STRATEGIC DIRECTIONS

FOR BRITISH COLUMBIA'S HEALTH SERVICES SYSTEM

BRITISH COLUMBIA

Ministry of Health and
Ministry Responsible for Seniors

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INTRODUCTION

This Strategic Directions document is a three year directional plan for health services in British Columbia. Informed by the Health Goals for British Columbia which were developed by the Provincial Health Officer[1], this document provides the broad directions that will guide the design and delivery of health services through to 2002 and in some cases beyond.

In preparing this document, consultations were held with practitioners, administrators, governors, and researchers. Their advice and comments were helpful in ensuring that the document provides needed clarity and direction to support the planning activities of health authorities, practitioners, professional colleges and others involved in the delivery of health services.

This Strategic Directions document will be complemented by the Health Service Plans of the health authorities and by the Ministry of Health Work Plan. The Ministry of Health Work Plan describes specific actions the Ministry will take within the broad directions laid out in this document. The Health Service Plans of the health authorities provide information on the plans of each health authority.[2]

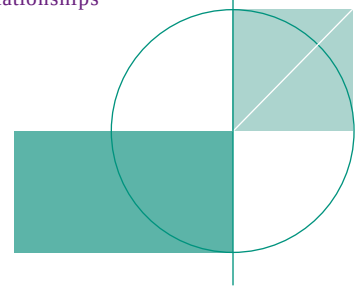
Over the past decades, we have seen dramatic changes in patterns of disease, the types of health services available and the structure of the delivery system. Internationally, we have seen the eradication or near eradication of some diseases. We have, to a large extent, controlled childhood illness through immunization and better sanitation. We have identified the risk factors for many diseases and developed diagnostic services, drugs, and other technologies to control disease or the impacts of disease. We have recognized the relationship between socio-economic status and health. Nationally, we have created and refined a publicly funded, single payer health care system through Medicare and the Canada Health Act. We have pursued policies of de-institutionalization for the mentally ill and others. We have revised our views of aging and what quality of life individuals can and should expect in their latter years.

In the coming years we will see significant changes in demography and these changes will affect the pattern of illness in society, the demand on health services, as well as the demography and availability of providers. We will see huge advances in knowledge around the causes of disease as well as our ability to diagnose and treat different diseases. New services will place financial demands on the system and these demands will have to be managed appropriately. The relationship between environmental factors and health will be investigated further and we will see a variety of different responses to environmental issues. Our knowledge of how to create positive behavioural change to address risk factors such as stress, physical inactivity and obesity will improve. We will learn how best to reduce or eliminate disparities in health status.

The ability of the health services system and society in general to respond in a productive, positive way to anticipated changes requires a strong planning approach. The approach should recognize the need for collaboration within a defined structure of roles and responsibilities. This document will assist in this process by providing broad directions within which more detailed service plans can be developed.

[1] Appendix A

[2] Appendix B provides a diagram showing these relationships



HEALTH OF BRITISH COLUMBIANS – The Current Situation

British Columbians are among the world's healthiest people and, in general, our health continues to improve. Our life expectancy is the highest in the country and among the highest in the world and, on average, we spend 90 per cent of our lives free from disabling health problems.

At the same time, our health services system faces its share of challenges.

Many British Columbians suffer from illnesses common to western societies such as cardiovascular disease and cancer, along with conditions related to environmental factors and lifestyle choices, such as illicit drug use. Infectious diseases such as HIV and hepatitis also continue to spread, and we must remain vigilant against the rise of new diseases and mutations in existing disease organisms.

A further, very serious concern is the health status of B.C.'s aboriginal peoples which is the poorest in the province, overall. Their life expectancy is shorter, death rates from almost all causes are higher, and aboriginal children are less likely to achieve healthy growth and development.

Clearly, the health services system can play a major role in making sure these challenges are addressed. In fact, the health goals developed for the province in 1998 are already being used to stimulate and guide action from inside the health services system, and from the broader community.

