
2006-2008 STRATEGIC PLAN

Department of Health
and Community Services





Message from the Minister

As the Minister, I am pleased to submit the 2006-2008 Strategic Plan for the Department of Health and Community Services, in accordance with Government's commitment to accountability and transparency. The Strategic Plan provides the framework needed for individuals, families and communities to achieve optimal health and well being.

As the Minister of Health and Community Services, I acknowledge my accountability for the preparation of this plan and for achieving the specific goals and objectives in this plan. As a Category One Government entity under the *Transparency and Accountability Act*, my Department will report annually to the public on the progress of these goals and objectives.

The strategic plan presents specific goals, objectives and indicators to ensure quality and accessible health and community services through initiatives relating to population health, public health capacity, accessibility to priority services and accountability processes. Through strategic initiatives and best practice policies and standards, the Department has already significantly improved outcomes in these areas.

The plan outlines the steps to ensure a sustainable health care system that responds to the needs of our people as we move into the future. I look forward to working with our Regional Health Authorities and community partners as we continue to build upon our recent accomplishments to ensure the health and well being of the people of our province.

A handwritten signature in black ink that reads "Tom Osborne".

Tom Osborne
Minister
MHA, St. John's South

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OVERVIEW

Vision

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

Mission

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

Goals and Objectives

Goal 1: *By March 31, 2008 the Department of Health and Community Services will have improved access to cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics.*

Objective 1: By March 31, 2007 the Department of Health and Community Services has centralized reporting of regional wait times for cancer care, cardiac care, cataract surgery, joint replacement and diagnostic procedures; multi year targets established to achieve benchmarks; priority evidence based assessment tools in use for selected surgical and diagnostic services; and established processes to review appropriate utilization for select services.

Objective 2: By March 31, 2008 the Department of Health and Community Services will have improved access to cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics.

***Goal 2:** By March 31, 2008, the Department of Health and Community Services will have increased access in the area of long term and community support services.*

Objective 1: By March 31, 2007 the Department of Health and Community Services has established the policy and program directions for community support for adults with disabilities including residential services and developed a monitoring framework for program tracking and reporting and implemented year 1 of the Personal and Community Care home provincial services framework

Objective 2: By March 31, 2008, the Department of Health and Community Services will have increased access in the area of long term and community support services.

***Goal 3:** By March 31, 2008 the Department of Health and Community Services has improved the health of seniors through the creation and partial implementation of a Healthy Aging Plan*

Objective 1: By March 31, 2007 the Department of Health and Community Services will have completed a plan that supports healthy aging.

Objective 2: By March 31, 2008 the Department of Health and Community Services has improved the health of seniors through the creation and partial implementation of a Healthy Aging plan

***Goal 4:** By March 31, 2008 the Department of Health and Community Services will have ensured that health and community services are provided based on the population health needs of the citizens and within available resources.*

Objective 1: By March 31, 2007 the Department of Health and Community Services will have established quality health and community services operational standards in select areas.

Objective 2: By March 31, 2008 the Department of Health and Community Services will have ensured that health and community services are provided based on the population health needs of the citizens and within available resources.

Goal 5: *By March 31, 2008 the Department of Health and Community Services will have increased availability of regulated child care spaces, programs and services that provide learning and developmental opportunities for children.*

Objective 1: By March 31, 2007, the Department of Health and Community Services will have implemented the Early Learning and Child Care Plan in the areas of regulated child care spaces, settings, services to children with special needs, and subsidies to low income families.

Objective 2: By March 31, 2008 the Department of Health and Community Services will have increased availability of regulated child care spaces, programs and services that provide learning and developmental opportunities for children.

Goal 6: *By March 31, 2008, the Department of Health and Community Services will have enhanced population health through improvements in the public health system in the areas of communicable disease, environmental health and health emergency management.*

Objective 1: By March 31, 2007, the Department of Health and Community Services will have increased public health human resources capacity and prepared a provincial pandemic influenza planning document.

Objective 2: By March 31, 2008, the Department of Health and Community Services will have enhanced population health through improvements in the public health system in the areas of communicable disease, environmental health and health emergency management.

Goal 7: *By March 31, 2008, the Department of Health and Community Services will have increased opportunities for population health in the areas of healthy eating, physical activity, tobacco control, and injury prevention with particular focus on children's health.*

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

Objective 2: By March 31, 2008, the Department of Health and Community Services will have increased opportunities for population health in the areas of healthy eating, physical activity, tobacco control, and injury prevention with particular focus on children's health.

DEPARTMENTAL OVERVIEW

The Department of Health and Community Services provides leadership and direction for effective and efficient delivery of health and community services.

