

Healthier Together

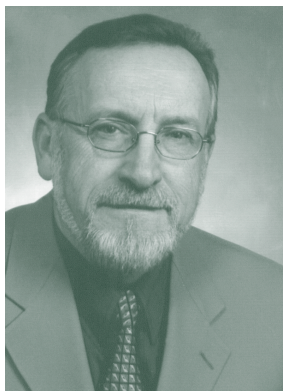


Partnering
for **Health**

A Strategic Health Plan for Newfoundland and Labrador



Foreword



Gerald Smith, M.H.A.
Minister of Health and
Community Services

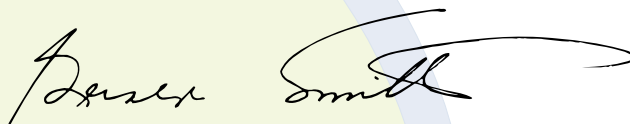
It is my pleasure to present *Healthier Together: A Strategic Health Plan for Newfoundland and Labrador*. As part of the regional health forums in the fall of 2001, hundreds of people and groups provided ideas and recommendations regarding the health and community services system. Using these inputs, as well as the reports of many committees and task forces within the health system, the provincial government has formulated this Strategic Health Plan.

The plan sets out the major long-term goals for the health and community services system and identifies the objectives, actions, and targets which will be pursued over the next five years. It is a plan for the whole system, and each of the organizations within the system will be asked to develop or modify their strategic and operational plans to ensure they are supporting the same basic goals and directions.

This plan is consistent with the broader social policy directions of the provincial government expressed in the Strategic Social Plan. It supports the requirement by government that its departments, boards, and agencies be accountable to the public through clearly stated, measurable goals and objectives.

This Strategic Health Plan is a living document. It will be modified regularly to adapt to changes in population health status, demography, technology, and the economy, and to fine tune the action plans in response to regular evaluations of outcomes.

In the coming months, through dialogue with health stakeholders and the general public, the government will also develop a Health Charter. It will be a statement regarding what the citizens of the province can expect from the health and community services system and the role citizens can play in keeping the system sustainable. It will complement the directions of this strategic health plan.



GERALD SMITH, M.H.A.
Minister of Health and Community Services

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Executive Summary

Healthier Together: A Strategic Health Plan for Newfoundland and Labrador describes the challenges currently faced by the health and community services system in Newfoundland and Labrador and sets out new directions for the system over the next five years.

Recognizing the need for change in the health and community services system, the Minister of Health and Community Services began a consultation process in the fall of 2001, known as Health Forums 2001. These sessions brought together over 500 health stakeholders, with an additional 300 people providing written and oral submissions. The feedback from Health Forums 2001, together with the work of task forces and committees, set the framework for this plan.

As part of the process of reforming the system, the challenges facing Newfoundland and Labrador's health and community services system must be identified and understood. The key challenges affecting the system in this province include:

- health status of the population - while citizens report in surveys that they feel generally healthy, Newfoundland and Labrador has among the highest rates of circulatory disease, cancer, and diabetes. Additionally, Newfoundlanders and Labradorians tend to rank high on the risk factors of smoking, obesity, alcohol consumption, and inactivity which are strongly linked to many chronic diseases;
- demographic change - the population size and structure in Newfoundland and Labrador is undergoing significant change. The population is declining, showing the largest percentage decline of any province in Canada. Additionally, urban areas are becoming more populated while many rural regions are seeing population decreases, the average age of the population is increasing, and more and more young people are leaving. These factors are creating greater costs for the province's health care system;

- quality and accessibility of health services - quality and access issues in this province exist in the areas of primary health care, location of services, organizational boundaries, long-term care and supportive services, and mental health services. Improvements in each of these areas will improve the quality and accessibility of health services in this province; and
- sustainability of health services - the health and community services system is facing increased costs during a time of fiscal restraint. Higher costs will continue to occur with new technologies, pharmaceuticals, and the aging of the population. These pressures will challenge government's ability to sustain the system unless continued efficiencies and new models of service delivery can be achieved.

The purpose of highlighting these challenges is to help people understand why change is necessary. While there may be no immediate solutions to these problems, they need to be considered in the restructuring of the system.

The reformed health and community services system will be focused around the following vision and mission statements.

Vision

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

Mission

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

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These statements, together with guiding principles for decision-making, will be the foundation from which the system will move forward. In addition, a health charter, outlining the commitments which citizens can rely upon related to service delivery, will be developed.

The strategic health plan identifies three major goals for Newfoundland and Labrador's health and community services system as well as objectives and targets within each goal. The new directions set out under each of the three goals address the challenges this province is facing and aim to work towards the best possible solutions.

GOAL I: Improve the Health Status of the Population of Newfoundland and Labrador

Objectives:

1. Increase healthy behaviours and supports;
2. Improve health outcomes and reduce negative impacts of select diseases;
3. Improve healthy growth and development for children and youth.

A wellness strategy will be developed and implemented to support this goal. A provincial coordinating committee of stakeholder groups will be established to further refine the wellness priorities, coordinate initiatives inside and outside the public sector, and provide continuing leadership and guidance. The wellness strategy will be built on the parameters of health promotion, illness and injury prevention, health protection, and early intervention.

GOAL II: Improve the Capacity of Communities to Support Health and Well-Being

Objectives:

1. Develop and enhance community partnerships and resources that focus on health and well-being;
2. Enhance individual and family participation in

community groups and organizations which enable them to make healthy decisions.

Guiding Principles for Decision-Making:

People-centered
Accessibility
Accountability
Affordability
Equity
Evidence-based
Quality
Sustainability

There are many types of communities that have a stake in the health and community services system - traditional communities such as municipalities or regional groups; associations or support groups related to specific disease conditions; volunteer groups and networks which provide supportive services to target populations like seniors or persons with disabilities; and volunteer agencies which raise funds and carry out charitable works in line with the goals of the system. Additional emphasis needs to be placed on the critical role community groups play in the health and well-being of individuals and families. To

support this goal, a healthy communities strategy which promotes community champions, regional coalitions, community partnerships, partnerships with the private sector, and community-based research will be implemented. Further work will be done to encourage participation in, and partnership with, community groups that have a health and well-being focus.

GOAL III: Improve the Quality, Accessibility, and Sustainability of Health and Community Services

Objectives:

1. Ensure communities have reasonable access to a core set of primary health care services;
2. Improve the quality and accessibility of secondary and tertiary care in the province;
3. Improve the efficiency and effectiveness of the health and community services system;
4. Develop and strengthen services in the areas of long-term care and mental health.

A health services strategy focused on the areas of primary health care, location of services, mental health services, and long-term care and supportive services will be implemented to work towards quality, accessibility, and sustainability.

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Healthier Together sets out a new direction for primary health care as the central focus of the delivery of health and community services. The new direction promotes a team-based, interdisciplinary approach to service provision where physicians, nurses, and other health professionals cooperate in providing services.

A new approach for determining the location of health and community services in the province will also be developed. A new set of location standards will be established through a planning exercise which will include discussions with communities and stakeholders throughout the province. Mental health services is another area where work is needed. Therefore, a mental health strategy for the province will be built on a number of current initiatives that provide the basis for sound policy direction. Through consultation with stakeholders a broader mental health strategy will be developed. Finally, a strategy will be developed to deal with the challenges currently being faced in the long-term care sector. More options for care and alternate community-based models will be explored to meet the needs of this sector.

Each of the goals and objectives of the Strategic Health Plan have planning targets associated with them. Each target is based on the best available measure of the concept, behaviour, or outcome the plan is attempting to change. The targets have been identified to quantify the goals of the plan, evaluate progress, be accountable to the public, and understand whether a strategy is working, needs to be refined, or abandoned.

All of the strategies for the delivery of health and community services must be supported by a rational approach to organizational structure and governance. The current structure sometimes makes it difficult to operate in the interests of the client or patient, provide flexible services without artificial organizational barriers, and administer the system with greatest efficiency. Therefore, there is a need for additional consolidation of health board structures. The final shape of the new regionalized system has not yet been designed; this work will begin in 2002. In regard to board governance, board members will continue to be appointed. However, the provincial government will

adopt a set of standards for the range of attributes which each board should possess and invite public applications for people to volunteer for these appointments.

The Government of Newfoundland and Labrador is opposed to the private purchase of medically necessary services. It is the government's position that the publicly-funded system can continue to respond to new pressures and opportunities for medically necessary services, thus ensuring equal access for all. Opportunities for innovation, however, must continue to be pursued.

Achieving the goals of the strategic health plan will require innovative use of information and communications technology, and research and evaluation to improve access to primary health care services, increase patient safety, and allow for evidence-based decision-making and ongoing accountability.

A key concern in the health and community services system is the adequate supply of professionals and other workers to meet the changing demands of the system. Human resources must be supported by changes to legislation, regulations, policy and educational programs, creating a practice environment that reflects the restructuring of the system. Through the Human Resources Planning Committee, a planning model to provide five-year forecasts of the demand and supply for various health human resources will be identified.

Every effort will be made to keep the citizens of Newfoundland and Labrador aware of the changes that will be taking place in the health and community services system. The people of this province have become increasingly interested in the state of the provincial health care system and what is in store for the future. Various communications tools will be used to keep people abreast of the developments and enable opportunities for feedback and input. The Government of Newfoundland and Labrador believes in a health reform process that incorporates the input of the public and health and community services stakeholders.

Introduction

Newfoundland and Labrador's health and community services system is based on a solid foundation. Health professionals, health organizations, and community groups have accomplished a great deal in this province to support citizens in maintaining and improving their health and well-being. However, the current system was designed for a population of 20 to 30 years ago and in many ways this system no longer meets the needs of today's population.

Publicly-provided health services in Newfoundland and Labrador are delivered by 14 health boards. Of these, eight are institutional health or hospital boards, four are community-based boards, and two are integrated boards delivering both institutional and community services.

The institutional boards deliver hospital services to the general public and long-term residential services to persons 65 years and older and persons suffering from chronic debilitating conditions. The health and community services boards deliver community-based programs and services related to health promotion, disease prevention, child, youth, and family services, community corrections, family and rehabilitative services, addictions, mental health, and continuing care. Integrated boards deliver all of the above services.

The provincial government also provides funding for other health and community services such as private and community ambulance services, medical transportation, out-of-province health services, prescription drug subsidies, shelters and group homes, family resource centres, and physician compensation. In addition, a range of health services is provided by the private sector (e.g., occupational therapy, dental services, home care).

The Government of Newfoundland and Labrador is committed to a quality system that is accessible and sustainable. The strategic directions identified within this document will guide the provincial government and the health and community services system to meet the needs of today's population.

