

Annual Report 2004-05

Department of Health
and
Community Services



GOVERNMENT OF
NEWFOUNDLAND AND LABRADOR

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Forward

Annual Report

In keeping with Government's continued commitment to enhance openness and accountability, I am pleased to present the Department of Health and Community Services Annual Report for 2004-05.

This past year was one of challenging transition and meaningful change as Government gave leadership and direction on its plans to revitalize the health system. The integration of the health boards into the new Regional Integrated Health Authorities has laid the foundation for a provincial health system that will provide a seamless range of services from community to acute to long-term care. The new governance structure refocuses resources on services for patients, clients and residents and will assist us in building a sustainable system for the future.



We have partnered with many stakeholders to move forward on some diverse initiatives in such critical areas as seniors, infants, children and youth, nutrition, wellness, immunization and public health. Some of our key achievements included establishing the Division of Aging and Seniors and a Ministerial Council for Aging and Seniors, conducting consultation in preparation for the amendment of the *Smoke-free Environment Act* expected in July 2005 and the addition of three new vaccines to our immunization list for children. In recognition of the important services provided by the nursing profession, we created a new Chief Nurse position to help address nursing issues including primary health care renewal, scope of practice and recruitment and retention. In addition, we moved forward with building a stronger foundation of front-line programs and services throughout the province in the first phase of primary health care renewal.

With a new solid structure and refocused priorities, I am confident that 2004-05 will be remembered as a landmark year for health and community services in our province. With a solid foundation beneath us, we can move forward in working together to build a sustainable and more accessible health system for the future.

John Ottenheimer, Q.C., M.H.A.
Minister of Health and Community Services

Departmental Overview

INTRODUCTION

In 2004-05, the Department of Health and Community Services commenced a renewal process through a strategic planning exercise. The following statements of Vision, Mission, Values and Lines of Business reflect approved foundational statements in place in 2004-05. These were under revision as part of the planning process during this period and revised elements will be included in the Department's 2005-08 strategic plan to be released in 2005-06.

VISION

For all Newfoundlanders and Labradorians to enjoy the best possible health and well-being.

MISSION

To provide quality health and community services to improve the health and well-being of individuals, families and communities.

VALUES

Self-reliance, collaboration, social justice, equity and fairness.

Lines of Business

The Department of Health and Community Services provides a leadership role in health and community services program and policy development for Newfoundland and Labrador. This leadership role involves working with health professionals, health organizations and community groups to support citizens in maintaining and improving their health and well-being. The Department has three lines of business to support its mandate.

Policy and Program Development – Leading the planning, research, development and evaluation of provincial policies and programs to ensure that services are integrated and decisions are evidence-based.

Support to Boards and Agencies – Providing direction and support to agencies and regional boards to deliver a continuum of programs and services to fulfil the Department's mission.

Departmental Support Services – Maintaining organizational structures, functions and resources to fulfil the Department's mission.

PRIMARY CLIENTS

The citizens of Newfoundland and Labrador are the primary clients of the Department of Health and Community Services. The Department has other clients as well as stakeholders on a provincial and national level. In fulfilling its mandate, the Department's major provincial clients include health boards and agencies. 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.

Departmental Structure

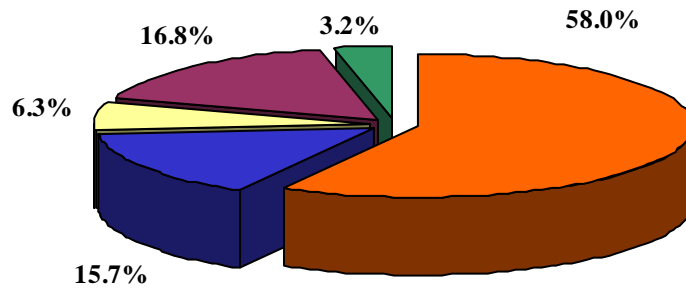
There are 254 staff in the Department of Health and Community Services with 222 located in St. John's and 32 located in Grand Falls-Windsor. In 2004-05, the Department was organized into six branches:

- Board Services
- Community Programs and Wellness
- Intergovernmental and Strategic Issues
- Medical Services
- Policy and Planning
- Support Services

A review of the organizational structure was undertaken in 2004-05. Changes are anticipated in the Summer of 2005 to better align with the anticipated new strategic plan and potential changes in departmental lines of business as well as the restructuring of the health and community services system.

Where The Department of Health And Community Services Dollars Are Spent

\$1.64 B (2004 - 2005)



- Regional Institutional/Integrated Boards
- Health & Community Services Boards
- Medical & Drug Subsidy Program
- MCP Physician Services
- Other

In the health and community services system there are:

- 14 hospitals
- 19 health centres
- 22 nursing homes
- 14 nursing stations
- 106 community/clinical offices
- 1678 hospital beds
- 2737 nursing home beds
- 2750 personal care home beds
- 254 community care beds

Data Source: Department of Health and Community Services

Services trends:

| | <u>2003-04</u> | <u>2004-05</u> |
|---|----------------|----------------|
| Family Resource Programs (# parents/caregivers served) | 3755 | 4950 |
| Healthy Baby Clubs (# of participants served) | 357 | 513 |
| Influenza Vaccine (# of doses distributed) | 100,000+ | 114,700 |
| Adoptions (# of domestic/interprovincial/intercountry) | 31 | 32 |
| Nursing Homes (% occupancy) | 97% | 95% |
| Home Support (# clients served month end) | 3502 | 3608 |
| Child Care (# of subsidies provided month end) | 1459 | 1460 |

