Health Accord
for Newfoundland & Labrador

A 10-year health transformation
The life expectancy of Newfoundlanders and Labradorians is 2.6 years less than the life expectancy of Canadians (Statistics Canada, 2016). The lives of Canadian Indigenous people are substantially shorter, 72.5 years for males and 77 years for females (Statistics Canada, 2011).
Compared to Canada, people in NL are more likely to die from heart disease and stroke.
In Canada, more seniors in NL are living with chronic disease

Seniors with 3 or more chronic conditions*

Chronic Diseases/Conditions – are diseases that are long lasting and generally progress slowly, which can be treated but not cured. These can include hypertension or high blood pressure; heart disease including heart attack; diabetes; asthma or chronic lung disease such as chronic bronchitis, emphysema, or chronic obstructive pulmonary disease (COPD); depression, anxiety, or other mental health problems; cancer; joint pain or arthritis; and stroke.
Since 1981:
- the amount of money that NL has put into social spending has not really changed
- the amount of money that NL has put into health care spending has gone up 232% (NL health spending for 2019-20 is $3.128 billion)

Social spending is provided by governments for programs that aim to help individuals, families, groups and communities improve their individual and group well-being, and to promote fairness and opportunity in communities. Social programs include social or income assistance and community supports for specific populations. Education and health services are not included in social spending.
• NL has the worst health system performance in Canada
• NL’s health system performance is more like the United States rather than countries like Australia, United Kingdom and the Netherlands

Health System Performance – refers to how well a health system achieves its goals. This encompasses care processes including preventive care, safe care, coordinated care, and engagement and patient preferences; access including affordability and timeliness; administrative efficiency; equity; and health care outcomes.

Source: C. D. Howe Institute/Commonwealth Fund

Health Accord for Newfoundland & Labrador

A 10-year health transformation
- NL spends more per person on health care than any other province in Canada.
- Newfoundlanders and Labradorians are the unhealthiest people in Canada.
- The money we are spending is not working for us as well as it should.

<table>
<thead>
<tr>
<th>Province</th>
<th>Dollars per capita</th>
</tr>
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<tbody>
<tr>
<td>Canada*</td>
<td>$4,611</td>
</tr>
<tr>
<td>NL</td>
<td>$5,177</td>
</tr>
<tr>
<td>PE</td>
<td>$5,118</td>
</tr>
<tr>
<td>AB</td>
<td>$4,851</td>
</tr>
<tr>
<td>NS</td>
<td>$4,806</td>
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<tr>
<td>SK</td>
<td>$4,759</td>
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<tr>
<td>MB</td>
<td>$4,718</td>
</tr>
<tr>
<td>NB</td>
<td>$4,643</td>
</tr>
<tr>
<td>QC</td>
<td>$4,385</td>
</tr>
<tr>
<td>ON</td>
<td>$4,275</td>
</tr>
<tr>
<td>BC</td>
<td>$5,022</td>
</tr>
</tbody>
</table>

* Average

Source: CIHI
Community care includes primary care, elder care, social care, public health.
FACTS

1. Worst life expectancy, highest death rates for cancer, cardiac disease and stroke, and highest rate of chronic disease in Canada.

2. Since 1981, only 6% increase in social spending but 232% increase in health spending.

3. Worst health system performance across all Canadian provinces.

4. Highest per capita spending on health care in Canada. NL provides the worst value for spending in health care.

5. Population shift to a low percentage of children, a high percentage of seniors, with a drop in rural populations.

6. 50-year-old institution-based system with an imbalance between community-based services and hospital services.

