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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Alberta | 22e | 2e | Remarques préliminaires à l'étude des crédits | 25 avril 1990 | Mme Nancy Betkowski | Ministre de la Santé | PC |

**Mrs. Betkowski:** Mr. Chairman, I appreciate the opportunity to make some opening remarks in an overview sense for the Department of Health. Before I do, however, I would like to welcome some senior representatives from many of the stakeholder groups across the province, including the Alberta Medical Association, the Alberta Long Term Care Association, the United Nurses of Alberta, the Alberta Association of Registered Nurses, the Alberta Hospital Association, and the College of Physicians and Surgeons.

I would also like to welcome members from the Department of Health, particularly my deputy minister, Mr. Rheal LeBlanc, and my assistant deputy minister of finance and administration, Aslam Bhatti, who spent a lot of hours on this budget as a department. I thank all officials here today as well as the 2,024 public servants in the Department of Health for their help and support in preparing this budget. Without them we couldn't run this health system.

Finally, my thanks to my private office staff, including Darrell Osbaldeston and Christine Braun, Elsie Warawa, Colleen Korzan, Corinne Freughton, and Wendy Stiver. We have some pretty hairy days in our offices sometimes, but usually one of the seven of us has enough of a sense of humour to have a laugh. I thank them, for I couldn't do my job without them.

Mr. Chairman, the Premier's personal vision of an integrated health system reflecting a continuum of services was demonstrated in his decision to form a single ministry of Health responsible for that continuum, and that vision has contributed to a more co-ordinated government response to health issues. Since June 21 of last year, when I had the honour to present this government's estimates for the Health portfolio, many exciting initiatives have taken place. We have recently received the report of the Premier's Commission on Future Health Care for Albertans. The recommendations are far reaching in dealing with issues and topics well beyond the mandate of just the Department of Health. The Premier has requested that I as Minister of Health chair a task force of ministers with responsibilities for issues addressed by the commission's report to ensure that the full and thorough assessment of this report is carried out in a co-ordinated manner and that appropriate action plans are developed in the coming months and years. This and the recently released report of the Premier's Council on the Status of Persons with Disabilities serve to provide an exciting base for future development in the health policy of this province.

I'm pleased to be able to participate in the continuing efforts of this government to develop the healthy public policy through listening to the views of Albertans. It is a time where change is needed, and in dealing with an issue as important to Albertans as their continued health, carefully managed change is what is called for.

After 18 months in this exciting portfolio for the health system of this province, I've developed a set of principles I use when carrying out my role. First and most importantly, people are the focus of the health system. Alberta's most fundamental resource is its people. Health is critical to both individual Albertans and to the province as a whole. Health is more than just being not sick. It is a complete state of physical, mental, social, and spiritual well-being, and a resource to help people achieve their aims. Healthy Albertans are able to assure this province's social and economic prosperity. As the Provincial Treasurer stated in his March 22 budget, and I quote:

This government is committed to providing quality health care to Albertans. As we move into the 1990s, we must ensure that our health care system meets the changing needs of our citizens at a cost we can afford.

I have stated on many occasions that the health of Albertans is my only bottom line, and I believe that the 1990-91 budget demonstrates this government's goal to provide all Albertans with universal access to quality health services now and in the future.

As Minister of Health, I must deal with many challenges: issues that are deeply personal ones to all Albertans and ones which challenge personal beliefs. But I always focus my decisions on what I believe is the bottom line, and that is the health of Albertans. The most eloquent description of how public duty transcends our personal beliefs came from Everett Koop, the former Surgeon General of the United States. When criticized for his frank and open approach to the public health challenge of AIDS, he responded:

I am the Surgeon General of the heterosexuals and the homosexuals, of the young and the old, of the moral and the immoral, of the married and unmarried. I don't have the luxury of deciding which side I want to be on. I can tell you how to keep yourself alive no matter what you are. That's my job.