Data Source: Department of Health and Community Services

Service trends:

| | <u>2002-03</u> | <u>2003-04</u> | <u>% Change</u> |
|----------------------------|----------------|----------------|-----------------|
| Inpatient Hospitalizations | 60,977 | 61,383 | +1% |
| Same-day Surgery Visits | 48,174 | 58,762 | +18% |

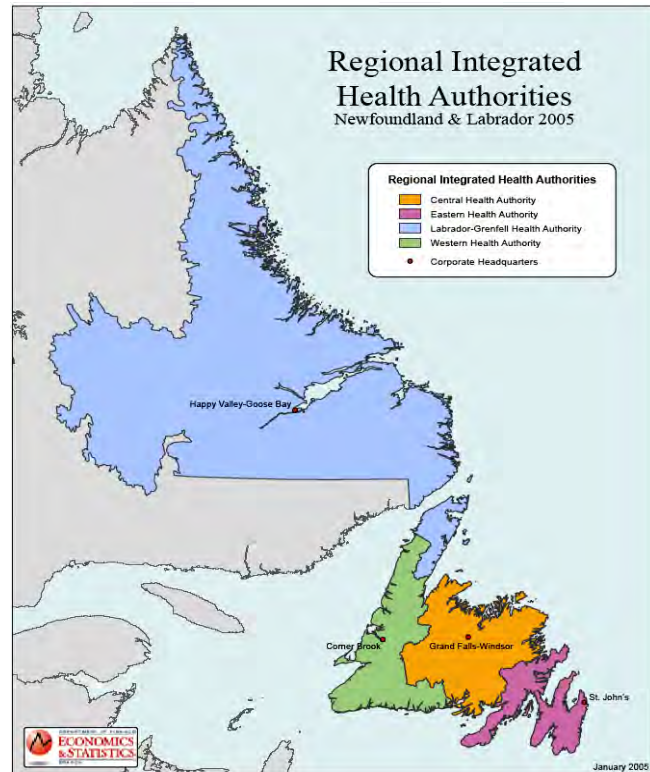
Data Source: Clinical Database Management System, Newfoundland and Labrador Centre for Health Information, 2002/03 and 2003/04. Note: an individual may have been hospitalized more than once in the fiscal year.

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

The delivery of health and community services throughout the province has primarily been under the mandate of 14 health boards since the mid 1990s. The collaborative partnerships among boards, Government and other agencies continues to support the delivery of high quality services to the public of Newfoundland and Labrador. Boards of Trustees and dedicated staff, physicians and volunteers work together to ensure optimal program and services delivery. In September 2004, Government announced the transition of the 14 health boards to four Regional Integrated Health Authorities. The new structures will achieve greater collaboration in creating comprehensive and integrated programs and services on a regional basis. The four new authorities - Eastern, Central, Western and Labrador-Grenfell - will focus on the full



continuum of care, from health promotion and community services to acute and long-term care. Government commends the dedication of the previous boards in addressing the health needs of the population and their support for ongoing renewal in the health and community services system. New partnerships between the integrated regions and Government will foster 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 several federal/provincial/territorial (FPT) forums in the health, 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, share best practices, and to ensure optimal federal funding arrangements to meet the growing demands placed on the provincial health and community services system.

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." The Plan is designed to ensure that Canadians have access to the care they need, when they need it.

In preparation for Budget 2005, the Department, in consultation with health boards, undertook extensive analyses to determine optimal investment of the new funds as a result of the First Minister's (FMM) agreement. Considerable work is ongoing, both nationally and provincially, to meet the commitments outlined in this accord. Work in specific areas includes improving access to health care services, increasing the supply of health care professionals, building on primary health care reform, developing and implementing a national pharmaceutical strategy and strengthening prevention, promotion and public health.

In February 2005, FPT Ministers responsible for social services met to further discuss and build a consensus on a national vision and principles for early learning and child care systems in Canada. The Federal Government will commit \$5 billion over five years to support the initiative resulting in approximately \$75 million for Newfoundland and Labrador once the agreement is signed.

In June 2004, the Council of Atlantic Premiers met and reaffirmed their commitment to an enhanced publicly-funded health system and to seeking Federal Government cooperation in the area of economic development. The Atlantic Premiers voiced support for the continuing efforts of their departments of health in pursuing numerous initiatives in areas such as common drug review, primary care, health human resources, patient-centred interdisciplinary care and electronic health records. In June 2005, the Atlantic Premiers are expected to release their new plan, "Building on Progress." The plan will continue and expand some of the initiatives launched under the Council's first action plan, "Working Together for Atlantic Canada 2001-2003."

Provincial Government Departments

The Department of Health and Community Services has a close working relationship with other Departments across Government to achieve its mandate. Collaboration activities focus on wellness, early learning and child care, smoke free environment, seniors, addiction and many others. New major collaborative activities in 2004-05 included:

- the establishment of both the Ministerial Council on Aging and Seniors and the Provincial Advisory Council on Aging and Seniors;
- participation as a member of the Ministerial Council on Early Childhood Learning; and
- participation in the White Paper process on Public Post Secondary Education which was launched by the Department of Education.

Key Achievements And Priorities

Improved Population Health

Recent reports demonstrate that Newfoundlanders and Labradorians have some of the highest rates of obesity, smoking and physical inactivity in Canada. Healthy living through physical activity, healthy eating and better lifestyle can help reduce the incidence of chronic diseases such as diabetes and heart disease. The Department of Health and Community Services is committed to strengthening areas such as health promotion, health surveillance, injury prevention, smoke-free legislation and programs to support early childhood development.

