

Ministry of Health Services

Population Health and Wellness

Service Plan 2005/06

Strategic Investments in Public Health



**Ministry of Health Services
Population Health and Wellness
April 2005**

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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. Division and branch plans are more detailed, internal operating plans that support the ministry-level service plan.

The focus of division service plans for 2005/06 is to articulate how the divisions' programs and activities support the ministry objectives and strategies and to list projects supporting the ministry goals.

Division plans help focus the development of Assistant Deputy Minister (ADM) Performance and Development Plans and act as a performance agreement between the ADM and the Deputy. Division and branch service plans also provide the framework for the development of staff Employee Performance and Development Plans (EPDPs) and link staff activities to achieving the ministry objectives.

It is expected that division/branch plans will evolve over time with annual refinement, and mature into an integrated "Corporate Planning Process" that informs the development of the ministry service plan and also serves as a decision-making document to support budget submissions.

2.0 Accountability Statement

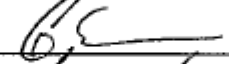
2.1 Consistency with the Ministry Service Plan

In the last three years, significant progress was made within the Ministry in setting the organizational and directional foundation for an integrated, accountable, health services system that responds to the needs of the public within a fiscally sustainable framework. This work focused upon the services delivered by partners and by the Ministry. In the next three years, increasing public health capacity will be an integral piece of the redesign and reform of the Ministry. The public health system is being constantly redesigned to address the needs of the population in more innovative, appropriate, and efficient ways.

The Population Health and Wellness Service Plan 2005/06 is based upon, and supports, the current goals, objectives, and strategies of the Ministry of Health Services 2005/06–2007/08 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. See Appendix 1 for the *Goals, Objectives, Strategies and Results, Ministry of Health Services 2005/06 – 2007/08 Service Plan*, which has provided the overall structure for the Population Health and Wellness plan.

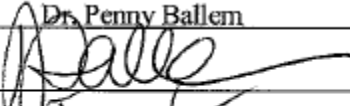
2.2 ADM Accountability Statement

The 2005/06 Population Health and Wellness Service Plan has been prepared under my direction. This plan explains how the Division's programs and activities support the ministry service plan goals, objectives, and strategies. I am accountable to the Deputy Minister for achieving the objectives in this plan.

ADM	<u>Andrew Hazlewood</u>
Signature:	<u></u>
Date:	<u>May 25/05</u>

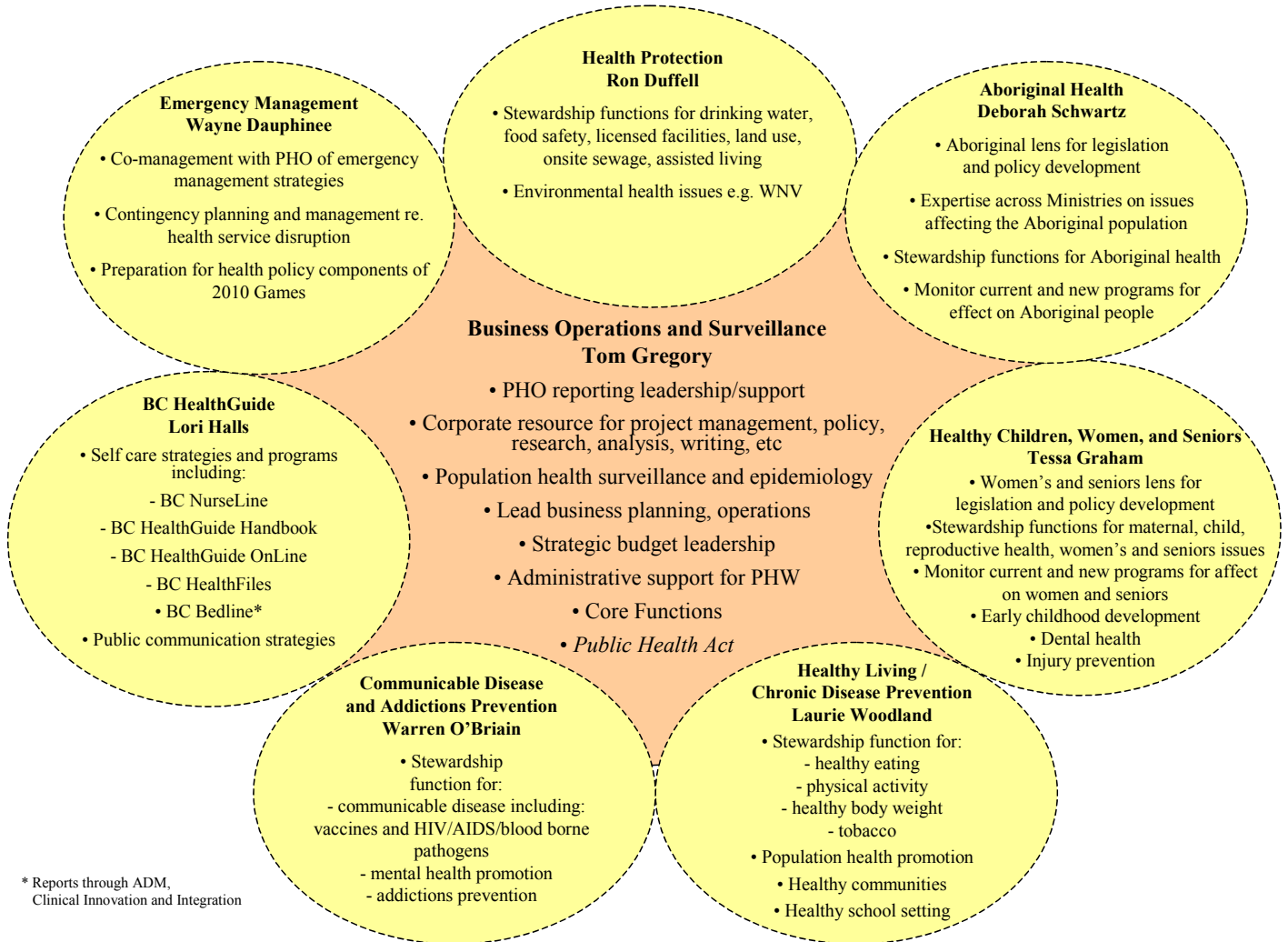
2.3 Deputy Minister Sign-off of Consistency with the Ministry Service Plan

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

Deputy Minister	<u>Dr. Penny Ballem</u>
Signature	<u></u>
Date:	<u>June 17/05</u>

3.0 Strategic Context

3.1 Organizational Structure



3.2 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 invests strategically, based on the best available research data and evidence of best outcomes. It facilitates best practice development and evaluation of legislation, policies, strategies, best practices, and performance expectations.

Population Health and Wellness program areas provide strategic outcomes expertise to the Ministry on the development of performance measures and core function delivery expectations, supported by evidence-based research. Population Health and Wellness program areas influence other sections of the health care system, 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 population health and wellness initiatives on behalf of British Columbia. The following eight areas make up Population Health and Wellness.

3.2.1 Aboriginal Health

- Provides an Aboriginal lens to health legislation and policy development, strategic priorities, and program development to ensure the Ministry and health authorities take Aboriginal issues into consideration when delivering services, and to ensure Ministry and health authorities planning processes identify and address the health needs of Aboriginal people.
- 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 in their relationship with the Aboriginal community, with respect to health planning, and culturally appropriate and sensitive service delivery.
- Provides support and advice to other Ministries in support of key government priorities concerning the Aboriginal population, including Treaty Negotiations and the Provincial Aboriginal Social and Economic Strategy.

3.2.2 BC HealthGuide

- Provides 24/7 access to 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.

- Manages BC Bedline, the provincial critical and acute care bed management system which consists of two components: an Internet-based bed registry for hospitals throughout the province to report their bed availability, and a toll-free, 24/7 call centre for physicians to call and receive assistance with facilitating patient transfers.

3.2.3 Business Operations and Surveillance

- Leads/coordinates Population Health and Wellness's contribution to Performance Agreements and Health Service Redesign Plans, and the development of Core Functions in Public Health, legislation (*Public Health Act*), planning (Division Service Plan, Ministry Service Plan), policy, standards, and other Population Health and Wellness initiatives, to ensure health authority accountability for population health and wellness outcomes.
- Leads/coordinates the development of system renewal and program strategies to ensure the consistent development of performance indicators, standards, and business case rationales;
- Provides research, analytical, epidemiological, project management, and administrative support, to the Provincial Health Officer and Assistant Deputy Minister.
- Provides leadership and analytical advice with regard to management information resources and population health and disease 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.

3.2.4 Communicable Disease and Addictions Prevention

- Develops policy frameworks and sets provincial targets and standards for mental and sexual health promotion, communicable disease prevention, problematic substance use prevention and harm reduction.
- Monitors provincial progress and facilitates improved system performance by:
 - Supporting partners in collaborative planning, and active engagement of population groups in planning, policy and program development, and service delivery and utilization;
 - Supporting horizontal and vertical integration of system structures and processes;
 - Monitoring system compliance with accountability principles;
 - Compiling, interpreting and disseminating trend, performance, and best practice information in user friendly formats;
 - Facilitating exchange of approaches and lessons learned among partners, and practical application of new knowledge; and
 - Working with partners to ensure resource allocation and organizational capacity are appropriate to implement policy frameworks and achieve provincial targets.

3.2.5 Emergency Management

- Provides leadership in health emergency management for British Columbia's health sector.
- Develops comprehensive emergency management strategies in consultation with the Office of the Provincial Health Officer, and provides 24/7 health emergency response coordination for the province.
- Facilitates and implements an integrated provincial disaster health services program and provides emergency and business continuity management advice and operational guidance.
- Develops and maintains partnerships with other provincial, federal, and local government emergency management agencies that will contribute to a sustainable, resilient health emergency response capability.
- Leads the development and coordination of the provincial health services component for the 2010 Olympic and Paralympic Winter Games.