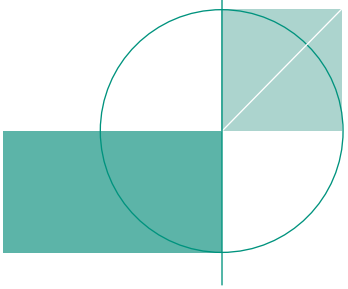
This broader involvement is important because the factors associated with poor health are wide ranging and diverse: low income, unemployment, lack of education, inadequate housing, family violence, poor diet, smoking, and lack of control over life prospects and circumstances. These factors are the same in all populations, and working to address them can help improve the health status of British Columbians.

At the same time, many common infectious diseases can be prevented through education, immunization and other protective measures. Similarly, we can control new strains of disease through surveillance systems allowing for early identification, and through measures such as more appropriate use of antibiotics.

These and other prevention strategies can significantly reduce the rates of serious illnesses such as cardiovascular disease, improve quality of life and reduce costs for the health services system in the future. However, our ability to put resources into prevention is limited by the need to care for those who are sick today.

If current age-related disease patterns continue, we can expect to see more people suffering from diseases which are preventable to some degree, notably cardiovascular disease. Furthermore, as our population ages, even the current level of preventive health intervention will not maintain the health status British Columbians now enjoy.

A continued and enhanced focus on preventive health strategies is needed to ensure that non-communicable disease and illness among the generally older population will not result in costly, greater levels of demand for treatment and other care services.



GOAL 1:

British Columbians will continue to enjoy the best health status in Canada, and that status will continue to improve.

OBJECTIVE 1.1:

To reduce the incidence of specific preventable diseases and deaths.

SUB-OBJECTIVES:

1.1.1. Improve immunization rates and introduce new immunization programs as new technologies become available.

1.1.2. Continue to deliver a comprehensive tobacco reduction strategy to reduce the incidence of lung cancer and cardiovascular disease.

1.13. Implement an injury prevention strategy to reduce illness and death associated with preventable injuries.

1.1.4. Maintain the Provincial HIV/AIDS Strategy.

1.1.5. Strengthen our ability to protect the general population from food and water borne disease.

OBJECTIVE 1.2:

To assist individuals, practitioners, and health authorities in planning for and responding to emerging diseases and changes in disease patterns.

SUB-OBJECTIVES:

1.2.1. Maintain robust and comprehensive surveillance and research systems so that diseases, disease patterns, and adverse health effects can be identified quickly.

1.2.2. Inform the public, health authorities, and practitioners about the specific diseases and emerging issues revealed by surveillance systems so they can take appropriate actions.

1.2.3. Educate the public about strategies they can adopt as individuals and parents to protect their health and the health of their children.

OBJECTIVE 1.3:

To reduce inequalities in health status among people in British Columbia – especially aboriginal people and those in geographic regions with lower health status than the general population.

SUB-OBJECTIVES:

1.3.1. Develop and implement a Provincial Aboriginal Health Services Strategy.

OBJECTIVE 1.4:

Use the provincial health goals to stimulate social, environmental, and economic actions to improve health in the broadest sense.

SUB-OBJECTIVES:

1.4.1. Encourage people to understand the health impact of social, economic, and environmental factors.

1.4.2. Continue to report on the health of British Columbians (through the Provincial Health Officer) including disparities in health status and progress in addressing health goals.

ACCESSIBILITY – The Current Situation

Accessibility is one of the fundamental principles of Canada's health services system. The *Canada Health Act* and the *Medicare Protection Act* both guarantee British Columbians ready access to physician and hospital services when they need them. Access to other health services (e.g. continuing care, Pharmacare) is determined through policy and standard setting at the provincial and health authority levels.

The following section addresses two of the three factors that define accessibility: wait times and geographic access. The third factor – financial accessibility – is addressed later in this document, under the title *Affordability and Sustainability.*

BACKGROUND: The Structure of the Health Service System

In many cases, accessibility is directly related to the organization and structure of the health services system. Because it has so many diverse and interdependent parts, pressures in one area invariably have an impact on other parts of the system, and the acute care hospital is where most of these pressures are felt.