That is a bottom line, and it's a quote I keep on my desk to remind me of my responsibility to all Albertans.

Since our early days as a province, the Alberta government has clearly demonstrated its commitment to provide high-quality health services for its citizens. A complex health system has been developed over the years, reflecting a historic partnership between citizens, local communities, and all levels of government. The network of service providers now consists of a framework of health units and hospitals, community support services, mental hospitals, mental health extended care centres, community mental health clinics, community groups, individual practitioners, and volunteers. It is a system that is envied by others and cherished by us all.

Alberta's health system is among the finest in the world. We are all responsible for its future as our system now faces challenges which encourage movement towards even greater excellence. Our aging population, new ideas, and major advances in technology are creating opportunities to put in place innovative and effective solutions. The object is more effective health services, not necessarily just more health services.

This leads me to the second principle, and it's that of accountability. It is essential if we are to ensure that the generous yet limited resources we commit to health services are targeted to where they are most needed and that we ensure that we are achieving better health for that commitment. We need to assess the need, target the resources, and evaluate our effectiveness.

A focus on outcome: the optimal health status of Albertans is critical in programs and services, and certainly outcome measures of health status are difficult to develop. It's not always easy to see how outcome can be measured, but it must be done. Some outcomes are long term, and there is a need to seek out additional outcome measures that can be seen and measured in the short run.

Alberta's health system is designed to ensure equality of access, but it has not yet achieved equality of health status. Poverty and lower levels of education have meant that some Albertans have poorer health status. Some geographical locations have poor access to service. We need to support those individuals or groups which are less able to be speaking for themselves or who have more difficulty accessing the variety of program delivery mechanisms that could assist them.

Funding approaches can be used to provide an incentive to altering the way that services are delivered. An example is the recently restructured approach to funding long-term care facilities, which encourages institutions to accommodate heavy care cases while persons with less intensive needs are looked after by community oriented programs. Other options to change funding mechanisms in the acute care sector are under review, with the participation of many of the stakeholders, and I hope that Alberta can take the lead in Canada in funding reform as we have demonstrated in long-term care.

I finally believe there is a need to ensure that the method of allocating available resources is fair and equitable, that it responds to the growing importance of outpatient services and provides positive financial incentives for ambulatory care. Differences in resource requirements amongst patients due to diagnosis, severity of patient illness, and the complexity of the case need to be recognized. As I've stated on many occasions, the roles of the various institutions within the province in relation to the scope and range of services provided must be defined. Working groups are looking at all these issues.

Since its inception, the acute care funding project has involved close to 100 people, including hospital administrators, physicians, nurses, and my department staff, in the development of recommendations for changing the entire funding system. We have developed our impressive infrastructure in this province, which is a legacy for the future. We must now capitalize on that investment by ensuring that the utilization of existing resources is maximized. We're doing this in the area of ambulance services and in looking at specialized areas of regional delivery such as laboratory services.

We'll be examining closely recommendations from the Premier's commission regarding the government's structure for health services. We'll have to balance the need for co-ordination of services with the need to ensure that program identities are not swallowed in unnecessary administrative layers. We'll need to balance the need to centralize to ensure universal and comprehensive standards with the need to decentralize to ensure responsiveness to community needs.

I'm committed to ensuring future initiatives which will help us to ensure that the support we are committed to continue to provide to Albertans will be the most cost-effective. I can tell you that Alberta initiatives impress and are looked at closely by other provinces. The best approach, of course, would be to see illness prevented, but this requires a partnership of efforts.

This brings me to my third principle, which is that the concepts and principles of health promotion and disease prevention must be relevant and important parts of health services. The ideal health system combines excellent treatment and care for those who are sick with a high standard of wellbeing for all people. Treatment for illness and disease will always be required. As we move into the future, we also need to ensure that there is a whole spectrum of health services, from promotion, prevention, and protection to acute care, rehab care, long-term care, and palliative services, whether in the community or in institutions. Health promotion cannot be regarded as a program separate from these health service components but must, in fact, be integral to all health service activity. We intend to support and foster personal choice and individual responsibility by embodying the principles of health promotion in all aspects of service delivery.