Smoke Free Spaces

In 2004, Government confirmed its intention to proceed with legislation to create 100 per cent smoke-free indoor environments as early as Spring 2005. Province wide consultations were held in February 2005 to assist Government with the development of the *Smoke-free Environment Act* and to encourage individuals and organizations to offer their perspectives on this initiative. One

hundred and twenty public meetings were held to seek input from stakeholders. The Department also received 584 written submissions.

Since September 2003, the Departments of Health and Community Services and Education, as well as students, have been pilot testing Health Canada's Smoke-Free Spaces Activist Toolkit (CD-ROM). In May 2004, the Smoke-Free Spaces Student Summit was held to showcase various school projects and to discuss and share learning and successes.

The pilot project, completed in August 2004, increased awareness about the dangers of second hand smoke. Some other outcomes included school smoking policy reviews and proposed revisions to these policies.

Did you know.....

- 24% of the NL (Newfoundland and Labrador) population age 12+ are current smokers compared to the CA (Canadian) rate of 22.9%.
- 37.3% of the NL population age 18+ (excluding pregnant women) are overweight higher than the CA rate of 32.4%. Also 19.9% of the population is obese, higher than the CA rate of 14.5%.
- 53.3% of the NL population age 12+ are physically inactive, higher than the CA rate of 46.4%.

Source: Canadian Community Health Survey 2003

- While NL has the second highest percentage of smokers in CA, the percentage has steadily decreased since 1999 from 28% to 22% in 2004.

Source: Canadian Tobacco Use Monitoring Survey (CTUMS) Annual Report 2004.

Healthy Students-Healthy Schools

Government is committed to fostering an environment in schools that is conducive to healthy learning. Funding of \$250,000, committed in late 2003-04 for a “Healthy Students-Healthy Schools” program, was implemented in 2004-05. The Departments of Health and Community Services and Education joined in a partnership to develop recommendations to create a school environment that supports healthy living for children and youth and to foster a healthy lifestyle that will continue throughout life. The initial focus was the development of “School Food Guidelines for School Administrators and Caterers” and planning for a Healthy Schools Student Summit to engage and support youth to take action on healthy living initiatives in school. This planning phase involved consultation with stakeholders in the health and school systems.

Family Resource Programs

Family resource programs are community-based programs that promote the well-being of children and families emphasizing healthy child development, parenting skills, social support and community capacity building. The Department of Health and Community Services provides full or partial funding to 19 programs through the National Child Benefit and Early Childhood Development initiatives. The total expenditure for 2004-05 was \$3.45 million. In 2004-05, there were provincially-funded family resource programs in 280 communities serving 4,100 families, representing 4,950 parents/caregivers and 5,100 children.

The Healthy Baby Club Program, offered by the family resource centres, promotes and supports healthy lifestyles of women before and after childbirth. Program activities include prenatal education and support, food supplements, cooking sessions, breastfeeding support, home visiting and group support. In 2004-05, the provincially funded program had approximately 500 participants. Pregnant women participating in Healthy Baby Clubs gave birth to 277 babies during the year.

Oral Health Strategy/Revised Dental Health Plan

The Department of Health and Community Services, in consultation with the Newfoundland and Labrador Dental Association, initiated a review of the Newfoundland and Labrador Dental Health Plan (NLDHP) in 2004-05. The objective of this review is to make the NLDHP more responsive to the needs of individuals with low income and who are more vulnerable to poor oral health. As well, out of concern for the overall oral health of the citizens of Newfoundland and Labrador, the Department began development of an Oral Health Strategy. The main goal of the strategy will be to support the development of policies and initiatives that improve the oral health of Newfoundlanders and Labradorians by raising awareness, improving knowledge and skills related to self care, improving access and monitoring oral health and access. The strategy will be consistent with the Provincial Wellness Plan and will follow a population health model in its development.

Provincial Wellness Advisory Council

The Provincial Wellness Advisory Council (PWAC) continued its valuable work in 2004-05 highlighting the importance of addressing wellness and the need to enhance health promotion and injury prevention.

- In November 2004, the PWAC made a presentation to Ministers responsible for social departments highlighting the importance of addressing wellness and the need to enhance health promotion and illness and injury prevention.
- Many members of the PWAC provided input into Government's consultation process to support the proposed amendments to the *Smoke-free Environment Act*.
- Many of the recommendations developed by PWAC in September 2003 will be incorporated in the Provincial Wellness Plan expected to be released in 2005-06.

Continuing with the September 2002 commitment by the F/P/T Ministers of Health to work together on an Integrated Pan Canadian Healthy Living Strategy, the national Intersectoral Healthy Living Network was launched in September 2004. A representative of the Provincial Wellness Advisory Council participated in the Network as a member of the Coordinating Committee which has a mandate to move the Healthy Living agenda and its guiding principles forward.

Wellness Coalitions

Regional Wellness Coalitions are located in the following areas and cover the corresponding regions:

- St. John's (Eastern Avalon)
- Clarenville (Eastern)
- Gander (Central)
- Corner Brook (Western)
- St. Anthony (Northern)
- Labrador City (Labrador)

The Provincial Wellness Advisory Council's work is complemented through six Regional Wellness Coalitions with annual funding and support provided by the Department. At the local level, they are supported by the health boards in terms of staff involvement and operational support. The Wellness Coalitions facilitate, initiate, promote and support community action based on the wellness priority areas recommended by the PWAC and on the needs identified in each of the regions. Current wellness initiatives in communities across the province include:

active living programs for adults and seniors, lifestyle clinics and fun and interactive healthy living programs for children and youth. Also, community groups, schools and organizations availed of limited funds through a community grants program to help coordinate wellness initiatives in their communities.

