



Health Accord

for Newfoundland & Labrador



A 10-year health transformation

Our Compelling Case For Change

The life expectancy of Newfoundlanders and Labradorians is **less than** the Canadian average.

The life expectancy of Canadian Indigenous people is **substantially less** than the Canadian average.

Canada
Indigenous
Population

I hope I live a happy, long life.

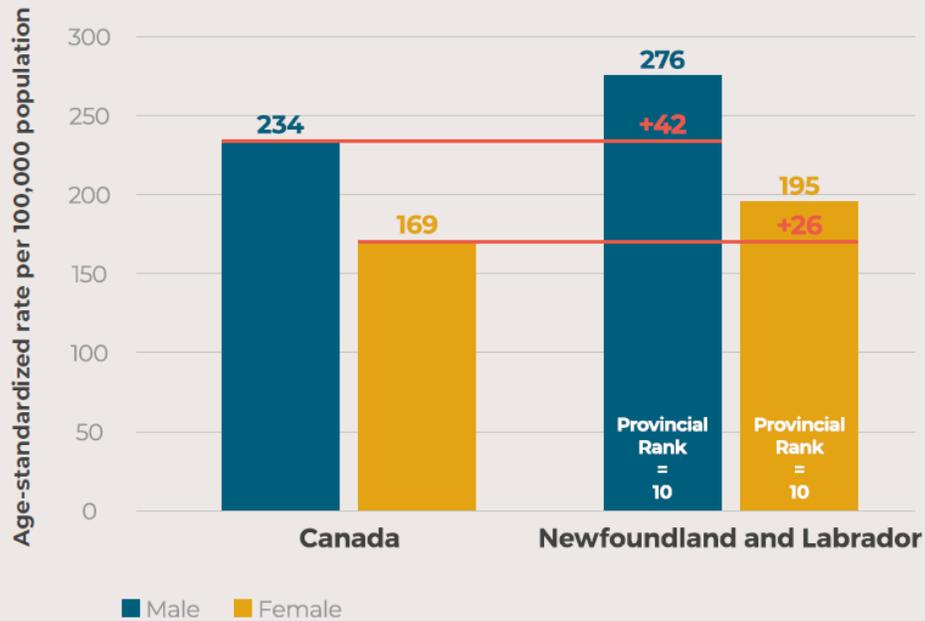
NL
Total
Population

I hope I live a happy, long life.

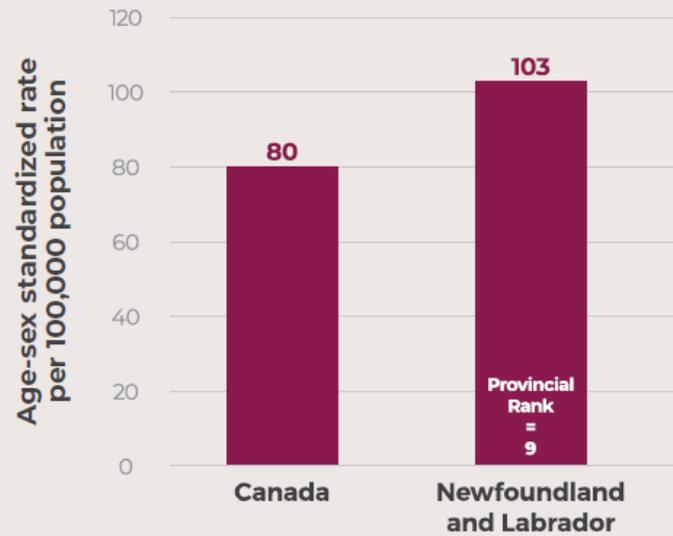
Canada
Total
Population

I hope I live a happy, long life.

