Prince Edward Island
CANADA

Health and Social Services System

Ministry of Health and Social Services

Annual Report

2002-2003

Annual Report

for the year ending March 31, 2003

Ministry of Health and Social Services

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Prince Edward Island
CANADA

Message from the Minister

To the Honourable J. Leonce Bernard
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

It is my privilege to present the Annual Report of the Ministry of Health and Social Services for the fiscal year ended March 31, 2003.

Respectfully submitted,

Chester Gillan
Minister of Health and Social Services

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Deputy Minister's Overview

The Honourable Chester Gillan
Minister of Health and Social Services
Province of Prince Edward Island

Honourable Minister:

It is my pleasure to submit the 2002-2003 Annual Report for the Health and Social Services System. During the strategic planning process, goals were set and strategies established to guide the direction of the system. The outcomes reported here show that we remain committed to those goals and strategies.

I am proud of our many accomplishments in 2002-2003 and would like to highlight some major achievements:

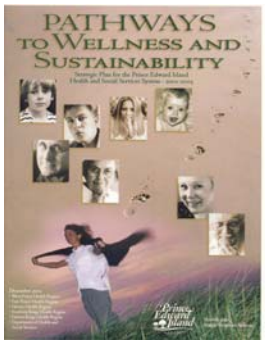
- Reorganization assisted the implementation of the five-year strategic plan for the Health and Social Services System. This structure supports the wellness of Islanders and the sustainability of health care on Prince Edward Island.
- Construction continued on the new Prince County Hospital, which is now slated to open in the spring of 2004.
- Expansion of Cancer Treatment Centre underway and is expected to open in the fall of 2003.
- The Strategy for Healthy Living was developed in partnership with many groups and individuals to promote efforts to address behavioural risk factors for chronic disease.
- Primary Health Care Redesign will help address issues challenging sustainability of the health system and improve access to health services while strengthening community services.

I am pleased with the progress we have made toward the goals outlined in the strategic plan, and look forward to meeting future challenges as we work together to improve the health of Islanders.

Respectfully submitted,

David B. Riley
Deputy Minister

Introduction



This annual report for the Department of Health and Social Services is based on the 2001-2005 Prince Edward Island Health and Social Services System strategic plan, Pathways to Wellness and Sustainability.

The Health and Social Services System is committed to enhancing the health status of Islanders by providing quality health programs and services while promoting personal responsibility for health. This annual report outlines the activities of the department over the past year, which focused on improving results in our goal areas, and the initiatives undertaken to work towards those results.

Ministry's Role and Responsibility

Our Vision, Mission, Principles and Goals

Vision

One system of quality services that promotes health and independence through relationships based on trust and shared responsibility.

Mission

The mission of the Health and Social Services System is to promote, protect and improve the health and independence of Islanders.

Principles

Wellness	~	Our primary focus will be on wellness and children's health.
Sustainability	~	We will allocate resources appropriately to respond to changing needs and ensure continued access to quality programs and services.
Accountability	~	We will measure and report on our performance and health outcomes.

Goals

- Improve health status
- Increase personal responsibility for health
- Improve sustainability in the system
- Improve public confidence in the system
- Improve workplace wellness and staff morale
- Maintain other results at current levels

Minister's Role and Responsibilities

The Minister of Health and Social Services is accountable to the Legislature of Prince Edward Island for the quality of the Health and Social Services System in the province and its impact on the health and well-being of Islanders. The Minister develops system-wide strategies, plans and policy direction in consultation with Health Authorities*, and carries the interests of the Health Authorities and citizens to Executive Council and the Legislature. The Minister allocates resources to Health Authorities in an equitable manner, and monitors and reports to the public on system performance and results.

The Minister of Health and Social Services is responsible for achieving acceptable results in Prince Edward Island in the following areas:

Jointly with individual citizens, families, communities, health authorities, physicians, other provincial government departments, non-government health care providers and health organizations:

- Health of citizens
- Individual, family and community acceptance of responsibility for health
- Impact of the physical and social environment on health of citizens
- Independence
- Quality of housing in the province
- Quality of public policy affecting health of citizens
- Sustainability of the provincial Health and Social Services System

Jointly with health authorities, physicians and health care providers:

- Quality of services and their impact on citizens
- Cost-effectiveness of health and social services
- Patient, family and client satisfaction
- Equitable access to health care and social services
- Health, safety and dignity of those under care
- Workplace wellness and morale of provincial and health care and social services providers and staff
- Occupational health and safety of staff and volunteers
- Public confidence in the Health and Social Services System

And is also responsible for:

- Quality and performance of provincial and regional health care and social service providers and staff and their conduct of health business
- Physician and health care provider confidence in the PEI Health and Social Services System
- Relations with other governments, stakeholders and agencies
- Quality of monitoring of health outcomes and Health and Social Services System performance
- Condition of Health and Social Services System facilities and equipment

- Condition of Health and Social Services System's finances
- Compliance with government legislation and regulations
- Enforcement of assigned legislation and regulations
- Such other responsibilities and obligations which are from time to time assigned by the Legislature and Executive Council.

* *Health Authorities include the four Regional Health Authorities and the PHSA*

Deputy Minister's Role and Responsibilities

The role of the Deputy Minister of Health and Social Services is to provide leadership in innovation and continuous improvement across the Health and Social Services System; and to provide specific high quality administration and regulatory services to the Health and Social Services System and to Islanders.

The Deputy Minister of Health and Social Services s responsible for achieving acceptable results in Prince Edward Island in the following areas:

Quality of advice, assistance, information and leadership provided to the Minister, and as appropriate, to health authorities and their staff, and public and private health care providers in matters pertaining to:*

- Policy formulation and implementation
- Development and adoption of outcome standards
- Monitoring health outcomes and status
- Frameworks and processes for planning
- Resource allocation
- Capital project planning
- Communications strategies
- Human resource planning and development
- Information technology system planning
- Issues management
- Development and interpretation of legislation, regulations and compliance
- Interacting with other governments
- Dissemination of research knowledge and comparative data
- All areas defined by the Health and Social Services Mission Statement

Quality of administration and operation of direct service in:

- Registration, premium collection, disbursement to providers and other physician payment services
- Out-of-province health service procurement and payment
- Tuberculosis, sexually transmitted disease and communicable disease control
- Ambulance services contracts and associated policies
- Blood services contracts
- Information technology systems
- Adoptions and post-adoption consultation
- Provincial Non-Government Organization (NGO) contracts
- Autism programming
- Health information resources

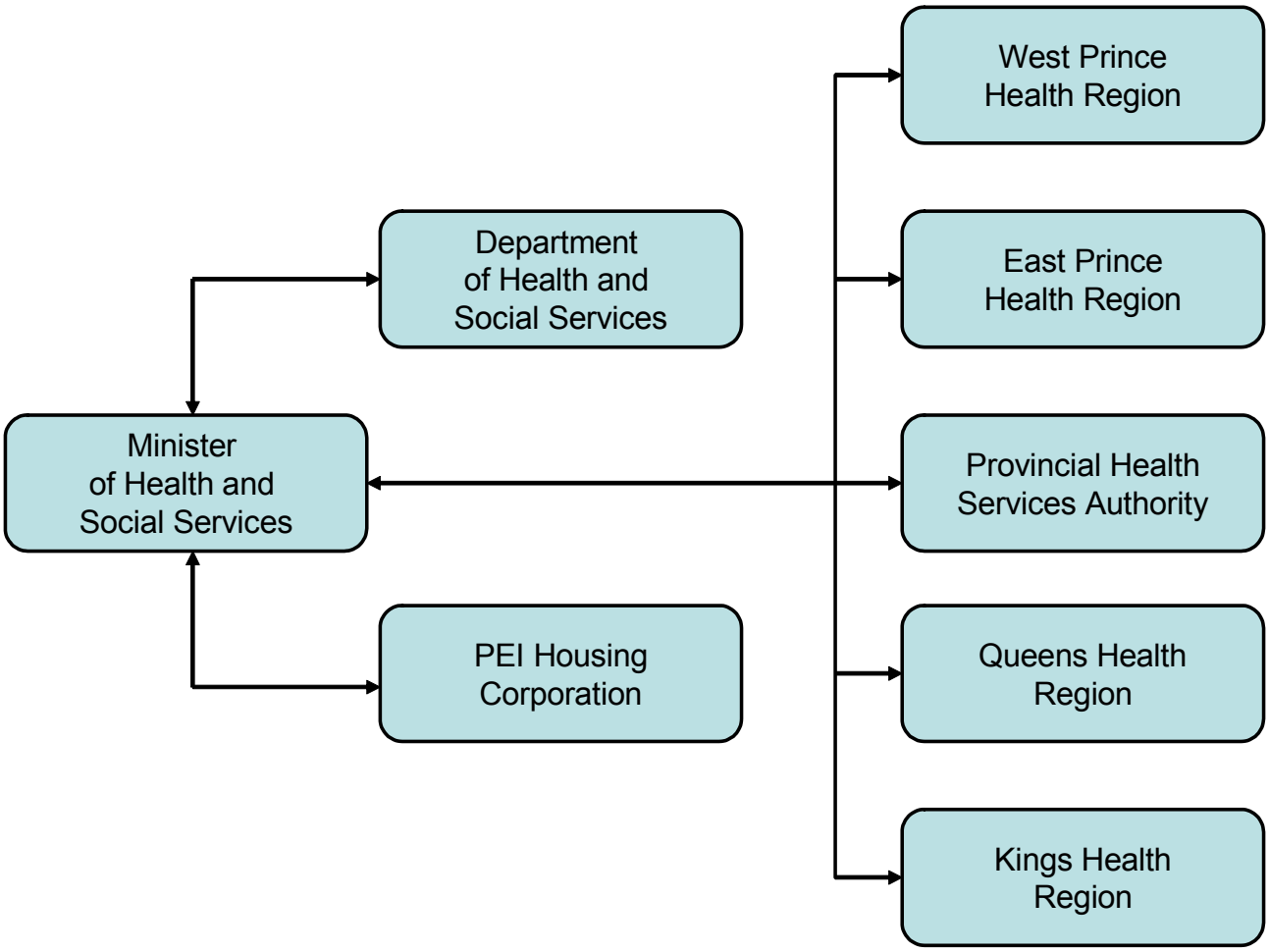
And is also responsible for:

- Quality of health and social services legislation and enforcement of legislation and regulations assigned to the department
- Quality of monitoring health outcomes provincially and regionally within the province
- Client and provider satisfaction
- Exerting influence as appropriate on decisions of other governments, departments and agencies affecting health
- Quality of relationships with other governments, Health Authorities and their staff, departments, agencies, associations, suppliers and contractors.
- Quality, performance, morale and conduct of staff and their occupational health and safety
- Public confidence in the Health and Social Services System
- Costs and cost-effectiveness
- Condition of department finances and assets
- Departmental adherence to legislation and government policy
- Such other duties and obligations that are from time to time required by the Minister

* *Quality is defined as reliability, usefulness, quantity, time lines, cost, attitudes, and confidentiality.*

Health and Social Services System Organization Structure

Prince Edward Island
as at March 31, 2003



Health and Social Services System

The mandate of Prince Edward Island Health and Social Services is to work in partnership with our citizens to protect, promote and improve the health and independence of all Islanders. The Ministry of Health and Social Services is comprised of the Department of Health and Social Services and the five health authorities including the four health regions (West Prince Health, East Prince Health, Queens Health, Kings Health), and the Provincial Health Services Authority.

Implementation of the Health and Social Services organizational redesign was completed in 2003. The new structure supports the effective implementation of the principles outlined in our five year strategic plan, namely, wellness, accountability and sustainability. This new structure enables the system to respond to new challenges and opportunities, new knowledge, new technologies, and a greater understanding of how to improve the health of the population.

