

Health Accord for Newfoundland and Labrador

Our province.

Our health.

Our future.

A 10-Year Health Transformation

The Summary

Citation

Health Accord NL. (2022). Our Province. Our Health. Our Future. A 10-Year Health Transformation: The Summary. <https://healthaccordnl.ca/final-reports/>.

Acknowledgement

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Our health in Newfoundland and Labrador is not good enough. We have worse health outcomes than people in other Canadian provinces. There are unfair and avoidable differences among us within our province. And these realities are steadily becoming more severe. We must act, and we must act now.

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A Compelling Case for Change

Across the ten provinces, Newfoundlanders and Labradorians have:

- a higher rate of deaths from heart disease, cancer, and stroke;
- the lowest life expectancy;
- the highest level of complex health needs among children; and
- the highest proportion of older people with three or more chronic illnesses.

The suicide rate in Newfoundland and Labrador has tripled since the 1980s. For all age groups, there are increasing concerns about mental health and mental illness.

Extreme Population Change

Connected to these unacceptable health outcomes is the fact that our population has been dropping steadily in most areas of the province over the past thirty years. In some communities, the population has decreased by more than 40%. This overall situation is made even more startling by the fact that some regions of the province have seen a decrease of over 70% in the number of children under the age of 15 years. At the opposite end of the life spectrum, the proportion of the population over the age of 65 years has at least doubled in every area of the province.

Sustainability

The rapid onset of the population shift, linked with outmigration related to the cod moratorium in the early 1990s, has challenged our health system which was built primarily to respond to younger people with episodic short-term illness, not to older people with long-term illness. It was not designed to focus on illness prevention or health promotion. One significant outcome has been a sustainability crisis, resulting in high numbers of unfilled positions for many health professionals, increased numbers of short-term replacements for physicians, greater workplace stress and burnout for those working in the health system, and, reportedly, almost 20% of the population without access to a family physician. This crisis is made more challenging by other complicating factors such as our traditional undervaluing and under-resourcing of areas such as mental health and long-term care and an emerging shortage of health professionals in Canada and across the globe.

Climate Emergency

The global climate emergency is being felt most keenly in Labrador where steadily increasing temperatures are causing rising sea levels, the loss of sea ice, and new species in our waters. Extreme weather events (e.g., more intense hurricanes and

rainstorms) are being experienced on the Island as well as in Labrador. It is no longer possible to ignore the health implications of this climate emergency for individuals and for communities in our province.

“All that we’ve learned can’t be passed on, and it’s gonna end with the next generation. All those good things that kept us healthy and well, and kept us who we are, and kept us grounded, are not going to be available, I don’t think, to our next generation.”