3.2.6 Health Protection

- 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.

3.2.7 Healthy Children, Women and Seniors

- Ensures the Ministry and the health sectors take into consideration children's, women's, seniors', and injury prevention issues when delivering services and in their planning processes.
- 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 children, women, and seniors are identified and addressed.
- Leads the development and assessment of strategies and policies, including injury prevention, dental health, seniors, maternal, and child health.

3.2.8 *Healthy Living and Chronic Disease Prevention*

- Leads the implementation of ActNow BC, a program to promote healthy lifestyles and prevent disease by providing people with the information and resources they need to make healthy lifestyle decisions.
- Develops legislation and regulatory measures for tobacco control and policy and guidelines for nutrition.
- Facilitates the development of a Chronic Disease Prevention Action Plan and implementation of related initiatives.
- Provides expert advice for program-specific policies and strategies including: school health, healthy eating, physical activity, healthy body weight, and tobacco reduction.
- Provides research, analytical, and project support to school health, healthy eating, physical activity, healthy body weight, and tobacco initiatives.
- Leads the development and assessment of population health promotion strategies and policies to support healthy schools, workplaces, and communities.

3.3 Ministry Vision

A health system that supports people to stay healthy, and when they are sick provides high quality public health care services that meet their needs where they live and when they need them.

3.4 Ministry 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.

3.5 Ministry Values

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

- **citizen and patient 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 quality, effective, evidence-based services in a cost effective way.
- **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.

4.0 Planning Context

Public health is the organized effort of society to protect and improve the health and well-being of the population through health monitoring, assessment, and surveillance; health promotion; reducing inequalities in health status; prevention of disease, injury, disability, and premature death; and protection from environmental and other hazards to health. This is done through an appropriate balancing of the rights and responsibilities of individuals and organizations and the responsibility of government to protect and promote health.

Public health shares the same goals as the rest of the health care system—to reduce premature death and to minimize the effects of disease, disability, and injury. The direct cost of illness in British Columbia in 1998 was almost \$11 billion, while the indirect cost, measured as the value of economic output lost, was a further \$11 billion (Health Canada, 2002). These costs place a burden on the provincial economy and make it difficult to achieve the Government of British Columbia's goals of a strong and vibrant provincial economy, a supportive social infrastructure, safe and healthy communities, and a sustainable environment, as well as its health goals of improving the health and wellness of British Columbians, and creating an affordable and sustainable health care system.

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.

Population Health and Wellness Performance Measures are outlined in Appendix 2 *Public Health Related Performance Measures, Ministry of Health Services 2005/06 – 2007/08 Service Plan* and Appendix 3 *Other Public Health Related Performance Measures*.

4.1 The Need to Strengthen Public Health Infrastructure

In 2004/05, Population Health and Wellness program areas continued work on various initiatives that fit within the overall strategic context of the Ministry's goals, and were also tasked with various new and exciting initiatives based upon the increasing focus of government on public health. This increased focus is Canada-wide, as all levels of government are realizing the benefits of investment in public health and the need to strengthen public health infrastructure. Various reports that highlight these findings include:

- *The Path to Wellness: Making British Columbians Healthier by 2010* – the report by the Select Standing Committee on Health (November 2004) focuses primarily on threats of poor diet, inactivity, and obesity. The report recommends:
 - increasing funding for public health activities from about 3 per cent of total health expenditures each year to at least 6 per cent.
 - maximizing school and community settings to promote healthy living initiatives around diet, tobacco and alcohol use, and physical fitness;
 - encouraging business and industry to adopt workplace wellness initiatives; and

- o actions in the areas of injury prevention and early childhood development to reduce the toll of preventable health problems through effective injury surveillance and a higher profile for injury prevention research, and more proactive action in early identification and treatment of early childhood problems.
- *Learning From SARS: Renewal of Public Health in Canada. A Report of the National Advisory Committee on SARS and Public Health* (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 to strengthen British Columbia’s core public health functions.
- *The Future of Public Health in Canada* (the CIHR Report) – the report by the Canadian Institutes of Health Research (June 2003) discusses the current state of Canada’s public health system and how it can be better structured and resourced. The recommendations of this report fit well with some of the current Ministry initiatives. For example:
 - o Clearly Defined Essential Functions
 - The Ministry’s Core Functions for Public Health is establishing the essential functions of the public health system within British Columbia.
 - o Consistent, Modern Legislation
 - The *Public Health Act* development is an attempt to modernize the existing *Health Act* and make it better serve public health in the 21st century.
 - The *Drinking Water Protection Act* provides authority over drinking water from source to tap, clear accountability for drinking water officers, and an improved regulatory framework by building on the strengths of existing public health programs.
 - The *Community Care and Assisted Living Act* streamlines, updates, and modernizes the regulation of community care and child care facilities.
 - The *Food Safety Act* maintains high food safety standards while reducing the statutory burden for British Columbia’s agri-food industry.
 - The *Tobacco Sales Act* restricts youth access to tobacco and sends an important message that tobacco requires close regulation and its use is unhealthy.
 - o Accountability Mechanisms
 - One of the purposes of the performance agreements with the health authorities is to hold health authorities accountable for the services they provide, including public health services.
 - The Health Service Redesign and Budget Management Plans link health authority system redesign planning, budget management activities, and performance agreements, to the Ministry’s Service Plan goals, objectives, and performance measures.
 - The Ministry Service Plan includes objectives, strategies, and performance measures for British Columbia’s health care system and for the Ministry of Health Services. The plan reports on our progress and sets new milestones for coming years.

All of the reports noted above provide an opportunity to reinforce the importance of public health in Canada and British Columbia. As part of its stewardship role, and in recognition of these recent national reviews of public health, the Ministry of Health Services is committed to renewing and strengthening public health in BC.

4.2 Strategic Shifts and Changes

As a result of the renewed focus on public health outlined in the section above, Population Health and Wellness program areas have been moving forward on many substantial and innovative initiatives. These are outlined below, along with an explanation of what we will be focusing on in the years to come.

ActNow BC

What is it? A strategic, cross-government and cross-sectoral initiative with the overarching goal of striving to make BC one of the healthiest jurisdictions ever to host an Olympic Games through the promotion of physical activity, healthy eating, living tobacco free, and healthy choices during pregnancy. ActNow BC takes a unique approach to health and wellness; it targets common risk factors for chronic diseases and takes an integrated approach to reducing these risk factors. In the past, prevention strategies have focused primarily on one disease at a time or single risk factors, such as smoking. ActNow BC also provides a unifying brand for everyone to use in their efforts to produce a healthy British Columbia.

What are we doing about it? ActNow BC really started to take form in 2004/05. Premier Campbell kicked off the new campaign with a walk in his riding of Point Grey on March 19, 2005. In 2005/06, Population Health and Wellness will continue with its stewardship role—coordinating, implementing, and evaluating the various programs, and endeavouring to meet the targets it has set to accomplish by 2010.

In addition to the initiatives already underway, PHW will continue to work hard to *promote physical activity* by facilitating the development and implementation of programs like Action Schools! BC, active communities, and parent oriented preschool resources; to *promote healthy eating* by moving forward on the development and implementation of initiatives including BC.NutritionFacts, BC Nutrition Guide, and the Community Food Action Grants; to encourage and assist tobacco users to *live tobacco free* by developing and supporting programs and strategies to stop youth and young adults from starting to use tobacco, encouraging tobacco users to quit or reduce, and exploring options to protect people from exposure to second-hand smoke; and to encourage women to *make healthy choices during pregnancy* by enhancing healthy pregnancy initiatives and encouraging women to reduce/avoid alcohol use and tobacco use during pregnancy.

Grant funding of \$5 million has also been provided to the Union of British Columbia Municipalities for the Community Health Promotion Fund. The fund supports organizations, particularly partnerships, in developing health promotion initiatives that focus on healthy living and chronic disease. Initially, eligible organizations will be local governments and partnerships that include a local government and other organizations.

Core Public Health Functions

What is it? As a critical component of public health renewal, Core Functions in Public Health is a means to establish the essential functions of the public health system within British Columbia. The *Framework for Core Functions in Public Health* provides a framework to help strengthen public health and improve population health in British Columbia. It is the intent of the Ministry of Health Services that Core Functions in Public Health will identify the key set of public health services that health authorities will provide and will strengthen the link between public health, primary care, and chronic disease

management. Core Public Health Functions are targeted to one of the four general areas of: health improvement; disease, disability, and injury prevention; environmental health; or health emergency management.

What are we doing about it? The resource document, *A Framework for Core Functions in Public Health*, was finalized in March 2005, and is available on the Ministry of Health Services website. This document is the more detailed companion document to *Public Health Renewal in British Columbia: An Overview of Core Functions in Public Health*, which was released earlier in the year, and is also available on the Ministry website.

The Health Authority Health Service Redesign Plans Instruction Package, sent to the health authorities in March 2005, requested that health authorities identify their core public health functions using the resource document. This request was further clarified to state that, although a detailed gap analysis was not necessary at this time, health authorities should identify any public health core function gaps that are of major concern to the health authority, and that might impede the implementation of ActNow BC; hearing, dental disease prevention, and vision case finding initiatives; public health immunization programs; and emergency management. The gap identification will allow health authorities to identify core public health functions that need to be enhanced to meet government's goal of renewing public health in British Columbia.

The Core Functions Framework is being established to meet government's goal of renewing public health in BC—a goal that is supported by the strategic reinvestments in public health of \$8 million, \$16 million, and \$24 million from 2005/06 through 2007/08. In consultation with the health authorities, Population Health and Wellness will continue working on establishing a public health performance improvement process; developing evidence, best practice, and performance measures documents for each core function; identifying the gap between core functions and what services are actually provided; and reviewing data needs. In addition to strategic reinvestments in public health, regional health authorities received \$100,000 in 2004/05, and will receive \$100,000 in each of the 2005/06 and 2006/07 fiscal years, to assist in the ongoing development of Core Public Health Functions.