For example, when access to primary care is inadequate, people use emergency wards to fill the gap in service – making emergency care that much busier. Similarly, when long-term care beds are unavailable, patients who would otherwise be discharged remain in hospital – reducing accessibility to acute care. That, in turn, can increase the waiting time for admission to hospital for elective procedures and surgeries – reducing accessibility yet again.

In some areas of the province, covering about 85% of the population, a single Health Authority is now responsible for the governance and management of public health, adult mental health, acute care, continuing care and other health services. In the rest of the province, Community Health Councils provide some services, while Community Health Services Societies provide others. The Ministry continues to directly fund ambulance services, Pharmacare and supplementary benefits, as well as most physician services.

This integration is a step forward in managing needs and demands through the full continuum of health services. However, there are still gaps between the demand for, and availability of, some services and these gaps can affect both wait time and geographic access to services.

ISSUE 1: Access Time and Wait Lists

Wait lists and wait times have become symbols of both accessibility and quality, and one of the measuring sticks by which British Columbians evaluate the health system. While many services (e.g. immunizations, emergency care, primary care) have little or no wait time, waits are common for certain elective procedures and tests.

The greatest public concern is around cardiac surgery, cancer treatment, some orthopedic care, some diagnostic services such as MRI, continuing care, and wait time to see specialists. Wait times for children are also of concern because the effectiveness of an intervention can be closely linked to a time limited stage in a child's development.

To reduce waits, first we have to understand their cause, and the following list of factors has been identified:

- There are very few widely used, standardized criteria to determine whether, or when, patients should be placed on lists, or how their needs should be prioritized.
- There are few centralized or coordinated wait lists, and limited information is available about wait times. That means patients cannot be easily directed to practitioners with shorter wait times. It also makes it difficult for health authorities to plan the services needed to respond to wait lists.
- Individual physicians use different criteria in choosing to place patients on wait lists.
- In some cases, acute care beds are used inefficiently (e.g. for long-term care, rather than for medical or surgical patients) increasing waits for acute care.

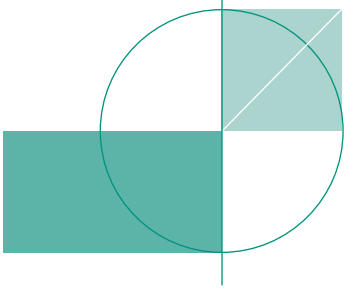
ISSUE 2: Geographic Accessibility

Access to primary care services is excellent for most British Columbians, and emergency response through the B.C. Ambulance Service is usually timely. However, rural, northern and remote areas have difficulty attracting and retaining physicians and other health care professionals, and that can reduce the accessibility of some primary health care services.

In 1992, *Closer to Home: The Report of the Royal Commission on Health Care and Costs* coined a phrase that captured the attention of people in this large and unevenly populated province. British Columbians agree that primary care services should be available "closer to home," but we also recognize that highly specialized treatments require access to specialized equipment, and to individuals who can maintain their skills by performing reasonable numbers of procedures each year.

The challenge in improving geographic accessibility is to identify the services in the middle ground – and this Strategic Directions document offers a framework to do that.

The first step is determining what services should be available within a specific distance or travel time. The next step is to find ways to provide these services, to make the system more equitable for all British Columbians.



GOAL 2:

British Columbians will have access to health care services within an acceptable time period.

OBJECTIVE 2.1:

To develop, or reaffirm where now available, guidelines (i.e. minimally acceptable thresholds) for major areas of health services from preventive and primary care through acute and continuing care.

SUB-OBJECTIVES:

2.1.1. Continue to develop standards for access to health care services.

2.1.2. Provide regular reports to the public on the services provided, the size of wait lists and the length of wait times.

2.1.3. Maintain existing (and develop new) coordinated systems for patient entry and prioritization through provincial wait list registries.

GOAL 3:

British Columbians will have access to health care services within specified geographic distances.

OBJECTIVE 3.1:

To develop, or reaffirm where now available, geographic access guidelines (i.e. minimally acceptable thresholds) for communities throughout the province.