A 10-year health transformation
Objective

Use evidence, strategies and public engagement to create a 10-Year Health Accord that will improve health in Newfoundland and Labrador, and do so within the fiscal envelope of the province.
Timelines

- **Phase 1**: Creating the plan (Year 1)
- **Phase 2**: Implementing the plan (Years 2-5)
- **Phase 3**: Evaluating the impact of the plan (Year 6 and onwards)

A 10-year health transformation
Phase 1: Creating the Plan

- Setting the Directions
- Interim Report
- Planning the Implementation
- Draft Report
- Validating the Plan
- Final Report
Engagement Approach

- **Public Town Halls**: 21
- **Special Interest Town Halls**: 10
- **Meetings with a Wide Range of Stakeholders and Groups**: 75
- **Media Interactions**: 24

As of April 9, 2021
Engagement Series #1: Town Hall-Poll Question

Which of the following is your top concern around health? (N=185)

- The health of my aging friends/family: 46.5%
- Access to a health care provider in my community: 29.2%
- The health of my children/grandchildren: 20.0%
- Access to a hospital: 4.3%
Engagement Series #1: Town Hall-Poll Question

What is the biggest factor that affects health? (N=185)

- Income, social supports, level of education: 63.2%
- Diet, exercise & smoking: 25.9%
- Access to health services: 10.8%
### WHAT MAKES CANADIANS SICK?

<table>
<thead>
<tr>
<th>50%</th>
<th>YOUR LIFE</th>
<th>INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>EARLY CHILDHOOD DEVELOPMENT</td>
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<tr>
<td></td>
<td></td>
<td>DISABILITY</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EDUCATION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOCIAL EXCLUSION</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SOCIAL SAFETY NET</td>
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<tr>
<td></td>
<td></td>
<td>GENDER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMPLOYMENT/WORKING CONDITIONS</td>
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<td></td>
<td></td>
<td>RACE</td>
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<tr>
<td></td>
<td></td>
<td>ABORIGINAL STATUS</td>
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<tr>
<td></td>
<td></td>
<td>SAFE AND NUTRITIOUS FOOD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HOUSING/HOMELESSNESS</td>
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<tr>
<td></td>
<td></td>
<td>COMMUNITY BELONGING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25%</th>
<th>YOUR HEALTH CARE</th>
<th>ACCESS TO HEALTH CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>HEALTH CARE SYSTEM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WAIT TIMES</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15%</th>
<th>YOUR BIOLOGY</th>
<th>BIOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GENETICS</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10%</th>
<th>YOUR ENVIRONMENT</th>
<th>AIR QUALITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>CIVIC INFRASTRUCTURE</td>
</tr>
</tbody>
</table>

**These are Canada’s Social Determinants of Health #SDOH**
Is it important to provide solutions to social factors that affect our health like level of education, employment, our social circumstances, culture, race, etc.?

- Extremely important: 71.2%
- Very important: 25.0%
- Moderately important: 2.8%
- Slightly important: 0.5%
- Not at all important: 0.0%
- I'm Not Sure: 0.5%

Do you believe that the way we receive regular care from doctors, nurses, or other providers needs to change?

- Yes: 82.5%
- Maybe: 14.6%
- No: 2.8%
- I don't know: 0.0%
Relative Contribution of Social and Health Themes Arising From Questions and Comments From Town Halls (Responses = 618)

- Social Determinants of Health: 27%
- Access to Health System: 32%
- Health System Performance: 25%
- Miscellaneous: 16%
The Top Six Themes Arising From Both Questions and Comments Concerning the **Social Determinants of Health** (Responses = 167)
The Top Six Themes Arising From Both Questions and Comments Concerning **Health System Access** (Responses = 196)
Engagement Series #1: Town Hall-Questions & Comments

The Top Six Themes Arising From Both Questions and Comments Concerning **Health System Performance** (Responses = 196)
Engagement Series #1: Electronic Communication

The Relative Contribution of Social and Health Themes Arising From Electronic Communication With the Public (Responses = 76)

- Email/Website: 41%
- Social determinants of health: 32%
- Access to health system: 27%
- Health system performance:
Community Health Assessment Surveys

Percentage of Respondents Unable to Access Health Care Services in the Past 12 Months

EH: 27%
CH: 30%
WH: 32%
LGH: 37%
## Top 10 Areas/Issues of Concern in the Community in EH, CH and WH

