

# **Ministry of Health Services**

## **Population Health and Wellness**

### **Service Plan 2004/05**



**BRITISH  
COLUMBIA**

**Ministry of Health Services  
Population Health and Wellness  
April 2004**

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## **1.0 Purpose and Scope**

The *Budget Transparency and Accountability Act (BTAA)* requires ministries to prepare and make public multi-year service plans. Service plans are part of a larger performance management and accountability process that covers planning, measuring performance, and reporting. Ministry service plans are high-level documents focusing on ministry core businesses, key goals, objectives, intended results and targets. Population Health and Wellness' Service Plan is a more detailed, internal operating plan that supports the Ministry of Health Services Service Plan 2004/05 – 2006/07.

The focus of Population Health and Wellness' Service Plan for 2004/05 is to articulate how its activities support improved health and wellness through stewardship, and support the Ministry's strategies.

Population Health and Wellness' Service Plan will help focus the Assistant Deputy Minister's (ADM's) Performance and Development Plan and act as a performance agreement between the ADM and the Deputy. In the future, Population Health and Wellness' Service Plan will also support the development of staff Employee Performance and Development Plans (EPDPs).

## **2.0 Accountability Statement**

### **2.1 Consistency with the Ministry Service Plan**

Population Health and Wellness' work ultimately supports the achievement of two key Ministry of Health Services (MOHS) goals: *Improved Health and Wellness for British Columbians*, and *A Sustainable, Affordable Health Care System*. Population Health and Wellness' mandate is to contribute to protecting and improving population health and wellness by supporting, strengthening, and improving public health services through:

- developing a new *Public Health Act* (supports MOHS Strategy 3), to provide a specific legislative basis for public health services, which are currently provided under the broader *Health Act* and a number of related statutes;
- developing a clearly defined and legislated set of Core Functions for Public Health (supports MOHS Strategy 3), which all health authorities will be required to provide; and
- acting on a series of provincial Population Health and Wellness activities (supports various Priority and MOHS Strategies) to complement, strengthen and support Core Functions and to address new or emerging public health issues not addressed by Core Functions.

Four Population Health and Wellness high-level activities appear in the Ministry Service Plan:

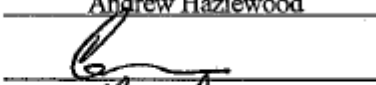
- BC NurseLine use rates – Priority Strategy Performance Measure 2;
- Improved health status for Aboriginal peoples measured by a) infant mortality and b) life expectancy – Priority Strategy Performance Measure 14;
- Immunization rates – Priority Strategy Performance Measure 16; and
- Priority programs developed for prevention and promotion – MOHS Performance Measure 4.

Additional Population Health and Wellness activities that support Ministry objectives and strategies, but are not included in the Ministry Service Plan include, but are not limited to, the following:

- Assisted Living – Supports Priority Strategy 4;
- Action Schools! BC – Supports Priority Strategy 10;
- Drinking Water – supports Priority Strategy 11; and
- Core Functions for Public Health – supports MOHS Strategy 3.

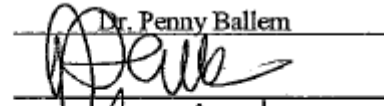
**2.2 ADM Accountability Statement**

The 2004/05 Population Health and Wellness Service Plan has been prepared under my direction. This plan explains how our activities support the Ministry of Health Services Service Plan goals, objectives and strategies. I am accountable to the Deputy Minister for achieving the performance measures in this plan.

ADM: Andrew Hazlewood  
Signature:   
Date: March 31/08

**2.3 Deputy Minister Sign-off of Consistency with the Ministry Service Plan**

The following plan is consistent with, and supports the goals, objectives and strategies of the Ministry of Health Services Service Plan.

Deputy Minister: Dr. Penny Ballem  
Signature:   
Date: April 24/08

### 3.0 Strategic Context

Population Health and Wellness exercises stewardship for public health services by providing effective direction, meaningful support, targeted monitoring, rigorous evaluation, and strategic intervention, where appropriate.

To provide a clearer focus for public health services, a new and comprehensive *Public Health Act* is being developed. The new Act will replace and update the public health components of the current *Health Act*, either encompassing or providing clearer links to other public health-related statutes. Equally important, it will recognize the impact of determinants of health – the personal, physical, social, economic, environmental, and other factors that affect health and wellness in the broadest sense.

The Ministry of Health Services is also working with health authorities and other public health partners to develop a set of Core Functions for Public Health that provide consistent direction to health authorities in terms of which programs must be offered, and to what effect. These will be mandatory, legislated, long-term programs, representing the minimum level of public health services that health authorities will be required to provide. Each program will have clear goals, measurable objectives, and an evidentiary base that shows it can, indeed, improve people's health and prevent disease, disability, and/or injury.

Population Health and Wellness also provides special expertise for populations of interest – notably women, seniors, and Aboriginal peoples, and ensures the Ministry of Health Services focuses on improving healthy outcomes for these populations.

Population Health and Wellness' core functions of health improvement; prevention of disease, injury and disability; environmental health; and emergency management will be implemented using a variety of strategies including:

- *health promotion* - a set of persuasive strategies that range from health advocacy for change in public policy or private sector practices; to partnership building and coalition development; and to education that helps people develop personal skills for health;
- *health protection* - strategies that invoke legislative and regulatory powers to protect people;
- *preventive interventions* - that include immunization, counselling, screening and early detection, and prophylactic, or in some cases, preventive treatments;
- *self-care initiatives* - a range of activities individuals undertake to enhance health, prevent disease, evaluate symptoms, and restore health; and
- *health assessment and surveillance* - to monitor population health status, detect and respond to outbreaks of disease or other health-related issues, and contribute to assessing the effectiveness of public health programs and services.

#### **Population Health and Public Health**

*Population Health* refers to the health of the population as measured by health status indicators, and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, health services and gender and culture. Many of these determinants of health lie beyond the jurisdiction of public health, however health authorities can and should influence them.

*Public Health* is the science and art of preventing disease, health surveillance, prolonging life and promoting health through the organized efforts of society. Prevention is key to the health system's sustainability. Public Health services are an essential part of the health care system, and share with curative services the common goal of prolonging life (by preventing premature death) and reducing pain and suffering (by preventing the occurrence of diseases and conditions that cause pain and suffering).

Population Health and Wellness supports this broad focus by incorporating a number of overarching considerations:

- addressing determinants of health;
- ensuring the health system respects the needs of specific populations, reducing inequalities in health;
- providing service in the most effective setting;
- mitigation of disaster vulnerability through the protection, preservation, and promotion of the health of all; and
- developing and maintaining a population health surveillance capacity for the determinants of health, risk factors, significant diseases, and health disparities in the community.

Public health services such as immunizations, healthy living, support for new parents and environmental health protection are basic and valued parts of British Columbians' daily lives. Population Health and Wellness recognizes the vital role of public health services in improving health and wellness and in making the health care system affordable and sustainable.

### **3.1 Population Health and Wellness Overview**

Population Health and Wellness exercises stewardship for public health services by providing effective direction, meaningful support, targeted monitoring, rigorous evaluation, and strategic intervention, where appropriate. It facilitates best practice development and evaluation of legislation, policies, strategies, best practices, and performance expectations.

Population Health and Wellness fulfills its stewardship role by ensuring comprehensive surveillance systems are in place, and provides burden of disease monitoring and projections for chronic diseases, injuries and risk factors. This assists in evaluating the health of the population and the effectiveness of system renewal and program planning strategies. These activities are intended to improve and protect the health of British Columbians and reduce future demands for health care services.

All Population Health and Wellness program areas influence other government ministries and the sectors whose actions have an impact on the health of the population. They also lead and participate on key Federal/Provincial/Territorial initiatives on behalf of BC with respect to various population health and wellness initiatives. The following eight areas make up Population Health and Wellness.

