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| Alberta | 22e | 1re | Remarques préliminaires à l'étude des crédits | 21 juillet 1989 | Mme Nancy Betkowski | Ministre de la Santé | PC |

**Mrs. Betkowski:** Mr. Chairman, I would like to make some introductory remarks in an overview sense for the Department of Health and start out by saying that the fundamental purpose of our health care system is to provide all Albertans with universal access to quality health care and to provide support to initiatives to promote and maintain the health of Albertans. I believe that Alberta's Health estimates before you reflect this government's principles outlined in our social policy paper Caring & Responsibility. They demonstrate Alberta's continued commitment to provide an excellent health system and balance the necessity to desire to care for and support those with health needs with the need for responsible public management and ensuring the most effective use of the resources available to us. Albertans expect and deserve this kind of treatment.

Since being appointed Minister of Health last September, I have gained a tremendous appreciation for the complexities and intricacies of the health system we've created in our province, but also an appreciation of the great challenges that lie ahead for governments, for health providers, for individuals who access that health system. The demands are increasing rapidly, and I'm proud of the work this province is doing in developing a strategy for future care needs for the health of Albertans. In Alberta a very positive step was taken by the Premier with the formation of one single Department of Health. I'm honoured to be the minister responsible for tabling the estimates of this new department, a single administrative body for a range of services both community and institutionally based.

Before going on to the trends that are appearing in the health care delivery system, I want to pay tribute to the many people who work in the health care system throughout our province and especially those who work in the Department of Health. This has been a difficult year in terms of bringing together two departments, and to every single one of those people I say thank you on behalf of Albertans for the job they're doing. I want to pay special tribute to my Deputy Minister, Mr. Rhéal LeBlanc, and his executive assistant, John Sproule; my own executive assistant, Daryl Osbaldeston; and administrative assistant, Christine Braun. Although I am the one who receives the public eye, there are a lot of people who work extremely hard on my behalf, and I thank them.

This department is seeing a number of trends that are appearing in health care delivery. There is clearly a greater emphasis on disease prevention and health promotion, there is a shift in the institutional sector toward the networking of services through geographic sharing and improvements in ambulance service, and there is certainly an increasing need to focus on the growing needs in the area of long-term care. We are meeting the challenges presented by these new trends.

In the first case, we are increasing support in the areas of health promotion and community care services and are recognizing the growing importance of preventative care . . .

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Mr. Chairman, as I was saying, we are dealing with the trends in the system in the following ways. First of all, we are clearly increasing support in this budget in the areas of health promotion and community care services, because we’re recognizing the growing importance of preventative care in the future health of Albertans. As part of this increase, we've committed $1 million to the development of a screening program for the early detection of breast cancer, and work on this initiative has begun. Various stakeholder groups have met with the department officials, and an initial meeting of the advisory committee, bringing together all the players for the development of the program, recently met. The initiative is an extremely important one, and we have received positive support from the many health professionals involved.

Alberta Health has provided also an additional $7.8 million to enhance speech pathology programs throughout the province. We've been working with the Department of Education and the health units and school boards involved to expand and enhance speech therapy services, particularly in the initial stages for school-age children.

We are clearly continuing our commitment to fight the spread of AIDS through public communication, which is the best way we can prevent the suffering caused by this horrible disease to not only the victims but families and friends. We're also committing an additional $2 million for patient care services for persons with AIDS, and these funds will go to both the community and the institutional sectors and are in addition to the funding we have provided for the provision of AZT drugs, which is close to $1 million per year, and funding for infection control in hospitals, which was announced in the context of the province's response to the nurses' concerns about safety in the workplace.

Under the leadership of our Premier, Alberta is developing the Family Life and Drug Abuse Foundation. This $200 million endowment will allow us to aggressively explore some innovative ways to deal with the serious problems of drug abuse and the resultant effect on family life in this province. This initiative was commended by other western Premiers at the Western Premiers' Conference hosted by our Premier Getty, and this year's commitment of $250,000 is a very important initiative to allow for consultation with Albertans and professionals to 00velop the structure and the terms of reference for the foundation to ensure that the efforts will be effective, worthwhile, and long-lasting and be a complement to the existing worthy programs that occur in this province.

We'll be continuing to provide support for AADAC. I'm pleased to see the executive director for AADAC here in the gallery and we1come him. I am proud that we've been able to enhance the funding to AADAC substantially this year with an overall increase of 18.9 percent and a 35 percent increase in prevention and education programs. New initiatives include adolescent prevention which will encourage healthy life-style choices by our young people, treatment programs which will enhance our ability as a province to meet the treatment needs of kids here in Alberta as opposed to them having to leave our province, and finally, planning funds for a northern addiction centre which is included in the budget.

