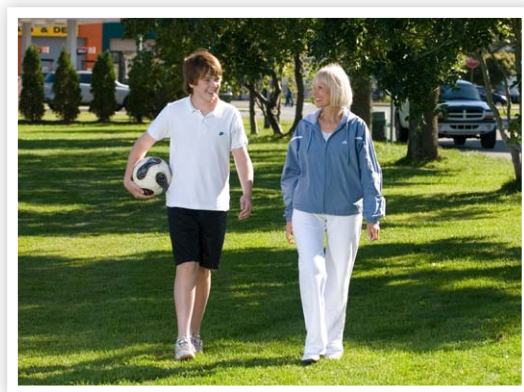


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# Department of Health and Community Services

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## STRATEGIC PLAN 2011-2014





# MESSAGE FROM THE MINISTER



In the development of this three-year strategic plan, careful consideration was given to the Provincial Government's strategic directions. These strategic directions form the foundation of the strategic plan and have been communicated to departmental officials and other entities in the creation of their respective three-year plan.

This strategic plan represents our commitment to enhancing quality and safety throughout the health care system, improving access and increasing efficiencies, focusing on population health and planning for our aging population. These are priorities for the Department of Health and Community Services, and significant efforts have been undertaken by the department to improve outcomes in these areas. Through the 2011-2014 strategic plan, a renewed focus and energy will be committed towards these goals.

As Minister, I acknowledge that I am accountable for the preparation of this plan and achievement of specific goals and objectives contained in this document. I also acknowledge the commitment and contribution of all department employees and entities to achieving a sustainable health care system that is built with quality and safety uppermost in mind.

Sincerely,

A handwritten signature in blue ink that reads "Jerome Kennedy". The signature is written in a cursive, flowing style.

Honourable Jerome P. Kennedy, Q.C.  
MHA, Carbonear-Harbour Grace  
Minister of Health and Community Services



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# INTRODUCTION

## About the Plan

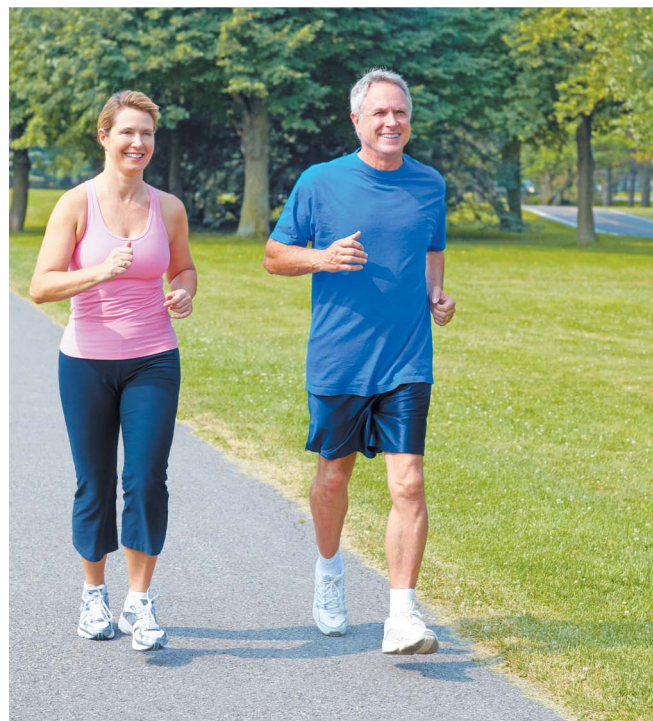
The purpose of the strategic plan is to identify the areas that will be of particular focus for the health and community services system over the next three years, based on current and future challenges and opportunities. These priorities were identified as ways of fulfilling the mandate of the department and the potential they have to enhance the health and well-being of Newfoundlanders and Labradorians. The plan identifies four strategic issues which will be the key areas of focus for the department's planning activities: Quality and Safety, Improved Access and Increased Efficiency, Population Health, and Demographics and the Delivery of Health and Community Services.

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Addressing these strategic priority areas will support the department's mission by strengthening the health and community services system to help keep people as healthy as possible, delivering quality care when and where people need it, and ensuring the system is sustainable into the future.

This first half of this plan provides a broad overview of the department including its mandate, lines of business, budget, structure, values and clients. The second half identifies the department's vision for a healthy province. The mission shows how the department will move towards achieving this vision for the next six years and the strategic issues it will focus on.



Each strategic issue has one or more goals (what the department specifically wants to achieve in the planning period). Each goal has three objectives (setting out specific milestones that the department plans to accomplish each year to meet that goal). Indicators are specific targets that, when complete, demonstrate that the department is meeting its objectives and goals.