Strategic Reinvestment in Public Health

What is it? The provincial government has a goal of renewing public health in British Columbia. This goal will be supported by investments in public health of *\$8 million*, *\$16 million*, and *\$24 million* over the next three fiscal years, starting in 2005/06.

What are we doing about it? This funding will go towards increased public health capacity, with Core Functions in Public Health being used as a guide to developing this capacity. The Ministry's expectation is that this funding will be used to enhance public health program capacity within the health authorities. As identified in the Ministry's Service Plan, strong public health services benefit the health system as a whole, as reductions in disease, disability, and injury can reduce the pressure on the acute care sector.

BC's Public Health Act Renewal Project

What is it? Public health legislation is a cornerstone of effective public health action. New health challenges require legislation that is modern, coherent and connected, comprehensive, and flexible to meet emerging needs. The current legislation is outdated, fragmented, and has many gaps. A new public health act provides the opportunity to establish a rational approach

for the development and revision of future public health legislation. This will support and facilitate world-class public health services that promote the best possible health outcomes for British Columbians and visitors to the province. This project will modernize the existing legislation to better serve public health in the 21st century.

What are we doing about it? The *Public Health Act* consultation website was activated in February 2005. Consultations will take place up to December 2005. Our goal is to have the new Act ready to table in Spring 2006. More information is available at <http://www.healthservices.gov.bc.ca/phact/index.html>.

Public Health and Immunization Trust Fund

What is it? In 2004/05, the federal government committed \$400 million per year for three years to go towards a National Immunization Strategy (BC's share is \$13.244 million for 2005/06) and towards the enhancement of public health (BC's share is \$4.415 million for 2005/06). This is the largest investment in public health programming in recent years. British Columbia expects that future investments will also be made as Canada develops its Public Health Strategy.

What are we doing about it?

Public Health Initiatives: Through the trust fund, enhancements to drinking water protection, emergency management, West Nile Virus control, HIV/AIDS follow up, meat inspection, and core programs implementation have also been provided.

Childhood and Adolescent Vaccine Program Enhancements: BC has been able to introduce a number of new programs to infants, adolescents, and high-risk populations, as outlined below.

Varicella Program

- In September 2004, BC introduced a varicella program targeting all grade 6 and kindergarten children. Earlier in 2004, BC funded a targeted varicella program for high-risk groups and health care workers. In January 2005, the varicella program expanded to include all infants at 12 months of age.
- For 2005/06, we have maximized the budget to implement additional one to two year catch-up programs. Beginning April 1, 2005, all children aged 18 to 48 months will be eligible for the chickenpox vaccine (this is a one year catch-up program to ensure that those who weren't eligible for the infant and kindergarten vaccine program can now get it).
- Also in April 2005, all susceptible women of childbearing age are now eligible for the varicella vaccine (ages 15 to 45). This will further prevent complications as chickenpox can be fatal for an infant, if the mother contracts the illness while pregnant.

Influenza Program

- In September 2004, BC introduced an influenza vaccination program for children ages 6 to 23 months old and household/close contacts of all infants aged 0 to 23 months.

Meningococcal Program

- In September 2004, BC introduced a grade 9 catch-up meningococcal C program. This program will run for one more year.

- In September 2005, BC will add a grade 12 catch-up program to run over two years. By adding this program BC ensures that by the end of 2006/07, all adolescents from grade 6 to grade 12 will have been offered the meningococcal C conjugate vaccine.
- In June 2005, all infants born on or after April 1, 2005, will be eligible for the meningococcal C conjugate vaccine. This is a full seven months ahead of the original implementation date of January 2006. The 12-month program will continue to ensure long term protection.

Screening and Case Finding Initiatives

What is it? Primary screening programs are one method of achieving improvement in early childhood development. This is an integrated, cross-ministry strategy for universal infant hearing screening, enhanced dental disease prevention initiatives for infants and preschoolers, and a population health-based "case finding" approach to identify preschool children with vision impairment problems.

What are we doing about it?

Hearing screening: *A Sound Start* will provide universal hearing screening to all babies born in British Columbia and will be implemented over the next five years.

Dental disease prevention: This initiative promotes and educates people on good oral health by identifying children at risk and screening those children for dental decay.

Vision "case finding": these initiatives will ensure that preschool and kindergarten teachers and parents have important information on children's eye health and vision, and that children with vision impairment receive early intervention and treatment.

West Nile Virus

What is it? West Nile Virus is an arbovirus that cycles in nature between mosquitoes and birds and may be passed by mosquitoes to humans. It is also transmissible through blood and blood products, and transmission may also occur from human to human via organ transplant, blood transfusion, intrauterine and laboratory-acquired infections.

West Nile Virus was introduced into North America in New York in 1999, and has moved swiftly westward. Surveillance of birds, mosquitoes, and horses has found the virus in every province and state in western North America except BC and Alaska.

What are we doing about it? The Ministry plays a stewardship role in coordinating with other ministries, federal government, British Columbia Centre for Disease Control, local governments and First Nations to ensure an effective province-wide strategy is in place to reduce the risk of West Nile Virus to British Columbians.

The Ministry granted \$5 million to the Union of British Columbia Municipalities, which will be distributed to local governments and First Nations. This funding will assist these local authorities in performing mosquito control activities on land within their jurisdictions, as well as on crown land adjacent to their jurisdictions.

The Ministry also holds a Pesticide Use Permit from the Ministry of Water, Land and Air Protection for mosquito control that can be used, as needed, province-wide by local governments or medical health officers in the event of an impending public health hazard.

This will allow local governments or health authorities to act as agents for the Minister to apply larvicides and adulticides to control mosquitoes that may carry West Nile Virus up until December 31, 2005.

Drinking Water

What is it? On June 19, 2002, Cabinet approved the Action Plan for Safe Drinking Water in British Columbia. The Action Plan set out specific principles and actions that Government will undertake to make sure British Columbians enjoy safe, clean, healthy drinking water as effectively, efficiently, and reliably, as possible. On May 16, 2003, the Ministry brought the *Drinking Water Protection Act* into force, passed a new Drinking Water Protection Regulation, and repealed the Safe Drinking Water Regulation.

The new legislation provides authority over drinking water from source to tap; clear accountability for drinking water officers; and an improved regulatory framework by building on the strengths of existing public health programs.

What are we doing about it? An Assistant Deputy Ministers Coordinating Committee, chaired by the Ministry of Health Services, has been established as an oversight and policy making function, and a cross government Directors Committee has been established to monitor activities related to the drinking water action plan and systemic issues. A provincial drinking water officer has been hired, and drinking water officers in the health authorities have been hired, to work with the Drinking Water Leadership Council to ensure provincial standards are developed and maintained.

To date, the following measures have been achieved under the plan:

- A cross-government, coordinated approach to ensure proper integration of water protection measures;
- Increased capacity at the British Columbia Centre for Disease Control to meet new microbiological sampling frequency for drinking water;
- The Ministry of Water, Land and Air Protection introduced new regulations to protect groundwater supplies;
- A provincial drought management plan has been developed to provide communities with planning tools for water supply and demand management and increased awareness of the real need for water conservation;
- A cross-government information management project team is completing a prototype information system. This will allow each jurisdiction to access comprehensive data and information to support decision-making;
- A rigorous review of the small water systems issues arising out of the *Drinking Water Protection Act* and regulations has been conducted. A report has been compiled with recommendations being tabulated;
- A Drinking Water Leadership Council has been established. This council is comprised of representatives of each health authority, Ministry of Health Services staff, and Ministry of Water, Land and Air Protection staff. The primary responsibility of the council is to develop operational policies and procedures to assist health authority regulators in translating the Act into action; and
- A comprehensive assessment tool has been developed and will be pilot tested with support from partner stakeholder groups.

Emergency Preparedness

What is it? Enhancing the level of provincial health sector emergency preparedness to respond to, and recover from, emergencies and disasters, whether natural (disease outbreak), accidental (HAZMAT), or intentional (terrorism). The new normal for health is an operating environment that requires all components of the health sector to prepare for, respond to, and recover from, extreme events, which may include earthquakes and epidemics to tsunamis and acts of terrorism. Recent events have demonstrated the critical role emergency management plays in mounting a coordinated integrated response to both health specific (SARS), and non-specific (Interface Fires) emergency events. When effectively applied, the emergency management structure provides a mechanism to maximize both the integration and effectiveness critical in supporting disciplines/function and the information flow in support of incident management.

What are we doing about it? Targeted funding has been provided to health authorities to enhance their level of emergency preparedness. The ministry's activities in emergency preparedness and response fit within the recently completed National Framework for Health Emergency Management, which provides a consistent, interoperable approach to health emergencies that respects jurisdictional specificities and priorities. It is consistent with, and supportive of, the British Columbia Emergency Response Management system.

Emergency preparedness, planning, and exercising contribute directly to the Ministry's emergency preparedness capacity. By focusing the ministry's efforts on these elements, we expect to see increased confidence among British Columbia residents that the provincial health system is better prepared to respond and reduces the effects of health-related emergencies.