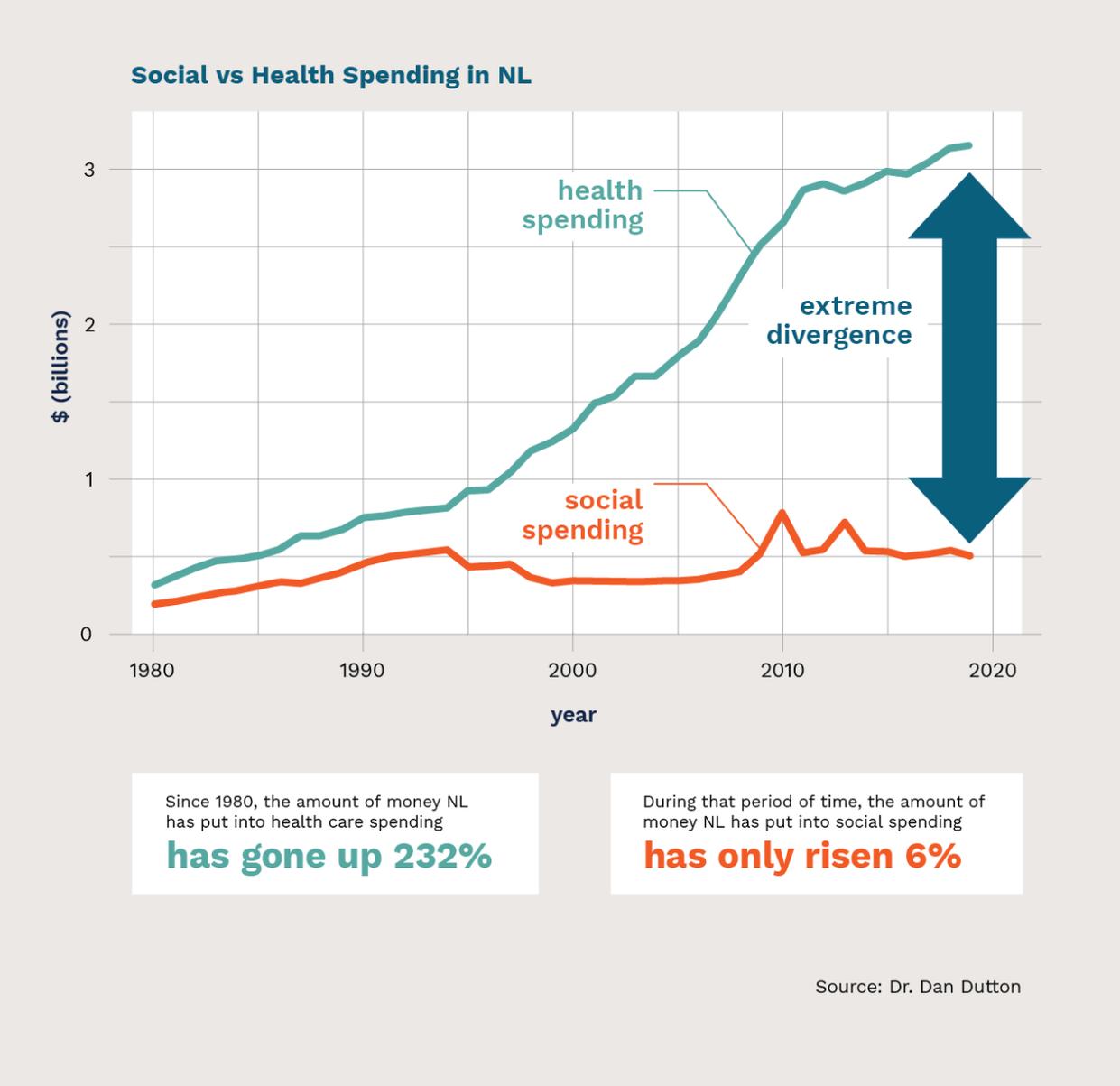
-An Inuit elder talking about the impact of thinning sea ice in Northern Labrador. Source: Quotation taken from CBC news article accessed at www.cbc.ca/news/newfoundland-Labrador-Nunatsiavut-sea-ice-1.5951551

Impact of COVID-19

Since early 2020, a global pandemic has intensified this compelling case for change. The emergence and spread of COVID-19 appear to be related to urbanization and global travel as well as environmental issues including habitat destruction, live animal trade, and intensive livestock farming. Evidence shows that, among groups living in vulnerable conditions, the pandemic has substantially magnified the inequality gaps, with possible negative implications for long-term physical, socioeconomic, and mental well-being. The pandemic has increased inequality in many other spheres of human activity – in the availability of vaccines, in economic growth, in access to education and health care, in the scale of job and income losses (which have been higher for women and low-skilled and informal workers), and potentially in losses to human capital caused by disruptions in education. The pandemic and the social response to the disease have led to behavioural and societal changes that may remain long after the pandemic.

Linkage between Health and the Economy

Evidence consistently shows that, if a society is not healthy, there cannot be social or economic progress. When there are health inequities, there will be social and economic inequalities. Unacceptable health outcomes and health inequity in our province mean that we will not be able to achieve economic prosperity or thrive socially unless we bring about better health for individuals and for the population.



Our Choice to Improve Our Health

We can improve the health of the people of our province if we choose to do so. Health Accord NL has been created to help us make this choice to bring about the needed transformation in individual and population health and, consequently, in social and economic stability. Health Accord NL’s vision is improved health and health outcomes for Newfoundlanders and Labradorians through acceptance of and interventions in social determinants of health, and a higher quality health system that rebalances community, hospital, and long-term care services.

Throughout this summary, when the generic terms “health” and “health care” are used, they are understood to include mental and physical health and health care.

Influences on Our Health

We know that health is influenced by where we are born, live, grow, eat, exercise, learn, work, and play. It is influenced by our feeling respected and safe no matter what group we belong to and by our being able to age with dignity and independence.

These social, economic, and environmental factors (referred to as the social determinants of health) have the greatest impact on our health – **60% overall**. Our genetic makeup and our biology influence about 15% of our health outcomes while 25% of the impact is related to our health system.

We have not funded our health system and social systems in a manner which reflects this distribution of influences on health. We pay the most per capita among all the provinces for health care. Since the early 1980s, we have seen an increase of 232% in health care spending while, over the same time, there has been only a 6% increase in social spending.

