



Health Accord

for Newfoundland & Labrador

How will Health Accord NL Influence the
Province's Economic Trajectory?

September 15, 2021



A 10-year health transformation

Let's Face the Facts about Poverty and the Economy

Poverty = ill health

Poverty is very expensive

Economic cost of poverty >>> fiscal costs with 20% of the population marginalized

Big public spending on consequences, not causes

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

Economic Development ~ Healthy Society

A compelling case for change

Health crisis

Substantial demographic change

Sustainability of the current model of health care

Fiscal crisis

Climate change

Canada Indigenous Population **I hope I live a happy, long life.** 74.8 years

NL Total Population **I hope I live a happy, long life.** 79.5 years

Canada Total Population **I hope I live a happy, long life.** 82.1 years



WHAT MAKES CANADIANS SICK?

50%

YOUR LIFE

- INCOME
- EARLY CHILDHOOD DEVELOPMENT
- DISABILITY
- EDUCATION
- SOCIAL EXCLUSION
- SOCIAL SAFETY NET
- GENDER
- EMPLOYMENT/WORKING CONDITIONS
- RACE
- ABORIGINAL STATUS
- SAFE AND NUTRITIOUS FOOD
- HOUSING/HOMELESSNESS
- COMMUNITY BELONGING

25%

YOUR HEALTH CARE

- ACCESS TO HEALTH CARE
- HEALTH CARE SYSTEM
- WAIT TIMES

15%

YOUR BIOLOGY

- BIOLOGY
- GENETICS

10%

YOUR ENVIRONMENT

- AIR QUALITY
- CIVIC INFRASTRUCTURE



THESE ARE CANADA'S SOCIAL DETERMINANTS OF HEALTH #SDOH

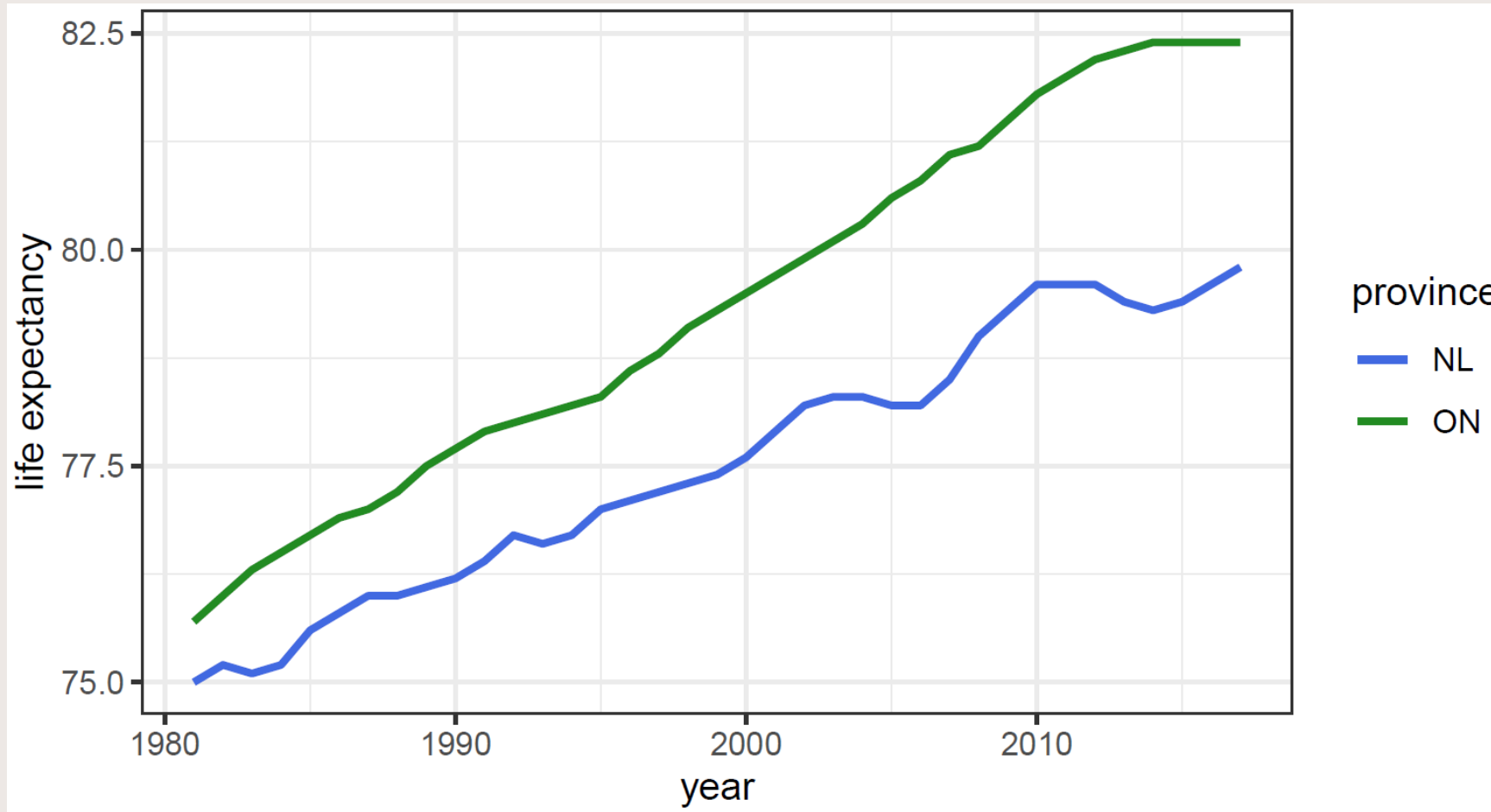
Our Vision

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

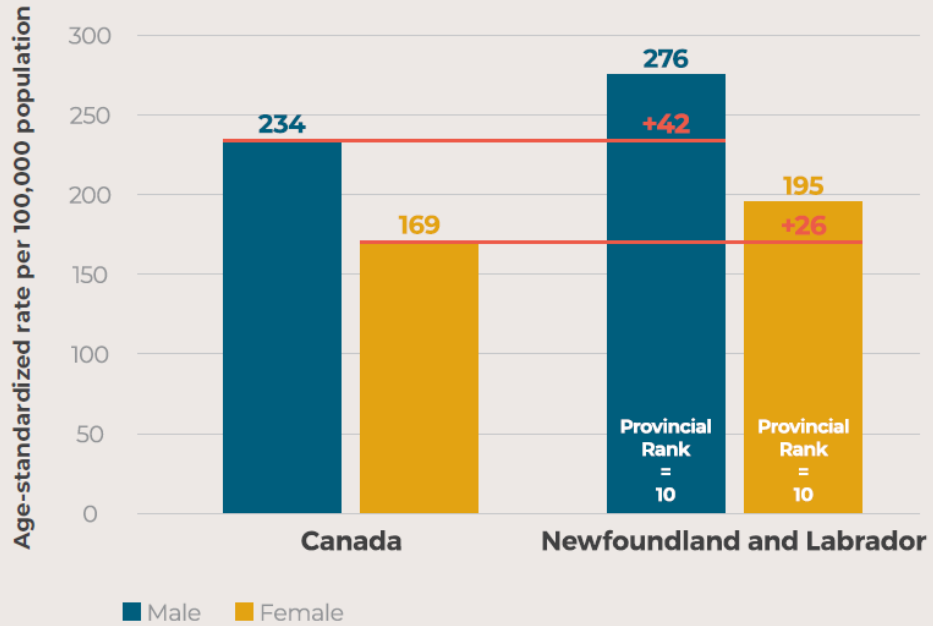
Use evidence, strategies and public engagement to create a 10-Year Health Accord that will improve health in Newfoundland and Labrador, and do so within the fiscal envelope of the province.