#### **3.1.1 Aboriginal Health**

- Ensures the Ministry and the health sectors take into consideration Aboriginal issues when delivering services and in their planning processes.
- Provides an Aboriginal lens to health legislative and policy development, strategic priorities, and program development to ensure the health needs of Aboriginal people are identified and addressed.
- Provides support to the Treaty Negotiations Office by participating in health discussions at the Treaty Tables, as well as providing health information and strategic advice to the Treaty Negotiations Office for Agreements in Principle and health chapters in Final Agreements.
- Manages health-related negotiations and Framework Agreements with Aboriginal people, including policy tables with The First Nations Chiefs' Health Committee, the Métis Provincial Council of BC, the United Native Nations, and the Union of BC Indian Chiefs.

- Provides support to health authorities with respect to their relationship with the Aboriginal community, with respect to health planning, and with respect to culturally appropriate and sensitive service delivery.

### ***3.1.2 BC HealthGuide***

- Provides high quality health information and triage advice to BC residents, wherever they live and whenever they need it, to help them manage their personal health risks and conditions, take action appropriate to their health problem, and to participate more actively in decision-making with their health providers.
- Enhances consumer access to timely and accurate health information, expands consumer knowledge, and reduces health system pressures and costs due to inappropriate use.
- Manages the components of the BC HealthGuide Program, including the BC HealthGuide Handbook and companion First Nations Health Handbook, BC HealthGuide OnLine, BC NurseLine, and the BC HealthFiles.
- Leverages the platform of the BC HealthGuide Program to support key health system redesign initiatives such as chronic disease management, primary health care, palliative care, mental health, mitigation of demand for ambulance services, and improved access in rural and remote areas.

### ***3.1.3 Business Operations and Surveillance***

- Leads/coordinates the development of system renewal and program strategies to ensure the consistent development of performance indicators, standards, and business case rationales; and the development of policy, legislation, population health Core Function guidelines, standards and other Population Health and Wellness initiatives; to ensure health authority accountability for population health and wellness outcomes.
- Provides research, analytical, epidemiological, project management, and administrative support, to Provincial Health Officer and Assistant Deputy Minister.
- Provides leadership and analytical advice with regard to management information resources and population health and surveillance systems.
- Provides and supports ongoing burden of disease monitoring, surveillance, and projections for priority chronic diseases, injuries, and risk factors to assist in determining the effectiveness of public health legislation and core function planning strategies. Provides epidemiological support and consultation on priority Population Health and Wellness issues.
- Develops, in collaboration with expert external partners, cost-benefit rationale for prevention and protection programs, e.g., immunization and tobacco control.

### ***3.1.4 Communicable Disease and Addictions Prevention***

- Leads the development and assessment of strategies and policies, including HIV/AIDS and other blood borne pathogens; mental health promotion; and a strategy for preventing problematic substance use.
- Ensures that immunization and other cost-effective population health programs continue to be developed with special attention to high-risk groups, and works with BC Centre for Disease Control.
- Monitors progress on Hepatitis C Strategy.
- Fosters and supports innovative approaches to Hepatitis C prevention and care.

### **3.1.5 Children, Women and Seniors' Health**

- Ensures the Ministry and the health sectors take into consideration children's, women's and seniors' issues when delivering services and in their planning processes.
- Provides strategic outcomes expertise to the Ministry on the development of performance measures and core function delivery expectations, supported by evidence-based research.
- Encourages and facilitates inter- and intra- ministry, and inter-governmental collaboration on initiatives that uniquely impact these populations.
- Provides advice regarding new programs, policies and legislation, and monitors the application of gender and healthy living/healthy aging lenses across the ministries and health authorities in health policy development, to ensure that the health needs of women and seniors are identified and addressed.
- Leads the development and assessment of strategies and policies, including injury prevention, seniors, maternal, and child health.

### **3.1.6 Emergency Management**

- Provides leadership in health sector/industry emergency management.
- Assists the Provincial Health Officer in developing emergency management strategies.
- Provides contingency planning and management regarding health service disruption.
- Develops emergency management-related health policy components for the 2010 Olympic Games.

### **3.1.7 Health Protection**

Provides stewardship in public health protection for British Columbia:

- Develops legislation and regulatory measures for health protection strategies.
- Provides support for emerging health protection issues such as emerging pathogens, including West Nile Virus.
- Provides public health protection advice, risk identification, assessment, and management.
- Provides strategic outcomes expertise for program-specific policies and strategies including: drinking water quality; indoor air quality; food safety; licensing of facilities for dependent and vulnerable people; registering of assisted living residences; radiation; land use; on-site sewage; and environmental contamination.
- Develops and maintains partnerships with research institutions, industry partners, and other provincial, federal, and local government agencies that will support mutually beneficial, measurable, and affordable public health outcomes and policy.

### **3.1.8 Healthy Living and Chronic Disease Prevention**

- Develops and enforces legislation and regulatory measures for tobacco control and nutrition labeling.
- Facilitates the development of a Chronic Disease Prevention Action Plan.
- Provides expert advice for program-specific policies and strategies including: healthy eating, physical activity, and tobacco reduction.
- Provides research, analytical, epidemiological, and project support to healthy eating, physical activity, and tobacco initiatives.
- Leads the development and assessment of population health promotion strategies and policies to support healthy schools, workplaces, and communities.



- Develops and maintains partnerships with stakeholders such as health authorities, research institutions, non-government organizations, other provincial and federal ministries, and local government agencies that will support chronic disease prevention and the promotion of healthy schools, workplaces, and communities.

### **3.2 Internal and External Influences**

Population Health and Wellness deals with numerous and diverse stakeholders and has complex relations with federal/provincial/territorial activities and non-government organizations and engages with many agencies and organizations with multiple social and economic mandates. These stakeholders include public health practitioners; health authorities; First Nations Health and other governance organizations; local government; non-government organizations; professional organizations; universities and colleges; regional districts; school districts; other government ministries and departments; the general public; other provincial governments and territories; the federal government; and other countries.

We focus on prevention and on groups and communities rather than the care and treatment of individuals. This is much different than dealing with patients in physician's offices or hospitals, where the focus is on personal health problems.

### **3.3 Vision**

A health system that ensures high quality public health care services that meet patients' needs where they live and when they need them.

*(PHW's Vision under development)*

### **3.4 Mission**

To guide and enhance the province's health services to ensure British Columbians are supported in their efforts to maintain and improve their health. The top priorities are saving and renewing public health care and providing high quality public health care services that meet patients' most essential needs.

*(PHW's Mission under development)*

### **3.5 Values**

A set of beliefs, consistent with the principles of the *Canada Health Act*, defines our organizational behaviour:

- **patient and consumer focus** which respects the needs and diversity of all British Columbians.
- **equity** of access and in the quality of services delivered by government.
- **access** for all to required health services.
- **effectiveness** of delivery and treatment leading to appropriate outcomes.
- **efficiency**, providing lowest cost consistent with quality services.
- **appropriateness**, providing the right service at the right time in the right place.
- **safety** in the delivery of health services to minimize the risks to the health and safety of British Columbians.

*(PHW's Values under development)*

## **4.0 Planning Context**

In 2001/02, the mandate of Population Health and Wellness changed to become more focused on stewardship, and the resources available to Population Health and Wellness were adjusted to reflect this new role.

The 2004/05 Service Plan is based upon, and supports, the current goals, objectives, and strategies of the Ministry of Health Services Service Plan. It highlights our primary shift to stewardship for public health services through the provision of effective direction, meaningful support, targeted monitoring, rigorous evaluation, and strategic intervention, where appropriate.

Population Health and Wellness primarily supports the Ministry Goal of *Improved Health and Wellness for British Columbians*. We believe that one of government's roles is "... to make the healthy choices the easy choices." This is done primarily through partnerships with various organizations, including municipalities, health authorities, non-government organizations, and the private sector. The potential benefits of motivating individuals to make healthy choices are significant. Physical activity yields psychological benefits, as well as helping to maintain healthy weights and improve cardiovascular functioning. Working with our partners to enhance access to, and encourage use of, recreation programs and facilities is a positive step.

Government also has a more direct role in facilitating change in certain critical health and safety situations. This is done through methods such as taxation and/or legislation and policy.