This document is divided in two parts. The first part, *Moving Forward*, identifies the challenges and barriers of the current health and community services system, as well as the foundation from which work will be done to move forward with the Strategic Health Plan. Part two, *The Plan*, provides the details of the Strategic Health Plan including the strategic directions for the health and community services system for the next five years.



Moving Forward...

Strategic Challenges

Healthier Together: A Strategic Health Plan for Newfoundland and Labrador is based on an assessment of the major issues or challenges faced by the health and community services system in Newfoundland and Labrador.

Identification of the challenges and barriers provide context for the direction of the Strategic Health Plan and the health and community services system of the future. A clear understanding of the scale and dimensions of these challenges will demonstrate how the plan is effectively targeted on the best solutions. Although most aspects of the current health and community services system work very well, this discussion of challenges, by definition, will focus on the problems and barriers within and outside the system.

Newfoundland and Labrador ranks among the highest in the country for the risk factors of smoking, alcohol use, obesity, and physical inactivity.

The overall picture may look good, but Newfoundlanders and Labradorians, like Canadians in general, do have some cause for concern. In Canada, death due to circulatory disease remains high, at 246 deaths per 100,000 population, but it is highest in this province

at 321 deaths per 100,000 population.² Linked to heart disease and many other chronic diseases is the reality that a higher proportion of Newfoundlanders and Labradorians have been diagnosed as having diabetes than any other province or territory in Canada. Cancer is another area of concern for this province, and the whole country, as it continues to be among the leading causes of death. Indicators like these will continue to be a concern for the future because Newfoundland and Labrador ranks among the highest in

Challenges facing the health and community services system were discussed at length in the regional and provincial health forums in the fall of 2001 and have been reviewed across Canada through provincial and federal task forces and commissions. The primary challenges facing Newfoundland and Labrador can be combined into the following categories:

- health status of the population;
- demographic change;
- quality and accessibility of health services; and
- sustainability of health services.

HEALTH STATUS OF THE POPULATION

A report by the Canadian Institute for Health Information, *Health Care in Canada* (2002), indicates that 66 per cent of the residents of this province say their health is excellent or very good.¹ Like Canadians across the country, Newfoundlanders and Labradorians feel they enjoy good health. Residents of this province also tend to experience less stress than their fellow Canadians and have among the highest levels of mental health.

many of the risk factors for these types of chronic diseases. This province continues to exhibit low levels of physical activity among children and adults, the highest percentage of individuals who are overweight, and high smoking levels among teens and young adults. Additionally, while a lower percentage of the population may be regular drinkers, males throughout the province are much more likely to be heavy drinkers than males across the country as a whole.

The Aboriginal community is a distinct part of the province's population. Nationally, it is recognized that health problems are more pronounced in this group of people than in the remainder of the population. The Aboriginal community has higher than average rates for the risk factors of smoking, alcohol use, obesity, and physical inactivity. Additionally, there is a higher incidence of diabetes among this population.

Another area of serious concern is the amount of preventable injury which occurs throughout the

¹Canadian Institute for Health Information (2002). *Health Care in Canada*. Ottawa, ON.

²Statistics Canada (1996). Vital Statistics, Death Database and Demography Division. *All Circulatory Disease Deaths*. Catalogue no. 82-221-XIE.

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province. This area includes unintentional injuries caused through falls by children and the elderly and injuries from motor vehicle and recreational vehicle accidents, and intentional injuries such as deaths due to suicide. Nationally, the economic burden of unintentional injury has been estimated to be \$8.7 billion annually.³ Concerted action to prevent injury will bring an immediate improvement in quality of life and reduce pressure on the health system.

Lessening the incidence of chronic disease by promoting healthy behaviours, preventing the onset of disease, and managing disease in an effective manner will bring significant benefits to Newfoundlanders and Labradorians. This population health approach will improve quality of life, length of life, and reduce the burden on the health system of treating chronic disease.

DEMOGRAPHIC CHANGE

The population size and structure in Newfoundland and Labrador is undergoing significant change which has a direct impact on the health and community services system. It is necessary to anticipate and react to these changes to ensure the right health services are located in the right places to best serve the needs of the population.

The key elements of demographic change which present planning challenges are:

- population decline - an overall provincial population decline from 575,000 in 1994 to 519,000 in 2002 - the largest percentage of decline of any province in Canada;⁴
- uneven rates of population change - the St. John's metropolitan area has an increasing proportion of the overall population and many rural regions have seen population decreases in excess of the provincial average;

- aging population - the average age of the population is increasing everywhere in the province. This means services and supports for seniors are becoming more important and services for children need to be based on a declining population; and
- outmigration - the degree of outmigration of young people, including young families, has resulted in a decrease in the availability of traditional family supports for seniors and others requiring long-term care.

Not all of these pressures require new programs or extra resources, but they do require new ways of organizing the system to ensure accessible, quality services that are reflective of the needs of the population.

QUALITY AND ACCESS

There are challenges within the health and community services delivery system which, if addressed, would improve the quality and accessibility of services.

The key challenges fall within the areas of:

- primary health care;
- location of services;
- organizational boundaries;
- long-term care and supportive services; and
- mental health services.

These challenges exist today for many reasons - for instance, previous models for the delivery of care may no longer be relevant to today's circumstances; and some services are simply not as efficient or well-located as they could be today with advances in information and communications technology. Whatever the reason, these challenges require responses that will improve the quality and accessibility of health and community services.

³Hygeia Group (November 1998). *The Economic Burden of Unintentional Injury in Canada*.

⁴Economics and Statistics Branch, Department of Finance, Government of Newfoundland and Labrador (May 2002 Revised Estimates). *Population Projections Newfoundland and Labrador, Medium Scenario*. St. John's, NF.

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Primary Health Care

Primary health care is the first level of contact people have with the health and community services system (e.g., family doctor, nurse practitioner, community health nurse, paramedic, social worker). The Primary Care Advisory Committee which reported to the Minister of Health and Community Services in December 2001 stated that a significant problem with the health and community services system was "system disconnection".⁵ For example, in the past, family doctors were more involved with patients as they moved from the community setting into hospitals and back into the community. Frequently, family doctors would look after their patients in hospitals, spend part of their time in emergency departments, provide more obstetrical services, and perform some of the services that are now performed by specialists. Today, however, over two-thirds of fee-for-service family physicians do not provide any hospital-based services.⁶ This situation is linked to concerns about physician compensation and heavy workload which can cause difficulties in recruiting and retaining a stable supply of family physicians, especially in rural areas.

Another example relates to pre-hospital emergency care. Pre-hospital care, through ambulance services, has played an important role in the delivery of health care over the past 35 to 40 years. It has evolved from a strictly medical transportation system to an emergency health care response and health maintenance system. Currently, ambulance services in Newfoundland and Labrador operate from 80 locations and employ approximately 800 full and part-time employees in hospital, community, and private ambulance operations.

Ambulance personnel in some areas of the province are now performing select delegated medical functions, but there is room for expansion in this area.

Other jurisdictions across the country have benefited from advanced paramedic skills which have reduced the workload on emergency departments, assisted with out-of-hospital care, and reduced the need for nursing staff on routine ambulance trips. In some areas, paramedics are involved in accident prevention in the homes of the elderly and in health and prevention education in the school system. This role should continue to evolve so that paramedics are using the skills acquired in training.

System disconnection also means that many primary health care providers, whether they be physicians, nurse practitioners, community health nurses, paramedics, pharmacists, physiotherapists or others, are providing fragmented services to individual patients. Each provider may be knowledgeable about one aspect of a patient's circumstances,

but no one provider has the whole picture. Furthermore, the provision of disconnected services has created gaps in the range of services available to a client. The biggest gap is the shortfall in health promotion and prevention services aimed at keeping healthy people well.

Better integrated primary health care models are being tested across Canada. In Newfoundland and Labrador three pilot projects have been underway in Twillingate, Port aux Basques, and Happy Valley-Goose Bay since 1997. These pilot projects have been valuable learning experiences and the lessons learned from these sites can now be used in developing a model for the province. The strategic challenge is to use the best

Primary Health Care
The first level of contact people have with the health and community services system (e.g., family doctor, nurse practitioner, community health nurse, paramedic, social worker).

⁵Primary Care Advisory Committee (December 2001). *The Family Physician's Role in a Continuum of Care Framework for Newfoundland and Labrador: A Framework for Primary Care Renewal*. St. John's, NF.

⁶Department of Health and Community Services (2000-01). *Physician Profile*.

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model for integrated primary health care to address the multi-layered problems of system disconnection, turnover of health care providers, lack of emphasis on wellness, and sustainability of services over the long-term. Solving these issues will result in better health and well-being of individuals.

Location of Services

A challenge directly related to primary health care is the location of health and community services throughout the province. Currently, there are no consistent standards to assure people in the province, especially in rural areas, that basic primary health care services will be available close to where they live. For example, medical practices in rural areas with only one physician often mean heavy workloads and lifestyle concerns for the physician, which in turn contribute to turnover and instability of service to the population. People in many regions of the province agree that health services in areas of very small population are hard to sustain over time because of high turnover, thus reducing the quality of care. A more rational system of locating primary health care services is needed to provide the right balance of quality and accessibility.

The location of medical specialty services is a concern from two perspectives. First, if a specialty service is located in a region which can only support one or two specialists in that discipline, turnover of personnel creates instability and may result in long delays in service. Second, specialists require high volumes of cases in order to maintain competence and confidence in their skills and knowledge. At present, there are many sites with low volumes of clinical activity in secondary health care or specialty areas. Together, these two factors can contribute to reduced quality of care for Newfoundlanders and Labradorians. Research evidence is clear that better clinical outcomes occur in centres where there are high volumes of clinical activity for a specialty.⁷ Therefore, there is a direct link between the level of clinical activity, or caseloads, and the quality of care. Every citizen of the province should be treated

by professionals who practice in settings where clinical skills can be maintained at a high level, and these services should be distributed throughout the province based on standards for location.

To ensure adequate access to these services, seamless emergency transfer between primary and secondary care sites must also be assured. Ambulance services with new and increased skill sets will not only provide a seamless transfer but can also play a role in health promotion and illness and injury prevention within Newfoundland and Labrador's rural communities.

Organizational Boundaries

Newfoundland and Labrador is a large geographic area with a highly dispersed population where regions often have different circumstances and needs. This is partly the reason why the province has 14 health care boards. It is not possible to compare the diversity of this province to the relative uniformity of Winnipeg or Edmonton, where populations which exceed that of Newfoundland and Labrador are serviced by a single health authority. However, if the number of health boards in this province create barriers to proper patient care, then reexamination is needed.