Life Expectancy (NL vs. ON)

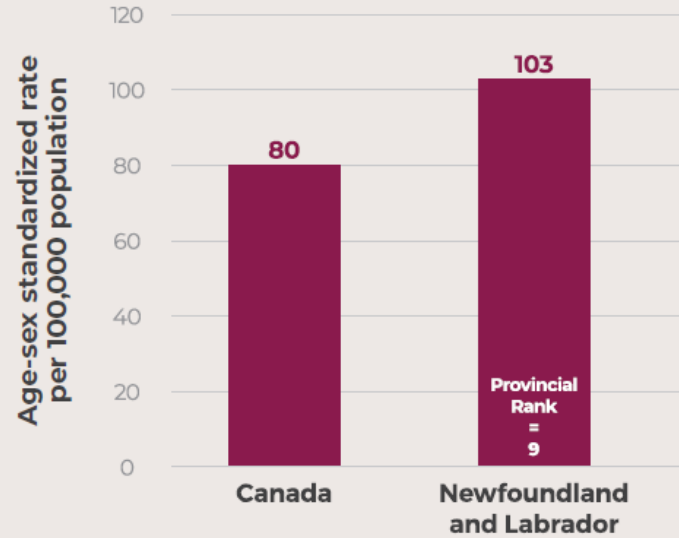


Source: Dr. Dan Dutton

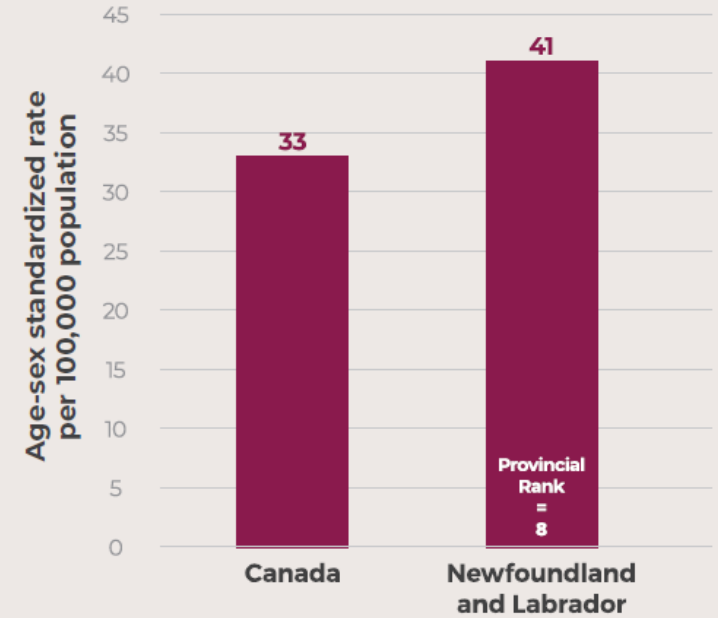
Cancer Mortality



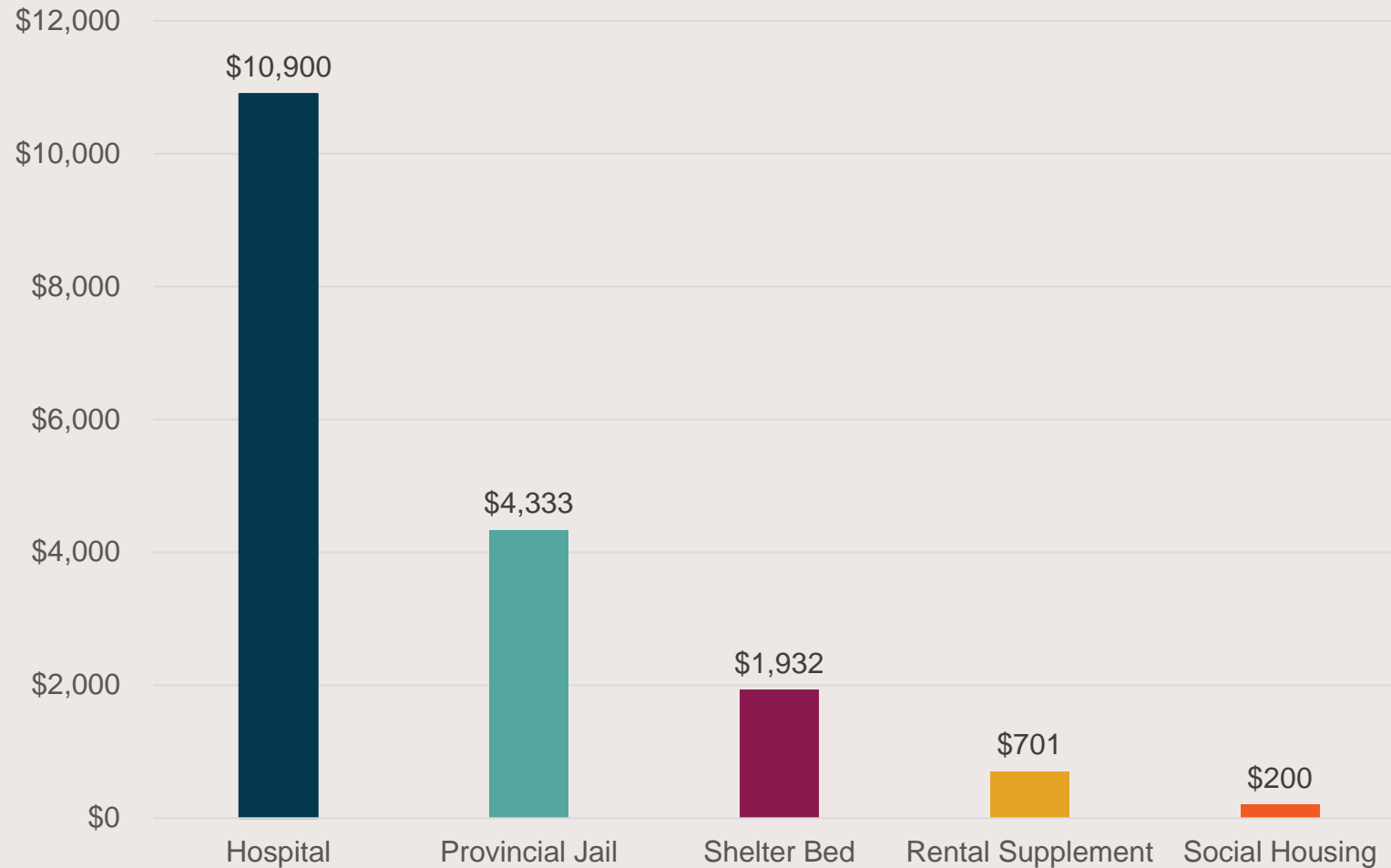
Cardiac Disease Mortality



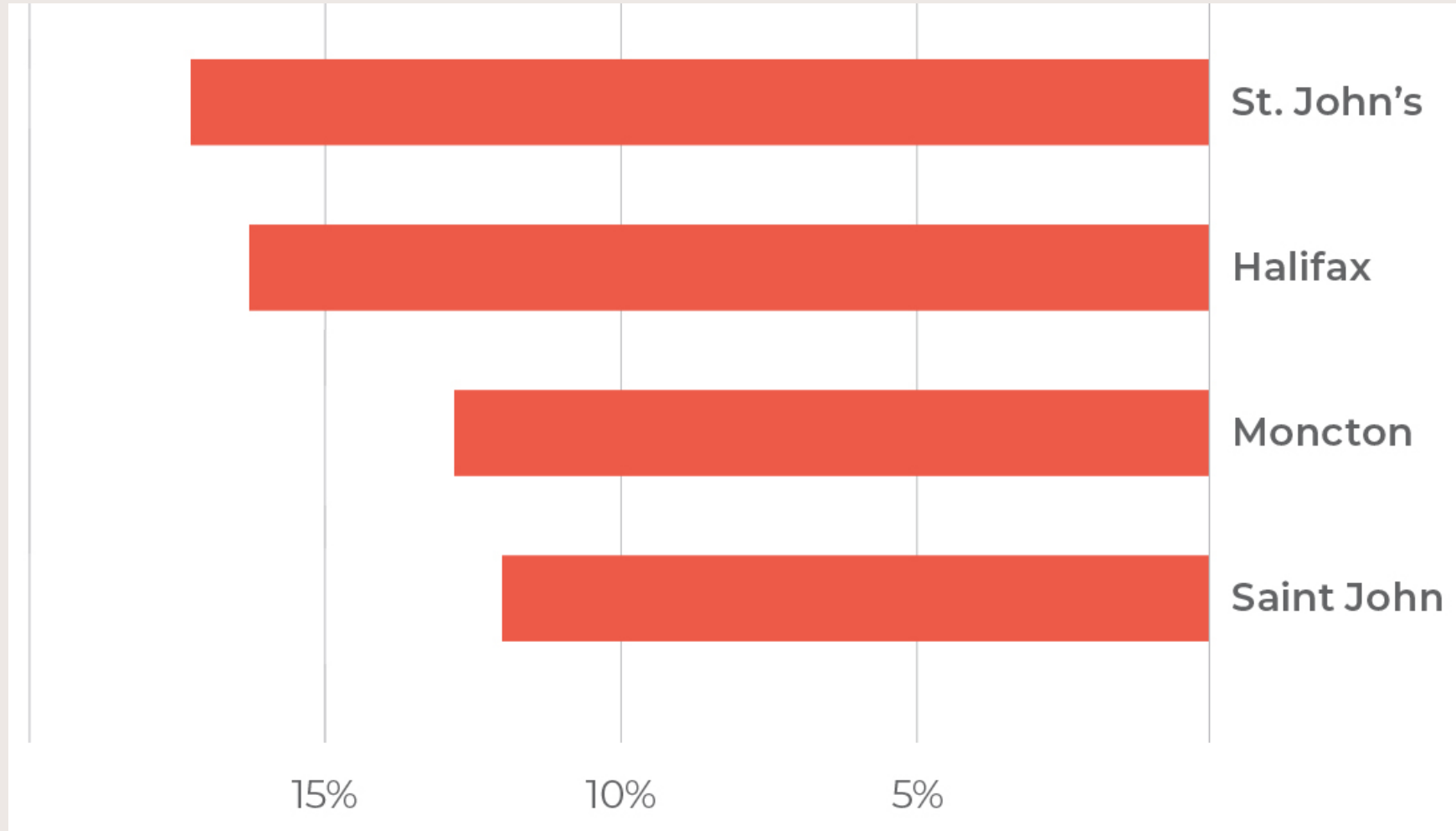