Population Health and Wellness focuses on improving people's overall health and well-being by promoting health, preventing disease, disability and injury, protecting them from harm, and helping them acquire the self-care and self-management skills they need. The intent is to promote a healthier population and reduce demand on the health care system. This is also expected to defer and potentially reduce medical costs and eliminate the need for other medical services as a result of more appropriate and lower utilization of the health care system.

### **4.1 Risk Management**

#### **4.1.1 Strengths**

- British Columbia is one of the healthiest provinces in Canada.
- Inter-sectoral partnerships with our stakeholders, including municipalities, other ministries (i.e. Education), FPT counterparts and non-government organizations.
- The individuals in Population Health and Wellness are highly committed and knowledgeable about public health issues.
- Population Health and Wellness is progressing on the development of Core Functions for Public Health, updating public health legislation, and the development of key public health performance measures for British Columbia.

#### **4.1.2 Risks**

- The impact of health system restructuring – a new Ministry mandate resulting in fewer resources.
- The level of resources directed to public health.
- The need to focus more on improving health rather than on economic return on investment.
- It is a challenge to ensure there is a sustained interest in public health when there is no immediate crisis.
- The need to address emerging threats such as bioterrorism, SARS, West Nile, and bovine spongiform encephalopathy (mad cow disease).

- Public health's capacity to deal with major or multiple outbreaks is limited. If major or multiple outbreaks occur, health authorities will be stretched to their limits.
- Policies in other sectors challenge population health (e.g. allowing vending machines to dispense unhealthy foods in schools).
- Concern for the state of public health systems in other countries. Infectious diseases and other threats do not respect political boundaries (provincially or internationally).

#### **4.1.3 Opportunities**

- Together, *Learning From SARS, Renewal of Public Health in Canada, A Report of the National Advisory Committee on SARS and Public Health, October 2003* (the Naylor Report), and the Canadian Institutes of Health Research Report *The Future of Public Health in Canada: Developing a Public Health System for the 21<sup>st</sup> Century* (the CIHI Report), have provided an opportunity to reinforce the importance of public health (see information box).
- Ongoing partnerships with the Provincial Health Services Authority and regional health authorities.
- Involvement of British Columbia in the development of a National Centre for Disease Control.
- Public interest and awareness of health risks such as outbreaks can be used as educational opportunities to direct the public to appropriate health care services or prevention activities.

The **Naylor Report**, was a federal/provincial response to provide a comprehensive assessment of public health. Its key messages are that public health is undervalued - only noticed when there is a crisis, and that if public health infrastructures are enhanced, we will be prepared for the next 'surge'. This presents an opportunity for public health to develop programs and capitalize on the 2010 Winter Olympics; continue to expand current partnerships and explore new ones; target prevention activities for funding from the second stage of the Health Accord; gain financial support for the Pan-Canadian Healthy Living Strategy; and strengthen public health infrastructure.

The **CIHI Report** discusses the current state of Canada's public health system and how it can be better structured and resourced. The report recommends key infrastructure elements for a national public health system: clearly defined essential functions; defined roles/responsibilities at each level; consistent, modern legislation; appropriate delivery structures; appropriate funding levels; appropriate numbers of well-trained staff; information systems to support assessment and surveillance; access to expertise and support; and accountability mechanisms.

#### **4.1.4 Mitigation**

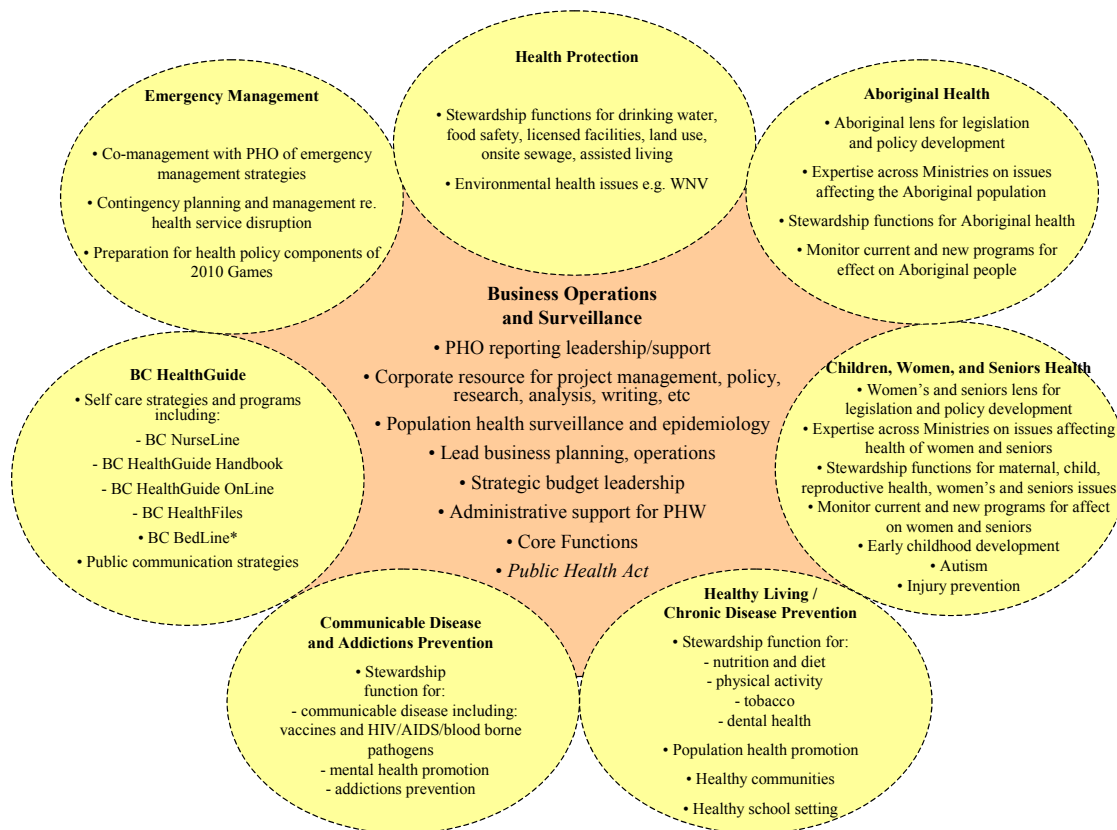
- Recent ministry initiatives that will work to enhance public health infrastructures include:
  - clearly defined essential functions (i.e. Core Functions for Public Health);
  - consistent, modern legislation (e.g. future *Public Health Act, Drinking Water Protection Act, Food Safety Act, Community Care and Assisted Living Act*); and
  - accountability mechanisms (e.g. performance agreements, health service redesign and budget management plan, ministry service plans).
- BC's public health system has been through SARS and has gained valuable experience.
- Capacity to manage public health emergencies is being enhanced (e.g. creation of Outbreak Management Teams).
- The BC HealthGuide Program, including the BC HealthGuide Handbook and an Aboriginal companion document (BC First Nations Health Handbook), BC HealthGuide OnLine, BC NurseLine, and the BC HealthFiles help mitigate demand for BC Ambulance Services, emergency rooms, and physicians and helps ensure British Columbians are utilizing the health system appropriately.

## 4.2 Highlights of Strategic Shifts and Changes

Population Health and Wellness is in a unique position to focus more clearly on what is important and evidence-based in public health. One of the major goals of the current government is to streamline antiquated legislation, and Population Health and Wellness is in the process of doing this by reducing the regulatory requirements in onsite sewage and swimming pool regulations.

The Ministry is responsible for the long-term stewardship of the public health system in BC and uses a variety of tools to enhance existing public health programs and services. Population Health and Wellness is developing three component parts to strengthen and improve current public health services and programs: a new *Public Health Act*, Core Functions for Public Health, and Provincial Population Health and Wellness Initiatives. These three components combine relevant legislation, targeted public health functions, and initiatives that address existing and emerging public health programs to create a comprehensive approach to enhancing and maintaining health and wellness in BC.