A number of factors affect the health status of Albertans, including socioeconomic variables, education, culture, genetics, environments - physical and work environments as well as social environments - in addition to the health system. An individual's health or ID health is determined by a combination of all these factors. A healthy economy is necessary to ensure that we have, to quote the Premier's commission: healthy Albertans living in a healthy province. That is why I as Minister of Health am proud of the efforts of our government to ensure a healthy economy in the future which will support our ability to sustain and support an excellent health system for Albertans.

Health promotion is a concept that means different things to different people. To some it means community development; to others it means major media campaigns. Some focus on health education. In my mind it is as much an attitude as a program to be delivered. Enabling people to take control of their lives is the World Health Organization definition for health promotion. The elements for this are people helping themselves and each other and developing supportive groups and communities.

As a government we have provided for mandatory seat belt use in Alberta, and I am grateful it has now been upheld by the courts. We are implementing no-smoking policies in our workplace. Indeed, our Assembly is now smoke free for the first time in its history. We are introducing under the administrative leadership of the public health division and the Alberta Cancer Board an early detection program of breast cancer screening for women in Alberta. The targeted AIDS awareness campaign has provided clear information to Albertans on the facts associated with this disease. Programs to provide information in our school system co-operatively undertaken by health professionals, educators, and parents will ensure that our kids have access to the facts they need to protect their health. Our support to the valuable work done by community agencies will be continued. A current awareness program is in place directed to seniors on the benefits of a healthy life-style and the options available to allow them to remain in their homes. The Solicitor General and I are looking at legislative sanctions under the Public Health Act for those who knowingly sell Lysol as a drinking substance for abuse. Its prevalence is far greater than one would expect, and I'm prepared to use the full force of the public health law as an instrument of healthy public policy.

Each of these is a significant initiative, and it is not just a matter of money. Promoting good health does not necessarily need to cost a lot of money. I realize that a financial commitment will be required, but this government will be targeting resources to specific measures to ensure accountable outcomes.

Although not impacting only my department, in light of the activities of last Sunday and many others, I’d like to state a fourth principle, and that is that I do not believe you can draw a line between our health and our environment. Our health will suffer if we destroy our ecosystems and use up our resources. Environmental and resource sustainability are prerequisites for maintaining good health. We must, therefore, strive to ensure that our efforts to improve our economy provide protection for the health of Albertans, the health of our province, and that we foster the concept of sustainable development for our children and for our grandchildren.

That concept of sustainable development means much more than just government putting in place tough laws to deal with polluters or strict regulations governing natural resource industries. As with maintaining health, it means empowering individual Albertans to take responsibility, to make appropriate life-style choices to protect and conserve our precious natural heritage. It includes health units and hospitals acting as catalysts to ensure that the communities they represent are leaders with regard to this sustainable development, leaders in waste management practices, leaders in energy and water conservation programs, leaders in recycling initiatives. Those responsible for protecting the public health and those responsible for expanding our scientific knowledge base understand that environmental health, the effect of environmental factors on our personal health, must emerge as a special area of expertise and concern in today's society.

There's a need to ensure that a special emphasis on health occurs in the environmental impact assessment process, and representatives of municipalities and local boards of health will be called upon to play a very significant part in that process. In consultation with these groups, various departments of government, and a wide range of stakeholders, I’ve asked my department staff to begin work on an environmental health strategic plan. It's my hope that this plan will lay the foundation for a full and effective partnership between the Department of Health and my colleagues in Environment, Agriculture, Municipal Affairs, Energy, Economic Development and Trade, and Occupational Health and Safety as we work together at achieving our common goal, which is: "Healthy Albertans, living in a healthy Alberta."