Stroke Mortality



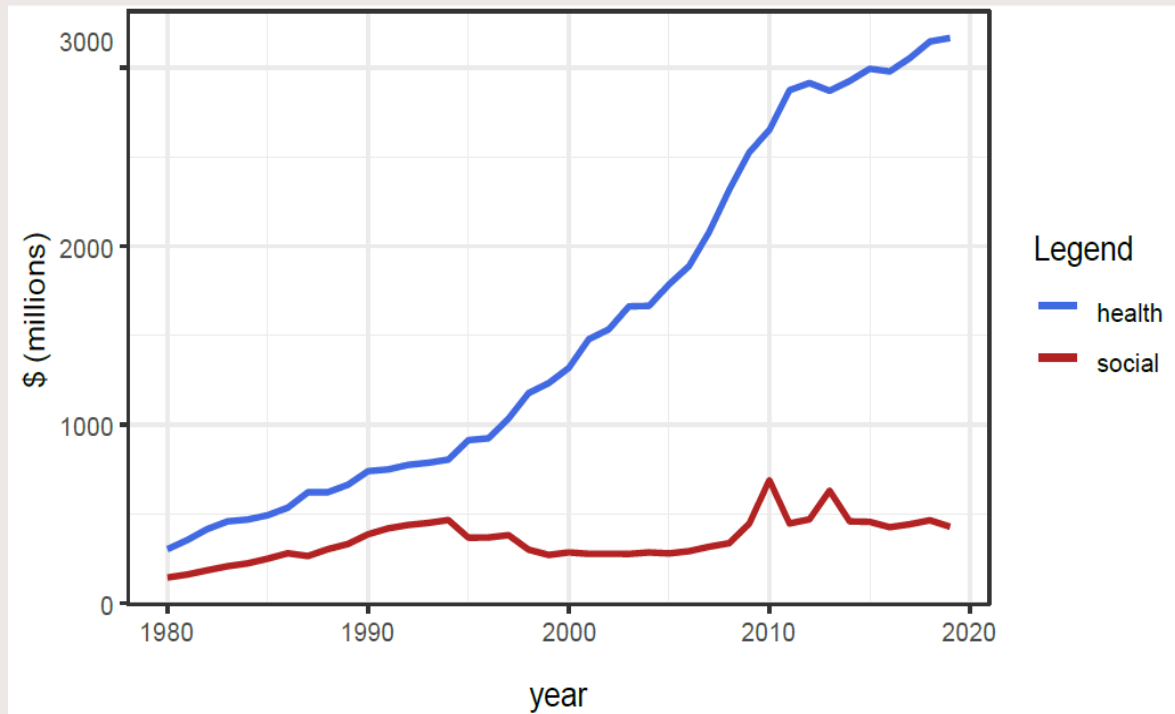
Monthly cost of homelessness/person in shelters in St. John's (April 11, 2018)



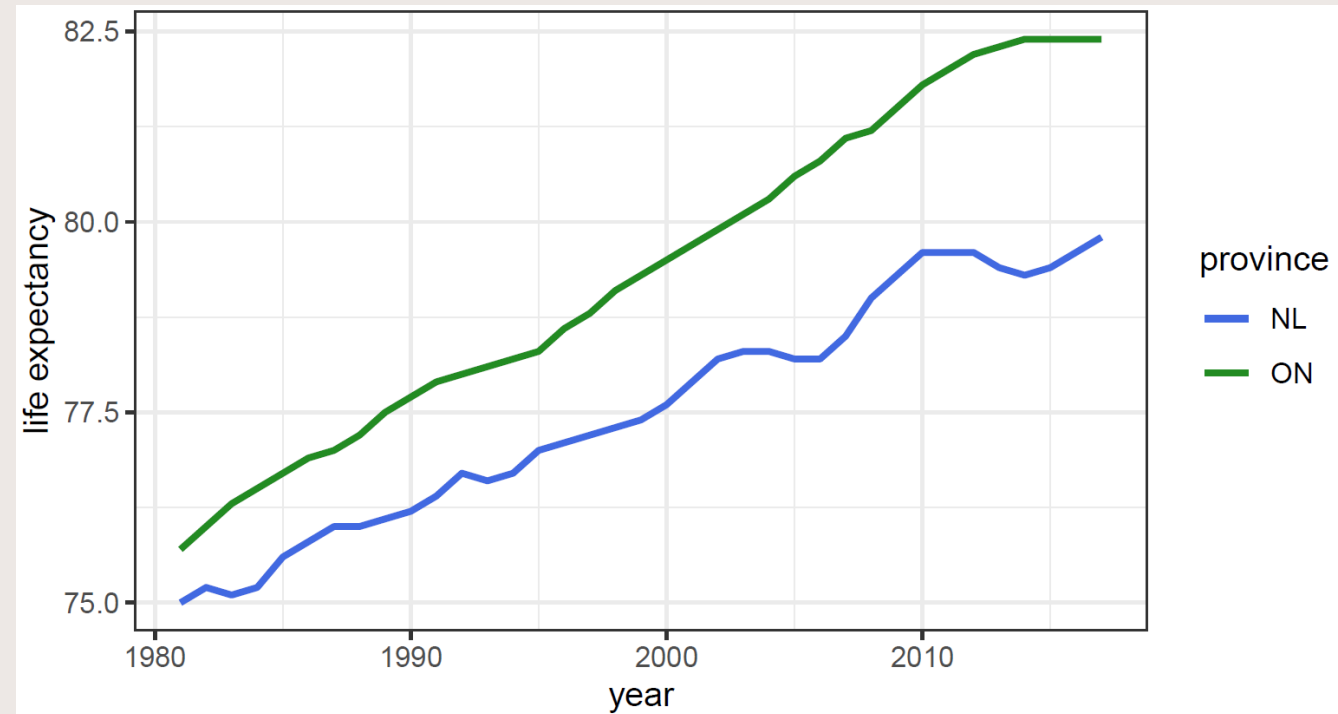
St John's has the highest prevalence of food insecurity in Canadian urban areas (2017-2018)