Hundreds of volunteers, managers, and workers in Newfoundland and Labrador have built the existing regionalized health board system and developed effective policies and procedures for coordinating client services across organizational boundaries. However, problems sometimes occur for individuals who require services from more than one organization, even in the same region. For example, budget constraints in one board may prevent the transfer of an individual from another board even if the appropriate care would be best achieved through a transfer. While the province has developed a single entry and placement process, sometimes there are differing practices regarding how priorities are set for clients requiring long-term placement. Additionally, the coordination of primary health care will face obstacles unless there is more collaboration among nurses and

⁷ Canadian Institute for Health Information (2001). *Health Care in Canada*. Ottawa, ON.

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allied health professionals from the community boards with physicians, nurses, and allied health professionals from the institutional boards.

An additional organizational challenge is the notion that all of the programs and services which support the improvement of health and well-being are located in the health and community services system. It is now widely accepted that the factors which determine one's health rest primarily outside the health system, including, for example, educational attainment, income levels, and environmental quality. Therefore, government departments and agencies need to collaborate to achieve healthy public policy with multiple objectives that take into account the impacts of one policy area on another. This approach is consistent with the direction of the province's Strategic Social Plan.

Long-term Care and Supportive Services

Long-term care needs affect many different populations: seniors; individuals of all ages with disabilities; those who suffer from long-term illness such as arthritis; children, youth, and adults with mental health problems; and many other population groups in the community. Most of the capacity in the long-term care and supportive services sector was designed and built over 20 years ago. Since then, there has been enormous change in the models and standards for long-term care and supportive services. Long-term care settings are the homes of people who reside there and need to be designed and operated in their direct interests. The current array of residential, day, home, and community-based services is inadequate from several perspectives:

- there are often few options when decisions about care and supervision have to be made. There are many times, for example, when an elderly person has to remain in an acute care hospital simply

Mental illnesses, particularly depression and schizophrenia, are among the top five diseases in terms of suffering and disability.

because a bed is not available in a nursing home;

- nursing home beds are being occupied by people who would be better served in less regulated, non-institutional environments;
- the physical structure of many facilities need renovation or replacement with an emphasis on greater choice and movement

away from traditional institutional environments; and

- alternate care models based in the community with a home-like environment are not readily available in this province.

Mental Health Services

One of the most profound findings from an international study commissioned by the World Health Organization on the "burden of disease" was that mental

illnesses, particularly depression and schizophrenia, are among the top five diseases in terms of suffering and disability.⁸ Despite its prevalence, mental illness remains for many a shameful, hidden experience.

One of the greatest challenges in the area of mental health for this province is the incomplete array of services. It is only in recent years that treatment for mental disorders has been provided within the general hospital system. Community mental health services have been even slower to develop. Despite the creation and growth of community mental health services since the mid-1990s, there is a lack of community-based services in Newfoundland and Labrador. This gap has had the most detrimental impact on the population suffering from mental disorders. Home support, family support, day programs, case management, and other types of community services are crucial in the day-to-day lives for many who suffer from severe and persistent mental illness. In addition, there is often a disconnection between institutional and community-based services resulting in gaps and delays for clients.

⁸World Health Organization (2001). *The World Health Report 2001, Mental Health: New Understanding, New Hope*. Geneva: World Health Organization.

SUSTAINABILITY

The funding of health and community services is a strategic concern. Without adequate and sustainable funding the system cannot provide quality care and will suffer from instability. To keep pace with the demand for quality services, the provincial government has raised its spending on health and community services from 37 cents of every program dollar in 1994 to 45 cents in 2002.⁹ While health is a large part of the provincial government budget, there are limits to the ability of government to afford constant large increases. That is why there have always been, and must continue to be, continuous efforts by health sector managers and health care professionals to deliver services in the most efficient and affordable manner.

What are the drivers of increased health costs?

- New technology - For example, new diagnostic equipment and surgical procedures add quality and new layers of cost, but usually without an equal offsetting reduction in cost anywhere else in the system.
- New pharmaceuticals - Many new drugs have startling life-improving results, but can drive public sector budgets to new levels, with the savings from services elsewhere in the system difficult to recapture.
- Wage and compensation pressures - These pressures have resulted in rising expectations in Newfoundland and Labrador to set wages in relation to settlements in other provinces.
- Community pressures - Local pressures to maintain or increase support services create further financial demands on the health and community services system.

In Newfoundland and Labrador, 45 cents of every program dollar is spent on health and community services.

- Aging population - There is much debate about whether the province's aging population will increase costs. However, there is no doubt it will change the profile of services and the system must change to keep pace with the new demands.

Newfoundland and Labrador has one of the highest health system cost structures in Canada on a per capita basis.¹⁰ In one sense, this is not surprising because while the population has been declining, the cost of

infrastructure and services has not declined at the same rate. Additionally, Newfoundland and Labrador has a dispersed population where services are more costly than those in most other provinces with more concentrated populations. However, there are inefficiencies which must be tackled, such as reducing lengths of stay in hospital, where Newfoundland and Labrador is near the highest in Canada, and delivering more services on an out-patient basis, where there is also room for improvement. The

solutions to efficiency issues will need more than just managerial responses; changes in the structure of the health system and the traditional practice patterns of health professionals will also be required.

Feedback from the provincial and regional forums indicated the least preferred solutions to the funding problem are increased taxes, user fees, or taking funds from other public services. Rather, reallocation of funds within the health system, from areas of lowest need to highest need, is the preferred strategy. Improved efficiency should be the first approach to reallocation as it will allow funds to be taken from inefficient or duplicated services, once they are made efficient, and provided to high need services. As well, there is room

⁹ Treasury Board, Government of Newfoundland and Labrador (2002). *Estimates 2002-03*. St. John's: Queen's Printer.
Treasury Board, Government of Newfoundland and Labrador (1994). *Estimates 1994-95*. St. John's: Queen's Printer.

¹⁰ Canadian Institute for Health Information (2001). *Health Expenditure Trends, 1975-2001*. Ottawa: Canadian Institute for Health Information.

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to look at alternative approaches to the delivery of service through the non-profit and private sectors as long as the functions and strengths of the public health care system are preserved.

Substantial new increases in funding for the health system from the provincial government, at least in the short-term, are not likely. New federal funding is necessary after many years of declining and inadequate transfers. However, given the present reluctance of the federal government to provide an appropriate level of funding, implementation of the strategic health plan must begin without additional funding.

One of the internal weaknesses of the health and community services system is the lack of standardized approaches to service delivery. While there have been many exercises to reduce costs and restructure the system over the years, the lack of standardized approaches has led to inefficiencies in the system not being corrected. A sustainable health and community services system must have mechanisms to recognize and correct problems of inefficiency as they occur. These mechanisms will need the input and cooperation of unions and other stakeholder groups.

Mutual Responsibility

A sustainable system requires accountability at all levels; it requires providers and users to be responsible in their interactions with the system. Currently, the health and community services system suffers from inadequate accountability. Government can do more to report to the public on the effectiveness of health services - which services are working best and which services need to be changed. For example, the Department of Health and Community Services will provide an annual report on the health system to the House of Assembly beginning in 2003. During this same year, the government will also be releasing its first social audit, a provincial performance measurement framework, which includes

a comprehensive set of provincial indicators. As well, national reporting on health and early childhood indicators, which was required by First Ministers, will start in late 2002.

At the regional board level, more information needs to flow to the provincial level to monitor the outcomes of health services at the regional level and the boards also need to be responsive to their constituencies within their regions. The boards were created to identify regional health needs and to arrange programming to address these needs. Therefore, the boards need to continue to communicate their priorities and goals within their regions, as well as report to the public on how they are succeeding.

Health stakeholder groups, such as unions, professional associations, municipalities and community groups, must also be accountable and responsible for the demands they make on the health system. A sustainable health system will only result if all groups can work towards common goals.

A sustainable system is supported by families and individuals who are responsible for their own health and well-being, and utilize the system in a reasonable manner. Improved wellness is often a personal choice, but it must also be regarded as the responsibility of everyone. Attitudes and behaviours must change to raise the health status of the population, improve quality of life, and improve the financial sustainability of the system. This type of responsibility is accompanied by the need to use the system wisely, to understand when it is necessary to visit a doctor or an emergency room, and to use the support of family and friends, where possible, to maintain a healthy life within communities. To support healthy living for families and individuals, the government also has a responsibility to ensure the appropriate services and supports are available to the people of the province.

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Summary

The challenges of health status, demographic change, quality and access, sustainability, and mutual responsibility are the backdrop against which the strategic health plan must chart a course. The following sections outline the new directions which the health and community services system will take to address these challenges, improve the health of the population, and ensure the people of Newfoundland and Labrador have access to a full range of quality health and community services.

Foundational Statements

This section presents the foundational statements of the health and community services system as a whole. These statements will guide the organizations and people within the system in the delivery of services to the citizens of Newfoundland and Labrador.

The World Health Organization's definition of health is the foundation for the vision and mission of the health and community services system in Newfoundland and Labrador. The World Health Organization defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Vision

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

The resolution of the World Health Assembly on *Health For All in the 21st Century* recognized that improvement of the health and well-being of people is the ultimate aim of social and economic development.¹¹ The vision for Newfoundland and Labrador's health and community services system supports this resolution

and, like *Health For All in the 21st Century*, points to the importance of improving the health of the entire population.

Mission

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

While recognizing that improvement of the health and well-being of the population goes far beyond the services and programs provided through the health and community services system, this mission statement

Health is
...a state of
complete physical,
mental, and social
well-being and
not merely the
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reflects the direct responsibility of the system for ensuring that its services have a positive impact on health and well-being. Through this mission the health and community services system is committed to responding to current and anticipated health conditions and the socio-economic circumstances and needs of individuals, families, and communities. In all of its activities, the system will promote quality service because the best outcomes occur when quality is emphasized.

Values

The Government of Newfoundland and Labrador's Strategic Social Plan provides a framework for social development for the province. The values of the Strategic Social Plan are self-reliance, collaboration, social justice, equity and fairness. These values underlie all of the province's strategic planning initiatives. Therefore, the values of the Strategic Social Plan are also the guiding values for the Strategic Health Plan.

Guiding Principles for Decision-making

Decisions on the future of health and community services in the province must be based on a strong set of guiding principles. Through Health Forums 2001

¹¹World Health Organization (1999). *Health for All in the 21st Century*. Copenhagen: World Health Organization.