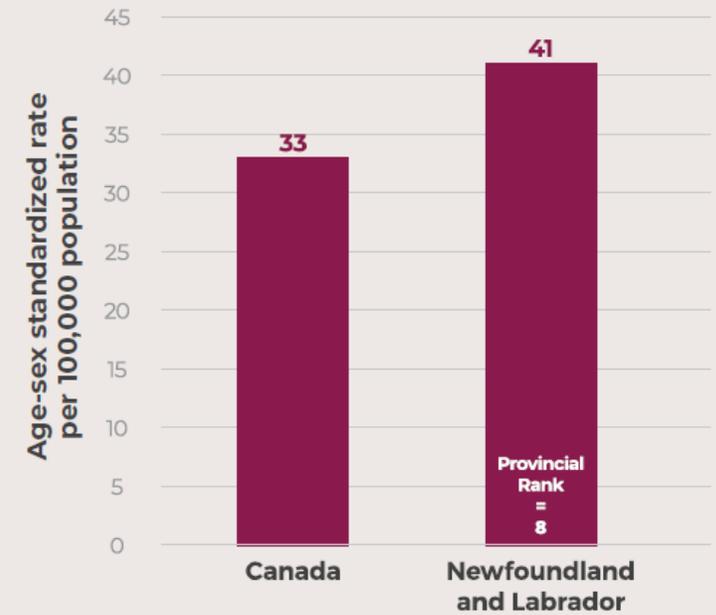
Cancer Mortality



Cardiac Disease Mortality

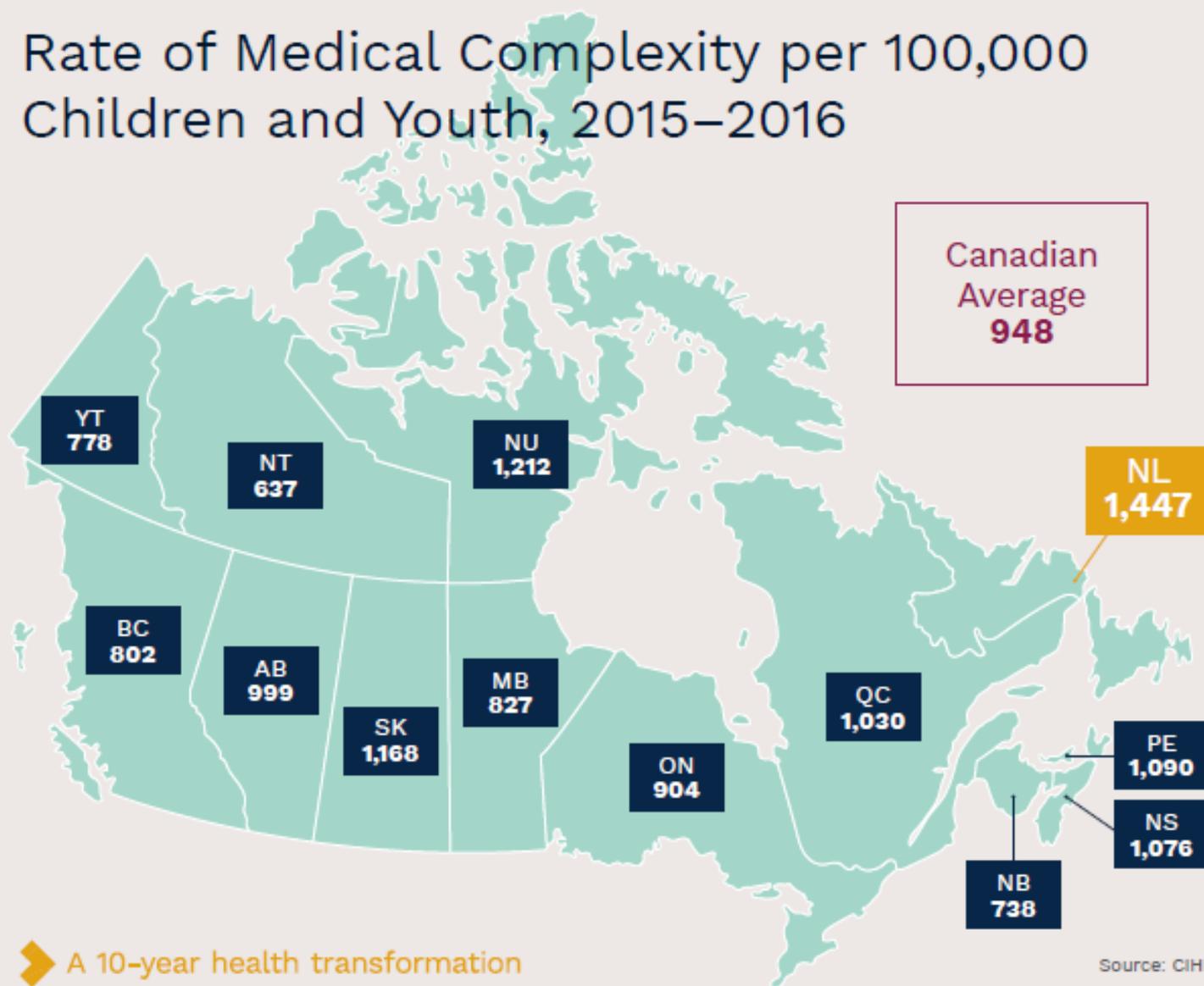


Stroke Mortality



Sources: CIHI (2015-17; 2018-19) and Statistics Canada (2017-18; 2018)

Rate of Medical Complexity per 100,000 Children and Youth, 2015–2016



Newfoundland and Labrador has the **highest rate in Canada** of children and youth with multiple health care needs.

This means that **1,000 children in our province have complex health care needs.**

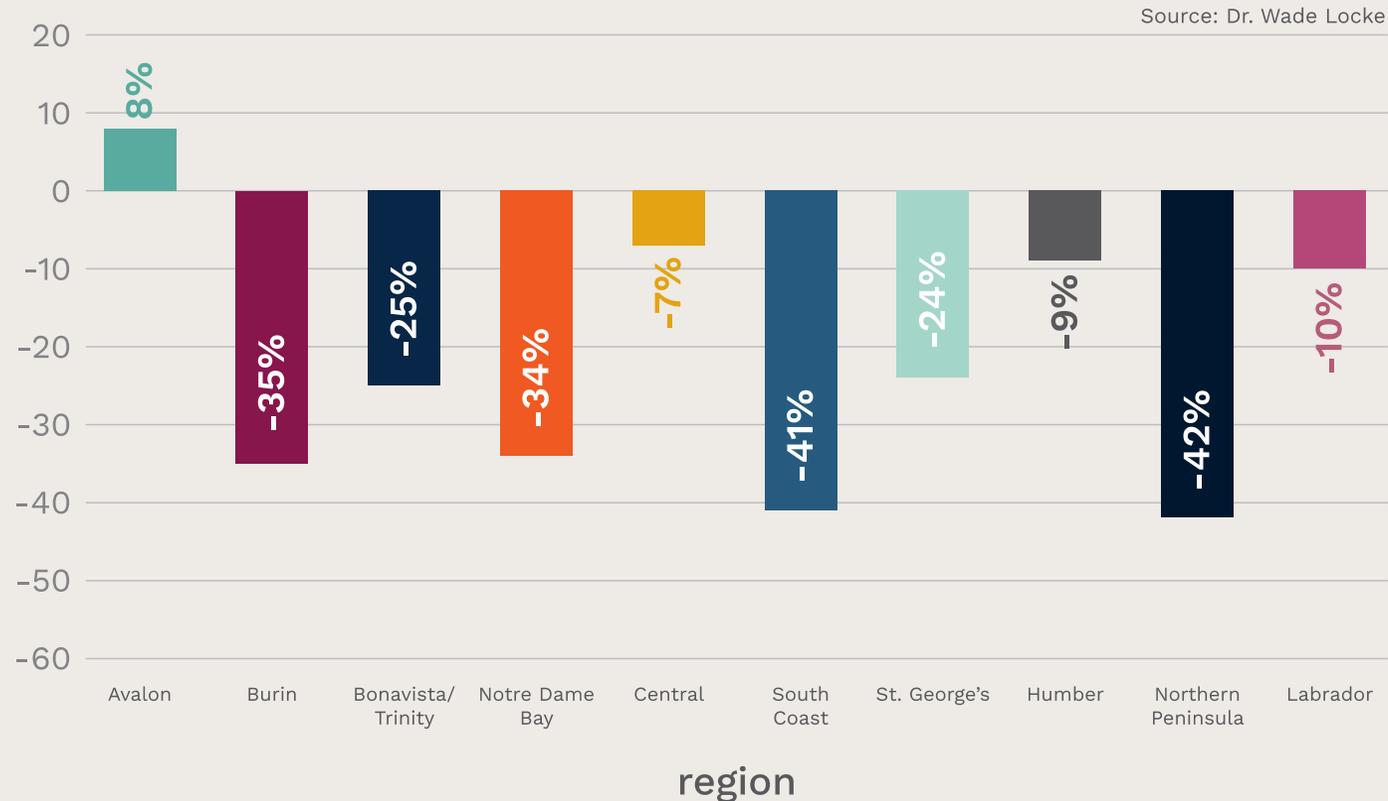
The rate of medical complexity in NL is

53% higher than the national average.

➤ A 10-year health transformation

Source: CIHI

Percent Change in Population by Region (1990-2020)

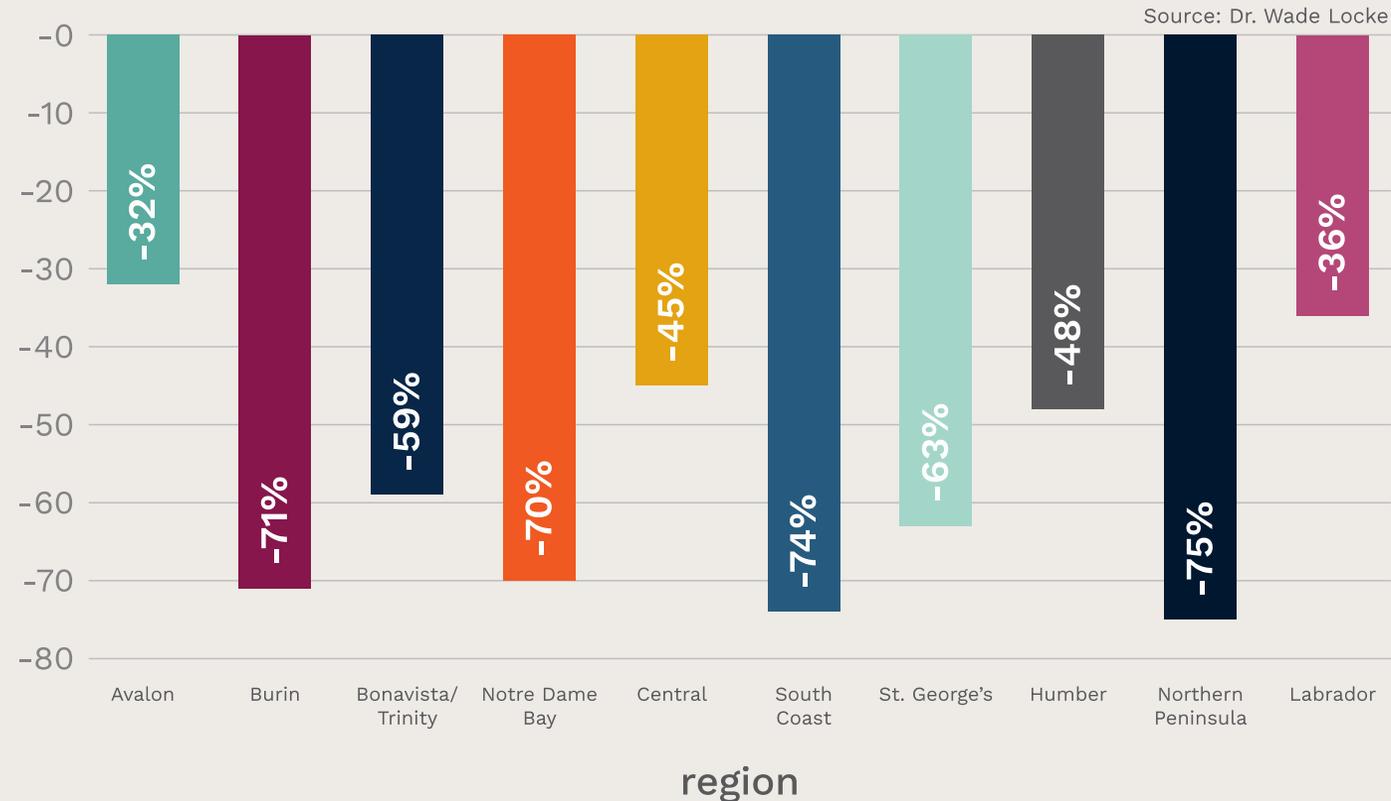


The **Avalon** is the **only region** of the province that has seen a **population increase** in the last 30 years.