Social vs. Health Spending in NL

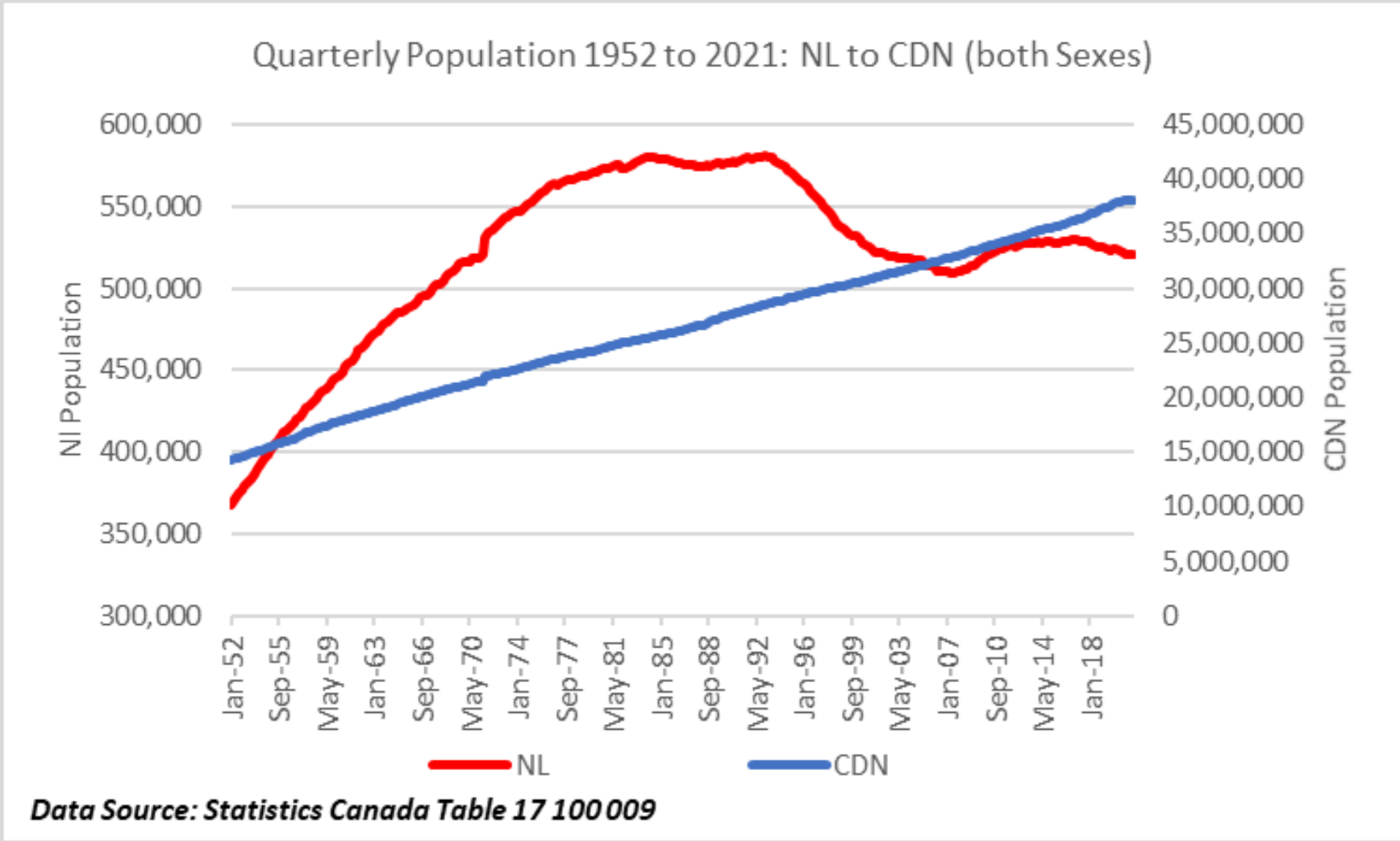


Life Expectancy (NL vs. ON)



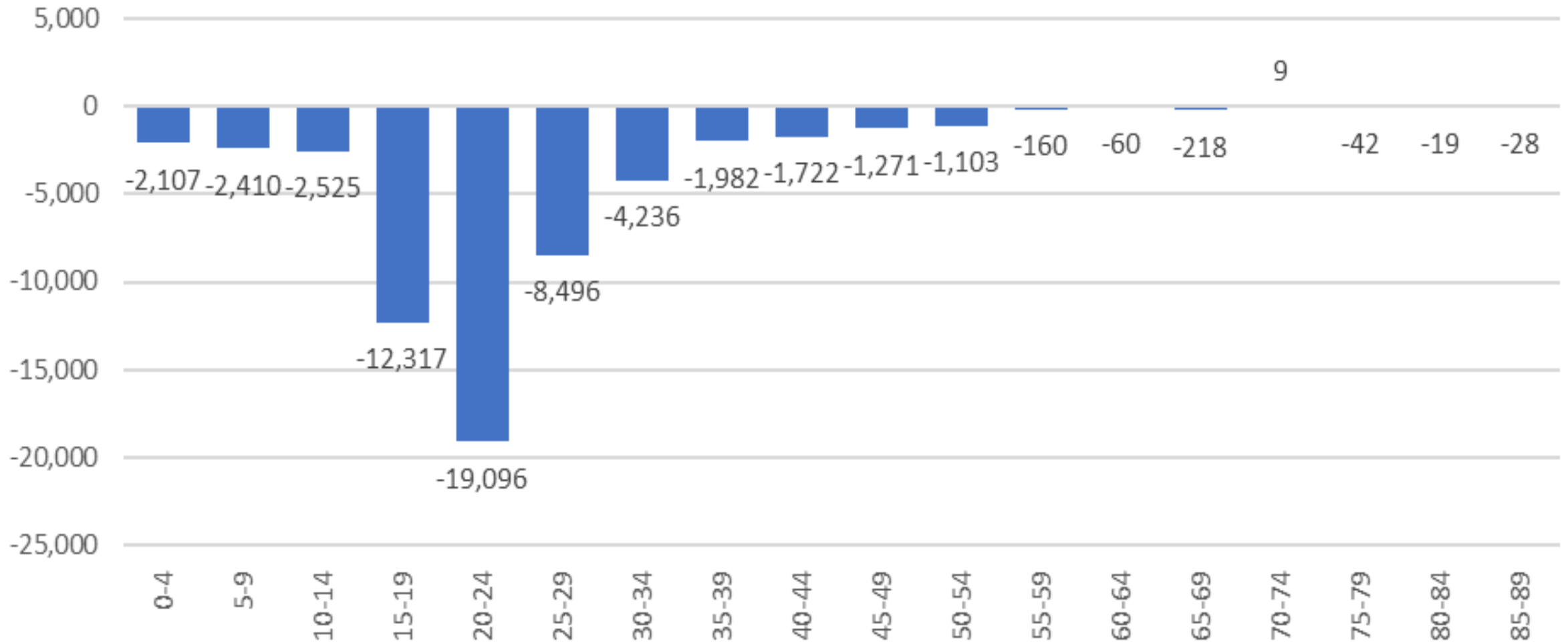
Source: Dr. Dan Dutton

Population by Quarter (NL and CDN)