The Department's 211 employees are located throughout three office locations:
 Confederation Building (West Block)
 Belvedere Place, Pleasantville
 Grand Falls-Windsor (MCP)

In addition to these locations the Department supported the following infrastructure in the health and community services system in 2005-06:

Hospitals	16
Health centers	18
Nursing homes	21
Nursing stations	13
Community/clinical offices	106
Acute care beds	1607
Nursing home beds	2757
Personal Care Homes	94

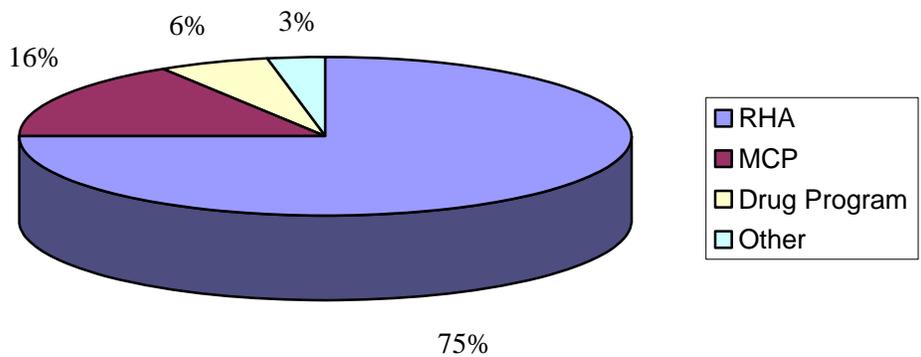
The Department is organized as follows:

	Female	Male	Total
Minister's/Deputy Minister's office	5	5	10
Communications	3	Nil	3
Government Relations	3	Nil	3
Medical Services	23	5	28
Regional Health Operations	15	4	19
Policy and Planning	13	4	17
Public Health, Wellness and Children and Youth Services	26	6	32
Corporate Services	32	67	99
Total	120	91	211

The Department provides a lead role in 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 health outcomes.

The Department ensures the province benefits from best practices, standards and guidelines prevalent in other jurisdictions through representing the health interests of Newfoundland and Labradorians in all intergovernmental discussions, initiatives and agreements and by partnering and collaborating with other departments of the Government of Newfoundland and Labrador, governments in other jurisdictions and the Federal Government. The Department is the lead for Wellness, Healthy Aging, Mental Health and Addictions and Model of Services Co-ordination for Children and Youth. The Department is a participant in the multi-departmental initiatives for Violence Prevention, Immigration and Poverty Reduction.

The Department is accountable for 41 pieces of legislation and all the orders and regulations made under those Acts. The Department is also accountable to ensure budget controls are in place and adhered to by the Authorities and other agencies. The Health and Community Services Budget is \$1.71 billion for 2005-06. It is allocated in the following manner:



LINES OF BUSINESS

1. Policy, Planning, Program Development and Support

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

Programs under a legislative framework

Medical Care Plan, hospital insurance plan, Child Youth and Family Services, community youth corrections (in conjunction with the Department of Justice), child care, adoptions/post adoptions, communicable diseases, environmental health including tobacco control and smoke free environments, food safety, drinking water quality, personal care homes and sanitation in Conjunction with the Department of Government Services).

Programs not under a legislative framework

Parent and child health, early childhood development, immunization, healthy eating and active living, chronic disease management in select areas, long term and community support services, select staffing frameworks, intervention and support services for persons with disabilities, emergency preparedness, drug programs and mental health and addictions services.

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

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

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

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

The Department represents Provincial priorities in the development of intergovernmental (Atlantic and Federal/Provincial/Territorial (F/P/T) strategic directions and initiatives. The Department oversees the administration of programs emanating from various F/P/T agreements such as Early Learning and Child Care, Early Childhood Development Initiative and National Child Benefit; initiatives under the First Ministers' Accords such as wait time reduction, enhancement of home care programs; public health; initiatives under primary health care renewal; and other services such as reciprocal billing, Canadian Blood Services, benefits to selected Hepatitis C victims, etc.

2. Monitoring and Reporting

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

- periodic evaluation of selected elements of legislation under the authority of the Department as required, and in conjunction with other Government departments and agencies as necessary;
- adherence to guidelines/best practices and/or funding/service delivery standards in areas such as Management Information Systems and Reporting Guidelines, dental program, Medical Care plan, Newfoundland and Labrador Prescription Drug Program, ambulance, and intervention services;
- periodic program evaluation of selected programs and services such as best practice reviews in Regional Health Authorities, drug plan review and autism early intervention program review among others;
- budget control with respect to Regional Health Authorities and other agencies funded by the Department; and,
- the implementation of budget directions by the Department or other entities to achieve targeted outcomes such as improved service levels, reduced wait times, reduced expenditures.

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

3. Provincial Public Programs and Services Administration

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

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

MANDATE

The mandate of the Department of Health and Community Services is derived from the Department of Health and Community Services Notice, 2003, under the Executive Council Act, which outlines the powers, duties and functions of the Minister.

The Department of Health and Community Services is directly responsible for:

- providing funding for insured medical and hospital services, approved dental and pharmaceutical services for eligible individuals, subsidies to eligible individuals in long term and community support services, grants to select community agencies in support of the Department's mandate;
- administration of inter-country adoptions, selected seat purchase and bursary assistance programs for students in a professional or technical field connected with health and community services;
- distribution and storage of vaccines (as well as provision of records of immunization) and select health related materials;
- leading the coordination of strategic initiatives for seniors;
- special authorization of restricted drug benefits (NLPDP); and,
- providing leadership, monitoring and support to the Regional Health Authorities and other Government Departments and agencies that are mandated for the provision of quality programs in the following areas:
 - The preservation and promotion of health; the prevention and control of disease; the control, possession, handling, keeping and sale of food and drugs; and public health and the enforcement of public health standards
 - The administration of hospitals, long term and community support facilities, personal care facilities, continuing care and supportive services
 - Services to children, youth and families; adoption of children; child care services; and the administration of laws relating to the commission of offences by young persons
 - Programs and residential facilities for persons who are neglected, dependent, abused, persons with disabilities and persons who are being treated for addictions
 - Health professional education and training programs, especially in the training programs funded by the Department.

