

**Department of
Health and
Community Services**

**ANNUAL REPORT
2005-06**



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Forward



Minister's Message- Annual Report 2005-2006

I am pleased to present the Department of Health and Community Services Annual Report for 2005-2006. As the Minister of Health and Community Services, I acknowledge my accountability for the preparation of this report and the accomplishments contained herein. I am proud to say that during 2005-2006 we introduced many important and broad initiatives that will directly affect the well-being of our people far into the future.

This year the Department of Health and Community Services invested significant funding to improve access to health and community services throughout our province. In accordance with the First Ministers' 10-year plan to Strengthen Health Care, Newfoundland and Labrador joined the other provinces and territories in establishing and monitoring wait time benchmarks in five priority areas. Additionally, we invested \$23.2 million to support the delivery of 43,344 additional MRI, CT, cardiac and other key diagnostic procedures, surgeries, as well as cancer treatments.

We have significant challenges ahead of us in terms of the health issues our citizens face including high rates of obesity, chronic diseases, addictions and an aging population. Prevention, promotion and public health are critical to achieving better health outcomes and keeping people healthy. In 2005-2006 we dedicated \$2.4 million to support wellness – the largest single cash infusion in health promotion in the history of the province.

I believe that the people of Newfoundland and Labrador can see that our plan for health care has started to take shape. We have made strategic investments in health care where it has served the immediate needs of the people of this province while at the same time, we are building a sustainable health care system that will serve generations of Newfoundlanders and Labradorians well into the future.

There are many individuals in our province who contribute to our dynamic and evolving health care system. I would like to take this opportunity to thank all the health care professionals, administrators, researchers and departmental staff whose dedication to their work has helped to enhance the health of our people. I believe we all share in a sense of accomplishment in the positive changes that are taking place in health care and bringing us closer to the vision for a healthy Newfoundland and Labrador.

Sincerely,

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

Departmental Overview

Introduction

In 2005/2006, the Department of Health and Community Services developed a multi year strategic plan for 2006-2008 to be released in 2006. The following Vision, Mission, Values and Lines of Business reflect approved foundational statements in place in 2005/2006.

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

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

Values

Collaboration, Fairness, Privacy, Respect, Transparency in Decision Making and Excellence

Lines of Business

The Department leads policy, planning, program development and support to Regional Health Authorities and other mandated health and community service agencies. The Department also monitors and provides feedback as appropriate to the Authorities and agencies with respect to program implementation, accountability issues and improved health outcomes. The Department has three lines of business to support its mandate.

Policy, Planning, Program Development and Support

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

Monitoring and Reporting

The Department monitors, as appropriate:

- Periodic evaluation of selected elements of legislation under the authority of the Department
- Adherence to guidelines/best practices and/or funding/service delivery standards
- Periodic program evaluation of selected programs and services
- Budget control with respect to Regional Health Authorities and other agencies funded by the Department
- Implementation of directions by the Department or other entities to achieve targeted outcomes

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

Provincial Public Programs and Services Administration

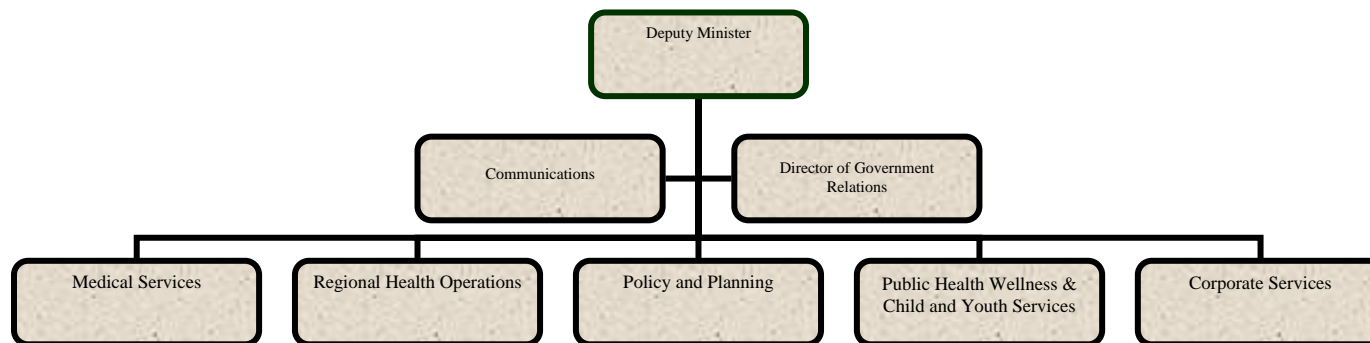
The Department of Health and Community Services provides supervision, control, and direct delivery for select programs and services.

Primary Clients

The Department of Health and Community Services has many clients as well as stakeholders on a provincial and national level. The Department's major provincial clients include Regional Health Authorities and agencies funded by the Department. Other stakeholders include educational institutions, interest/advocacy groups, contractors, consultants, other Government Departments, Office of the Child and Youth Advocate, Auditor General, professional associations, and elected officials. Nationally, our stakeholders include the Federal Government, governments of other provincial and territorial jurisdictions and a wide array of national organizations. Ultimately, the public of Newfoundland and Labrador are the central focus for all departmental policies, programs and investments.