Preparing For An Aging Population

Government's commitment to ensuring the needs and concerns of seniors are understood and addressed was demonstrated with the establishment of the Division of Aging and Seniors within the Department of Health and Community Services in November 2004. The Division, in addition to being a focal point for information on aging and seniors issues, also ensures that provincial policies, programs and services meet the needs of seniors. The Division will also be the Secretariat to the Ministerial Council on Aging and Seniors and the Provincial Advisory Council on Aging and Seniors.

The Ministerial Council on Aging and Seniors includes several Ministers working to facilitate the coordination of services and programs for seniors by developing strong linkages between Government Departments. The Ministers' Council includes the Ministers responsible for Finance; Justice; Human Resources, Labour and Employment; Transportation and Works and Aboriginal Affairs; Tourism, Culture and Recreation; Innovation, Trade and Rural Development and the Rural Secretariat.

The Provincial Advisory Council, consisting of seniors and those with an interest in seniors issues, was established in 2005 and held its first meeting in March. The Council will assist Government in shaping policies based on the firsthand knowledge and experience of seniors.

Seniors at a glance.....

- Seniors age 65+ currently comprise 13.1% (67,600 people) of the NL population.
- By 2026, it is projected that 27% (131,200 people) of the NL population will be over age 65, with more than 11% (54,700 people) of the population being over age 75.
- Statistics Canada predicts that NL will have the highest proportion of individuals 65+ in CA by 2021 and half of the population will be over the age of 49.

Source: Economics and Statistics Branch, Dept. of Finance, Medium Scenario Projections January, 2005; Statistics Canada

Strengthened Public Health Capacity

In the context of population health, public health is key to the improvement of health in our communities. The core functions of the public health system include population health assessment, health surveillance, prevention, health promotion and health protection. In 2004-05, initiatives in the areas of public health capacity, immunization and emergency preparedness were undertaken.

Public Health Capacity

In 2003-04, the Department completed a report “Investing in Health: A Report on Public Health Capacity in Newfoundland and Labrador” that assessed the provincial public health capacity to respond to major events such as the SARS outbreak in Ontario. In its commitment to develop an implementation plan for the report, the Department consulted with regional staff and stakeholders in 2004-05.

On a national level, the Department has been actively engaged in the creation of the Public Health Agency for Canada (PHAC) and the establishment of PHAC Atlantic. PHAC funded the initiative: “A Path Towards Building Public Health Capacity”, a joint project with the Canadian Public Health Association, the Newfoundland and Labrador Public Health Association, the Provincial Wellness Advisory Council as well as other partners. Through consultations in 2004-05, a framework was drafted to link core elements of this initiative with programs and resources needed to enhance public health capacity.

The core elements of “A Path Towards Building Public Health Capacity” are:

- Healthy Behaviours
- Emergency/Disaster Planning
- Injuries
- Environmental Hazards
- Epidemics and Communicable Disease
- Health Services

Immunization

In February 2005, the Department of Health and Community Services added three new vaccines to the public immunization program for children and adolescents. The newest vaccines protect against pneumococcal disease (pneumonia and ear infections), varicella (chicken pox) and meningococcal (meningitis) disease. With these new vaccines, children will now be protected against 12 diseases such as polio, hepatitis B, measles, mumps and rubella. Government will invest \$6.5 million over three years to administer the new vaccines from funding provided through the federal Public Health and Immunization Trust, established to support a national immunization strategy. This is in addition to the \$3 million the Province spends annually on its immunization program.

Emergency Preparedness

In 2004-05, work continued on a number of emergency management issues. As a result of securing funding from the Public Health Agency of Canada, the Department was able to engage health boards in all hazards emergency management planning with specific attention to smallpox. This work resulted in preliminary plans at the regional level and a more detailed provincial plan with emphasis on smallpox. The Department was also engaged in updating the Pandemic Influenza Emergency Management Plan to reflect national standards and processes outlined in the National Pandemic Plan. In addition, the Department was involved in the evaluation of a number of mock health sector disasters throughout the province.

The Department continues to work with Health Canada and the Public Health Agency for Canada on the National Emergency Stockpile System (NESS). There have been a number of upgrades to the NESS supplies managed by this Department over the past year. The PHAC has established a

federal NESS warehouse in Newfoundland and Labrador which has more than quadrupled the NESS supplies within the province. In addition, the Department continued to:

- deliver training programs for the deployment of NESS;
- develop and enhance health emergency management training programs; and
- work with other organizations to develop a National Emergency Management System and National Mutual Aid Agreements.

Improved Accessibility to Priority Services

Ensuring access to a full range of publicly funded services and programs is a priority for the Department of Health and Community Services.

Improving Access and Maintaining Medical Equipment

In 2004-05 Government furthered its commitment to improving access to health and community services. The total provincial investment for equipment, inclusive of \$1.0 million for 1:1 matching funds agreement with the health boards, was \$4.5 million. Highlights of this investment included:

- \$3.4 million provided to Western Health Care Corporation to install a new Magnetic Resonance Imaging (MRI) suite in Corner Brook.
- \$300,000 provided to Health Care Corporation of St. John's for a wait time management information system.
- \$203,000 provided to Central East Health Care Institutions Board for an ultrasound unit in Gander.
- \$150,000 provided to Central West Health Corporation for a computerized microbiology system in Grand Falls-Windsor.
- \$135,000 provided to Grenfell Regional Health Services Board for an ambulance and anaesthetic machine in St. Anthony.
- \$120,000 provided to Western Health Care Corporation for the purchase of endoscopy equipment in Corner Brook.
- \$120,000 provided to Peninsulas Health Care Corporation for the purchase of an anaesthetic machine in Clarenville; \$40,250 for cardiac stress testing equipment and \$45,000 for a ventilator in Burin.
- \$50,000 provided to Health and Community Services Eastern Region for two renal dialysis machines.