VALUES

The following values are considered foundational to individual and organizational behavior within the Department of Health and Community Services.

Collaboration	<i>Each person engages actively with partners</i>
Fairness	<i>Each person uses a balance of evidence for equity in decision-making</i>
Privacy	<i>Each person manages and protects information related to persons/families/organizations/communities and the department appropriately</i>
Respect	<i>Each person provides opportunities for others to express their opinions in an open and safe environment</i>
Transparency in decision making	<i>Each person is forthcoming with all information related to decision making except where prohibited by legislation</i>
Excellence	<i>Each person does the best work possible within their skills and the resources available</i>

PRIMARY CLIENTS

The Department of Health and Community Services has many clients as well as stakeholders on a provincial and national level. In fulfilling its mandate, 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, stakeholders include the Federal Government, governments of other provincial and territorial jurisdictions and a wide array of national organizations. Ultimately, the residents of Newfoundland and Labrador are the central focus for all departmental policies, programs and investments.

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 STATEMENT

The integration of the Health Authorities in 2005-06 laid the foundation for a provincial health system that will provide a seamless range of health and community services based on the needs of citizens. However, challenges still remain with respect to an aging population, health status, fiscal resources and geography.

The next step in achieving the Department's vision of optimal health and well being of individuals, families, and communities, is to assure provision of equitable, accessible, quality services through the development of strategies and best practice policies/standards in the areas of population health, public health capacity, accessibility to priority services and accountability processes.

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

<i>Measures</i>	<i>Actions</i>
<p>Developed policies and strategies in four strategic directions:</p> <ol style="list-style-type: none"> 1. Improve population health 2. Strengthen public health capacity 3. Improve accessibility to priority services 4. Improve accountability and stability in the health and community services system within available resources 	<p>Ensured implementation of these policies and strategies to support the four strategic directions:</p> <ol style="list-style-type: none"> 1. Improve population health 2. Strengthen public health capacity 3. Improve accessibility to priority services 4. Improve accountability and stability in the delivery of health and community services within available resources

<i>Measures</i>	<i>Actions</i>
<p>1. Improve population health</p> <ul style="list-style-type: none"> • Wellness Action Plan including specific policies: <ul style="list-style-type: none"> ○ School Food Guidelines ○ Public Workplace Foodservice Guidelines ○ Provincial Wellness Grants program ○ Provincial Tobacco Reduction Strategy ○ Amendment of <i>Smoke Free Environment Act</i> to include bars and bingo halls ○ Smoke free school yards policy ○ Mental health promotion ○ Physical activity (active living) ○ Injury Prevention • Nutrition strategy • Oral health strategy <ul style="list-style-type: none"> ○ revised child dental health plan ○ guidelines for special populations including – seniors, pregnant women, children up to 6 years • Healthy aging components in selected provincial strategies • Revised Healthy Beginnings Program guidelines policies in education and support for pregnancy, birth, and early parenting <ul style="list-style-type: none"> ○ A New Life ○ Infant Feeding Guidelines • Health promotion components of chronic disease strategies: <ul style="list-style-type: none"> ○ stroke ○ cancer 	<p>Support improvement in population health</p> <ul style="list-style-type: none"> • Indicator framework for Wellness Action Plan including: <ul style="list-style-type: none"> ○ monitor uptake of school food policies ○ monitor adherence to public workplace foodservice guidelines ○ monitor implementation of Provincial Wellness Grants program ○ monitor implementation of Provincial Tobacco Reduction Strategy ○ monitor indicators of protection from environmental tobacco smoke in public places ○ monitor adherence to policy ○ monitor provincial and regional activities regarding mental health, physical activity, and injury prevention • Monitor provincial and regional activities accessibility of dental health services for children covered by plan • Monitor dental health indicators • Monitor provincial and regional activities related to healthy aging components included in Wellness, Nutrition, Oral Health and Mental Health Plans • Monitor revised guidelines and policies • Monitor overall wellness indicators • Monitor provincial and regional activities related to stroke and cancer risk factor reduction

<p>2. Strengthened public health capacity</p> <ul style="list-style-type: none"> • Health emergency management policies • Infection control policies • Surveillance for communicable disease control • Immunization management including vaccine inventory control and immunization registry • Environmental health policies including <ul style="list-style-type: none"> ○ private sewage disposal and private water supplies; and, ○ food safety, food safety education for food service workers. • Departmental organizational structure to reflect needs of public health 	<p>Support for a strengthened public health capacity</p> <ul style="list-style-type: none"> • Monitor implementation of provincial policies • Standardized infection control policies operationalized in RHA • Communicable disease surveillance system in place • Information technology supports in place for public health surveillance • Annual and quarterly reports for communicable disease • Policies implemented and monitored in the area of communicable disease including pandemic influenza, respiratory infections and vaccine preventable diseases • Vaccine inventory system in place • Immunization registry in place • Information technology supports in place for immunization registry and vaccine inventory, vaccine usage • Immunization coverage • Monitor adherence to policy • Organizational structure in place that reflects public health priorities • Public health human resources plan in place to support the Departmental structure
<p>3. Improved accessibility to priority services</p> <ul style="list-style-type: none"> • Addiction policies including: <ul style="list-style-type: none"> ○ methadone ○ gambling ○ narcotics (OxyContin) ○ youth gambling • Mental Health Care and Treatment Act 	<p>Support accessibility to priority services</p> <ul style="list-style-type: none"> • Monitor uptake of community-based addiction services • Monitor access to appropriate services identified under the Act