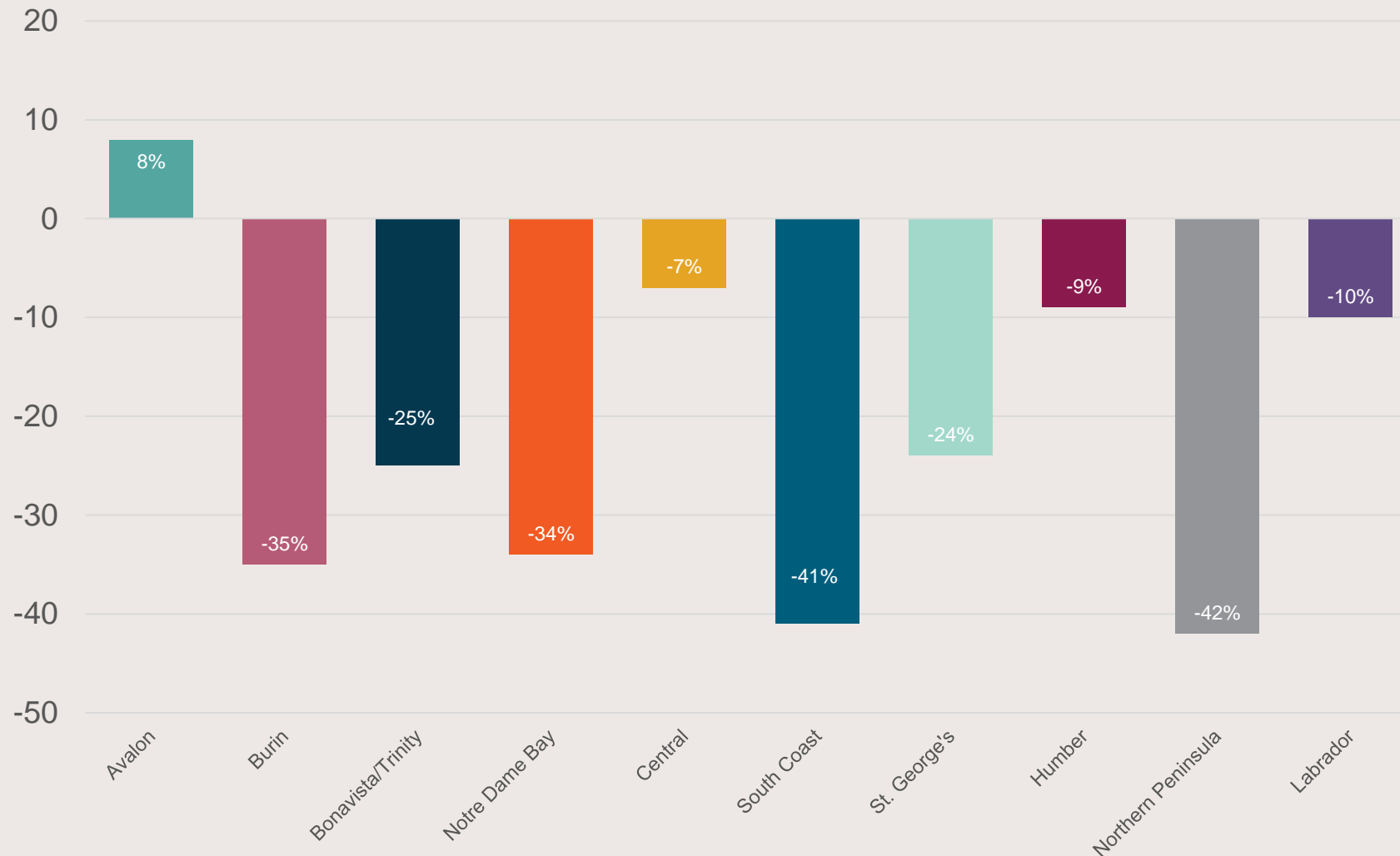


Source: Dr. Wade Locke

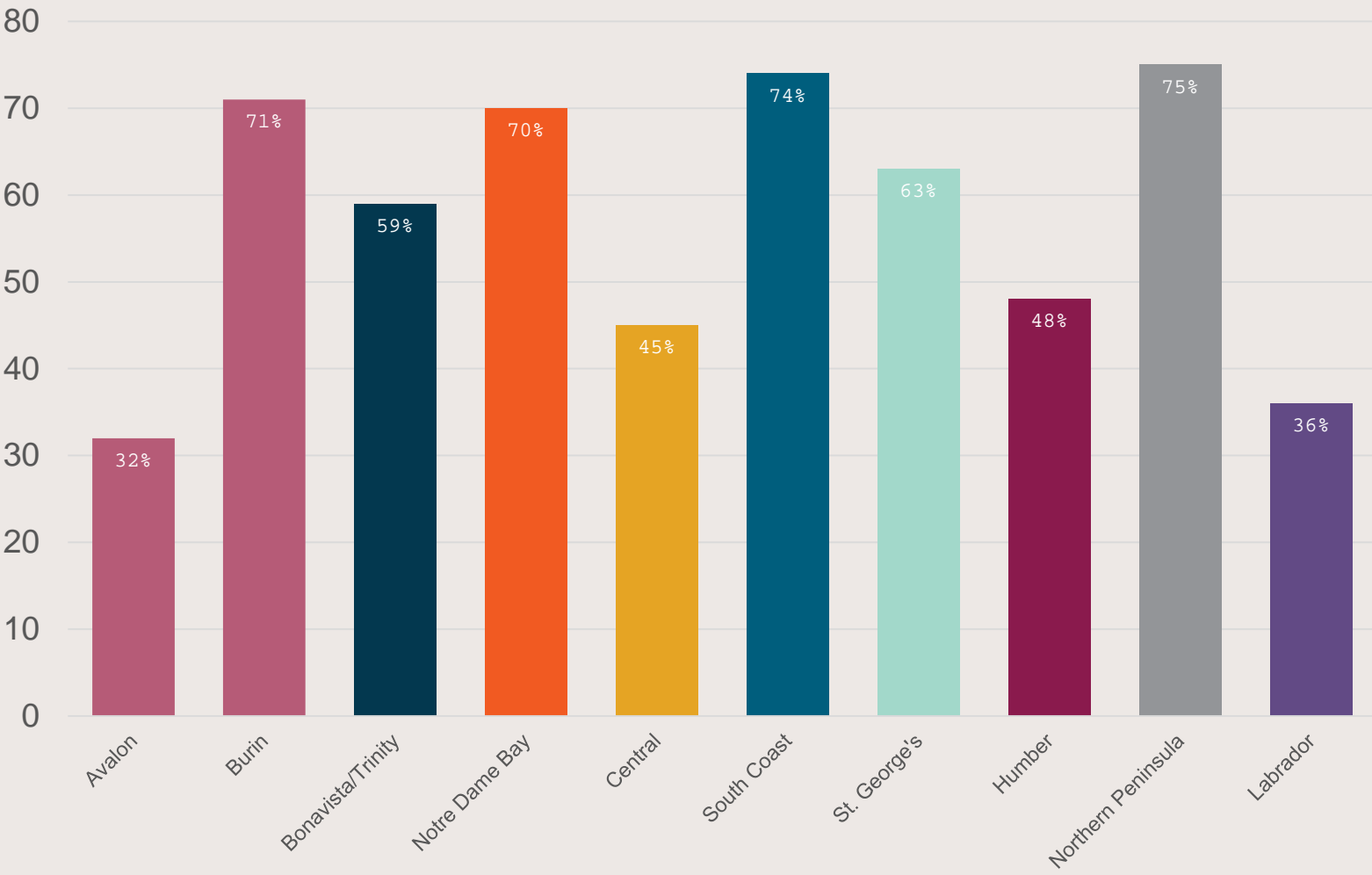
NL Net Out-Migration Both Sexes by Age: 1990-2000
(Total -57,114)