Overall, NL has seen a **major decrease in population over the last 30 years.**

This loss in population is **most evident in rural and coastal communities,** especially on the **South Coast, Northern Peninsula, Burin and Notre Dame Bay.**

Percent Reduction in Children Under 15 Years of Age by Region (1990-2020)



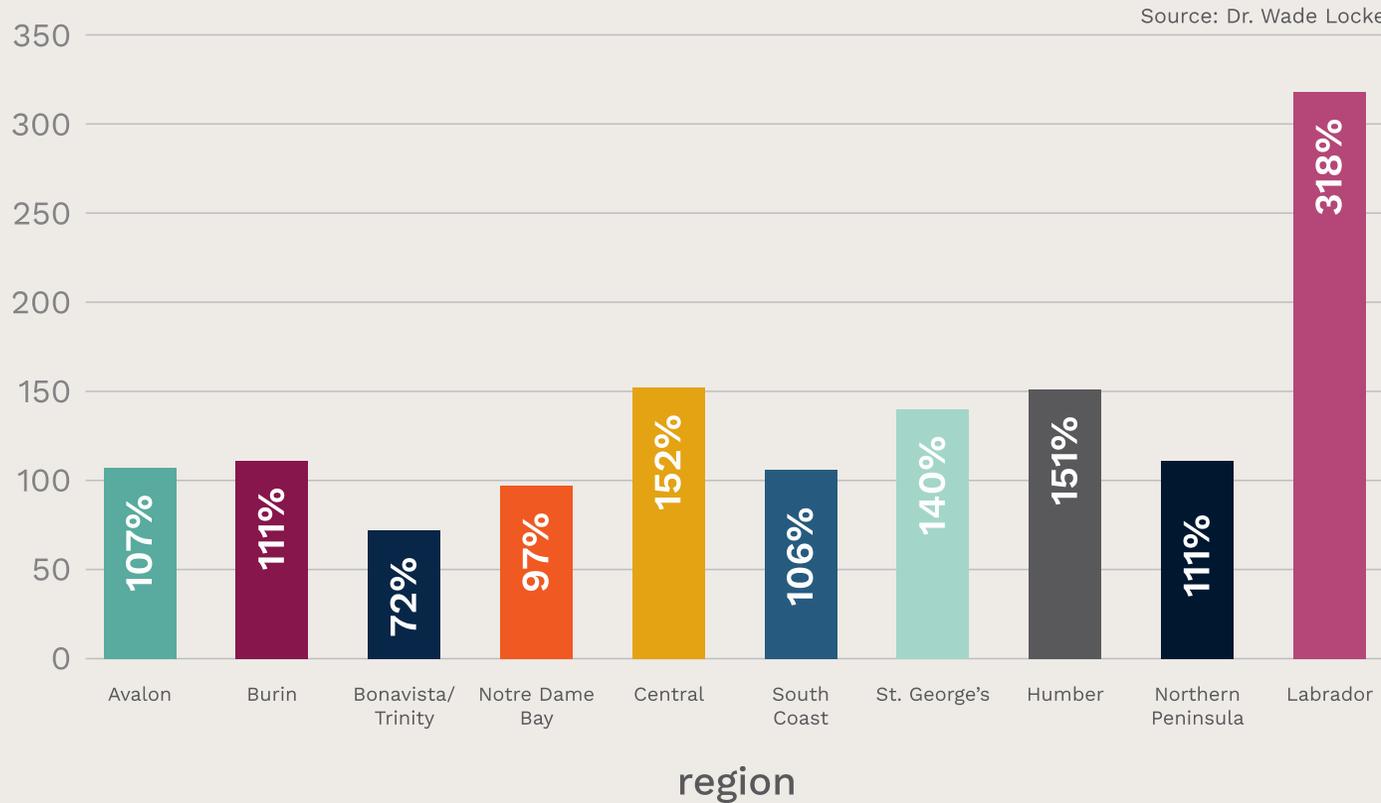
The percentage of our population under the age of 15 has seen a **dramatic decrease over the last 30 years, especially in rural communities.**

Despite an overall increase in population on the **Avalon**, there has been a **32% decrease** in the number of children under the age of 15.

The most extreme reduction **(70% and higher)** has been in **Notre Dame Bay, Burin, the South Coast and Northern Peninsula.**

➤ A 10-year health transformation

Percent Increase in the Number of Seniors by Region (1990-2020)



Over the last 30 years, **every region of the province** has seen a **large increase** in the **number of seniors**.

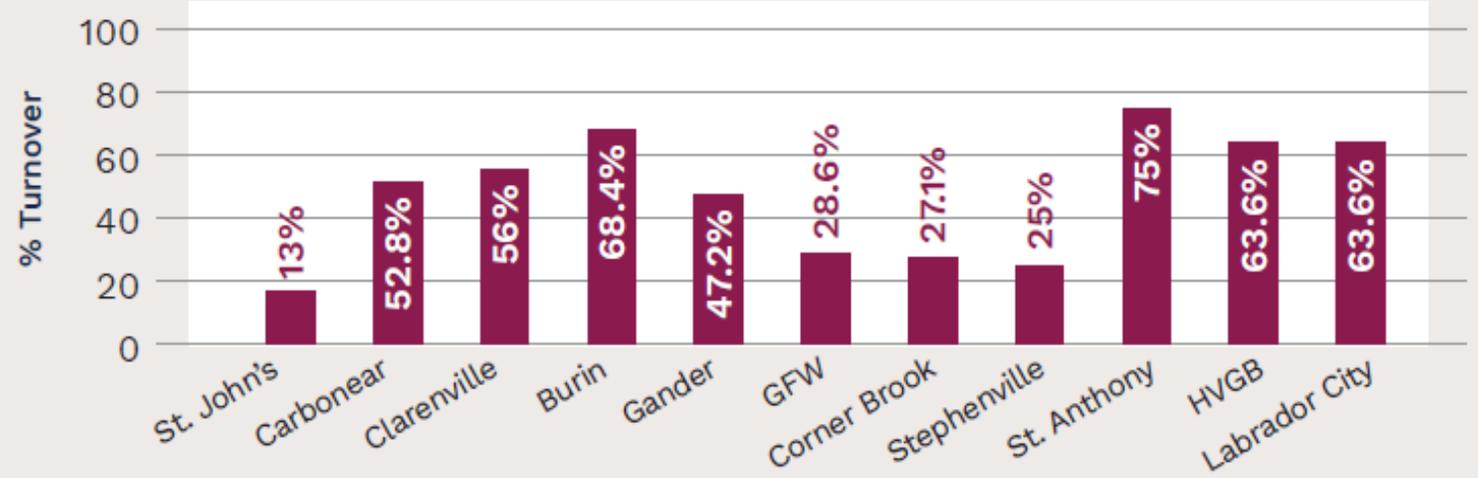
Labrador has seen a particularly large increase in the number of seniors.

