

# ***Summary Report***

Public Consultations on the Strategic Plan  
for the Health and Social Services System

July 2001

# ***Summary Report***

## **Public Consultations on the Strategic Plan for the Health and Social Services System**

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# 1 Introduction

This report outlines the results of public consultations held in May and June, 2001 on a draft strategic plan for the Prince Edward Island health and social services system.

The consultative draft plan was developed based on preliminary consultations with Regional Boards, MLAs, physicians and senior staff. The consultations were coordinated by the Department of Health and Social Services and the five Regional Health Authorities.

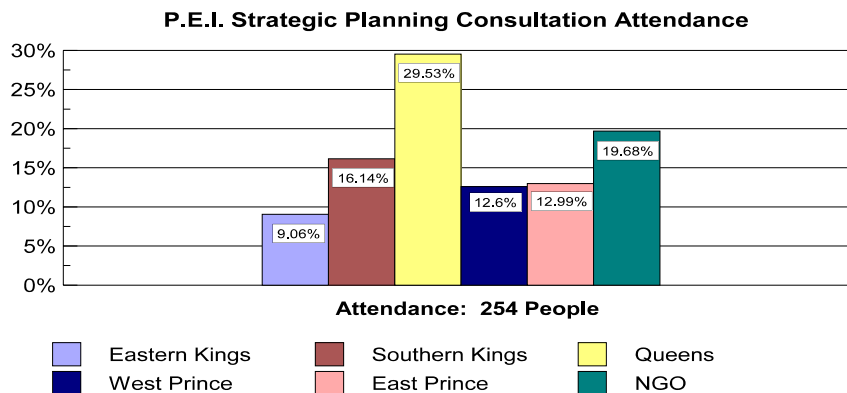
The purpose of the consultations was to receive input on the consultative draft plan, and provide opportunities for Islanders to participate in setting direction for the health and social services system for the next three to five years.

# 2 The Consultation Process

The draft strategic plan was tabled in the Legislature and released to the public May 8, 2001 by the Minister and Regional Board Chairs. Copies of the draft plan were made widely available at facilities throughout the province and on the government website.

Islanders were invited to attend public consultations in each health region during the period from May 17 to May 29, 2001. Special consultations were also held with non-government organizations (NGOs), physicians and staff to inform them of the draft plan and address their special concerns. Islanders also had the opportunity to access the plan and provide comments online.

The public consultations were attended by 254 people.



This report summarizes verbal comments received at the consultations, and written comments received through the form in the planning document, and on the website. It is intended to reflect the most frequent comments and concerns raised, and is not meant to be an absolute measure of the public’s evaluation of the plan.

Of the 127 people who completed an evaluation of the consultation process, 91 percent felt the presentations were informative and useful, and 66 percent felt the meeting format allowed adequate time for expression of ideas and concerns. 52 percent felt they had the opportunity to participate in the development of the plan, while 28 percent disagreed, and 19 percent said they didn’t know.

There were 102 written comment forms completed. Despite high quality discussions across the province, there were fewer written feedback forms returned in rural regions, and none returned in West Prince.

<b><i>Written Comment Response by Health Region</i></b>		
	<b><i>Frequency</i></b>	<b><i>Percent</i></b>
<b><i>East Prince</i></b>	<b><i>8</i></b>	<b><i>7.8</i></b>
<b><i>Queens</i></b>	<b><i>27</i></b>	<b><i>26.5</i></b>
<b><i>Southern Kings</i></b>	<b><i>19</i></b>	<b><i>18.6</i></b>
<b><i>Eastern Kings</i></b>	<b><i>2</i></b>	<b><i>2</i></b>
<b><i>NGOs</i></b>	<b><i>33</i></b>	<b><i>32.4</i></b>
<b><i>Website</i></b>	<b><i>13</i></b>	<b><i>12.7</i></b>
<b><i>Total</i></b>	<b><i>102</i></b>	<b><i>100</i></b>

### **3 Response to the Plan**

#### **3.1 General Comments**

Generally, response to the draft plan was positive. There was strong support for the goals, and most issues raised during the consultation were similar to those issues identified in the plan. Feedback was consistent among regions.