Percent Change in Population by Region (1990-2020)

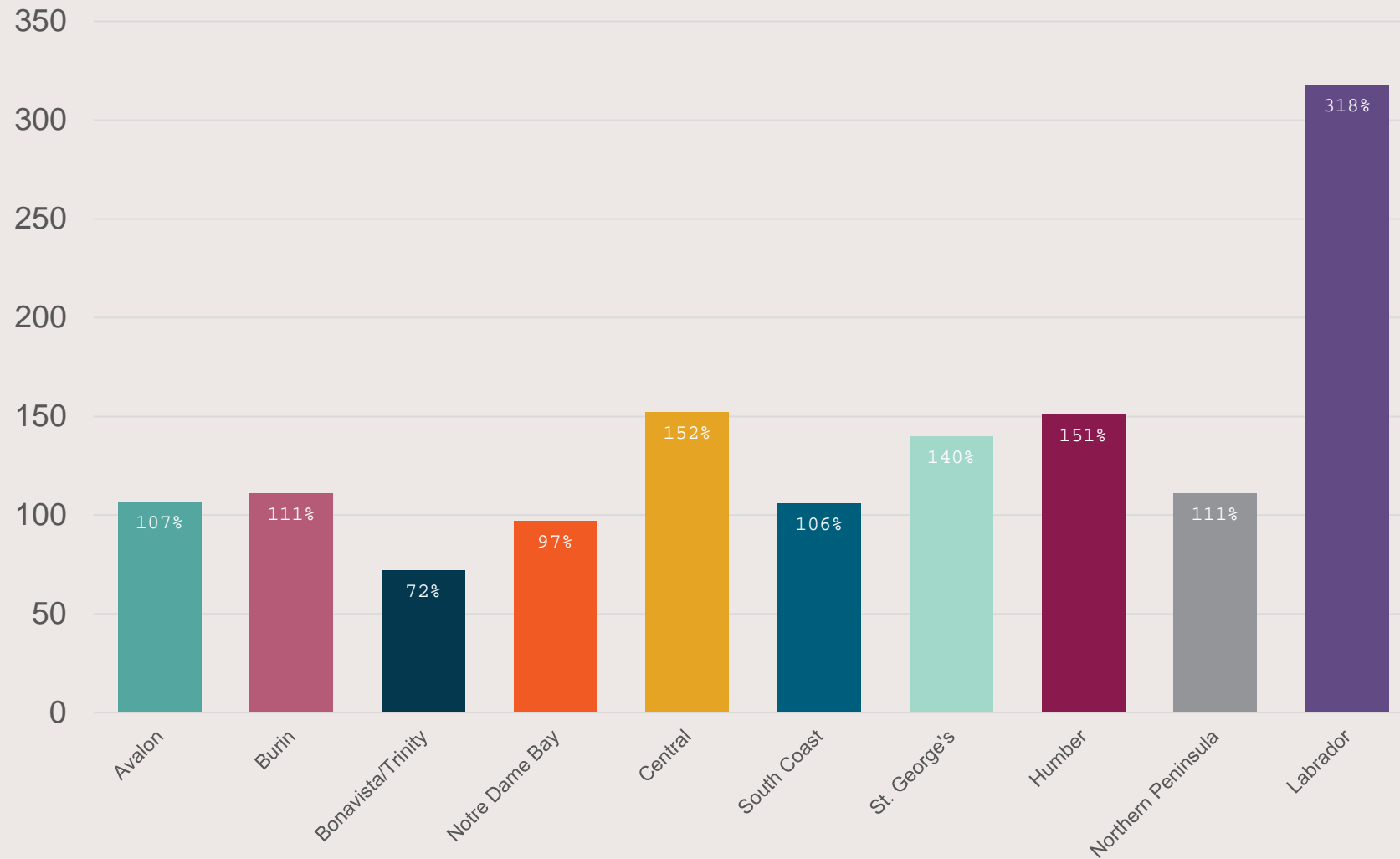


Percent Reduction in Children Aged <15 years by Region (1990-2020)



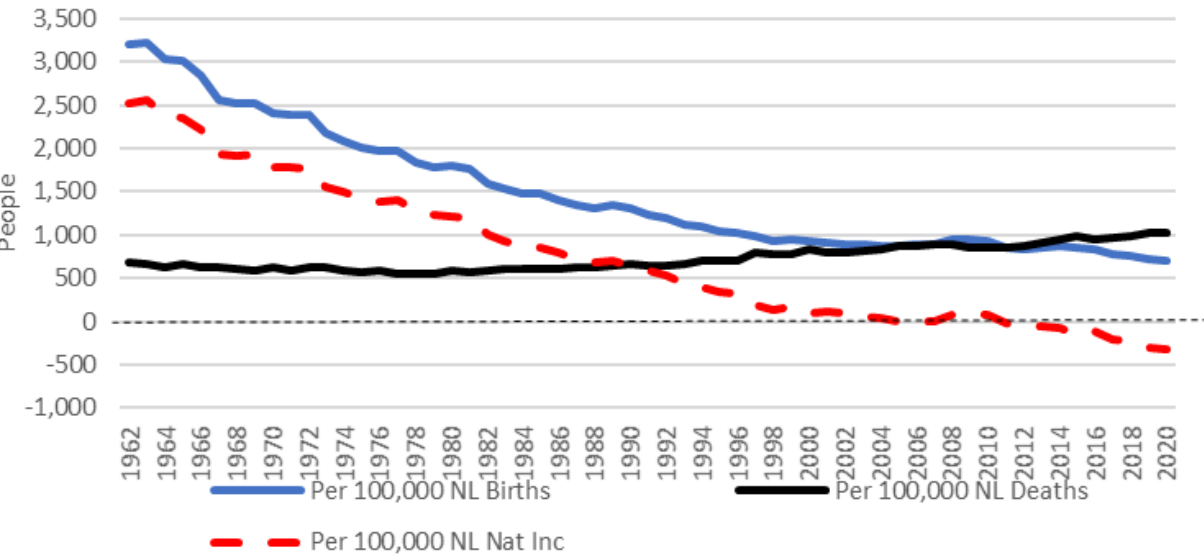
Source: Dr. Wade Locke

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



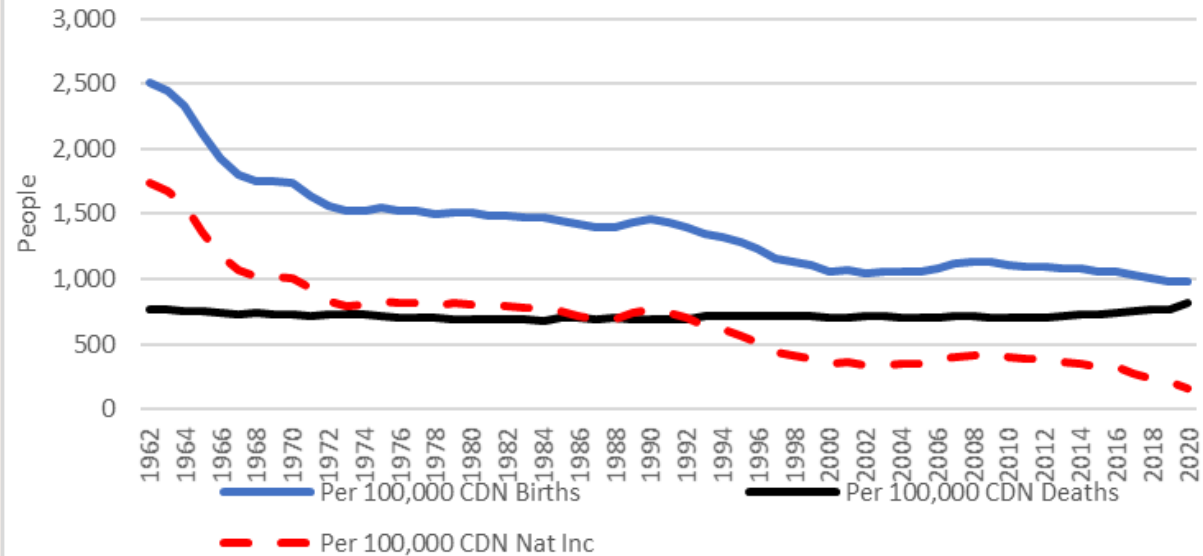
Births, Deaths & Natural Increases per 100,000 People (NL and CDN)