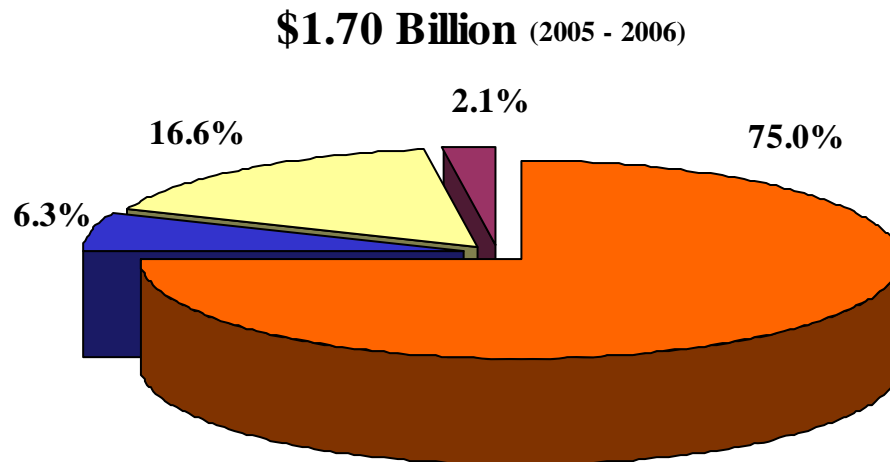
Departmental Structure

There are 211 employees in the Department of Health and Community Services; 180 located in St. John's, 31 in Grand Falls-Windsor. In 2005-06, the Department was organized as follows:



Budget

In Budget year 2005/2006, 1.7 billion dollars was allotted to health care in Newfoundland and Labrador. These dollars were distributed as follows:



- **Regional Health Authorities and Related Services**
- **Medical & Drug Subsidy Program**
- **MCP Physician Services**
- **Other**

Shared Commitments

The Department of Health and Community Services depends on the valuable contribution of many partners to support the vision for individuals, families and communities to enjoy the best possible health and well being.

Regional Health and Community Services

In 2005, the full continuum of care, from health promotion and community services to acute and long term care was provided through four new Health Authorities: Eastern, Central, Western and Labrador-Grenfell. New partnerships between the Regional Health Authorities and Government have fostered innovation and excellence in the design and delivery of programs and services. The Department also recognizes the valuable role of community volunteers, health care professionals, agencies and others in planning for a renewal of the health and community services system and meeting client needs.

Federal, Provincial and Territorial Partners

The Department of Health and Community Services is represented at the federal/provincial/territorial (FPT) forums in the health, social services and seniors sectors and ensures effective coordination and oversees ongoing evaluation of the broad spectrum of intergovernmental activity through the Division of Government Relations. 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, share best practices, and ensure optimal federal funding arrangements are reached to meet the growing demands placed on the health and community services system. The Department advances numerous intergovernmental initiatives through the provision of policy development support, integrated policy analysis and strategic intergovernmental advice in diverse policy and program areas.

The Department, in consultation with other provincial departments and governments, assisted in substantial planning leading up to the September 2004, First Ministers' Health Accord: *A 10 Year Plan to Strengthen Health Care*. Implementation of the Plan, designed to ensure that Canadians have access to the care they need when they need it, continues.

Considerable work to meet the commitments outlined in this Plan occurred both nationally and provincially through the Conference of Ministers of Health. Work in specific areas included improved access to health care services, increased supply of health care professionals, and primary health care reform. As well, considerable work at the PT and FPT levels occurred to further the development of a national pharmaceutical strategy, with an initial focus on five of nine elements of the plan. Newfoundland and Labrador led work in the development of parameters for a Catastrophic Drug Coverage program for Canadians.

Strengthening public health through initiatives on prevention and promotion was a primary focus in 2005. Federal/Provincial/Territorial governments continued to strengthen capacity to address public health threats including preparation for an influenza outbreak.

FPT Ministers in each of the sectors, met with the newly elected federal government to determine joint priorities and consider future work. Provincial and Territorial governments worked together to identify opportunities with our new federal partners.

Work at the Atlantic level also continued. In June 2005, the Council of Atlantic Premiers released an Atlantic Action Plan entitled *Building on Progress*. The Plan outlined Atlantic collaboration in key areas in the health and social services sectors, including the establishment of the National Collaborating Centre for Social Determinants of Health.

Provincial Government Departments

The Department of Health and Community Services has a close relationship with other departments across government to achieve its mandate. Collaboration activities focus on Wellness, Early Learning and Child Care, Smoke Free Environments, Seniors, Addictions and many others. Sample collaborative activities in 2005-06 included:

Department of Education:

- Healthy school environment: School food guidelines; physical education program
- Creation of places and settings to help families provide for their children's early childhood learning needs with particular emphasis on support for low income families and children with special needs
- Access to health and child protection services

Department of Finance:

- Sustainable health and community care system

Department of Government Services:

- Maintenance of water in public swimming pools
- Smoke Free Environment Act; Licensing Facilities

Department of Human Resources, Labour and Employment:

- Medical transportation related to income support
- Poverty reduction strategy; and
- Immigration strategy

Department of Justice:

- Freedom of information legislation
- Youth Corrections

Department of Labrador and Aboriginal Affairs:

- Aboriginal rights

Department of Public Service Secretariat:

- Employment for persons with disabilities

Department of Tourism Culture and Recreation:

- Integration of physical education and activity into a broader health promotion and disease prevention program across all age groups

Department of Transportation and Works:

- Air ambulance services

Key Achievements and Priorities

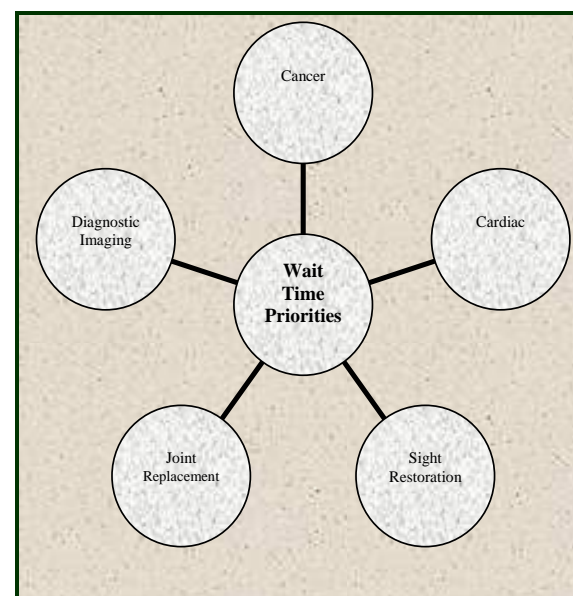
Access

Improving access to health services is a priority for the Department. The Government demonstrated its continued commitment to providing residents with timely access to quality programs and services by investing 23.2 million in Budget 2005 to improve access to key services.

Wait Times

The length of time it takes for people to access health care services is a key concern of Canadians and Governments. The 2004, First Ministers' 10-Year *Plan to Strengthen Health Care* committed provinces and territories to establishing wait time benchmarks for five priority health care services.

National benchmarks for the five priority areas were announced in December 2005, a significant step forward with all provinces and territories committing to achieve reductions in wait times by 2007. In Fall 2005, the Department of Health and Community Services hired a Provincial Wait Time Coordinator to assist with improved monitoring and reporting of wait times for health care services. The coordinator worked with the four Regional Health Authorities including physicians, managers and other professionals to develop strategies to improve timely access to select health care services. Government worked with stakeholders to identify and address challenges that exist in the health care system. In Newfoundland and Labrador significant progress has been made in reducing wait times for health care services and is already at or near national benchmarks in many areas. The Department is committed to openness and transparency. Quarterly reporting of wait time progress began in 2005/06.



Equipment and Expanded Services

Investments in diagnostic technologies provide patients with state of the art treatment options closer to where they live. It also improves recruitment and retention of health providers. The following investments have been made:

Equipment

- ✓ 6.2 million for nuclear medicine gamma cameras, mammography units, endoscopy equipment and laparoscopic equipment
- ✓ 2.6 million for a second MRI unit in St. John's to deliver 2,500 new exams a year and reduce wait times by four months
- ✓ 2 million towards replacing two existing CT scanners with new multi-slice CT scanners in St. John's to deliver 4,000 more exams a year and reduce wait times to two weeks
- ✓ 1.05 million towards a new CT Scanner for Burin to service 23,000 residents of the Burin Peninsula
- ✓ 1.3 million for new ultrasound equipment in Carbonear, Corner Brook, St. John's and Labrador City to deliver 16,050 more exams a year.

1.55 million investment for health facilities:

- ✓ Extension to the Central Newfoundland Regional Health Centre for a new cancer treatment area in Grand Falls-Windsor
- ✓ Redevelop space at James Paton Hospital for a new cancer clinic in Gander

Expanded Services

- ✓ 3.5 million to increase surgical capacity for cancer patients
- ✓ 2.6 million to increase surgical capacity for joint replacement at St. John's hospitals
- ✓ 1.2 million to increase cardiac surgeries by 184 cases and to improve access to echocardiograms, delivering 900 more exams per year

Plus \$1.3 million to support:

- ✓ New satellite dialysis service in Carbonear to accommodate up to 32 patients
- ✓ New satellite dialysis service in Gander to accommodate up to 12 patients
- ✓ Visudyne, a new photo-dynamic therapy used to treat age-related macular degeneration
- ✓ Extended mammography and endoscopy services in Grand Falls-Windsor
- ✓ Enhanced cardio perfusion tests and bone scans in Gander
- ✓ Extended access to chemotherapy and radiation at the Newfoundland Cancer Treatment and Research Foundation Centre in St. John's

Medication

In Budget 2005, the Province injected \$7 million to expand the provincial drug program adding 25 new drugs to treat people with conditions such as arthritis, cancer, cardiac and lung disease and diabetes. Approximately \$2 million was allocated to support new drugs such as Remicade and Enbrel which are used to aid and control Rheumatoid Arthritis as well as Crohn's disease. The remaining 5 million will help the program meet growing demands and increased utilization.

Treatment Therapies

Cancer continues to be one of the leading causes of death. The link between age and cancer is a particular concern for this province as our population ages. It is expected that new cancer cases in Newfoundland and Labrador will rise sharply in the next 20 years. The Department of Health and Community Services is building on the momentum of the national cancer control strategy by creating a provincial strategy. In partnership with the Canadian Cancer Society and the Eastern Regional Health Authority, the policy framework will create provincial direction and parameters to guide system development into the next decade.

Budget 2005 provided over 16 million to reduce wait times for cancer care, give patients greater access to chemotherapy and radiation and improve early detection of cancer. New diagnostic equipment included mammography and endoscopy units, ultrasounds, MRI and CT Scanners. In addition, construction began on an extension to the Central Newfoundland Regional Health Center for a new cancer treatment area in Grand Falls-Windsor. The extension provides greater privacy to patients and an enhanced space for patient care in a more aesthetically pleasing environment. Renovations were also made to the Cancer Clinic at James Paton Hospital in Gander.