The senior population of our province

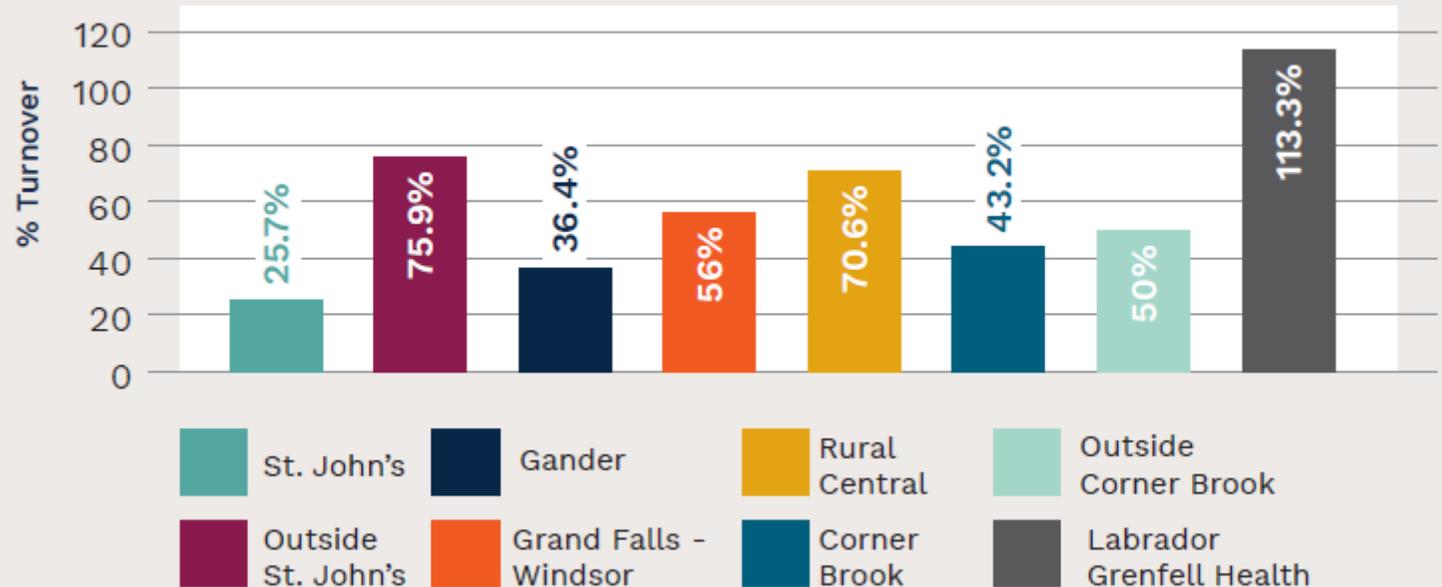
will continue to increase over the next 20 years.

High Turnover Rates of Hospital Physicians and Family Physicians

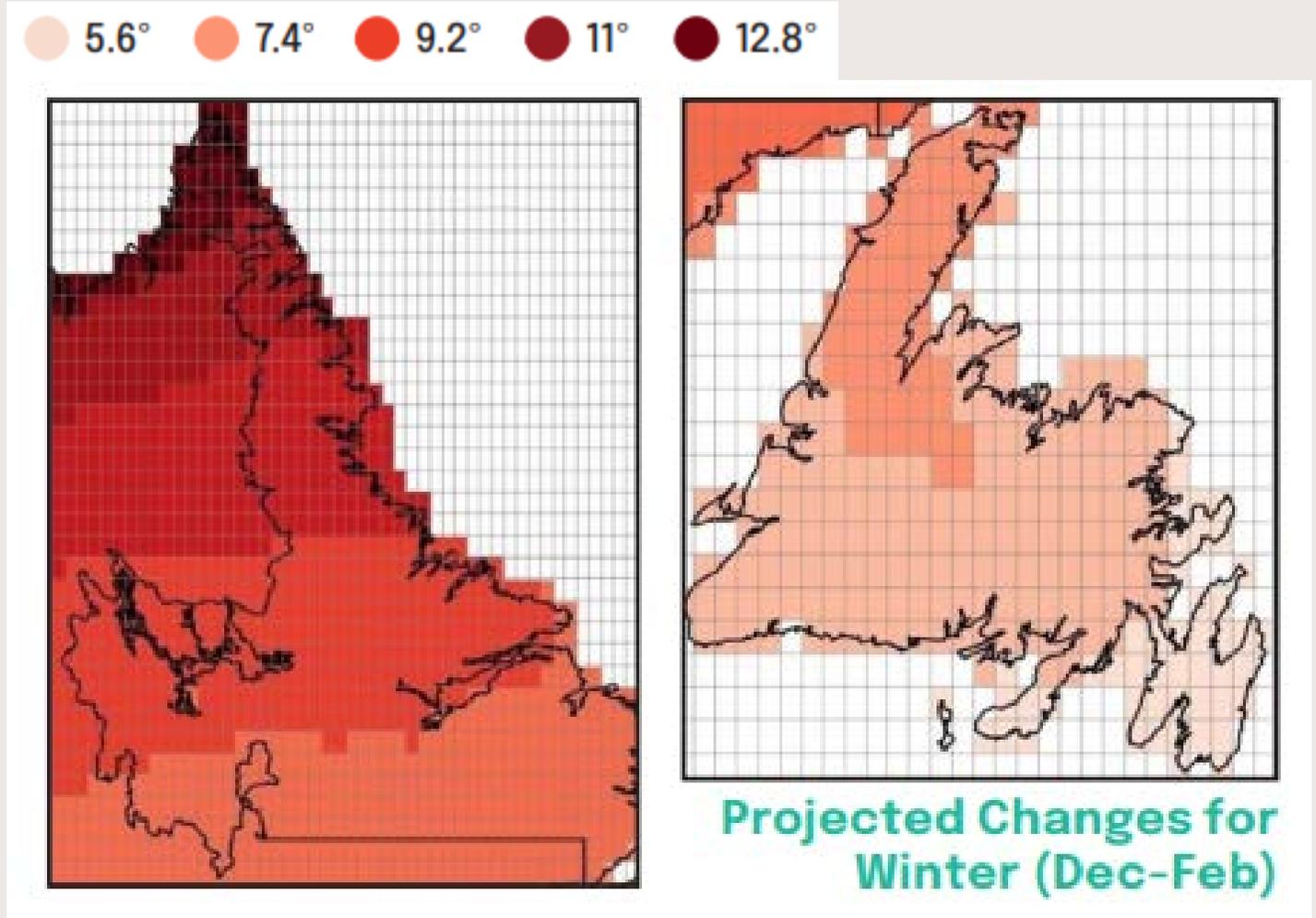
The Turnover Rate of Physicians in Hospitals in NL (2018-2021)



The Turnover Rate of Family Physicians Funded by the RHA by Region (2018-2021)