Birth, Death and Natural Increase in Population per 100,000 People: NL

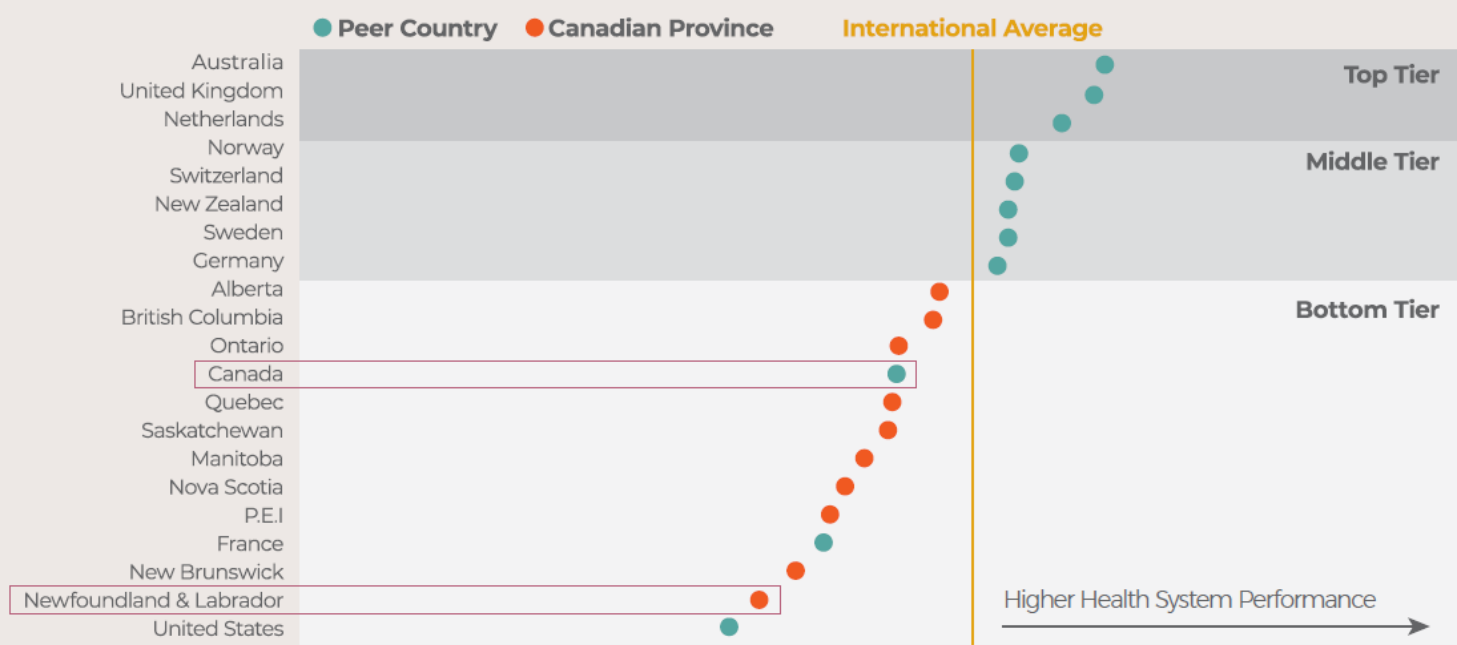


Data Source: Author's calculations based on Statistics Canada Table 17 100 059

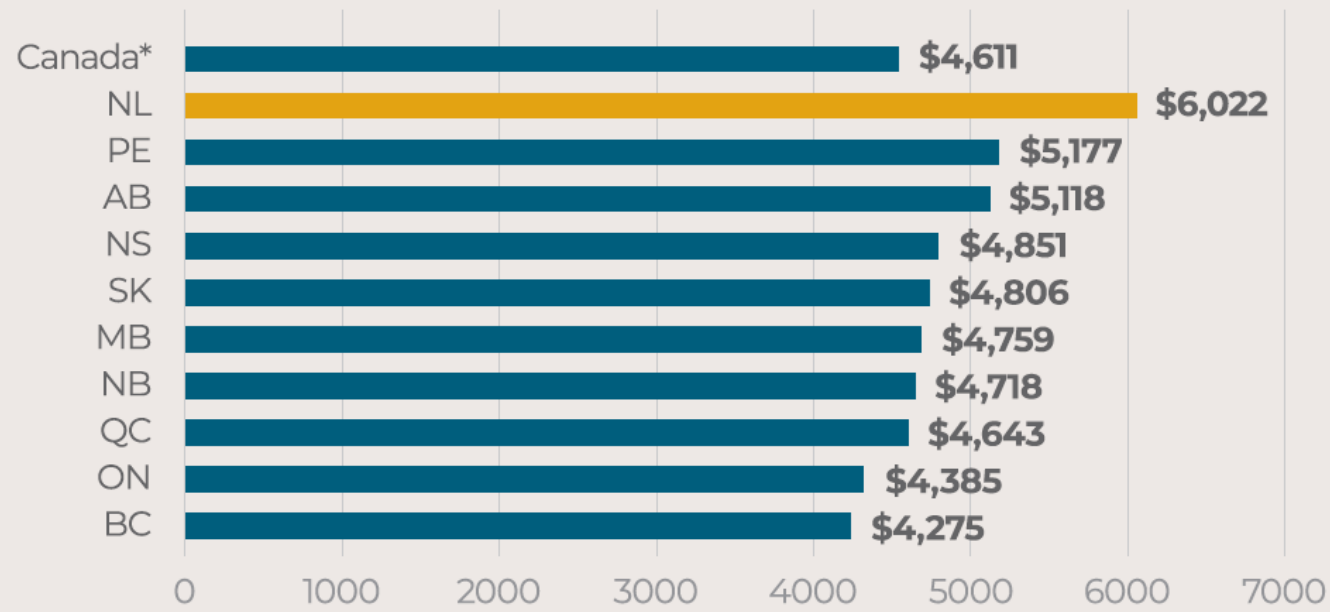
Birth, Death and Natural Increase in Population per 100,000 People: CDN