To improve access to treatment therapies for cancer patients, the Department introduced a new drug, Herceptin, to the Provincial Systematic Therapy Formulary to treat patients with early stage metastatic breast cancer.

Satellite Dialysis

Satellite dialysis centers are out patient clinics where dialysis treatment is provided for medically stable patients under the remote medical supervision of a kidney specialist. In 2005, \$566,700 was allocated to establish a satellite service of six renal dialysis stations to operate six days per week. Four of the six stations have been completed including: Carbonear, Stephenville, Clarenville and Gander. These satellite dialysis units complement the full service dialysis units in St. John's, Grand Falls-Windsor and Corner Brook.

There are approximately 410 dialysis patients in Newfoundland and Labrador, 44 using home dialysis and 366 using hospital dialysis. Budget 2006 will support additional satellite dialysis units in St. Anthony, Burin, and Happy Valley Goose Bay.

Technology

Using information and communications technology to enhance the delivery of health care services to residents of Newfoundland and Labrador, is a priority for the Department. In 2005/2006, the Department continued with planning for the Electronic Health Record component of a Health Information Technology plan. Creating an Electronic Health Record involves linking existing health information systems. Once the systems are linked an individual's health information can also be linked through an Individual Identifier. The linking of an individual's health information creates an Electronic Medical Record for that individual. The Electronic Medical Record can be accessed by each health professional associated with that individual which will enable improved access to specialist consultations, reduce wait times from test to result times and enable a more comprehensive assessment by the attending health professional. Budget 2005 saw planning investments in the following health information systems:

Provincial Pharmacy Network

As recommended by the OxyContin Task Force, Government has invested in a provincial pharmacy network which will make medication histories available on-line to attending physicians and pharmacists. This investment supports the initial planning work of the Newfoundland and Labrador Centre for Health Information.

Picture Archiving Communications System

In Budget 2005, Government invested \$4 million to expand and enhance the Picture Archiving Communications System (PACS). This computer system allows diagnostic images including X-rays, MRI, ultrasound and CT scans to be digitally captured, viewed, stored and transmitted electronically from one facility to another resulting in:

- ✓ Reduced wait times in physician offices
- ✓ Improved access to medical specialists due to improved image portability
- ✓ Improved access to diagnostic imaging services in rural areas
- ✓ Reduced patient transfers
- ✓ Improved test-to-results time

Newfoundland and Labrador is the first province in Canada to have a province-wide PACS system. In partnership with Canada Health Infoway Inc., a combined investment of \$14.5 million will result in the implementation of the PACS project in the Western and Labrador-Grenfell regions of the province. By 2007, there will be 27 PACS sites in Newfoundland and Labrador.

Health Line

The Health Line initiative will improve access to health care services for Newfoundlanders and Labradorians who live in rural and remote areas. The \$771,000 investment in Budget 2005 will allow for the creation of a toll-free health line that is available to all residents. The 24 hour service will provide professional nursing services to patients with non-emergent situations or minor symptoms both during and outside regular clinic hours which may reduce the number of unnecessary visits to emergency rooms. This initiative is in conjunction with the Atlantic Provinces as part of the Primary Health Care Atlantic Partnership.

Transportation Assistance

The Medical Transportation Assistance program assists Newfoundlanders and Labradorians with the financial burden of travel costs when they need to receive medically necessary treatment outside their communities and regions. Recognizing that Labradorians require increased assistance to overcome the barrier of affordability when accessing health services, Government committed \$567,000 in Budget 2005 to reduce the barrier. In addition, in February 2006, the Department announced changes to the whole program thus making it more equitable for all residents of the province who need to travel outside their health region and/or province to receive treatment on an ongoing basis.

Long Term and Community Support

Government is committed to enhancing care for individuals who require supportive services. As the population of Newfoundlanders and Labradorians age, the needs of the elderly and vulnerable persons requiring supportive services continues to grow and present new challenges for society.

Home Care

In 2005, the Department of Health and Community Services established the major policy direction for the personal care and community care home sector and increased the level of supportive home care for individuals and families suffering from severe and persistent mental health issues.

In an effort to ease the pressure on hospitals in the province, Government allocated \$2 million in 2005, to expand a provincial post-acute home care program and end-of-life care program. This alleviates the pressures placed on family caregivers and offers the best possible quality of life in time of need.

Government recognizes that home support services are an important part of the continuum of care and retaining a stable supply of home support workers to provide care in the community is essential. Effective April 1, 2005, Government invested \$5 million to increase the wages of home support workers across the province.

Long Term Care

Parameters for the Nursing Home Service Plan were established in 2005. Initial implementation of a standardized nursing home assessment tool in select areas began and standards for long term care were developed and distributed to all Regional Health Authorities. In addition, the following investments were made for new/replacement infrastructure for long term care facilities:

- ✓ \$6.7 million to construct a new primary health clinic in Grand Bank
- ✓ \$4.3 million to redevelop the Blue Crest Interfaith Home in Grand Bank
- ✓ \$2.7 million allocated to the design and site work for a new long term care home in Corner Brook, with \$1.4 million for design elements to make the facility environmentally friendly and reduce greenhouse emissions

- ✓ \$1.4 million allocated to the design and site work for a new long term care home in Clarendville
- ✓ \$200 thousand allocated for conceptual drawings for a new long term care home in Happy Valley-Goose Bay
- ✓ \$1.2 million for life-safety projects and building enhancements in existing long term care facilities
- ✓ \$4 million for personal and community care homes to assist with the installation of sprinkler systems

Government also announced its plan to proceed with the construction of new duplexes in Corner Brook for residents with dementia. The new care model is designed to promote independence and dignity and improve the quality of life for those living with mild to moderate dementia. The duplexes will accommodate residents who still carry on normal household routines under 24-hour supervision.