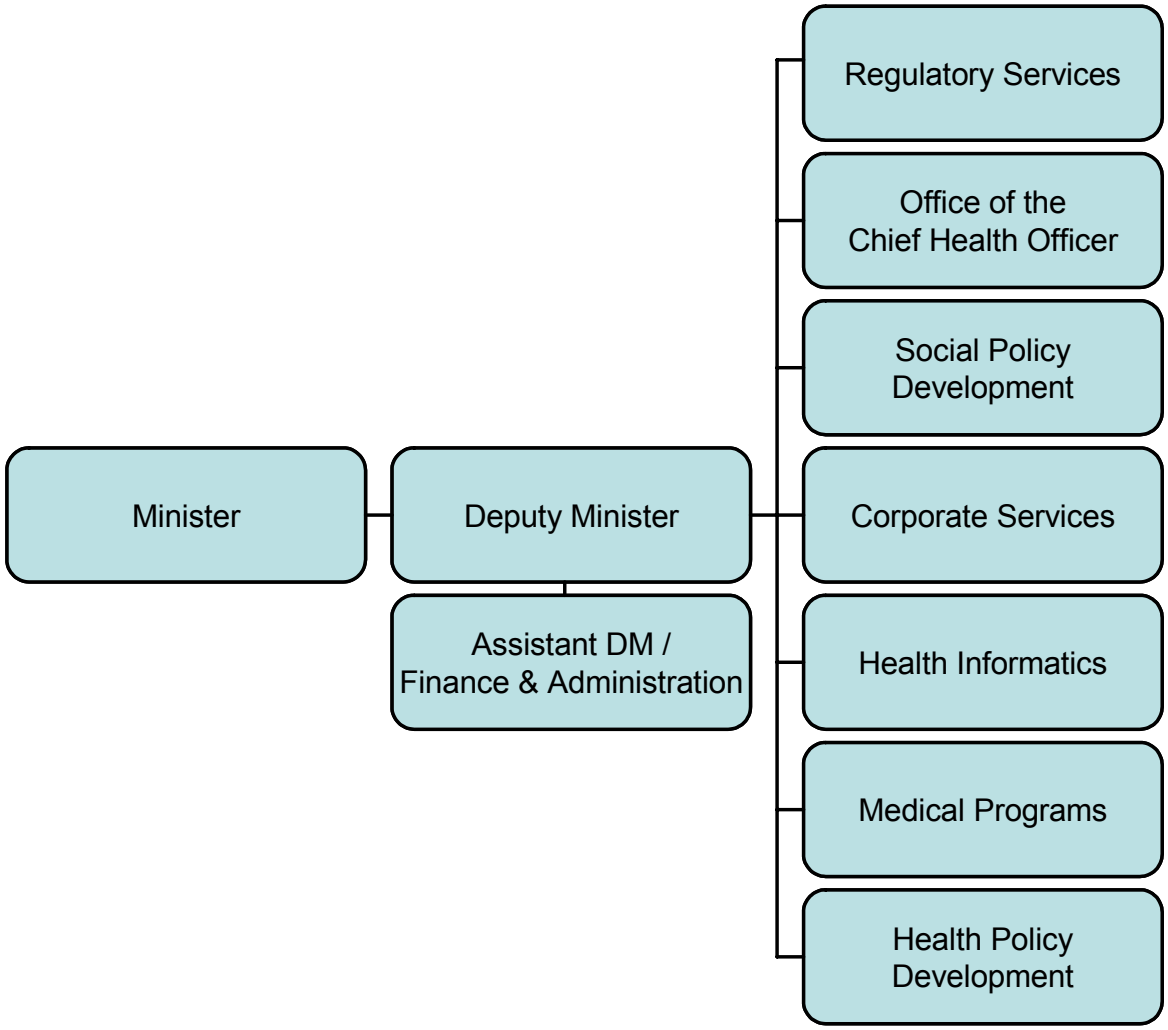
Primary and secondary services have been realigned to support clear provincial and regional roles and responsibilities. The Provincial Health Services Authority was established to plan and deliver secondary acute services, including most services now delivered by the Queen Elizabeth Hospital, Prince County Hospital, Hillsborough Hospital and the Provincial Addictions Centre.

Bringing specialized secondary services together in the PHSA provides us with new opportunities to coordinate the planning and delivery of provincial specialty services and to increase our focus on quality, access, and utilization of these specialized resources. The new structure will enable the facilities to work together in several key areas such as human resources planning, utilization management, and quality measurement and control.

The Southern Kings and Eastern Kings Regions were amalgamated under a new Kings Health Authority to create a more balanced regional system in terms of geography and people served. The new region will be more proportionate to the other regions; and with a stronger resource base, there will also be added opportunities to improve planning and effectiveness. All four regional health authorities now have a similar mandate to plan and deliver primary health and social services, and to achieve a greater focus on wellness and children's health.

Dept. of Health and Social Services
Organization Structure

Prince Edward Island
as at March 31, 2003



Dept. of Health and Social Services

The redesign of the Department of Health and Social Services reflects the role of the department, which is to support the work of the Regional Health Authorities and the Provincial Health Services Authority through leadership in innovation and continuous improvement, and to provide high quality administrative and regulatory services.

Roles of Divisions

Office of the Chief Health Officer

The Office of the Chief Health Officer is responsible for administration of the Public Health Act, supervision of related public health programs, and disease surveillance and control.

Social Policy Development

The Social Policy Development division is responsible for policy direction, program development, specialized programs and services and federal/provincial/territorial policy in the areas of child welfare and national child benefit programs, child protection, foster care, adoptions, early childhood development, preschool autism services, youth services, social assistance, employment and employability enhancement, family support and services, family violence prevention, services to persons with disabilities, mental health, addictions, public housing, and emergency health and social services.

Corporate Services

The Corporate Services division provides advice, assistance and information to the Minister, Deputy Minister, management and staff in the department in the areas of policy development, strategic planning, results measurement, communications, Freedom of Information and Protection of Privacy policy and administration, intergovernmental and external relations, human resource management, french language services, and legislation. The division also serves as a liaison to the regional health authorities for corporate activities.

Finance and Administration

The Finance and Administration division has overall responsibility for financial and budgetary management, financial planning and analysis, and research and development in financial and policy related areas.

Medical Programs

The Medical Programs division is responsible for the administration of health services as mandated by the *Drug Cost Assistance Act*, *Health Services Payment Act*, *Hospital and Diagnostic Services Insurance Act*, *Hospitals Act*, *Human Tissue Donation Act*, *Medical Act* and the *Public Health Act*. Medical programs and services include the Provincial Medicare Program, physician services, physician consultations and negotiations, physician billing assessment and payment. The division also has responsibility for ground ambulance, emergency air evacuation, Canadian Blood Services, the Out-of-Province Liaison Program, approvals for health services out of province, physician recruitment, health technology assessment and provincial drug programs.

Health Policy Development

The Health Policy Development division is responsible for policy direction, program development, evaluation and support in the area of health policy including health promotion and illness prevention, continuing care policy (home care, long term care, palliative care and community care), primary health care policy, dental health policy, nursing policy, chronic disease management, population health and health research. The division is responsible for policy development in a number of areas including tobacco reduction, the Healthy Eating Strategy, the Healthy Living Strategy, cervical cancer screening, primary health care redesign, diabetes initiatives and maternal/newborn family care.

Health Informatics

The Health Informatics division researches, plans, designs, implements and supports information technology and information management solutions for the Prince Edward Island health system in collaboration with the health authorities and department clients; and within the corporate Information Technology (IT) strategy of the provincial health system and provincial government.

The Implementation and Support group is responsible for the implementation, support and maintenance of the Island Health Information System's provincial applications and Wide Area Network, and provides end user support services to department employees. Key responsibilities include project planning and management; maintenance contract and service level agreement management; applications maintenance; and operations and technical support services.

This section is responsible for the strategic planning and management of the information resources within the Island Health Information System infrastructure. Key role/responsibility areas include: Project Planning and Management, Business Process Analysis, Request for Proposal development and management, Security and Confidentiality of Information Resources, Programmer Analyst Support Services, Information Access and Dissemination Services, Project Management Methodology development and maintenance as well as general IT Consulting Services.

Regulatory Services

The Regulatory Services division is responsible for the quality of advice and assistance provided to the Minister, department staff, health regions and the Provincial Health Services Authority for matters pertaining to regulatory policy and program development; innovation and continuous improvement in the areas of adult protection, private sector nursing homes and community care facilities, dietetic services, emergency medical services, environmental health, public guardianship, and vital statistics.

The Regulatory Programs section provides licensing and monitoring services to ensure compliance with legislated standards and regulations with regard to private sector nursing homes and community care facilities, ground ambulance operators and emergency medical technicians; adult protection advice and services to regional staff and designated adult protection workers; and a public guardian for those who are deemed incapable of managing their own affairs and who have no family or friends willing or able to assume this responsibility. The overall supervision and direction of the division is a function of this section as well.

Environmental Health assists the Chief Health Officer with the enforcement of regulations covered by the *Public Health Act*. In addition, Environmental Health is responsible for the enforcement of the *Tobacco Act* and *Smoke -Free Places Act*. Through education, consultation and inspection, this section promotes and establishes standards consistent with these Acts. The inspection programs conducted include food safety, rental accommodations, tobacco sales to minors, slaughterhouses, swimming pools, summer trailer courts, tenting and camping areas, and institutional facilities such as day care centres, kindergartens, community care facilities, nursing homes, hospitals and correctional facilities.

The Office of Vital Statistics is responsible for the collection, registration and maintenance of vital event information for the Province, this includes: births, deaths, marriages, adoptions, divorces, stillbirths, and change of name. Vital event information is used to support a National and a Provincial statistical system, both for population information and health information. The program also issues birth, death and marriage certificates and marriage licenses, licencing of clergy for eligible to perform marriage ceremonies and provides legal change of name services.

Health Authority Boards' Roles and Responsibilities

Implementation of the Health and Social Services organizational redesign was completed in 2003. As a result of this change, there are now five health authorities including the four health regions (West Prince Health, East Prince Health, Queens Health, Kings Health) and the Provincial Health Services Authority. Each of the regions is governed by a Regional Health Board of Directors who have the mandate to deliver health and social services to the region for which they are responsible, and are accountable to the Minister of Health and Social Services.

The Provincial Health Services Advisory Council provides advice to the CEO of the Provincial Health Services Authority on any matter concerning the institutions, programs, or services for which they are responsible.

The role of a Health Board is to define the strategic plan for the health region within the context of the provincial strategic plan; assess and report on health status and health needs of the population being served; monitor and report on health system performance and impact on health outcomes, fiscal condition and morale and performance of the CEO and staff; to collaborate with other community agencies which influence determinants of health of their citizens; and to provide advice to the Minister on matters pertaining to the Health and Social Services System.

The board of each regional health authority is responsible for achieving acceptable results in their region in the following areas:

Jointly with citizens, families, communities, physicians, other provincial government departments, and non-government health care providers and health and social services organizations, the health authorities work toward:

- Improving the health of citizens of each of the regions
- Fostering individual, family and community acceptance for the health of citizens
- Supporting the independence of citizens with physical, intellectual and financial disabilities
- Improving the quality of housing in each region
- Improving the quality of public policy pertaining the health in each region
- Developing the sustainability of each region's health and social services system

Jointly with physicians and health care providers, the health authorities work toward:

- Ensuring the quality of health and social services, and their impact on citizens
- Ensuring the cost-efficiency of health and social services
- Monitoring patient, family, and client satisfaction
- Ensuring equitable access to health and social services
- Ensuring the health, safety and dignity of citizens under care
- Maintaining public confidence in health care and social services within each region

The health authorities are also responsible for:

- Workplace wellness and the morale of their staff
- High quality and performance of staff as they conduct RHA business
- Workplace health and safety of regional staff and volunteers
- Physician, health care and social services providers' confidence in the RHA
- Maintaining good relations with other Regional Health Authorities, the Department of Health and Social Services, stakeholders, and government and non-government agencies both in the province and abroad
- Quality of monitoring of health outcomes and health and social service system performance
- The condition of regional health authority facilities, equipment, and finances
- Compliance with, and enforcement of, government legislation and regulations

Senior and palliative care services, long term and acute care services, and addiction and mental health services are available across Prince Edward Island in numerous facilities and institutions. Services that support children, families and communities are also offered throughout all regions of the Island. The regional authorities also have internal divisions responsible for human resource initiatives, policy and planning, and finance and information technology.