Secondly, in terms of the challenges we are facing, clearly they are in the institutional sector as well. As a government we are very proud of the health care infrastructure that has been established over the last decade in Alberta. We can now begin, however, to concentrate on ensuring the full utilization of existing resources through the networking of services. This is starting to occur in a number of areas with the designated lithotripter units, for ex ample, in northern and southern Alberta at the Misericordia and Holy Cross hospitals. Work is being done on a pilot project in northern Alberta hospitals with respect to laboratory services. In addition, the first magnetic resonance imaging unit to be used strictly for clinical purposes will be at the Foothills hospital and will be used in a networking sense across the province as well.

We also need to ensure accessibility to our fine institutional infrastructure through the development of a new network and framework for emergency services in the province. Members will know of the excellent work that was done by the committee. The Member for Drumheller, in chairing the advisory committee, produced the report New Dimensions in Emergency Health Services: An Alberta Solution, and it's an excellent report. As a result, we are planning implementation of legislation, and that will be tabled during this session. A commitment of $500,000 for initiating the first phases is included within this budget. In order for hospitals to continue their fine work in caring for those Albertans in need of treatment, we have enhanced funding to cover the costs of inflation and allow for enhancement and new programs.

To deal with the particular concerns of the nursing profession, we have committed $6 million in the Department of Health budget to the first year of a four-year program for this purpose. The contribution the nursing profession makes to the health industry is immense, as well as the resulting impact on manpower costs within our institutions. During the recent labour unrest in British Columbia and Quebec, national attention has focused on nursing concerns, and other provinces have been pointing to Alberta for some of the innovative steps we are taking to address this important area. A nursing job enhancement advisory committee has been appointed, chaired by Mrs. Marlene Meyers. I expect to have a new senior nursing consultant in place in early fall.

Thirdly, with respect to the challenges, I'm particularly excited about the efforts we are taking and the initiatives we are taking with respect to the area of long-term care. The impact of an aging population is one of the most significant influencing factors on future health care costs not only in Alberta but in other areas as well. Our Premier expressed his commitment to those individuals who did so much to build this province and have chosen to retire here to bring them closer to family and friends. There's been extensive work in the area of long-term care in this province. The Committee on Long Term Care for Senior Citizens, chaired ably by the Member for Calgary-Glenmore, consulted widely throughout the province. The Mirosh report and its recommendations have been received positively by interest groups and service providers throughout the province.

The general principles that have emerged as a result of this extensive consultation indicate that Albertans want a system for a continuum of services that's responsible to the individual client's changing needs. Albertans want a system which emphasizes prevention and health promotion and supports people maintaining their independence as long as possible. Albertans support a multidisciplinary holistic system which acknowledges the contribution of families, informal care givers, and volunteers. Albertans support a system where accessibility is based on equity and allows choice and a system which promotes quality and cost-effective care. These are the principles we will be fol1owing. We've already begun to introduce many other recommendations outlined in the Mirosh report and committed $9 million this year for implementing recommendations. It will continue to serve as a policy framework as we meet the challenges in this growing area.

The following are some of the specific initiatives that are being taken by Alberta this year and are part of the budget that's before you. Major increases in Home Care funding of $5.7 million are in addition to the $6 million that was added to the Community Health budget specifically for home care last fall. This brings the total to $47.2 million being spent in this important area. It will be targeted to heavy care and allow us to maintain clients in-home who otherwise might not have to be institutionalized. Other funds are being provided for the following purposes. We are increasing support in health promotion geared specifically toward seniors. We are providing support for day hospital initiatives. We are developing support and consultative services for long-term care and for Alzheimer and dementia patients and the special needs they demand. We're providing for oxygen and medical surgical supplies to allow nursing homes and auxiliary hospitals to take on heavier care patients. Finally, we will provide for the development of pilot projects such as geriatric rehabilitation teams at the Misericordia and Royal Alexandra hospitals and a quick response service operated by the Edmonton board of health. Many Albertans presently in long-term care institutions entered via the system of the emergency room in an acute care facility. I think we need to work to develop methods so that the senior breaking a hip can be discharged from an acute care to a home and not to another institution unless that care is absolutely necessary.