To bring about any real change in the health of the population overall, we must make a difference in these factors which have the greatest influence on our health.



Health Accord NL

Task Force

Health Accord NL was established in November 2020 by Premier Andrew Furey and Minister John Haggie (Department of Health and Community Services) as a **Task Force** to reimagine health and health care in this province. The Task Force was created to bring about this reimaging by creating a province-wide accord, an agreement on the wisest course to follow. The members of the Task Force were members of the community at large, leaders of the five major health care provider organizations/unions, individuals appointed by our three political parties and the Indigenous peoples, leaders of other major stakeholders including health education institutions, the Chief Executive

Officers of the four Regional Health Authorities, and the Deputy Minister of Health and Community Services.

Strategy Committees and Working Groups

Six strategy committees were established (social determinants of health, community care, hospital services, the aging population, quality health care, and digital technology) with diverse representation from across the province. **Four working groups** (workforce readiness, education, governance, and finance and intergovernmental affairs) were added after input from members of the public suggested that they were needed. The Task Force oversaw the work of these ten groups, received their advice, and have now completed the mandate set by Premier Furey and Minister Haggie.

Guiding Principles and Lenses

The Health Accord was built on a set of **guiding principles** and **three lenses**: inclusion, which is both a lens and a social determinant of health; quality, which is related to both health and social systems; and integration, which is needed within the health system and across all organizations that have an impact on health and health outcomes. The work of the Health Accord was shaped by engaging with the people of the province, by listening to the voices of those for whom the health and social systems exist, and by integrating the learnings from their lived experience with existing evidence and emerging innovations. Multiple forms of engagement were used with members of the public, with groups and organizations within the population, and with stakeholders who are more directly connected to health and health care. Extensive efforts were taken to ensure that people from all parts of the province, from all ages, and from all groups within the province could find the best ways to participate and to trust that their input was welcomed and would make a difference.

Conclusion of Health Accord NL

The conclusion of the work of Health Accord NL is that we can improve the health, health outcomes, and health equity of the people of the province. We can do so **only** by combining two major approaches:

- intervening in the social, economic, and environmental factors that have an impact on health, and
- rebalancing the province's current health system.

Giving careful attention to both approaches while ensuring that the social determinants find their rightful place supported by adequate resources is essential if we are to bring about improvements in our overall health.

Social, Economic, and Environmental Factors (Social Determinants of Health)

What are some of the things that, individually and collectively, we can do to make a difference in social, economic, and environmental factors to help us improve the health, health outcomes, and health equity of individuals, families, communities, and our province?

- Recognize and address the impact that social, economic, and environmental factors have on our health by making the needed changes in governance, policies, programs, and all our decision-making across multiple sectors of the province.
- Work closely with the federal government to ensure that all Newfoundlanders and Labradorians – individuals and families – have a livable and predictable basic income.
- Improve food security and housing security by building better provincial programs that are equitable and reflect cultural and geographic diversity.
- Take more seriously the health impact of the climate change emergency happening in our world and act more decisively on climate action in our own province.
- Create a provincial Pathway to Inclusion so that we have both a more inclusive health system and a more inclusive society in which each person feels valued and respected.
- Create a more integrated approach to education, learning, and care for children and young people.
- Pay special attention to interprofessional health services for children and young people who have complex health needs or who live outside their homes for their protection and safety.
- Take steps to support the further development of age-friendly communities and to end ageism in our province.
- Provide better support to community organizations in their efforts to strengthen the health of the people of the province.

We will know that these steps are working when we are confident the following statements are true.

There are social supports available to us; the school system serves children well; we have a voice in what matters to us; there is access to a full selection of services for youth; we enjoy good quality food and water; the justice system protects us; our homes are safe and warm; there are strong supports and services for our mental health; there are strong efforts to reduce poverty in our communities; no one feels excluded or stigmatized; every child has a good start in life; any signs of systemic racism, sexism, ageism or ableism in our communities are immediately recognized and addressed.

A Rebalanced Health System

What can we do to reimagine our health system in a way which responds better to our realities today and in the coming years?