Health Authorities

West Prince Regional Health Authority

The West Prince Regional Health Authority is the governing body for health care services in West Prince. The health authority was formed in 1994 and is responsible for administering all aspects of health and community services to the people of West Prince, which serves the communities of O'Leary, Tignish, and Alberton. This health authority is also responsible for the administration and delivery of various programs throughout the region.

East Prince Regional Health Authority

The East Prince Regional Health Authority is the governing body for health care services in East Prince, serving the primary health care needs of individuals, families, and communities from Crapaud to Ellerslie.

The region is grounded in the principles of community development. Local communities partner with health care providers to determine strategies to improve the health and wellness of citizens in East Prince. An overriding goal of the region is to achieve an appropriate balance between all aspects of care -- including the promotive, preventive, curative, rehabilitative, and supportive aspects of health.

Queens Regional Health Authority

The Queens Regional Health Authority is responsible for planning, integrating and co-ordinating the delivery of quality health and community services in Queens County. These services focus on promoting health and preventing illness as well as providing programs which treat, manage and support our clients throughout their lives.

Kings Regional Health Authority

The Kings Regional Health Authority is responsible for ensuring all services delivered are accessible and adequate by having these services delivered at the local level; ensuring services are efficiently provided and regionally managed; improving the match of services to needs of local residents in the region; monitoring the quality of service delivery, and seeking the advice and opinions of residents on needs and effectiveness of services and programs, thus contributing to a greater sense of community.

The core health services managed by the Kings Regional Health Authority include the Kings County Memorial Hospital, Souris Hospital, Colville Manor, Riverview Manor, Seniors and Family Housing, Home Care and Support, Child and Family Services, Community and Family Health Centres and Mental Health & Addiction Services.

Provincial Health Services Authority

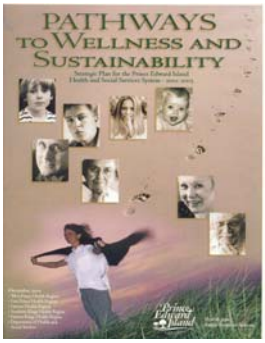
The Provincial Health Services Authority (PHSA) is responsible for providing leadership in the delivery of provincial secondary acute and specialized services to improve the health and well being of citizens. The creation of the PHSA brings the planning and delivery of these provincial acute and specialty services together under one organization with a clear focus on quality, access, and improved planning and utilization of these services.

The PHSA is administratively structured into three front-line service delivery divisions, Queen Elizabeth Hospital, Prince County Hospital, and Mental Health and Addictions; and three corporate divisions, Medical Services, Finance and Support Services, and Corporate Planning and Development.

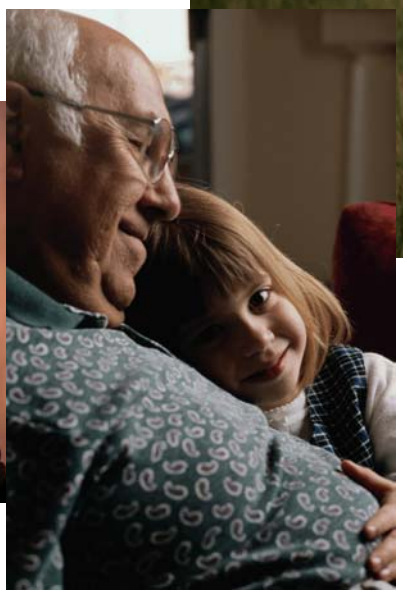
Year in Review

Strategy Implementation

The five-year strategic plan for the Health and Social Services System on Prince Edward Island was established in 2001. Based on consultation with providers and the public, the strategic plan provides a framework for the system to improve the health of Islanders and the performance of the system over the five-year period 2001-2005.



The plan identifies six critical issues that face the system: public expectations and demand, recruitment and retention of health professionals, appropriate access to primary health care, personal health practices, the aging population, and disease prevention. Six strategies outline the direction the system is taking to improve its desired results. This section outlines progress on strategies undertaken by the system in 2002-2003 that address these critical issues.



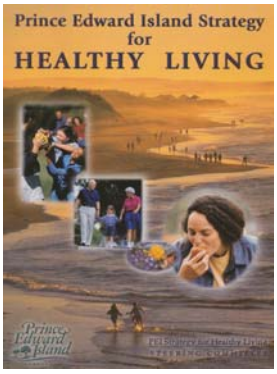
Highlights of the Year

Wellness

Wellness initiatives, which encourage people to reach and maintain their full health potential, have been implemented to focus on disease prevention and improve the health status of Islanders.

Strategy for Healthy Living

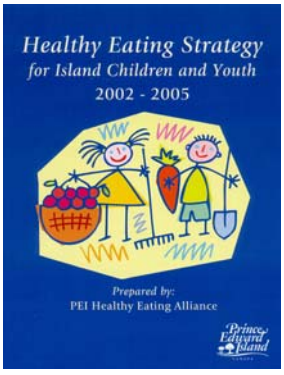
The Department of Health and Social Services was a partner in the development of the PEI Strategy for Healthy Living. The strategy will promote collaborative efforts to address three common barriers to health which are also the three most significant behavioral risk factors for chronic disease (tobacco use, unhealthy diet and physical inactivity). The goals of the strategy will be addressed in partnership with alliances, non government organizations, regional health authorities, businesses, communities, individuals and national, provincial and local governments.



Provincial government has identified and funded four initiatives under the umbrella of the Strategy for Healthy Living. They include the Physical Activity Strategy, the Nutrition Promoting Schools Initiative, *Smoke Free Places Act* Implementation Plan, and the Healthy School Communities Program. Work on these initiatives will take place over the next year.

The Strategy for Healthy Living will be launched in June 2003. Future activities include hiring Healthy Living Coordinators in the four health regions, creating regional networks, and developing and implementing regional action plans.

Healthy Eating Alliance



The Department of Health and Social Services is one of the approximately 40 partners of the PEI Healthy Eating Alliance (HEA). The alliance is a diverse group of individuals, community, university and government organizations who are committed to improving the eating habits of children and youth through education and the creation of supportive environments. The HEA released a three-year comprehensive healthy eating strategy in December 2002. While the initial focus of the alliance is on the school-age population, an ideal period of development to influence eating habits, it will also work to increase the availability of healthy food choices in other places where children and youth gather, such as recreation centres.

The strategy outlines three main action areas to improve children's eating habits: nutrition education and promotion; access to safe and healthy food; and research. Numerous activities have been undertaken by the various partners and working groups over the past year, including planned and coordinated breakfast and snack programs in Island schools; securing funding to implement a School Healthy Eating Guidelines Project to work with local schools in developing and adopting healthy eating guidelines; providing schools with newsletters and monthly healthy eating tips; and implementing the first ever "Healthy Eating Week" in March 2003.

Tobacco Reduction

The PEI Tobacco Reduction Alliance, which includes the Department of Health and Social Services, the Department of Education and a number of non-government organizations, was formed in 1999. PETRA is engaged in three types of activities to reduce tobacco use: prevention, to help Islanders stay smoke-free; cessation, to encourage and help smokers to stop using tobacco; and protection, to eliminate exposure to second-hand smoke.

The department works with community and government PETRA partners to support, implement and evaluate the PEI Tobacco Reduction Strategy, and coordinates and monitors the activities that are part of the strategy. PETRA member organizations are responsible for the delivery of the programs. The PEI Quit Smoking Program offered through Addiction Services in the Health Regions has had more than1300 participants since its inception in January 2000.

The Kick the Nic teen cessation program and the prevention-focused Students Working In Tobacco Can Help (SWITCH) Clubs are delivered in Island high schools by the PEI Division of the Canadian Cancer Society, staff in both the Eastern School District and the Western School Board, and public health nurses. A Smoke Free Homes mass media campaign and research initiative was developed with researchers at the University of PEI and numerous community organizations.

Smoke Free Places Act

The *Smoke Free Places Act* received royal assent in the Fall of 2002 and will become effective June 1, 2003. Its purpose is to provide the legislative framework to protect the public and workers from the harmful effects of second-hand smoke by creating smoke-free work and public environments. This progressive piece of legislation – one of the strongest pieces of provincial legislation in Canada – shows government's strong commitment to reduce exposure to second-hand smoke and tobacco use.

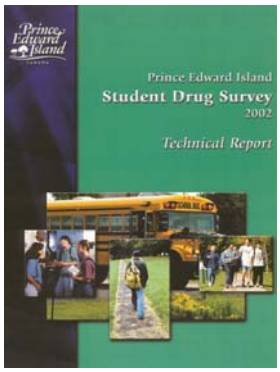
Smoke Free Homes Campaign

PETRA launched a province-wide mass media campaign in the Fall of 2002 as part of a research project. The research results following the campaign show an increase in the number of homes where children live that have gone smoke-free: 50 per cent as compared to 37 per cent in the previous year.

Smokers' Helpline

In January 2003, a telephone counseling component was added to the comprehensive cessation support available for Islanders who want to stop smoking. This service complements the face-to face smoking cessation counseling offered through Addictions Services. In the first three months of the program, 161 callers accessed the Smokers' Helpline.

PEI Student Drug Survey



A collaborative initiative of the Atlantic provinces, the 2002 Prince Edward Island Student Drug Survey was conducted in May 2002. Participants included 2415 students in junior and senior high schools across the four provinces. The survey describes the extent and patterns of student drug use and associated risk behaviors.

Prince Edward Island's rates of alcohol and tobacco use are similar to those of Nova Scotia and New Brunswick, while our rate of cannabis use is considerably lower. These rates have remained stable over the past four years, with the exception of tobacco use which dropped from 27 per cent of students in 1998 to 18 per cent of students in 2002. This is encouraging news for all PETRA members, who are working together to reduce smoking rates among Island youth. This downward trend in teen tobacco use is echoed in the results of the Canadian Tobacco Use Monitoring Survey conducted by Statistics Canada, which reports the PEI teen (ages 15-19) rate of smoking in 2002 was 19 per cent, a substantial decline from the 1999 figure of 28 per cent.

PEI Stepping Out Program

To help address the high rates of physical inactivity in Prince Edward Island, the Department of Health and Social Services provided funding for the Active Living Alliance of Prince Edward Island to develop and implement the PEI Stepping Out Program. The popular twelve-week program is designed to increase physical activity levels of Islanders by using pedometers to count and increase the number of steps per day, and by providing support through group meetings. The program was launched in November 2002 with the goal of having 500 individuals participate in the program. Over a seven-month period, more than 1500 Islanders participated in more than 20 communities and 15 Island workplaces. A total of 58 community-based programs were offered across the province in both languages, in both rural and urban settings. Volunteers delivered the program and were a key factor in its success. An evaluation of the program is being conducted to assess the process and impact of the program. Results will be available on August 2003.

Cervical Cancer Prevention

A great deal of progress has been made in cervical cancer prevention efforts in PEI this year. The third Pap awareness campaign was launched during Pap Awareness Week in October to remind women that cervical cancer can be prevented by having a Pap test at least every two years. Women continue to have the choice of being screened by a trained nurse at the Pap Clinic, launched in 2001, or by their family physician.

The clinic has been successful at providing alternative access to under-screened women. Sixty five per cent of the women attending had their last Pap two or more years ago.

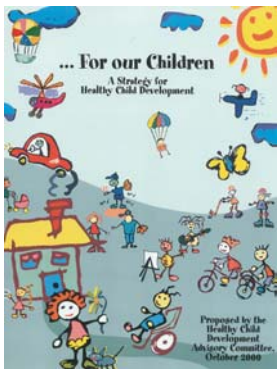
In response to increasing demand for Pap Clinic services, the PEI Pap Clinic was expanded to include out-reach clinics. In 2002-2003, more than 20 outreach clinics were held across the province by a trained nurse. Over 33 per cent of the women screened by the Pap Screening Clinic participated in an outreach clinic.

The Pap Screening Clinic also now provides pap screening to women with disabilities at the Four Neighborhood Health Centre in Charlottetown.