5.0 Goals, Objectives, Strategies and Results

Ministry Goals	Ministry 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				
	Ministry Objectives	Key Ministry Strategies	Key PHW Activities	Accountability	
Improved Health and Wellness for British Columbians.	Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices	Implement ActNow BC to Promote Healthy Living	<ul style="list-style-type: none"> ActNow BC <ul style="list-style-type: none"> Promoting Healthy Communities Promoting Physical Activity Promoting Healthy Eating Living Tobacco Free Making Healthy Choices During Pregnancy 	Laurie Woodland Laurie Woodland Laurie Woodland Laurie Woodland Laurie Woodland Tessa Graham	
		Support Healthy Childhood Development	<ul style="list-style-type: none"> Hearing Screening Dental Disease Prevention Vision Impairment Case Finding 	Tessa Graham	
		ActionSchools! BC	<ul style="list-style-type: none"> ActionSchools! BC 	Laurie Woodland	
		Provide Access to Health Information and Advice	<ul style="list-style-type: none"> BC HealthGuide Program Initiatives 	Lori Halls	
		Collaborate on Canadian Public Health Strategy	<ul style="list-style-type: none"> Canadian Public Health Goals 	Andrew Hazlewood	
	Protection of the public from preventable disease, illness and injury	Strengthen Core Public Health Services	<ul style="list-style-type: none"> Core Functions for Public Health Public Health and Immunization Trust Fund Immunization Communicable Disease and Addictions Prevention Injury Prevention Health Emergency Management 	Tom Gregory Tom Gregory Warren O'Brien Warren O'Brien Tessa Graham Wayne Dauphinee	
		Coordinate Response to Major Public Health Risks and Collaborate on new Public Health Network	<ul style="list-style-type: none"> West Nile Virus Pandemic Influenza 	Ron Duffell Wayne Dauphinee	
		Reduce Inequalities in Health Status	<ul style="list-style-type: none"> Reduce Inequalities in Aboriginal Health Status Reduce Inequalities for Seniors (promote healthy aging) Reduce Inequalities for Women (optimal physical and emotional health for women of all ages) Reduce Inequalities for Children (healthy physical, social, and emotional development) 	Deborah Schwartz Tessa Graham Tessa Graham Tessa Graham	
	A Sustainable, Affordable, Publicly-Funded Health System	Effective vision, leadership, direction and support for the health system	Provide Appropriate Legislative, Regulatory and Policy Frameworks	<ul style="list-style-type: none"> Deregulation Initiative Develop Renewed Health Act Community Care Licensing Drinking Water Food Safety 	Kersteen Johnston Tom Gregory Ron Duffell Ron Duffell Ron Duffell
		Optimum HR Development to Ensure There are Enough, and the Right Mix of, Health Professionals	Develop Health Human Resource Action Plans	<ul style="list-style-type: none"> Vision, mission, and goals of the Ministry and PHW Public Health Human Resources Plan 	PHW Executive Tom Gregory
Create Safe, Positive Work Environments that Attract and Retain Talented People			<ul style="list-style-type: none"> PHW Culture Shift Workplace Wellness 	PHW Executive Laurie Woodland	
Sound Business Practices to Manage within the Available Budget while Meeting the Priority needs of the Population		Monitor, Evaluate and Report Publicly on Health System Performance and the Health of the Population	<ul style="list-style-type: none"> Support the production of the Provincial Health Officer's Reports Health Authority Performance Agreements Health Service Redesign Plans 	Tom Gregory	
		Embedding Sound Management Practices, including Structured Performance Planning and Monitoring	<ul style="list-style-type: none"> Integrated Service Plan and Budget Process Budget Management 	Tom Gregory	

Goal 1: Improved Health and Wellness for British Columbians

British Columbians are supported in their pursuit of better health through health protection and promotion and disease prevention activities

Objectives:

*Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices
Protection of the Public from Preventable Disease, Illness, and Injury*

5.1 Key Ministry Strategy: *Implement ActNow BC to Promote Healthy Living*

Working with health authority partners and other government ministries and organizations to develop and implement ActNow BC, a program to promote healthy lifestyles and prevent disease by providing people with the information, resources, and support they need to make healthy lifestyle decisions. Specifically, ActNow BC will promote physical activity, healthy eating, living tobacco free, and making healthy choices during pregnancy.

Key PHW Activity	Accountability	Deliverables	Target 2005/06	Rating
ActNow BC				
ActNow BC A program to promote healthy lifestyles and prevent disease by providing people with the information, resources, and support they need to make healthy lifestyle decisions.	Laurie Woodland	a) Ongoing coordination, implementation and evaluation. b) Development of a coordinating and accountability structure. c) Development of a communications plan.	a) Ongoing coordination, implementation and evaluation provided. b) Coordinating and accountability structure in place and functioning. c) Communications plan developed.	H
Promoting Healthy Communities				
Healthy Communities Support organizations in developing health promotion initiatives that focus on healthy eating, physical activity promotion, and tobacco use reduction and prevention through the Community Health Promotion Fund.	Laurie Woodland	Participate in developing the framework to provide grants to government organizations through Union of British Columbia Municipalities.	Grants to communities take place.	H
Promoting Physical Activity				
Active Communities Mobilizing communities to increase physical activity levels.	Laurie Woodland	Facilitate the development of the framework, implementation plan, indicators, and evaluation plan for Active Communities.	Project plan and evaluation plan in place.	H
Chronic Disease Prevention Strategy Develop and implement an integrated, population health approach to the prevention and reduction of chronic disease in BC through physical activity and health eating.	Laurie Woodland	a) Develop a chronic disease prevention action plan that focuses on physical activity and healthy eating. b) Participate in developing the Pan-Canadian Healthy Living Strategy. Assist in development of a plan with clear priorities and achievable outcomes.	a) Approval to proceed with draft strategy and plan for implementation. b) Collaborate on implementation of Healthy Living Strategy initiatives.	M

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Key PHW Activity	Accountability	Deliverables	Target 2005/06	Rating
Promoting Healthy Eating				
Promoting Healthy Eating Develop and begin implementation of Healthy Eating initiatives in ActNow BC and support the Ministry of Agriculture in planning Healthy Eating initiatives in ActNow BC.	Laurie Woodland	a) Develop/begin implementation of initiatives (BC.NutritionFacts; ActionSchools! BC nutrition component; BC Nutrition Guide; ShapeDown pilot project; and Community Food Action Grants). b) Support Ministry of Agriculture in planning initiatives (school fruit and vegetable snack pilot project; partners in healthy eating; agriculture in the classroom; healthy host program; BC Food Industry Awards).	a) Advisory committees for each initiative in place. Project plans for each initiative developed and approved. Pilots completed and decisions made on status. Consultations with major stakeholders completed for each initiative. b) BC Food Industry Awards made. Report on Community Action Grants made.	H
Living Tobacco Free				
Encourage and Assist Tobacco Users to Quit or Reduce their Use of Tobacco Products	Laurie Woodland	Provision of cessation support for British Columbians focusing on youth and young adults.	a) Cessation strategy developed. b) Integrated promotion for QuitNow.ca and QuitNow by phone.	H
Stop Youth and Young Adults from using Tobacco Products	Laurie Woodland	a) Review BC Tobacco Control Regulatory Framework. b) Expansion of Tobacco Free Sports Prevention program.	a) Comparative analysis completed, consultation paper drafted, and options for consideration put forward. b) BC Spit Tobacco Program developed and implemented.	M
Protect British Columbians from Exposure to Second-Hand Smoke	Laurie Woodland	a) Work to ensure tobacco free Olympic Games and associated public health legacy planning. b) Raise awareness related to exposure to second-hand smoke.	a) Tobacco Legacies paper drafted for consideration. b) HealthFiles and other information on exposure to second-hand smoke in vehicles, homes and care situations developed.	
Tobacco Lawsuit An overarching principle of the tobacco strategy is to hold the tobacco industry accountable for the impacts its products have had on the health of British Columbians and on health care costs in the province.	Laurie Woodland	Resolution to, or the continuation of, the lawsuit to hold tobacco industry accountable for the damage its products have done.	Monitor and manage the progression of the lawsuit through regular meetings of the oversight and instructing committees.	M

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Key PHW Activity	Accountability	Deliverables	Target 2005/06	Rating
Making Healthy Choices During Pregnancy				
<p>Enhance Healthy Pregnancy Initiatives To access more pregnant women in order to inform, educate, and/or counsel them about the harm associated with using alcohol during pregnancy.</p>	Tessa Graham	Develop and begin to implement a plan to enhance and expand the reach of perinatal programs and supports to pregnant women.	<p>a) Provincial coordinator in place. b) Project plan and evaluation plan in place.</p>	H
<p>Reduce Alcohol use in Pregnant Women through Training and Education for Service Providers Educate health and other service providers on best practices for counselling pregnant women on the use of alcohol.</p>	Tessa Graham	<p>a) Develop and begin implementation of a plan to educate service providers (starting with public health and pregnancy outreach staff) about best practices in working with pregnant women who may be using alcohol. b) Develop best practices guidelines.</p>	<p>a) Project plan and evaluation plan in place. b) Best practice guidelines in development.</p>	H
<p>Reduce Alcohol Use in Pregnant Women through the Development of Resources Develop materials and other resources for pregnant women in order to inform them of the harm of using alcohol in pregnancy.</p>	Tessa Graham	Provide a scan of current resources on pregnancy and alcohol and develop or revise existing resources.	A written resource that can be adapted for use by each HA.	H
<p>Reducing Tobacco Use In Pregnancy and Postpartum Encourage the reduction and cessation of tobacco use during pregnancy (and postpartum).</p>	Tessa Graham Laurie Woodland	<p>a) Develop/begin implementation of a plan to educate service providers about best practices in working with pregnant and postpartum women who may be using tobacco (including cessation programs). b) Develop best practices guidelines. c) Develop or revise existing resources.</p>	<p>a) Project plan and evaluation plan in place. b) Best practice guidelines in development. c) Written resource that can be adapted for use by each HA available.</p>	H
<p>Enhance BC NurseLine Capacity to Respond to Pregnancy and Postpartum-Related Health and Support Questions</p>	Tessa Graham Lori Halls	Set up an advisory committee to develop a list of topics for enhancement and a plan, with timelines, to do so.	<p>a) Advisory committee set. b) Enhancements in development.</p>	H

5.2 Key Ministry Strategy: Support Healthy Childhood Development

Supporting healthy childhood development through programs to identify problems with hearing, vision, or dental health in children before they reach Grade 1, and providing the supports and services necessary to address their needs.

Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
Hearing Screening				
<p>Early Hearing Loss Detection and Intervention Provides birth screening for congenital hearing loss; ongoing surveillance for later onset hearing loss; assessment for confirmation of hearing status; amplification; early intervention, education of public and service providers, and evaluation.</p>	Tessa Graham	Develop and begin implementation of a provincial plan	<p>a) Plan and timelines developed and implementation begun. b) Process implemented to monitor progress of all HAs.</p>	H
Dental Disease Prevention				
<p>Dental Disease Prevention and Support Programs Enhances community dental public health capacity; increase public awareness of preventive dental practices; increase community dental treatment capacity; enhance diagnostic and treatment services; and increase dental fee schedule to assist low income families.</p>	Tessa Graham	Develop and begin to implement plan.	<p>a) Plan and timelines developed, and implementation begun. Process implemented to monitor HAs progress. b) Baseline data gathered for Performance Measure “% of children in grade 1 cohort showing evidence of visible decay by grade 1”.</p>	H
Vision Impairment Case Finding				
<p>Early Childhood Vision Impairment Case-Finding Enhances community vision public health capacity; enhances vision education and case-finding capacity through immunization child health clinics, <i>Ready, Set, Learn</i> Events, preschools, and day cares; and increases the optical fee schedule to further assist children of low income families.</p>	Tessa Graham	Develop and begin to implement a plan.	<p>Plan and timelines developed and implementation begun. Process implemented to monitor progress of all HAs.</p>	H

5.3 Key Ministry Strategy: *ActionSchools! BC*

Addressing elementary students' physical activity levels and providing them with information on healthy lifestyles through the ActionSchools! BC program.

Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
ActionSchools! BC				
ActionSchools! BC A best practices physical activity and healthy eating model designed to assist schools in creating individualized action plans to promote healthy living.	Laurie Woodland	Disseminate grade 4-7 model; develop, pilot, and disseminate kindergarten – grade 3 and middle school models; and complete evaluation process.	40% provincial dissemination; provide an annual evaluation report of Action Schools! BC.	H

5.4 Key Ministry Strategy: *Provide Access to Health Information and Advice*

Providing British Columbians 24 hour-a-day access to health information, advice, and resources to assist their self-care and self-management by expanding the BC NurseLine and other components of the BC HealthGuide program.

Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
BC HealthGuide Program Initiatives				
Alternative HealthGuide Handbooks	Lori Halls	Engage Punjabi and Chinese communities in development of respective handbooks.	Advisory Committee established; translation services secured.	H
Joint Solution Procurement for BC HealthGuide Services	Lori Halls	Joint Solution Procurement for the BC HealthGuide Services complete.	Contract secured by January 2006.	H
Establish BC NurseLine Transition Structure	Lori Halls	Interim transition team established to ensure integrity of the service during the Joint Solution Procurement Process and through transition to a new services provider if required.	Interim contract with ECOMM secured April 2005. Transition team in place April 2005.	H
BC HealthGuide Website Enhancement	Lori Halls	Redesign and launch enhanced BC HealthGuide OnLine website.	Enhanced website launched by Fall 2005.	M
BC NurseLine Chronic Disease Management Initiative	Lori Halls	a) Pharmacist component test phase initiated with selected primary health care sites in Fraser Health and Northern Health regions. b) Nurse component test phase initiated with selected primary health care sites in Fraser Health and Northern regions.	a) Initiated September 2005. b) Initiated November 2005. Preliminary evaluation results reported March 2006.	M
Primary Health Care Initiative	Lori Halls	Pilot test initiated with selected primary health care sites in Fraser Health region.	Pilot initiated May 2005. Results of pilot test reported March 2006.	M
New Perspectives International Conference on Patient Self-Management	Lori Halls	Lead conference planning in collaboration with UVic Centre on Aging.	Conference held September 12-14, 2005.	M

5.5 Key Ministry Strategy: Collaborate on a Canadian Public Health Strategy

Working with the federal government and other provinces to develop a Pan-Canadian Public Health Strategy, which will set goals and targets for improving the health status of Canadians.

Key PHW Activity	Accountability	Deliverable	Target 05/06	Rating
Canadian Public Health Goals				
Development of Canadian Public Health Goals Participate in developing Public Health Goals for Canada.	Andrew Hazlewood	a) Participate on the Canadian Health Goals F/P/T Working Group and provide input and advice on key consultation documents. b) Participate in a provincial roundtable of public health leaders and stakeholders.	a) Canadian Health Goals ratified by Fall 2005. Begin work on establishing targets by Winter 2005. b) Active participation in the provincial roundtable.	H

5.6 Key Ministry Strategy: Strengthen Core Public Health Services

Protect health by implementing core public health prevention and protection programs, including immunization programs, infectious disease and injury prevention and control measures, monitoring and regulating water and environmental safety, reproductive health, food security, and health emergency management.

Key PHW Activity	Accountability	Deliverable	Target 05/06	Rating
Core Functions for Public Health				
Core Functions for Public Health as a Component of a Comprehensive Health Improvement System A means of establishing the essential functions of the public health system within BC targeted to health improvement; disease, disability, and injury prevention; environmental health; or health emergency management.	Tom Gregory	Development, in collaboration with HAs, of a Core Functions Improvement Process.	a) Core Programs model developed for selected performance improvement systems. b) Model is applied to several core programs.	H
Public Health and Immunization Trust Fund				
Public Health and Immunization Trust Fund Federal funding received over three years to go towards childhood and adolescent vaccine programs and the enhancement of public health.	Warren O'Briain Tom Gregory	a) Allocation of Public Health and Immunization Trust Fund funding. b) Monitoring of Immunization and Public Health funding.	a) Majority of HA funding allocated in 1 st 2005/06 Funding Letter. b) Funding use monitored. Strategic interventions undertaken if necessary.	M
Immunization				
Immunization Monitoring Continue supporting development of capacity to monitor immunization rates.	Warren O'Briain	Improve capacity to monitor immunization rates.	Capacity enhanced.	M
Immunization Framework To guide, complement, and support HA immunization efforts.	Warren O'Briain	Work with the BC Immunization Sub-Committee to develop a provincial immunization framework.	Framework developed.	M

5.6 Key Ministry Strategy: *Strengthen Core Public Health Services*

Protect health by implementing core public health prevention and protection programs, including immunization programs, infectious disease and injury prevention and control measures, monitoring and regulating water and environmental safety, reproductive health, food security, and health emergency management.

Key PHW Activity	Accountability	Deliverable	Target 05/06	Rating
Communicable Disease and Addictions Prevention				
<p>Alcohol and other Drug Prevention A component of the Addictions and Problematic Substance Use Framework, linked to the Chronic Disease Prevention Action Plan; FASD Strategy; HIV directional document; and Integrated Hepatitis Strategy.</p>	Warren O'Briain	Develop a monitoring framework for the BC Planning Framework to Address Problematic Substance Use Prevention (released 2004).	Monitoring framework developed.	M
<p>HIV/AIDS Directional document produced which guides BC's response to the epidemic.</p>	Warren O'Briain	Continue monitoring progress on reaching goals articulated in the directional document.	Second annual report provided.	M
<p>Integrated Hepatitis Strategy Provides a framework for MOHS and health authority collaboration to prevent hepatitis A, B, and C, and deliver care and treatment.</p>	Warren O'Briain	Revise and update the strategy to reflect new knowledge, shifting epidemiology, and opportunities for integrating approaches to prevention, care, and research with associated disease groups.	Integrated Hepatitis Strategy revised and updated.	M
<p>Mental Health Promotion To support core functions in public health, integration with mental health and addictions services, and enhancement of prevention and promotion efforts.</p>	Warren O'Briain	Explore the feasibility of developing a mental health promotion framework	Initial consultations with HAs and other stakeholders complete. Initial draft framework developed.	M
Injury Prevention (preventing injuries and increasing awareness of the burden of injury)				
<p>Provincial Injury Prevention Framework</p>	Tessa Graham	Develop draft provincial injury prevention framework.	Draft framework developed.	M
<p>Falls Prevention in the Elderly</p>	Tessa Graham	Report on follow-up from PHO Report on Falls recommendations.	First progress report on action and follow-up of recommendations.	M
Health Emergency Management				
<p>Integrated Disaster Health Services Disasters, including pandemics/epidemics, can potentially overwhelm an already stretched health care system. Negative effects and impacts can be mitigated through partnership and capacity building.</p>	Wayne Dauphinee	<p>a) Develop a project charter and workplan for an Integrated Disaster Health Services Program.</p> <p>b) Develop a disaster response strategy.</p> <p>c) Complete the inventory of pre-positioned National Emergency Stockpile System equipment assemblies.</p>	<p>a) Project charter and workplan developed.</p> <p>b) Disaster response strategy developed.</p> <p>c) Inventory complete.</p>	M

5.6 Key Ministry Strategy: *Strengthen Core Public Health Services*

Protect health by implementing core public health prevention and protection programs, including immunization programs, infectious disease and injury prevention and control measures, monitoring and regulating water and environmental safety, reproductive health, food security, and health emergency management.