Additional investments to improve access to services included:

- \$350,000 provided to Health Labrador Corporation to hire social workers to address client needs in aboriginal communities.
- \$300,000 provided to Health and Community Services St. John's Region to address a backlog in the assessment of protective intervention cases.
- \$60,000 provided to both Health and Community Services Central and Western Regions to enhance services for persons with gambling addictions.

Early Learning and Child Care

In February 2005, the Department of Health and Community Services announced Newfoundland and Labrador's plan for long-term investment under the 2003 F/P/T Early Learning and Child Care Multilateral Framework. The initiative provides the Province with \$16.8 million over five years (2003-08) and is focused on three enhancements in regulated child care services.

- Improved access to child care subsidies for low income families
- Increased training opportunities for child care providers and new grants to licensed child care facilities to support children with special needs
- Implementation of a province-wide quality enhancement initiative for licensed child care settings and new grants in under-serviced areas of the province to stimulate development of regulated child care services

The agreement builds on existing child care services and further assists the Province in achieving affordable, quality, regulated child care services.

Newfoundland and Labrador Prescription Drug Program (NLPDP)

The NLPDP provides assistance to eligible residents of the province with the purchase of pharmaceuticals and some related medical supplies. The program covered 2.7 million prescriptions for approximately 100,000 residents for a cost of approximately \$102 million in 2004-05. In Budget 2004, Government invested an additional \$8.6 million in the provincial drug program, including funds to cover a new chemotherapy drug, Gleevec, to help treat selected types of cancer. In 2004-05, reviews conducted by the Atlantic Common Drug Review and the National Common Drug Review committees supported adding eight drugs to the NLPDP.

Provincial Kidney Program

The Provincial Kidney Program (PKP), established in May 2004, provides advice to the Department and health boards and acts as a central source for key information related to services, funding and care standards for persons with kidney disease. The PKP assesses patient volumes and other factors in making recommendations to the Department on the future location of dialysis services in the province.

- The Gander satellite dialysis unit opened in February 2005 and medically stable patients from the central area who were receiving dialysis treatments in Grand Falls-Windsor and St. John's were accommodated at the Gander unit. The unit can take up to 12 patients at capacity. The service enhancement eliminated the wait list for dialysis service in Gander.

Did you know.....

- In 2004-05 there were 48,980 hemodialysis treatments provided in NL.
- In December 2003, 23.7% of end stage renal disease patients in NL were 75 years and older, lower than the CA rate of 26.9%.

Source: Canadian Institute for Health Information; Dept. of Health and Community Services

- In February 2005, the PKP held a strategic planning day including clients and stakeholders from across the province. Priority issues were identified for PKP to address over the next three years and action plans were developed to assist the achievement of these priorities.
- Planning continues for the opening of a satellite dialysis unit in Carbonear to accommodate up to 20 patients. This unit is scheduled to open in April 2005.

Long Term and Community Supports

Government recognizes the need to address challenges in the design and delivery of long-term and community support services in Newfoundland and Labrador.

- In 2004-05, approximately \$100,000 was invested to plan for a long term care facility in Corner Brook that will provide residential accommodations for seniors with high care needs and persons suffering from dementia.
- In November 2004, a Palliative Care Pilot Project began on the west coast. The Department, in partnership with the Victorian Order of Nurses, Health and Community Services Western and Western Health Care Corporation boards, led the \$120,000 pilot to establish the needs and costs associated with the implementation of a provincial palliative home care model. The 2004 FMM Health Accord identified end of life home care as one of three home care priorities.
- In 2004-05, the Department provided \$475,000 in additional funding to increase the rates for personal care home operators who provide care to seniors. This is the fifth year in which the sector received an increase.
- In March 2005, the Department announced a one-time \$4 million capital grant program to financially assist personal and community care home operators with the installation of sprinkler systems in their homes to meet the standards set by the Fire Commissioner's Office. Grants to cover 75 per cent of the sprinkler cost up to \$75,000 per home, were made available.

Primary Health Care

In Budget 2004, \$4.3 million was allocated to implement seven primary health care projects and allow for the development of additional primary health care networks in various areas of the province. Progress continues in implementing the primary health care renewal framework: "Moving Forward Together: Mobilizing Primary Health Care." The seven project areas active throughout the year were located in Bonne Bay, St. Anthony, Connaigre Peninsula, Twillingate/ New World Island, Bonavista, Labrador East and St. John's. New proposal development also commenced in Placentia in 2004-05 and funding was provided to move to proposal development for a project in Green Bay.

Mental Health and Addictions

The Department of Health and Community Services continues to make mental health and addiction services a priority for the service delivery system. A major policy framework "Working Together for Mental Health" received system endorsement and was approved by the

Minister of Health and Community Services in January 2005. The policy is in the process of being reviewed by Government prior to its anticipated release in the Fall of 2005.

Did you know....