<table>
<thead>
<tr>
<th>Issue</th>
<th>EH (%)</th>
<th>CH (%)</th>
<th>WH (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addictions</td>
<td>57</td>
<td>58</td>
<td>51</td>
</tr>
<tr>
<td>Mental health</td>
<td>56</td>
<td>62</td>
<td>46</td>
</tr>
<tr>
<td>Cost of living</td>
<td>55</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Road quality</td>
<td>54</td>
<td>50</td>
<td>51</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>53</td>
<td>53</td>
<td>46</td>
</tr>
<tr>
<td>Distracted driving</td>
<td>44</td>
<td>36</td>
<td>42</td>
</tr>
<tr>
<td>Bullying</td>
<td>36</td>
<td>36</td>
<td>39</td>
</tr>
<tr>
<td>Unemployment</td>
<td>35</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Seniors’ resources</td>
<td>34</td>
<td>36</td>
<td>26</td>
</tr>
<tr>
<td>Food insecurity</td>
<td>30</td>
<td>34</td>
<td>29</td>
</tr>
</tbody>
</table>
Community Health Priorities with Residents in LGH

- Addictions
- High Cost of Living
- Lack of Resources for Seniors
- Mental Health
- Food Insecurity
- Language and Culture
Engagement Series #2: Town Hall-Survey Questions

Major themes identified from comments on “Overall what aspects of health and wellness are you dissatisfied with?” (Responses = 234)

- Social Determinants of Health: 26%
- Access to Health Care: 19%
- Health System Performance: 54%

The major themes arising from comments on “What are the top 3 things the province should do over the next 5-10 years to improve health care and service delivery?” (Responses = 343)

- Social Determinants of Health: 46%
- Access to Health Care: 33%
- Health System Performance: 21%
In agreement with the World Health Organization, we consider health to be “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

On average, the people of our province have worse health than those in other Canadian provinces, with some of us within this province having worse health than others, particularly among the five Indigenous communities.
Our Vision
is improved health and health outcomes of Newfoundlanders and Labradorians through acceptance of and interventions in social determinants of health, and a higher quality health system that balances community, hospital, and long-term care services.
Social Determinants Of Health
Direction Statement

We will continue to seek a clearer understanding of the social, economic, and environmental factors which have led to continuing health inequity in NL. We will engage communities in identifying and addressing specific areas of concern.

We will challenge the health care system to strengthen its role in promoting health equity.

We will champion the “Health in All Policies” approach by provincial and municipal governments and encourage its expansion to include public, community and private organizations.

We will build on our strengths and existing initiatives to bring about a cross-sectoral approach, essential to improving the health of Newfoundlanders and Labradorians.
Community Care
Direction Statement

Every person in Newfoundland and Labrador will have **timely access** to social and health services, and to **continuous care** centered in the community as part of a well-connected network.

This structure will be enabled and strengthened by **interdisciplinary teams working collaboratively** with individuals and their families, and focusing on all aspects of health and wellness.
Hospital Services
Direction Statement

**Quality** hospital services will be delivered through better integrated **hub-and-spoke team-based care** where all practitioners will be able to fully utilize their skills.

The care model will be delivered in **collaboration with community services** to provide **sustainable, appropriate, equitable** and **person-focused** care that supports the needs of the patients in their communities.

Patient travel will be minimized by the utilization of **virtual technology**. When travel is necessary, patients will access a **better transportation** system.
Aging Population
Direction Statement

The people of Newfoundland and Labrador will be enabled and empowered to transition seamlessly through age and health-related changes with dignity and autonomy.

This will be rooted in family and community supports, strengthened by a commitment to aging-in-place in age-friendly communities, and supported by home support and long-term care in which quality of care and quality of life are fundamentally linked.
Quality Health Care
Direction Statement

We will improve individual and population health, as well as the performance of our social and health systems.

All people of the province will receive high value, timely services in a way which matches actual practice with best practice.

**Accountability, oversight, research, and beneficial innovation** will ensure optimal quality of care.
Digital Technology
Direction Statement

Digital technology will improve health and health outcomes in the province by empowering people with information, access, and choice.

By embracing digital technologies, we will connect people and systems, we will integrate systems, and we will link health and social factors.