Key PHW Activity	Accountability	Deliverable	Target 05/06	Rating
Health Emergency Management				
<p>Preparedness Evaluation and Exercise Program Essential in validating the effectiveness of planning and training and provides an opportunity to operationalize and refine contingency plans.</p>	Wayne Dauphinee	<p>a) Develop a master scenario and events list for cross-/multi-jurisdictional exercises to validate the effectiveness of emergency plans and procedures, and protocols in responding to, or recovering from, the health implications of an extreme event. b) Deliver at least two regional tabletop exercises.</p>	<p>a) Master scenario and events list developed. b) Minimum of two regional tabletop exercises completed.</p>	M
<p>Emergency Management Education and Training Education and training is the common link central to the success of all emergency preparedness initiatives.</p>	Wayne Dauphinee	<p>a) Develop and deliver a standardized Health Emergency Management continuing education program that addresses basic through executive level training and can be delivered centrally or regionally.</p>	<p>a) Course developed and delivered province-wide. b) Critical incident simulation health scenarios complete.</p>	M
<p>Business Continuity Provide leadership in the development and implementation of system-wide business continuity and critical infrastructure assurance plans.</p>	Wayne Dauphinee	<p>a) Develop a comprehensive assessment of health sector critical infrastructure. b) Develop a realistic risk reduction strategy. c) Develop an effective contingency plan.</p>	<p>a) Critical infrastructure assessment tool developed. b) Health sector hazard/risk reduction and continuity of operations strategy developed. c) Standard contingency plan templates developed.</p>	M
<p>Public Health Emergency Program Bio-Hazardous Event and Outbreak/ Epidemic Management Recent events (SARS, Avian Influenza) have underscored the requirement to plan for a comprehensive response to public health emergencies.</p>	Wayne Dauphinee	<p>a) Develop an outreach program to advise/assist HAs, and provincial emergency preparedness regional offices, in responding to bio-hazardous events and disease outbreaks. b) Lead the implementation of the provincial pandemic influenza and west Nile virus adulticide plans.</p>	<p>a) Outreach program developed and delivered. b) Phase 1 of the implementation complete for pandemic influenza and west Nile virus adulticide.</p>	M

5.7 Key Ministry Strategy: *Coordinate Response to Major Public Health Risks and Collaborate on New Public Health Network*

Develop coordinated system-wide approaches to respond to major public health risks, emergencies, or epidemics (e.g., SARS, West Nile, influenza, meningitis, and natural and/or accidental disasters), and collaborate with other provinces through participation in a new Public Health Network.

Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
West Nile Virus				
West Nile Virus PHW provides direction and stewardship in support of activities that guide BC's response to West Nile Virus.	Ron Duffell Wayne Dauphinee	a) Completion of indemnity agreement to protect contractors and municipalities. b) Funding secured to assist municipalities in larviciding. c) Recruit participation from other ministries with respect to crown land. d) Work with Ministry of Water, Land and Air Protection on the implementation of the <i>Integrated Pest Management Act</i> . e) Develop a contingency plan for the adulticide program.	a) Indemnity agreement complete. b) Funding secured and allocated. c) Treasury Board submission for crown land activities complete. d) Contingency plan in place.	M
Pandemic Influenza				
Pandemic Influenza BC has been actively engaged in planning for an influenza pandemic, at both the provincial and at the national level, since 1999.	Wayne Dauphinee	a) Work with HAs and non government organizations and agencies in the implementation of the BC Pandemic Influenza Preparedness Plan. b) Work with border jurisdictions in the development of mutual assistance arrangements, including information exchange and reporting.	a) Regional pandemic preparedness and response plans in place. b) Mutual assistance agreement/arrangements in negotiation phase.	

5.8 Key Ministry Strategy: <i>Reduce Inequalities in Health Status</i>				
Reduce inequalities in health with a focus on Aboriginal peoples, low-income individuals, and women, children, and seniors.				
Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
Reduce Inequalities in Aboriginal Health Status				
Regional National Collaborating Centre for Aboriginal Health in BC (Public Health Agency of Canada) A research and knowledge transfer organization working with governments, HAs, and the Aboriginal community to improve Aboriginal health status.	Deborah Schwartz	a) Facilitate establishment of a Centre in BC in collaboration with key stakeholders.	a) Centre supported in developing pan-Canadian and regional partnerships with key Aboriginal organizations.	H
Federal/Provincial/Territorial Processes for Aboriginal Health	Deborah Schwartz	a) Co-lead development of an Aboriginal Health Reporting Framework pursuant to the 2003 First Ministers Accord on Health. b) Integrate Aboriginal interests into the work of the Advisory Committee on Health Delivery and Human Resources. c) Support and monitor ongoing Aboriginal Health blueprint development as directed by First Ministers in September 2004.	a) Consult with Aboriginal people to obtain regional input into a pan-Canadian reporting framework. b) provide tangible examples and support initiatives at the F/P/T level for health human resource planning and service delivery. c) Blueprint development supported and monitored.	M
BC Aboriginal Health Network Forum facilitates equitable and collaborative partnerships for the provision of Aboriginal health policy guidance and operates as an information-sharing vehicle for all members.	Deborah Schwartz	a) Develop a Strategic Plan for the committee. b) Meet at least two times per year.	a) Strategic plan developed. b) Meetings held.	M
Aboriginal Health Lens Framework	Deborah Schwartz	Develop an Aboriginal lens analysis tool.	Tool developed.	M
Aboriginal Health Plans Intended to help guide service delivery, identify critical community and regional health concerns, and identify region specific measures.	Deborah Schwartz	a) Provide support and strategic guidance to HAs in developing regional outcome measures. b) Develop a monitoring mechanism for a standardized outcome-based planning process for Aboriginal health.	a) Regional outcome measures designed and implemented. b) Monitoring mechanism for a standardized outcome-based planning process developed.	M

5.8 Key Ministry Strategy: <i>Reduce Inequalities in Health Status</i>				
Reduce inequalities in health with a focus on Aboriginal peoples, low-income individuals, and women, children, and seniors.				
Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
Reduce Inequalities in Aboriginal Health Status				
Aboriginal Tobacco Initiatives	Deborah Schwartz Laurie Woodland	a) Implement Honouring Our Health challenge. b) Develop Aboriginal Tobacco Strategy workplan.	a) Program implemented. b) Strategy workplan developed.	M
Aboriginal Telehealth Initiatives	Deborah Schwartz	a) Develop an Aboriginal Telehealth plan. b) Implement pilot project for Aboriginal Wound Management.	a) Aboriginal Telehealth Plan developed. b) Aboriginal Wound Management pilot project completed and evaluated.	M
Reduce Inequalities for Seniors (promote Healthy Aging Initiatives)				
Healthy Aging Strategy Focuses on the prevention priorities of healthy eating; physical activity; tobacco reduction; injury prevention; and social isolation.	Tessa Graham	a) Develop a framework to promote healthy aging. b) Develop a process to engage HAs.	a) Draft framework developed. b) Review by Ministry Executive.	M
How Healthy are BC Seniors Research Study	Tessa Graham	Develop a report on health status and health service utilization of older adults, trends and projections, and comparisons across HAs.	a) Final report delivered to Ministry. b) Knowledge transfer initiated.	M
Utilization of BC NurseLine by Older Adults	Tessa Graham Lori Halls	Develop a report on BCNL utilization by older adults.	Report and analysis complete.	M
Healthy Eating for Older Adults	Tessa Graham	a) Develop BC Nutrition Survey Report on Seniors. b) Develop BC Seniors Healthy Eating Guide.	a) Complete plan for dissemination of BC Nutrition Survey Report on Seniors. b) Plan for healthy eating guide developed.	M
Volunteer Seniors Counsellor Support to HAs	Tessa Graham	Volunteer seniors counsellors in HAs, with support for centralized training from MOHS.	Establish linkages with HAs and 1-800 Health and Seniors Information Line.	M
Reduce Inequalities for Women (optimal physical and emotional health for women of all ages)				
Provincial Women's Health Strategy	Tessa Graham	Monitor progress on reaching the goals articulated in the Strategy.	First annual progress report drafted.	M
Reduce Inequalities for Children (healthy physical, social, and emotional development)				
Baby's Best Chance	Tessa Graham	Print revised copy of Baby's Best Chance.	Publication revised, printed, and distributed.	M
Child Health Passport	Tessa Graham	Revise and print child health passport.	Publication revised, printed, and distributed.	M

5.8 Key Ministry Strategy: *Reduce Inequalities in Health Status*

Reduce inequalities in health with a focus on Aboriginal peoples, low-income individuals, and women, children, and seniors.

Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
Reduce Inequalities for Children (healthy physical, social, and emotional development)				
Health Promoting Schools Collaborate with Ministry of Education and HAs to enhance the role of the school in promoting and maintaining health.	Laurie Woodland	a) Clarify HAs roles, and facilitate collaboration on planning and development of resources. b) Develop guidelines to support elimination of unhealthy foods in schools. c) Advise and guide the work of the joint Consortium on School Health.	a) Framework for HA participation by April 2005. b) Guidelines drafted by May 31, 2005. c) Participate in Joint Consortium on School Health.	M
BC Baby/Toddler/Preschool resources To increase physical movement and play in the age grouping of 0-6 years.	Laurie Woodland	a) Facilitate the development of all three parental resources. b) Provincial dissemination of BC Baby.	a) The three resources are developed. b) BC Baby provincially disseminated.	M

Goal 3: A Sustainable, Affordable, Publicly-Funded Health System

The public health system is affordable, efficient and accountable, with governors, providers and patients taking responsibility for the provision and use of services.

Objectives:

Effective Vision, Leadership, Direction and Support for the Health System

Optimum Human Resource Development to ensure there are enough, and the right mix of, Health Professionals

Sound Business Practices to Manage within the Available Budget While Meeting the Priority Needs of the Population

5.9 Key Ministry Strategy: *Provide Appropriate Legislative, Regulatory, and Policy Frameworks*

Providing legislative, regulatory, and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.

Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
Deregulation Initiative				
Deregulation Initiative Reduce conflicting or unnecessary policies and regulations while maintaining and balancing essential health and safety standards.	Ron Duffell	Reduce conflicting or unnecessary policies and regulations—swimming pool regulation.	Conflicting or unnecessary policies and regulations reduced—revised swimming pool regulation drafted.	M
Develop Renewed Health Act				
Develop Renewed Health Act To provide 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.	Tom Gregory	Recommendations for statute sections, regulations, policy, and guidelines developed.	Majority of public health legislation consolidated into proposals for a renewed <i>Health Act</i> and/or related statutes.	M
Community Care Licensing				
Community Care Licensing Community Care and Assisted Living Act (CCALA). Maintain high health and safety standards for dependant and vulnerable children, youth, and adults in community care and child care facilities. Improve the overall framework of licensing through education, monitoring, and stewardship.	Ron Duffell	a) Develop new child day care, residential, and private and extended care regulations to support the new Act. b) Draft regulations to Cabinet for consideration and approval.	Regulations are approved and deposited in an implementation plan developed in partnership with licensing leadership council.	M

5.9 Key Ministry Strategy: *Provide Appropriate Legislative, Regulatory, and Policy Frameworks*

Providing legislative, regulatory, and policy frameworks to ensure policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.

Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
Drinking Water				
<p>Drinking Water PHW provides direction through the statutory framework of the <i>Drinking Water Protection Act</i>. 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>	Ron Duffell	<p>a) Ongoing development of regulations, guidance documents, and necessary programs. b) Finalize draft guidelines, policies, and procedures for statutory decision makers and water supply industry. Augment training and education programs. c) Finalize Phase 2 of the drinking water information management project. d) Ongoing development of the small system review project.</p>	<p>a) Regulations and guidance documents in place. b) MOUs in place with partner ministries. c) Drinking Water Information management prototype operational. d) Small systems review recommendations enacted.</p>	M
Food Safety				
<p>Food Safety 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>	Ron Duffell	<p>a) Develop regulations, guidance documents, and necessary programs. b) Finalize draft guidelines, policies, and procedures for statutory decision makers and food industry. Augment training and education programs. c) Prepare a Meat Industry Enhancement Strategy (MIES) implementation strategy in partnership with MAFF.</p>	<p>a) Regulation drafting to begin on the dairy and fish regulations. b) Established framework for food safety in partnership with MAFF. c) MIES strategy in place and operational.</p>	M

5.10 Key Ministry Strategy: <i>Develop Health Human Resource Action Plans</i>				
Implementing a human resource plan for the ministry that supports employee wellness and assists the ministry in meeting its strategic goals.				
Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
Vision, Mission, and Goals of the Ministry and PHW				
Vision, Mission, and Goals Employees' comprehension of vision, mission, and goals of Ministry and PHW and their role in assisting to achieve these goals.	PHW Exec	PHW had the highest level of contentment (at 76.2%) with this indicator in the Ministry, as per the Ministry Employee Satisfaction Survey results. The goal is to improve over this figure.	Baseline 2004/05: 76.2% Ministry Avg: 35.0% Target: Improvement over baseline.	H
Public Health Human Resources Plan				
Public Health Human Resources Plan Participate in F/P/T work related to development of public health human resources plan.	Tom Gregory	a) Discussion document on public health core competencies. b) Framework for public health human resources planning.	a) Draft of competencies report complete. b) Framework complete.	M

5.11 Key Ministry Strategy: <i>Create Safe, Positive Work Environments that Attract and Retain Talented People</i>				
Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
PHW Culture Shift				
PHW Culture Shift Enhance our ability and capacity to provide stewardship in public health with respect to: core public health functions; strategic initiatives; self-care strategies; designated populations; and PHO reporting.	PHW Executive	a) Complete organizational project Phase I (classification review). b) Substantial completion of Phase II (competencies).	a) Phase I complete. b) Phase II substantially complete.	M
Workplace Wellness				
Workplace Wellness Encourage and assist adults to lower their risk for chronic disease and enhance their health through daily physical activity, healthy eating, and quitting or reducing tobacco use.	Laurie Woodland	Implement and evaluate the Stairway to Health initiative.	Evaluation report developed with recommendations for sustainability. MOHS Employee Wellness Initiative Institutionalized.	M

5.12 Key Ministry Strategy: <i>Monitor, Evaluate and Report Publicly on Health System Performance and the Health of the Population</i>				
Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
Support Production of the Provincial Health Officer's Reports				
<p>Support Production of the Provincial Health Officer's Reports Released in 2004:</p> <ul style="list-style-type: none"> • Annual Report (2003) Every Breath You Take... Air Quality in BC, a Public Health Perspective • Special Report (2004) Prevention of Falls and Injuries Among the Elderly <p>Scheduled For Release in 2005/06:</p> <ul style="list-style-type: none"> • Annual Report (2004) on Diabetes in BC • Annual Report (2005) on Food and Wellbeing • First Annual Drinking Water Report 	Tom Gregory	<p>a) Support the production of the PHO's Annual Reports and Special Reports.</p> <p>b) Support tracking of PHO's Annual Report recommendations.</p> <p>c) Measure the incidence, prevalence, complications, and costs of diabetes in BC with projections for the future and Aboriginal analysis.</p>	<p>a) Production supported.</p> <p>b) Tracking supported.</p> <p>c) Surveillance system developed and implemented to enable data for PHO Report on Diabetes.</p>	M
Health Authority Performance Agreements				
<p>Health Authority Performance Agreements Details key areas for health authority improvement.</p>	Tom Gregory	<p>a) Ensure appropriate PHW representation by participating in the development of HA performance agreements, in consultation with PMID.</p> <p>b) Work with PMID in ongoing monitoring of activities.</p>	<p>a) Appropriate participation provided.</p> <p>b) Activities monitored.</p>	M
Health Service Redesign Plans				
<p>Health Service Redesign Plans (HSRP) HA plans for continued service redesign and for meeting defined performance expectations within a set funding allocation. Plans demonstrate linkages to the Ministry Service Plan to show that partners are working towards shared long-term goals and objectives.</p>	Tom Gregory	<p>a) Ensure appropriate PHW representation by participating in the development of instructions to HAs, in consultation with PMID.</p> <p>b) Work with PMID in ongoing monitoring of activities.</p>	<p>a) Appropriate participation provided - instruction letter to HAs reflects PHW issues.</p> <p>b) Activities monitored.</p>	M

5.13 Key Ministry Strategy: <i>Embedding Sound Management Practices within the Ministry, including structured performance planning and monitoring</i>				
Key PHW Activity	Accountability	Deliverable	Target 2005/06	Rating
Integrated Service Planning and Budget Process				
Integrated Service Planning and Budget Process	Tom Gregory	Integrate the PHW budget process with the service planning process to ensure the budget informs the 2006/07 PHW Service Plan.	An integrated process is developed.	M
PHW Budget Management				
PHW Budget Management Work with PHW Budget Review Committee.	Tom Gregory	a) Allocate budget based upon strategic priorities of Ministry/PHW and spending plan. b) Monitor spending plan to ensure funding is spent in accordance with strategic priorities of Ministry/PHW. c) Intervene if spending plan is off track.	a) Budget allocated. b) Spending plan monitored. c) Appropriate strategic interventions undertaken.	M

6.0 Resource Summary

**Population Health and Wellness
Operating Expenses and FTES**

Operating Expenses (\$millions)	2004/05 Restated Budget	2005/06	2006/07 Plan	2007/08 Plan
Regional Health Sector *	19.055	31.582	34.485	33.846
Stewardship and Corporate Management *	8.029	8.936	8.936	8.936
TOTAL	27.084	40.518	43.421	42.782

FTEs	2004/05 Restated Budget	2005/06	2006/07 Plan	2007/08 Plan
Population Health and Wellness	59	64	64	64
Office of the Provincial Health Officer	5	5	5	5
TOTAL	64	69	69	69

* Includes Office of the Provincial Health Officer operating expenses. Includes increases for Public Health and Immunization Trust Fund, ActNow BC, and Public Health Renewal initiatives.

7.0 Summary of Related Planning Processes

7.1 Human Resources Management

Population Health and Wellness' goal is to ensure program areas are organized and delivered in the most effective and efficient manner possible. It is therefore shifting towards an organization that is more responsive to the changing priorities it encounters in its environment, and is focusing on developing its Executive Team and mentoring its employees.

Population Health and Wellness is also participating in federal/provincial/territorial work related to the development of public health human resource plans. A report on public health core competencies is being developed along with a framework for public health human resource planning.

7.2 A Continuing Cultural Shift

Population Health and Wellness is working towards becoming an organization that is more responsive to emerging population health needs; more flexible in adjusting to changing priorities; providing a flexible working environment which draws in specialized talent when needed; and a learning organization with a culture of leadership, innovation, and excellence. This cultural shift is an effort to foster a positive work environment, improve staff morale, increase job equity, reduce human resource silos, and improve organizational capacity and learning.

In 2004/05, Population Health and Wellness focused on career banding, the third step in this overall cultural shift. Occupational roles were developed, which was a unique opportunity to review and improve the utilization of human resources. This process provides the foundation for cultural change in Population Health and Wellness by allowing for the equitable allocation of jobs, and for the horizontal, vertical, and diagonal movement of positions within the division. Career banding will facilitate skill groupings, cross training, knowledge sharing, career development, and succession planning. Staff Employee Performance and Development Plans will be an integral part of this cultural shift, helping inform individual goals, objectives, and learning plans for the next year.

7.3 Executive Teamwork Development

As part of Population Health and Wellness' strategic human resources plan, all Executive Directors will continue to be involved in intensive teamwork development. Population Health and Wellness Executive Directors are working to increase their ability to service key clients and stakeholders, and to be a more dynamic and fluid organization. They are focusing on team development, service plan deliverables, and "getting the job done". Executive Directors will also continue to take advantage of individual coaching support for this purpose.

7.4 Employee Development

Population Health and Wellness strongly supports the ongoing educational development of employees. In addition to encouraging participation in courses offered through the BC Public Service Agency, including *Leading the Way*, select employees have been participating in the Ministry sponsored Master of Arts in Leadership and Training program at Royal Roads University. This program emphasizes team building, communication skills, research and inquiry, and other competencies that will be required of future leaders in the health sector.