Seniors

Currently 13.4 per cent of the population of this province is over the age of 65. By 2016, seniors will represent 19.7 per cent of our population and within 10 years Newfoundland and Labrador will have the highest percentage of people over the age of 65 in the country. The establishment of a healthy aging framework and action plan is a priority for Government. It is recognized that broad public participation is critical in the development of such a framework. With direction from the Ministerial Council on Aging and Seniors, the Provincial Advisory Council on Aging and Seniors and the interdepartmental working group, the Division of Aging and Seniors developed a discussion paper entitled “Healthy Aging for All in the 21st. Century”. This paper was used to encourage discussion in the 17 provincial consultations. The goal is to provide a reflective and comprehensive framework and action plan to guide the province in planning for the needs of seniors now and in the future.



Sustainability

Human Resources

In 2004, when the First Ministers signed the *10-Year Plan to Strengthen Health Care* they agreed to continue with their accelerated work relating to health human resources. In September 2005, a federal contribution of \$223,632 was provided to the province. This was a first in a series of collaborative initiatives to strengthen the province's efforts in health human resource planning and ensures that Newfoundlanders and Labradorians receive timely access to quality care. The contribution comes from the Pan-Canadian Health Human Resource Strategy which seeks to create a stable health care workforce and a renewed and revitalized health system.

The following health human resource activities are underway:

- Development of provincial standards related to health human resource data and continued data collection to strengthen evidence-based planning
- Development of best practices recruitment and retention of physicians, coordinated through the office of physician recruitment
- Implementation of a Resident Assessment Instrument/Minimum Data Set (RAI/MDS) in one organization to pilot the collection of nursing workload data which will facilitate better planning and deployment of the nursing workforce
- Implementation of a regional one-week training program for support care workers to enhance the provision of provincial community mental health services
- Assistance to Regional Health Authorities to develop and sustain quality professional practice environments for registered nurses and licensed practical nurses to positively impact nurse retention and client outcomes

Government continues to build on its existing provincial planning efforts and initiatives relating to the health workforce, providing Newfoundlanders and Labradorians with the right service in the right place at the right time from the right professionals.

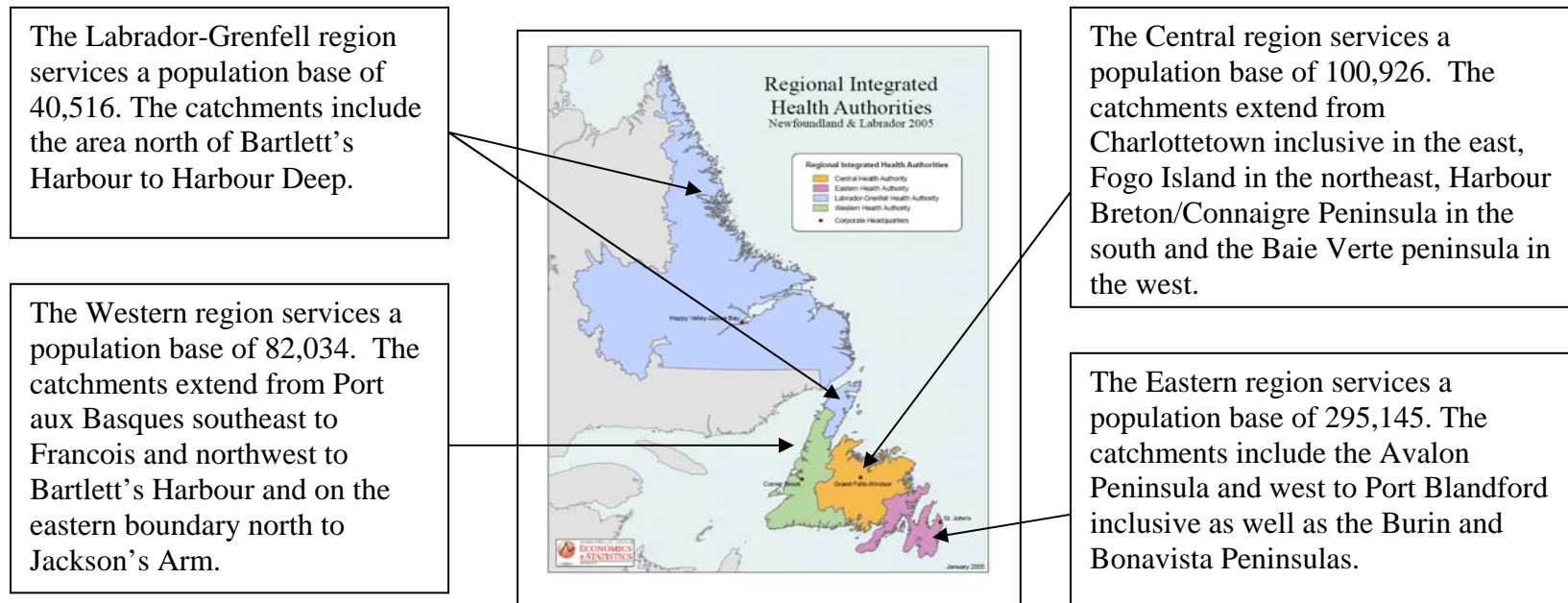
Human resource highlights in 2005 include:

- ✓ Creation of a Provincial Chief Nurse position: This position is responsible for providing leadership, strategic advice and nursing expertise on a wide range of provincial health policies and programs. Nursing issues including recruitment and retention along with the development of clinical practice guidelines are the responsibility of the Chief Nurse.