Healthy Child Development

A key strategy for improving the health status of Islanders emphasizes that positive early experiences in children have a long lasting impact on their success in education, ability to form relationships and participate in community life.

Provincial Healthy Child Development Strategy



For our Children, the Healthy Child Development Strategy, gives us a blueprint for government and partners to work together to reach common goals, share information and measure our progress. We are making progress in our efforts for the development of healthy children and families in PEI. It is the collective ownership of this strategy–involving community, business and volunteer sectors, as well as parents and families–that will ensure its continued success. In 2002/03 many partnerships that existed between organizations with similar goals were strengthened.

In November 2002, the Premier's Council on Healthy Child Development sponsored the second annual Think Tank. Input from the Think Tank was combined with the input from the Children's Secretariat and the Children's Working Group Networks to produce the Healthy Child Development Action Plan for 2003/04.

Healthy Child Development Action Plan

The Children's Working Group developed an Action Plan for 2002/2003. The Plan includes three components: Supporting Children and Families, Building Capacity and Sustainability, and Profiling the Strategy. PEI Partnerships for Children is an example of an item recommended in the HCD Action Plan for 2002/2003.

Government's response to the HCD Action Plan 2001/02 included:

Partnerships for Children:

The PEI Partnerships for Children initiative provided funding of $110,000 to Children's Working Groups for projects that support children and families. The networks support the key areas for action of the PEI Healthy Child Development Strategy.

In 2002, Partnerships for Children supported a range of activities, including social marketing and public awareness, the development of a salary grid for early childhood educators, programs for children, and workshops and conferences for parents. Initiatives addressed prenatal education, social skills for children with exceptional needs, children's mental health, active living, literacy, use of car seats and booster seats, and information for parents to support their children during the transition from early childhood to the school system.

Measuring Improving Kids Environments (MIKE Program):

MIKE is a joint project of the Department of Health and Social Services and the Early Childhood Development Association. Consultants quantitatively measure indicators of quality in licensed early childhood centres, and then support centres to make targeted and measurable improvements to the quality of education and care being offered.

Measurements are made using the Early Childhood Environmental Rating Scale - Revised version (ECERS-R). This tool is used extensively throughout North America, and is considered to be reliable and valid. Currently, 95 per cent of full day early childhood centres voluntarily participate in MIKE. Pre and post measures demonstrate that centres significantly raised their level of quality by focusing on specific goals and receiving support to reach their targets. With this baseline data, PEI is now the only province with province wide reliable quantitative data to measure and monitor quality in early childhood programs.

Speech Language Pathology Services:

Language/communication skill is one of the measures of readiness to learn and has major effects on success in school. The Healthy Child Development Strategy is monitoring indicators in these areas.

The Department of Health and Social Services and the Department of Education are working together to develop a comprehensive long-term plan for speech language services using creative initiatives. These initiatives include a PEI bursary program and the provincial expansion of the Little Expressions Means a Lot program, providing community capacity, support and training to individuals who work with young children.

Pre-School Autism Early Intervention Program

PEI has integrated its Pre-School Autism Early Intervention Program into the Disability Support Program. The treatment for Autism Spectrum Disorder requires integration of a number of services, including medical, family, preschool programs, training of in-home workers, parents, and speech and occupational therapists. Individual treatment plans are developed based on developmental curriculum. Teaching methods adhere to the applied behavioural analysis treatment model. Treatment plans are supported by staff and parental training, an autism intervention specialist, pediatric, psychological and therapeutic support services.

The program has hired two Pre-School Autism Specialists to work with the Early Intervention Coordinator to meet the needs of children with autism and their families.

Access to Services

The success of this strategy, improving access to services, relies on our ability as a health system to embrace innovation in service delivery to increase the impact of our services on the health and well being of citizens and to improve the quality of those services.

Canada-PEI Affordable Housing Agreement

This Federal/Provincial Agreement will provide incentive funding to increase the number of housing units that are available to target populations at affordable prices. This program is *not* the same as the social housing programs currently operated by the Department of Health and Social Services in Prince Edward Island. Current social housing programs have rent subsidies which enable units to be rented to low income Islanders based on a percentage of their income. Units built under the Canada-PEI Affordable Housing Agreement will be rented to low to moderate income Islanders at affordable rents, adding a new level of housing options to the rental landscape on PEI.

Honorable Wayne Easter, MP Malpeque; Hon.Steven W. Mahoney, Secretary of State Responsible for Canada Mortgage and Housing Corporation; and Hon. Jamie Ballem sign the Federal/Provincial Affordable Housing Agreement.

Through this agreement, individuals, communities and the private sector will have the opportunity to consider construction, acquisition, renovation, rehabilitation, and/or conversion as affordable housing options. All projects funded will be required to create a minimum of five additional housing units, maintain affordable rents for at least ten years and rent to Islanders of low to moderate incomes. Projects and/or proposals will be funded based on identified priority needs of families; persons with special needs, such as survivors of traumatic brain and spinal cord injuries; persons experiencing serious and persistent mental illness; and persons with disabilities in Island communities.

At this time negotiations are being finalized. We anticipate signing the new Canada-PEI. Affordable Housing Agreement in the Spring of 2003.

MRI Services and Expanded Cancer Treatment Centre

Significant work was completed in preparation for expanded cancer treatment services through the addition of a linear accelerator, and expanded diagnostic imaging services, the addition of MRI Services in the province. Installation of the new services and equipment require the addition of a 15,000 square foot expansion to the Queen Elizabeth Hospital, as well as major renovations to the Provincial Cancer Treatment Centre and the Diagnostic Imaging Department at a total cost of $12 million.

Site work was completed, including new highway access to the hospital and signalized intersection. Building construction is also complete. More than 20 new full-time equivalent positions will be created.

The purchase of the linear accelerator at $3 million and the MRI at $2.5 million is the largest one-time investment ever made in health technology by our province. With the new equipment, Islanders will have access to some of today's most advanced medical diagnosis and cancer treatment services.

Magnetic Resonance Imaging Unit

Linear Accelerator

French Language Services

The French Language Service network was established in November 2002 by the Minister responsible for Acadian and Francophone Affairs and the Minister of Health and Social Services who agreed that the most appropriate means for Health and Social Services to prepare for the proclamation of the *French Language Service Act* was to create a joint government-community network dedicated to the task of proposing practical solutions for the delivery of French-language health and social services in P.E.I. This network will ensure the sharing of information between the health system and the Acadian and Francophone community. The network will also establish working groups dedicated to the task of developing strategies to increase access to French-language health and social services.

The following health services are available in French to the Acadian and Francophone community to a limited degree in certain regions: public health, speech therapy, home care, mental health/addiction, residential care, social services, occupational therapy, medicine, nutrition services, nursing services within hospital institutions, and public dental health. Also, signage at the QEH and the new Prince County Hospital has been produced in both official languages.

Both the Department Health and Social Services and the West Prince Health Region have had a French Language Service Coordinator on staff since early 2003 to provide advice and support in the implementation of the French-language health services.

Change of Name Act Amendments

It is important to have accurate identification for a variety of reasons. Your birth certificate is the primary foundation document needed to obtain other identity documents or services such as a passport, driver's license or medical coverage. Recent amendments to the *Change of Name Act* make it easier and less costly for Islanders to change their name.

In the past, the cost to have a name changed ranged from $500 to $1500. Under the new regulations, this cost will be reduced to about $160, and less for additional family members. People often apply for a name change following a marriage when a parent wishes a child to assume a new surname. People from other countries often wish to Canadianize their name after becoming Canadian citizens. There are also many cases where people realize the name they have used all their life is different from the one that was officially registered at birth. A change of name is required to change the name on a birth certificate to reflect the preferred name.

Primary Health Care Redesign

Primary health care is based on a comprehensive and holistic definition of health that recognizes the social, environmental, and economic factors that influence health. Primary health care is both a philosophy and an approach to health care based on the principles of accessibility, public participation, health promotion, illness prevention, appropriate technology and intersectoral collaboration.

The Department of Health and Social Services has received a commitment of $6.5 million in Primary Health Care Transition Funding from Health Canada to support transitional costs for changes to the primary health care system.

Primary health care redesign is being undertaken to help address major issues that are confronting the health system and challenging future sustainability. These issues include health human resource shortages, increasing demand for health care services, rising health care costs, high rates of chronic disease and the rapid development of new technologies and drugs.

Through primary health care redesign, the health system is working to improve access to health services, promote health and wellness, and to strengthen community services which prevent, reduce and manage illness. The Healthy Living Strategy is also partially supported through the primary health care redesign initiative.

Primary Health Care Initiatives

Family Health Centres

Family health centres bring together three or more physicians, registered nurses and other health providers working collaboratively with shared responsibility for patient/client outcomes based on assessed health care needs. Each provider practices to their maximum skill and competency level based on their education and experience. A defined set of services are provided with an emphasis on diagnosis and treatment, health promotion, illness prevention, and chronic disease management. Patients/clients register with the family health centre, have access to extended hours of service wherever possible, and continue to see the physician of their choice or other providers depending on their presenting needs. Continuity and quality of care are enhanced in this interdisciplinary and collaborative environment, which is supported by improved technology.

To date, the following four family health centres have been established:

- **Four Neighbourhoods Community Health Centre**
  – Queens Health Region, Charlottetown

The Four Neighbourhoods Community Health Centre consists of a team of healthcare providers and support staff. A manager, two physicians, one nurse and support staff were already in place at the previous location for clinical services, as well as a community developer, a program facilitator, a coordinator and support staff for community-based programs. The physician and nurse complement has since been increased and a part-time mental health worker and dietician added to the team.

- **Beechwood Family Health Centre**
  – West Prince Health Region, O'Leary

An existing physician practice has been developed to accommodate the team manager, three physicians, a physician who was practicing in the community, and support staff. Two nurses have been hired and other professionals from the health region will become associated with the centre in the near future. The family physicians, nurses and other health care providers are working together to deliver more comprehensive services for patients, including services such as improved screening, wellness promotion and illness prevention.

- **Central Queens Family Health Centre**
  – Queens Health Region, Hunter River

A site has been developed to provide suitable work space for the manager, four physicians, nurses and support staff. Public health services are available monthly and mental health services are available at the centre one day a week. Public health nursing has been introduced and part-time physician services have also begun at a satellite site in the Rustico area.

- **Eastern Kings Family Health Centre**
  – Kings Health Region, Souris

The centre is located in the local hospital. Plans are underway to expand and renovate the centre in order to provide suitable work space for the team of physicians and nurses. Public health nursing, diabetes education, home care and housing are co-located at the health centre, enhancing opportunities for collaboration.

Integrated Palliative Care

The Regional Integrated Palliative Care Program is aimed at enhancing client/family options for palliative care through appropriate access to trained, qualified health care teams in the home, long term care, and the hospital. Education for both front line staff and resource teams is a necessary component of the palliative care strategy to enable teams to deliver quality services. Training for staff has already begun.

Construction of Prince Country Hospital

The Prince County Hospital is one of the largest government investments in the provision of health care in Prince Edward Island's history. The construction of the facility reflects government's commitment to providing quality services while investing in Island communities.

This facility will play a key role in the provision of provincial acute care services within the new Provincial Health Services Authority. The new Prince County Hospital will provide a client-centered environment. Throughout the facility, health care professionals will provide high quality care in an atmosphere the fosters patient dignity and respect for privacy. The facility will also provide a wide range of ambulatory and short-term care services.

Prince County Hospital

Minister Ballem; Kay Lewis, Executive Director of Prince County Hospital; Hon. Greg Deighan, MLA Wilmot-Summerside; Premier Binns; and Helen MacDonald, MLA St. Eleanors-Summerside at the unveiling of the cornerstone at the new Prince County Hospital.

To date, the Prince County Hospital Foundation fund raising campaign exceeded its goal of $12.5 million, raising more than $12.7 million. The hospital will have new diagnostic imaging equipment including x-ray machines, a CT scanner, new cardiac monitors, new SPD (sterilizing) equipment, a considerable amount of new lab equipment, new food preparation and serving equipment and a new patient television system. The move to the new facility is slated for early 2004.