## **ABOUT THE DEPARTMENT**

The Department of Health and Community Services is responsible for setting the overall strategic directions and priorities for the health and community services system throughout Newfoundland and Labrador. The department works with stakeholders to develop and enhance policies, legislation, provincial standards and strategies to support individuals, families and communities to achieve optimal health and well-being. The department is also responsible for identifying key areas for strategic investments to support the health and community services system in providing the best quality health care to the people of the province. As well, the department is responsible for monitoring and reporting on the performance of various aspects of the health care system.

The department provides strategic direction to four regional health authorities: Eastern Health, Central Health, Western Health and Labrador-Grenfell Health. Each health authority is responsible for delivering direct care to individuals in hospitals, long term care facilities and community-based offices and clinics, as well as through public health and community support services.

There are a number of additional entities for which the department provides funding, support, priority direction and guidance (For the full list of these entities, see Appendix B).

The department also partners with a variety of stakeholders in support of the department's mandate including professional regulatory bodies, educational institutions, community-based organizations, research centres and agencies.

The department maintains partnerships with various levels of governments, including the Federal Government, Aboriginal organizations and governments, other provincial and territorial governments and municipalities, to ensure effective coordination of programs and services and to avail of opportunities for enhancements in the health and community services sector.





# MANDATE

The following mandate describes the responsibilities of the Department of Health and Community Services (Source: *Executive Council Act, Regulation 82/03*):

1. To provide leadership, coordination, monitoring and support to the regional health authorities and entities that provide services in the following areas:

- The preservation and promotion of health
- The prevention and control of disease
- Public health and the enforcement of public health standards
- The administration of health care facilities
- Programs for persons with disabilities and mental health and addictions issues
- Health professional education and training programs

- Planning for, and provision of, initiatives for seniors
- The control, possession, handling, keeping and sale of food and drugs

2. To provide funding for the following:

- Insured medical and hospital services
- Dental and pharmaceutical services for eligible individuals
- Subsidies to eligible individuals for long term care and community support services
- Grants to select community agencies in support of the department's mandate
- The purchase of seats and bursary programs for students in select professional or technical fields connected with health and community services



# LINES OF BUSINESS

The department is organized around three lines of business to meet its mandate. These are Policy, Planning, Program Development and Support; Monitoring and Reporting; and Provincial Public Programs and Services Administration.

## **1. Policy, Planning, Program Development and Support**

The Department of Health and Community Services provides a leadership role for developing policies, legislation and plans. Programs fall under three categories – those associated with legislation, those not associated with legislation and those which have operational standards.

### **a. Programs under a legislative framework:**

- Medical Care Plan (MCP)
- Hospital Insurance Plan
- Communicable diseases
- Personal care homes
- Newfoundland and Labrador Prescription Drug Program
- Environmental health (including tobacco control, drinking water quality and sanitation)

The department is also responsible for 17 pieces of legislation related to the regulation of health professions. The department works with regulatory bodies to interpret the legislation and regulations and to facilitate amendments as necessary.

### **b. Programs not under a legislative framework:**

- Parent and child health
- Immunizations
- Wellness and health promotion
- Chronic disease control
- Long-term care and community support services
- Health sector workforce planning
- Intervention and support services for persons with disabilities
- Emergency preparedness
- Mental health and addictions services
- Aboriginal health

### **c. Programs for which the department establishes funding and/or operational delivery standards:**

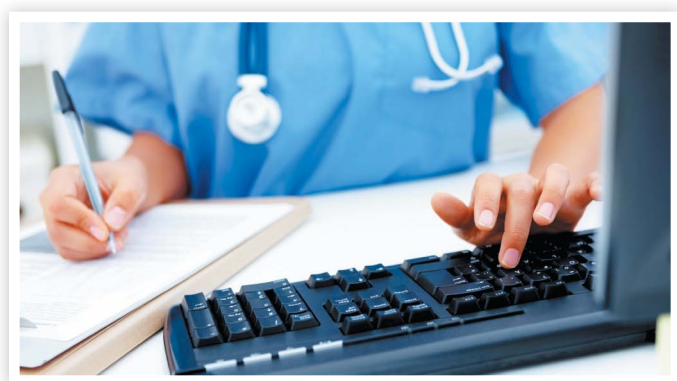
- Ambulance services
- Home support
- Transition houses
- Special Child Welfare Allowance
- Residential services for persons with select disabilities
- Special Assistance Program
- Medical Transportation Assistance Program
- Dental Program
- Clinical Safety Reporting System

- d. The department works with the **postsecondary education system** to ensure that professional education and training programs for the health and community services field reflect the needs of the system. The department also provides funding for select training programs.
- e. The department ensures that **regional health and community services** are planned according to the needs of the population; the strategic directions of the provincial government; and within the fiscal capacity of the health system. This includes determining the need for, and placement of infrastructure, equipment, services and staff.
- f. The department represents **provincial priorities** in the development of intergovernmental (Atlantic and Federal/ Provincial/Territorial) strategic directions and initiatives.
- g. The department works with the **Newfoundland and Labrador Centre for Health Information** to obtain health information and research, conduct program evaluations and develop electronic health information systems.