Appendix 1
Goals, Objectives, Strategies and Results
Ministry of Health Services
2005/06 – 2007/08 Service Plan

**Appendix 1: Goals, Objectives, Strategies and Results
Ministry of Health Services 2005/06 – 2007/08 Service Plan**

Government Strategic Goals	Ministry 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				
	Ministry Goals	Ministry Objectives	Key Strategies	Performance Measures	
Safe, healthy communities and a sustainable environment. A supportive social fabric.	1. Improved Health and Wellness for British Columbians	1. Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices	<ul style="list-style-type: none"> - Implement <i>ActNow BC</i> to promote healthy living - Support healthy childhood development - Provide access to health information and advice - Collaborate on Canadian Public Health Strategy 	<ul style="list-style-type: none"> a) Smoking rates b) Obesity rates 	
		2. Protection of the public from preventable disease, illness and injury	<ul style="list-style-type: none"> - Strengthen core public health services - Coordinate response to major public health risks and collaborate on new Public Health Network - Reduce inequalities in health status 	<ul style="list-style-type: none"> a) Immunization rates for children & elderly b) Aboriginal infant mortality rates 	
		2. High Quality Patient Care	1. Timely access to appropriate health services by the appropriate provider in the appropriate setting	<ul style="list-style-type: none"> - Enhance primary care - Increase community health services - Increase assisted living environments - Effectively manage acute care services - Develop assessment tools to prioritize access 	<ul style="list-style-type: none"> Access to: a) Residential care b) Chemotherapy and Radiotherapy c) Hospital admission
			2. Patient-centred care tailored to meet the specific health needs of patients and patient sub-populations	<ul style="list-style-type: none"> - Better care for those with extensive needs - Better care for those with chronic conditions - Better care for those at the end of life - Ensure clinical services are organized and delivered safely, effectively and at a high quality 	<ul style="list-style-type: none"> a) Diabetes test rates b) Congestive heart failure treatment c) More choice in end-of-life care
			3. Improved integration of health care providers, processes and systems to allow patients to move seamlessly through the system	<ul style="list-style-type: none"> - Provide a full continuum of mental health and addiction services within each health authority - Provide integrated youth addictions programs - Improve ambulance service integration with the health authorities - Develop an electronic health record 	<ul style="list-style-type: none"> Coordinated mental health treatment (30-day follow-up)
		3. A Sustainable, Affordable, Publicly Funded Health System	1. Effective vision, leadership, direction and support for the health system	<ul style="list-style-type: none"> - Provide clear strategic direction and measurable expectations - Develop best practice guidelines, standards, benchmarks, protocols - Provide appropriate legislative, regulatory and policy frameworks - Support HA's to plan for investments in facilities and equipment to meet future needs - Provide timely, accurate information - Support health research for improvement 	<ul style="list-style-type: none"> Health Authorities' rating of ministry leadership, direction and support - survey
	2. Strategic investments in information management and technology to improve patient care and system integration		<ul style="list-style-type: none"> - Enable province-wide integration of clinically required person specific data - Improve access through increased use of technology and information systems - Improve data availability/quality - Expand public access through web applications 	<ul style="list-style-type: none"> Electronic health record development 	
	3. Optimum human resource development to ensure there are enough, and the right mix of, health professionals		<ul style="list-style-type: none"> - Develop Health Human Resource action plans - Work with partners to provide education and training opportunities - Integrate nurse practitioners into the system - Create safe, positive work environments that attract and retain talented people 	<ul style="list-style-type: none"> Health human resource action plan 	
	4. Sound business practices to manage within the available budget while meeting the priority needs of the population		<ul style="list-style-type: none"> - Implement performance agreements with HA's - Manage <i>MSP</i> and <i>PharmaCare</i> programs - Use planning and projection tools and models to inform decision-making and focus resources - Monitor, evaluate, and report publicly on health system performance and health of the population 	<ul style="list-style-type: none"> Actual health expenditures do not exceed health budget 	

Appendix 2

Public Health Related Performance Measures

Ministry of Health Services

2005/06 – 2007/08 Service Plan

**Appendix 2: Public Health Related Performance Measures
Ministry of Health Services 2005/06 – 2007/08 Service Plan**

Within the Ministry of Health Services 2005/06–2007/08 Service Plan, the following performance measures have been identified for Population Health and Wellness.

Ministry Objective	Performance Measures	2003/04 Baseline	2005/06 Target	2006/07 Target	2007/08 Target	Long-Term Target
Individuals are supported in their efforts to stay healthy and make healthy lifestyle choices	Smoking Rates (age 15+)	16%	Decrease towards long-term target	Decrease towards long-term target	Decrease towards long-term target	14.4% (by 2010)
	Body Mass Index¹ (age 18+)	42.3% classified as obese or overweight	Decrease towards long-term target	Decrease towards long-term target	Decrease towards long-term target	33.9% (by 2010)
Protection of the public from preventable disease, illness and injury	Immunization Rates a) Two-year olds with up-to-date immunizations	TBD ¹	5% point increase over prior year	5% point increase over prior year	5% point increase over prior year	95% (by 2010-2015)
	Immunization Rates b) Influenza immunization for residents of care facilities	89.7%	90%	90%	90%	
	Aboriginal Health Status Measured by post-neonatal infant mortality of Status Indians	Status Indian 2.2 per 1,000; BC other residents 1.1 per 1,000 live births ²	Decrease over prior year	Decrease over prior year	Decrease over prior year	No statistically significant difference between Status Indians and other residents of BC

- 1 Data collected every two years through the Canadian Community Health Survey. The most recent available data will be used for reporting purposes.
- 2 The BC Centre for Disease Control (BCCDC) has been given responsibility for data collection for this measure and is developing new reporting methodology. The baseline figure will be determined using the new reporting methodology.
- 3 A five-year moving average (1999-2003) is used for this indicator. Given the relatively low number of infant deaths, a five-year average mitigates year-to-year variations and provides a better indication of longer-term trends.

Appendix 3

Other Public Health Related Performance Measures

Health Authority Performance Agreements 2005/06

Population Health and Wellness Performance Measures

Appendix 3: Other Public Health Related Performance Measures

Health Authority Performance Agreements 2005/06

Health Authorities are held accountable for meeting the performance measure targets identified below, as per Schedule B: Performance Measures in the Health Authority Performance Agreements 2005/06. Individual Health Authority targets may differ slightly from the provincial targets below, as regional rates may differ.

Measure	Benchmark	2005/06 Target	2006/07 Target	2007/08 Target	Long-Term Target by 2010
Influenza immunization rates for health care workers	77.6% Long-Term Care Facilities (provincial)	Establish baseline	Increase toward long-term target	Increase toward long-term target	80% Long Term Care Facilities
	TBD Acute Care Facilities	Establish baseline	Increase toward long-term target	Increase toward long-term target	60% Acute Care Facilities
Tobacco Use Rates Ages 15 and Over	16%	Decrease by at least 3 tenths of a percentage point from previous year	Decrease by at least 3 tenths of a percentage point from previous year	Decrease by at least 3 tenths of a percentage point from previous year	14.4%
Rate of Up-To-Date Immunizations for Two Year Olds	82% (US data)	Increase by 5 % points over previous year or maintain at or above 80%	Increase by 5 % points over previous year or maintain at or above 85%	Increase by 5 % points over previous year or maintain at or above 90%	95% (National)
Rate of Influenza Immunization for Residents of Care Facilities	85.4%	90%	Maintain at or above 90%	Maintain at or above 90%	90% (National)
Percentage of Children in the Grade 1 Cohort Showing Evidence of Visible Tooth Decay by Grade 1	TBD	Establish baseline	TBD	TBD	TBD
Status Indian Post-Neonatal (28-364 days) Mortality Rate	1999-2003: 2.2 per 1,000 (Status Indian baseline for BC)	Decrease toward or maintain at or below long-term target	Decrease toward or maintain at or below long-term target	Decrease toward or maintain at or below long-term target	No statistical difference from provincial rate for other BC residents (1.1 per 1,000 in 1999-2003)
Status Indian Potential Years of Life Lost Standardized Rate (PYLL) for External Causes	TBD	Decrease toward long-term target	Decrease toward long-term target	Decrease toward long-term target	No statistical difference from provincial rate for other BC residents (12.0 per 10,000)

Population Health and Wellness Performance Measures

ActNow BC focuses on the major risk factors of: physical inactivity, poor eating habits and obesity, tobacco use and responsible use of alcohol. In addition to improving British Columbia's health status, this initiative will contribute to the health care system's sustainability by reducing the anticipated and growing burden of chronic diseases in an ageing population. The following long-term targets were chosen because they can have the greatest impact on the health of the population.

Measure	Target
<p>ActNow BC A strategic, cross-government and cross-sectoral initiative with the overarching goal of striving to make BC one of the healthiest jurisdictions ever to host an Olympic Games through the promotion of physical activity, healthy eating, living tobacco free, and healthy choices during pregnancy.</p>	<p>Long Term Targets (by 2010) a) 10% reduction in tobacco use b) 20% increase in fruit and vegetable intake c) 20% increase in physical activity d) 20% reduction in overweight and obesity e) 50% increase in vulnerable women counselled re: alcohol use during pregnancy f) September 2006 – all health authorities to have focused Fetal Alcohol Spectrum Disorder prevention strategies</p>

During the development of the Ministry of Health Services 2005/06 – 2007/08 Service Plan, it was decided to include a maximum of one to two performance measures per objective. For some objectives, long-standing measures, such as the BC NurseLine Use Rates, which had successfully met established targets and continues to do so, were omitted in favour of new measures that might benefit from inclusion in the Ministry Service Plan. For accountability purposes, we continue to track the BC NurseLine Use Rates performance measure.

<p>BC NurseLine Use Rates 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 ensure appropriate utilization of hospitals and physicians.</p>	<p>Number of Calls Received by the BC NurseLine Baseline 2002/03: 172,934 calls Target 2005/06: 392,486 calls offered (20% increase in calls over 2004/05)</p> <p>Number of Calls Transferred from Physicians' Offices Baseline 2002/03: 1,423 calls Target 2005/06: 8,164 calls (2% increase in calls transferred from physicians' offices over 2004/05)</p>
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