Statistics Canada Report

A report released by Statistics Canada in July 2002 indicates that access to health care services in Prince Edward Island compares favorably to other provinces. PEI scored high in the report in several areas. For example, Islanders reported the shortest median wait times for specialist physician visits in Canada. In PEI, 58 per cent of people waiting for non-emergency surgery reported wait periods of less than a month, compared to only 39.5 per cent across Canada. The percentage of the PEI population who reported they had a regular family doctor was the fourth highest in the country at 93.6 per cent, compared to the Canadian average of 87.7 per cent.

PEI scored slightly lower than other provinces and territories in some areas, such as access to immediate care for minor health problems, particularly during evenings and weekends. The percentage of the PEI population reporting difficulty obtaining health information or advice was also slightly higher than the Canadian average.

The report found that 94.3 per cent of Islanders accessed at least one contact service in 2001, slightly more than the Canadian average of 93.7 per cent.

For the first time, the report makes available detailed information on access to services at the national level. PEI is one of three provinces who paid more to receive representative sample sizes in the survey in order to monitor access to health services. While Islanders continue to enjoy universal access to publicly funded health services, they are concerned about the level of accessibility of services. This report, which is rich in information, tells us how we compare now, and it will continue to be of value as an evidence base to assist us in developing policy to improve access and monitor changes.

There are several programs now in development to address issues identified in the report. As part of our primary care redesign initiative, family health centres will offer access to multi-disciplinary primary care teams and extended hours of service. This will help to increase access to 24/7 first contact services for immediate care for minor problems, and for health information and advice.

Although the report indicates that P.E.I.'s wait lists for diagnostic tests were very favorable in most areas, the number of Islanders waiting longer than three months for non-emergency MRIs, CT Scans and angiographies was higher than the average. These service levels are expected to improve when MRI services become available at the Queen Elizabeth Hospital and access to a second CT Scanner is provided at the new Prince County Hospital.

The report *Access to Health Care Services in Canada, 2001* is a mechanism for public reporting and accountability following the First Ministers Agreement in September 2000.

Human Resources

The human resource planning process, aimed at ensuring an adequate supply and the correct mix of professionals to meet the health needs of Islanders, has resulted in several positive initiatives.

Recruitment and Retention

Government is committed to maintaining an adequate supply of health professionals in Prince Edward Island. A number of initiatives have been implemented to meet this challenge.

Active recruitment was carried out throughout the year for a variety of health professionals and additional initiatives were implemented to deal with some of the more difficult to fill positions.

PEI Nursing Recruitment and Retention Strategy

Registered nurses comprise the largest group of health care providers. Maintaining an adequate supply of nurses involves attracting new nurses and retaining existing nurses. The PEI Nursing Recruitment and Retention Strategy contains several initiatives including the sponsorship of Bachelor of Nursing students; providing assistance to RNs who take the refresher program; and providing summer employment to nursing students.

Over the three-year period of April 2000 to March 2003, the Nursing Recruitment and Retention Strategy initiatives resulted in 159 one-year Bachelor of Nursing sponsorship agreements; the provision of relocation assistance to 71 off-Island nurses to work in the PEI health system; 151 placements in the Bachelor of Nursing Summer Employment Program; and reimbursement of the costs of the refresher program coordinated through the Association of Nurses of PEI and Grant MacEwen College for eight registered nurses.

The number of student sponsorships has increased considerably since the inception of the strategy. This is significant to the health system, because sponsored students are required to work in the PEI health system upon graduation one year for each year of sponsorship.

	PEI Nursing Recruitment and Retention Strategy		
	2000/01	2001/02	2002/03
Number of New RN Positions	27	15	-
Number of Student Sponsorships	24	57	78
Number of Rns provided with	27	18	26
Number of Rns provided with	2	4	2
BN Summer Employment Program	28	50	73

* The number of student sponsorships represents the total number of return-in-service agreements.

Radiation Therapists

A sponsorship agreement was put in place for Islanders to receive Radiation Therapy training. One student is scheduled to complete the two year diploma program in December 2003. The Radiation Therapy Program is jointly delivered by the New Brunswick Community College and the Red River College in Manitoba.

Speech Language Pathologists

A new sponsorship program was introduced in November of 2002 to support the recruitment and retention of speech language pathologists. Students entering their second or third year of a Masters Degree in a speech language pathology program may be eligible for tuition assistance of $4,200 per year in return for one year of service on P.E.I. as a speech language pathologist.

The development of additional incentives to recruit speech language pathologists was a recommendation of the Health Human Resource Supply and Demand Analysis conducted in 2001. Demand for this service is increasing for children with language and communication delays and children with special needs. In addition, we have a growing adult population in need of therapeutic services. The new sponsorship program will help make P.E.I. more competitive when attempting to recruit speech language pathologists.

Prior to receiving financial assistance, students sponsored by the program must sign a return-in-service contract with the sponsoring health authority. Prior to employment, they must have graduated from a recognized speech language pathology program and be eligible for registration with the Canadian Association of Speech Language Pathologists and Audiologists.

Collective Agreements

Approximately 90 per cent of employees within the Health and Social Services System belong to one of the following unions:
PEI Nurses Union **(PEINU - 22 per cent)**
Union of Public Sector Employees Health **(UPSE Health - 33 per cent)**
Canadian Union of Public Employees **(CUPE - 19 per cent)**
International Union of Operating Engineers **(IUOE - 16 per cent)**

The PEI Nurses Union collective agreement was signed on September 16, 2002 and is in effect from April 1, 2002 to March 31, 2005.

The current collective agreements for both the Union of Public Sector Employees and the International Union of Public Employees expired on March 31, 2003.

Health Information Technology

Services provided to Islanders are improved by providing quality information to health care providers. Accurate and reliable health information assists Islanders to take more control over and improve their health.

Integrated Services Management System

The Integrated Services Management System allows for Health and Social Services service providers to securely access, document and manage client service information electronically. This application allows access by service providers to information that will enable them to effectively manage service delivery and share information , where appropriate, on the delivery of service to their clients. Improved service information will allow for improved client service outcomes, worker supervision, manager monitoring, and system tracking of health outcomes for management, planning and research purposes. This application will span all community based health and social services within the province. This application has been implemented into Diabetes Services and Home Care Services during the 2002/ 2003 fiscal year.

Picture Archival & Communications System (PACS)

This system allows for the electronic transfer of digital images among hospitals both provincially and interprovincially within the Atlantic Provinces. Through the deployment of computer radiographic readers and film digitizes, diagnostic images can be originally created in digital format. Once digitized , this information can be transmitted over communications networks from one location to another. This tele-radiology component facilitates remote consultations as well as better utilization of radiology professionals and other specialists. To better manage, store, retrieve, share and integrate radiology information and reports archiving technologies have been deployed.

Common Client Registry

The Common Client Registry (CCR) will be the main client demographic database for the provincial health system. It will store the core demographic attributes such as name, address, date of birth, eligibilities, and health number. The CCR will provide information on client demographics throughout the Health and Social Services System.

Children's Dental System

The Children's Dental System is an application that maintains a record of all services provided through the Children's Dental Program. This application has been introduced as a new module of the Integrated Claims System .

West Nile Virus Website Information

West Nile Virus has been found in birds, humans, and some other mammals in Africa, Eastern Europe, and Asia for several decades. The virus was first identified in North America in 1999 when an outbreak was diagnosed in birds and humans in New York City. Since then, the virus has spread across most of the United States and into several provinces in Canada. Last year, three birds in Nova Scotia were found to carry the virus.

The West Nile Virus part of the department's website, which can be found at www.gov.pe.ca/westnile, provides information on the virus, reducing breeding areas, risk factors and personal protection.

Partnerships to Address the Determinants of Health

The development and strengthening of partnerships is key to assisting the Health and Social Services System achieve positive impacts on the health and well being of Islanders.

Healthy Living Strategy partners include:

The Prince Edward Island Tobacco Reduction Alliance; the Active Living Alliance; the Healthy Eating Alliance; the provincial Departments of Health and Social Services, Education, Community and Cultural Affairs, and the Office of the Attorney General; the regional health authorities; the Canadian Diabetes Association; the P.E.I. Division of Canadian Cancer Society; the Heart and Stroke Foundation of P.E.I.; the Western School Board and Eastern School District; the P.E.I. Federation of Municipalities; the P.E.I. Recreation Facilities Association; and other community-based groups.

Prince Edward Island Tobacco Reduction Alliance partners include:

The P.E.I. Division of the Canadian Cancer Society; the P.E.I. Lung Association; the provincial Departments of Education, and Health and Social Services; the Early Childhood Development Association of P.E.I.; the Evangeline Community Health Centre; the regional health authorities; the Federation of P.E.I. Municipalities; Health Canada; the Heart and Stroke Foundation of P.E.I.; Holland College; the Medical Society of P.E.I.; the P.E.I. Home and School Association; the Eastern School District and the Western School Board.

Active Living Alliance partners include:

The Department of Health and Social Services and the Department of Community and Cultural Affairs, The P.E.I. Recreation & Sports Association for the Physically Challenged; the P.E.I. School Athletics Association; the P.E.I. Lung Association; the P.E.I. Physical Education Association; the P.E.I. Senior Citizens Federation; the P.E.I. Special Olympics; the RCMP; Scouts Canada (P.E.I. Council); Sport P.E.I.; the Arthritis Society; the Women's Institute, and the Worker's Compensation Board.

Autism Strategy partners include:

The Provincial Autism Committee, which includes parents; staff of the regional health authorities, the Departments of Health and Social Services and Education, pediatrics, Mental health, school boards, the P.E.I. Autism Society, P.E.I. Association for Community Living and other community-based organizations.

Healthy Child Development partners include:

Core staff in the Department of Health and Social Services; representatives from the provincial departments of Education, Community and Cultural Affairs, Development and Technology and the Office of the Attorney General; members of the Premiers Council on Healthy Child Development; and community representatives including the Early Childhood Development Association, Family Resource Centers, Literacy Alliance, Breast Feeding Coalition, Children's Mental Health Coalition, Women's Network, Association for Community living, Premiers Action Council on Family Violence, the R.C.M.P., U.P.E.I. and Health Canada.

Healthy Eating Alliance partners include:

The provincial departments of Health and Social Services, Education, Agriculture and Community and Cultural Affairs; and community representatives including the University of Prince Edward Island; Cancer Society; school boards/ Home and School Federation; Health Regions; Medical Society; Association of Nurses of PEI; Queen Elizabeth Hospital; Heart and Stroke Foundation; PEI School Milk Foundation; Dieticians of PEI; Active Living Alliance; CBC; Canadian Red Cross; School Breakfast Programs; PEI Home Economics Association; Chartwells International; and parents.

Health System Results

In its five-year strategic plan, the Department of Health and Social Services has set six goals, built around areas of our health system that required attention:

1. Improve health status
2. Increase personal responsibility for health
3. Improve sustainability in the system
4. Improve public confidence in the system
5. Improve workplace wellness and staff morale
6. Maintain other results at current levels

Many of these areas are based on long-term strategies, and behavioural and societal shifts that cannot be measured on an annual basis. In this report, we will present the indicator information for the first three goals listed above. The first speaks to Islanders' health status, the second to efforts directed at encouraging and assisting our population as they take greater responsibility for their health, and the third to health service sustainability in Prince Edward Island.

Regarding goal 4, improve public confidence in the system, and goal 5, improve workplace wellness and staff morale, results were reported in the 2001/2002 Annual Report and will be reported again in future reports as data becomes available.

The first two goals, improving the health status of Islanders and increasing personal responsibility for health, fit into a broader shift in health service provision. There is little doubt that the Canadian health system is moving from a model of disease control to one which safeguards well-being. Important work in recent years has shed light on how the well-being of our society is linked to how well individual members take care of themselves.

The third goal of improving sustainability in the system speaks to the balance between providing critical services and managing a system that is efficient and cost-conscious. Providing services for our population is a key element in achieving the goal of improving the health status of Islanders. At issue is making sure the system will be able to sustain itself so it will be able to maintain and improve the health of future generations of Islanders as well: our children and our children's children.