## 2. Monitoring and Reporting

Regular monitoring and evaluation of legislation, programs, plans and funding outcomes are important to maintain the effectiveness of the health and community services system.

- a. The department monitors and evaluates:
- health and community services legislation;
  - selected policies, programs and services;
  - adherence to guidelines and best practices and/or funding and service delivery standards; and
  - implementation of funding and outcomes for regional health authorities and other entities funded by the department.
- b. In addition, the department has made commitments to publicly report on several areas that it monitors. These areas are as follows:
- Population health
  - Healthy behaviors
  - Health status
  - Disease control
  - Human resources
  - Access to services



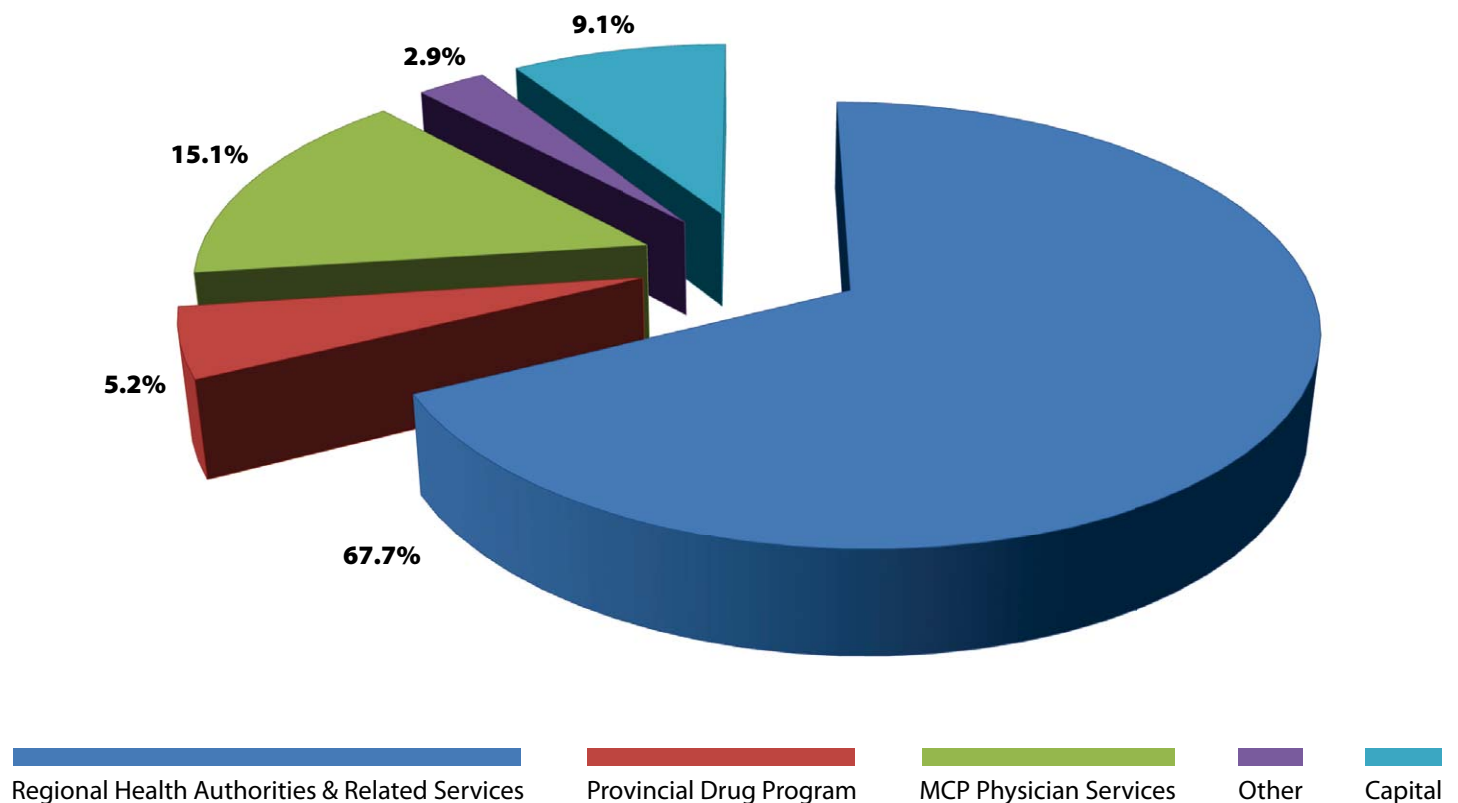
### 3. Provincial Public Programs and Services Administration

While the department does not directly deliver most health care services, there are some programs for which the department provides direct supervision, control, and service delivery as follows:

- Records of immunizations
- Payment and remuneration for medical services (MCP), dental services (NLDHP), drug programs (NLPDP) and other similar programs
- Grants for select community agencies
- Bursaries and incentives to students in select training programs according to established criteria
- Distribution and storage of vaccines
- Printing, storage and distribution of health related materials
- Storage and distribution of National Emergency Stockpile
- Medical transportation assistance to eligible individuals
- Selected information technology initiatives

## WHERE HEALTH DOLLARS ARE SPENT (BUDGET 2011)

**Total: \$2.9 billion**



# DEPARTMENTAL STRUCTURE

The department is made up of six (6) branches and divisions:

## **Medical Services Branch**

- Physician Services Division
- Dental Services Division
- Pharmaceutical Services Division
- Laboratory Services Division

## **Regional Health Operations Branch**

- Board Services Division
- Mental Health and Addictions Division

## **Public Health and Wellness Branch**

- Public Health Division
- Health Promotion and Wellness Division
- Chronic Disease Management Division
- Aboriginal Health Liaison

## **Policy & Planning Branch**

- Legislative and Regulatory Affairs Division
- Policy Development Division
- Planning and Evaluation Division
- Office for Aging and Seniors
- Office of the Chief Nurse
- Health Workforce Planning Division
- Long Term Care and Community Support Services

## **Corporate Services Branch**

- Corporate Initiatives Division
- Financial Services Division
- Audit and Claims Integrity Division

## **Executive Branch**

- Communications Division
- Government Relations Division

The Department of Health and Community Services has approximately 300 permanent, temporary and contract positions. The employee make-up is approximately 28% male and 72% female. Employees are located in four office locations across the province:

- Grand-Falls Windsor
- Stephenville
- Confederation Building
- Margaret's Place (St. John's)



# PRIMARY CLIENTS

The people of Newfoundland and Labrador are the primary clients of the department and the central focus for all policies, programs and investments.

To respond to the needs of clients, the department works with many stakeholders, both provincially and nationally. The department's major provincial stakeholders are regional health authorities and agencies funded by the department. Other significant partners include:

- educational institutions;
- research centres;
- community-based organizations;
- Aboriginal organizations and governments;
- municipalities
- regulatory bodies; and,
- agencies, boards and commissions.

Nationally, stakeholders include the Federal Government, other provincial and territorial governments and a wide array of health-related organizations.

# VALUES

The department's values are reflected daily as employees fulfil their roles and responsibilities in serving their clients. They are a key element of the department's culture.

## **Professionalism**

Each person is qualified and competent, and supported in their work through a culture that encourages continuing education and employee development.

## **Excellence**

Each person makes decisions based on the best evidence available and follows proven best practices to ensure individual and departmental performance is maintained at the highest possible standard.

## **Transparency and Accountability**

Each person takes their responsibilities to their clients seriously and contributes to a culture of openness and transparency in decision-making and reporting.

## **Collaboration**

Each person engages others, both within and external to the department, in a positive manner, respectful of others and their different perspectives.

## **Privacy**

Each person manages and protects information related to persons/families/organizations/communities and the department appropriately.

# VISION

The vision of the Department of Health and Community Services is for individuals, families and communities to achieve optimal health and well-being.

# MISSION

The mission sets out the department's plans for the next six years to work toward our vision for "individuals, families and communities to achieve optimal health and well-being". The department recognizes the challenges affecting the people and the health care system in Newfoundland and Labrador. These challenges include an aging population, a high incidence of chronic diseases, a higher rate of inherited health issues and a unique rural-based geography with changing demographics.

While there are challenges, there is also a strong foundation of skilled professionals, modern facilities and community capacity to build upon together with various partners. The department is building, adjusting and maintaining a health care system that is ready to meet the challenges of today and tomorrow. The following mission demonstrates how the department will move forward to address these challenges, while fostering a quality and sustainable health care system. The mission also shows how the department addresses its strategic directions:



***By March 31, 2017 the Department of Health and Community Services will have provided leadership to support an enhanced health care system that effectively serves the people of the province and helps them achieve optimal health and well-being.***

**Measure:** Leadership Provided

**Indicators:**

- Implemented evaluation framework
- Demonstrated policy and program effectiveness
- Increased use of technology related to increased access
- Achieved efficiency and effectiveness in identified areas
- Analyzed evidence of quality and safety improvements
- Increased policy support for health professionals
- Implemented strategies in priority areas