A patient classification system was recently introduced in Alberta to ensure that individuals are receiving the appropriate care by appropriately trained personnel. We reviewed the benefits to promote individuals to stay in their own communities and avoid unnecessary or premature institutionalization. This classification system is being looked at by many other jurisdictions, and I'm pleased to advise that the government of Ontario is sending a delegation to Alberta with the intent of instituting our patient classification model. I'm proud of the commitment the province, and particularly the Premier, has shown toward building for the future health needs of Alberta's seniors.

I would now like to review quickly the health expenditure estimates and bring to your attention certain highlights within each of the votes. The estimates for 1989-90 are approximately $3.4 billion, reflecting an increase of 9.4 percent or $295 million over the 1988-89 comparable estimates of approximately $3.1 billion. The estimates presented before the House reflect a budgetary requirement of approximately $3 billion. The difference between the expenditures of $3.4 billion and the budgetary requirements of $3 billion represent the revenues and the contributions by the federal government to the health care insurance fund. The $3 billion estimate is reflected in seven specific votes.

Vote 1 is Departmental Support Services and reflects the costs of administration and support services provided to the various programs within Alberta Health. Central administration budget for Alberta Health has decreased by .7 percent over the previous fiscal year and represents less than 1 percent of the total estimates of Alberta Health. Of special interest within the Departmental Support Services is the establishment of a Mental Health Patient Advocate's Office and provision for the planning of funds for the Alberta Family Life and Drug Abuse Foundation. The Mental Health Patient Advocate's Office is being set up as part of the new legislation, the Mental Health Act, which was recently passed by this House. The main principles of this important legislation are to recognize and respect the rights of mental health patients, to improve measures for the promotion of the public, and to facilitate more efficient administration of the mental health program. The patient advocate's office is an integral part of the Mental Health Act and an important service component toward addressing these principles. As I mentioned previously, the $250,000 in the estimates before you will be utilized to obtain the opinions of Albertans and experts in the area of drug abuse before we establish and set the foundation in place in the budgetary sense.

Vote 2 is the Health Care Insurance Fund. This program reflects the costs of administration and this government's contribution toward the Health Care Insurance Fund. The Administrative Support before you provides for the registration of Albertans for health care insurance, the collection of premiums, and the payments to health care providers under the plan. The '89-90 estimates for Administrative Support reflect an increase of 11.3 percent or $2.8 million. This increase is required for the collection of overdue premiums. That Alberta Health Care Insurance Fund provides for this government's insurance plan which covers the costs of medical services and a number of related health services. Our contribution as a province toward the insurance fund reflects the difference between the revenues collected from premiums and the federal government's contributions and the payments made to health care providers. The estimates reflect an increase of 2.5 percent, or approximately $13 million, in provincial contribution to the fund. Of course, that is an estimate and not a cap.

The total expenditure for health care insurance is $981 million. The provincial contribution is approximately $526 million, or 55 percent of the total expenses of the fund. Premiums account for only 28 percent of the expenses incurred through the health care insurance plan. The premiums, as were announced during the budget address, will increase $1.75 for a single contributor and $3.50 for family contributors. The increase is the maximum increase in health care premiums.

I think it's important to note that approximately 250 senior citizens and their dependants are fully exempt from paying health care premiums. As well, 225,000 registrants are exempt from paying premiums based on income levels, and an additional 50,000 registrants only pay partial premiums based on their income levels. We've also revised our method of calculating taxable income to ensure that the federal tax reforms of 1988 do not impact on registrants who are currently receiving benefits under the premium subsidy program. The revision will provide 13,000 registrants with higher subsidies than they are currently receiving, and 7,000 additional registrants will receive a subsidy over those who are receiving it now.

Vote 3 is the Financial Assistance for Active Care. The program provides operating funds for active care facilities. The estimate provides for an increase of 11.1 percent, or $170 million, over the '88-89 estimates of $1.53 billion. This 11 percent represents a 5 percent general grant increase announced in December. The remaining 6.1 percent, or $97 million, is being provided to maintain ongoing operations arising out of past commitments, increased activity levels, and new initiatives. Some of the new initiatives I indicated in my earlier comments for which funds are included are the nursing initiatives, the AIDS patient care services, and the emergency health services.

Vote 4 is Financial Assistance for Long-Term Care. The program makes provisions for institutional long-term care services delivered through auxiliary hospitals, multilevel care facilities, and nursing homes. As I outlined to you previously, my department is spending considerable time and effort to deliver long-term care services in a different and an even better way than we've been able to do in the past. The estimates for the program are being increased by 12.6 percent for $44 million over the '88-89 comparable estimates, and we have not only increased funding for these facilities but have also increased departmental staff to effectively plan for the new initiatives that are under way.