There was strong support for the very existence of the plan, that direction had been identified, and that people had the opportunity to participate in its development.

*“ I hope that this plan will be implemented to the fullest, with further input on an ongoing basis from both government and the community at large” - Southern Kings*

Many people suggested the plan was ambitious and very broad. While some viewed this as positive, others felt that without more specifics and an implementation plan, the plan could sit on a shelf and not be implemented.

People were very supportive of the priorities identified, particularly wellness; healthy child development; prevention; partnerships to address the determinants of health; and the need to assist people to accept more responsibility for their own health.

*“We need to be more responsible for our own health and wellness. We will never be healthy if we depend entirely on someone else to keep us healthy” - Queens Region*

Some of the major concerns expressed were about resource allocation, and the need to begin immediately to maximize the skills of health human resources. They emphasized the need for supports for low income families, and strong partnerships with other sectors to support the health of children, and protect the environment. Participants expressed strong support to retain our publicly funded and publicly administered system.

*“Improve the sustainability of the system because I never want to see us not having Medicare.” - Southern Kings*

The following tables reflect how respondents ranked goals and issues identified in the plan. Ranks are reported as average of ranks, and ties are noted.

<b>Participant Ranking of Goals Identified in the Plan</b> ((Relative ranking compared to the provincial average, 1 is top and 6 is lowest)						
<b>Goal</b>	<b>Ranking</b>					
	<b>Provincial</b>	<b>West Prince (6)</b>	<b>East Prince (7)</b>	<b>Queens (60)</b>	<b>Southern Kings (16)</b>	<b>Eastern Kings (9)</b>
Improve health status	1	3	1	1	1	1
Increase acceptance of responsibility for health	2	1	6	2	3	5
Improve sustainability	4	3	3	4	2	2.5
Improve public confidence	5	3	4	5	5	4
Improve workplace wellness and morale	3	6	2	3	4	2.5
Maintain other results at current levels	6	5	5	6	6	6

<b>Participant Ranking of Issues Identified in the Plan</b> (Relative ranking compared to the provincial average, 1 is top and 6 is lowest)						
<b>Issue</b>	<b>Ranking</b>					
	<b>Provincial</b>	<b>West Prince (6)</b>	<b>East Prince (7)</b>	<b>Queens (60)</b>	<b>Southern Kings (16)</b>	<b>Eastern Kings (9)</b>
Increasing public expectations and demand	6	6	6	6	6	6
Declining supply of health professionals	3	1	4	3	4.5	3
Aging population	5	2.5	4	5	3	3
Personal health practices	4	2.5	1.5	4	4.5	3
Access to primary health services	1	4.5	4	1	2	5
Disease prevention and management	2	4.5	1.5	2	1	1

The majority of respondents expressed some degree of confidence in the plan with approximately one-fifth withholding a vote of confidence.

<b>Confidence in the Plan</b>			
	<b>Frequency</b>	<b>Percent</b>	<b>Cumulative Percent</b>
<b>Very confident</b>	<b>2</b>	<b>2.1</b>	<b>2.1</b>
<b>Confident</b>	<b>21</b>	<b>22.1</b>	<b>24.2</b>
<b>Somewhat confident</b>	<b>53</b>	<b>55.8</b>	<b>80</b>
<b>Not at all confident</b>	<b>16</b>	<b>16.8</b>	<b>96.8</b>
<b>Unsure</b>	<b>3</b>	<b>3.2</b>	<b>100</b>
<b>Total</b>	<b>95</b>	<b>100</b>	

### **3.2 Strengths of the Plan**

The major strengths noted were the emphasis on wellness and prevention, particularly in the areas of chronic illness prevention, tobacco reduction, breastfeeding, active living; public education programs; healthy public policy; and the aging population.