## 4.3 Organization Functional Descriptions



## 5.0 Summary of Related Planning Processes

### 5.1 Human Resources Management

All Population Health and Wellness excluded employees EPDP's have been completed and approved by the Ministry deadline of February 16, 2004. All other staff are in the process of developing their EPDPs, as the Ministry target for all employees to have an EPDP in place is March 31, 2005. In conjunction with EPDPs, excluded employees and professional staff are expected to have a professional development plan in place. Performance Reviews are conducted with all Population Health and Wellness staff on an annual basis.

**6.0 Resource Summary**

**OPERATING EXPENSE AND FTES**

**Population Health and Wellness**

**OPERATING EXPENSE (\$000's)**

	<b>Restated Budget 2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>
<b>Core Businesses</b>				
Office of the Assistant Deputy Minister	218	213	213	213
Aboriginal Health	989	986	986	986
BC HealthGuide	-	10,325	10,325	10,325
Business Operations and Surveillance	1,535	2,005	2,005	2,005
Children, Women and Seniors' Health	504	1,695	1,695	1,695
Comm. Disease and Addictions Prevention	-	684	684	684
Emergency Management	-	311	311	311
Health Protection	1,794	1,621	1,621	1,621
Healthy Living and Chronic Disease Prevention	19,915	8,168	8,168	8,168
<b>TOTAL</b>	<b>24,955</b>	<b>26,008</b>	<b>26,008</b>	<b>26,008</b>

**FTES**

	<b>Restated Budget 2003/04</b>	<b>2004/05</b>	<b>2005/06</b>	<b>2006/07</b>
<b>FTEs</b>				
Office of the Assistant Deputy Minister	2	2	2	2
Aboriginal Health	2.5	4	4	4
BC HealthGuide	-	7	5	5
Business Operations and Surveillance	11	13	13	13
Children, Women and Seniors' Health	2.5	5	5	5
Comm. Disease and Addictions Prevention	-	4	4	4
Emergency Management	-	2	2	2
Health Protection	15	12	12	12
Healthy Living and Chronic Disease Prevention	24	10	10	10
<b>TOTAL</b>	<b>57</b>	<b>60</b>	<b>58</b>	<b>58</b>

## **7.0 Goals Objectives, Strategies, and Results**

The Goals, Objectives, Strategies, and Results section directly relates to the Ministry of Health Services Service Plan 2004/05 – 2006/07.

Details about PHW activities and their relationship to specific Ministry goals, objectives, and strategies can be found in the following tables. In addition, Appendix 1 includes all of the Ministry goals, objectives, and strategies, and shows visually how PHW activities relate to the overall Ministry plan.

**Goals** – the Ministry has three goals for the health system

1. High Quality Patient Care.
2. Improved Health and Wellness for British Columbians.
3. A Sustainable, Affordable Health Care System.

### **Core Business Areas of the Ministry of Health Services**

- **Services Delivered by Partners and the Ministry** – Although the ministry does not directly deliver the majority of services that influence health outcomes, it bears ultimate responsibility over the health system. The Ministry identified five key objectives and related priority strategies to guide and lead major redesigns of health services. Four of the objectives relate to Services Delivered by Partners, and one for Services Delivered by the Ministry. These objectives and strategies remain the focus of health system redesign efforts.
- **Stewardship** – As stewards of the health system, the ministry provides leadership to health authorities and other partners. The Ministry’s three stewardship objectives and related strategies are designed to assist our service delivery partners fulfill that section’s objectives and strategies and ensure the health system is redesigned in accordance with government’s strategic direction.
- **Corporate Management** – In order to effectively fulfill the stewardship role, it is essential for the ministry to manage its corporate functions, including managing ministry budgets, human resources, and information needs. The Ministry’s two corporate management objectives and related strategies are in place to ensure the Ministry’s own administration runs as efficiently and effectively as possible.

**Activities** – There are three types of activities used within PHW’s Service Plan

- **Priority Activities** – relate to objectives within the “Services Delivered by Partners” or “Services Delivered by Ministry” section in the Ministry of Health Services Service Plan.
- **MOHS Activities** – relate to objectives within the “Stewardship” or “Corporate Management” section in the Ministry of Health Services Service Plan.
- **PHW Activities** – are determined by PHW Executive to be high-level activities/projects that require tracking at the PHW Service Plan level. There may be additional activities included in individual branch plans, but they are not relevant for this level of service plan.

**Population Health and Wellness Service Plan 2004/05**

**Core Business:** *Services Delivered by Partners and the Ministry*

**Related Goal:** *1) High Quality Patient Care*

**Objective 1:** *Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/institutional care to more home/community care.*

Activity/Project Name and Description	Accountability	Deliverable/Outcomes or Perf. Measure	Targets	Priority Rating
<b>Priority Strategy 1: Hospital Admissions Prevention through Increased Community Care Options:</b> Prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community				
<b>BC NurseLine Use Rates (PPM2)</b> BC NurseLine is a health resource available 24/7 that allows British Columbians to help themselves with expert advice. The number of calls BC NurseLine receives helps gauge whether British Columbians are accessing health resources that will reduce the demand on hospitals and physicians.	Lori Halls	BC NurseLine use rates (PPM2)	<b>Baseline 02/03:</b> a) 172,934 calls b) 1,423 calls transferred from physicians' offices <b>Target 04/05:</b> a) 60% increase in calls over baseline b) 150% increase in calls transferred from physicians' offices over baseline	H
<b>Priority Strategy 4: Alternatives to Institutional Care:</b> Help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, while reserving residential institutions for patients with the most complex care needs.				
<b>Assisted Living</b> Alternatives to institutional care.	Kersteen Johnston Susan Adams	a) develop a system for registering assisted living residences b) develop an industry led complaint resolutions process c) develop health and safety standards	<b>Target 04/05:</b> System, process and standards in place	M
<b>Priority Strategy 5: Build the Foundation for Integrated Care Networks:</b> a. Connect physicians and other health care professionals to diagnostic services, hospitals, and each other. b. Provide a continuum of services in each health authority for mental health and addictions patients that better integrates primary, secondary, community, and tertiary care and is integrated with the larger care networks.				
<b>Autism Assessment and Diagnosis</b> This initiative will ensure children in all regions of the province can access quality diagnosis and assessment services for Autism Spectrum Disorder (ASD) in a timely fashion.	John Phillips	provide direction to PHSA as they implement the new and enhanced ASD assessment and diagnostic services province-wide provide ongoing support to PHSA for legal issues, policy development, changing information needs, and liaison with other government agencies	<b>Target 04/05:</b> Direction and support provided to PHSA as required	M