SUB-OBJECTIVES:

3.1.1. Define which services British Columbians can expect to receive in communities of various sizes.

3.1.2. Maintain existing (and develop new) supports and programs to improve access in remote and rural areas.

3.1.3. Maintain existing (and develop new) strategies to ensure the recruitment and retention of service providers in remote and rural areas of British Columbia.

GOAL 4:

British Columbia will have an adequate supply of health care services.

OBJECTIVE 4.1:

To ensure the supply of health care practitioners will be adequate and distributed equitably throughout the province.

SUB-OBJECTIVES:

4.1.1. Maintain approaches and programs to encourage an appropriate number and mix of health service providers who are educated, recruited, and deployed throughout British Columbia to meet the population's health care needs.

4.1.2. Develop recruitment and retention strategies in collaboration with the appropriate partners, paying particular attention to the needs of remote and rural areas.

OBJECTIVE 4.2:

To ensure that the quantity and distribution of capital resources, including facilities and equipment, is appropriate.

SUB-OBJECTIVES:

4.2.1. Maintain and/or develop and implement standards for capital, such as the numbers and distribution of hospital and long-term care beds.

4.2.2. Maintain a multi-year capital planning process in the Ministry of Health to address the need for acute care and residential continuing care facilities.

AFFORDABILITY AND SUSTAINABILITY – The Current Situation

Health care expenditures account for approximately 36 per cent of the B.C. budget and have stayed in the 32 to 36 per cent range for the past eight years. Public health spending represents approximately seven per cent of the gross provincial domestic product - again, a number that has remained relatively constant over the past decade.

In per capita terms, B.C.'s spending has increased from $1,827 in 1993 to a forecast $1,987 in 1999 (current dollars). This is the highest provincial per capita health care spending in Canada. It's also one of the highest rates of health care spending in the western industrialized world.

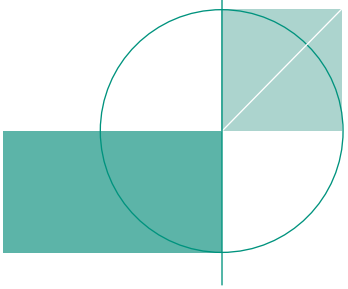
Countries like the U.S. and France spend more of their GDP on health care. Countries like Japan and the United Kingdom spend less. In both cases, there's little appreciable difference in health status or health outcomes. Indeed, Japan boasts the best life expectancy statistics in the OECD world, while the U.S. – despite its higher spending – rates quite poorly on many of the most common measures of population health status (e.g. infant mortality rates).

By international standards then, B.C. clearly commits more than the usual resources to health care. The challenge is to ensure we get the most value from those resources by making services more appropriate and efficient, while improving the quality of patient care.

Meeting this challenge will become increasingly important in the coming years as health care costs continue to rise, due to the following factors:

- People's expectations of the health services system continue to increase.
- The province's population is aging.
- New therapies, drugs and diagnostic equipment are often costly.
- Physician and patient uncertainty about what constitutes "best care" can result in inappropriate or unnecessarily costly services.
- Labour costs, which account for an estimated 80 cents of every dollar spent on health care, will continue to put pressure on budgets.
- Capital costs will continue to rise to support the need for new facilities in rapidly expanding parts of the province, and the need to replace older facilities and equipment.

Efficiencies in expenditures will benefit British Columbians in two ways: by helping to make the system more sustainable, and by making resources available to reinvest in expanded health programs, including prevention programs. B.C.'s plan for meeting both of these goals is described in the section that follows.



GOAL 5:

The health services system will be organized and managed to ensure the sustainability of Medicare so all parts of the system can provide excellent care in return for the public's investment.

OBJECTIVE 5.1:

To distribute resources appropriately to all areas of the province.

SUB-OBJECTIVES:

5.1.1. Design and implement an equitable funding allocation process which is transparent and understood by health service practitioners, managers and governors.

OBJECTIVE 5.2:

To satisfy the public that health care services are receiving sufficient funding, and that the public is receiving good value for these resources.

SUB-OBJECTIVES:

5.2.1. Support national efforts to collect and analyze information on the cost and appropriateness of health services, so providers and health care administrators can clearly assess their performance and the performance of others in the system.