People were very pleased to see recognition of the need to invest in healthy child development. They noted support for the strategies to support breastfeeding, autism, speech language services, supports for teen parents, and an approach that includes early interventions as well as prevention.

*“The focus on changing to a breastfeeding culture fits beautifully with many of the strategic plan’s points, i.e. wellness, personal health practices, and disease prevention and management.” - NGO*

In the area of access to services, participants supported the direction for enhancements to home care, mental health, and disability supports.

They also supported the fact that the plan identifies who is responsible for health, that health is determined by many factors, and that partnerships are needed to balance individual responsibility for health.

Other strengths identified include the recognition of staffing issues in the plan, the value of new technology, increasing acceptance of responsibility for health, and a focus on early intervention.

*“We should want to achieve a recognition that health services does not equate with good health. I am concerned the system is going to go ‘bust’ if we do not begin to truly shift our focus to improving health and not just on providing health services.” -*

Queens Region

### **3.3 Barriers**

The main barriers to the success of the plan centred around sustainability issues, specifically the availability of human and financial resources, ability to sustain our present system and five health regions, the cost of new technology and drugs, and reluctance by government to make tough decisions.

People are concerned about whether PEI can afford to remain competitive in the retention and recruitment of health professionals, and whether contingency plans are in place to deal with potential future shortages of professionals.

A large number of participants felt that many providers are now under-



utilized such as registered nurses, licensed nursing assistants, resident care workers, and non-government organization staff, and that initiatives should be implemented now to maximize their skills and compensate them appropriately for what they do. Others expressed concerns about physicians as the gatekeepers of the system, and the need for educators and professionals to move away from a physician-driven system. Some people are concerned that providers are not respected or valued.

*“Nurses are an incredibly under-valued resource, very knowledgeable, especially in health promotion and illness prevention.” - NGO*

*“We need to treat our health care workers with respect and value what each discipline can bring to the table to help us maintain or improve our health.” - NGO*

People are also concerned about heavy workloads and the toll this is taking on staff morale and the work/family lives of providers. They indicated that without effective workplace wellness programs, incentives and motivators, morale will decline, negotiations will stall, and professionals will leave the system.

Many people said the plan looks good on paper, but would not be effective until the appropriate resources and an action plan were attached to it. They suggested that having to choose among strategies and reallocating resources from acute care to prevention would be major barriers.

*“It looks good on paper, but where will the money come from?” - East Prince*

*“Show us the money” - Queens Region*

Another major barrier identified was the lack of supports for lower income Islanders to improve their health, that social services was left out of the plan, and money is being moved away from social services. It was recommended that social assistance rates and policies be reviewed on a regular basis, and that social service workers take a more person-centred approach to assessing clients in their home environments.

*“The plan pays lip service only to social services” - Queens Region*

*“In addition to promoting independence through employment, I believe we need to step back and start with education → employment → independence → improved self-concept → improved health.” - NGO*

It was suggested that lack of buy-in by other government and private sectors could be a barrier to success. Repeated concerns were heard about the need for stronger partnerships with the school system, for more health education and physical activity in the schools; more counsellors to support teens with mental illness and deliver anger management programs; literacy programs; and mechanisms to identify children at risk and provide appropriate early interventions.

In the area of wellness and responsibility for health, one of the major barriers identified was the lack of direction to embrace complementary health strategies.

*“Many things can be dealt with outside the doctor’s office by the use of holistic health practitioners (naturopathy, yoga, reiki, etc.). There should be access to alternative health practitioners, they are important and cost effective, although they are sometimes held down by physicians and dismissed.” - Queens Region*

Concerns were expressed about limited access to geriatric care, the lack of attention to the needs of the frail elderly, and the over prescribing and utilization of seniors drugs.

*“Value our elderly. Research shows that doctors ‘form’ our elderly, keep them from coming back, and order way too many and too high doses for our elderly” - NGO*

*“Our aging population needs to be encouraged to improve their personal health practices. This will require strong health promotion support including improved ways to get information to seniors.” - NGO*

Francophones expressed the need for more service delivery in the french language.