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stakeholders stated they want clear and meaningful principles to underlie all decision-making in the health and community services system. It is critical that these principles are used consistently throughout the entire system to guide decisions from the smallest to the most significant.

Mechanisms will be developed to ensure these principles are widely known throughout the health and community services system and applied in a practical manner when decisions are being made. A method for balancing these principles is essential because it is not possible to maximize every principle in every decision. Achieving the best balance among the principles, taking into account the facts and circumstances of each issue, is the best approach.

The following principles will be used to guide Newfoundland and Labrador's health and community services system into the future:

- people-centred - the health and community services system regards the interests of people as the central priority when making decisions. The needs of individuals, families, and communities are identified and addressed by implementing a coordinated approach to service delivery and helping individuals participate in decision-making to improve their health and well-being;
- accessibility - health and community services are reasonably located and user-friendly so that all people in the province can obtain the services they need in a timely fashion;
- accountability - the outcomes of health and community services are measured, assessed, and publicly reported to achieve maximum effectiveness. Included in this principle are both the health and community services system's accountability, through the government, to the people of the province and accountability of the individual for his/her responsible use of the system and personal health practices;

- affordability - growth in the publicly-funded health and community services system must be within the resources available and not jeopardize the availability of other public services;
- equity - every person has a fair opportunity to attain his/her full health potential. Policies and services are developed to reduce the differences in health status that are associated with factors such as socio-economic status, gender, age, ability, and culture;
- evidence-based - services provided by the health and community services system are based on sound research evidence proving they are safe, effective, and necessary. The focus must be on providing services that improve health outcomes and the movement of resources to services where the greatest health results can be achieved;
- quality - health and community services are delivered within acceptable clinical standards, by qualified service providers, and in an environment of teamwork, creativity, and commitment; and
- sustainability - the publicly-funded health and community services system is structured and supported in a way that ensures stability of human resources, efficient use of financial resources, and long-term affordability.

Health Charter

Newfoundlanders and Labradorians want to be assured that the health services available today will be there for them in the future. To reassure the citizens of the province, the Government of Newfoundland and Labrador will be developing a Health Charter. This charter will outline the commitments which citizens can rely upon related to service delivery. The people of the province will know what they can expect from the health system and have an understanding of the importance of their own responsibility in achieving optimal health.

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Goals and Objectives

The following goals are long-term in nature, with a five to 10 year horizon, consistent with the strategic vision. Within each goal, medium-term objectives have been identified, each with a five year horizon. Additional explanation of the goals and objectives, plus descriptions of strategies and actions, are contained in the next three sections of this plan. Quantitative five year targets to monitor progress are included in Appendix A.

GOAL I:

Improve the Health Status of the Population of Newfoundland and Labrador

Objectives:

1. Increase healthy behaviours and supports;
2. Improve health outcomes and reduce negative impacts of select diseases;
3. Improve healthy growth and development for children and youth.

GOAL II:

Improve the Capacity of Communities to Support Health and Well-Being

Objectives:

1. Develop and enhance community partnerships and resources that focus on health and well-being;
2. Enhance individual and family participation in community groups and organizations which enable them to make healthy decisions.

GOAL III:

Improve the Quality, Accessibility, and Sustainability of Health and Community Services

Objectives:

1. Ensure communities have reasonable access to a core set of primary health care services;
2. Improve the quality and accessibility of secondary and tertiary care in the province;
3. Improve the efficiency and effectiveness of the health and community services system;
4. Develop and strengthen services in the areas of long-term care and supportive services and mental health.

GOAL 1 - Summary

GOAL

Improve the Health Status of the Population of Newfoundland and Labrador

OBJECTIVES

1. Increase healthy behaviours and supports
2. Improve health outcomes and reduce negative impacts of select diseases
3. Improve healthy growth and development for children and youth

STRATEGY

Wellness

- Health Promotion
- Illness & Injury Prevention
- Health Protection
- Child & Youth Initiatives

GOAL 1

To improve the health status of the population, a wellness strategy will be developed. Wellness is a state of emotional, mental, physical, social, and spiritual well-being which enables people to reach and maintain their personal potential within their communities. It is a holistic approach to health which takes into account factors such as an individual's education and literacy levels, employment, income, physical and social environments, culture, age, gender, genetics, coping skills, and health services. Implementing wellness in the health and community services system will involve a shift in the focus of the system and the attitudes and behaviours of the population from the treatment of illness to the promotion of wellness. A wellness strategy will help balance the health agenda by increasing investment in health promotion, health protection, and the prevention of illness and injury. It will utilize both an individual and population focus and will be integrated across the entire health system. Regardless of the point at which an individual interacts with the system, his/her overall

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wellness should be considered. For this to happen, all health and community service providers must be familiar with the concepts of wellness and be able to apply them within their area of expertise.

Investing in wellness is a long-term effort and often the results are not seen for many years. New wellness initiatives will not be allowed to slip out of focus in the face of immediate day-to-day concerns within acute health care. The shift to wellness must begin now to achieve better health in the future. The risk factors of unhealthy eating practices, smoking, alcohol misuse, and inactivity, which underlie many chronic diseases, must be addressed. A sustained commitment by the health system and its partners to this approach will be necessary.

OBJECTIVES

The first objective is to increase healthy behaviours and supports. This objective targets individual behaviours which must be changed to produce greater health and wellness. It gives priority to the behaviours which reduce the risk factors of chronic disease, whether through lifestyle changes or through preventive actions such as injury avoidance or disease screening. It also identifies the need to ensure people and communities have the necessary resources to make healthy choices and change behaviours. If an individual is disadvantaged by his/her life circumstances, then supports need to be available to assist this person in reaching his/her best possible health.

The second objective is to improve health outcomes and reduce negative impacts of select diseases. This objective focuses on the results of healthy behaviours such as reduced incidence of chronic disease and

reduced mortality related to chronic disease. The greater the number of persons which adopt healthy behaviours, the greater the health outcomes of this province will be. More positive health outcomes lead to improved quality of life for individuals.

The third objective is to improve healthy growth and development for children and youth. This objective

places a priority on preparing the next generation for a healthy life and giving them the greatest chance of avoiding injury and disease.

Each of the objectives has an associated set of targets, displayed in Appendix A. These, together with a wide set of health status indicators, will be measured and monitored to determine the success of the strategic health plan.

WELLNESS STRATEGY

While there are many existing activities and programs that focus on wellness, both inside and outside the health system, there is a need for more coordination to obtain maximum impact on the population. Many partners need to be brought together to develop and implement a comprehensive wellness strategy for Newfoundland and Labrador.

The health and community services system needs to be structured to support the provincial wellness model. Without the full support of all partners, and mutually reinforcing programs at the provincial, regional, and community levels, the system will not be able to truly move from an illness model to one which achieves wellness.

The following sections identify initiatives for the wellness strategy. In parallel with these initiatives, a provincial coordinating committee of stakeholder groups will be established to further refine the wellness

Factors which determine individual health:

- education level;
- employment status;
- income;
- physical environment;
- social environment;
- culture;
- age;
- gender;
- genetics;
- coping skills;
- health services.

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priorities, coordinate initiatives inside and outside the public sector, and provide continuing leadership and guidance. The wellness strategy is built on the parameters of promotion, prevention, protection, and early intervention.

Health Promotion

Health promotion is the process of helping people take control of and improve their health. The concerns with extensive chronic disease in the population were noted in part one of this document. The key underlying lifestyle issues which raise the risk of developing a chronic disease, such as diet, physical inactivity, smoking, and alcohol misuse, need to be addressed. Health promotion activities will focus on public education, healthy public policy, supportive programs and services, and public participation.

The health and community services system will:

- ensure the availability of resources and opportunities for education and skill development to assist individuals, families, and communities to make healthy choices with particular focus on healthy eating, active living, smoking prevention, and moderate alcohol consumption;
- pursue a comprehensive health promotion campaign in conjunction with the other Atlantic provinces to foster public awareness of the benefits of healthy eating, active living, and achieving and maintaining a healthy body weight;
- continue to support the Provincial Tobacco Reduction Strategy which employs a comprehensive approach to tobacco control including: (i) utilizing public education and awareness; (ii) strengthening the voice of youth in tobacco control initiatives; (iii) strengthening tobacco legislation with regard to exposure to environmental tobacco smoke (second-hand

smoke); (iv) continuing to strengthen linkages with other provincial and federal government departments involved in tobacco control initiatives; and, (v) continuing to pursue litigation against the tobacco industry in order to recapture health care costs associated with tobacco use;

- commit to the development of 'healthy public policy' across the provincial government to ensure that the policies of all departments and agencies which have an impact on health and well-being

support the wellness strategy and the goals of the strategic health plan.

Two important starting points are:

- begin implementation of the Provincial Food and Nutrition Policy in the areas of school nutrition, obesity, maternal/child nutrition, and food security. This strategy requires the coordinated involvement of the departments of Health and Community Services, Human Resources and Employment, Education, Forest Resources and Agrifoods, and others,
- collaborate with the Department of Education, school boards, and schools to ensure that physical activity and healthy eating are built into the school environment, and to recognize achievement by schools that establish healthy school policies;
- develop a program of recognition for individuals, communities, and workplaces who develop and implement innovative wellness initiatives;
- continue to work with the Provincial Advisory Committee on the Strategy to Reduce Physical Inactivity by 10% in Newfoundland and Labrador; and
- make health promotion an integral part of the primary health care system by ensuring the new model for primary health care includes health promotion as part of the defined set of core services.

**Health
Promotion**
...the process of
helping people take
control of and
improve their
health.

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Illness and Injury Prevention

Many diseases and injuries are preventable through immunization, early detection, and changes in behaviours. Prevention is one of the central functions of the health and community services system. To move forward in the area of disease and injury prevention, the health and community services system will:

- maintain and improve the province's record of success in immunization so that it continues to respond to threats from infectious diseases;
- review the level of tobacco taxes to ensure they are an effective deterrent;
- implement an injury prevention initiative focused on children, youth, and seniors for whom there are specific concerns in this area;
- phase in a comprehensive cervical cancer screening program for the province which will be delivered at the regional level and build on the successful program currently in place in western Newfoundland;
- expand the breast screening program, to additional regions, on a phased basis, building on the comprehensive model currently in place in St. John's; and
- continue to support work in the area of violence prevention through the provincial Violence Prevention Initiative and work of the regional health boards.