Using an agile, iterative, and evidence-based approach, we will spur leading innovation and a culture of exploration, which will become a driving force for inclusion.
Social determinants of health
Community care
Hospital services
Aging population
Quality health care
Digital technology

A 10-year health transformation
Social determinants of health
Community care
Hospital services
Aging population
Quality health care
Digital technology
social, economic, and environmental factors
build on our strengths
cross-sectoral approach
engage
“Health in All Policies”
health equity
timely access
continuous care
community
well-connected network
interdisciplinary teams
better integrated hub-and-spoke team-based care collaboration with community services person-focused virtual technology enhanced transportation
enables
empowers
transition
dignity
autonomy
oversight
high value
timely
accountability
beneficial innovation
best practice
information
choice
integrating
culture of exploration
inclusion
Social determinants of health
Community care
Hospital services
Aging population
Quality health care
Digital technology
We will improve the health of Newfoundlanders and Labradorians

- Address specific areas of concern relating to social, economic and environmental factors
- Creatively use digital technology to connect systems and people and to link health and social factors
- Empower people to transition seamlessly through age-related health changes
- Ensure high quality health care in social and health systems
- Balance the health system with an accessible team-based network of community and hospital services
## Engagement Series #2: Town Hall-Survey Questions

Agreement with Health Accord NL Vision and Committee Direction Statements

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>STRONGLY AGREE (%)</th>
<th>SOMEWHAT AGREE (%)</th>
<th>OTHER (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Accord NL Vision</td>
<td>70</td>
<td>23</td>
<td>7</td>
</tr>
<tr>
<td>Social Determinants of Health</td>
<td>69</td>
<td>23</td>
<td>8</td>
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<tr>
<td>Community Care</td>
<td>73</td>
<td>21</td>
<td>6</td>
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<tr>
<td>Hospital Services</td>
<td>66</td>
<td>28</td>
<td>6</td>
</tr>
<tr>
<td>Aging Population</td>
<td>78</td>
<td>18</td>
<td>4</td>
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<tr>
<td>Quality Health Care</td>
<td>67</td>
<td>25</td>
<td>8</td>
</tr>
<tr>
<td>Digital Technology</td>
<td>63</td>
<td>30</td>
<td>7</td>
</tr>
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Interwoven Pathways

Pathways:
- Governance
- Health Literacy
- Workplace Readiness
- Interdependence

Strategies:
- Aging population
- Community care
- Hospital services
- Social determinants of health
- Digital technology
- Quality health care
We will develop an approach to governance that integrates social and health systems, engages communities, and ensures oversight for the implementation of the Health Accord.

We will find new ways to engage the energy, the flexibility, and the diversity of community groups in improving our health and social systems.
We will explore how a better understanding of the impact of social factors on health-related behaviors can help facilitate health-promoting behaviors and better health outcomes.

We will encourage efforts to strengthen the ability of people of all ages to find, understand, and use information as a way to promote, maintain, and improve health in a variety of settings for themselves and others.
Workplace Readiness

We will ensure that human resource planning is directed towards the appropriate number, distribution and mix of people that work in the rebalanced social and health systems.

We will advocate for their education in a manner consistent with the directions of the Health Accord, with a focus on leadership, strengthening health equity, collaborating across social and health systems, working in team-based care, and improving health outcomes.
We will approach change in social and health systems in a way that recognizes the interdependence of the provincial, federal, and Indigenous governments, municipalities, and communities.

To enhance health equity, we will work with existing government initiatives, such as those relating to mental health, education, and poverty reduction.

- Towards Recovery: A Vision for a Renewed Mental Health and Addictions System for Newfoundland and Labrador
- Now is the Time: The Next Chapter in Education in Newfoundland and Labrador
- Empowering People...Engaging Community...Enabling Success: Newfoundland and Labrador Poverty Reduction Strategy.
We will improve the health of Newfoundlanders and Labradors

Address specific areas of concern relating to social, economic and environmental factors

Creatively use digital technology to connect systems and people and to link health and social factors

Governance
Health Literacy
Workplace Readiness
Interdependence

Empower people to transition seamlessly through age-related health changes

Ensure high quality health care in social and health systems

Balance the health system with an accessible team-based network of community, hospital, and long-term care services