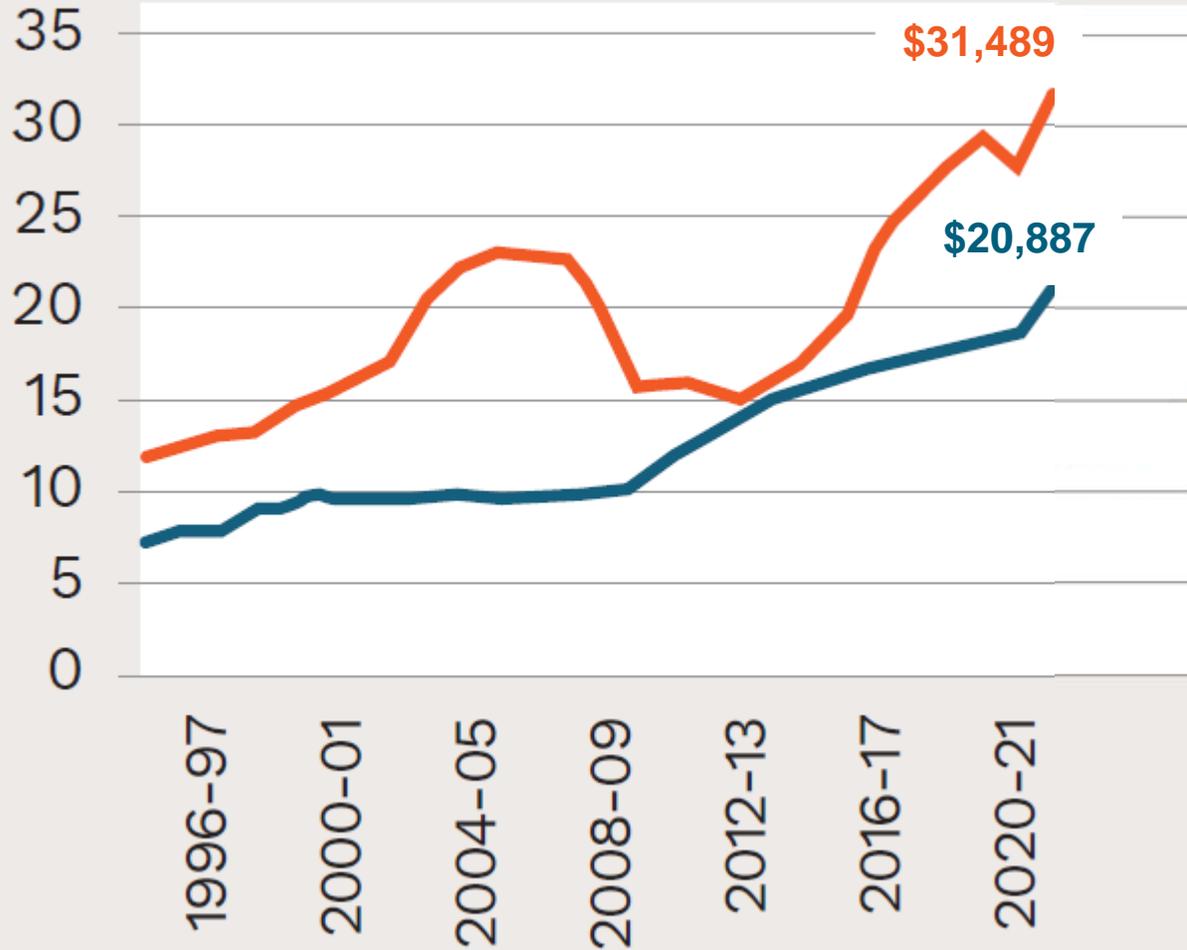


Predicted Temperature Change in NL for the time period 2041-2070



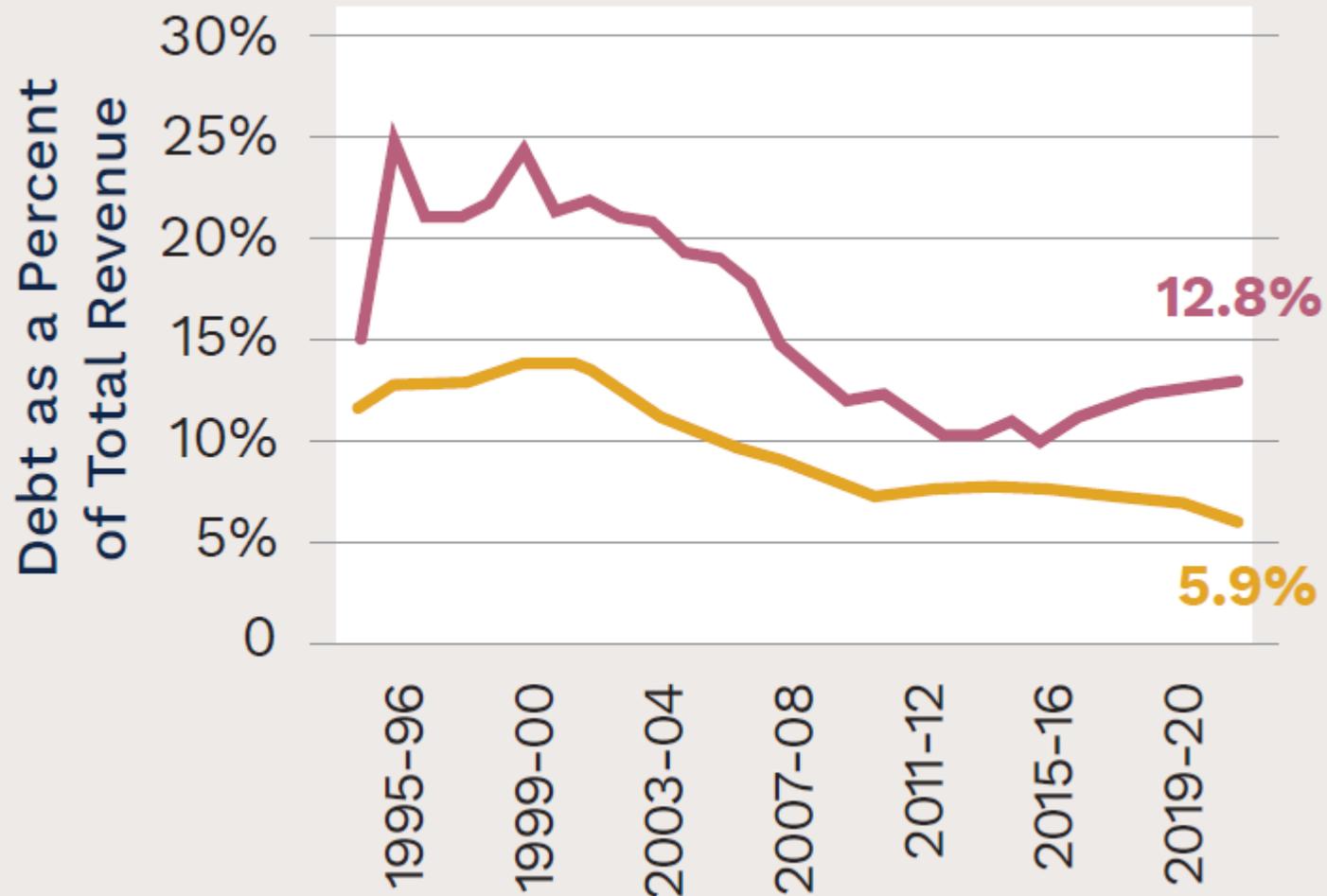
Source: Government of Newfoundland and Labrador; Memorial University

Per Capita Debt Cost
(\$ 000s)



— NL
— Canadian Provinces

Per Capita Debt
Costs
in NL are
51% higher
than the average
for
Canadian Provinces



— NL
— Canadian Provinces

Debt Cost as a
 Per Cent of
 Total
 Expenditure in
 NL are
117% higher
 than the
 average for
 Canadian
 Provinces