Health Protection

The Department of Health and Community Services has legislative responsibility for protecting the health of the public in areas such as communicable diseases and food safety. These responsibilities are carried out in conjunction with other provincial departments such as Government Services and Lands, Environment, and Municipal and Provincial Affairs. To move forward in the area of health protection, the health and community services system will:

- ensure the continued safety of public drinking water supplies in the province by strengthening the capacity of provincial laboratories to perform

water quality testing, providing water-related health advice to the public, and collaborating with other provincial government departments;

- in conjunction with the Government Services Centres, strengthen the food safety program by establishing an inspection system that is based upon identification of critical hazards and measuring food establishment risk. In addition, food safety policies will be reviewed and updated regularly; and
- enhance surveillance for chronic diseases, starting with diabetes, to better monitor and report on population health at the provincial and regional levels. This will provide better knowledge of disease conditions and risk factors which need to be addressed in the wellness strategy.

Child and Youth Initiatives

Healthy growth and development are key factors in a long and productive life. In particular, early childhood development is the foundation for lifelong competence and coping skills that have a positive impact on health, behaviour, and learning. Along with investing in early childhood initiatives, the wellness strategy will focus on supporting the health and well-being of youth.

To move forward in the area of healthy child and youth development, the health and community services system will, in partnership with key departments and agencies:

- continue its commitment through the National Child Benefit Reinvestment Plan and the recently announced Early Childhood Development Initiative, *Stepping into the Future*. These approaches will advance work in areas such as nutrition, early childhood literacy, pre- and post-natal programs, family support services, residential, and mental health services; and
- continue its commitment to the Model for the Co-ordination of Services to Children and Youth and ensure its full implementation in all regions of the province. This model, through its individual support services planning process, enables a child's needs to be met in a timely, integrated, and proactive manner.

GOAL 2 - Summary

GOAL

Improve the Capacity of Communities to Support Health and Well-Being

OBJECTIVES

1. Develop and enhance community partnerships and resources that focus on health and well-being
2. Enhance individual and family participation in community groups and organizations which enable them to make healthy decisions

STRATEGY

- Healthy Communities
- Community Champions
 - Regional Coalitions
 - Community Partnerships
 - Private-sector Partnerships
 - Community-based Research

GOAL 2

The World Health Organization points out that “a sustainable health system will actively encourage community participation in policy development.”¹²

Community resources are a substantial and integral part of a good health and community services system. There are many types of ‘communities’ which have a stake in the health and community services system - traditional communities such as municipalities or regional groups; associations or support groups related to specific disease conditions; volunteer groups and networks which provide supportive services to target populations like seniors or persons with disabilities; and volunteer agencies which raise funds and carry out charitable works

Communities support the emotional, mental, physical, social, and spiritual well-being of citizens.

in line with the goals of the system. This multi-layered assortment of groups play a powerful and indispensable part in the health and community services system. This sector needs to be nurtured and maintained.

Communities strive to build supports that will enhance the emotional, mental, physical, social, and spiritual well-being of citizens. Goal two focuses on building the capacity of community groups to play a larger and more effective role in the health and community services system. This goal supports government’s Strategic Social Plan which recognizes that effective solutions can best be achieved when the community is fully involved. Communities, of course, consist of individuals and families, which means that support for the community sector is really support for greater involvement of individuals and families at the community level.

OBJECTIVES

The first objective is to develop and enhance community partnerships and resources that focus on health and well-being. The good work of the community can be strengthened considerably by promoting partnerships among community groups and between those groups and the system. Any group operating in isolation, without supportive resources, will have a limited impact. However, the mutually reinforcing impact of partnerships will spread information, commitment, expertise, and know-how. Where possible, financial and human resources must be added to community groups in areas where the best outcomes can be expected.

The second objective is to enhance individual and family participation in community groups and organizations which enable people to make healthy choices. Community groups are more effective when they have

¹²World Health Organization (1999). *Health for All in the 21st Century*. Copenhagen: World Health Organization.

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high levels of participation by people within the community. Healthy individual and family activities are reinforced and supported when they occur within strong community networks. The health and community services system must support family and individual participation in community groups that have goals in line with those of the system. Every opportunity to raise participation and reinforce healthy activities must be pursued.

HEALTHY COMMUNITIES STRATEGY

Over the years, government has shown its commitment to approaches that involve the community directly in the development and delivery of health and community services. The health and community services system actively encourages people to take ownership and responsibility for healthy living through community partnerships. However, additional emphasis needs to be placed on the critical role community groups play in the health and well-being of individuals and families. Further work needs to be done to encourage participation in, and partnership with, community groups that have a health and well-being focus. Ongoing program and policy development within the health and community services system must continue to involve the community and encourage participation and partnerships.

To further improve the capacity of communities to support health and well-being, the health and community services system will:

- establish provincial and regional 'champions' who can devote time and energy to working with existing community and regional partners to coordinate an increased focus on wellness;
- build on the current Newfoundland and Labrador Heart Health Program coalitions to broaden the

coalitions' mandates to focus on wellness. Through the Newfoundland and Labrador Heart Health Program, there are currently six regional Heart Health coalitions established throughout the province. These community-based groups use a variety of approaches to promote healthy lifestyle choices. These groups will be adapted to ensure a broader health promotion focus;

- work within the Strategic Social Plan and its regional committees to address issues relevant to health status for their communities;
- support and expand current community partnerships (e.g., Family Resource Centres, Safe Communities) to foster a focus on health and well-being;
- examine opportunities for using the tax system to provide incentives to individuals and families to adopt healthy lifestyles and to channel resources into community groups which promote healthy living;
- promote through community and municipal organizations the development of recreation facilities and trails that are available to all, regardless of income and circumstances, for pursuit of healthy active living;
- promote gender equity in all health and community services policies and programs;
- foster sound research and evaluation practices that will provide information for evidence-based decision-making at the community level;
- encourage private sector involvement in community activities through sponsorship of programs for healthy, active living programs and services; and
- as part of the broader strategy, work with the Aboriginal population to build community capacity in the areas of health and well-being.

GOAL 3 - Summary

GOAL

Improve the Quality, Accessibility, and Sustainability of Health and Community Services

OBJECTIVES

1. Ensure communities have reasonable access to a core set of primary health care services
2. Improve the quality and accessibility of secondary and tertiary care in the province
3. Improve the efficiency and effectiveness of the health and community services system
4. Develop and strengthen services in the areas of long-term care and mental health

STRATEGY

Healthy Services

- Primary Health Care
- Location of Services
- Mental Health Services
- Long-term Care and Supportive Services

GOAL 3

An effective and efficient health and community services system is a high priority for government. This system absorbs more funds than any other part of the public sector and people expect it to be available at all times delivering high quality services, restoring people to health, and improving quality of life. Given these high expectations, development of a sustainable health and community services system which meets the health and social needs of people is an essential part of this strategic health plan.

This goal, first, emphasizes the importance of quality. The quality of services is improved when the outcomes of treatment and interventions are improved. People receive quality care when disease, illness, and injury are properly diagnosed, treated, and managed by well-trained professionals in settings that have appropriate equipment and infrastructure. At all times the people of the province should be able to rely upon quality care.

Quality The proper diagnosis and treatment of disease, illness, and injury by well-trained professionals in settings that have appropriate equipment and infrastructure.

Second, the goal addresses the importance of accessibility. People in the province must be able to obtain a basic or core set of health and community services close to where they live, supplemented by additional services through information and communications technologies. Services in local areas must have seamless linkages, through emergency transfer and other means, to services at the regional and provincial levels. In this regard, accessibility does not have to mean that specialized services are close, geographically, but that such services are available on a timely basis when they are needed. It also means that urgent cases should have the greatest access to care, followed by cases which are less urgent.

Accessibility The ability to obtain a basic or core set of health and community services close to where people live, supplemented by additional services through information and communications technologies.

Finally, the goal stresses sustainability which is the ability to operate services efficiently within allocated financial resources without compromising client services. Sustainability also means assuring services can attract a sufficient number of well-trained health professionals to provide quality care over the long-term. To achieve sustainability, services must respond to the identified health needs of the population and be flexible in the face of a constantly changing environment.

Sustainability The ability to operate services efficiently within allocated financial resources, while attracting a sufficient number of well-trained health professionals to provide quality care over the long-term.

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OBJECTIVES

The first objective is to ensure communities have reasonable access to a core set of primary health care services. This objective encompasses the most significant reform the health and community services system will undergo as part of this strategic plan - establishing primary health care services as the focal point of the entire system. The aim is to develop a coordinated and integrated primary health care system which can deliver a comprehensive range of services in proximity to where people live.

The second objective is to improve the quality and accessibility of secondary and tertiary care in the province. This objective tackles a sensitive, but critical issue if the health and community services system is to be more effective in the future. Better access to more complex care will require specialist services to be reorganized. Clustering specialized health services in a manner appropriate to the size of a region's population has been shown to achieve a better standard and quality of care and thus improve health outcomes for patients. It will achieve the appropriate balance between maintaining the competence of providers, the quality of care, and the recruitment and retention of a stable workforce of health care professionals.

The third objective is to improve the efficiency and effectiveness of the health and community services system. This objective reflects the importance of an affordable, sustainable health and community services system. There are areas in the province's hospital system where resources can be better utilized, for example, by reducing the length of stay and the number

of unnecessary admissions. This objective also means that alternatives for providing services through partnerships with the private and not-for-profit sectors

should be explored. Better use of financial and human resources will enable reallocation of these resources into new or expanded services, thus contributing to system sustainability.

The final objective is to develop and strengthen services in the areas of long-term care and mental health. This objective addresses two areas where significant gaps in service exist and new policies and plans are needed. The present range of services does not address the diverse needs of clients in these two areas. The development of provincial strategies for these areas will be the first step.

HEALTH SERVICES STRATEGY

System-wide change is not a new phenomenon in the health and community services system. A number of reviews and many policy initiatives over the years have resulted in improved efficiency and the delivery of services closer to the community. These changes reflect the commitment to creating a quality, high-functioning system. Nevertheless, change must continue where reforms will improve the system for the people of the province.

Secondary Care

Basic specialty services such as internal medicine, general surgery, anaesthesiology and pediatrics, and "enhanced" specialty services such as haematology, orthopedic surgery, neurology, and cardiology.

Tertiary Care

More highly specialized services that require sophisticated technology and facilities (e.g., cardiac surgery and neurosurgery).

Primary Health Care Reform and Renewal

Primary Health Care is defined as the first point of contact people have with the health and community services system. It includes a range of services designed to keep people well, including promotion of health, screening for disease, diagnosis, treatment, rehabilitation, and social programs and services.

The most commonly used primary health service is a visit with the family doctor. People usually access this level of care through self-referral.