<ul style="list-style-type: none"> • Primary Health Care Framework including policies related to: <ul style="list-style-type: none"> ○ alternate funding models ○ information management: <ul style="list-style-type: none"> - Electronic health record - Telecare/teletriage - Videoconferencing as a mode of service delivery ○ chronic disease management ○ Integration of teams including <ul style="list-style-type: none"> - Scope of practice - Management structures and accountability - Expansion of PHC teams • Home care policies • Provincial service framework for long term and community supports including policies related to: <ul style="list-style-type: none"> ○ personal care homes, community care homes, home support, & supportive housing ○ subsidies ○ financial assessment ○ indicator framework • Early learning and child care policies with respect to the Early Learning and Child Care Plan • Wait time management for select services • Policies and protocols for the use of pharmaceuticals for selected diseases 	<ul style="list-style-type: none"> • Access to appropriate primary health services including: <ul style="list-style-type: none"> ○ use of alternate funding models ○ increase in provincial coverage and the number of providers using: <ul style="list-style-type: none"> - EHR - Telecare - Videoconference • number of PHC sites using standard tool kits for chronic disease management • Scope of Practice Survey • Compliant with PHC Framework • Number of PHC teams • % population under new PHC model • Utilization of home care services • Expanded availability of long term and community support services • Subsidy review assessment completed • Financial assessment tool in use by region • Monitor reports prepared using indicator framework • New policies/standards/criteria and funding in the following areas: <ul style="list-style-type: none"> ○ quality improvement initiative in place for centre-based regulated child care services ○ children with special needs supported in regulated child care ○ regulated child care services in under-serviced areas of the province • Wait time reports for services, such as cardiac care, cancer care, joint replacement, vision restoration and diagnostic tests • Standard definition and data collection/reporting • Best practice protocols for pharmaceutical therapies <ul style="list-style-type: none"> ○ number of protocols existing ○ availability of protocols on web site ○ rate of inappropriate requests for special authorization
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<p>4. Improved accountability and stability in the health and community services system within available resources</p> <ul style="list-style-type: none"> • Monitoring and evaluation related to Child, Youth and Family Services (CYFS) Act • Stroke management protocols • Dialysis provincial protocols • Indicator framework related to Wellness, Mental Health and Addictions, and Long Term and Community Supports • Provincial directions for design and delivery of health services • Performance reporting with respect to financial and statistical activity • Budget allocation formula • Physician human resource plan and management policies • Staffing/skill mix ratio in Long Term Care • Financial assessment policy for individuals eligible for subsidies • Access to health information • Regional Health Authorities Act 	<p>Support for improved accountability and stability in the health and community services system within available resources</p> <ul style="list-style-type: none"> • Outcome reports for CYFS programs and services • Use of stroke management protocols in regions • Use of dialysis management protocols in regions • Reports based on indicator with respect to the Wellness Action Plan, Mental Health Services Plan, and Long Term and Community Support Services Plan • Alignment of services based on current needs and fiscal resources including: <ul style="list-style-type: none"> o primary health care o diagnostic services o others (e.g. dialysis) • Financial performance indicators in use for quarterly and annual reporting • Monitor performance indicators • Budget allocation formula in use in annual budget allocation • Monitor vacancy rates, turnover, new graduate retention, training needs • Monitor adherence to physician plan • Monitor staffing/skill mix in selected areas • Monitor adherence to policy • Monitor adherence to Access to Information and Protection of Privacy Act • Monitor adherence to legislation
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GOALS AND OBJECTIVES 2006-2008

In consideration of Government's strategic directions and the mandate and financial resources of the Department, the following areas have been identified as the key priorities of the Minister for the next two years. The goals identified for each issue reflect the results expected in the two year timeframe while the objectives provide an annual focus. Measures and indicators are provided for both the goal and the first year's objective to assist both the Department and the public in monitoring and evaluating success.

ISSUE #1: ACCESS

Timely access to appropriate health services is a critical component of quality health care. First Ministers Agreement (FMM) in 2004, *A 10-Year Plan to Strengthen Health Care* committed to improving access to care and reducing wait times. In December 2005 national benchmarks were established in five priority areas: cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics. The necessary first step to ensure timely access is to develop a provincial wait time management system that can identify and monitor wait times for select health and community services.