# STRATEGIC ISSUES, GOALS AND OBJECTIVES 2011-2014

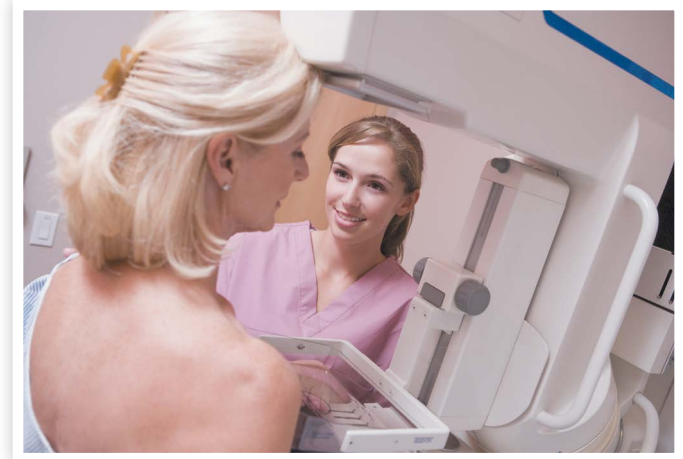
## Issue 1: QUALITY AND SAFETY

A health and community services system built on quality-based practices, services and programs is the highest priority for the department. Quality is a priority for all parts of the health system from community services to acute care and long term care settings. A quality system means that individuals receive timely access to appropriate care while cost-efficiencies are maintained; cost efficiency is central to promoting the sustainability of the health care system into the future.

The key to a quality system is having qualified professionals, appropriate equipment and effective systems. The department has identified key areas to support a quality system. These include leadership in human resource planning, standardized legislation and regulations, and licensing requirements for professionals. In addition, the department will continue to work with the regional health authorities to ensure consistent provincial standards of care and clinical practice guidelines, based on the best available evidence.

A safe health care system is a natural extension of a quality health care system. Effective monitoring and reporting systems are required to measure quality and safety. It is also important to ensure that opportunities for improvements are identified and acted on. This way, the appropriate enhancements or changes can be identified and implemented to ensure that the system is performing at its best.

This strategic issue supports the strategic direction of accountability and stability of health and community services with an increased focus on performance measurement and monitoring of health human resources.





## STRATEGIC ISSUE 1: QUALITY AND SAFETY

**GOAL # 1:** *By **March 31, 2014**, the department will have enhanced support for training and licensing to improve health care resources.*

**Measure:** Enhanced Support for training and licensing

**Indicators:**

- Implemented select provincial standards
- Enhanced policy frameworks for educational and training standards of licensure
- Achieved laboratory accreditation

**Objective 1** *By **March 31, 2012** the department will have completed development of the Strategic Health Workforce Plan.*

**Measure:** Developed Health Workforce Plan

**Indicators:**

- Integrated best practices
- Identified priority issues and actions
- Established implementation process and action plan

**Objective 2** *By **March 31, 2013**, the department will have strengthened health workforce planning.*

**Objective 3** *By **March 31, 2014**, the department will have evaluated priority health workforce planning initiatives to determine impact and proposed future directions.*

**GOAL # 2:** *By **March 31, 2014**, the department will have improved monitoring to enhance system performance and meet the needs of the population now and in the future.*

**Measure:** Improved Monitoring

**Indicators:**

- Assessed data collection mechanisms in select subject areas
- Improved the quality of laboratory services
- Continued improvement in management of adverse health events
- Supported implementation of the Provincial Clinical Safety Reporting System (CSRS) in regional health authorities

**Objective 1** *By **March 31, 2012**, the department will have supported the implementation of occurrence reporting in regional health authorities.*

**Measure:** Supported Implementation

**Indicators:**

- Confirmed CSRS implemented in all regional health authorities
- Developed provincial occurrence reporting policy
- Developed reporting template
- Provided leadership to regional health authorities

**Objective 2** *By **March 31, 2013**, the department will have started the analysis of trends in occurrence reporting to identify system improvements over time.*

**Objective 3** *By **March 31, 2014**, the department will have implemented strategies for occurrence reporting and made refinements based on continuous monitoring.*

## Issue 2: IMPROVED ACCESS AND INCREASED EFFICIENCY

An efficient health care system is one in which individuals have appropriate access to the services they need and where financial investments make the most impact. Health care costs are the largest component of government budgets in all provinces and territories. In this province, from 2008-2009 to 2011-2012, the health care budget has increased by 27% or \$620 million. This includes the 2011-2012 record investment of \$2.9 billion, representing an 8.8% increase over last year to improve health care. The department is focused on providing leadership to make programs and services within the health care system better, more timely and efficient to support a healthier population and a sustainable system.

Pan-Canadian benchmark areas identify wait times goals agreed to by the provinces and territories. These areas include curative radiotherapy, cardiac bypass surgery, cataracts, hip replacement, knee replacement, hip fracture repair, breast screening and cervical screening. Over the past several years, the department has focused on meeting the benchmarks. More recently, access has been assessed in surgical waitlists, readiness for surgery and endoscopy services. As a result, opportunities to increase efficiencies and improve performance have been identified and improvements are in progress. The department is currently focusing on select service areas, where improved access for patients can be significantly enhanced and where there is the greatest potential for cost efficiencies.