*“La grande majorité des Francophones connaissent l'anglais, mais lorsqu'ils sont malades, ils préfèrent parler à leur médecin, infirmière, pédiatre, etc. dans leur langue maternelle. Ils ne sont pas toujours capables de s'exprimer correctement ou avec assurance dans leur deuxième langue. Ils ne vivent donc pas une expérience de même qualité que les Anglophones.” - East Prince*

Other areas identified as needing more attention included: extended home care hours, coverage of home care medications and supplies, and supports for caregivers in the home; publicly funded diagnostic assessment for individuals with learning disabilities;

enhanced parenting programs; more resources for mental health; more palliative care beds; decreased wait times for diagnostic imaging; public education on ER use; critical assessment of new technologies; gender analysis of health system policies, programs and services; equitable opportunities for women who do seasonal work to breastfeed and spend time with their children in the early years; a safe water system; amalgamation of services in West Prince into one acute care system; increased length of stay in Mt. Herbert Detox; a national pharmacare system; and increased access to affordable quality child care.

### **3.4 Recommendations**

#### **3.41 Improving the health and well being of Islanders**

Participants suggested that Islanders can, and do contribute to health and well being in many ways. Their major recommendations were in the areas of nutrition, exercise, tobacco reduction, stress reduction, finding alternatives to prescription drugs (diet, exercise, complementary medicine), understanding their responsibilities and taking a positive attitude towards them.

They stressed the need for children to learn positive health behaviours and to be led by example. They recommended more equitable access to recreational activities by children of all ages and incomes.

*“Look around this gym, three pop machines, chip machine, Minute Maid, NO milk, nothing healthy in the room.” - Queens Region*

Participants suggested the need for workplace wellness programs; wellness clinics for the public; and healthy school policies, family-friendly policies and policies to protect the environment.

Other recommendations included public education campaigns that help people understand their risk factors and take practical, low-cost approaches to improving their physical and mental health. Finally, they asked for a greater role by physicians and other providers in assisting Islanders to maintain and improve their health.

*“Support the simple ways to stay in shape, it doesn’t have to happen in a gym.” - NGO*

### 3.42 Developing and strengthening partnerships for health

Non-government organizations were asked to recommend ways to develop and strengthen partnerships to achieve positive impacts on the health and well being of Islanders.

They responded by saying that the system should create opportunities to share information with NGOs, avoid duplication, maximize resources and encourage further collaboration among groups and health regions.

Most people supported the goal-oriented approach taken in the plan as opposed to an issue-oriented approach. They were supportive of evidence based planning and indicators to measure collective progress and improve collective accountability.

They asked for a greater recognition of their contributions to the health of Islanders, to research, and to assisting Islanders with health care costs. They also asked that their knowledge of best practices and strong partnerships with communities be recognized.

They indicated that successful partnerships are based on respect and a recognition that different organizations have different levels of resources. Non-government organizations are concerned about the supply of human resources, wage discrepancies among NGO and system staff, and the need for wellness programs to support and retain people within their own organizations.

They recommended that goals must be long term and they require time to mature.

*“Learn from smoking cessation, it took 20 years to make current gains. Invest for the long term and allow for cultural change to occur.” - NGO*

They encouraged further collaboration, information sharing and opportunities to come together with the system and each other. Many suggested the need for the system to create mechanisms to facilitate further collaboration with NGOs and other sectors.

*“We acknowledge that the determinants of health play a large role in a person’s ability to take responsibility for their own health, and encourage far greater intersectoral collaboration than this paper identifies.” - NGO*

## 4 Conclusions

In summary, the consultation process was generally very positive. Consultations were well attended in most areas, and a tremendous amount of constructive feedback was received through the large and small group discussions and the written comments. The process provided an excellent opportunity to educate the public further about the issues and challenges facing the system, and to engage the community in discussions about solutions and our shared responsibility for health.