- ✓ Physician Memorandum of Agreement: In February 2006, the Government and the Newfoundland and Labrador Medical Association reached a four year agreement regarding wage increases
- ✓ Completion of phase one of a consultation paper for a Physician Human Resource Plan

Regional Health Care Authorities

In April 2005, the integration of health boards into four new Regional Health Authorities laid the foundation for a provincial health system that provides a seamless range of services from health promotion and community services to acute and long-term care. Recognizing that good fiscal health is needed to ensure residents can access vital services. Government allocated \$20 million in one-time stabilization funding to assist the new entities in balancing their budgets.



The Department invested in select foundational components to aid the Regional Health Authorities in the amalgamation of institutional and community service provision such as the technology plan discussed earlier. Additional foundational components included enhancement of claims processing systems, the devolution of programs (road and chartered air ambulance, blood and fractionated blood products and the 911 budget) and the establishment of Primary Health Care Teams.

Primary Health Care Teams

Primary health care is the first level of contact people have with the health care system. It is the central focus for delivery of health and community services in Newfoundland and Labrador. Primary Health Care Teams provide health care for a defined area through the shared responsibility of physicians and all other health care providers. These professionals work collaboratively and are supported by other parts of the health care system through the use of technology. This allows citizens in small populated areas to access the expertise available throughout the province without having to travel great distances. In 2005, five Primary Health Care teams were added to the existing six across the province. The Primary Health Care teams have been instrumental in planning and piloting for technology use. In 2005, they pilot tested an enhanced sharing of electronic primary health care information among Primary Health Care teams in urban and rural areas. They have also been a resource in determining what services are needed in their areas and planning for the provision of needed services.

Early Learning and Child Care

Well designed early learning and child care programs are correlated with positive outcomes for children's future. Research has shown that stimulating, educationally rich environments during the early years of a child's life is a key determinant of:

- healthy development
- consistent and sustainable learning
- increased productivity throughout their lives

Budget 2005 committed \$6 million of the \$11 million federal trust to continue building and improving the regulated early learning and child care system. Improvements to the system will help ensure children and families have access to a quality early learning and child care system and that early child care educators and providers receive the training and supports they need. In 2005, the Department of Health and Community Services developed the Early Learning and Child Care plan for Cabinet's consideration.

Public Health Capacity

The Department has made significant investments in the health care system that focuses on promoting health, preventing disease and protecting the public. In 2005, the Department developed a public health framework that includes investments into electronic data management systems that will allow for tracking and monitoring trends in communicable disease, vaccine inventories and wastage, and immunizations. The framework also addresses the increased need for human resources in public health and infection control.

Immunization

Getting an annual influenza vaccine is the most effective way to prevent the serious complications of influenza in high risk individuals. In 2005, the Department continued its practice of providing free influenza vaccine to persons at high risk:

- adults and children with chronic heart or lung disease or those with other diseases severe enough to require regular medical treatment or hospital care
- nursing home residents
- persons over age 65
- children between the ages of six-23 months
- health care workers

Health Emergency Management

Emerging provincial, national and international threats to the health of the population have brought attention to the province's ability to cope with future crisis. In April 2005, the Department established a new Division of Health Emergency Management. The mandate of the division includes the development of health emergency management programs to deal with all hazards. In 2005, the Division's priority was health sector emergency management planning for the occurrence of an influenza pandemic. Workshops and planning sessions were held to advance planning initiatives of the Department of Health and Community Services and Regional Health Authorities. A Provincial Health Emergency Management Advisory Committee was formed which includes representation from the Regional Health Authorities, the Emergency Management Organization, and the Department of Human Resources, Labor and Employment. Department representatives were also involved in numerous Federal\Provincial\Territorial meetings and initiatives to advance preparedness for a pandemic.

Population Health

Newfoundlanders and Labradorians lead the country with the highest rates of obesity and lack of physical exercise. We also have among the highest rates of childhood-onset diabetes and cardiac disease.

Wellness

In Budget 2005, Government invested 2.4 million to support a Wellness Strategy; this was the single largest investment in health promotion in the history of the province. In Spring 2006, Government launched its new Provincial Wellness Plan. Over the next three years, in partnership with key stakeholders, work will continue to educate the public on the benefits of an active and healthy lifestyle. Phase I of the plan will focus on key areas including healthy eating, physical activity, tobacco control, and injury prevention. This will be done through strengthened partnerships, public awareness, health promotion and evaluation.

We want you to know that.....

- 32.2% of NL are heavy drinkers compared to CA rate of 20.7%
- 57.2% of NL are overweight/obese compared to CA rate of 46.9%
- 53.3% of NL are physically inactive compared to CA rate of 46.4%

In partnership with the Provincial Wellness Advisory Council, Alliance for the Control of Tobacco (ACT), Regional Wellness Coalitions, youth, seniors and injury prevention stakeholders, the following initiatives will be rolled out in the next three years:

- Healthy Students, Healthy Schools
- Healthy living community-based programs
- Wellness Grants Program
- Provincial Food and Nutrition Framework and Action Plan
- Tobacco Control Program
- Provincial Injury Prevention Strategy



In March 2006, the Department launched its Provincial Wellness Plan. Hosted by Brad Gushue, former Minister Ottenheimer spoke to children and adults about how the Province has a plan to support them as they begin their journey to go healthy. Visit www.gohealthy.ca for more information about the Provincial Wellness Plan as well as tips on healthy living and activities taking place across Newfoundland and Labrador.