There are many initiatives which focus on particular issues that are currently under way in Alberta Health. Alberta Health and Public Works, Supply and Services, in co-operation with the metropolitan and regional hospitals which operate licensed incinerators, are in the process of preparing plans for the safe handling and disposal of hospital biomedical waste through a system of regional centres. With respect to biomedical waste generated from other sources, the public health division of Alberta Health is preparing guidelines for the appropriate disposal of this waste. The review will include an examination of proposed changes to the existing waste management regulations under the Public Health Act.

I am very grateful to the Public Health Advisory and Appeal Board for taking on the recent extensive review of intensive livestock operations and providing me with a very useful set of recommendations. The recommendations are currently under review by several departments of government, and I anticipate making the report available to the interested stakeholder groups in the near future.

Health is far more than just caring for the ill, and our government is continuing to view health as part of a larger and comprehensive framework. I would now like to quickly provide comments from each of the votes presented for discussion this afternoon.

Under vote 1, Departmental Support Services. This vote reflects the costs of administration and support services provided to the various programs within the department. The budget reflects an increase of 5.5 percent, which equates to about $1.2 million over the previous fiscal year. I note that this budget represents less than 1 percent of the total estimates for Alberta Health. The $250,000 for the family life and drug abuse foundation is for continued planning for the establishment of the foundation.

Vote 2, Health Care Insurance. The total increase of $40.9 million or 7.4 percent over the previous year's estimates consists of $1.2 million or a 4.8 percent increase in Administrative Support, and $39.6 million or a 7.5 percent increase in the Provincial Contribution to the Health Care Insurance Fund. The $59.8 million increase, 7.6 percent, in expenditures for Basic Health Services is based on forecast increases in population, utilization of services, and price factors. As I indicated upon the release of the report of the Committee on Utilization of Medical Services, I intend to establish a permanent monitoring committee. That committee's mandate and membership will be announced within the next week. This increase in expenditures is offset partly by increases in health care premiums of $3.25 a month for a single person and $6.50 for a family. This reasonable increase in premiums allows Albertans to have a direct awareness and reminder of the costs of their health system. Low-income Albertans are protected, and approximately 500,000 Albertans pay only partial or no premiums.

Vote 3, Financial Assistance for Active Care. This program provides the operating funds for the active care facilities. The estimates provide for a significant increase of $100 million or 5.9 percent over the previous year. One-half of this increase, or $50 million, reflects the 3 percent general grant base rate adjustment. The remaining $50 million is provided for general activity increases within the various facilities. This displays this government's continued commitment towards what many consider to be one of the finest acute care systems in the world.

Vote 4, Financial Assistance for Long-term Care. This program makes provisions for institutional long-term care services delivered through auxiliary hospitals, multilevel care facilities, and nursing homes. The estimates for this program are being increased by $24.1 million or 6.1 percent, of which $11.4 million reflects the 3 percent increase to grant base rates. The remaining $12.7 million increase reflects activity increases such as the patient classification program, $7 million, and $5.7 million for specialized initiatives such as an early discharge program, enhanced supplies for nursing homes, and the single point of entry. Following the budget speech presented on March 22, I announced that effective July 1 residency charges for room and board will rise by $2 a day. A $2-per-day increase amounts to only 4 percent annually since 1987, and leaves Alberta seniors with the highest disposable income in the country.

Vote 5, Community Health Services. The objective of this vote is to enhance the quality of independent living in the community through the provision of funds to community agencies and health units for prevention programs and local health services, as well as to monitor the general health state of Albertans through the health units and provincial labs. In 1990-91 we've included $2.5 million for new home care initiatives. Horne care service programs are provided through various community agencies and health units. Since 1988-89 the budget for home care services has increased from $32 million to $51 million, an increase of $19 million or close to 60 percent. These increases reflect our government's commitment to providing Albertans, primarily seniors, the ability to live independent lives in their own homes and communities.