**Population Health and Wellness Service Plan 2004/05**

**Core Business:** *Services Delivered by Partners and the Ministry*

**Related Goal:** *1) High Quality Patient Care*

**Objective 2:** *Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life.*

Activity/Project Name and Description	Accountability	Deliverable/Outcomes or Perf. Measure	Targets	Priority Rating
<b>Priority Strategy 9: Improve Health Status of Aboriginal Peoples:</b> Support initiatives to improve Aboriginal health through the formalized participation of Aboriginal people in the planning and delivery of health care.				
<p><b>Improve health status for Aboriginal peoples (PPM14)</b> As a group, Aboriginal peoples have a level of health below that of the general population. Aboriginal infant mortality and Aboriginal life expectancy are two important measures of aboriginal health.</p>	Deborah Schwartz	<p>a) Status Indian (SI) Infant Mortality</p> <p>b) Status Indian Life Expectancy</p>	<p><b>Baseline 2002:</b> 4.8 SI infant deaths per 1,000</p> <p><b>Target 04/05:</b> No statistically significant difference between SI and other residents of BC</p> <p><b>Baseline 2002:</b> SI life expectancy of 73.9 years</p> <p><b>Target 04/05:</b> 1999 - 2003 SI life expectancy of 74.2 years</p>	H
<p><b>Aboriginal Health Plans</b> Provide support and strategic guidance to the HAs in implementing their Aboriginal Health Plans.  Work in partnership with the Performance Management and Improvement Division (PMID) in monitoring the Aboriginal Health Plans and Aboriginal Services.</p>	Deborah Schwartz	<p>a) develop a mandate and terms of reference for Aboriginal Health Directors Advisory Group. Meet with group 4 to 6 x/year</p> <p>b) meet with HAs 2x/year to review activities, provide support and course correction as required</p> <p>c) Develop Aboriginal Health and PMID terms of reference to work together reviewing and monitoring Aboriginal Health Plans. Meet monthly with PMID</p>	<p><b>Target 04/05:</b></p> <p>a) mandate and terms of reference developed</p> <p>b) HA meetings occurred, support and course correction provided</p> <p>c) terms of reference developed. Monthly meetings with PMID held</p>	M
<p><b>Provincial Aboriginal Health Services Strategy (PAHSS)</b> Work with Aboriginal stakeholders to develop a Provincial Aboriginal Health Services Strategy "Directional Document" which will provide strategic guidance and examples of Best Practices for Aboriginal organizations and HAs.</p>	Deborah Schwartz	<p>a) renewed mandate and terms of reference for the PAHSS steering committee</p> <p>b) evaluate activities of policy tables and PAHSS steering committee</p> <p>c) meet 4x/year</p> <p>d) complete directional document and distribute</p>	<p><b>Target 04/05:</b></p> <p>a) renewed mandate and terms of reference developed</p> <p>b) activities evaluated</p> <p>c) meetings held</p> <p>d) directional document developed and distributed</p>	M



**Population Health and Wellness Service Plan 2004/05**

**Core Business:** *Services Delivered by Partners and the Ministry*

**Related Goal:** *2) Improved Health and Wellness for British Columbians*

**Objective 3:** *Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future.*

<b>Activity/Project Name and Description</b>	<b>Accountability</b>	<b>Deliverable/Outcomes or Perf. Measure</b>	<b>Targets</b>	<b>Priority Rating</b>
<b>Priority Strategy 10: Enhancing Self-Care and Self-Management:</b> Support individuals' self-management efforts to help healthy people stay healthy and allow people with chronic conditions to better manage their condition.				
<b>Action Schools! BC</b> A 'made for BC' intervention that uses a non-curricular approach to enhance physical activity levels in a population of elementary school children and provides a platform for sustained provincial action on childhood obesity and inactivity.	Brian Emerson	a) process evaluation team  b) health outcome evaluation  c) report Sept/04. Plans for provincial dissemination	<b>Target 04/05:</b> a) Health Outcome Evaluation Report Sept/04  b) process evaluation Sept/04  c) dissemination plan	M
<b>Alternative HealthGuide Handbooks</b>	Lori Halls	a) French Health Handbook printed and distributed  b) feasibility of alternate formats (e.g. Punjabi, Cantonese) explored	<b>Target 04/05:</b> a) French Health Handbook distributed  b) proposal for Punjabi and Cantonese Handbooks developed	M
<b>BC HealthGuide Website Enhancement</b>	Lori Halls	Secure \$300,000 from Canadian Health network to enhance BC HealthGuide OnLine with additional self care tools	<b>Target 04/05:</b> Enhanced website launched March 05	M
<b>BC NurseLine Services Contract</b>	Lori Halls	Procurement process for BCNL services completed	<b>Target 04/05:</b> Contract secured by March 31, 2005	M
<b>BC NurseLine pilot project to reduce social isolation among older adults</b>  BC NurseLine would call socially-isolated older adults in a target area as a pilot project, with the goal to reduce utilization by this group of higher-level health services such as physician visits, hospital visits, etc.	Tessa Graham Lori Halls	Develop an outreach capacity of the BC NurseLine	<b>Target 04/05:</b> develop and initiate pilot project	M
<b>Best Chance Series</b>	Tessa Graham	Complete the 6 <sup>th</sup> edition of Baby's Best Chance Handbook	<b>Target 04/05:</b> Handbook completed by end of 2004/05	M

**Population Health and Wellness Service Plan 2004/05**

<b>Activity/Project Name and Description</b>	<b>Accountability</b>	<b>Deliverable/Outcomes or Perf. Measure</b>	<b>Targets</b>	<b>Priority Rating</b>
<b>Chronic Disease Management Module for BC NurseLine</b>	Lori Halls	Develop and implement a specific Chronic Disease Management (CDM) module for BC NurseLine with F/P/T funds	<b>Target 04/05:</b> CDM proposal developed and funding secured. Implementation begins	M
<b>Chronic Disease Prevention Initiative</b> Developing a chronic disease prevention action plan with a focus on physical activity; healthy eating; and tobacco use.	Brian Emerson	a) provide direction to HAS in the context of Core Functions for Public Health  b) provide support by developing action plans  c) monitor population health status and monitor performance expectation in Core Functions	<b>Target 04/05:</b> a) Chronic Disease Prevention Action Plan developed  b) develop directional document for physical activity and healthy eating following consultation with HAS  c) participate in development of pan-Canadian Healthy Living Strategy and the Healthy Schools agenda	M
<b>Provincial Women's Health Strategy</b> Will provide guidance to HAS with respect to priority actions on women's specific health issues. It will provide a framework for HAS to develop actions on women's health issues.	Tessa Graham	Develop strategy and implementation plan  Develop a mechanism to monitor progress; monitoring will also be done via Performance Agreements	<b>Target 04/05:</b> Strategy and implementation plan developed  Monitoring mechanism developed	M
<b>Seniors Health Component to the BC HealthGuide Program</b> Initiate development of a corporate-sponsored, senior-specific component to the BC HealthGuide program based on input from BC older adults.	Tessa Graham Lori Halls	Evidence supporting a seniors' health component of the BCHG program, to support HAS efforts to enhance self-care and self-management options for individuals	<b>Target 04/05:</b> Develop recommendations	M
<b>Priority Strategy 11: Protection from Disease or Injury:</b> Protect public health by implementing core public health prevention and protection programs (e.g., food and water safety programs, immunization programs, falls).				
<b>Immunization Rates (PPM16)</b> a) Immunization programs for children are among the most cost-effective ways to improve health status and reduce health care costs. b) Influenza is a major cause of illness, hospitalization, and death among older adults. Annual influenza vaccination reduces the risk of disease and may lessen the severity of illness.	Warren O'Briain	a) Two-year olds with up-to-date immunizations  b) Influenza immunization for residents of care facilities	<b>Baseline 02/03:</b> 81.1% <b>Target 04/05:</b> 85%  <b>Baseline 02/03:</b> 85.4% <b>Target 04/05:</b> Maintain above 85%	H

**Population Health and Wellness Service Plan 2004/05**

<b>Activity/Project Name and Description</b>	<b>Accountability</b>	<b>Deliverable/Outcomes or Perf. Measure</b>	<b>Targets</b>	<b>Priority Rating</b>
<p><b>Alcohol and other Drug Prevention</b></p> <p>A component of the Addictions and Problem Substance Use Framework, linked to Chronic Disease Prevention Action Plan; Fetal Alcohol Spectrum Disorder Strategy; HIV directional document.</p>	Warren O'Briain	Develop a monitoring framework	<b>Target 04/05:</b> Framework developed	M
<p><b>A Profile of BC Seniors</b></p> <p>A statistical profile of demographics, income, education levels, etc. Will support and inform planning for an aging population at the provincial and HA level by including information by gender, age, and region.</p>	Tessa Graham	Develop a report as a monitoring tool to be used by HAs to review the health status of BC seniors	<b>Target 04/05:</b> Publicly release report and distribute	M
<p><b>Community Care Licensing</b></p> <p><b>Community Care Act</b> – streamlines, updates and modernizes the regulation of community care and child care facilities to ensure the health and safety of the dependant and vulnerable children, youth, and adults in these facilities.</p> <p>Improve the overall framework of licensing through education, monitoring, and stewardship.</p>	Kersteen Johnston	<p>a) bring the new <i>Community Care and Assisted Living Act</i> into force</p> <p>b) develop new child day care, residential, enabling and private and extended care regulations to support the new Act</p>	<b>Target 04/05:</b> Act, Regulations, and Guidelines in place	M
<p><b>Drinking Water</b></p> <p>Implementation of Action Plan for Safe Drinking Water in BC – sets out specific actions that government will undertake to make sure British Columbians enjoy safe, clean, healthy drinking water as effectively, efficiently, and reliably as possible.</p>	Kersteen Johnston	<p>a) Develop legislation, guidance documents and necessary programs</p> <p>b) implement drinking water system assessment strategy</p> <p>c) finalize draft guidelines, policies, and procedures for statutory decision makers and water supply industry. Augment training and education programs</p> <p>d) finalize phase 2 of the drinking water information management project</p>	<b>Target 04/05:</b> Guidelines, regulations, and system in place	M
<p><b>Emergency Contraception Program (ECP) public awareness program</b></p> <p>Address language and cultural barriers to ECP usage.</p>	Tessa Graham	Provide report for HAs and the Public Affairs Bureau (PAB) to address language and cultural barriers to ECP usage	<b>Target 04/05:</b> Report provided	M