- 6.7% of NL population age 15+ had contact with services and support for problems concerning emotions, mental health or use of alcohol and drugs. The CA rate is 9.5%.
- From 1996/97-2000/01, approximately 2,597 individuals accounted for 3,721 psychiatric hospitalizations in NL. Nearly 50% involved individuals between 20 and 44 years old.

Source: Canadian Community Health Survey, 2002; Clinical Database Management System, NL Centre for Health Information, 1996/97 to 2000/01.

Budget 2004 allocated \$1 million for community mental health services. This funding allowed for the initial development of a case management program for regions outside St. John's, establishment of a satellite Early Psychosis Program in Corner Brook and the beginning of a modest home support/supportive care program for individuals with severe and persistent mental illnesses. As well, annualized funds were provided to organizations including the Canadian Mental Health Association, the Consumer Health Awareness Network of Newfoundland and Labrador and Stella Burry Corporation. Additional one time funding was also provided for several other community initiatives.

In response to concerns from law enforcement and health professionals and community advocates, in December 2003, the Government of Newfoundland and Labrador created an intersectoral Task Force to make recommendations on a comprehensive strategy for the management of OxyContin and other related narcotics abuse. The Task Force, a collaborative partnership of the Departments of Health and Community Services, Justice and Education, released its final report in August 2004 which offered 50 recommendations. The recommendations included the need for further education and prevention initiatives, additional treatment options, harm reduction strategies and legislative amendments.

Some of the recommendations that received immediate action included:

- an education program on chronic pain management and related addiction issues;
- education sessions on OxyContin and other narcotics in each region for junior and senior high school students;
- establishment of a Provincial Advisory Committee on Methadone to develop methadone maintenance guidelines and to oversee the development of methadone maintenance programs in the province; and
- establishment of a working group to guide the implementation of tamper resistant prescription pads.

In January 2005, the Department provided \$100,000 to proceed with a gambling prevalence study. The purpose of the study is to gather baseline data with respect to:

- the prevalence of gambling and problem gambling in Newfoundland and Labrador;
- the demographic characteristics of gambler sub-types;
- the relationship between gambling and substance use;

- the relationship between gambling and mental health; and
- consequences related to gambling.

Improved accountability and stability in the health and community services system within available resources

The health and community services system consumes 45 per cent of Government’s spending on public programs and therefore has an important role in assisting Government to achieve stability of the Province’s finances. In 2004-05, the Department of Health and Community Services continued with initiatives focused on creating a quality and sustainable health system.

Health Board Restructuring

In September 2004, Government approved the plan to transform the administrative structure of health and community services boards to improve the continuity of care for residents of the province. The 14 board structure is being reorganized into four Regional Integrated Health Authorities with their respective corporate headquarters to be located in St. John’s, Grand Falls-Windsor, Corner Brook and Happy Valley-Goose Bay. The focus of the restructuring will provide for better coordination and planning for the health needs of regions and reduce duplication of service.

| New Boards → | Eastern Regional Integrated Health Authority | Central Regional Integrated Health Authority | Western Regional Integrated Health Authority | Labrador-Grenfell Regional Integrated Health Authority |
|--|---|---|--|--|
| Transformation of 14 health and community services boards into four regional integrated health authorities ↙ | <ul style="list-style-type: none"> ➤ Health Care Corporation of St. John’s ➤ St. John’s Nursing Home Board ➤ Newfoundland Cancer Treatment and Research Foundation ➤ Health and Community Services Eastern ➤ Avalon Health Care Institutions Board ➤ Peninsulas Health Care Corporation ➤ Health and Community Services St. John’s | <ul style="list-style-type: none"> ➤ Health and Community Services Central ➤ Central West Health Corporation ➤ Central East Health Care Institutions Board | <ul style="list-style-type: none"> ➤ Health and Community Services Western ➤ Western Health Care Corporation | <ul style="list-style-type: none"> ➤ Health Labrador Corporation ➤ Grenfell Regional Health Services Board |

In November 2004, four new Board Chairs were selected followed by the appointment of the full Boards of Trustees in January 2005. The Boards of Trustees play a key role in future decision-making and planning of health services, building relationships with communities and overseeing the key directions of the Regional Integrated Health Authorities. The selection of the four Chief Executive Officers was completed by February 2005 and, in consultation with their Boards of Trustees, these individuals focused on shaping senior teams and the administrative structure for the regions. Once senior teams are in place, priorities will focus on integration, strategic planning, transition issues and budget preparation.



In 2004-05, the Department of Health and Community Services began planning to devolve the road ambulance service from a provincial governance structure to the Regional Integrated Health Authorities. The change will be effective April 2005 with an objective to enhance prehospital care and transportation and improve efficiencies and fiscal accountability. The Department will embark on the devolution of other services such as group homes, family resource centres, transition homes and some child care services over the coming year.

Departmental Strategic Planning

In accordance with the *Transparency and Accountability Act*, the Department is developing a three-year Strategic Plan to cover the period 2005-08. It is anticipated this plan will be tabled in the House of Assembly in the Fall of 2005. The four new Regional Integrated Health Authorities will also begin their strategic planning in 2005-06.

Child Youth and Family Services

Community consultations to review the operations of the *Child, Youth and Family Services Act* were conducted throughout the Province in the Fall of 2004. A discussion document and brochure entitled “Your Views: The Child, Youth and Family Services Act” was released to provide information and to stimulate discussion and dialogue. The consultations, conducted by the Minister’s Advisory Committee under the *Child Youth and Family Services Act*, were the primary vehicle for Government to receive meaningful feedback from those who are most affected by the *Act* and in determining whether the principles and purpose of the *Act* are being achieved. Stakeholder input is key to ensuring an effective *Act* that addresses the safety, health and well-being of the province’s children, and provides services to children, youth and families. There were 13 stakeholder workshops conducted across the province with a total of 315 people participating. In addition, the public and client consultations elicited 29 responses through telephone interviews, written submissions and face to face meetings.