Significant investments in health care infrastructure and equipment across the province continue to improve access. Budget 2011 advanced health infrastructure with investments of over \$200.6 million for new construction and redevelopment projects, \$50 million for new equipment, and \$21.6 million for repairs and renovations. There are 25 significant infrastructure projects on-going, such as planning for the redevelopment of Waterford Hospital, new hospitals for Labrador City and Corner Brook, a new long term care facility in Carbonear, new treatment centres for mental health and addictions, a new genetics research centre, and an expansion to Memorial University's Medical School.

The department is also focusing on new models of service delivery to further improve access and enhance efficiencies in health and community services. Building on the success of the tele-oncology initiative, the department will create opportunities to deliver other services by electronic means. A variety of opportunities exist to use non-traditional means to enhance awareness, health promotion, prevention and treatment including the consideration of the use of social media tools.

This issue supports the strategic direction of access to priority services and the focus areas of access management.

## STRATEGIC ISSUE 2: IMPROVED ACCESS AND INCREASED EFFICIENCY

**GOAL:** *By **March 31, 2014**, the department will have improved access for selected services to contribute to improved health outcomes.*

**Measure:** Improved Access

**Indicators:**

- Developed a wait times management plan
- Improved wait time results for the five pan-Canadian benchmark areas (curative radiotherapy, cardiac bypass surgery, cataracts, hip replacement, knee replacement, hip fracture repair, breast screening and cervical screening)
- Enhanced department structures for access and clinical efficiency
- Expanded use of telehealth
- Completed environmental scan in endoscopy services
- Expanded web-based wait time reporting
- Implemented innovative options for mental health and addictions services

**Objective 1** *By **March 31, 2012**, the department will have implemented systems and structures to improve access to selected services.*

**Measure:** Implemented Systems and Structures

**Indicators:**

- Realigned resources for access improvements
- Developed wait time management strategies in select areas
- Completed needs assessment for various wait times reporting systems
- Evaluated the use of social media for mental health and addictions services
- Increased telehealth services
- Completed assessment of select infrastructure requirements

**Objective 2** *By **March 31, 2013**, the department will have continued implementation and monitoring of system changes to improve access.*

**Objective 3** *By **March 31, 2014**, the department will have begun to evaluate health system changes and identified areas for performance improvements.*

## **Issue 3: POPULATION HEALTH**

The primary focus for the future must be providing leadership in the prevention of illness and chronic disease, health promotion and building supportive environments, while continuing to strengthen the care of those who are ill.

Chronic disease is a key challenge facing the health care system. Chronic diseases are the most common and costly illnesses and include conditions such as heart disease, arthritis, cancer. In its 2007-08 Community Health Survey, Statistics Canada reported that 59% of all residents in the province aged 12 years or older report having at least one chronic disease, and many have more than one.

There are many factors that influence chronic disease and determine health and well-being in general (see table). Some determinants can be altered, such as lifestyle behaviours, while others, such as genetics, cannot be changed. However, the impact of any determinant can be mitigated. All of these factors together affect the quality of life for individuals and impact the cost of running the health care system. This approach requires strong partnerships with regional health authorities, health care professionals and staff, all levels of government, organizations, communities and individuals.

The department is focusing on improving population health across the lifespan by enhancing all the services individuals receive from birth until the end of life. This approach encompasses all areas of health care including public health, mental health and addictions, community supports, acute care, long term

care and Aboriginal health. The department is committed to having the appropriate monitoring, systems and supports in place to allow individuals, families and communities to achieve optimal health and well-being.

This issue supports the strategic direction of population health.

### **THE DETERMINANTS OF HEALTH**

**Income and Social Status**

**Social Support Networks**

**Education and Literacy**

**Employment/Working Conditions**

**Social Environments**

**Physical Environments**

**Personal Health Practices and Coping Skills**

**Healthy Child Development**

**Biology and Genetic Endowment**

**Health Services**

**Gender**

**Culture**

## STRATEGIC ISSUE 3: POPULATION HEALTH

**GOAL:** *By **March 31, 2014**, the department will have enhanced initiatives that focus on prevention of illness and injury, and protection and promotion of health and well-being, to improve the health status of the population.*

**Measure:** Enhanced Initiatives

**Indicators:**

- Confirmed core health status indicators
- Improved coordination for population health
- Strengthened policy
- Continued implementation of wellness priorities
- Strengthened communicable disease control
- Developed an environmental health strategy

**Objective 1** *By **March 31, 2012**, the department will have advanced initiatives in key areas of population health.*

**Measure:** Advanced Initiatives

**Indicators:**

- Developed components of an environmental health strategy
- Implemented new initiatives in priority wellness areas
- Continued work on a communicable disease information management system
- Implemented select components of an approved cancer control strategy and developed a chronic disease strategy
- Identified areas for legislative reform

**Objective 2** *By **March 31, 2013**, the department will have established processes for monitoring population health initiatives.*