Healthy Schools Student Summit

Approximately 120 students from Grades 7-12 joined school personnel and key stakeholders for the first Healthy Schools Student Summit in Fall 2005. During the three day summit, participants shared information on healthy living issues and initiatives within the school community including: healthy eating, active living and being smoke-free. As role models, these students will take the concepts learned and bring them back to their peers, families and communities to promote healthy lifestyle choices.

Initiatives

- Healthy Foods in Schools Program
- Community Grants to build on existing wellness projects
- Enhance school food programs to improve healthy eating
- Develop a social marketing campaign to promote healthy living
- Engage the participation of youth by creating a Teen Wellness Team
- Strengthen the presence of wellness-dedicated staff in the Regional Health Authorities
- Target \$750,000 for disease surveillance and chronic disease management
- Public Immunization Strategy
- Fetal Alcohol Spectrum Disorder Prevention Initiative

Smoke Free Spaces

In July 2005, Newfoundlanders and Labradorians began to enjoy a healthier, smoke-free society in which to live and increased protection from the serious health effects of second hand smoke. The Smoke-Free Environment Act 2005 banned smoking in all enclosed public places including bingo halls, bars and their patios and decks. Previously, smoking was only banned in public places such as restaurants, schools, retail stores and child care centres. Inspectors with the Newfoundland and Labrador Liquor Corporation complete routine inspections of all liquor establishments and report that compliance with the new law has been high. The smoke-free legislation reflects the growing trend across the country.



Mental Health and Addictions

During Mental Illness Awareness Week in October 2005, the Department of Health and Community Services released a new provincial policy framework for mental health and addictions services, *Working Together for Mental Health*. The policy framework lays out essential changes and resources needed to create a responsive mental health and addictions system. The new framework was developed following province wide consultations with regional service providers, consumers and families. Isolation and discrimination, lack of community supports and limited input into care and treatment decisions were some of the challenges identified during the consultation process. The new policy framework has been created to resolve these concerns and is based on the following five strategic directions, which have been endorsed by the partners in the system:

- Enhance prevention and early intervention
- Involve consumers and families/significant others
- Build bridges for better access
- Provide quality mental health and addiction services
- Demonstrate accountability and measure progress

The policy framework encompasses all age groups and the full continuum of mental health and addiction services. It emphasizes the need for more attention to the prevention of addictions and other mental health problems. An implementation plan to support the strategy will be developed next year that will identify the resources required and guide future investments to enhance the mental health and addictions service system. Full implementation of the new policy framework will take some years to be realized. The release of the policy framework and the Province's commitment to move forward with a new Mental Health Act, expected in Fall 2006, will help to make meaningful progress in addressing mental illness in the province.

An investment of \$3.4 million in Budget 2005, focused on implementation of the recommendations of the Oxycontin Task Force Report as well as enhancements to mental health and gambling addictions services. A methadone maintenance program for persons with opiate addictions was set up in St. John's and planning began to establish detoxification services at the treatment centres in St. John's and Corner Brook. An extension was constructed at the Recovery Centre in St. John's to house the detoxification service and a new adolescent treatment program. These services will become operational in 2006/07. Planning for the detoxification service in Corner Brook was deferred pending a decision on a new provincial addictions centre in the Western region. New youth addictions counsellors were recruited in the Central and Labrador-Grenfell regions to provide counselling and support to young people struggling with alcohol, drug and other addiction issues.

In the mental health services sector, new funding was provided for case management and home support services in the four health regions to assist individuals who experience severe and persistent mental illness. Case managers were recruited in the Eastern, Central and Western regions with recruitment ongoing in the Labrador-Grenfell region. As recommended in the Luther Report on the sudden and tragic passing of two individuals, new funding was provided to non-government organizations involved in education, training and self-help for mental health consumers. Consultations were also held on a new mental health act, with the goal of introducing new legislation in 2006.

The Department released the first gambling prevalence study in Newfoundland and Labrador in November 2005. The study revealed over 13,000 people are, or at risk, of becoming problem gamblers. This foundational document will be used for future decisions, including the development of a provincial gambling strategy. Additional gambling resources of 2005/06 included:

- recruitment for new gambling addictions counsellors
- training for service providers
- support to the self-help community

Government introduced a two-part Video Lottery Terminal (VLT) action plan to reduce access to machines by problem gamblers. This plan includes a 15% reduction in VLTs over five years.

In November 2005, the Department launched a new addictions awareness campaign aimed at encouraging youth to get up on the facts about drug and alcohol abuse and problem gambling. www.getuponit.ca is a website where everyone can get information including tips from how to spot someone with a problem to where help can be found. The campaign included Rex Goudie posters, brochures for educators and counsellors and getuponit.ca rings as worn by Rex in campaign posters.