The very strong support indicated for some priority areas provides momentum for the system to move forward in providing citizens with tools and knowledge to accept more responsibility for their own health; to invest in healthy child development; to examine scope of practice and maximize the skills of health providers; and to build stronger partnerships with non-government organizations, the education sector, and sectors with responsibility to protect the environment and create employment.

The public has expressed the need for caution in the reallocation of resources, and the need for people to be informed and involved in these processes and decisions. They want to be assured that the special needs of children, seniors and low income Islanders will continue to be addressed. Non-government organizations have asked for a more collaborative approach. Finally, the system was asked to be mindful of the overwhelming support for a sustainable system that ensures Islanders continued access to publicly funded and publicly administered health and social services.

Input received through the consultations will now be integrated into the final planning document which will be available in Fall 2001. Positive support for the goals and issues identified suggests that major changes will not be required in these areas. However, the very comprehensive feedback on the strategies will be an important asset as strategies are further developed and implemented.

The public will continue to be consulted and involved in the assessment of the strategic plan as it is implemented.

**AGENDA  
STRATEGIC PLAN CONSULTATION  
(REGION)  
(DATE)**

- 6:45 - 7:00            OPENING COMMENTS**
- 7:00 - 7:15            INTRODUCTORY REMARKS BY REGIONAL BOARD  
CHAIR AND MINISTER BALLEM**
- 7:15 - 7:45            PRESENTATION: A SUMMARY OF THE HEALTH AND  
SOCIAL SERVICES SYSTEM STRATEGIC PLAN -  
by Deputy Minister, Rory Francis**
- 7:45 - 8:30            SMALL GROUP DISCUSSIONS**
- 8:30 - 8:50            LARGE GROUP SUMMARY DISCUSSION**
- 8:50 - 9:00            OPEN MICROPHONE QUESTIONS/COMMENTS**
- 9:00 - 9:05            EVALUATIONS**
- 9:05 - 9:15            WRAP UP BY REGIONAL BOARD CHAIR**

***REFRESHMENTS: COFFEE, TEA AND COOKIES***

## Appendix B: Discussion Questions

### **Discussion Questions**

1. How do you feel about the plan, and are these the right priorities?
2. What are the strengths of the draft plan?
3. What are the barriers to implementation?
4. How can Islanders contribute to their own health and well being, and the well being of others?
5. How can we develop and strengthen partnerships for health?

## Strategic Planning Consultation

Your input will help us make this process better, please take a few moments to give us your thoughts on the evening. Please rate the following statements by circling the point on the line that best reflects your feeling:

6. The presentation was informative and useful



Strongly Agree

Agree

Don't Know

Disagree

Strongly

Disagree

2. I had the opportunity to participate in the development of the draft strategic plan for the health and social services system.



Strongly

Agree

Don't

Disagree

Strongly

Agree

Know

Disagree

3. The meeting format allowed adequate time for expression of ideas and concerns.



Strongly

Agree

Don't

Disagree

Strongly

Agree

Know

Disagree

4. How were you informed of this community meeting?

Newsletter

Friend

Graphic

Guardian

Radio

CBC Notice Board

Other: \_\_\_\_\_

5. What two words best express your feelings about tonight's meeting.

\_\_\_\_\_

\_\_\_\_\_

6. Comments: \_\_\_\_\_

\_\_\_\_\_



## Strategic Plan Feedback Form

*Your opinion is important to us*

You may complete this form online by visiting our website at [www.gov.pe.ca/health](http://www.gov.pe.ca/health).

We want to know what you think about the critical issues and goals outlined in the draft plan, and how confident you are that we can achieve them.

7. In the draft strategic plan, six areas were identified as critical issues affecting the health and social services system. Please **circle** one number that best indicates YOUR rating for EACH of the following issues with **1 being the most important and 5 being the least important**. PLEASE add any issue that you feel was missed.