Goal 1: Improve the Health Status of Islanders

A large proportion of Islanders polled in 2000/01 felt their overall health was "excellent" or "very good", a higher proportion of positive self-reported health than in the rest of Canada. But as the PEI Strategy for Healthy Living has noted, this is contradicted by health indicator data, which reveal significant challenges. To highlight and discuss these challenges, this annual report presents important data and significant trends in population health derived from several health indicators.

This report presents information on the incidence, prevalence and mortality rates associated with major acute and chronic illnesses and then looks at the lifestyle-related risks associated with these conditions. Looking at disease in light of lifestyle will show how we can create a healthier society.

Length and Quality of Life on the Island

Prince Edward Islanders can expect to live, on average, about 79 years.

The life expectancy for women is 81.7 years, 5.5 years longer than the average Island man, who can expect to live to 76.2. The male population on Prince Edward Island has made significant gains over the past two decades–in the 1970s the difference between women and men was almost 10 years.

What is the quality of life Islanders can expect over the course of these 79 years? Disability-Free Life Expectancy (DFLE) is an indicator developed to measure the number of years an individual can expect to live in good health without a "moderate or severe disability" or activity limitation.

The most current DFLE (1996) shows that Islanders can expect to live about 10 years with a moderate or severe disability at the end of their lives. Although women can expect to live slightly longer than men, the data shows they live longer with a moderate or severe disability as well, almost 5 "disabled years" longer than their male counterparts.

Major Health Concerns for Islanders

Several acute and chronic conditions pose major health problems for the general adult population in Prince Edward Island, especially cancer, diabetes, heart attack and stroke.

Cancer:

Between 1989 and 1999, Prince Edward Island had the second highest incidence rate and the third highest mortality rate of cancer among all Canadian provinces.

There are many types of cancer, but the most common forms are cancer of the lung, colon/rectum, breast and prostate. The following table examines the average incidence and mortality rates for the second half of the 1990s, the last 5-year period for which we have confirmed and available data.

	Average Incidence Rate, 1994-1999 (per 100, 000 population)			Average Mortality Rate, 1994-1999 (per 100, 000 population)		
	Canada Incidence Rate	PEI Incidence rate	Provincial Rank for PEI (highest incidence =1)	Canada Mortality Rate	PEI Mortality Rate	Provincial Rank for PEI (highest mortality =1)
Lung	63.18	**70.83**	3	53.22	**59.34**	3
Colorectal	52.24	**58.1**	4	24.92	**27.68**	4
Prostate*	115.23	**137.97**	1	29.64	**34.88**	1
Breast**	99.99	**102.56**	3	27.79	**27.58**	6

*male population only
**female population only, although a small number of men each year are diagnosed with breast cancer.

Both the incidence and mortality average rates for all four of these cancers were higher for PEI than the average rates for Canada.

Cancer Trends

Lung Cancer is the leading cause of cancer death in Prince Edward Island. Traditionally, the incidence of lung cancer among men has been twice that for women, but this is no longer the case. The incidence and mortality rates among women have seen a steady rise since 1989 and this gap has closed quickly in recent years.

The Canadian Cancer Society estimated that 115 Islanders (65 men and 50 women) were newly diagnosed with lung cancer in 2002 and 105 Islanders (55 men and 50 women) died of it.

Colorectal Cancer rates show a higher incidence among Island men as compared to women. This rate among men increased at a rate of about 20/100,000 per year over the 1990s, whereas the rate of this cancer among women has remained steady.

The Canadian Cancer Society estimated that 100 Islanders (50 men and 50 women) were newly diagnosed with colorectal cancer in 2002, and 30 Islanders (15 men and 15 women) died of it.

Prostate Cancer is the most frequently occurring cancer in men on Prince Edward Island. As seen, P.E.I. had the highest incidence and mortality rates for Prostate Cancer in the country for the period 1994-1999. The growing rate of prostate cancer incidence could be due to better screening techniques and early detection.

Prostate Cancer is a disease of older men; 80% of prostate cancer cases in Canada were diagnosed in men aged 65 and over. The mortality rate from prostate cancer is comparable to that for breast cancer, even though the prostate cancer incidence rate is higher. This is because prostate cancer is relatively slow-growing and many men diagnosed with it die of other causes first.

Breast Cancer is the most frequently occurring cancer among women on Prince Edward Island. With Breast Cancer, the incidence rate has seen an increase in recent years, as have the mortality rates. Breast Cancer often strikes women in the middle years of their lives. In addition, a diagnosis of breast cancer is more likely to result in death than a diagnosis of prostate cancer.

The Canadian Cancer Society estimated that 100 men were newly diagnosed with prostate cancer and 90 women with breast cancer in 2002; 25 men died of prostate cancer and 25 women died of breast cancer that year.

Diabetes:

The prevalence of diabetes is 5.1 per cent of the Island population, which is close to the prevalence for all of Canada, at 5.0 per cent.

The prevalence of diabetes was slightly higher in men than women in both Canada and PEI, and the prevalence was higher in older age groups. For example, in PEI the 1999-2000 rate for men age 40-49 was 3.3 per cent, while the rate for men age 75-79 was almost 6 times higher, at 17.7 per cent. About 90 per cent of these cases were "Type Two" *diabetes mellitus*.

Diabetes Trends

The incidence of diabetes is growing in recent years. Whereas the 1997/98 prevalence of diabetes was 3.9 per cent of the Island population, in 2000, the prevalence of this condition was up to 4.6 per cent.

Cardiovascular Disease:

Cardiovascular disease is the overall leading cause of death, disability, and illness in Canada and in Prince Edward Island. Cardiovascular disease includes the two main categories of heart disease (which includes heart attack) and cerebrovascular disease (which includes stroke).

	Heart Attack and Stroke Average Mortality Rates, 1989-1999		
	Canada	PEI	Provincial Rank for PEI (highest = 1)
Heart attack	78.96	**91.49**	3
Stroke	43.13	**45.48**	2

1. The mortality rates from heart attack and stroke in Prince Edward Island were consistently higher than the national average between 1989 and 1999.

2. Over this period, the Island had the third highest rate of heart attack deaths among provinces, and the second highest rate of death due to stroke.

Trends for Heart Attack and Stroke

The rate of deaths due to stroke has declined over the past 20 years. In 1999, for instance, there were approximately 25/100,000 fewer deaths on P.E.I. than in 1979. The stroke mortality rate was significantly higher for men than for women by an average of about 13/100,000 throughout this period.

There has been a dramatic decline in male deaths due to heart attack since 1979. That year, the mortality rate for men was 252/100, 000 population. By 1999, this rate had dropped a full two-thirds to a rate of 70. Similarly, the death rate for women has fallen by one half, from 74 in 1979 to achieve a rate of 33/100,000 in 1999.

Why have we been so successful in bringing down these mortality rates in the last two decades?

According to a recent World Health Organization analysis of this falling mortality rate for heart attack in 21 countries, better coronary care was responsible for 72 per cent of the reduction of the heart disease-related mortality rate seen in men and 56 per cent of the reduction in the mortality rate in women. The report also indicates that the drop in heart attack rates (especially for the female population) is in large part due to a decline in the rates of smoking since 1979.

The question then becomes how much more progress we can make by further improving our modifiable risk factors?

Goal 2: Increase Personal Responsibility for Health

Risk Factors and Health

There are many factors which contribute to disease. Some risk factors are modifiable, which means that they are within a person's control to change the level of risk. This goal is to encourage people: to be aware of the risk factors, to be aware of the relationship between the risk factors and illness, and to recognize that lowering the level of risk will impact on improved health. The greater the success we have in lowering various risk factors, the more improved our overall health status will be for Islanders.

A person's sex, family history and age are three common non-modifiable risk factors. There are four significant risk factors that are modifiable because they are personal practices and lifestyle choices. Smoking and tobacco use, physical inactivity, high body weight and low fruit and vegetable consumption can have a dramatic impact on an individual's ability to protect their health from chronic conditions such as cancer, diabetes, heart attack and stroke.

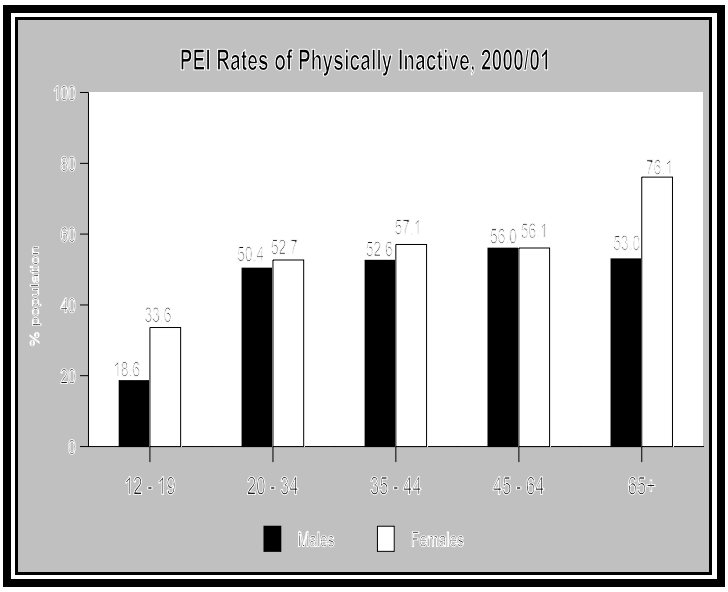
Based on reported research findings reviewed and highlighted by Health Canada, the chart below indicates which risk factors are associated with the various conditions.

	Some Risk Factors for Diabetes, 4 Cancers, Heart Attack and Stroke			
	Risk Factors			
	Smoking	**Physical Activity**	**Body Weight**	**Food Consumption**
Diabetes		✔	✔	✔
Heart attack	✔	✔	✔	✔(p)
Stroke	✔	✔	✔	✔(p)
Lung cancer	✔			✔
Colorectal cancer	✔	✔		✔
Breast cancer	✔(p)	✔	✔	✔(p)
Prostate cancer	*Cause of prostate cancer is unkown*; with the possible exception of animal fat consumption, no known modifiable risk factors have been identified.			
(p) = possible risk factor				

Physical Activity Rates, Rates of Overweight and Obesity, and Fruit and Vegetable consumption have been reported in many recent publications put forth by the Department of Health and Social Services.

These three indicators are taken from the Canadian Community Health Survey (CCHS), an important recent initiative of Statistics Canada. The data is all self-reported information from 2000/2001, which compares a variety of indicators related to personal practices and lifestyle choices.

The findings are worth reviewing here because the data reveals key areas where individual islanders can improve and 'take ownership" of their health. A review is also timely because another survey cycle is currently underway. These findings will be available for the 2003/2004 annual report.



Physical Inactivity Rates:

Physical activity is associated with major heart health and psychological health benefits. It also tends to reduce the risk of cancer, diabetes, colorectal cancer as well as many other conditions such as osteoporosis and lower back pain. Inactivity, on the other hand, is a major risk factor for such conditions.

Prince Edward Island has higher reported rates of physical inactivity, at 52 per cent, than the Canadian average of 49.1 per cent.

- Approximately 60 per cent of Islanders over the age of 35 were physically inactive.
- The rate of inactivity increased with the older age groups.
- The survey also showed that women were less physically active than men. In the teenage and elder population, women were more than twice as likely to report sedentary lifestyles.

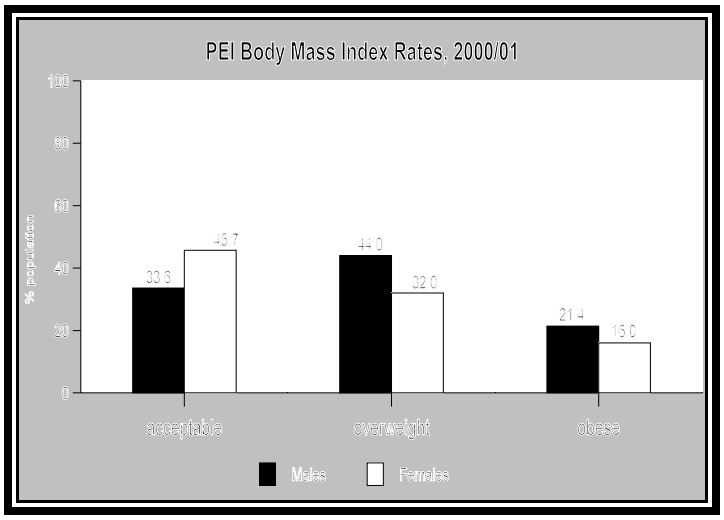
Body Mass Index:

Body Mass Index (BMI) is a method of determining healthy body weight. A BMI above the healthy weight range (greater than 25) puts one at risk for a variety of conditions, including diabetes, heart attack, stroke and many cancers. Body weight is not a personal health practice, but most often an outcome of health practices around eating habits and rates of exercise. Body weight can also be influenced by the availability and cost of healthy foods, and biological susceptibility. Body weight is modifiable for most people, and is a key indicator of overall health. It is nonetheless largely determined by eating habits and level of physical activity.