Vote 5 is the Community Health Services. The objective of these is, of course, to enhance the quality of independent living in the community through prevention programs, financial assistance to communities for local health services, for volunteer programs, and, very importantly, to monitor the general health state of Albertans. The local health services are provided through 27 health units, with offices and sub offices in 212 localities across our province. As well, programs are provided through two provincial laboratories of public health, two provincial vital statistics offices, two sexually-transmitted disease control regional offices, tuberculosis control regional offices, and the administration of family and community support services, which provides funding to 144 local jurisdictions.

The estimates before you reflect this government's emphasis on community health services, for health is as much a family concern as it is an individual one and as much a community issue as a provincial one. The 1989-90 estimates of $236.3 million reflect an increase of 13.2 percent or $27.5 million from the '88-89 estimates. A major portion of the $27.5 million increase has been identified for home care services of $14.4 million and for speech and audiology services of $7.8 million. The increase in home care services of $14.4 million reflects an increase of 44 percent or $47.1 million over the estimates of last year. This substantial increase in funding for home care is keeping in line with this government's initiatives in providing Albertans, primarily seniors, with the ability to live independent lives in their own homes and communities. The $7.8 million increase in speech and audiology service more than triples the '88-89 estimates of $3.4 million.

I also want to highlight the increased funding for the Haemophilus B vaccine and for the early screening of breast cancer. An additional $800,000 is provided in the budget for the Haemophilus B vaccine for immunizing children at the age of two months rather than 18 months. The commencement of this vaccine is estimated to reduce the disease and incidence by 80 to 90 percent rather than the 20 to 25 percent reduction of the disease when it was commenced at the later age of 18 months. Alberta Health will implement the program as soon as the vaccine is licensed.

Breast cancer is the leading cause of death among cancers in women. As I mentioned previously, the government is providing $1 million to organize and implement a breast health program offering mammography and a health promotion and education program to women in Alberta. The program will be targeting its services to women in the 50- to 69-year-old category, where a 30 to 40 percent decrease in mortality rate has been documented where such a breast health program is implemented.

In the estimates presented to you, you will note that the funding for the prevention of sexually-transmitted disease has increased by 22.4 percent to $5.4 million. In that budget, an additional $800,000 for AIDS patient care services is also provided.

Vote 6, then, is Mental Health Services. The objective of mental health services programs is to maintain and improve the mental health of Albertans through inpatient treatment and rehabilitative services, as well as regional community mental health services for individuals and for families. These services are delivered through three extended health centres and clinics operated by Alberta Health and through numerous programs provided by community agencies. The estimates before you provide for an increase of 4.8 percent or $2.2 million for these services.

I think it's important for me to stress that in my term as minister, for as long as I'm privileged to serve in this portfolio, the whole issue of mental health is one in which I take a very keen interest. I think that although Albertans are very tolerant people, for which I love them all, we are still of the view that it's okay to be physically ill but not okay to be mentally ill. I think there are many things the new Mental Health Act gives us as opportunities to co-ordinate the institutional and the community care services in a very important way. Within the general priority, then, of mental health services, I would highlight the issue of children's mental health services as a key priority I will be looking at within my term as minister. Within the next few months the mechanics of the new Mental Health Act legislation will be finalized and implemented, and an integral part will be the mental health review panels. We've included an additional $600,000 for this purpose.

Finally, we have vote 7, which is the Alberta alcohol and drug abuse. As I mentioned briefly in my opening remarks, the funding for AADAC for 1989-90 has been increased by 18.9 percent or $4.8 million over last year. Existing programs have been provided in an additional $1.3 million and new initiatives of $3.5 million. Emphasis for '89-90 has been in the funding for prevention and education programs, which increased by 37 percent, and for field services within the communities, which increased by 32.4 percent.

In implementing these initiatives, then, we as a government will use funding not only for the provision of services but as an incentive to promote the effective management and stewardship of our health system. We must develop a system which is accountable and based on outcomes, health objectives and health status indicators that programs are targeted toward. We will communicate with those involved in delivering and receiving health services in developing any new strategies. This is my goal as Minister of Health and the goal of this government. I look forward to the report of the Premier's Commission on Future Health Care for Albertans, which will set the framework for meeting the challenges of the future.

I look forward to the remarks by hon. members and will do my best to respond to any questions which are raised.