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

Measure

Improved access to select health and community services

Indicator

Wait times in Newfoundland and Labrador will be equal to the national wait time benchmarks in the areas of cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics

2006/07 OBJECTIVE, MEASURES AND INDICATORS

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

Measure

Centralized reporting of regional wait times for cancer care, cardiac care, cataract surgery, joint replacement and diagnostic procedures

Indicators

- Collection of comparable indicators for selected services
- Quarterly reporting to the public on Newfoundland and Labrador's standing in relation to the national wait time benchmarks

Measure

Provincial multi-year targets established to achieve National benchmarks

Indicators

- Targets identified for each of the five priority areas by December 2006
- Processes established to monitor targets on a quarterly basis
- Processes established to report progress in meeting multi-year wait time targets to the citizens of NL

Measure

Priority evidence based assessment tools in use for selected surgical and diagnostic services

Indicators

- Priority assessment tools developed for use in select surgical and diagnostic services, and implementation initiated
- Pilot evaluation of the priority assessment tools completed

Measure

Established processes to review appropriate utilization for select services

Indicators

- Provincial committee to review appropriate utilization, including recommendations for evidence based best practice in select areas
- Ongoing monitoring of provincial wait times for access in the five priority areas including a review of utilization trends with recommendations to improve access

2007/08 Objective: *By March 31, 2008 the Department of Health and Community Services will have improved access to cancer care, cardiac care, vision restoration, joint replacement and screening diagnostics.*

ISSUE #2: LONG TERM AND COMMUNITY SUPPORT

The long term and community supports system is comprised of a diverse array of programs and supports that are intended to provide the assistance needed to reasonably manage the activities and functions of daily life. Although commonalities exist across all long term and community supports program areas, one of the most striking features of the sector is the diversity in philosophy, orientation and history. Services for each of the different population groups developed separately in different times and under different conditions. This has contributed to the creation of a fragmented system which lacks a coherent, evidence based policy foundation to guide program design and delivery. In addition, as this sector falls outside the responsibility of the Canada Health Act, a financial contribution from the individual may be expected. This too has resulted in inconsistent application of financial policy and procedures.

In order to identify and reflect both the commonalities and distinctiveness of the elements of the long term and community support services sector, a policy initiative is a necessary first step. This initiative is intended to establish the broad policy directions that will underpin the system and provide the most effective foundation for future service delivery.

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

Measure

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

Indicators

- Long term care facilities
 - Increased number of beds in nursing homes and health care centers while at the same time designing a more personalized living space
 - Decreased number of clients awaiting placement
- Community/personal care homes
 - Increased number of personal/community care home subsidies
 - Decreased number of clients awaiting subsidies
- Community home support services
 - Monitor the number of clients in receipt of services
 - Decrease the number of clients waitlisted for new service
 - Decrease in the number of clients waitlisted for enhanced services

2006/07 OBJECTIVE, MEASURES AND INDICATORS

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

Measure

Established the policy and program directions for community support for adults with disabilities including residential services

Indicators

- Review and revise:
 - Financial rate structure in disability support program
 - Policy for home and community support for adults including:
 - residential services
 - community dementia care
- Submit above revisions for approval

Measure

Pilot tested a monitoring framework for program tracking and reporting

Indicators

- Draft indicator framework for consultation
- Pilot the framework in the personal care home sector
- Initial monitoring reports

Measure

Implemented year 1 of the Long Term and Community Supports framework

Indicators

- Program operational standards revised and disseminated
- Sprinkler installation in homes
- Equalization grants required/distributed
- Pilot testing of Inter-RAI Tool for home care in Central Health Region
- Planning/project management for facility development/enhancement in:
 - Corner Brook- long term care
 - Clarenville - long term care
 - Happy Valley- Goose Bay- long term care
 - Grand Bank - Health Care Centre
 - Labrador West - Health Center
 - Corner Brook - Humberwood Addictions Centre

- Rate increases for:
 - alternate family care
 - personal care homes

2007/08 Objective: *By March 31, 2008, the Department of Health and Community Services will have increased supports in the area of long term and community support services*

ISSUE #3: SENIORS

While 13.1 per cent of our population is currently over age 65, it is projected that within 15 years Newfoundland and Labrador will have the highest proportion of individuals over age 65 in Canada. This segment of our population demonstrates diversity in areas such as age, gender, sexual orientation, income, marital status, education, spirituality, health, ethnicity, culture and geography. It is essential to address and prepare for this complex and diverse demographic trend. The first step in preparation is through the development of a comprehensive healthy aging plan. The development of a healthy aging plan is a multi departmental initiative of which the Department of Health and Community Services is lead. This initiative will create a coherent approach to issues of an aging population across all government entities.

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

Measure

Creation and partial implementation of a Healthy Aging plan

Indicators

- Policy framework and action plan that supports opportunities for healthy aging
- Monitor indicators of healthy aging to assess impact of opportunities in the areas of smoking, alcohol consumption, physical activity in leisure time, obesity, dietary practices, consulted a physician/dentist, uptake of flu vaccine, hip fracture hospitalization rate and self rated health
- Senior's focus included in departmental initiatives
- Contributed an aging and seniors lens to inter-department initiatives
- Improved access to pharmaceuticals for seniors
- Increased public awareness of abuse towards seniors
- Focus on seniors health in the oral health strategy