The rate of individuals who were overweight and obese in Prince Edward Island in 2000/01 is higher than the rate for all of Canada. The rate is 56.8 per cent.

- On Prince Edward Island, a higher number of men were surveyed in 2000/01 who were overweight or obese than women.

- A substantial majority of men (65 per cent) on Prince Edward Island reported being either overweight or obese. Women were not far behind at 48 per cent.

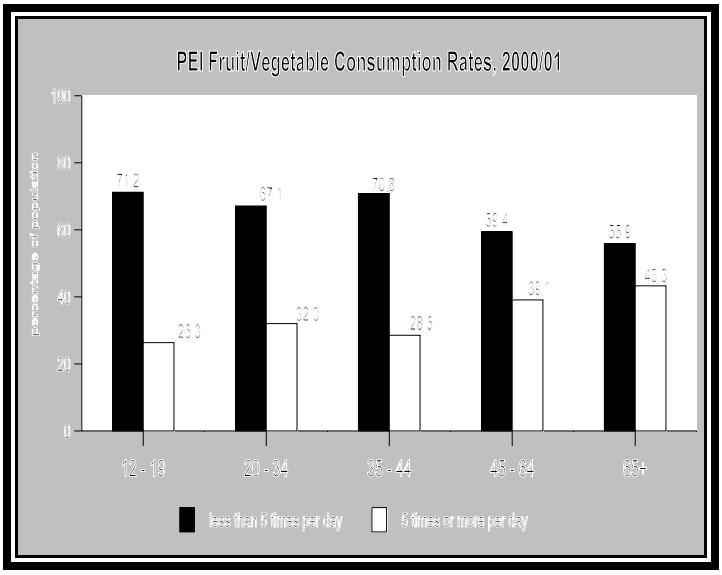


Fruit and Vegetable Consumption:

Poor dietary habits are linked to some of the major causes of death, including cancer and coronary heart disease. Five servings of fruits and vegetables per day is the minimum required by the Canada Food Guide. Well over half of Prince Edward Islanders, 64.5 per cent of our population 12 and older, do not eat enough fruit and vegetables.

- The great majority of Islanders from teenage years through to mature adulthood did not consume enough fruits and vegetables as recommended by the Canada Food Guide.

- Consumption of fruits and vegetables was higher in older populations than younger. However, in all age groups, people who ate enough fruits and vegetables belong to the minority of Islanders.

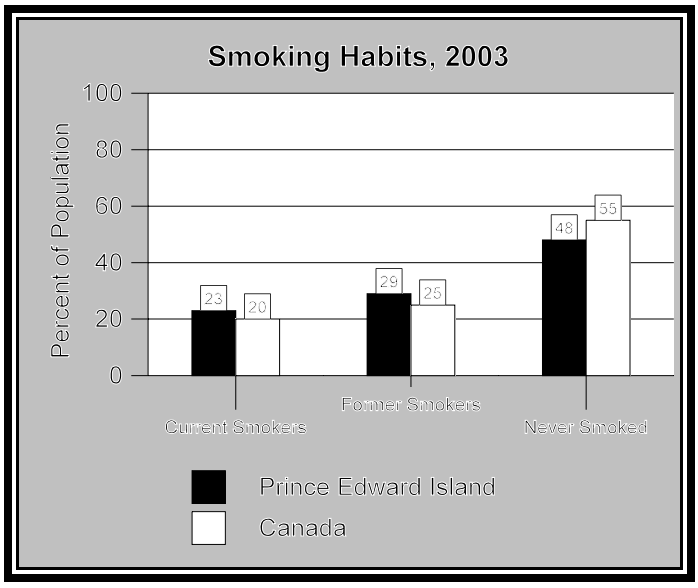


Smoking Rates:

Among all modifiable causes of disease, tobacco use is the one for which there is most recent data. Surveys conducted by the Canadian Tobacco Use Monitoring System (CTUMS) follow smoking habits and rates across the country, because it is widely recognized that tobacco use is the leading cause of preventable illness and death in Canada.

- The rate of smokers in the population of Prince Edward Island is higher than for Canada.

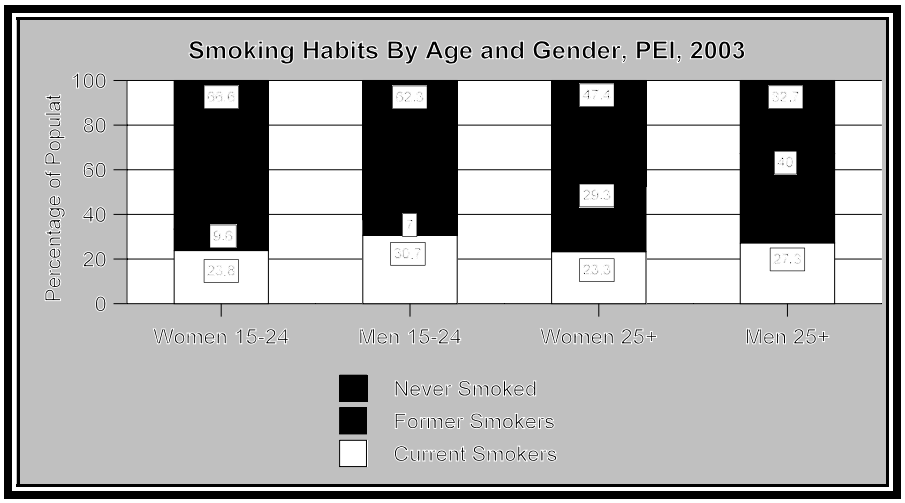
- The rate of former smokers for Prince Edward Island is also higher than for Canada. While evidence of past lifestyle risk, this statistic also points toward a commitment to lifestyle improvement in Prince Edward Island, and so is not a wholly negative finding.



How do these findings break down across the general population? The above chart indicates that a higher proportion of men than women smoke, in both the young and mature age groups surveyed.

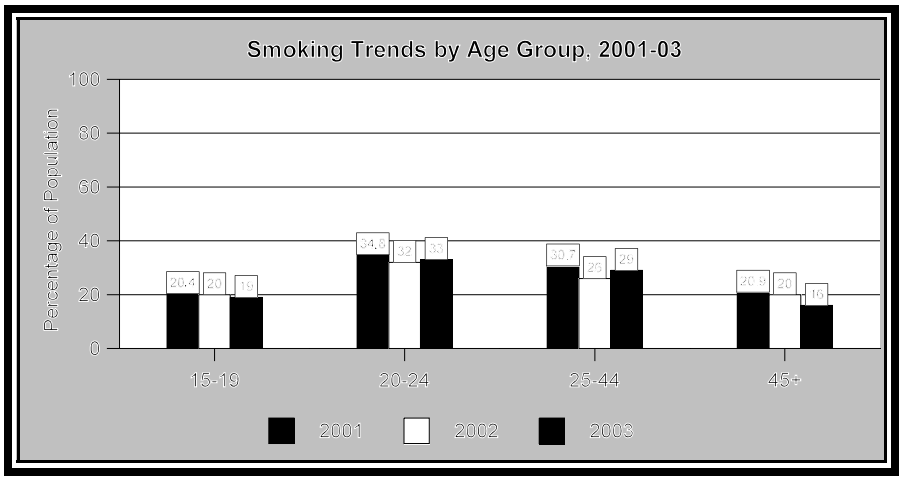
A majority of both women and men age 25 and older are or have been smokers at some point in their lives. Of those with a smoking history, the majority have quit. The gender difference is wider in younger groups of smokers on PEI, and more young women than young men have quit.

In addition to the findings above, CTUMS data shows that the heaviest smokers are young men in the 25 and older age category. Of this group of smokers, consumption averages around 20 cigarettes per day. Female teen smokers are at the lower end of the tobacco consumption scale, at just over 12.



Smoking Trends

While CTUMS surveys show a higher proportion of the Island population are smokers than the rates for the rest of Canada, this is not a static picture. The encourage news is that recent trends derived from the last three years of CTUMS data point toward clear successes in anti-smoking campaigns and initiatives.



- Teen smoking is still a concern, but the proportion of teenagers who smoke has decreased by almost one percent in the last three years.
    - This may in part be due to a 3% drop in the number of young men aged 15 to 24 who smoke. This is the group reporting heaviest cigarette consumption, so this decrease is significant.
    - Unfortunately, the proportion of smokers among young women aged 15 to 24 has ***not*** changed over three years, and even increased slightly by 0.2%

- The largest drop has occurred in the age group 45 years and older, which has seen a 4% drop in the proportion of smokers.

Decreased Consumption

While there is no substitute for quitting altogether, even a decrease in the number of cigarettes smoked may have some health benefits. Data captured in this survey has shown that the number of cigarettes consumed per day has dropped over the past two years across all genders and age groups. This decrease in daily tobacco use is most significant in the 20-24 age group. In 2001, smokers in this age group were consuming 15.8 cigarettes per day. By 2003, this had dropped to 13.5.

Goal 3: To Improve the Sustainability of the System

In 2002/03, total provincial government spending on Health and Social services was $410.2 million. This represents 10.9% of the gross provincial product (GPP) for the last fiscal year.

	PEI Health and Social Services System Program Expenditures, 00/01 to 02/03 *in current dollars*		
	2000/01	**2001/02**	**2002/03**
Health Care Expenditures	$ 257.3 M	$ 294.0 M	$ 328.6 M
Social Services Expenditures	$ 77.0 M	$ 76.6 M	$ 81.6 M
Total System Expenditures	**$ 334.3 M**	**$ 370.6 M**	**$ 410.2 M**

Source: PEI Department of Health and Social Services, Finance and Administration, 2003.

There has been a 10.9% increase in Health and Social Service system spending between 2000/01 and a 2001/02 and a 10.6% increase in spending between 2001/02 and 2002/03. A large portion of these increases can be attributed to the capital costs incurred as a result of construction of the new Prince County Hospital.

What does the system spend per capita on the Island population?

	PEI Health and Social Services costs per capita, 00/01 to 02/03 *in current dollars*		
	2000/01	**2001/02**	**2002/03**
Health Care Cost Per Capita	$ 1,863	$ 2,150	$ 2,399
Social Services Cost Per Capita	$ 564	$ 560	$596
Total System Cost Per Capita	**$ 2,427**	**$ 2,710**	**$ 2,995**

Source: PEI Department of Health and Social Services, Finance and Administration, 2003.

In 2002/03, the average cost per capita for provincial government spending for health and social services in PEI was $ 2,995. Comparative health care data reported by the Canadian Institute of Health Information (CIHI) for 2002/03 indicated that the Canadian cost per capita average is $2,333 and therefore, PEI ranked as the 5th highest of 10 provinces.

Health Professionals

The number of health professionals in a population is an indicator of how adequately the population is being served by the system. Monitoring this number falls to several bodies, but the data given here is from the Canadian Institute for Health Information (CIHI) *Health Indicators* report, 2003.

	Health Professionals, rate per 100, 000 population, 2001	
	Canada	**PEI**
Registered Nurses	741	912
Licensed Practical Nurses	236	458
General/Family Physicians	95	83
Specialist Physicians	93	54
Pharmacists	82	94
Dentists	56	44
Physiotherapists	46	36
Dental Hygienists	49	33
Chiropractors	18	5
Dieticians	22	37

Source: CIHI, *Health Indicators*, 2003.
The data on psychologists was not included in the 2003 report.
The data on optometrists in PEI was suppressed due to the small sample size.