The strategic health plan sets out a new direction for primary health care as the central focus of the delivery of health and community services. The new direction promotes a team-based, interdisciplinary approach to service provision where physicians, nurses, and other health professionals cooperate in providing services. This approach has been modelled on the experience and findings of the Primary Health Care Enhancement Project, the Nurse Practitioner Program Evaluation, and the Primary Care Advisory Committee.¹³

Although there are many positive aspects to the current health and community services system, its limitations have to be addressed. Primary health care infrastructure is poorly developed; services and programs tend to be fragmented with insufficient teamwork; and there are inadequate numbers of staff in key areas. The linkages between primary health care and other levels of care (i.e., secondary and tertiary care - sometimes thought of as the hospital system) are often weak and many services now provided in hospitals could be delivered more appropriately within a primary health care setting. Family doctors often practice in isolation from other health and community services providers and communication among professionals needs to be strengthened.

A well-integrated primary health care service can lead to better outcomes, better health status, and greater cost effectiveness. A strong primary health care system could have a major effect on reducing demand for specialist services and the hospital system, particularly emergency and outpatient services.

The new model of primary health care for Newfoundland and Labrador is a combination of international, national, and provincial best practices and will have the following features:

- standards of access - the provincial government will develop standards of access and identify the appropriate funding levels to support a core set of services which people can expect to obtain at a primary health care site;
- primary health care team - an interdisciplinary team approach to primary health care will be introduced. Members of the primary health care team will include general practitioners/family practitioners, nurses, nurse practitioners, paramedics, physiotherapists, occupational therapists, social workers, administrative personnel, and others. This team of professionals will work together to provide comprehensive primary health care and ensure the needs of the population are met. The teams will be composed of existing primary health professionals working for institutional, integrated, and community boards, plus the voluntary integration of family physicians currently working outside the system;
- primary health care network - a wider primary health care network of other health professionals such as speech and language therapists, community pharmacists, dieticians, community services officers, dentists, chiropodists, psychologists, and others will also provide services for the population of each primary health care team. Clear communication links will be set up between the primary health care team and other professionals within the wider network;
- physician network - participating physicians will be part of a network of physicians within each primary health care team and will have a defined

¹³The Provincial Advisory Committee on The Primary Health Care Enhancement Project (December 2001). *Final Report on the Lessons Learned from the Primary Health Care Enhancement Project*. St. John's, NF.

Goss Gilroy Inc. Management Consultants (December 2001). *Report on the Evaluation of Implementation of the Role of Nurse Practitioner - Primary Health Care in Newfoundland and Labrador*. St. John's, NF.

Primary Care Advisory Committee (December 2001). *The Family Physician's Role in a Continuum of Care Framework for Newfoundland and Labrador: A Framework for Primary Care Renewal*. St. John's, NF.

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relationship with a regional health board. This relationship will involve an agreement for a defined set of medical services to be delivered to a defined population. The physician network will ensure the delivery of medical services by assigning appropriate services to each physician. While the level of remuneration for services and standards of payment will be determined at the provincial level, the method of remuneration for each physician network will be determined within the agreement with the board. The funding mechanism should promote and facilitate the interdisciplinary approach to care. The agreement will also identify the method and details for monitoring evidence-based decision-making and ongoing evaluation;

- scope of practice - the wide skill mix within the team will allow a more appropriate distribution of workload and each team member to work to

their maximum professional capacity. This will provide an enriching professional life and the best use of human resources. It will also facilitate communication between team members, reducing time spent trying to contact other primary health care providers;

- access to the primary health care team - individuals will self-refer to a member of the primary health care team of their choice and that member will make appropriate clinical decisions within his/her scope of practice. Triage and referral at the point of access will also be available to ensure that people can be linked with the most appropriate professional;
- emergency transportation - as an integral part of the primary health care team, ambulance services will ensure an uninterrupted flow of service between the community, primary health care sites, and secondary referral sites. A more in-depth and broader paramedic skill set will allow assessment and online/distance care delivery at the first point of contact. This will reduce the need for further referral and in turn will reduce workloads and costs in other areas of primary health care;
- community input - each primary health care region will establish a mechanism for identifying the health needs of the population so that services can be planned accordingly. This will include direct input from the community level.
- health promotion - enhanced patient/client education will be emphasized to enable self-care and encourage people to take responsibility for maintaining their own health;
- information and communications technology - investments in information and communications technology over time will be needed to support the new model of primary health care. This will include an electronic patient record, based on a unique personal client number. For example, shared patient records between primary health care sites and hospitals will ensure better and

Features of the new model of primary health care:

- standards of access;
- primary health care team;
- primary health care network;
- physician network;
- maximization of scope of practice;
- access to a primary health care team;
- emergency transportation;
- community input;
- enhanced health promotion;
- integration of information and communications technology;
- integration of the primary health care team with specialist services;
- regional primary health care services.

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more efficient care, faster communication of test results, reduced duplication of tests, and a better understanding by providers of the whole patient. Additional investments in telehealth/telemedicine will provide more access to specialist diagnoses and treatment without having to travel. The provincial government will also consider investing in a toll-free triage service for the whole province, where anyone can contact a registered nurse, 24-hours-a-day, to obtain health advice and to determine if a symptom or complaint should necessitate a visit to a hospital emergency department;

- integration of the primary health care team with specialist services - improved integration between primary health care teams and specialist services will be developed. Local arrangements will cover

referral protocols, direct access to diagnostic facilities, discharge plans, individual care plans, integrated care pathways, and shared care arrangements. As a result, primary health care teams will provide some of the care currently provided by specialist services; and

- location of primary health care team - a 'one-stop-shop' for each defined geographical region is the ultimate goal, combined with the necessary networks or linkages for off-site services throughout each region. However, a phased approach from existing buildings and infrastructure to the final set-up means that team members may not be housed together initially. Effective electronic communications and electronic record systems are needed to enable communication between team members.

The following table identifies the basic or core set of services for each primary health care site throughout the province.

INDIVIDUAL / FAMILY HEALTH SERVICES	PUBLIC HEALTH / POPULATION HEALTH SERVICES	SOCIAL / COMMUNITY SERVICES
<ol style="list-style-type: none"> 1. Health Assessment 2. Clinical evidence-based illness prevention 3. Interventions for episodic illness and injury 4. Primary reproductive care 5. Early detection and ongoing treatment of chronic illness 6. Education and support for self-care 7. 24/7 off-site, on-call coverage 8. 24/7 emergency response services 9. Primary mental health and addictions services 10. Palliative care (both institutional and community) 11. Service coordination and referral 	<ol style="list-style-type: none"> 1. Health promotion and illness and injury prevention including, but not limited to, immunizations and nutrition 2. Parent-child health 3. School health programs 4. Environmental health 5. Health education 	<ol style="list-style-type: none"> 1. Child, Youth, and Family Services including child protection 2. Community support services including assessment, home care and support, and special equipment assistance

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Within five years, all the major elements of the primary health system should be implemented, with the basic service set being delivered in every region. Work towards primary health care reform will begin with several key actions:

- the development of a detailed provincial plan for primary health care. A draft plan based on the characteristics discussed above, and following best practices, will be circulated to stakeholders for input;
- the development of the provincial plan and the template agreement will be overseen by a Provincial Primary Health Care Advisory Committee, consisting of key stakeholders, to ensure that implementation is consistent with the vision and goals of the Strategic Health Plan. Operational work will be managed by the Office of Primary Health Care Reform established within the Department of Health and Community Services; and
- several regions which indicated an interest in starting a primary health care system will be chosen to begin the negotiation of a template agreement with regional boards. This template will then be extended throughout the province, modified as necessary to account for local circumstances.

Location of Services

A new approach for determining the location of health and community services in the province is needed. The current system is mainly based on the decisions of 20 to 30 years ago and no longer reflects the distribution of the population, the health profile/needs of the population, the impact of better communications technology, or the appropriate clustering of specialty services to meet the needs of the population and provide human resource stability. A new set of location standards will result in better services delivered on a more sustainable basis.

While the new approach, or model, for location of services requires additional discussion and refinement, the basic principles and structure can be described. A detailed planning exercise including discussions with communities and stakeholders throughout the province, will be undertaken during 2002 to validate and confirm the best approach to location of services. Some of the basic considerations in developing a new model for location of services are as follows:

- emergency services and primary health services should be provided close to home and available on a 24 hour-a-day, seven day-a-week basis;
- select services should be provided in the home;
- specialist services are needed less frequently and by a smaller percentage of the population, so proximity should be secondary to quality and efficiency;
- services for chronic health problems (e.g., renal dialysis, chemotherapy) should be accessible through cost-effective community-based or satellite programs;
- accommodations for overnight stays for convalescence, respite, and palliative care should be provided close to home;
- a provincially coordinated emergency/medical care transportation system is necessary;
- province-wide protocols for wait lists for surgery and diagnostic tests are necessary, based on consistently applied assessments of urgency;
- an appropriate balance is needed between spending on diagnosis/treatment and health promotion and prevention;
- communications networks of telehealth, telemedicine, and teletriage can improve system integration and service quality; and
- human resource stability and skills maintenance are essential parts of a well-functioning system.

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Keeping these features in mind, the basic elements of a new approach to locating services can be described as follows:

Primary health care sites will be the common denominator of service for the whole province. These sites will provide a cluster or network of basic services, plus public health and social services consistent with the mandates of the health and community service boards. Each site will serve a defined geographical region designed to ensure the right number of health professionals to service the population. For example, a minimum of five family physicians will be needed in a primary service site so that coverage can be provided 24 hours-a-day, seven days-a-week. Therefore, a region should contain no less than 6,000 people and the site should be located so that 95 per cent of the population within that region are within 60 minutes driving time to the site. Depending on the geographic shape of a region or the remoteness of some communities, additional facilities may be located outside the main primary health care site to be serviced by a small complement of staff or by providers who make routine visits to the area.

Secondary services include 'core' specialty services such as internal medicine, general surgery, anaesthesiology and pediatrics, and 'enhanced' specialty services such as haematology, orthopedic surgery, neurology and cardiology. Each individual specialty service requires a different population base to ensure a minimum volume of service so that quality and competence can be maintained. Therefore, the following three levels of secondary centres are proposed. Each one would include the primary services noted above, plus a progressively greater variety of specialty services.