5.2.2. Ensure that Ministry of Health Annual Reports include interregional performance comparisons and information on:

- What the system includes
- How the system works
- How the public can access services
- Activity levels within the system

OBJECTIVE 5.3:

To support an information infrastructure that meets the needs of the evolving regionalized health services system, and the ministry's role within that system.

SUB-OBJECTIVES:

5.3.1. Provide information that meets the needs of providers, managers, researchers, planners, governors, and consumers.

5.3.2. Implement a province-wide electronic communications network to support a common registry and repository of information for planning, evaluation and outcome assessment.

OBJECTIVE 5.4:

To improve public understanding of how the health services system works, what it costs and how to use it judiciously.

SUB-OBJECTIVES:

5.4.1. Provide information to the public on disease prevention and health issues so they are well informed about how to best use the health system.

5.4.2. Undertake periodic reviews of programs which provide partial reimbursement for health services (e.g. Pharmacare, residential care, home support, ambulance services, and supplementary benefits) to ensure that program entitlement levels are realistic and fair.

QUALITY – The Current Situation

The quality of our health services system can be measured by the extent to which it achieves a number of objectives. First and foremost, it must **improve health and health care outcomes** by relieving pain and suffering, and improving people's health, from pre-natal care through immunizations through long-term care.

Publications such as the Vital Statistics Annual Report and the Provincial Health Officer's Annual Report offer information on services provided and their effectiveness in reducing sickness, reducing the burden of chronic conditions, and extending life expectancy. However, the system does not provide regular, easily understood, comprehensive information about improvements in health status and health care outcomes. Without this information, we cannot fully assess the system's effectiveness.

We also need to better assess whether the system meets a second key objective: **satisfying the needs and expectations of patients and clients.** Polls are conducted from time to time at the provincial level, but few health authorities, health care facilities or practitioners routinely solicit information from patients and clients to measure their level of satisfaction. Therefore, much information around this issue is anecdotal, or based on media stories. A more comprehensive approach to soliciting patient and client feedback would provide important information to health authorities and others to help them develop more effective health services.

The third hallmark of a high-quality health services system involves **providing services in accordance with evidence-based standards of what constitutes good care or services.**

Currently, most health services are provided based on administrative rules and accreditation standards, established hospital practices, clinical practice guidelines and protocols, consensus opinions, and care maps – all of which provide direction to practitioners and administrators on what constitutes good care.

In some areas, processes (e.g. continuous quality improvement approaches) or evaluations are used to measure how closely guidelines and standards are followed. In other areas, standards are not monitored regularly but maintained by responding to patient complaints.

Overall, much of the care now provided in B.C. is not based on high quality evidence – either because the evidence is not available; practitioners are unaware of it; or they're choosing not to practice in accordance with it. Again, this is an area where room for improvement has been identified and a framework developed for achieving that improvement.

Finally, to ensure we have a high-quality health services system, **the self-regulated professions must fulfill their obligations to maintain professional standards of performance.**

Currently, the province's self-regulating professional colleges and associations are responsible for ensuring an acceptable level of professional practice. The provincial government's role is to ensure that the colleges:

- conduct their business fairly and transparently, so the public can see how they are upholding acceptable standards of care.
- respond to the public's concerns about quality of practice – both with respect to specific individual complaints and more generalized concerns about broader issues.

The following section sets out a framework for improving the quality of British Columbia's health services system, by better meeting the key objectives outlined above.

GOAL 6:

The health services system will provide consistently high quality health services that improve health and health outcomes, and satisfy British Columbians' expectations.

OBJECTIVE 6.1:

To provide services which improve health and health care outcomes.

SUB-OBJECTIVES:

6.1.1. Continue to support the development of evidence-based guidelines, assessments and tools.

6.1.2. Continue to support established organizations which produce evidence-based assessments of the quality of health services and interventions.

6.1.3. Measure overall quality through the monitoring of certain sentinel measures (to be defined in the Ministry of Health Work Plan).

OBJECTIVE 6.2:

To satisfy the needs and expectations of patients and clients.