Similarly, funding for the speech and audiology program has increased to a level of $12 million, an increase of approximately 7 percent from 1989-90. The increase over the last two years has been approximately $9 million.

As I indicated earlier, we will be implementing in conjunction with the Alberta Cancer Board an early detection of breast cancer screening program for women in Alberta. The Alberta screening and education program will be a very important part of health services for women and demonstrates the government's ongoing commitment to enhancing health promotion and illness prevention programs for Albertans. We plan to have centres operating in Edmonton and Calgary by October of 1990, and in the initial year we'll be targeting the program to the 50 to 59 age group. We hope to phase in the expansion of the program over the next few years.

The changes in provincial funding distribution between the north and south labs for the Provincial Lab reflect their expenditure bases and requirements based on actual expenditure. A study will be undertaken during the year to review services provided by not only provincial labs, but also private lab costs for routine and not so routine lab work as well as duplication of services between provincial and private labs, to mention but a few points. At the conclusion of this review, we'll be in a much better position to assess the funding levels required. In '89-90 the provincial labs received a budget increase of over $1 million or 12 percent.

Much of the policy development in the provincial AIDS program has been completed 50 that administration costs have been able to be decreased, though the provincial commitment to program costs has been maintained.

Vote 6, Mental Health Services. The objective of this program is to maintain and improve the mental health of Albertans through inpatient treatment and rehabilitation services. It's also done through various regional community health services provided to families as well as individuals. These services are provided through three extended care centres and numerous clinics located throughout Alberta operated by Alberta Health, as well as by various programs provided by community agencies. The estimates for the program reflect an increase of $2.7 million or 6 percent over the previous year's estimates. Of this amount, $2 million has been earmarked to enhance the children's mental health program. The remaining $700,000 reflects the costs of salary adjustments for a division that is very manpower intensive. In fact, two-thirds of the total $49 million budget for mental health is for salaries and wages.

Vote 7, which is for the Alberta Alcohol and Drug Abuse Commission, will be addressed by the chairman, but before calling upon him I would like to simply close.

This budget has enhanced our health system in a time of increasing costs and increasing financial pressure. It is clear evidence of the high priority we place on the health of Albertans. It does not mean that everyone will receive everything they wanted, whether it be hospitals, nursing homes, or health units. That would not only be unreasonable, but it would be unrealistic. But it does mean that our health system will continue to move the focus away from treatment and more towards prevention and the promotion of good health. The steps that we have taken in regard to capital construction, health care insurance premiums, and long-term and preferred accommodation rates recognize the demands being placed on our health services. I believe they are part of an appropriate and a reasonable approach to addressing those increasing financial pressures. We will continue to move towards a system that is client focused and which provides a spectrum of care for all Albertans, care that ranges from health promotion and prevention to community based services to institutional acute and long-term care, care that always tries to treat each Albertan as an individual with individual needs, desires, and concerns.

As our traditional industries are diversifying into more broadly based economies, our governments are in transition from the high spending of the '70s and early '8Os to a more cautious and careful approach, and we are all having to be more creative and manage differently. We are all asking, "Is this the best possible use of the dollars available to us?" As a legislator I strongly believe that accountability, fiscal responsibility, and efficiency need to be demanded all the time, particularly in the public sector. It is getting the best value for our resources which is essential. This demand for effectiveness is not based on any dogmatic view that the public sector should or must spend less. It is the realistic understanding that resources are limited and that we have the responsibility to use those limited resources in the best possible way, 50 that new opportunities can be explored, new dreams be dared, and new frontiers explored by future generations of Albertans.

To quote a paragraph from the Rainbow Report:

We believe in people being the focus of the health system. . . in the inevitability and desirability of change, and in our ability to manage change to accomplish our purposes . . . in health decisions which are Most effective and least intrusive . . . [and] in making the opportunity available to all Albertans to maximize their own health.

I would like to call on, if I may, the chairman of the Alberta Alcohol and Drug Abuse Commission before we answer questions from members.