The rates of health professionals in the province of Prince Edward Island varied in 2001.

- The rate of Registered Nurses, Licensed Practical Nurses, Pharmacists and Dieticians was higher than the national rates in 2001.

- The rate of licensed practical nurses per 100, 000 on Prince Edward Island was almost 2 times the national rate. Similarly, the rate of dieticians in PEI was approximately 1.7 times as many as the rate for all of Canada.

- With other professional groups the rates per population were lower than for Canada as a whole. We have a lower rate per population of general practitioners and specialist physicians than Canada, as well as dentists, dental hygienists and chiropractors.

Regarding lower rates of general practitioners and specialist physicians, it is important to acknowledge that, because of our small area and population size PEI cannot support the array of services that are found in other areas of Canada, particularly urban areas. For example, some communities, such as Halifax, have medical schools and benefit from having a concentration of practitioners and specialists. As well, PEI's small size means that PEI physicians can service multiple areas of the province and there is no need for duplication of these professionals across the province. PEI's close proximity to New Brunswick and Nova Scotia make it possible for PEI to use the services of specialists in those provinces. Overall, PEI has an active and successful physician recruitment program and Islanders do have access to the health care services that they need even though they are not always located within the province.

Changes from 2000 to 2001

The rate of general practitioners/family physicians saw an decrease from the last annual report, down 5 per 100, 000 population in 2001 as compared with the rate for 2000. The rate of specialist physicians rose by 1 per 100, 000 population, however, in that period.

The rate of Registered Nurses is up 4 points from 2000, while the rate per population for all of Canada had dropped by almost 10 per 100, 000 between 2000 and 2001. The rates of licensed practical nurses also increased by 7 per 100, 000 population in that period.

Legislative Responsibilities

Legislation administered by the Health and Social Services System for which the Minister of Health and Social Services is responsible:

Adoption Act
Adult Protection Act
Change of Name Act
Child Care Facilities Act
Chiropractic Act
Community Care Facilities and Nursing Homes Act
Consent to Treatment and Health Care Directives Act
Dental Profession Act
Dietitians Act
Dispensing Opticians Act
Donation of Food Act
Drug Cost Assistance Act
Family and Child Services Act
Health and Community Services Act
Health Services Payment Act
Hospital and Diagnostic Services Insurance Act
Hospitals Act
Housing Corporation Act
Human Tissue Donation Act
Licensed Practical Nurses Act
Marriage Act
Medical Act
Mental Health Act
Nurses Act
Occupational Therapists Act
Optometry Act
Pharmacy Act
Physiotherapy Act
Premarital Health Examination Act
Provincial Health Number Act
Psychologists Act
Public Health Act
Rehabilitation of Disabled Persons Act
Smoke-Free Places Act
Social Work Act
Tobacco Sales to Minors Act
Vital Statistics Act
Welfare Assistance Act
White Cane Act

Note:
There are two other statutes that are private member's Bills, not in the Province's Official Consolidation, but are considered to be within the responsibility of the Health and Social Services Ministry:

Dental Technicians Association Act
Funeral Directors and Embalmers Act

Legislative Changes

Acts

- In May 2002, the new *Change of Name Act* was proclaimed, repealing an earlier statute of the same name.
- Assent was given to *An Act to Amend the Welfare Assistance Act*, and for *An Act to Amend the Health and Community Services Act*, but no proclamation as regulations are required.
- In July 2002, several provisions of the *Health Services Payment Act* that had been withheld from proclamation were proclaimed.
- In August 2002, several provisions of the *Hospital and Diagnostic Services Insurance Act* that had been withheld from proclamation were proclaimed.
- In October 2002, the new *Licensed Practical Nurses Act* was proclaimed, repealing the earlier *Licensed Nursing Assistants Act.*
- In December 2002, assent was given to *An Act to Amend the Pharmacy Act* and *An Act to Amend the Child Protection Act.*

Regulations

- In May 2002, regulations under the new *Change of Name Act* were approved.
- In June 2002, an amendment was approved to the regulations under the *Welfare Assistance Act* increasing the healthy child allowance.
- In July 2002, regulations were approved for the following:
    1. regulations under the *Optometry Act*, providing for a change in fees for licenses and renewals
    2. regulations under the *Health Services Payment Act* changing the time frame for submission of claims by physicians from 6 months to 3 months, and adding further provisions about disclosure of information and subrogation there was a further increase to the healthy child allowance under *Welfare Assistance Act* regulations.
- In August 2002, amendments were approved to the regulations under the *Hospital and Diagnostic Services Insurance Act*. The changes addressed disclosure of information, subrogation and a conflict with the *Canada Health Act* concerning outpatient supplies and medications.
- In October 2002, regulations under the new *Licensed Practical Nurses Act* were approved.
- In March 2003, amendments were approved to the Notifiable and Communicable Diseases Regulations under the *Public Health Act*, adding the Norwalk virus and S.A.R.S. to the list of diseases set out in the regulations.

Appendix 'A'
Regional Health Authority Board Members

as at March 31, 2003

West Prince Health Region

Ernest Hudson, Chair
Robbie Thibodeau, Vice Chair
Barry Clohossy
Juanita Gaudet
Harry MacAusland
Donald Stewart
Richard Wightman

East Prince Health Region

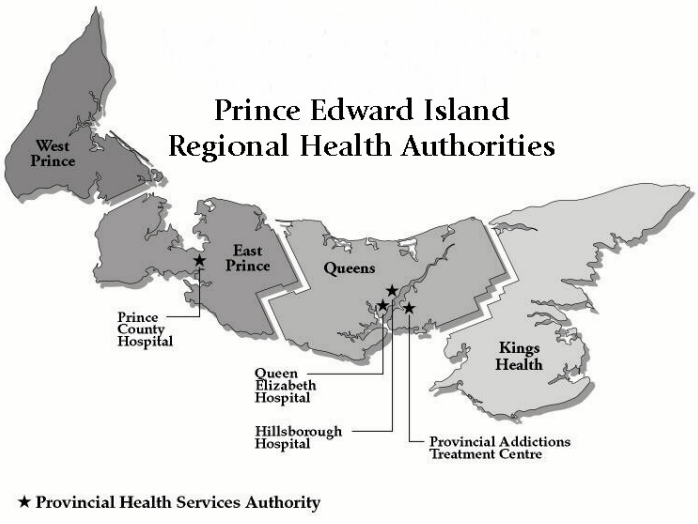
Dr. Allen MacLean, Chair
Barry Murray, Vice Chair
Henri Gallant
Doreen Gunn
Blanche Maynard
Melinda Mulligan
Carol Peters
Gertrude Trainor
Elmer Williams

Kings Health Region

Michael Gallant, Chair
Weston Rose, Vice Chair
Tom Carver
Henry Compton
Sherry Kacsmarik
J. Lloyd Soloman
Marian Trowbridge

Queens Health Region

Sylvia Poirier, Chair
Dr. David McKenna, Vice Chair
Kirsten Connor
William Fitzpatrick
Judy Gillis
Dr. Bob Johnson
Douglas MacDonald
Dr. Robert Morrison
Kevin Rofe



Population by Region - 2002

West Prince	15,084	(10.75%)
East Prince	33,717	(24.04%)
Queens	70,080	(49.97%)
Kings	21,371	(15.24%)

Appendix 'B'
Financial Statements

Financial Summary

	2002-2003 Estimates	2002-2003 Actuals	Variance
EXPENDITURES			
Department Management / Services			
Corporate Services	2,409,400	2,352,800	56,600
Office of the Chief Health Officer	404,100	328,000	76,100
Medical Services	54,124,700	53,848,400	276,300
Finance and Administration	8,301,300	7,896,600	404,700
Health Informatics and Vital Statistics	10,046,100	11,680,900	(1,634,800)
Acute and Continuing Care	26,437,800	25,836,700	601,100
Health Policy Development	3,013,800	2,492,500	521,300
Social Policy Development	10,178,300	6,352,100	3,826,200
Cancer Treatment Centre Expansion/MRI Services	11,200,000	11,086,400	113,600
Total Department Management / Services	**126,115,500**	**121,874,400**	**4,241,100**
Regionally Delivered Services	**267,239,900**	**270,869,500**	**(3,629,600)**
Total Department of Health and Social Services	**393,355,400**	**392,743,900**	**611,500**
East Prince Health Facility	**21,000,000**	**17,451,300**	**3,548,700**
Total Health and Social Services	**414,355,400**	**410,195,200**	**4,160,200**
REVENUES			
Department Management / Services			
Federal	6,928,500	6,844,900	(83,600)
Licenses and Permits	94,800	78,700	(16,100)
Fees and Services	10,204,700	10,351,400	146,700
Sales	109,000	27,600	(81,400)
Investments	600,000	617,000	17,000
Total Department Management / Services	**17,937,000**	**17,919,600**	**(17,400)**
Regional Revenues	**14,660,500**	**15,667,100**	**1,006,600**
Total Health and Social Services	**32,597,500**	**33,586,700**	**989,200**

Appendix 'B'
Financial Statements

Major Program Area Expenditures

		2000/01	2001/02	2002/03
Health Care				
	Hospital Services	108,182,200	115,545,200	128,742,300
	Physician Services	38,823,600	40,950,600	50,209,600
	Blood Services	3,321,600	3,647,400	4,482,500
	Ambulance Services	3,467,100	3,654,400	3,750,000
	Home Care	6,205,200	6,547,100	7,019,300
	Continuing Care	35,961,600	37,607,300	40,057,100
	Provincial Pharmacy	14,511,300	16,042,400	17,208,100
	Mental Health	10,578,200	12,241,700	12,146,300
	Public Health Nursing	2,268,800	2,524,000	2,742,300
	Addiction Services	5,603,000	5,901,400	6,055,500
	Dental Public Health	2,256,500	2,301,400	2,466,400
	East Prince Health Facility	5,894,900	20,141,500	17,089,800
	Other Programs	20,213,400	26,858,500	36,651,200
	Total Health Care	**257,287,400**	**293,962,900**	**328,620,400**
Social Services				
	Child & Family Services	59,406,900	59,176,300	64,111,400
	Job Creation	2,236,800	2,278,700	2,058,400
	Social Housing	9,268,500	8,932,500	8,944,200
	Grants - Non Gov't Organizations	6,100,000	6,207,900	6,460,800
	Total Social Services	**77,012,200**	**76,595,400**	**81,574,800**
Total Health & Social Services		**334,299,600**	**370,558,300**	**410,195,200**

Appendix 'B'
Financial Statements

Major Programs As A Percentage of Total Budget

		2000/01	2001/02	2002/03
Health Care				
	Hospital Services	32.4	31.2	31.4
	Physician Services	11.6	11.1	12.2
	Blood Services	1.0	1.0	1.1
	Ambulance Services	1.0	1.0	0.9
	Home Care	1.9	1.8	1.7
	Continuing Care	10.8	10.1	9.8
	Provincial Pharmacy	4.3	4.3	4.2
	Mental Health	3.1	3.3	3.0
	Public Health Nursing	0.7	0.7	0.7
	Addiction Services	1.7	1.6	1.5
	Dental Public Health	0.7	0.6	0.6
	East Prince Health Facility	1.8	5.4	4.1
	Other Programs	6.0	7.2	8.9
	Total Health Care	**77.0**	**79.3**	**80.1**
Social Services				
	Child & Family Services	17.7	16.0	15.6
	Job Creation	0.7	0.6	0.5
	Social Housing	2.8	2.4	2.2
	Grants - Non Gov't Organizations	1.8	1.7	1.6
	Total Social Services	**23.0**	**20.7**	**19.9**
Total Health & Social Services		**100.0**	**100.0**	**100.0**

Appendix 'C'
Budget Forecast

Budget Estimate

	2003/04
Department of Health and Social Services	$ 412,074,900
East Prince Health Facility	6,500,000
Gross Expenditure	418,574,900
Gross Revenue	23,388,000
Net Ministry Expenditure	**$ 395,186,900**