Let's Face the Facts About Poverty and the Economy

1

Poverty
=
ill health

2

Poverty is
very expensive

3

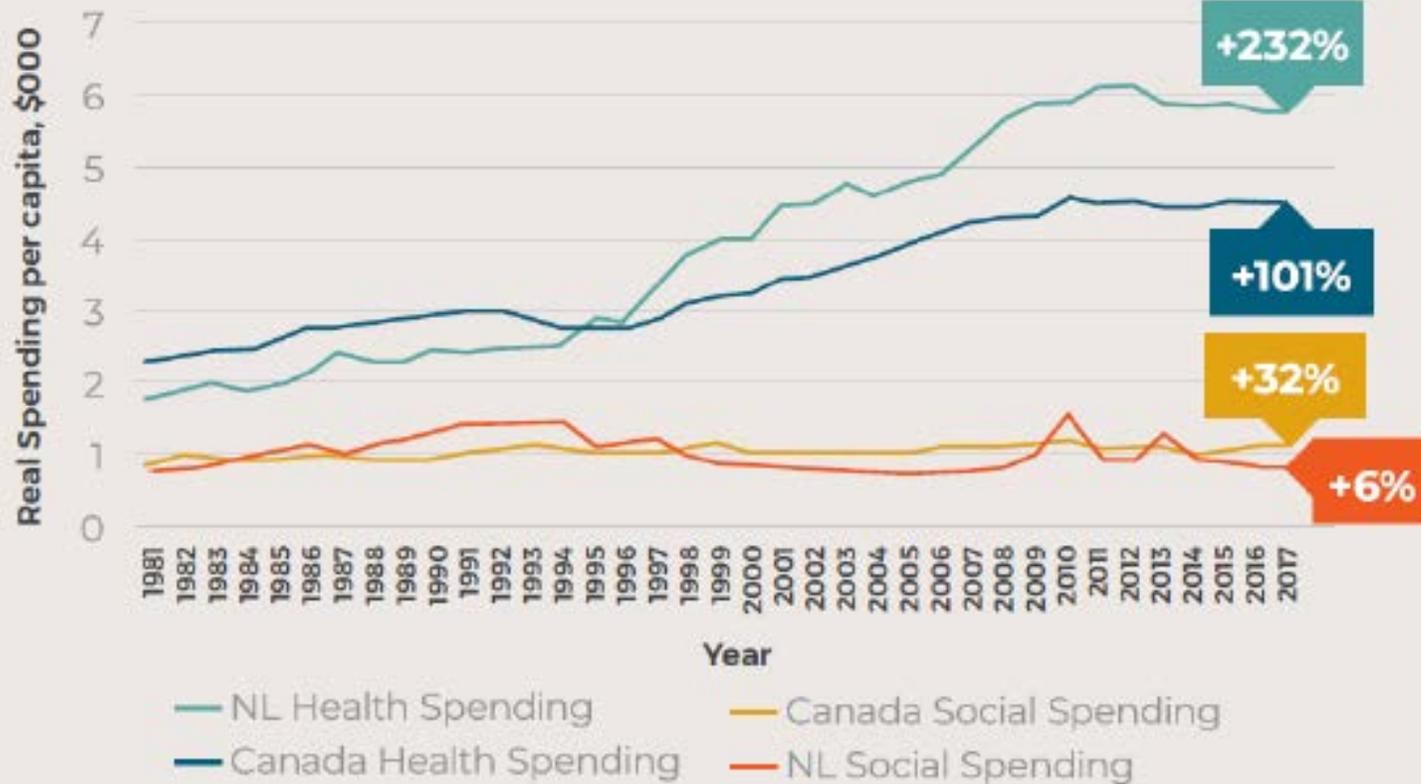
Big public spending
on consequences,
not causes

4

Child poverty is **unjust**.
Its economic and financial
costs **last a lifetime**

5

Economic Development
~
Healthy Society



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)

Our Vision

is improved health and health outcomes of
Newfoundlanders and Labradorians through:

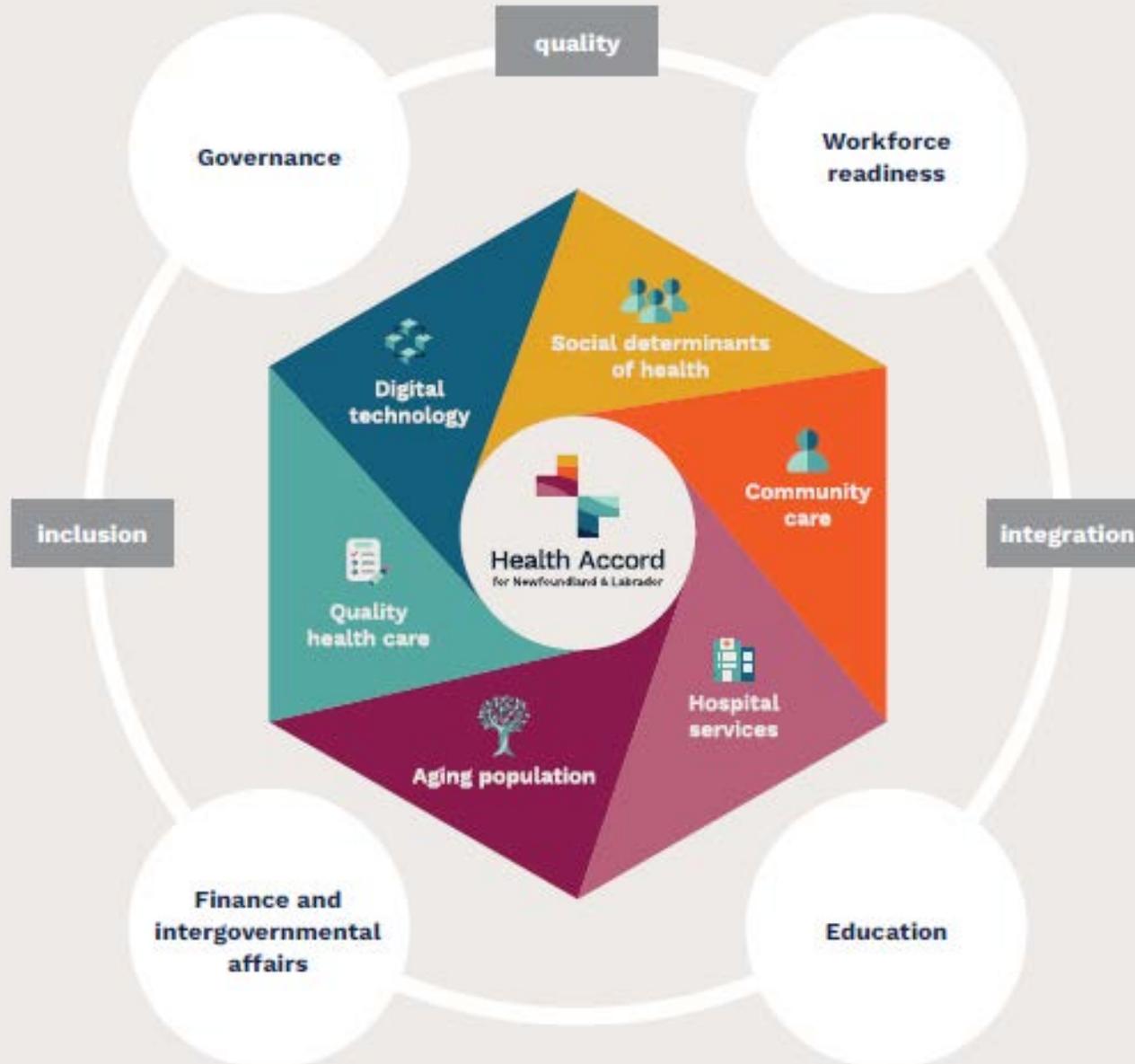
acceptance of and interventions in
social determinants of health,

and a higher quality health system
that **balances community, hospital,
and long-term care services.**

Our 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.

Health Accord NL Structure



Our Engagement





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.



**Our province.
Our health.
Our future.**

A 10-Year Health Transformation

THE SUMMARY

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

The summary is translated into various languages of the people of the province.



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



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.