**Population Health and Wellness Service Plan 2004/05**

<b>Activity/Project Name and Description</b>	<b>Accountability</b>	<b>Deliverable/Outcomes or Perf. Measure</b>	<b>Targets</b>	<b>Priority Rating</b>
<p><b>Food Safety</b>  <i>Food Safety Act</i> – PHW provides direction through statutory framework of <i>Food Safety Act</i>.                      Maintain high food safety standards while reducing the statutory burden for BC’s agri-food industry.</p>	Kersteen Johnston	a) develop legislation, guidance documents and necessary programs b) finalize draft guidelines, policies, and procedures for statutory decision makers and food industry. Augment training and education programs	<b>Target 04/05:</b> Guidelines, regulations, and system in place	M
<p><b>HIV/AIDS</b>                      Directional document produced which guides BC’s response to the epidemic.</p>	Warren O’Briain	Implement a monitoring framework	<b>Target 04/05:</b> First annual report provided	M
<p><b>Immunization</b>                      Ensure systems are developed to monitor immunization rates.</p>	Warren O’Briain	Develop system to monitor immunization rates	<b>Target 04/05:</b> System developed	M
<p><b>Injury Prevention</b>                      Address factors that pose a risk of contributing to suffering or premature death in the BC population.</p>	Tessa Graham	Develop a directional document for falls prevention	<b>Target 04/05:</b> Directional document developed	M
<p><b>Tobacco Strategy</b>                      Integrate legislation and legal action; public education; and a range of cessation and prevention programs to reduce tobacco use in the province.</p>	Brian Emerson	a) resolution to, or continuation of, the lawsuit to hold tobacco industry accountable for the damage its products have done b) Enforcement: HAS enforce federal <i>Tobacco Act</i> in accordance with MOU between Ministry and Health Canada; enforce provincial <i>Tobacco Sales Act</i> by performing activities associated with assigned work units c) develop a Provincial Tobacco Strategy that articulates goals and vision for the province d) Consult with HAS on draft performance expectations/indicators in support of Core Functions. Evaluate our ability to monitor (surveillance in place)	<b>Target 04/05:</b> a) develop and monitor a strategic plan for government actions b) HAS provided with required work units. Monitor compliance with original allocations c) approval of Minister to proceed with draft strategy consultations with partners (HAS, NGOs, Health Canada); finalization and plan for implementation of strategy d) agreement from HAS on perf. expectations in general; develop plan to ensure appropriate surveillance tools in place; develop plan to implement perf. expectations with individual HAS	M

**Population Health and Wellness Service Plan 2004/05**

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**Core Business:** *Services Delivered by Partners and the Ministry*

**Related Goal:** *3) A Sustainable, Affordable Health Care System*

**Objective 4:** *Manage within the available budget while meeting the priority needs of the population.*

Activity/Project Name and Description	Accountability	Deliverable/Outcomes or Perf. Measure	Targets	Priority Rating
<b>Priority Strategy 13: Managing within Budget Allocation:</b> Manage the delivery of services within budget.				
<b>Budget Management and Accountability</b> Work with PHW Budget Review Committee.	Tom Gregory	Allocate budget based upon strategic priorities of Ministry/PHW and spending plan  Monitor spending plan to ensure funding is spent in accordance with strategic priorities of Ministry/PHW  Strategically intervene if spending plan is off track – 1 <sup>st</sup> reallocation process in June 2004	<b>Target 04/05:</b> budget allocated based on strategic priorities  <b>Target 04/05:</b> spending plan monitored  <b>Target 04/05:</b> appropriate strategic interventions undertaken	M

**Population Health and Wellness Service Plan 2004/05**

**Core Business:** *Stewardship*

**Related Goals** *1) High Quality Patient Care  
2) Improved Health and Wellness for British Columbians*

**Objective 1:** *Direction - Government's strategic direction is clearly defined and communicated and guides service delivery.*

Activity/Project Name and Description	Accountability	Deliverable/Outcomes or Perf. Measure	Targets	Priority Rating
<b>MOHS Strategy 3: Protect the health of the public by articulating expectations for Core Functions for Public Health, including standards for their delivery</b>				
<b>Priority programs developed for Core Functions for Public Health (MOHS PM4)</b>	Tom Gregory	Development of accountability framework completed to ensure HAs meet core program requirements such as: 1) provincial policy; 2) provincial standards; and 3) performance agreement expectations	<b>Target 04/05:</b>	H
<b>Core Functions for Public Health</b> Mandatory, legislated, long-term programs, representing the minimum level of public health services that HAs will be required to provide. Will be entrenched in the new <i>Public Health Act</i> and will target health improvement; disease, disability, and injury prevention; or environmental health.	Tom Gregory	Development of consultation materials, stakeholder consultations, policy analysis, development of draft legislation	<b>Target 04/05:</b> Consultation materials developed, stakeholder consultations held, policy analysis and draft legislation developed	M
<b>Development of a renewed Health Act</b> Currently in BC, public health services are provided under the <i>Health Act</i> and a number of related statutes. The purpose of the new Act is to provide the authority for the Minister and Health Officials to establish organizational arrangements and take action to protect and promote the health of the population of BC.	Brian Emerson	Recommendations for statute sections, regulations, policy, and guidelines developed	<b>Target 04/05:</b> majority of public health legislation consolidated into proposals for a renewed <i>Health Act</i> and/or related statutes	M

<b>MOHS Strategy 5: Develop coordinated system-wide approaches for responding to major public health risks and epidemics (e.g., SARS, West Nile, influenza, meningitis and obesity).</b>				
<p><b>Emergency Management</b> A health sector prepared to respond to and recover from extreme events.</p>	<p>Wayne Dauphinee</p>	<p>a) establish a MOHS Emergency Mgmt Policy Committee  b) restructure Council of Senior Health Emergency Mgmt Planners as the Provincial Health Emergency Mgmt Council  c) implement a health sector emergency mgmt and response structure, incorporating all facets of health care delivery</p>	<p><b>Target 04/05:</b> a) committee established b) council restructured  c) response structure implemented</p>	<p>M</p>
<p><b>BC NurseLine Contingency Planning Process</b></p>	<p>Lori Halls Wayne Dauphinee</p>	<p>Development of contingency planning process that outlines BC NurseLine role in system-wide approach</p>	<p><b>Target 04/05:</b> Contingency plan template developed</p>	<p>M</p>