SUB-OBJECTIVES:

6.2.1. Work with health authorities to design a patient/client satisfaction survey to provide cross-regional and longitudinal information to the public, health authorities and the Ministry of Health on levels of satisfaction with regionalized services.

6.2.2. Undertake, or commission a third party to undertake, annual patient/client satisfaction surveys for services which are not regionalized.

6.2.3. Protect dependent and vulnerable individuals in care.

OBJECTIVE 6.3:

To ensure that self-regulated professions fulfill their obligations to maintain professional standards of performance.

SUB-OBJECTIVES:

6.3.1. Work with the professional colleges to develop an ongoing system of professional college reviews to be conducted on a rolling five year basis, with results available to the public.

OBJECTIVE 6.4:

To encourage the development of an integrated and comprehensive continuum of care.

SUB-OBJECTIVES:

6.4.1. Develop a continuing care strategy to respond to the health care needs of elderly people and persons with disabilities who require the on-going support and assistance of health services.

6.4.2. Continue to implement the Mental Health Plan.

6.4.3. Develop strategies to achieve better integration and coordination of medical services within the overall health services system.

6.4.4. Require health authorities to develop Health Service Plans, proposing changes to their regional health services systems to better align them with the principles of health reform, including integration.

GOVERNANCE, MANAGEMENT & ACCOUNTABILITY – The Current Situation

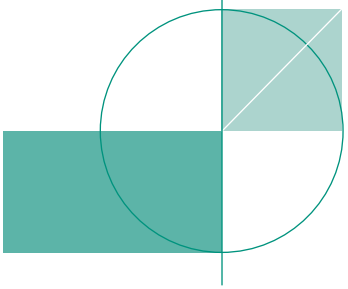
The organization of health service systems across Canada has changed significantly during the past decade. In B.C., the *Better Teamwork, Better Care* approach to regionalization was implemented on April 1, 1997, focusing on better care and better cost management through the integration of services.

Local health authorities now govern institutions and resources formerly directed through the Ministry of Health. Regional Health Boards, Community Health Councils and Community Health Service Societies are responsible for the governance, management and delivery of many health services, while physician services, Pharmacare, supplementary benefits and the B.C. Ambulance Service continue to be funded centrally.

The move to regionalization has created tremendous opportunities for achieving efficiencies, providing a smooth continuum of care, articulating local priorities in decision-making, and improving health service delivery at the local level. More opportunities will arise as we meet the challenges associated with the current transition period, particularly in understanding of roles and responsibilities.

For example, health authorities are not clear on their roles in areas such as population health and designated populations. Role conflict also exists between Community Health Councils and Community Health Services Societies.

Role conflict at any level can act as a barrier to joint planning and therefore must be addressed. Mechanisms must also be developed to ensure that the health authorities are accountable for the services they are expected to provide.



GOAL 7:

The regionalized system will be accountable to the Minister of Health, with health authorities operating according to plans approved by the ministry and within the resources allocated to them.

OBJECTIVE 7.1:

To maintain an effective governance process for health authorities.

SUB-OBJECTIVES:

7.1.1. Improve the board appointment process to make it more transparent, and to identify qualified board members who collectively can contribute the skills needed to govern.

7.1.2. Implement a regular, high quality education process for board members.

OBJECTIVE 7.2:

To promote and support a strong planning approach by health authorities.

SUB-OBJECTIVES:

7.2.1. Require health authorities to submit three-year Health Service Plans to the Minister for approval, and to develop capital plans and annual budgets reflecting the three-year plans.

7.2.2. Require health authorities to measure their services and report on results.

7.2.3. In 2000, following three years of experience with the health authority structure established in 1997, undertake a comprehensive third party evaluation of the structure, governance, management, operations and results of regionalization.

OBJECTIVE 7.3:

To establish effective partnerships between health authorities and physicians.

SUB-OBJECTIVES:

7.3.1. Encourage dialogue between health authorities and physicians.

7.3.2. Work with individual physicians and the B.C. Medical Association to align incentives faced by health authorities and physicians.

GOAL 8:

Programs delivered directly by the ministry will be well managed.

OBJECTIVE 8.1:

To strengthen accountability mechanisms for ministry programs.