2006/07 OBJECTIVE, MEASURES AND INDICATORS

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

Measure

Completed plan that supports healthy aging

Indicators

- Develop a:
 - Healthy Aging Framework
 - Healthy Aging Plan
 - Indicator framework for the plan
- Monitoring of an indicator framework
- Contributed an aging and seniors lens to:
 1. Departmental policy/initiatives
 - Provincial Wellness Plan
 - Oral Health Plan
 - Mental Health and Addictions Services Policy Framework
 - Long term and community supports services framework
 2. Interdepartmental initiatives
 - Violence Prevention Initiative (Women's Policy Office)
 - Poverty Reduction Strategy (Human Resources Labor Employment)
 - Inter-departmental Working Group for Aging And Seniors
 - Ministerial Council on Aging and Seniors

2007/08 Objective: *By March 31, 2008 the Department of Health and Community Services has improved the health of seniors through the creation and partial implementation of a healthy aging plan*

ISSUE #4: SUSTAINABILITY

In April 2005, the existing fourteen health boards were amalgamated into four regional health authorities. As the regional integration process moves forward, there is a need to build a seamless continuum of services from community to acute and long term care and effectively use limited resources. Giving priority to prevention and promotion will always be difficult against the pressures of the costs of acute care.

To ensure that quality health and community services are accessible and sustainable the Department will provide strong leadership to the Regional Health Authorities through:

- setting policy and program directions for new services and service models;
- setting provincial operational standards to guide program implementation and monitoring;
- having a role in planning for new technology and health; and,
- monitoring to ensure service plans are deliverable within existing resources.

These are the necessary foundational steps to a sustainable system.

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

Measure

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

Indicators

- Monitor needs assessment development by Regional Health Authorities for:
 - Primary Health Care sites
 - Regional Service Plans

Measure

Services are provided within available resources

Indicators

- Monitoring and reporting on resource indicators:
 - Provincial government health expenditures per capita
 - Regional Health Authorities current assets to liabilities ratio
 - Regional Health Authorities current year surplus/deficit to total revenue
 - Provincial Government health expenditures to total provincial government programs

2006/07 OBJECTIVE, MEASURES AND INDICATORS

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

Measure

Established quality health and community services standards in select areas

Indicators

- Development/revision of operational standards in:
 - Diagnostic Imaging & Laboratory
 - Personal/Community Care homes
 - Residential services for people with disabilities
- Implementation of:
 - New operational standards for Transition House Program
 - Health Information Technology Plan
 - Self-care/Tele-care for 24/7 nurse phone health information
 - Electronic Medical Records Plan: pilot testing in urban area
 - Tele-health plan in primary health care in some regions
- Planning/project management for facility development/enhancement in:
 - Grand Falls Windsor and Gander- Cancer Clinics
 - St. John's - The Dr. H. Bliss Murphy Cancer Centre
 - Dialysis units in new satellite locations
- Evaluation of:
 - Enhanced sharing of electronic Primary Health Care information among teams in urban/rural pilot test areas
 - Electronic Medical Records Plan: an urban pilot test area

Measure

Established population health needs

Indicators

- Monitor population health needs assessment
 - Primary Health Care sites
 - Regional Service Plans
 - Canadian Community Health Survey

Measure

Services are provided within available resources

Indicators

- Physicians' human resource plan
- Approved Regional Health Authority budgets and operational plans
- Implemented enhanced claims processing systems
 - Physician Claims Monitoring System
 - MCP re-registration project

2007/08 Objective: *By March 31, 2008 the Department of Health and Community Services will ensure quality health and community services are provided based on the needs of the citizens and within available resources.*

ISSUE #5: EARLY LEARNING AND CHILD CARE

Investing in children's cognitive, physical, emotional and social developmental needs through evidence-based practices is a priority for this Department. Children's learning and developmental opportunities can be strengthened through appropriate child-centered activities, supporting the engagement of parents in their children's early learning and providing a safe, secure, nurturing and stimulating early learning environment. The first step in enhancing children's learning environment is the development of provincial policies.

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

Measure

Increased availability of regulated child care spaces, programs and services

Indicators

- Reduced number of children awaiting licensed child care services
- Increased number of licensed child care spaces
- Increased number of families receiving child care subsidy
- Increased number of early childhood educators in receipt of educational supplement
- Increased number of subsidized child care spaces
- Increased number of family resource centers

2006/07 OBJECTIVE, MEASURES AND INDICATORS

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

Measure

Developed the necessary policy framework to begin effective implementation of the Early Learning and Child Care Plan in the areas of regulated child care spaces, services to children with special needs, and subsidies to low income families

Indicators

- Development/expansion to, policies with partial implementation in the following areas:
 - Regulated child care spaces
 - Subsidies to low income families
 - Supports for children with special needs in regulated child care

- Improvements in recruitment and retention of early childhood educators by expansion of the Educational Supplement initiative to support wages in child care settings
- Development of evaluation process for the Early Learning and Child Care plan

2007/08 Objective: *By March 31, 2008 the Department of Health and Community Services will have increased availability of regulated child care spaces, programs and services that provide learning and developmental opportunities for children.*

ISSUE #6 : PUBLIC HEALTH CAPACITY

A public health system that focuses on promoting health, preventing disease and protecting the public is considered the foundation of a publicly funded health system. Emerging provincial, national and international threats to the health of the population have brought attention to the province's ability to cope with a future crisis. An enhanced provincial public health system in the areas of communicable disease, environmental health and health emergency management is necessary to allow the system to effectively deal with emerging public health issues while maintaining or enhancing existing public health programs.