**Population Health and Wellness Service Plan 2004/05**

**Core Business:** *Stewardship*

**Related Goals** *1) High Quality Patient Care  
2) Improved Health and Wellness for British Columbians*

**Objective 2:** *Support – supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed.*

<b>Activity/Project Name and Description</b>	<b>Accountability</b>	<b>Deliverable/Outcomes or Perf. Measure</b>	<b>Targets</b>	<b>Priority Rating</b>
<b>MOHS Strategy 7: Provide legislative, regulatory and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.</b>				
<b>Deregulation Initiative</b> Reduce conflicting or unnecessary policies and regulations while maintaining and balancing essential health and safety standards.	Kersteen Johnston	Reduce conflicting or unnecessary policies and regulations – onsite sewage regulation, swimming pool regulation	<b>Target 04/05:</b> Conflicting or unnecessary policies and regulations reduced	M
<b>MOHS Strategy 9: Support health research and create opportunities for health partners to share knowledge and best practices to facilitate continuous improvement in service delivery.</b>				
<b>How Healthy are BC Seniors</b> A study will be conducted by the Rural and Remote Research Institute of UNBC and will look at the health of BC seniors, health improvements over time, and changes in the way they use health care services. The research will inform development of a healthy aging strategy for British Columbians.	Tessa Graham	a) Report on the health status, health service utilization, trends over time, and forecasts for the future of BC seniors age 65+ b) focus on health status and health services utilization of rural and remote seniors and their unique needs	<b>Target 04/05:</b> Initiate and complete research report	M
<b>Literature review of social isolation</b> Background research on social isolation to form the basis of a pilot project with the BC NurseLine. The report will also fulfill BC's commitment to the F/P/T process as BC is the lead on the working group in this area.	Tessa Graham	a) report outlining social isolation in its various forms among older adults b) focus on the economic impact of social isolation with recommendations on how it can be addressed at the provincial and F/P/T levels	<b>Target 04/05:</b> Complete report Develop recommendations for BC and for F/P/T process	M
<b>Seniors Outreach Counselor Partnership</b> Provide mechanism for HAs to liaise and share information on the success of BCHA's seniors outreach counselor partnership with 411 Seniors Centre and Health Canada.	Tessa Graham	Support one-day forum for HA partners and senior counselors to share information	<b>Target 04/05:</b> Hold forum HAs have plans in place	M



**Population Health and Wellness Service Plan 2004/05**

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**Core Business:** *Stewardship*

**Related Goals** *1) High Quality Patient Care  
2) Improved Health and Wellness for British Columbians  
3) A Sustainable, Affordable Health Care System*

**Objective 3:** *Monitoring, Evaluation and Course Correction – Delivered services meet public needs and are sustainable.*

<b>Activity/Project Name and Description</b>	<b>Accountability</b>	<b>Deliverable/Outcomes or Perf. Measure</b>	<b>Targets</b>	<b>Priority Rating</b>
<b>MOHS Strategy 12: Monitor and report publicly on the health of the British Columbia population</b>				
<b>Provincial Health Officer's Annual Reports</b> Support the production of the PHO's Annual Reports.	Tom Gregory Kersteen Johnston	Support the production of the PHO's Annual Reports, including: <ul style="list-style-type: none"> <li>• Air Quality and Health</li> <li>• Food Security</li> <li>• Diabetes in BC</li> <li>• Drinking Water</li> </ul>	<b>Target 04/05:</b>	M
<b>Provincial Health Officer's Annual Reports</b> Support the tracking of the PHO's recommendations.	Tom Gregory	Support tracking of PHO's Annual Report recommendations, including: <ul style="list-style-type: none"> <li>• Children-in-Care Mortality Update</li> </ul>	<b>Target 04/05:</b>	M
<b>Participate in the National Diabetes Surveillance System Project</b> Note: Subject to Health Canada funding.	Tom Gregory	Measure the incidence, prevalence, complications, and costs of diabetes in BC with projections for the future and Aboriginal analysis	<b>Target 04/05:</b> Develop and implement surveillance system	M

**Population Health and Wellness Service Plan 2004/05**

**Core Business:** *Corporate Management*

**Related Goal:** *3) A Sustainable, Affordable Health Care System*

**Objective 1:** *Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services.*

Activity/Project Name and Description	Accountability	Deliverable/Outcomes or Perf. Measure	Targets	Priority Rating
<b>MOHS Strategy 13: Implement Human Resource Management Plan</b>				
Employees comprehension of vision, mission, and goals of PHW and the Ministry and their role in assisting to achieve these goals	PHW Exec	Percentage of employees who indicate comprehension of vision, mission, and goals and their role in assisting to achieve these goals	<b>Target 04/05:</b>	M

**Core Business:** *Corporate Management*

**Related Goal:** *3) A Sustainable, Affordable Health Care System*

**Objective 2:** *Sound management practices in place.*

Activity/Project Name and Description	Accountability	Deliverable/Outcomes or Perf. Measure	Targets	Priority Rating
<b>MOHS Strategy 14: Embed sound business practices and a business management culture within the Ministry</b>				
Integrated service plan and HR plan	Tom Gregory	Develop integrated service plan and HR plan	<b>Target 04/05:</b> integrated service plan and HR Plan in place	M

**Core Business:** *Services Delivered by Partners, Stewardship and Corporate Management*

**Related Goals:** *1) High Quality Patient Care  
2) Improved Health and Wellness for British Columbians  
3) A Sustainable, Affordable Health Care System*

**Objective:** *Initiatives not directly related to achieving Ministry strategic priorities*

Activity/Project Name and Description	Accountability	Deliverable/Outcomes or Perf. Measure	Targets	Priority Rating
<b>Other Projects</b>				
Further develop a partnership between BC and Eastern Cape Province, South Africa	Brian Emerson		<b>Target 04/05:</b>	M

## **Appendix 1**

### **Population Health and Wellness Activities**

**How they fit within the Overall  
Ministry of Health Services Service Plan  
2004/05 – 2006/07**

**Appendix 1**  
**Population Health and Wellness Activities – How they fit within the Overall Ministry of Health Services Service Plan 2004/05 – 2006/07**

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**Services Delivered by Partners**

*Goals:*           1) *High Quality Patient Care*

**Objective 1: Provide care at the appropriate level in the appropriate setting by shifting the mix of acute/institutional care to more home/community care**

Priority Strategy 1:	Hospital Admissions Prevention through Increased Community Care Options – prevent unnecessary hospitalizations by providing patients with better access to family physicians, specialists and other providers and services in the community.  <i>Priority Perf. Measure 2: BC NurseLine Use Rates</i>
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Priority Strategy 2: Post-Acute (hospital care) Alternatives – provide appropriate community health support to enable timely discharge of patients from hospital once the need for acute medical care has ended.

Priority Strategy 3: Effective Management of Acute Care Services in Hospitals – plan for and manage the demand on emergency health services and surgical and procedural services.

Priority Strategy 4:	Alternatives to Institutional Care – help elderly and disabled individuals avoid institutionalization and remain as independent as possible in their own homes and communities by increasing the range of supportive housing environments and community care options, while reserving residential institutions for patients with the most complex care needs.  <i>PHW Activity: Assisted Living</i>
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Priority Strategy 5:	Build the Foundation for Integrated Care Networks – a) connect physicians and other health care professionals to diagnostic services, hospitals, and each other; b) provide a continuum of services in each health authority for mental health and addictions patients that better integrates primary, secondary, community and tertiary care and is integrated with the larger care networks.  <i>PHW Activity: Autism Assessment and Diagnosis</i>
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**Appendix 1**  
**Population Health and Wellness Activities – How they fit within the Overall Ministry of Health Services Service Plan 2004/05 – 2006/07**

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**Services Delivered by Partners, Continued**

*Goals:*           1) *High Quality Patient Care*

**Objective 2: Provide tailored care for key segments of the population to better address their specific health care needs and improve their quality of life**

Priority Strategy 6:   Better Care for People with Extensive Care Needs – provide integrated care and targeted services for patients who have extensive health care needs to more effectively manage their contact with healthcare services.

Priority Strategy 7:   Better Care for People with Chronic Conditions – increase the emphasis on the effective management of chronic diseases (e.g., diabetes) to prevent or slow disease progression.

Priority Strategy 8:   Better Care for the Dying – expand palliative care services to provide dying people with greater choice and access to services.

Priority Strategy 9:   Improve Health Status for Aboriginal Peoples – support initiatives to improve Aboriginal health through the formalized participation of Aboriginal people in the planning and delivery of health care.