SUB-OBJECTIVES:

8.1.1. Maintain work plans, including performance standards, for all ministry-delivered programs.

8.1.2. Measure performance of Ministry of Health programs and report results publicly in the ministry's annual report.

THE WORKING ENVIRONMENT – The Current Situation

The health services system – especially in acute care – is becoming an increasingly stressful place to work. Over the last decade, a growing number of services that used to require a hospital stay have been offered on a community or out-patient basis and, more and more, the patients admitted to hospital are critically ill.

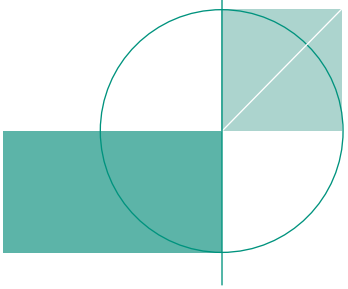
That increases the intensity of health providers' workloads. So do high hospital occupancy rates, shorter average lengths of stay, and quicker patient turnarounds. And changes are taking place on other levels, as well.

Technologies, delivery methods, and information systems are all evolving quickly, affecting how care is delivered and increasing demands on practitioners to continuously learn new skills and competencies. Professionals are challenged to keep pace with the changes, both in their own and other areas of expertise, adding to their stress levels.

Consumers and patients who have increasing access to health care information are also demanding more services and a wider range of options. The traditional roles of practitioners are increasingly being challenged, as patients demand the right, and are entitled, to participate in diagnostic and treatment decisions.

Despite these stresses, polls suggest that patients believe B.C.'s health care workers do a good job. However, the growing stresses in the system are evident in increased levels of absenteeism, stress leaves, and/or job actions within the health care sector. In fact, statistics show that the number of days lost to sickness and injury in B.C. in the Health/Social Services sector is the second highest in Canada.

Clearly, this issue must be addressed to help improve the health services system. The central question is how to change the work environment in ways that satisfy both providers and administrators, while supporting patient and client care.



GOAL 9:

The working environment within British Columbia's health services system will be informed by a client-centred focus and characterized by a spirit of cooperation and excellence.

OBJECTIVE 9.1:

To ensure that respective roles and responsibilities evolve within a framework of continuous improvement, and providers have clear direction on how to work as a team to deliver high quality health care services.

SUB-OBJECTIVES:

9.1.1. Implement new technologies and approaches in ways that support patient care and the entire health care team.

9.1.2. Implement problem-solving strategies in which both workers and managers contribute to solutions.

9.1.3. Inform the public about the roles of health care providers within the health services system.

OBJECTIVE 9.2:

To promote an environment of mutual respect among providers, support staff and patients.

SUB-OBJECTIVES:

9.2.1. Research, evaluate and implement preferred best practice models for human resources management.

9.2.2. Enhance human resources management education for managers in the health services system.

9.2.3. Collaborate with health authorities and unions to review sickness and injury in the health services system.

9.2.4. Promote a problem-solving and creative culture within the health services system.

9.2.5. Identify areas where job satisfaction is a problem; assess the problem and develop strategies to overcome it.

OBJECTIVE 9.3:

To ensure a safe physical environment in the health services system where all who work in the environment are knowledgeable about protecting their own health and safety and contributing to a safe work place.