- Rebalance the province's health system with community teams, community hospitals, regional hospitals, and a tertiary hospital, each offering health services to meet the needs of the people served in a more sustainable and effective way.
- Connect every person and every community in the province with a community team made up of diverse health professionals.
- Connect the community teams with schools, municipalities, the justice system, community organizations, and private businesses so they can work together to improve social, economic, and environmental factors that influence our health.
- Provide urgent care at the province's 23 health centres, now integrated with community teams, in a way that best responds to the communities they serve.
- Implement a continuum of care for older adults, including older adults with disabilities. A continuum of care includes options for care that follow a person through time, adapting to their changing needs. Such a continuum of care may be provided in individual homes, personal care homes, long-term care facilities, or hospitals.
- Implement a formal Provincial Frail Elderly Program in communities and health facilities.
- Set up an Occupational Health Clinic to address diseases linked to specific occupations and workplaces.
- Ensure that the voice of lived experience is recognized as essential in all initiatives to bring about a rebalanced health system.
- Strengthen provincial legislation, regulation, and policy to provide care and protection for older people.

The health system will have **well-equipped, appropriately educated providers** who work in an environment that values and supports them. The health system will be embedded in a community where family members, care providers and volunteers, municipalities and advocacy groups continue to provide support and connection.

We will know that our new approach to our health system is working when the province's formal health system maintains its key elements, and those elements now work better together to ensure that each person, regardless of age, geographic location, or personal circumstances, has the best possible access to high quality health care.

What Will a Rebalanced Health System Look Like?

Aging in place in age-friendly communities will become the foundation of care for older persons in their homes, in personal care homes, and in long-term care facilities.

Interprofessional community teams will be part of all components of the care system that supports us as we age.

Community teams will cover the whole province, including every community, with access for every person in defined geographic areas. Health centres will provide urgent care, transition points for hospitals where they are needed and, in some instances, holding beds and long-term care beds.

Community hospitals will provide emergency services as well as a broad spectrum of medicine, mental health care, geriatric care, and other core services that can be provided in a sustainable way. **Regional hospitals** will provide specialized care including geriatric services, stroke care, and rehabilitation. The **tertiary hospital** in St. John's will provide the most specialized care for adults and children, for acute care, mental health care, chronic care, and rehabilitation.

The health system will be rebalanced across community, long-term care and hospital services and will be integrated into the broader systems which influence health. Our health and social systems will be balanced, collaborative, and connected; linked in real ways including by information systems; and realigned to support each other.

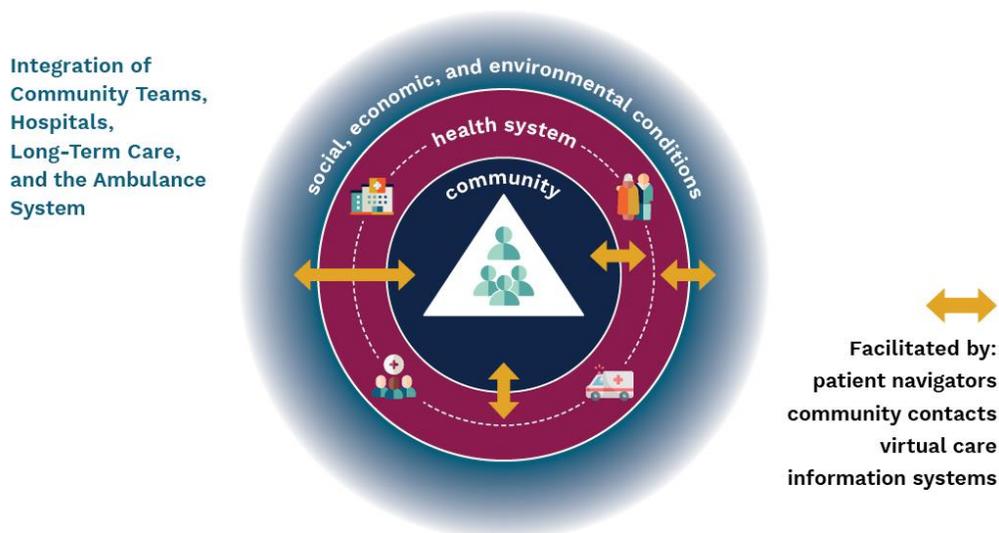
Support for the Rebalanced System

How will we support this newly rebalanced health system?

- Strengthen standards of care for community-based care and long-term care services. Set provincial standards for acute care services.
- Establish one provincial, integrated air and land ambulance system with one central medical dispatch, staffed by primary care and advanced care paramedics, and supported by a virtual emergency system.
- Modernize the information technology infrastructure for the health system and other systems that support health.
- Improve virtual care technologies with affordable access to the technology.
- Create a Provincial Health and Social System Human Resource Plan with all providers working to the highest scope of their practice and with defined strategies to meet the diverse human resource needs of various regions of the province.
- Create Workplace Transition Agreements for any persons negatively affected by the changes in the health system.
- Create an integrated and strategic recruitment plan for health providers and managers across the province.
- Ensure healthy and safe workplaces within the health system to retain current and future health providers and managers.

