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.
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.**

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.

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

Source: Government of Newfoundland and Labrador; Memorial University
Per Capita Debt Costs in NL are 51% higher than the average for Canadian Provinces.

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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.
Our Engagement

As of Jan 31, 2022

- Public town halls: 34
- Meetings with a wide range of stakeholders and groups: 432
- Special interest town halls: 49
- Media interactions: 45
- Electronic/mail-in communications: 392
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 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.

Source: CMAJ, 2017
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 combated

- 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

Adapted from The World Health Organization
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
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
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

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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
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

Provincial Health Authority

Regional Health Councils

New Approach to Support Health Governance

Regional Social and Health Networks

NL Council for Health Quality and Performance

Provincial Data 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