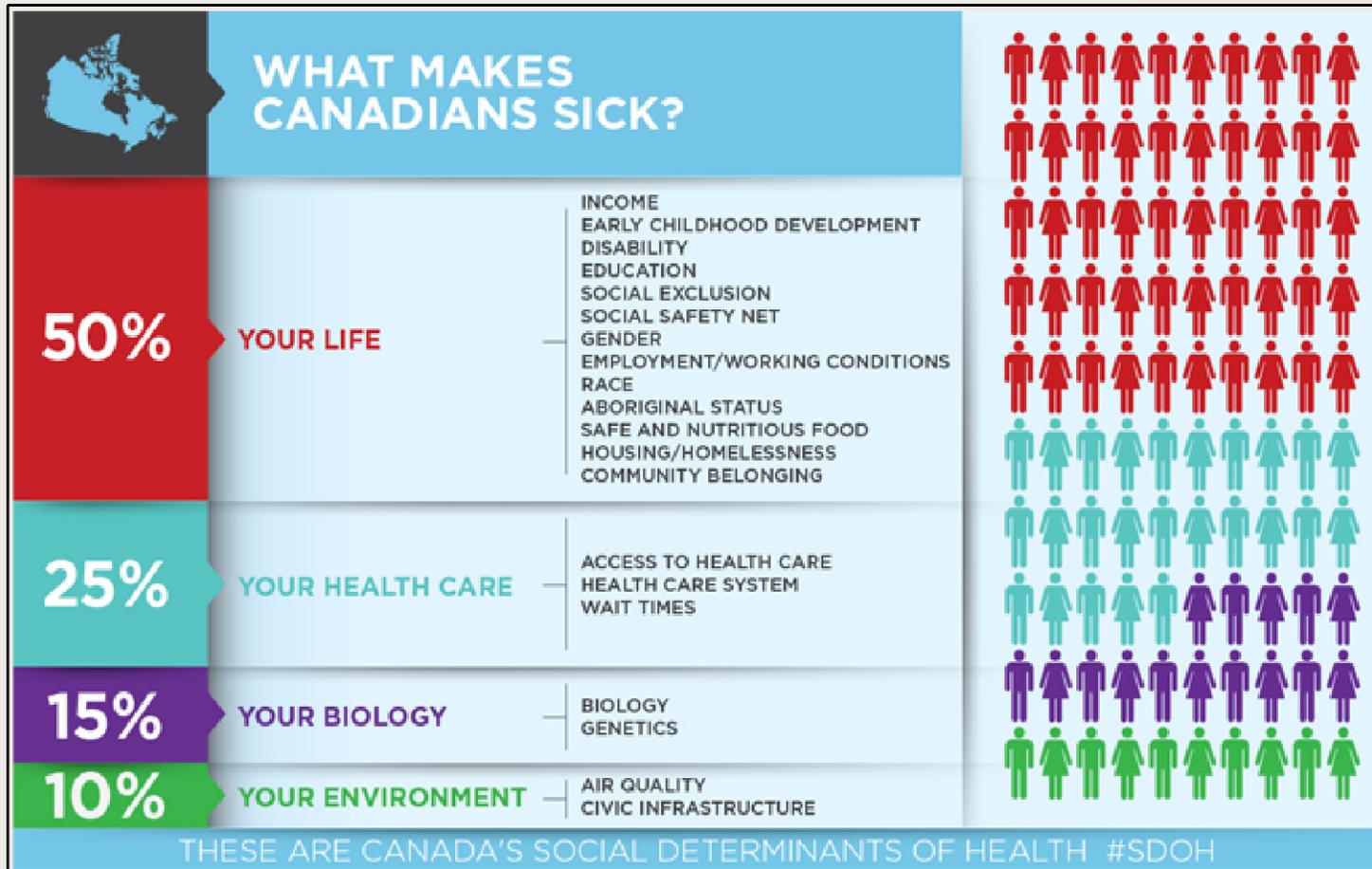


Our Calls to Action

Social Determinants of Health matter much more than the Health System

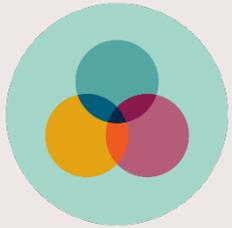
The majority (60%) of our health is determined by social and environmental factors

Only 25% is determined by health systems



Actions

Social Determinants of Health

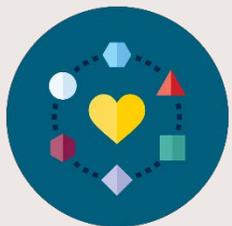


Take seriously, in action and in funding, the impact of social, economic and environmental factors on the health of individuals and the population – bring about a cultural shift in thinking about health



Implement basic income, address food security and housing security

Strengthen the poverty reduction strategy and facilitate access to income support



Increase awareness and immediate action on a Provincial pathway for inclusion (including anti-racism)

“Nothing about us without us”

Actions

Social Determinants of Health (Continued)



Integrate child health in schools and health system

Provide multi-disciplinary care to children and youth in care or with medically complex needs



Implement a health-in-all-policies approach within Government, community sector groups, municipalities, and public and private sector organizations



Speed up implementation of Government's climate action plan

Strengthen the impact of the move to the green economy through a "Just Transition"

Ageism is harmful

Ageism has far-reaching impacts on all aspects of people's health



Physical Health



Mental Health

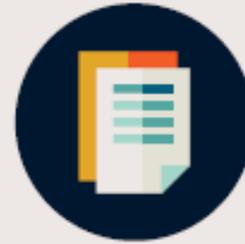


Social Well-Being



Ageism takes a heavy economic toll on individuals and society

Ageism can be combatted



Policy and Law

can protect human rights and address age discrimination and inequality



Educational Activities

can transmit knowledge and skills and enhance empathy



Intergenerational Interventions

can connect people of different generations

Actions

Aging

 **8 Age Friendly Community Dimensions** (Adapted from the World Health Organization)



transportation



respect and
social inclusion



communication
and information



outdoor spaces
and buildings



community support
and health services



social participation



civic participation
and employment



housing

Actions

Aging

(Continued)



Aging in the “Right” Place with choice, dignity and respect



A **Continuum of Care** with a shift in focus away from institutionalized care to person-centered, community-based care - expanding home support, the role of families and other caregivers, and supportive living options



Legislation to provide appropriate, quality and accessible care and protection for older persons

Actions

Aging

(Continued)



Start a formal provincial **Frail Elderly Program** centred in three regional hospitals, with a tertiary center in St. John's, a model for Labrador, and linkages to community hospitals and community teams

Focus on prevention of frailty in community teams using trained providers

Reduce 'alternate level of care' in hospitals and health centres

The Rebalanced Health System

Integration of
Community Teams,
Hospitals,
Long-Term Care,
and the Ambulance
System



↔
Facilitated by:
patient navigators
community contacts
virtual care
information systems

Actions

Community Teams



Implement new Community Teams in priority areas and strengthen existing primary care relationships and team-based care

- ✔ Team: doctors, nurse practitioners, nurses, allied health professionals including social workers, elder care, mental health workers, others
- ✔ Integration with the 23 health centres and the hospitals
- ✔ Focus on health promotion, prevention, chronic disease management, vulnerable children, and the frail elderly
- ✔ Formal links with social program teams and community organizations

Actions

Community Teams

(Continued)

- ✓ Optimal catchment population 6000-7000 and up
- ✓ Patient navigators improving access and flow
- ✓ All providers for a catchment area digitally connected to each other and to the people
- ✓ Start-up funding from the federal government used for implementing new teams

Actions

Hospital Services



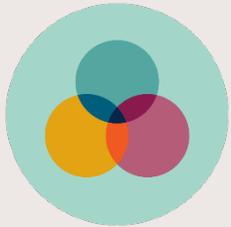
Provide 3 levels of hospital services –
community (from 10,000 to 40,000),
regional (over 80,000), tertiary (over 500,000)

- ✓ Level of services depends on needs of the catchment population, number of people, geography, and ability to recruit and retain health professionals
- ✓ Sustainability is a concern where volume of patients requiring a specialty service is small
- ✓ Access to specialists is enhanced by virtual care and by visiting specialists

Actions

Hospital Services

(Continued)



Engage with communities in the integration of new community teams and provision of services within health centres, community, regional and tertiary hospitals



Align the number of acute care beds over time with the objective of having 85% occupancy, length of stay similar to Canada, and reduction in alternate level of care

Actions

Emergency Services



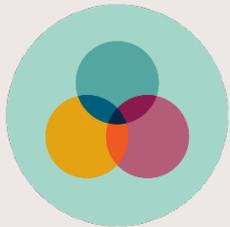
A 24-hour, integrated, province wide air/ground ambulance system, staffed by advanced care and primary care paramedics



