create new public health positions within the Department of Health and Community Services; and
- ✓ \$290,000 to enhance the Emergency Measures Organization.

In addition, the Department of Health has been engaged in many activities to strengthen public health capacity. Immediate investments include the hiring of an Infection Control Specialist, a Director of Disease Control and a Director of Public Health Information Management. There are plans to re-recruit for an Epidemiologist position and the Deputy Provincial Medical Officer of Health. At a regional level, 26 new public health nurses were hired during the 2006-2007 period and 13 more are allocated for the following fiscal period. In addition, four regional health emergency planning professional positions are currently in place.

The development of a provincial health human resources enhancement plan is in progress. This will include a component to address the ongoing and future public health human resource requirements. Work on this will occur during the next fiscal year and will be guided by developments at the federal level.



The Clean, Cover and Contain campaign was launched in December 2006 to help prevent the spread of colds and influenza during the peak respiratory infection season. Posters were distributed to schools, Government offices and health care facilities communicating three simple principles of personal hygiene to help prevent the spread of bacteria and viruses; Clean, Cover and Contain.

New policies have been developed around severe respiratory infection and multi-drug resistant organisms. A draft of the Pandemic Influenza Plan Guidelines and Activities has also been completed. The plans are currently undergoing revisions to be consistent with the directions of the Canadian Pandemic Plan before being rolled out to the Regional Health Authorities.

As part of the efforts related to planning electronic management systems, a budget request has gone out for an electronic surveillance system called “Panorama” which represents a pan-Canadian effort to monitor communicable disease, vaccine inventory, vaccine wastage and immunization.

Public Health Capacity 2007-2008

Objective

By March 31, 2008 the Department of Health and Community Services will have an enhanced provincial public health system in the areas of communicable disease, environmental health and health emergency management

Measure

Enhanced population health through improvements in the public health system in the areas of communicable disease, environmental health and health emergency management

Indicator

Communicable disease

- Increased ability to monitor communicable disease
- Revise Immunization Policy and Guidelines
- Expand Disease Control Policy and Guidelines

Environmental health

- Monitor adherence to new/revised policy standards in regard to:
 - Inspections carried out on: food premises, child care centers, recreational facilities, public water supplies and schools
 - High, moderate and low risk food premises
 - Food handlers that receive food safety training
 - Septic system design submissions and installations adhering to new standards

Health emergency management

- Expanded number of provincial and regional plans tested and evaluated
- Enhanced professional development of provincial and regional officials

Issue #7 - Population Health

Goal

By March 31, 2008 the Department of Health and Community Services will have increased opportunities for population health in the areas of healthy eating, physical activity, tobacco control and injury prevention with particular focus on children's health

Objective for 2006-2007

By March 31, 2007, the Department of Health and Community Services will have implemented selected components of Phase 1 of the Provincial Wellness Plan and select policies in the area of children's health

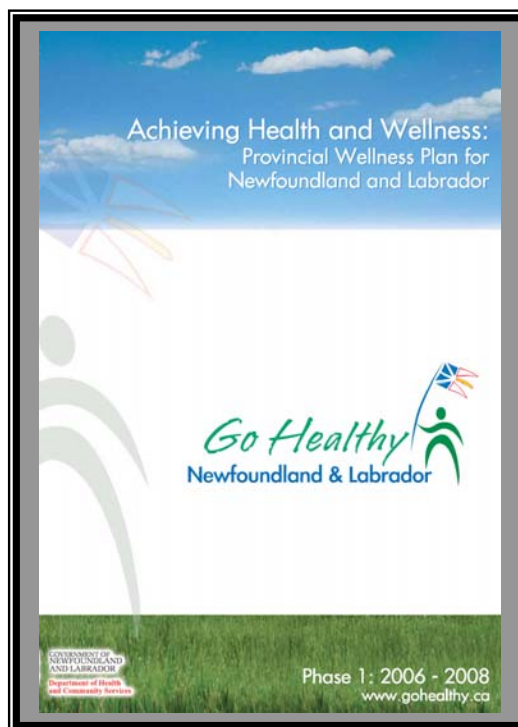
Indicators

- Development of:
 - Provincial Injury Prevention Plan
 - Evaluation plan for the Provincial Wellness Plan
 - Evaluation plan for the Provincial Food and Nutrition Action Plan
 - Evaluation plan for the Provincial Healthy Beginnings program
 - Analysis paper for Environmental Health
 - Analysis paper for Child and Youth Development
 - Analysis paper for Mental Health Promotion
 - New tobacco retailer signs
- Implementation of:
 - Select priorities of the Provincial Tobacco Reduction Plan
 - Born Non Smoker program
 - Smoke Free program
 - Provincial Food and Nutrition Framework and Action Plan
 - The revised "A New Life" program
- Partner with the Department of Education on the development/implementation of Healthy Students Healthy Schools initiatives such as:
 - School food guidelines and resource manual
 - Training for catering
 - Living Healthy Schools website
 - Physical Activity Guidelines
 - Provincial school survey/environmental scan
 - Engage youth to take action on wellness priorities
 - Living Healthy Schools launch
- Monitor:
 - Well-being outcomes
 - Effectiveness of Smoke Free Environment Act

Newfoundlanders and Labradorians have some of the highest rates of chronic conditions such as heart disease, stroke, cancer and diabetes. Risk factors such as tobacco use, unhealthy eating, physical inactivity and obesity have a negative impact on our health.