Data Source: Author's calculations based on Statistics Canada Table 17 100 059



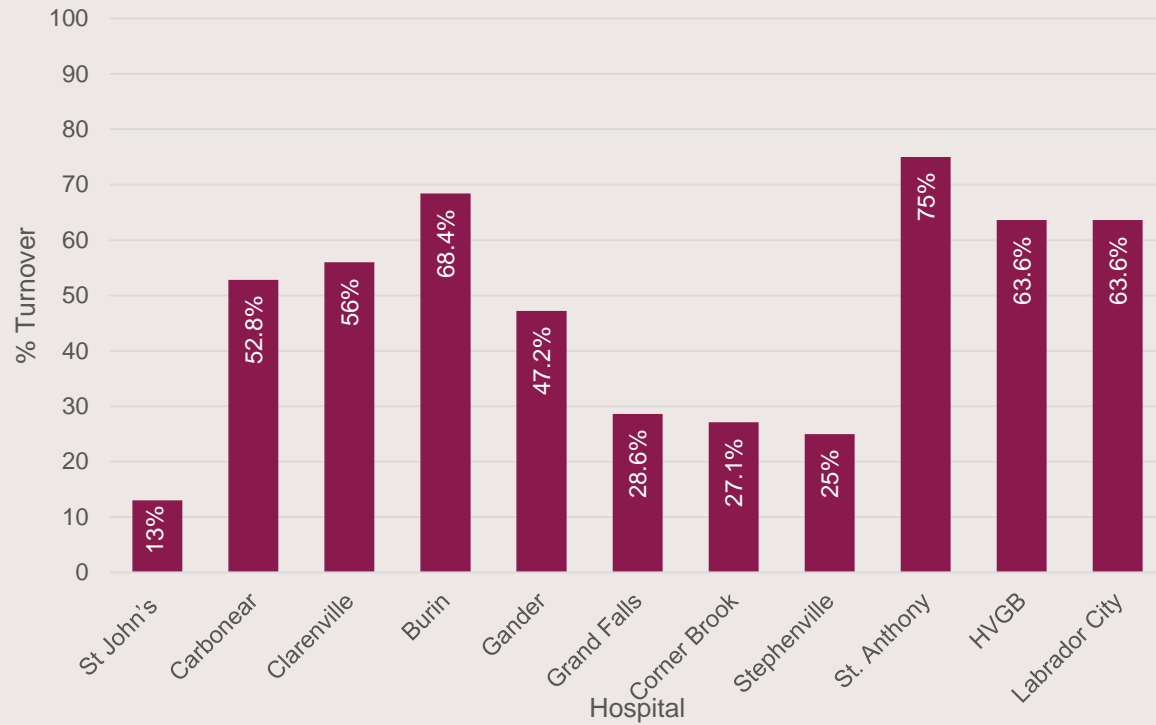
Source: C. D. Howe Institute/Commonwealth Fund



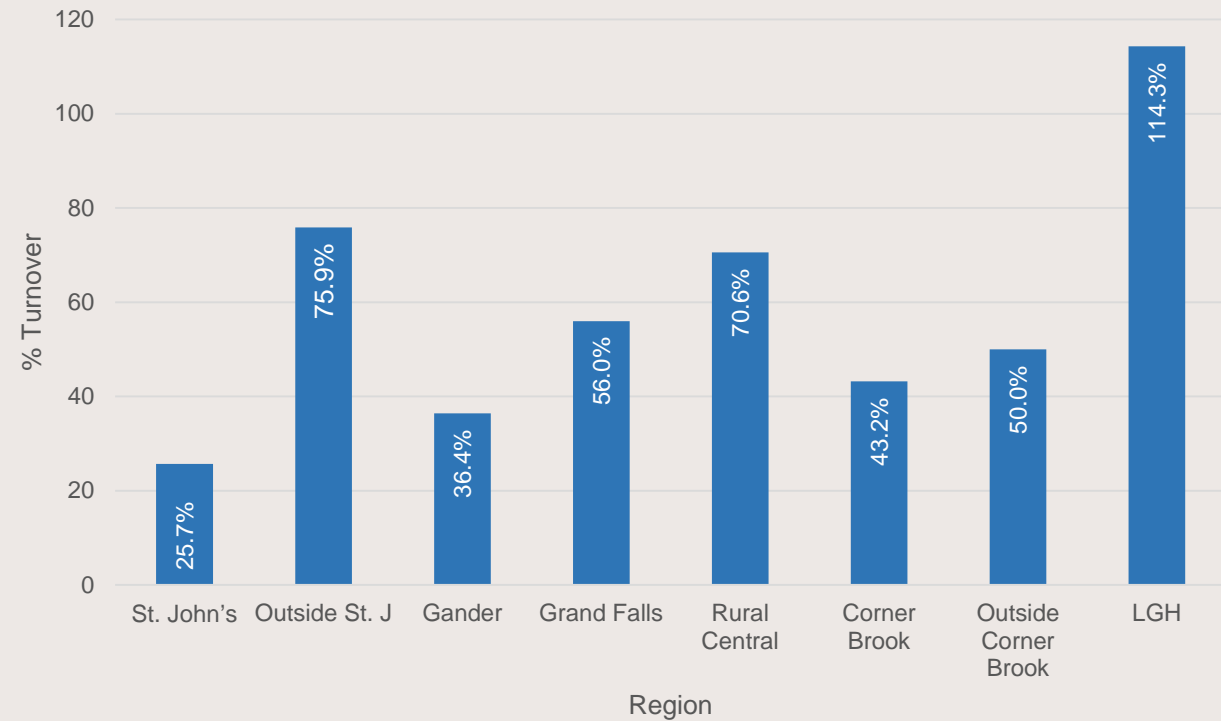
* Average

Dollars per capita

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



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



Framework to Improve Health

Action on the
social
determinants
of health

Better,
integrated
elder care

New
community
teams

Reimagined
health centre
model of care

New
emergency
services model

Hospitals to
respond to the
needs of their
catchment
population

A stronger
sustainability
model

Improved
virtual care

Actions for Social Determinants of Health

- ✓ Systemic racism
- ✓ Poverty reduction
- ✓ Universal basic income
- ✓ Early childhood development
- ✓ Housing insecurity
- ✓ Food insecurity
- ✓ Environment including water

Actions for Elder Care

- ✓ Non-ageism
- ✓ Aging-in-place with innovative solutions in the community
- ✓ Better management of the frail elderly
- ✓ Integration across care models
- ✓ Better end-of-life care

Framework for Community Teams

- ✓ Team: doctors, nurse practitioners, nurses, allied health professionals including social workers, elder care, mental health workers, others
- ✓ Formal links with social program teams and community organizations
- ✓ Optimal catchment population 6000-7000 and up
- ✓ All providers for a catchment area digitally connected to each other and to the people

Framework for Emergency Services

- ✓ A 24-hour, integrated, province wide air/ground ambulance system, staffed by advanced care paramedics
- ✓ A virtual emergency room supported by doctors and nurse practitioners
- ✓ Fast transport to the 13 hospitals, all of whom have a CT scanner

Framework for Health Centres

- ✓ Contribute to the community team
- ✓ Provide a model of urgent care consistent with the needs of the community
- ✓ Provide a holding bed or acute care beds as needed by the community
- ✓ Contribute to long-term care as needed by the community

Framework for Level of Services in a Hospital

- ✓ 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 important where volume of patients requiring a specialty service is small
- ✓ Access to specialists is enhanced by virtual care and by visiting specialists

Actions for Quality Health Care

- ✓ Statutory Oversight and Quality Council
- ✓ Accountability structures for health and social systems in the community, in addition to those in hospitals
- ✓ Learning health and social systems

Actions for Digital Technology

- ✓ Virtual care is a reality and likely to benefit this province with its extended geography and high rural: urban population distribution
- ✓ Penetration of broadband 50/10 is currently at 72% of households, estimated to increase to 98% by 2026
- ✓ Province-wide, integrated, health information system

Working Groups on Readiness of Providers

- ▶ Health and social change will require a change in the mix and distribution of providers
- ▶ Sustainability is dependent on recruitment and retention of the province's own graduates, an outcome dependent on making the structure more attractive to providers and orienting the education systems to the needs of the province
- ▶ Education must focus on leadership, strengthening health equity, collaborating across social and health systems, working in team-based care, and improving health outcomes

Working Groups on Interdependence & Governance

- ▶ Interdependence with other government structures is a reality particularly with the federal government to make and fund social policy, with Indigenous nations to improve their health status, with municipalities and communities to implement social and health change
- ▶ A governance approach to improved health outcomes requires attention to the interface between the health system and social systems, between the provincial government and Indigenous governments, between community-based groups and the formal health system, and between publicly funded services and privately funded services
- ▶ Central governance of the health and social system is necessary for many components of the structures, but de-centralization of governance related to implementing change in care processes will facilitate uptake

The need to lead, plan and manage health change



There is a need to lead, manage and plan health change in the presence of:

- a) demand created by the structure of Medicare
- b) demand facilitated by the democratic process



We require intelligent and committed leadership at the highest political and executive level of government, of the health and social systems, and of the private sector to:

- a) engage effectively with the public around the necessity for change
- b) create the capacity and willingness to plan for the long-term



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