A virtual emergency system



Fast transport to the 13 hospitals, all of whom have a CT scanner



Models of collaborative, urgent care in individual health centres based on the distance from a hospital emergency room, the size of the catchment population, geography and sustainability of health teams

Actions

Digital Technology



Modernize the provincial Health Information System



Give priority to improvements in virtual care provision



Link social and health systems

Actions

Human Resources



Create a Provincial Health and Social Sector Human Resource Plan inclusive of:

- ✔ Workforce Transition guiding principles and plans
- ✔ Health and social sector environment enabling all providers to work to highest scope of practice
- ✔ Strategies to engage, stabilize, and retain the current and future health and social system workforce
- ✔ Strategic recruitment plan to ensure providers available to provide care and services



Create an environment that values leadership and management and inspires those with potential to lead

Actions

Education



Develop and deliver health education programs based on an integrated, inclusive and collaborative care model where practitioners learn and practice together



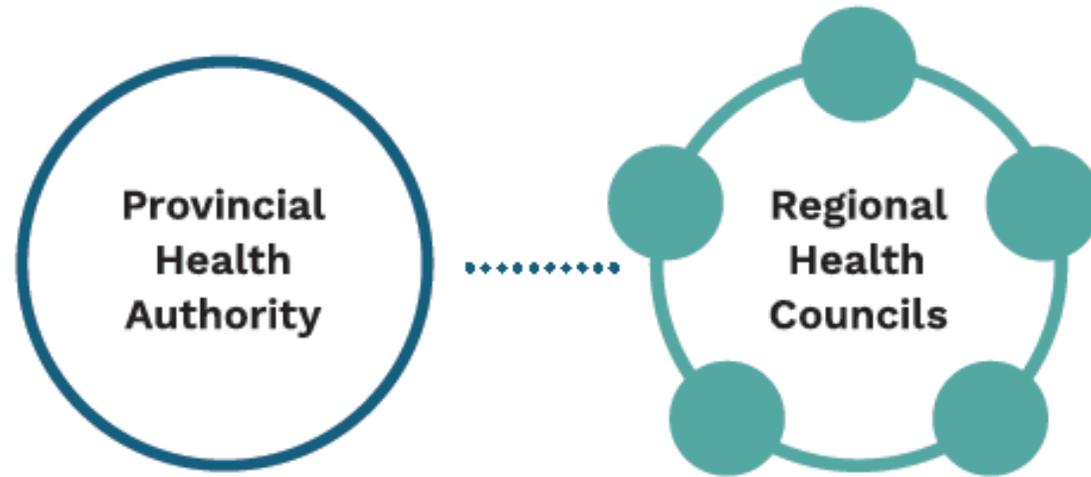
Update and renew curriculum for health and social system practitioners to better prepare them to deliver equitable, multi-disciplinary care to the full scope of their practice



Provide education and resource support to the people of the province to facilitate their full participation in a modernized learning health and social care system

Actions Components of the New Governance Approach

Health System Governance



New Approach to Support Health Governance



Transitional Implementation Structures



A transitional Board and CEO for the provincial health authority



A senior executive (Health Accord) in the Cabinet Secretariat



An Advisory Council for the Health Accord reporting to the Premier

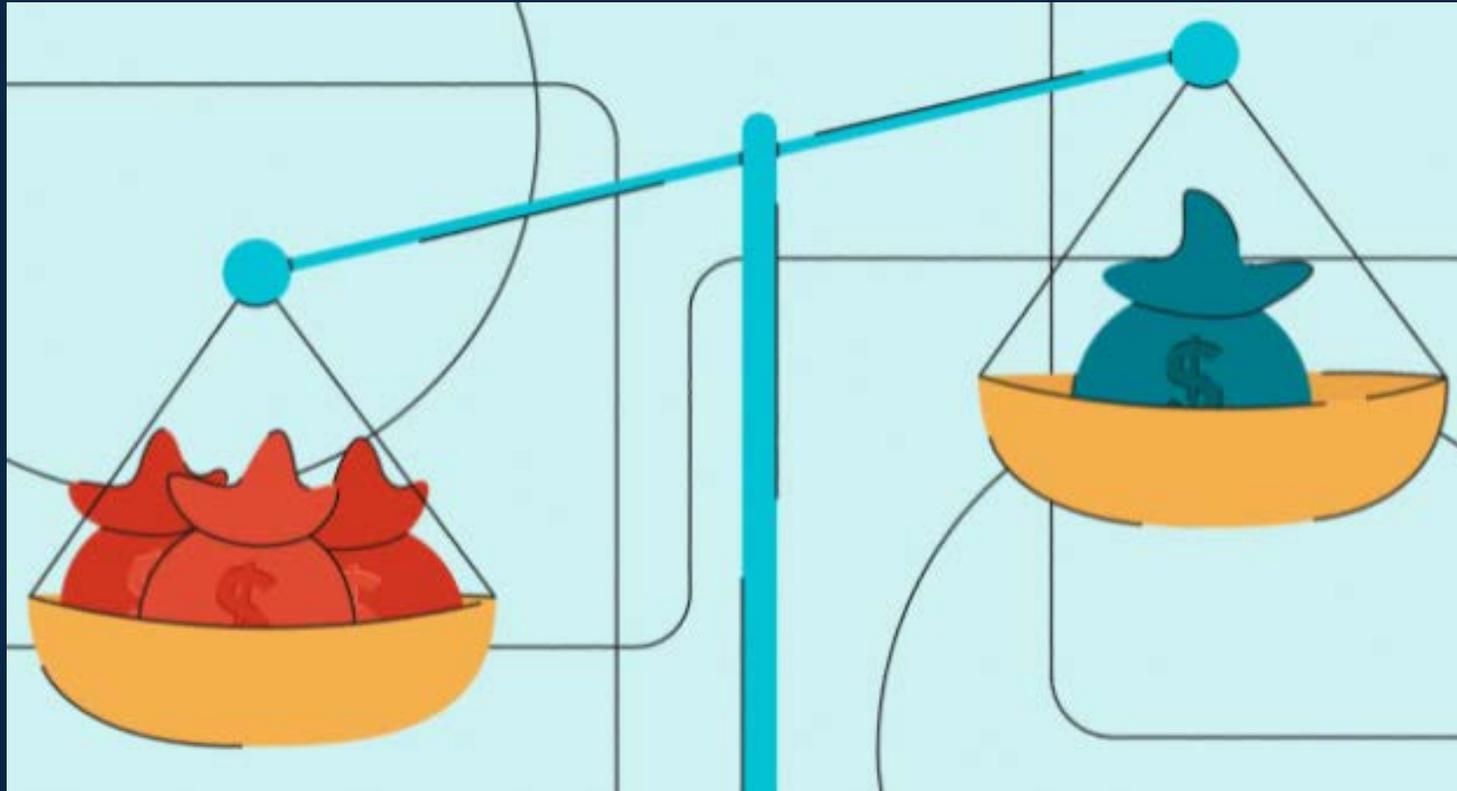


A transitional Council for Health Quality and Performance

Finance & Intergovernmental Affairs

- ✓ Costs, e.g., Community teams;
Air/ground ambulance;
Health information systems;
Provincial Frail Elderly Program;
Programs for children at risk;
Other new programs
- ✓ More sustainable use of health resources
- ✓ Better value for health spending
- ✓ Timelines
- ✓ Sources of funding
- ✓ A strategic approach to interaction with federal government, e.g., social determinants of health and community health teams
- ✓ Canada Health Transfer
- ✓ The briefing notes/summary statements

Recognize the cost of NOT acting vs. The cost of implementing the actions



Our Vision for Health Transformation





Health Accord

for Newfoundland & Labrador

www.healthaccordnl.ca

info@healthaccordnl.ca



@HealthAccord_NL



@HealthAccordNL



@HealthAccordNL