Continuing with its commitment to encourage healthy eating, physical activity and to promote healthier lifestyles, Government invested \$5.2 million in Budget 2006 to:

- ✓ support implementation of the Provincial Wellness Plan – **Go Healthy**;
- ✓ extend the physical education equipment program to students in the intermediate grades;
- ✓ support the Kids Eat Smart Foundation in their work to establish nutritious breakfast, lunch and snack programs in schools; and
- ✓ to encourage smoking cessation.



In 2006-2007 Government provided funding to support Phase 1 of the Provincial Wellness Plan which addressed healthy eating, physical activity, tobacco control, and injury prevention. Since this time, select components of Phase 1 of the Provincial Wellness Plan have been implemented and a consulting firm was selected to conduct the evaluation of Phase I of the Provincial Wellness Plan in early 2007.

As a collaborative effort between the Department of Health and Community Services and the Department of Education, the Healthy Students, Healthy Schools web site www.livinghealthyschools.com was launched in September 2006 as part of the Provincial Wellness Plan. This website provides information on health and wellness applicable to students, teachers and parents, as well as the community in general. Also available on the website are the new School Food Guidelines released in June 2006. These guidelines outline a selection of food and beverages that should be served in school cafeterias, canteens and vending machines to ensure students are provided with healthy food choices. Education sessions promoting the School Food Guidelines have been developed for caterers, students, teachers and school administrators.

In Fall 2006, a provincial school survey was administered to all school Principals and an environmental scan conducted to assess the infrastructure needs necessary to support the implementation of the new healthy living policies. Other activities or initiatives around health promotion included the Healthy Living Commotions event held in September 2006 which highlighted wellness in schools, as well as a healthy eating poster contest sponsored by the Departments of Health and Community Services and Education.

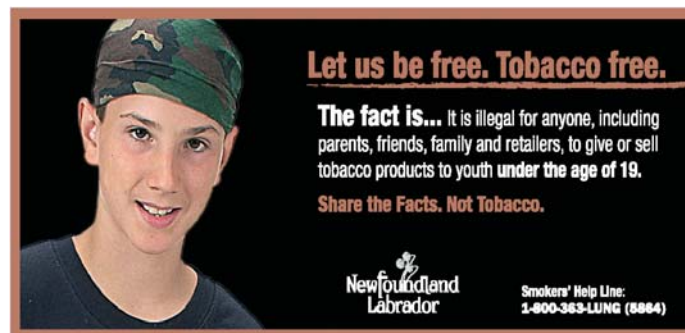
The Physical Activity Guidelines for Schools are among a set of recommendations and actions Government is currently considering to support active and healthy places to learn. Active living research and pilot programs in schools around the province have been supported through Provincial Wellness Grants during the 2006-07 school year and the school community will be consulted as Government moves forward with new Physical Activity Guidelines.

To support the directions of the Provincial Wellness Plan, new television ads were launched in the province featuring local personalities such as Ryan Clowe, Jenny Gear, Rex Goudie, Kim Stockwood, Brad Gushue, Bernie Stapleton and Snook (Pete, Soucy). These ads encourage and motivate people to lead healthy lifestyles by eating healthy food, staying active and being smoke free.

The Provincial Food and Nutrition Action Plan was released in December 2006 with initial priorities identified as healthy eating for school age, preschool and seniors, as well as a focus on food security for all ages. The framework and plan includes an evaluation plan.

Government continues to apply a comprehensive approach to tobacco control that includes public awareness and education, legislation enforcement and taxation, as well as community and school based efforts to support smoking cessation.

As part of the Tobacco Reduction Strategy new tobacco retailer signs now appear in retail stores selling tobacco. These signs are intended to restrict youth access to tobacco products while promoting a smoke free lifestyle. The signs are a reminder to the public that it is illegal to provide or sell tobacco products to persons under the age of 19.



The 2004 Youth Smoking Survey indicates that 91 per cent of youth who smoke in grades 5 to 9 obtained their cigarettes from a sibling, parent, family member, friend or bought them from a friend or someone else.