Legislative and Regulatory Activities

In 2005/06, the Department was engaged in several legislative and regulatory activities. New legislation was passed for several professional bodies and a number of legislative amendments were made:

- The Department continued work on the development of legislation to create a provincial health research ethics board
- The Department continued work on legislation to protect personal health information
- Several bills were passed by the Legislature in fall 2005 sitting and received Royal Assent on December 13, 2005. These Bills introduce new legislation relating to massage therapists, dispensing opticians, psychologists, occupational therapists, dietitians, licensed practical nurses, denturists, and hearing aid practitioners
- The *Optometry Act, 2004*, received Royal Assent on December 13, 2005
- The *Medical Act, 2005*, received Royal Assent on May 19, 2005

The new Medical Act increased public protection by strengthening the authority and accountability of the College of Physicians and Surgeons of Newfoundland and Labrador in regulating the practice of medicine in the Province. The Act requires:

- allegations against physicians be investigated and necessary action taken
- physicians report any “conduct deserving sanction” of their peers
- the College of Physicians and Surgeons of Newfoundland and Labrador submit an annual report to the Minister of Health and Community Services; and
- physicians use tamper-resistant prescription pads for all narcotics

Opportunities and Challenges Ahead

The Department of Health and Community Services continues to concentrate on delivering quality programs and services to Newfoundlanders and Labradorians. The Department of Health and Community Services also recognizes the challenge of an aging population, poor health status, limited fiscal resources and geographic diversity in achieving a seamless integrated health care system.

Aging Population

Statistics Canada estimates that by 2021, this province will have the highest proportion of seniors in Canada. Recognizing the growth of this province's aging population, Government is committed to planning now to ensure that the needs of today's seniors are met and future needs are anticipated. The population is aging and people are living longer and healthier than ever. However, incidents of chronic illness will increase, resulting in greater utilization of services such as long term care, home support and prescription medication. Identifying current and future needs of seniors and ensuring future policy directions provide mechanisms to enhance the lives of seniors, continues to be a priority.

Health Status

Our province is known as one of the unhealthiest in the country. Promoting healthy eating habits, a balanced lifestyle and active living is a priority for this Government. Ongoing initiatives continue to educate the public about the benefits of a healthy lifestyle and supporting them in making choices to improve overall health and wellness.

Fiscal Resources

No area of expenditure is larger or more important than health and community services. Government is committed to providing quality services to residents of Newfoundland and Labrador within available resources.

Geography

This Province's population is widely dispersed with many residents living in rural and remote areas. Initiatives such as telemedicine, the expansion of Primary Health Care teams and others are a start to addressing the issue, however further action is needed.

Financial Statements

Department of Health and Community Services

	Fiscal 2005/06			Fiscal 2004/05
	Actual Budget (\$) (Unaudited)	Amended (\$) Budget	Original (\$) Budget	Actual (\$) Audited
<i>Minister's Office (1.1.01)</i>	337,122	371,200	366,500	344,613
<i>General Administration (1.2.01 to 1.2.08)</i>				
Total gross	14,444,830	16,593,400	16,158,400	14,998,488
Less revenue - federal	179,857	504,500	504,500	1,151,925
Less revenue - provincial	296,420	475,000	475,000	264,904
Total net	13,968,553	15,613,900	15,178,900	13,581,659
<i>Memorial University Faculty of Medicine (2.1.01)</i>	24,125,500	24,125,500	24,041,500	23,158,296
<i>Drug Subsidization (2.2.01 to 2.2.03)</i>	107,057,423	110,647,500	113,981,900	102,836,513
<i>Medical Care Plan (2.3.01 to 2.3.02)</i>				
Total gross	284,333,100	287,756,900	284,503,900	274,332,758
Less revenue - provincial	2,232,566	2,000,000	2,000,000	1,704,145
Total net	282,100,534	285,756,900	282,503,900	272,628,613
<i>Emergency & Transportation Services (2.4.01)</i>				
Total gross				14,637,814
Less revenue - provincial				29,856
Total net				14,607,958
<i>Community Services (3.1.01 to 3.1.02)</i>				
Total gross				258,620,420
Less revenue - federal				3,222,370

Less revenue - provincial				360,746
Total net		Amalgamated to Regional Integrated Health Authorities		255,037,304
		(See below)		
Health Facilities & Related Services (3.2.01)				
Total gross				960,427,548
Less revenue - federal				6,111,685
Less revenue - provincial				13,260,298
Total net				941,055,565
Regional Integrated Health Authorities and Related Services (3.1.01 to 3.1.02)				
Total gross	1,309,104,031	1,310,597,600	1,298,421,100	
Less revenue - federal	19,701,848	15,837,400	15,837,400	
Less revenue - provincial	18,038,196	15,572,000	15,572,000	
Total net	1,271,363,987	1,279,188,200	1,267,011,700	
CAPITAL				
Administrative Support (1.2.09)	87,788	1,165,900	1,665,900	949,169
Furnishings and Equipment (3.2.01)	26,001,131	26,001,200	24,420,000	
Health Care Facilities (3.2.02)	20,501,878	22,066,500	21,066,500	
Health Care Facilities & Equipment (3.3.01 to 3.3.02)				15,043,407
Total Department				
Total gross	1,785,992,803	1,799,325,700	1,784,625,700	1,665,349,026
Less revenue - federal	19,881,705	16,341,900	16,341,900	10,485,980
Less revenue - provincial	20,567,182	18,047,000	18,047,000	15,619,949
Total net	1,745,543,916	1,764,936,800	1,750,236,800	1,639,243,097

Expenditure and revenue figures (cash-based) included in this document are based on draft information, as the Public Accounts have not yet been formally released. Readers are cautioned that these figures may be subject to adjustment.

Acknowledgements



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