- Review and align guiding principles for all education programs for persons preparing to work in health and social systems to ensure that they support each other and the social determinants of health.
- Update interprofessional education for health practitioners to help them better understand the social determinants of health, the rebalanced health system, quality, care of older persons, cultural diversity and safety, and digital technology. Deliver education and continuing education programs using an integrated, inclusive, and collaborative model with a better distributive model for training placements.
- Provide education for the people of the province to enable them to fully participate in this new learning health and social system.
- Be attentive to the quality of experience of each person who is served by the health system and social systems.
- Strengthen and provide resources for more effective connections between the health system and community groups and volunteers.

The Rebalanced Health System



We will know that the support for change is there when pathways among the components are made by community points of contact who work together with each other, by virtual care or by information systems, by the land and air ambulance system, and by navigators whose only purpose is to help cross the lines that, in the past, have not been easily crossed. Groups, centres, networks, and coalitions will link social support and health care.

People who work in our rebalanced health and social systems will work to the **full scope of their practice**. They will be supported and provided with ongoing learning opportunities within their teams. They will experience working conditions that support them in taking responsibility for good work-life balance.

Funding for the New Approach

How will we pay for this new approach to health and health care?

- Outline the **short-term, medium-term, and longer-term priorities** to help implement this new approach over the next five years. Consider the financial impact of each step in implementing these priorities as well as the potential for improved efficiency in the use of health care resources.
- Develop a **provincial strategic plan** to immediately engage with the federal government to fund: a basic income approach, climate change actions, childhood development programs, response to the needs of the aging population, community teams for primary care, and increased internet connectivity to communities (all identified federal priorities at this time). Support the request from the provincial governments to the federal government for an increase to Canada Health Transfer payments.
- Recognize that many of the actions identified require a **change of attitude and approach** with special attention to inclusion, quality, and integration which must be guided by an insightful change management strategy.
- Consider the economic and financial impact of failing to act. Addressing the **social determinants of health** and rebalancing the **health system** are critical ways of strengthening the fiscal health of the province into the future.

When it comes to financing this new approach, we **must** consider the economic and financial impact of failing to act.

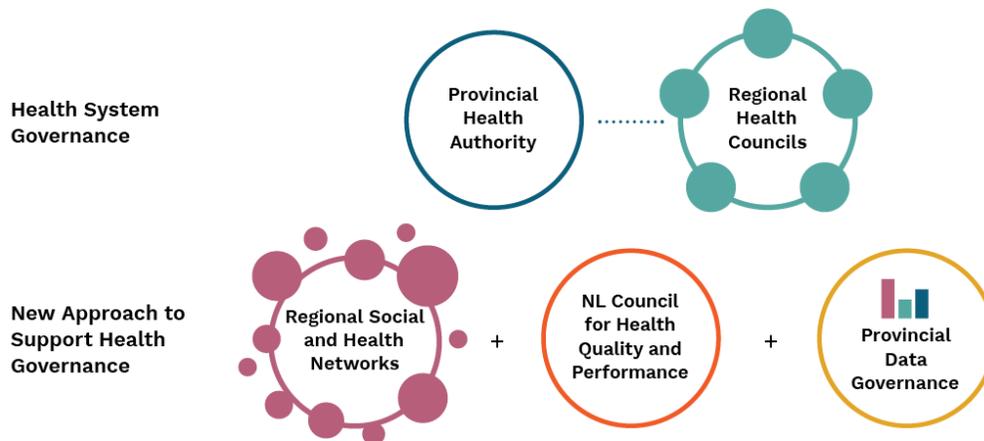
Governance and Management of the New Approach

How will we govern this new approach to health and health care?

- Create a **Provincial Health Authority** to address the parts of the system that need province-wide integration and oversight.
- Create **Regional Health Councils**, reporting to the provincial health authority, with the level of authority needed to address delivery of health care at the regional level. These councils will listen and respond to the voices of the people in the regions and be sensitive to regional differences and unique challenges.