- Level 1 (small regional hospitals) - a minimum level of specialty services will be provided in conjunction with enhanced family physician services. Specialist services may include consultation services or visiting specialist services. In these centres, the population base will not be large enough to support 24/7 provision of a

Basic elements of the new model for location of services:

- Primary health care sites will be the common denominator of service for the whole province;
- Secondary care services will be divided on three levels:
 - Level 1 (small regional hospitals),
 - Level 2 (medium-sized regional hospitals),
 - Level 3 (large regional hospital);
- A single tertiary service site in St. John's will continue to provide a full range of enhanced specialty services;
- The system will also be supported by access to quaternary services (e.g., organ transplants) outside the province.

specialty service. However, 24/7 emergency room/out-patient services will be provided by family physicians.

- Level 2 (medium-sized regional hospitals) - will have sufficient population to provide a full complement of core specialty services including general internal medicine, general surgery, anaesthesiology, general pediatrics, obstetrics and gynecology, and psychiatry.
- Level 3 (large regional hospital) - will have sufficient population to support a full complement of core specialty services plus a limited number of enhanced specialty services. The number of enhanced specialty services will depend on whether the population can support a full complement of physicians in any one discipline such that continuous 24/7 coverage can be provided. Where population levels fall short,

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enhanced specialists may still be able to provide consultation services or visiting services in these centres. Examples of enhanced specialty services are dermatology, orthopedics, and ophthalmology.

A single tertiary service site in St. John's will continue to provide a full range of enhanced specialty services, delivered in conjunction with medical education and research. Access to tertiary services is made through referral from the primary and secondary systems and can be made available throughout the province by travelling clinics, telephone consultations, video conferencing, rural/remote teaching, and community-based research.

This hierarchy of services must be supported by a coordinated emergency transportation service - road and air ambulances - which operates with consistent standards and is properly located throughout the province. The system is also supported by access to quaternary services (e.g., organ transplants) outside the province, which cannot be supported with the population size of Newfoundland and Labrador.

Mental Health Services

A new strategy is needed for services in the area of psychiatry and mental health. It is well recognized that the existing level of services is underdeveloped despite the creation and growth of community mental health since the mid-1990s. It is the lack of community-based services that is most obvious. Home support, family support, day programs, case management, and other types of community services are crucial in the day-to-day lives of many who suffer from severe and persistent mental illness. It is only in recent years that treatment for mental disorders has been provided within the general hospital system. Community mental health services have been even slower to develop.

A mental health strategy for the province will be built on a number of current initiatives that provide sound policy direction.

- A recent report, *Valuing Mental Health (2001)*, lays out the starting point for an effective strategy.¹⁴ The report, provincial in scope, is a result of a collaborative effort of over 100 individuals and organizations. It contains recommendations to support community partnerships and program and service developments.
- An external review of the provincial mental health system, to be completed in summer 2002, will propose areas for service improvement and development. These recommendations will be incorporated into the strategy as appropriate. Attention will be given to incorporating a strong mental health component into the province's reformed primary health care system.
- Mental health legislation has been under review by a stakeholder committee since 2000, and its report will set the policy framework for a new Mental Health Act. This work will be completed in 2002-03. A progressive legislative framework will be built on a foundation of human rights and will address new system and practice issues.

The Department of Health and Community Services will consult with its partners to integrate these reports and findings into a broader mental health strategy. A planned approach with clear targets will provide a firm basis for a more comprehensive set of mental health services in this province.

Long-term Care and Supportive Services

Long-term care and supportive services include the programs and supports to meet the needs of seniors who are frail or physically or cognitively impaired;

Quaternary Care
Highly specialized services, such as organ transplants, which are provided outside the province.

¹⁴(2001). *Valuing Mental Health: A Framework to Support the Development of a Provincial Mental Health Policy for Newfoundland and Labrador*. St. John's, NF: Department of Health and Community Services.

individuals of all ages with disabilities; those who suffer from long-term illness such as arthritis; children, youth, and adults with mental health problems; and many other population groups in the community. Currently, the main program supports for these groups include family members as unpaid caregivers, home support, personal care homes, community care homes, alternate family care, cooperative apartments, and independent living arrangements.

The strategic challenges facing the long-term care sector were outlined in part one of this document. A strategy to deal with these challenges needs to be built on an assessment of the need for these services in each region and a transition from outdated models of care to ones that meet the modern preferences and choices of consumers. In the area of nursing home care, which is the most complex level of long-term care for seniors, this province is ready for major change. Commitments for new long-term care and supportive services infrastructure have been made in Grand Bank and Clarendville. Major planning studies for new long-term care and supportive services infrastructure have been completed in Conception Bay North, Corner Brook, and St. John's. Research commissioned by the Department of Health and Community Services to assess the future demand for seniors' long-term care and supportive services has also been completed in most regions.

Nursing homes have often accommodated seniors who require lower levels of care than is appropriate for an institution designed to serve more complex needs. Their care requirements may be better managed in alternative forms of personal care or assisted living homes, within or closer to their home communities, or directly in their own home with the support of visiting health

professionals and support workers. Additionally, the role of family members and friends as unpaid caregivers needs further review. Redesigning long-term care and supportive services programs to offer a better continuum of support and care, from the least complex to the most complex cases, will be a central part of the strategy.

Long-term care and supportive services needs of the disabled population and other special needs groups, from home support through to alternate care arrangements and institutional care, will also be addressed in the strategy. As the population ages, elderly parents will be less able to care for their disabled adult children. In addition, as a result of the deinstitutionalization of the physically and mentally disabled, this population now resides in the community. New residential options need to be reviewed to ensure the needs of the special needs population are met. The strategy for long-term care and supportive services will be developed during 2002-03 in consultation with all stakeholder groups.

Long-term care and supportive services include programs and services to meet the needs of:

- seniors;
- persons with disabilities;
- those who suffer from long-term illness; and
- persons with mental health problems.

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Supportive Resources

ORGANIZATIONAL STRUCTURE AND GOVERNANCE

Organizational Structure

All of the strategies for the delivery of health services must be supported by a rational approach to organizational structure and governance. The health and community services system in Newfoundland and Labrador currently has 14 organizations with 14 boards of directors and sets of senior management running the health and community services system for less than 520,000 people.

Clearly, geographic diversity is a good reason to have multiple organizations. However, with the restructuring of the system comes the need to further review the organizational structure. The current structure sometimes makes it difficult to operate in the interests of the client or patient, provide flexible services without artificial organizational barriers, and administer the restructured system with greatest efficiency. These challenges may necessitate an additional consolidation of board structures. Further integration of the boards must not harm frontline services, health care providers, or the quality of care. Further integration will make reform of the primary health care system easier to achieve, make decisions more client-focused, and ensure the closer coordination of programs which currently cross institutional and community boundaries, such as mental health services.

These types of benefits, in addition to efficiency savings which will be reinvested in frontline services, may dictate a rearrangement of existing board structures. It also means that budgets for priority programs, such as wellness programs, must be protected in the larger organizational structures and not reallocated to address the day-to-day operating pressures of the acute care system.

The final shape of the new regionalized system has not yet been designed. This work will be done in 2002-03.

Board Governance

The provincial government is committed to ensuring that people appointed to boards of directors in the health system exemplify the competence and quality necessary to oversee these large, complex, and important organizations. Directors must also reflect the diversity of the regions which they represent.

In future, board members will continue to be appointed; however, the provincial government will adopt a set of standards for the range of attributes which each board should possess and invite public applications for people to volunteer for these appointments. In this way, the system of appointment will be more transparent than in the past and it will draw on a larger pool of talented people across Newfoundland and Labrador.

Role of the Private Sector

There is a school of thought that increased private purchase of health care services in the marketplace will relieve some of the pressures felt by the publicly-funded system, thus improving the system's effectiveness, efficiency, productivity, and consumer satisfaction.

The Government of Newfoundland and Labrador believes that the private purchase of the medically necessary services covered under medicare will not result in an improved health care system in this province.

The Government of Newfoundland and Labrador has reviewed the arguments for and against a greater private role in the system and has concluded that private purchase of the medically necessary services

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covered under medicare will not result in an improved health care system in this province. It is the government's position that the publicly-funded system can continue to respond to new pressures and opportunities for medically necessary services, thus ensuring equal access for all. The Government of Newfoundland and Labrador questions whether two parallel systems of medically necessary health services - one public and one private - is in the best interest of the public health system. Parallel private payment and public payment systems in Newfoundland and Labrador could also undermine the viability of some of the province's publicly-funded services.

The issue of more private payment choices was explored through Health Forums 2001. Participants asked government to proceed cautiously in this area. However, participants also indicated that there may be room for further private sector delivery of some publicly-funded hospital services such as diagnostic testing. Further review and analysis of this issue, however, is needed and any expansion must be based on evidence and support the needs of the population. The public sector has often been found to be just as or more efficient than the private sector. However, where expansion of private service delivery would be beneficial to the citizens of this province, the government is willing to consider such options, provided there are appropriate standards and monitoring processes in place.

INFORMATION MANAGEMENT PLAN

Information and Communications Technology

Achieving the goals of the strategic health plan will require innovative use of information and communications technology (ICT) to improve access to primary health care services, improve patient safety, and allow for evidence-based decision-making and ongoing accountability.

Today, there are many examples of innovative technologies that have increased the capacity of

Newfoundland and Labrador's health and community services system. The Picture Archiving and Communication System (PACS) allows an x-ray to be taken in Fogo and the image transmitted and read by a specialist in Gander. TETRA/Telemedicine has provided innovative telehealth applications to conduct consultations, assessments, treatment, and therapy. Recently, autistic children who otherwise would have had to travel outside the province for ongoing treatment receive it in their home province through the use of videoconferencing which links them to an out-of-province treatment service.

A key player in the provincial ICT environment is the Newfoundland and Labrador Centre for Health Information (NLCHI), established in 1997. Its vision is to provide quality information to individuals, communities, service providers, and policy makers to make informed decisions, which will enhance health and well-being. This vision is shared throughout the health and community services system.

An Information Systems Strategic Plan was developed by NLCHI in 1998, incorporating the strategic directions identified by the Health System Information Task Force. These directions are consistent with the vision, values, and guiding principles of the strategic health plan. Information and communications technology initiatives are underway within NLCHI, as well as within the Department of Health and Community Services and individual regional boards.