**Objective 3** *By **March 31, 2014**, the department will have started to evaluate priority initiatives.*

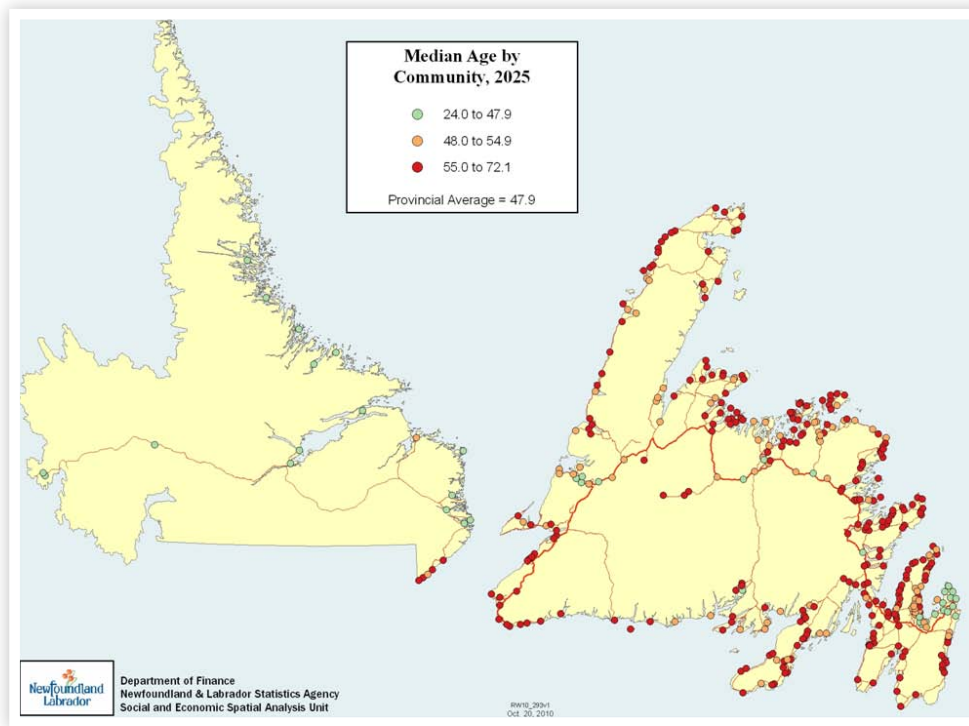
## Issue 4: DEMOGRAPHICS AND THE DELIVERY OF HEALTH AND COMMUNITY SERVICES

The demographics of Newfoundland and Labrador are changing. This will have an impact on health care services, in terms of where and how they are delivered and the workforce that delivers these services.

The biggest change is our aging population. By 2017, 20% of our population will be 65 years of age or older. With an older population an increase in chronic diseases can be anticipated. Changes in the make-up of many communities, with an increased older population and anticipated fewer young people, will result in fewer opportunities for seniors to rely on traditional methods of support and caregiving. In addition, as the population ages, the health care workforce is aging as well.

The changes facing the province present both challenges and opportunities for everyone and especially for our health care system. The department has been preparing to respond to this new reality. Significant improvements have been made in the long term care sector and the implementation of the Healthy Aging Policy Framework continues. A Long Term Care and Support Services Strategy (LTC CSS) is being developed and will build on existing enhancements. Succession planning has been identified as a key element of the provincial health human resources plan. On-going planning ensures that the entire health care system is dynamic and adaptable to deal with these changes.

This issue addresses the strategic directions of population health and access to priority services.



**Note:** Median age by community was projected from 2006 onward assuming the community median age increases at the same rate as its corresponding Economic Zone median age

## STRATEGIC ISSUE 4: DEMOGRAPHICS AND THE DELIVERY OF HEALTH AND COMMUNITY SERVICES

**GOAL:** *By **March 31, 2014**, in response to changing demographics, the department will have ensured a more responsive health and community services system.*

**Measure:** Ensured a more responsive health and community services system

**Indicators:**

- Aligned organizational structure to support LTC CSS enhancements
- Implemented enhancements to the LTC CSS sector
- Strengthened policy frameworks
- Collaborated with partners on human resources and identification of emerging needs

**Objective 1** *By **March 31, 2012**, the department will have assessed the future demographic trends to address the needs within the health care system.*

**Measure:** Assessed Demographic Trends

**Indicators:**

- Identified potential gaps in health human resources
- Identified population and chronic disease trends and impacts
- Identified impacts of population changes on the health system

**Objective 2** *By **March 31, 2013**, the department will have developed an approach to respond to changing demographics.*

**Objective 3** *By **March 31, 2014**, the department will have implemented initiatives to respond to changing demographics.*



# APPENDIX A: STRATEGIC DIRECTIONS

Strategic directions are the articulation of desired physical, social, or economic outcomes and normally require action by or involvement of, more than one government entity. They summarize the outcomes desired for the health sector and are communicated to entities that plan and report in collaboration with the department. The directions and focus areas related to the department's Strategic Plan 2011-2014 are provided in the following pages.