- Set up **Regional Social And Health Networks**, convened by the regional health councils, bringing together the many groups and organizations which have an impact on health in each region.
- Establish a **Newfoundland and Labrador Council for Health Quality and Performance** for health and social systems, reporting to the House of Assembly.
- Develop a provincial data governance model to ensure that data are collected, analyzed, and used in a transparent, ethical, efficient, and accountable manner.

Components of the New Governance Approach



Evidence that the Approach is Working

How will we make certain that this new approach is working?

- Design a **long-term evaluation plan** with continuous feedback to assess the implementation of the Health Accord actions.
- Develop and **report annually to the public**, in an ethical way, transparent and accessible indicators related to the social determinants of health as well as to health and social system performance.

This level of engagement, commitment and leadership is essential if the health outcomes of the people of this province are to reach a level comparable to that of other Canadians and if health equity is to become real among us.

Making Health Accord NL come to life will demand the commitment and the support of all Newfoundlanders and Labradorians. Intelligent and committed leadership at the highest political and executive levels of government and of our health and social

systems will be **essential**. We will need wise and energetic leadership from the community sector, the private sector, the health education sector, municipalities, and Indigenous governments. We will need continued engagement and persistent demands from every one of us in this province that the calls to action are being answered and that Health Accord NL is being faithfully implemented.

Existing Strengths

There are presently many strengths in Newfoundland and Labrador on which the Health Accord is building. People in our health and social systems, people giving volunteer time and supporting community organizations, and officials in government departments seeking to implement new policy directions have been working tirelessly to bring about change. The provincial government has initiatives either in place or being developed to promote integration and break down silos to better support overall health and well-being. This includes a “health in all policies” approach, government-wide work on poverty reduction and well-being, and initiatives to address systemic barriers to ending homelessness, improving accessibility, extending mental health initiatives, strengthening anti-racism, and enhancing disability support.

Since 2006, Newfoundland and Labrador has had a Poverty Reduction Strategy which is now being re-energized with a focus on well-being. In 2019, Government created a strong climate action plan. The All-Party initiative on mental health and addictions led to a Towards Recovery Action Plan now being implemented. The Premier’s Task Force on Improving Educational Outcomes: Now is the Time (2017) called for better integration of health and education to better respond to health literacy and health needs of children in the school system.

What Health Accord NL adds is an overarching view of the whole picture, a vision for a **comprehensive** approach and integrated directions, a call for transformation with emphasis on health promotion and early intervention, and new energy with realigned resources to integrate these strengths into the new vision.

Health Accord NL Reports

The Health Accord NL Task Force is documenting its work in four volumes:

The main **Report** identifies the directions needed to respond to social, economic, and environmental factors and to rebalance the health system. The Report also outlines the calls to action which will ensure that the directions are taken in a measured way over the next five years. The Accord will succeed only if the content of the Report is understood as one, integrated, holistic and comprehensive approach.

This document is a **Summary** statement highlighting the key points of the Report.

The **Blueprint** presents the implementation plan for these calls to action, with suggested timelines, estimated costs, sources of funding, and integrating structures accountable for implementing The Accord. The Blueprint outlines options for implementation.

The **Evidence** is an online archive of different types of information obtained to support the work of the Task Force, including summaries of evaluations of the health and social systems in the province, expert testimony, presentations by stakeholders, reports, and Canadian and international research findings.

Signs of Success

How will we know that Health Accord NL has achieved its vision?

We will be aware that specific social, economic, and environmental conditions are affecting our health and we are doing something to address root causes and prevent negative outcomes. Health and social systems will be balanced and will be collaborating to ensure that we have better health outcomes. We will have better, more timely access to health care with a more integrated, streamlined, technically enhanced, and sustainable health system supporting people at all ages and stages of our lives. Before they ever make a major decision, **every organization and every government department will ask the question**, “How will this affect health in the community?”

Individual Newfoundlanders and Labradorians **will have better health outcomes** and know that there is **health equity** no matter to what group we are born, in which location we live, or what our life circumstances are. We will experience **more appropriate care** and **better health and social services**. We will have **lower rates** of chronic illness and **fewer deaths** from stroke, heart disease and cancer. The health of the people of our province will be **as good as the health of those in other provinces**.

Successful implementation of the Health Accord over the next five years will lead to the **largest transformation of the Newfoundland and Labrador health and social systems since** the introduction of Medicare in the 1960s.

If we choose to act, the health status, health outcomes, and health equity of Newfoundlanders and Labradorians will have improved significantly by the year 2032. Only when we achieve this vision will Newfoundland and Labrador be a thriving, welcoming, and healthy place for us and for generations to come. **We deserve no less.**

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