- a) Increasing public expectations and demand
- | <i><b>Most Important</b></i> |   |   | <i><b>Important</b></i> |   | <i><b>Least Important</b></i> |
|------------------------------|---|---|-------------------------|---|-------------------------------|
| 1                            | 2 | 3 | 4                       | 5 |                               |
- b) Declining supply of health professionals
- | <i><b>Most Important</b></i> |   |   | <i><b>Important</b></i> |   | <i><b>Least Important</b></i> |
|------------------------------|---|---|-------------------------|---|-------------------------------|
| 1                            | 2 | 3 | 4                       | 5 |                               |
- c) Aging population
- | <i><b>Most Important</b></i> |   |   | <i><b>Important</b></i> |   | <i><b>Least Important</b></i> |
|------------------------------|---|---|-------------------------|---|-------------------------------|
| 1                            | 2 | 3 | 4                       | 5 |                               |
- d) Personal health practices
- | <i><b>Most Important</b></i> |   |   | <i><b>Important</b></i> |   | <i><b>Least Important</b></i> |
|------------------------------|---|---|-------------------------|---|-------------------------------|
| 1                            | 2 | 3 | 4                       | 5 |                               |
- e) Appropriate access to primary health services
- | <i><b>Most Important</b></i> |   |   | <i><b>Important</b></i> |   | <i><b>Least Important</b></i> |
|------------------------------|---|---|-------------------------|---|-------------------------------|
| 1                            | 2 | 3 | 4                       | 5 |                               |
- f) Disease prevention and management
- | <i><b>Most Important</b></i> |   |   | <i><b>Important</b></i> |   | <i><b>Least Important</b></i> |
|------------------------------|---|---|-------------------------|---|-------------------------------|
| 1                            | 2 | 3 | 4                       | 5 |                               |

Please add any additional critical issue(s) that you feel were missed and their importance to you (rate 1 - 5 as above)

2. In the Draft Strategic Plan, six goals were identified. Again, please rate these goals from 1 - **most important to 5 - least important**. Add any goal(s) that you feel was missed.

a) Improve health status  
**Most Important**                      **Important**                      **Least Important**  
 1                      2                      3                      4                      5

b) Increase acceptance of responsibility for health  
**Most Important**                      **Important**                      **Least Important**  
 1                      2                      3                      4                      5

c) Improve sustainability of the system  
**Most Important**                      **Important**                      **Least Important**  
 1                      2                      3                      4                      5

d) Improve public confidence in the system  
**Most Important**                      **Important**                      **Least Important**  
 1                      2                      3                      4                      5

e) Improve workplace wellness and staff morale  
**Most Important**                      **Important**                      **Least Important**  
 1                      2                      3                      4                      5

f) Maintain other results at current levels  
**Most Important**                      **Important**                      **Least Important**  
 1                      2                      3                      4                      5

g) Additional goal(s) for the health and social services system that you feel were missed and their importance to you (rate 1-5 as above):

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3. How confident are you that the strategies outlined in the Draft Strategic Plan will achieve our goals and address the critical issues?

**Very Confident**   **Confident**                      **Somewhat Confident**   **Not At All Confident**   **Unsure**  
 G                      G                      G                      G

4. Please indicate your affiliation below:

**Health & Social Services System**                      **Physician Organization**                      **Community Organization**                      **General Public**   **Other**  
 G                      G                      G                      G

5. In which health region do you live?

**West Prince**   **East Prince**   **Queens**                      **Southern Kings**                      **East Kings**  
 G                      G                      G                      G                      G

6. Please use the back of this page for additional comments.

Please return your completed survey to your Regional Health Authority administrative office, or the Department of Health and Social Services, 11 Kent St., PO Box 2000, Charlottetown, PEI, C1A 7N8. For information, contact your Regional Health Authority, or the Department of Health and Social Services at 902 368 5267. You may complete this form online by visiting our website at [www.gov.pe.ca/health](http://www.gov.pe.ca/health).