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

Measure

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

Indicators

- Communicable disease
 - Increased ability to monitor communicable disease
- Environmental health
 - Monitor adherence to new/revised policy standards in regard to:
 - Inspections carried out on: food premises, child care centers recreational facilities, public water supplies and schools
 - High, moderate and low risk food premises
 - Food handlers that receive food safety training
 - Septic system design submissions and installations adhering to new standards
- Health emergency management
 - Expanded number of provincial and regional plans tested and evaluated
 - Enhanced professional development of provincial and regional officials

2006/07 OBJECTIVES, MEASURES AND INDICATORS

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

Measure

Increased public health human resources capacity

Indicators

- Implementation of a provincial human resources enhancement plan including Epidemiologist, Infection Control Specialist, Director of Disease Control, Director of Public Health Information Management and Deputy Provincial Medical Officer of Health
- Implementation of a multi-year regional human resource enhancement plan
 - Increase the number of public health nursing position in the regions
 - Creation of four regional health emergency planning professional positions

Measure

Facilitated implementation of new policies

Indicators

- Roll out plans to Regional Health Authorities for implementation of:
 - Pandemic Influenza management
 - Respiratory infection control
- Planning electronic management systems for:
 - Communicable disease surveillance
 - Vaccine inventory
 - Vaccine wastage monitoring
 - Immunization registry

2007/08 Objective: *By March 31, 2008, the Department of Health and Community Services will have an enhanced provincial public health system in the areas of communicable disease, environmental health and health emergency management.*

ISSUE #7: POPULATION HEALTH

Newfoundland and Labrador has among the highest rates of heart disease, stroke, cancer and diabetes in Canada. These chronic diseases are linked by a few common risk factors including tobacco use, unhealthy eating, physical inactivity and obesity. In addition, the people of the province also experience high rates of injuries. Health promotion strategies and community based initiatives provide effective approaches for promoting health and preventing illness and injuries. These approaches take into consideration the many factors that impact on health (income, education, working conditions, personal health practices, coping skills, early childhood experiences, gender).

The Department has a provincial wellness plan that focuses on the front end of the health spectrum - keeping people healthy rather than treating and caring for them when they are ill. The wellness plan increases opportunities for population health through four key directions: strengthening partnerships and collaboration; developing and expanding wellness initiatives; tobacco control programs; and, increasing public awareness.

The Wellness Plan, *Achieving Health and Wellness: Provincial Wellness Plan for Newfoundland and Labrador*, addresses a set of wellness priorities which contribute to improving health and wellness. The premise of the plan is that an informed population will make healthy choices and thereby become a healthier population. The first phase of the Provincial Wellness Plan will be implemented over a three year period and focuses on the priority areas of healthy eating, physical activity, tobacco control, and injury prevention. Phase two will see a continuation of phase one initiatives with new actions being developed in the areas of mental health promotion, environmental health, child and youth development and health protection.

The ultimate outcome of the Wellness Plan is a positive change in population knowledge, attitudes, and behaviors in relation to the health priority areas. While the Department will be monitoring outcome indicators of improved wellness, significant improvements would only be expected after many years.

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

Measure

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

Indicators

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

2006/07 OBJECTIVE, MEASURES AND INDICATORS

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

Measure

Implementation of additional selected components of Phase 1 of the Provincial Wellness Plan

Indicators

- Development of:
 - Provincial Injury Prevention Plan
 - Evaluation plan for the Provincial Wellness Plan
 - Evaluation plan for the Provincial Food and Nutrition Action Plan
 - Evaluation plan for the Provincial Healthy Beginnings program
 - Analysis paper for Environmental Health
 - Analysis paper for Child and Youth Development
 - Analysis paper for Mental Health Promotion
 - New tobacco retailer signs

- Implementation of:
 - Select priorities of the Provincial Tobacco Reduction Plan
 - Born Non Smoker program
 - Smoke Free program
 - Provincial Food and Nutrition Framework and Action Plan
 - The revised “A New Life” program

- Partner with the Department of Education on the development/implementation of Healthy Students Healthy Schools initiatives such as:
 - School food guidelines and resource manual
 - Training for catering
 - Living Healthy Schools website
 - Physical Activity Guidelines
 - Provincial school survey/environmental scan
 - Engage youth to take action on wellness priorities
 - Living Healthy Schools launch

- Monitor:
 - Well-being outcomes
 - Effectiveness of Smoke Free Environment Act

2007/08 Objective: *By March 31, 2008, the Department of Health and Community Services will have implemented policies and programs that provide increased opportunities for population health in the areas of healthy eating, physical activity, and tobacco control and injury prevention.*

STRATEGIC DIRECTIONS

Strategic direction #1

Desired Outcome: Improved population health

Background

This Province has the highest rate of several chronic diseases such as heart disease, obesity and diabetes. In addition, we have among the highest rates of smoking, physical inactivity, poor nutrition and heavy drinking and low rates for preventative self care practices such as cervical screening and breast screening. Improvements are needed in such areas as health promotion, surveillance, injury prevention, smoking legislation, and programs to support early childhood development. Unique needs of some populations also require special focus in policy and program development including children and youth, seniors and aboriginal groups. This requires a strategic focus by Government and public bodies to address:

- Obesity
- Smoking rates and protection from environmental tobacco smoke
- Dental health of children
- Uptake of flu vaccine of seniors and health care providers
- Support for healthy aging
- Injury prevention
- Uptake of cervical screening
- Aboriginal health needs

Strategic direction #2

Desired outcome: Strengthened public health capacity

Background

The core functions of the public health system include population health assessment, health surveillance, prevention, health promotion and health protection. The ability of the providers to fulfill public health functions is dependent on the strength and capacity of the supporting infrastructure. This requires sufficient, competent and appropriately distributed workforce, adequate resources, organizational capacity, and an ability to manage information upon which decision making is dependant. Health and community system responsiveness to public health issues and broad planning for disaster and emergencies need to be strengthened. This requires a strategic focus by Government and public bodies to address:

- Organization of the provincial public health structure
- Fiscal and human resources for public health
- Surveillance for communicable disease control
- All hazards emergency preparedness in the health and community services system
- Immunization management including vaccine inventory control and immunization registry
- Environmental health policy

Strategic direction #3

Desired outcome: Improved accessibility to priority services

Background

Maintaining health and community services in a province with vast geography and a declining and aging population is very challenging. Ensuring access to a full range of publicly funded services and programs requires extensive planning and coordination. Access measures must focus on reducing waiting time for services, reducing pressures on such services as home support and child protection, as well as recognizing problems that relate to the absence of services. Services in the province include primary, secondary and tertiary care as well as those services where citizens may have to travel out of province to access. Services also include long term and community support services in institutions, communities, and in individual's homes as well as other community based programs and services. Access also includes ability to pay for medical needs such as necessary medications. While most programs and services are designed for the general population, flexibility and adaptation are needed to ensure access for vulnerable citizens and populations with special needs. This requires a strategic focus by Government and public bodies to address:

- Access to community based mental health and addiction services
- Access to appropriate primary health services
- Home care services in the areas of end of life care, acute short term community mental health case management, short term post discharge IV medications and wound management
- Options to support choices of individuals in need of long term and community supports
- Access to quality early learning and child care
- Access to services, beginning in areas specified in the First Ministers Accord 2004, such as cardiac care, cancer care, joint replacement, vision restoration and diagnostic tests
- Access to appropriate medications

Strategic direction #4

Desired outcome: Improved accountability and stability in the delivery of health and community services within available resources

Background

The health and community services system in Newfoundland and Labrador is moving towards a more integrated model of governance and service coordination with four Regional Health Authorities. While the integration process is a significant challenge for the system, restructuring is occurring in the context of Government's commitment to bring the Province's finances in order. The health and community services system consumes 46 per cent of all Government program expenditures and therefore has an important impact on the fiscal stability of the Province. Government and public bodies must be accountable to ensure the wise and prudent use of public resources and demonstrate performance achievements. This requires quality information for both decision-making and reporting in the health and community services system. Federal/Provincial Agreements and First Ministers' Health Accords add to the complexity of reporting in the context of national comparable indicators.

In achieving a quality and equitable system, provincial policies, standards and guidelines are also needed. These will support citizens having comparable access to services. Best practice models for service management and delivery are also essential. This requires a strategic focus by Government and public bodies to address:

- Identification and monitoring of outcomes for programs and services in priority areas
- Alignment of regional services to improve quality and sustainability of services based on current needs
- Achievement of a balanced budget by each government entity
- Stabilized human resources
- Identification and utilization of information for evidenced based planning in service delivery

STRATEGIC DIRECTIONS FOCUS AREAS

The directions related to the Department of Health and Community Services are provided below. Each strategic direction is comprised of a number of components, or focus areas. These focus areas will be addressed through the various planning processes of the Department. As indicated in the table below, some have been addressed in this strategic plan while others are addressed in the operational and/or work planning processes.

Strategic Direction	Focus Areas of the Strategic Direction	This Direction is:			
		to be addressed by entities reporting to the department	addressed in the department's strategic plan	addressed in the department's operational plan	addressed in the work plan of a branch/division within the department
Improved population health	Obesity		*		
	Smoking rates and protection from environmental smoke		*		
	Dental health of children				*
	Uptake of cervical screening				*
	Uptake of flu vaccine of seniors and health care providers				*
	Support for healthy aging		*		
	Injury prevention		*		
	Aboriginal health needs				*
Strengthened public health capacity	Reorganize the provincial public health structure		*		
	Resources for public health including fiscal and human resources		*		
	Surveillance for communicable disease		*		
	Health emergency plan for the HCS system		*		

	Immunization management including vaccine inventory control and immunization registry		*		
	Environmental health policy		*		
Improved accessibility to priority services	Access to community based mental health and addictions services				*
	Access to appropriate primary health services			*	
	Home care and support services in the areas of end of life care, acute short term community mental health case management, short term post discharge IV medications and wound management				*
	Options to support choices on individuals in need of long term and community supports		*		
	Access to quality early learning and child care		*		
	Access to selected acute services		*		
	Access to appropriate medications				*
Improved accountability and stability in the delivery of health and community services within available resources	Identify and monitor outcomes for selected programs			*	
	Alignment of regional services		*		
	Achievement of balanced budgets				*
	Stabilize human resources				*
	Identification and utilization of information for evidence based planning in service delivery.			*	