A collaborative approach has been essential in building the province's existing ICT capacity. To further develop ICT and achieve the goals of the strategic health plan, as well as the vision of NLCHI, the province must rely on collaborative approaches whenever possible. Key collaborative opportunities exist with many organizations, including:

- other provinces and territories, individually and through vehicles such as Health Infostructure Atlantic;



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- private sector partners;
- the federal government and other national organizations, such as the Canadian Institute for Health Information (CIHI); and
- key stakeholders, such as doctors, nurses, pharmacists and other professional groups.
- standards for data collection and reporting will continue to be developed. Key standards include Management Information System (MIS) guidelines for collecting and reporting financial and statistical information and the International Classification of Diseases (ICD-10);
- an operational plan for the further deployment

Using this collaborative approach, the following actions will be undertaken over the next five years:

- to improve the health status of the population, the NLCHI will continue to develop the Health Information Network, with the ultimate goal of developing an Electronic Health Record (EHR) for every resident of the province. An EHR will provide clinicians with secure, controlled access to patient information when and where required, such as pharmacy and laboratory results history;
- the Department of Health and Community Services will enhance systems to support communicable disease management and health surveillance;
- further enhancements/modules will be added to the Client and Referral Management System (CRMS) used by the health and community services boards to support the delivery of child, youth and family services, public health nursing care, immunizations, addictions and mental health, and other key community services;
- regional health boards will further develop their clinical systems. These systems such as laboratory modules, will be key feeder systems for the EHR;
- health information will be provided to the public through an Internet-based strategy. This will provide information on health issues, concerns, and services unique to this province and will provide linkages to more comprehensive health information sites;

Information and communications technology (ICT)

can improve access to primary health care services, improve patient safety, and allow for evidence-based decision-making and ongoing accountability.

- of telehealth initiatives will be developed and integrated as part of the EHR plan. As a separate initiative or in conjunction with this telehealth/ EHR plan, the province will continue its implementation of Picture Archiving and communications/teleradiology projects. To support this development, a strategy is needed to provide broadband or high-band width infrastructure in all communities; and
- improvements will continue to be made to ensure policy and advances in health ICT protect individual privacy as well as increase access to one's own personal health information.

Research and Evaluation

Research will be an important component of the health and community services system. It will be used to support evidence-based decision-making and ensure decisions are appropriate and in line with the needs of the population.

It is important to continue with research in the areas of community and population health and health services. Further work is needed to adapt research already completed to these three areas of health, and produce more localized research.

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The planning targets attached as Appendix A of this report are an important source of research and evaluation. These indicators will assist in the evaluation of the health and community services system in Newfoundland and Labrador.

HUMAN RESOURCES

Human resource planning to support the strategic health plan must address the following two requirements:

- quantitative adjustments to reflect an adequate supply of professionals and other workers to meet the changing demands of the health and community services system; and
- qualitative or “environmental” adjustments, such as changes to legislation, regulations, policy and educational programs, to create the appropriate practice environments for changing service requirements called for by the plan.

The supply of health professionals is an issue of high priority in this province, especially for rural areas. The Government of Newfoundland and Labrador remains committed to pursuing innovative approaches to recruit and retain physicians and other health professionals.

Through the Newfoundland and Labrador Provincial Health and Community Services Human Resources Planning Committee, a major human resource planning exercise has been underway for two years. The work of this committee will result in a comprehensive set of recommendations to deal with many of the significant issues. Due to the increasing number of retirements in the nursing profession, the planning exercise has already identified the need to immediately increase nursing school enrolments. This will help secure an appropriate supply of nurses into the future. Issues of absenteeism and sick leave have also been highlighted for further consideration.

The exercise will identify a planning model to provide five-year forecasts of the demand and supply for various health human resources. This will involve an accounting for the interaction of many factors and dealing with a workforce of nearly 20,000 individuals, half of which belong to regulated professional groups. There are nearly 1,000 managers in the system and nearly the same number of medical doctors.

PROFESSION	NUMBER UNIONIZED EMPLOYEES	PERCENT 45 YEARS AND OLDER
Registered Nurse	5070	26%
Licensed Practical Nurse	2070	38%
Social Work	662	18%
Pharmacy	73	15%
Physiotherapy	110	16%
Occupational Therapy	106	13%
Psychology	59	42%
Medical Lab/X-ray Technicians	630	29%
Dietitians	67	N/A

Source: Human Resources Sector Study, Department of Health and Community Services, Government of Newfoundland and Labrador

Upon release of the strategic health plan, the Human Resources Planning Committee will be engaged to work with other planners to ensure that the human resource strategy complements the new directions identified in the plan. The provincial government, through a variety of interdepartmental and interagency collaborations, will address the environmental shifts that must accompany the implementation of the strategic health plan, including:

- enhancing the curriculums of the health and social work professions to prepare new graduates to adopt the directions and practices;



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- integrating team building skills and practices into both education and practice environments to support the development of primary health care teams;
- increasing skills and education in the use of information and communications technology to facilitate the introduction of electronic health records and other telehealth advancements;
- building on existing mechanisms to promote recruitment and retention of health and community services personnel both provincially and more specifically for rural and remote areas;
- facilitating the improvement of labour management relations to support the transitions required to reform the system; and
- developing collaborations and partnerships with other Atlantic provinces to identify common education needs and establish mechanisms to meet the needs regionally.

Many activities and strategies will be required to achieve the system shifts that are proposed and prepare the workforce for the health and community services system of the future. The provincial Human Resource Planning Committee will take the leadership in developing the blueprint for the successful and comprehensive management of this vital component of the system.

COMMUNICATIONS

Today, more than ever, considerable attention is being paid to the health care system. All across the country,

health care has become an issue and the majority of the population agree that something has to be done to sustain the system for the future. The people of this province have become increasingly interested in the state of the provincial health care system and what is in store for the future.

Government recognizes that citizens will want to know what changes are taking place, why they are taking place, how the population will be affected by the changes and what benefits will be realized as a result of the changes. These are all important questions to ask and each deserves an answer. Ultimately, the government has to be accountable to the people.

Communications will play a key role in ensuring the people of this province understand the actions laid out in this plan. Where necessary, information materials and consultation sessions will be developed to provide the people of Newfoundland and Labrador with the necessary knowledge to make informed decisions. Residents of the province will be kept abreast of developments through news releases, news conferences, advertising, public service announcements, annual health reports to the House of Assembly, and other communications avenues. Every effort will be made to maintain open communications lines and provide opportunities for feedback and input. The Government of Newfoundland and Labrador believes in a health reform process that incorporates the input of the public and health and community services stakeholders.

Appendix A

Five-Year Planning Targets

This appendix identifies the planning targets for the priorities identified for each of the goals and objectives of the strategic health plan. Each target is based on the best available measure of the concept, behaviour, or outcome the plan is attempting to change. During the First Ministers meeting in September 2000 one of the key recommendations was the establishment of a committee to develop national indicators for measuring health outcomes. The indicators or targets outlined by the Performance Indicators Reporting Committee have been included in this section of the plan, where possible.

Indicators are never perfect measures and therefore will not always provide accurate information on the full impact of the strategies outlined in the plan and will change over time. In some areas, the targets and indicators are chosen because they are available, rather than being the best way to measure progress. In other areas, new targets and indicators will need to be developed because they do not yet exist. Despite these cautions, it is important to quantify the goals of the plan so that progress can be evaluated. The use of targets and indicators is one of the best ways to be accountable to the public and understand whether a strategy is working, needs to be refined, or abandoned. An annual report on the progress of the strategic health plan will be included in the Department of Health and Community Services' annual report to the House of Assembly.

GOAL 1: IMPROVE THE HEALTH STATUS OF THE POPULATION OF NEWFOUNDLAND AND LABRADOR

Objective 1: Increase healthy behaviours and supports

Targets:

- Decrease adult smoking rates from 31% to 26% by 2007

- Decrease the percentage of adults in the province who are inactive from 64% to 54% by 2007
- Decrease the proportion of the population who are overweight (Body Mass Index > 25) from 60% to 55% by 2007

Objective 2: Improve health outcomes and reduce negative impacts of select diseases

Targets:

- Ensure the prevalence of diabetes does not continue to increase and does not surpass the current rate of 6% of the population to the year 2007
- Increase the percentage of women having annual pap smears from 30% to 50% by 2007
- Increase the percentage of women self reporting bi-annual mammograms to the national standard by 2007
- Decrease the mortality rates for heart disease, heart attack, and stroke by 2007

Objective 3: Improve healthy growth and development for children and youth

Targets:

- Reduce the rate of infant mortality
- Increase the rate of babies born with a healthy birth weight
- Increase initiation of breastfeeding from 55% to 65% by 2007
- Increase the number of full-time subsidized child care spaces available to families by 30% by year 2007
- Decrease the percentage of youth, ages 12-18, who smoke from 18% to 16% by 2007
- Decrease the percentage of youth in the province who are inactive from 33% to 23% by 2007

Appendix A

GOAL 2: IMPROVE THE CAPACITY OF COMMUNITIES TO SUPPORT HEALTH AND WELL-BEING

Objective 1:

Develop and enhance community partnerships and resources that focus on health and well-being

Targets:

- Increase the number of Family Resource Programs in the province by 25% by 2007
- Expand the scope and number of partnerships within the Heart Health Program to focus on the broader issue of wellness by 2005

Objective 2:

Enhance individual and family participation in community groups and organizations which enable them to make healthy decisions

Targets:

- Increase the percentage of individuals who volunteer from 31% to 36% by 2007
- Increase the percentage of people participating as members in an organization or group which promotes health and well-being from 48% to 58% by 2007.

GOAL 3: IMPROVE THE QUALITY, ACCESSIBILITY, AND SUSTAINABILITY OF HEALTH AND COMMUNITY SERVICES

Objective 1:

Ensure that communities have reasonable access to a core set of primary health care services

Targets:

- 100% of residents will be registered with a primary health care network by 2007
- 95% of the people will be within 60 minutes to 24/7 primary health care by 2007

Objective 2:

Improve the quality and accessibility of secondary and tertiary care in the province

Targets:

- Increase the 365-day survival rate for heart attacks to national average by 2007
- Increase the 180-day survival rate for stroke to the national average by 2007
- Decrease the 30-day stroke in-hospital mortality rate to the national average by 2007
- Reduce the average wait time for CT scan to four weeks by 2007
- Reduce the average wait time for diagnostic mammography to five weeks by 2007
- Reduce the average wait time for cardiac surgery to six months by 2007
- Maintain the current wait time for routine MRI at the national standard of six months

Objective 3:

Improve the efficiency and effectiveness of the health and community services system

Targets:

- Decrease the percentage of individuals who may not require hospitalization to the national average by 2007
- Reduce the average provincial length of hospital stay to the national average by 2007

Objective 4:

Develop and strengthen services in the areas of long-term care and mental health

Targets:

- Reduce the wait time for nursing home services from 70 days to 63 days by 2007
- Increase the range of residential options available to individuals by 2007
- Increase the proportion of the population who have reasonable access to community-based mental health services by 2007



GOVERNMENT OF
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GOVERNMENT OF
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