*Priority Perf. Measure 14:* Improve health status for Aboriginal peoples measured by: a) Status Indian infant mortality and b) Status Indian life expectancy

*PHW Activity:* Aboriginal Health Plans

*PHW Activity:* Provincial Aboriginal Health Services Strategy

**Appendix 1**  
**Population Health and Wellness Activities – How they fit within the Overall Ministry of Health Services Service Plan 2004/05 – 2006/07**

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**Services Delivered by Partners, Continued**

*Goals:*           2) *Improved Health and Wellness for British Columbians*

**Objective 3: Keep people as healthy as possible by preventing disease, illness and disability and slowing the progression of chronic illness to minimize suffering and reduce care costs in the future**

Priority Strategy 10: Enhancing Self-Care and Self-Management – support individuals’ self-management efforts to help healthy people stay healthy and allow people with chronic conditions to better manage their condition.

*PHW Activity:* Action Schools! BC

*PHW Activity:* Alternative HealthGuide Handbooks

*PHW Activity:* BC NurseLine pilot project to reduce social isolation among older adults

*PHW Activity:* Best Chance Series

*PHW Activity:* Chronic Disease Management Module for BC NurseLine

*PHW Activity:* Chronic Disease Prevention Initiative

*PHW Activity:* Provincial Women’s Health Strategy

*PHW Activity:* Seniors Health Component to the BC HealthGuide Program

Priority Strategy 11: Protection From Disease or Injury – protect public health by implementing core public health prevention and protection programs (e.g., food and water safety programs, immunization programs, falls).

*Priority Perf. Measure 16:* Immunization Rates – a) two-year olds with up-to-date immunizations; and b) influenza immunization for residents of care facilities.

*PHW Activity:* Alcohol and other Drug Prevention

*PHW Activity:* A Profile of BC Seniors

*PHW Activity:* Community Care Licensing

*PHW Activity:* Drinking Water

*PHW Activity:* ECP Public Awareness Program

*PHW Activity:* Food Safety

*PHW Activity:* HIV/AIDS

*PHW Activity:* Immunization

*PHW Activity:* Injury Prevention

*PHW Activity:* Tobacco Strategy

**Appendix 1**  
**Population Health and Wellness Activities – How they fit within the Overall Ministry of Health Services Service Plan 2004/05 – 2006/07**

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**Services Delivered by Partners, Continued**

*Goals: 3) A Sustainable, Affordable Health Care System*

**Objective 4: Manage within the available budget while meeting the priority needs of the population**

Priority Strategy 12: Service Quality Enhancement – ensure clinical services are organized and delivered safely, cost-effectively and at a high quality.

Priority Strategy 13: Managing within Budget Allocation – manage the delivery of services within budget.

*PHW Activity:* Budget management and accountability

**Appendix 1**  
**Population Health and Wellness Activities – How they fit within the Overall Ministry of Health Services Service Plan 2004/05 – 2006/07**

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**Services Delivered by Ministry**

- Goals:*
- 1) *High Quality Patient Care*
  - 3) *A Sustainable, Affordable Health Care System*

**Objective 5: Provide clients with equitable and timely access to services directly delivered by the ministry.**

Priority Strategy 14: Better Integrate the BCAS Within the Overall Health Services System – review the ambulance service to ensure it is governed, managed and delivered by the most appropriate means and most appropriate providers to meet the needs of British Columbians.

Priority Strategy 15: Improve Registration Services to the Public – review the MSP and Pharmacare registration criteria and processes to ensure they provide appropriate and timely services to British Columbians and are managed and delivered by the most appropriate and efficient means.

Priority Strategy 16: Provide Timely, High-Quality Vital Statistics Services to the Public – pilot an electronic service for the registration of births and deaths; maintain customer satisfaction levels while implementing nationally mandated identification security measures; and improve direct electronic access to users of vital event health related information products from the VISTA data warehouse to support health planning and surveillance activities.



**Appendix 1**  
**Population Health and Wellness Activities – How they fit within the Overall Ministry of Health Services Service Plan 2004/05 – 2006/07**

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**Stewardship**

- Goals:*
- 1) *High Quality Patient Care*
  - 2) *Improved Health and Wellness for British Columbians*

**Objective 1: Direction – government’s strategic direction is clearly defined and communicated and guides service delivery**

MOHS Strategy 1: Translate health care needs into clear strategic direction and measurable expectations that will guide operational management and delivery of health services.

MOHS Strategy 2: Facilitate the delivery of health services by partners through the development and use of best practice guidelines, standards and protocols.

MOHS Strategy 3: Protect public health (the health of the public) by articulating expectations for core public health prevention and protection activities (Core Functions for Public Health), including standards for their delivery.

*MOHS Perf. Measure 4:* Priority programs developed for prevention and protection (Core Functions for Public Health)

*PHW Activity:* Core Functions for Public Health

*PHW Activity:* Development of a renewed *Health Act*

MOHP Strategy 4: Enhance the quality and accountability of self-regulated health care professionals in BC by developing a regulatory framework to support and guide their work.

MOHS Strategy 5: Develop coordinated system-wide approaches for responding to major public health risks and epidemics (e.g., SARS, West Nile, influenza, meningitis and obesity).

*PHW Activity:* Emergency Management

*PHW Activity:* BC NurseLine Contingency Planning Process

**Appendix 1**  
**Population Health and Wellness Activities – How they fit within the Overall Ministry of Health Services Service Plan 2004/05 – 2006/07**

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**Stewardship, Continued**

- Goals:*
- 1) *High Quality Patient Care*
  - 2) *Improved Health and Wellness for British Columbians*

**Objective 2: Support – supports are in place to facilitate the achievement of strategic priorities, and barriers to change have been removed**

MOHS Strategy 6: Make data accessible, with due attention to quality, security and privacy protection, to support evidence-based planning of patient care and clinical decision making by partners (e.g., Electronic Health Record; CDM registries; inter-provincial/national data collection standards and registries).

MOHS Strategy 7: Provide legislative, regulatory and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively. <i>PHW Activity:</i> Deregulation Initiative
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MOHS Strategy 8: Ensure the health care system has the capacity to meet the population's health needs by developing provincial plans for the supply and effective use of health care professionals, facilities and infrastructure.

MOHS Strategy 9: Support health research and create opportunities for health partners to share knowledge and best practices to facilitate continuous improvement in service delivery. <i>PHW Activity:</i> How Healthy are BC Seniors <i>PHW Activity:</i> Literature Review of Social Isolation <i>PHW Activity:</i> Seniors Outreach Counselor Partnership
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**Appendix 1**  
**Population Health and Wellness Activities – How they fit within the Overall Ministry of Health Services Service Plan 2004/05 – 2006/07**

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**Stewardship, Continued**

- Goals:*
- 1) *High Quality Patient Care*
  - 2) *Improved Health and Wellness for British Columbians*
  - 3) *A Sustainable, Affordable Health Care System*

**Objective 3: Monitoring, Evaluation and Course Correction – delivered services meet public needs and are sustainable**

MOHS Strategy 10: Develop an effective monitoring and evaluation framework for services provided by health authorities and other system partners (e.g., health professions).

MOHS Strategy 11: Monitor financial status to ensure overall health system costs stay within budget.

MOHS Strategy 12: Monitor and report publicly on the health of the British Columbia population.

*PHW Activity:* Provincial Health Officer's Annual Reports (support production)

*PHW Activity:* Provincial Health Officer's Annual Reports (support tracking of recommendations)

*PHW Activity:* Participate in the National Diabetes Surveillance System Project

**Appendix 1**  
**Population Health and Wellness Activities – How they fit within the Overall Ministry of Health Services Service Plan 2004/05 – 2006/07**

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**Corporate Management**

*Goals:*            3) *A Sustainable, Affordable Health Care System*

**Objective 1: Appropriate organizational capacity to manage the health care system and efficiently deliver necessary services**

MOHS Strategy 13:	Implement Human Resource Management Plan <i>PHW Activity:</i> Employees comprehension of vision, mission and goals of PHW and the Ministry and their role in assisting to achieve these goals
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**Objective 2: Sound management practices in place**

MOHS Strategy 14:	Embed sound business practices and a business management culture within the Ministry. <i>PHW Activity:</i> Integrated Service Plan and HR Plan
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