## **Strategic Direction 1: Population Health Outcome: Improved Population Health**

To achieve "improved population health", focusing efforts on public health interventions that will; promote healthy lifestyles and reduce health inequalities, prevent acute and chronic illness and injury, and protect people from health hazards, are necessary.

An integrated and collaborative approach, which preserves and promotes health and prevents and controls disease, is needed to:

- reduce the incidence of many of the illnesses that currently contribute to the burden of illness in Newfoundland and Labrador; and
- prepare the health system for illnesses and threats to health that are expected to emerge as society and the physical environment change.

Activities in these areas will decrease the burden of illness and associated health care and treatment costs, and contribute significantly to a sustainable health system. Focus areas for 2011-2014 are found on the next page. Some are population specific and others are related to health initiatives or programs to improve population health.



## The Population Health Strategic Direction is Addressed by

Focus Areas of the Strategic Direction 2011-2017	Entities reporting to HCS	HCS Strategic Plan	HCS Operational Plan	Work plan of a branch/division within the department
Aboriginal Health				✓
Cancer Care		✓		
Communicable Disease, including sexually transmitted disease				✓
Chronic Disease Management		✓		
Environmental Health		✓		
Health Emergency Management				✓
Healthy Aging		✓		
Healthy Eating/Physical Activity		✓		
Injury Prevention		✓		
Maternal/Newborn Health				✓
Smoking Rates And Protection from Environmental Smoke		✓		
Wellness		✓		

## Strategic Direction 2: Access to Priority Services

### Outcome: Improved accessibility to priority services

In addition to the challenges of geography, climate and a dispersed population, Newfoundland and Labrador is experiencing population aging, a process whereby older individuals account for a proportionately larger share of the total population and in-migration. We have the highest median age in Canada, that is, over half of the population is 43.3 years of age. In 2010 approximately 199,000 residents of the province were 50 years of age or over (38.8% of the population) and approximately 77,600 residents were 65 years or older (15.2 % of the population). We also have one of the highest rates of chronic disease in the country.

All services cannot be provided in every community, therefore defining a balance between available resources and what is reasonable and appropriate access within a range of prevention and treatment options is critical. We remain committed to improving access throughout the province by increased review of existing services, referral patterns, utilization, targeted interventions and the engagement of patients and the public. This 6 year planning cycle will focus on reviewing progress to date in previously selected areas, addressing identified gaps and strengthening collaborative approaches with regional health authorities, health providers, community groups and Atlantic partners in the following areas:

The Strategic Direction Access to Priority Services is Addressed by				
Focus Areas of the Strategic Direction 2011-2017	Entities reporting to HCS	HCS Strategic Plan	HCS Operational Plan	Work plan of a branch/division within the department
Access Management		✓		
Long Term Care and Community Supports		✓		
Mental Health And Addictions Services		✓		
NLPDP – Pharmacare Initiatives				✓
Pre Hospital / Emergency		✓		
Rural Health				✓

### Strategic Direction 3: Accountability and stability of health and community services

#### Outcome: Improved system performance and sustainability

As a priority of Government, record investments have been made in health care for several consecutive years. In 2010-2011, health and community services expenditures consumed approximately 37% of all government expenditures with the largest percentage allocated to regional health services (70%). The ability to sustain the provision of quality services requires the coordination and integration

of services, increased standardization and monitoring of clinical practice and service and innovation. A focus on increased monitoring and evaluation, the achievement of balanced budgets, the stabilization of health human resources and increased utilization of information for decision-making will lead to a sustainable health system and contribute to improved health outcomes for the people of the Province.

### The Strategic Direction of Improved Accountability and Stability in the Delivery of Health and Community Services within Available Resources is Addressed by

Focus Areas of the Strategic Direction 2011-2017	Entities reporting to HCS	HCS Strategic Plan	HCS Operational Plan	Work plan of a branch/division within the department
Clinical / Administrative Guidelines / Program Standards		✓		
Evaluation of Legislation, Programs and Services		✓		
Health Research				✓
Information Management and Technology				✓
Performance Measurement/ Monitoring				✓
Provincial Health Human Resources		✓		
Quality and Safety		✓		

# APPENDIX B: ENTITIES REPORTING TO MINISTER

Under the Transparency and Accountability Act, the following government entities are provided with the Strategic Directions of the Provincial Government and also prepare plans and annual reports in keeping with that Act:

1. **Eastern Regional Health Authority**
2. **Central Regional Health Authority**
3. **Western Regional Health Authority**
4. **Labrador - Grenfell Regional Health Authority**
5. **Public Health Laboratory**
6. **Newfoundland and Labrador Centre for Health Information**
7. **Medical Consultants' Committee**
8. **Mental Health Care and Treatment Review Board**
9. **Provincial Wellness Advisory Council**
10. **Provincial Advisory Council on Aging and Seniors**
11. **Provincial Mental Health and Addictions Advisory Council**







### **Contact Information**

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