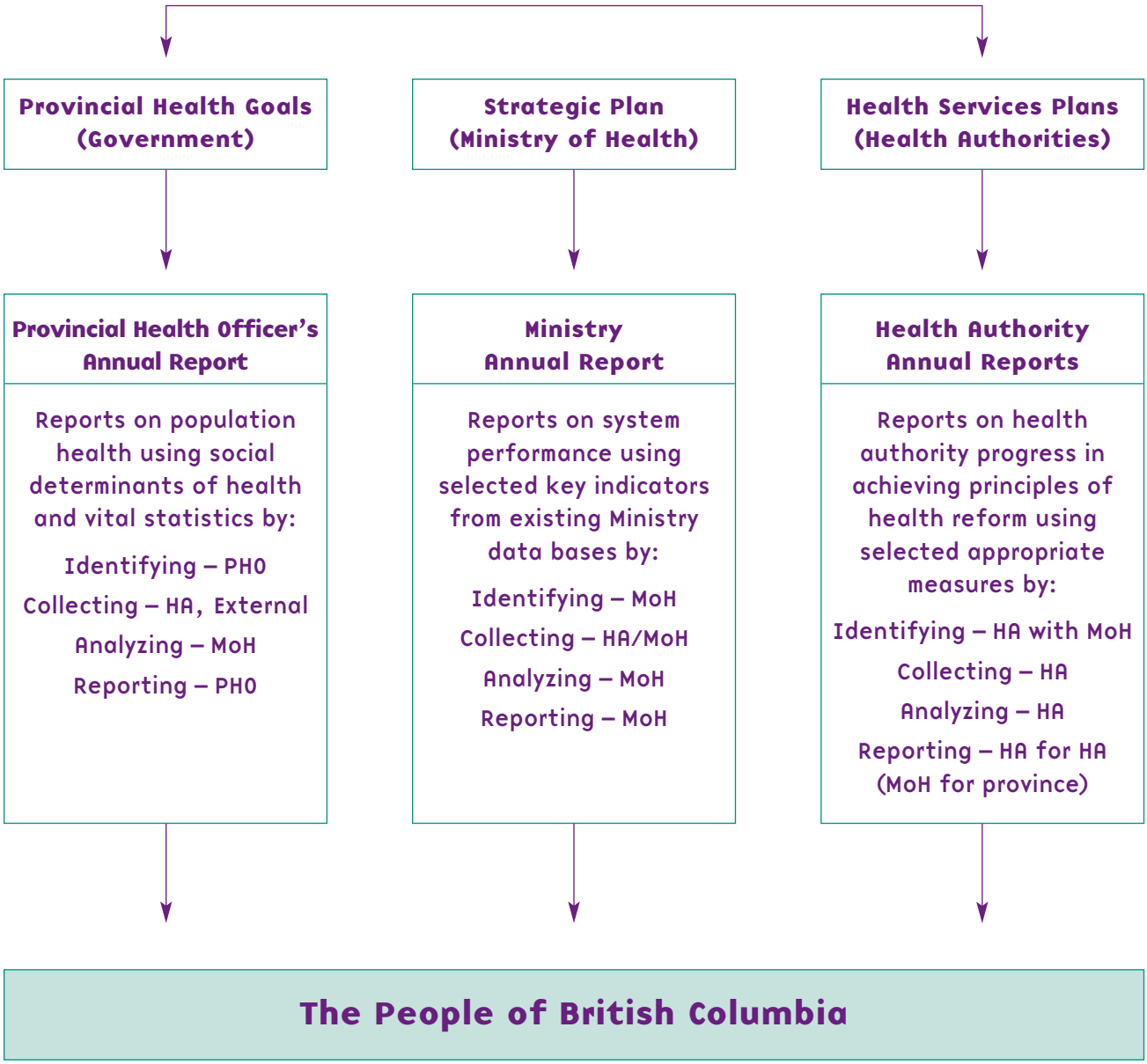
SUB-OBJECTIVES:

9.3.1. Work with health authorities and other appropriate agencies to identify work place health and safety issues and develop strategies to address them.

APPENDIX A – LINKAGES TO PROVINCIAL HEALTH GOALS

Health Goals for British Columbia	Strategic Directions for British Columbia's Health Services System
1 Positive and supportive living and working conditions in all our communities	GOAL 1
2 Opportunities for all individuals to develop and maintain the capacities and skills needed to thrive and meet life's challenges and to make choices that enhance health	GOAL 1
3 A diverse and sustainable physical environment with clean, healthy and safe air, water and land	GOAL 1
4 An effective and efficient health services system that provides equitable access to appropriate services	GOALS 2, 3, 4, 5, 6, 7, 8, 9
5 Improved health for Aboriginal peoples	GOAL 1
6 Reduction of preventable illness, injuries, disabilities and premature deaths	GOAL 1

APPENDIX B – THE PLANNING FRAMEWORK FOR HEALTH SERVICES IN BC



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