Current rates of smoking in Newfoundland and Labrador indicate 79 per cent of Newfoundlanders and Labradorians are living smoke free suggesting efforts to prevent youth from starting to smoke and smoking cessation supports are having an impact. Efforts to prevent smoking in young people also include the Born Non Smoker Program which was disseminated to Regional Wellness Coalitions in December 2006 and the Smoke Free Program.

Since the amendments to the *Smoke Free Environment Act* prohibiting smoking in public places such as bars and bingo halls, effectiveness of the *Smoke-Free Environment Act* is monitored through routine inspections and complaint investigation.

Programs implemented with a particular focus on children's health include the Pregnancy, Birth and Early Parenting Education and Support Program, previously referred to as "A New Life" program. This initiative is intended to provide information and support for women and their families during pregnancy, birth and early parenting. It also includes an education component for public health nurses and hospital nurses working with this population.

Data on wellness and well-being outcome indicators are continuously monitored as new data becomes available from sources such as the Newfoundland and Labrador Center for Health Information (NLCHI) and the Canadian Institute of Health Information (CIHI). These sources retain data on birth weight, smoking, obesity, and other health related topics or outcomes.

While substantial progress has been made in reaching many of the objectives for population health outlined in the 2006-2008 Strategic Plan several factors limited the ability of Government to achieve all of its intended targets. The collaborative nature of many health and wellness priorities inhibited timely achievement of all objectives. For instance, the final regional evaluation report for the Healthy Beginnings postnatal program in the St. John's area will be received from consultants in the near future. Decisions to proceed with a provincial evaluation of the program will depend on the findings and recommendations of the forthcoming evaluation report so that evidence informed decision making may occur.

Efforts have begun to develop a provincial strategy for an injury prevention plan. A working group was established as a sub-committee of the Provincial Wellness Advisory Council. The group has prepared a set of recommendations for action to support injury prevention efforts in the province. These recommendations were presented to the Wellness Council in February 2007 and final approval will be forthcoming. It is anticipated that these recommendations will provide direction for injury prevention and strategy paper development.

Within the Wellness priority areas, four working groups exist; Injury Prevention, Environmental Health, Child and Youth Development and Mental Health Promotion. Efforts to assess wellness needs and best practices in these areas have been guided by these working groups. These groups make recommendations to the Provincial Wellness Advisory Council who in turn make recommendations to the Minister of Health and Community Services. Although not complete, a contract to complete a literature review intended to form the basis of an issue/analysis paper for Environmental health has been awarded. Similarly, an issue/ analysis paper containing recommendations for Child and Youth Development/Healthy Child Development has been contracted out as part of the Wellness Strategy and an analysis paper for Mental Health Promotion is being developed under the guidance of the Mental Health Promotion Group.

Mental health is an important component of overall health and wellness and continued investments are being made to strengthen resources for mental health consumers. To assist those with gambling or other addictions an additional \$1 million was allocated in Budget 2006 to hire nine new addictions counsellors in the province. In addition, as discussed under the sustainability issue, a new provincial addictions treatment centre has been constructed in Corner Brook.

Population Health 2007-2008

By March 31, 2008, the Department of Health and Community Services will have implemented policies and programs that provide increased opportunities for population health in the areas of healthy eating, physical activity, and tobacco control and injury prevention

Measure

Increased opportunities for population health in the areas of healthy eating, physical activity, tobacco control and injury prevention with particular focus on children's health.

Indicator

- Provincial Wellness Grants awarded to volunteer, community based groups and organizations
- Recommendations to the Department of Health and Community Services by the Preschool Expert Working Group relating to food and nutrition policies, programs and services for children aged one to five
- Booster Seat Legislation developed and approved for children aged five to nine travelling in vehicles

Monitor the indicators for population health in the following areas:

- Proportion of the population aged 18 and over who are considered overweight and obese
- Proportion of the population 12 and over who report :
 - active or moderately active levels of physical activity
 - at least one person smokes inside their home almost daily
 - being current smokers
- Proportion of the population between 12 and 19 who report being current smokers
- Age standardized rate of acute care hospitalizations due to motor vehicle accidents/falls/fire-flames/bicycle
- Age/gender standardized rate of deaths from unintentional injuries
- Proportion of the population age 12 and over who report they had sustained a serious injury (limiting one's normal activity) in the past 12 months
- Proportion of children aged 1-12 who received dental services covered by MCP
 - Number of preventative dental treatments
 - Number of therapeutic dental procedures
 - Number of SDC dental procedures performed under general anaesthesia related to dental caries

Opportunities and Challenges Ahead

The Department of Health and Community Services continues to face many challenges with regard to the health and service needs of Newfoundland and Labrador residents. The Department of Health and Community Services continues to recognize the challenges associated with an aging population, poor health status, limited fiscal resources and geographic diversity in achieving a seamless integrated health care system.