The Minister’s Advisory Committee completed its final report and it is anticipated to be submitted to the Minister in Spring 2005 with subsequent tabling in the House of Assembly.

Health Human Resource Planning

In 2004-05, the Department of Health and Community Services continued with its commitment to health human resource planning in the province. Highlights of activities during the year included physician human resource planning and completion of an indicator report on human resources in the health system.

The Physician Resource Planning Committee was formed in March 2005 and is co-chaired by the Department of Health and Community Services and the Newfoundland and Labrador Medical Association. Other partners include representatives from the Regional Integrated Health Authorities and Memorial University Faculty of Medicine. The Committee is working to develop a human resource plan for physicians in the province.

In 2004-05, the Department of Health and Community Services continued with its commitment to encourage graduating health professionals to work in this province.

Health Professionals 2003 in NL per 100,000 population

| | |
|---------------------------|------|
| Registered Nurses | 1044 |
| Licensed Practical Nurses | 523 |
| Physicians | 188 |
| Pharmacists | 110 |
| Dentists | 31 |
| Dieticians | 27 |
| Occupational Therapists | 28 |
| Physiotherapists | 38 |

Source: Canadian Institute for Health Information

- Forty-eight awards totalling \$1.2 million were granted to physicians and medical residents in exchange for their commitment to work in this province for a designated period.
- Seventeen nurse practitioner student bursaries were awarded totalling \$75,000.
- Eighteen bursaries totalling \$62,000 were awarded to other health professionals such as occupational therapists, physiotherapists, speech language pathologists and audiologists.
- Fifty-six nursing students received financial support through the Rural Student Incentive Program to complete clinical placements in rural locations.
- Additionally, three scholarships were awarded by the Department for the Graduate Program in Health Administration.

“The Newfoundland and Labrador Health Human Resource Indicator Report 1999-2003” was completed in March 2004. The report examined health human resource trends in the health and community services system such as retirement, absenteeism, turnover and staffing.

Reporting to Newfoundlanders and Labradorians on Comparable Health and Health System Indicators

In December 2004, the Department of Health and Community Services released: “Health Scope 2004.” The release of this provincial report fulfilled the commitment made by federal, provincial and territorial governments in February 2003 to issue regular progress reports on the status of their health systems.

“Health Scope 2004” revealed many similarities between Newfoundland and Labrador, the Atlantic Provinces and Canada. Statistics show that residents of this province who used the health system were very pleased with the care and services they received. Challenges exist, however, to improve access to services and ensure programming exists to support Newfoundlanders and Labradorians to make healthy lifestyle choices.

Best Practices Review

The Hay Health Care Consulting Group was contracted in the Spring of 2004 at the request of both the Western Health Care Corporation and the Grenfell Regional Health Services Board to determine the best way to meet the health needs of the regions within available resources. The final reports were submitted to the Department in February 2005 and in keeping with Government's commitment to openness and transparency, the reports were released to the public.

The two reports contained 270 recommendations covering themes of governance, medical services, operational efficiencies, utilization, access to services and finances. The new Regional Integrated Health Authorities that will oversee these former organizations have been tasked by Government to review these reports and to determine an appropriate implementation plan based on their recommendations.

Responding to the Public

In 2004-05, the Department responded to numerous enquiries from the public providing information relating to programs and services. In addition, various formal requests for information were processed including:

- 15 formal notices from the Office of the Citizen's Representative respecting new complaint investigations;
- two formal requests for documentation from the Office of the Child and Youth Advocate;
- 22 requests for information in accordance with the *Freedom of Information Act* and the new *Access to Information and Protection of Privacy Act*; and
- two notifications in the context of the *Access to Information Act* (Federal legislation).

Fiscal Sustainability

During 2004-05, six of the 14 health boards operated with a surplus and/or managed to make payments toward their accumulated deficits. However, overall, the health boards system operated in a \$12.7 million deficit position, therefore increasing the total accumulated operating deficit for the health boards from \$107.6 million to \$120.3 million.¹ The institutional boards incurred \$8.3 million of the \$12.7 million, largely because of inflationary and utilization pressures. Home support cost increases also contributed to deficits for community health boards as they continued to apply strict criteria to constrain growth in this program area. The Department will continue to work closely with the new Regional Integrated Health Authorities to address their program and fiscal challenges. With enhanced accountability guidelines in place and constantly improving information systems, the Department will be better able to assess and monitor the efficiency and outcomes of the provincial health and community services system.

¹ March 31, 2005-unaudited.

Did you know...

In 2002, total provincial government health expenditures per person in NL was \$2,787 vs. CA at \$2,321.

Source: Health Expenditures Database, CIHI, 2003

Legislative and Regulatory Activities

In 2004-05, the Department was engaged in several legislative and regulatory activities. As well, a number of Legislative Amendments were made.

- The *Optometry Act, 2004*, was passed in June 2004. This *Act* will be proclaimed once regulatory development is completed in 2005-06.
- The *Centre for Health Information Act*, was passed in June 2004. Government agreed in the House of Assembly during the debate to delay proclamation until Part 4 of the *Access to Information and Protection of Privacy Act* was proclaimed.
- The *Pharmaceutical Association Act, 1994 (Amendment)*, was passed and proclaimed in force in December 2004.
- The Department participated as a member of the Nurse Practitioner Consultative and Approvals Committee in the review of the current regulatory framework for nurse practitioners. Input was received from approximately 400 stakeholders and the final report with recommendations is under consideration by the Committee.
- The Department continued work on the development of legislation to create a provincial health research ethics board.
- An order, pursuant to the *Hospitals Act*, was published in the Gazette on March 18, 2005 establishing the Regional Integrated Health Authorities effective April 1, 2005.
- The Department was involved in drafting legislation to protect personal health information.

Opportunities and Challenges Ahead

The Department of Health and Community Services continues to address the numerous challenges of delivering quality health and community services to the people of Newfoundland and Labrador. Challenges include an aging population, health status, fiscal resources and geography.

Aging Population

The Canadian population is aging. In the coming decades, seniors will comprise a larger share of the Canadian population, growing from 3.5 million people in 1996 to an estimated 6.9 million by 2021. Statistics Canada predicts that Newfoundland and Labrador will have the highest proportion of individuals over the age of 65 in the country by 2021 and half of the population will be over the age of 49. An aging population will result in a greater demand for certain services such as long term care, home support, prescription medications and end of life care.

Health Status

“Health Scope 2004” highlighted a series of indicators that describe the healthy living behaviours of Newfoundlanders and Labradorians. Concern remains for the lifestyle choices that attribute to high rates of teenage smoking, physical inactivity and obesity. Through policy and program development, health promotion, education and early intervention, Government will have to contribute to support the public in making the appropriate healthy lifestyle choices.

Fiscal Resources

National reports indicate Newfoundland and Labrador experiences higher total provincial government health expenditures per capita (\$2,787) than Canada (\$2,321). Government is committed to a health and community services system that is well managed and efficient and ensures quality services. In Budget 2004, Government announced a health strategy consisting of four major components: an integrated, efficient and smaller governance structure, a fair and equitable approach to locating health services, development of a skill mix framework and a best practices culture. The Government will continue to address health care needs within available resources.

Geography

Newfoundland and Labrador has a greater land mass than the combined land mass of the other Atlantic Provinces. With citizens living along coastal communities as well as in more populated urban areas, the greatest challenge of the health and community services system is sustaining services to low density widely dispersed populations. Government will continue to work with Regional Integrated Health Authorities and communities throughout the province to ensure equitable access to services with particular attention to strengthened primary health care services.

Financial Statements

Department of Health and Community Services

Fiscal 2004-05

| | Actual Budget (\$) (Unaudited) | Amended (\$) Budget | Original (\$) Budget |
|--|-----------------------------------|------------------------|-------------------------|
| <i>Minister's Office (1.1.01)</i> | 344,613 | 374,400 | 324,400 |
| <i>General Administration (1.2.01 to 1.2.08)</i> | | | |
| Total gross | 14,998,488 | 16,714,400 | 18,405,200 |
| Less revenue-federal | (1,151,925) | (1,495,900) | (1,495,900) |
| Less revenue-provincial | (264,904) | (400,000) | (400,000) |
| Total net | 13,581,659 | 14,818,500 | 16,509,300 |
| <i>Memorial University Faculty of Medicine (2.1.01)</i> | 23,158,296 | 23,158,300 | 22,783,300 |
| <i>Drug Subsidization (2.2.01 to 2.2.03)</i> | 102,836,513 | 102,887,300 | 106,919,100 |
| <i>Medical Care Plan (2.3.01 to 2.3.02)</i> | | | |
| Total gross | 274,332,758 | 275,204,800 | 270,723,000 |
| Less revenue-provincial | (1,704,145) | (1,500,000) | (1,500,000) |
| Total net | 272,628,613 | 273,704,800 | 269,223,000 |
| <i>Emergency & Transportation Services (2.4.01)</i> | | | |
| Total gross | 14,637,814 | 14,882,100 | 14,582,100 |
| Less revenue – provincial | (29,856) | (135,000) | (135,000) |
| Total net | 14,607,958 | 14,747,100 | 14,447,100 |
| <i>Community Services (3.1.01 to 3.1.02)</i> | | | |
| Total gross | 258,620,420 | 259,362,500 | 258,636,300 |
| Less revenue-federal | (3,222,370) | (3,300,800) | (3,300,800) |
| Less revenue-provincial | (360,746) | (300,000) | (300,000) |
| Total net | 255,037,304 | 255,761,700 | 255,035,500 |
| <i>Health Facilities & Related Services (3.2.01)</i> | | | |
| Total gross | 960,427,548 | 960,782,900 | 950,991,000 |
| Less revenue-federal | (6,111,685) | (5,101,900) | (5,101,900) |
| Less revenue-provincial | (13,260,298) | (11,912,200) | (11,912,200) |
| Total net | 941,055,565 | 943,768,800 | 933,976,900 |
| CAPITAL | | | |
| <i>Administrative Support (1.2.09)</i> | 949,169 | 1,220,700 | 1,222,700 |
| <i>Health Care Facilities & Equipment (3.3.01 to 3.3.02)</i> | 15,043,407 | 15,449,000 | 15,465,300 |
| Total Department | | | |
| Total gross | 1,665,349,026 | 1,670,036,400 | 1,660,050,400 |
| Less revenue-federal | (10,485,980) | (9,898,600) | (9,898,600) |
| Less revenue-provincial | (15,619,949) | (14,247,200) | (14,247,200) |
| Total net | 1,639,243,097 | 1,645,890,600 | 1,635,904,600 |

Expenditures 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.