Healthy Aging

Statistics Canada estimates that by 2021, this province will have the highest proportion of seniors in Canada. Newfoundland and Labrador's aging population compels the province to ensure an age-friendly lens is incorporated in all government legislation, policies, programs and services. The Provincial Healthy Aging Policy Framework will be released in July 2007. It is an ambitious plan with six priority directions and 28 goals, as well as numerous actions. The plan embraces a horizontal approach involving many government departments and agencies, regional health authorities, as well as community organizations and associations.

While well grounded through the community consultation process, it will be challenging for the Aging and Seniors Division, Department of Health and Community Services to ensure that a cross-government focus is supported. The role of the Healthy Aging Interdepartmental Working Group is essential to ensure all parties are engaged.

Once released, *Year 1: 2007 -2008 Implementation Plan - Building a Foundation* will act as a catalyst to lay a foundation for the following four years of this Plan. This Plan will provide an opportunity for the province of Newfoundland and Labrador to demonstrate a significant shift from a deficit and loss perspective to recognition of the value and worth of persons as they age.

Health Status and Health Promotion

Our province continues to rank lower than other provinces with regard to various health behaviors and while these realities are challenging, it is an opportunity for the Department of Health and community service to continue to focus on health promotion and wellness. This will involve a continued focus on phase one of the provincial wellness plan which addresses healthy eating, physical activity, tobacco control and injury prevention.

As we move forward, the Department will also begin implementation of phase two of the provincial wellness plan. This is an opportunity for the Department of Health and Community Service to forge and sustain interdepartmental cooperation and collaboration to promote health in this province. Phase two of the provincial wellness plan focuses on mental health promotion, child and youth development, environmental health and health protection and requires active coordination of various stakeholders within government.

Geography and Health Human Resources

Providing health services to people in all areas of this province continues to be a challenge for the Department of Health and Community Services due to the provinces' unique geographic profile. A substantial proportion of the population lives in rural or remote areas of the province and as a result the provision of services to remote areas often requires innovation and technology based support and alternative delivery models such as telehealth. Further exacerbating difficulties in service delivery is the availability of health human resources in this province and the recruitment of health professionals to rural areas of the province.

Policy

In order to meet the health and service needs of the people of this province, the department is continually involved in a planning and policy development process. As such, it is always a challenge for the department to keep abreast of health status and health system indicators so that all endeavours reflect the current, up to date, health needs of the people of this province.

Financial Statements

Department of Health & Community Services Fiscal 2006/07

based on Report on the Program Expenditures and Revenues of the Consolidated Revenue fund

	Actual (\$)	Amended (\$)	Original (\$)
<i>Minister's Office (1.1.01)</i>	420,487	461,800	377,700
<i>General Administration (1.2.01 to 1.2.08)</i>			
Total gross	16,485,487	18,491,150	18,244,900
Less revenue - federal	48,959	1,111,200	1,111,200
Less revenue - provincial	282,846	420,000	420,000
<i>Total net</i>	16,153,682	16,959,950	16,713,700
<i>Memorial University Faculty of Medicine (2.1.01)</i>	27,378,700	27,378,700	27,378,700
<i>Drug Subsidization (2.2.01 to 2.2.03)</i>	108,500,070	126,303,800	127,109,700
<i>Medical Care Plan (2.3.01 to 2.3.02)</i>			
Total gross	293,174,376	303,501,300	303,501,300
Less revenue - federal	829,028	370,000	370,000
Less revenue - provincial	1,721,315	2,050,000	2,050,000
<i>Total net</i>	290,624,033	301,081,300	301,081,300
<i>Regional Integrated Health Authorities and Related Services (3.1.01 to 3.1.02)</i>			
Total gross	1,411,048,452	1,431,480,200	1,432,793,400
Less revenue - federal	17,998,182	21,247,100	21,247,100
Less revenue - provincial	18,789,126	19,054,700	19,054,700
<i>Total net</i>	1,374,261,144	1,391,178,400	1,392,491,600
<i>CAPITAL</i>			
<i>Furnishings and Equipment (3.2.01)</i>	13,193,235	16,602,600	14,800,000
<i>Health Care Facilities (3.2.02)</i>	18,710,715	40,706,700	40,706,700
<i>Total Health Care Facilities and Equipment</i>	31,903,950	57,309,300	55,506,700
<i>Total Department</i>			
Total gross	1,888,911,522	1,964,926,250	1,964,912,400
Less revenue - federal	18,876,169	22,728,300	22,728,300
Less revenue - provincial	20,793,287	21,524,700	21,524,700
<i>Total net</i>	1,849,242,066	1,920,673,250	1,920,659,400

Acknowledgements

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