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| ***Province*** | ***Législature*** | ***Session*** | ***Type de discours*** | ***Date du discours*** | ***Locuteur*** | ***Fonction du locuteur*** | ***Parti politique*** |
| Alberta | 26e | 2e | Remarques préliminaires à l'étude des crédits | 27 avril 2006 | Mme Iris Evans | Ministre de la Santé et du Bien-être | PC |

**Mrs. Evans:** Thank you, Mr. Chairman. In addressing the estimates today, I would like first of all to introduce people in the members’ gallery that are accompanying me, staff that will make sure that we respond to those questions that we may not be able to have either the time or the capacity to follow through with. I would invite members to acknowledge the presence of Bruce Perry, ADM in charge of finance; Peter Hegholz, who is a very strong support there for our financial matters; Murray Finnerty, who is the CEO in charge of AADAC; and from our office special policy adviser Michael Debolt.

In general on the 2006-07 budget, it has increased to $10.3 billion, an increase of $735 million, or 7.7 per cent, over last year. Nearly two-thirds of the Health and Wellness budget is being provided in operating grants to health authorities. Base operating funding to health authorities increases by $338 million, a 6 per cent increase on average. Health authority funding was allocated to address population growth and inflation costs ranging from 4.9 per cent for the Chinook health region to 8.3 per cent for the Northern Lights health region. The allocations provide fair and sufficient operating funds to maintain existing and new services. We fully expect that health authorities will be able to manage within their budgets.

Seven hundred and forty-eight million will be spent on health capital, including $672 million in capital grants to health authorities. Spending on the 2006-2009 capital plan will increase by 74 per cent over the previous three-year plan to $2.9 billion. This includes $2.5 billion for health facility projects, including the Alberta bone and joint institute in Calgary and the Mazankowski Alberta Heart Institute in Edmonton as well as health facilities in a number of communities. These projects will add an estimated 2,000 new beds, $309 million over three years for health information systems, including the electronic health record, Alberta Netcare, and diagnostic imaging.

Physician services receive an allocation of $1.88 billion, which includes $75 million for alternative payment plans to allow academic physicians to focus more time on research, education, and delivering specialty care to Albertans; $70 million for primary care initiatives; $21 million for the physician office system program to expand the electronic health record to physician offices. Twenty-seven million will be spent this year to reduce wait times for hip and knee replacements as well as breast cancer care, coronary artery bypass surgery, MRIs and CT scans, and prostate cancer care. The Alberta hip and knee replacement project, which decreased wait times for orthopaedic surgery from 47 weeks to five weeks, will be used as a model to reduce wait times for other surgeries and procedures.

Forty-two million will be spent to improve continuing care by increasing the number of nursing hours and personal care in long-term care facilities, increasing therapy, implementing new health care standards, and improving case co-ordination. This increase is on top of the $25 million increase provided in 2005-06. Mr. Chairman, since March of 2005, at the end of the 2004-05 budget, we have increased the funding for long-term care by a total of $83 million through funds spent at year-end, in-year spending, third-quarter spending, and the spending that’s implicated in the budget of 2006-07.

Income thresholds for Alberta health care insurance premiums increased by $5,000 on April 1, 2006. This change will mean that an additional 140,000 people will no longer pay health care premiums or will pay at a reduced rate, saving them about $30 million in 2006-07.

Twenty-five million will be drawn each of the next three years from the $500 million Alberta cancer prevention legacy fund to expand cancer screening programs and develop a virtual cancer research institute to co-ordinate cancer research.

The Alberta Alcohol and Drug Abuse Commission’s budget is increasing by $19 million, or 25 per cent, to $95 million in 2006-07. Fourteen million of this increase is being used to implement services to help children abusing drugs, including providing 20 confined residential beds.

For the first time the Alberta Health and Wellness budget has surpassed the $10 billion mark. Every hour we spend more than $1.2 million to maintain and improve Alberta’s health care system. Total Health and Wellness spending will account for 36 per cent of government’s total expense in 2006-07. If health spending continues to grow by 8 and a half to 9 per cent, health spending could consume about 60 per cent of the total public spending in Alberta by 2025.

What we’ve accomplished. Let me touch briefly on the ministry’s recent accomplishments. The international health symposium was held last May, featuring 28 speakers from nine countries and over 400 delegates participating. The goal of the symposium was to identify innovations that drive excellent health systems and healthier populations. In July the 13-point action plan Getting on with Better Health Care was released and followed up by the submission of more than 450 online and written surveys. Government accepted the Achieving Excellence in Continuing Care report in principle and committed over $36 million in new funding to correspond to recommendations to improve continuing care health services, accommodation, and quality of life issues.

In October $1.4 billion in funding was allocated to 20 capital projects across the province to add bed capacity in the form of new buildings and renovations and expansion of existing facilities. Under the mental health innovation fund a total of $75 million was granted to 30 new projects over the next three years to provide a wide range of mental health services. Fourteen local primary care networks are now in operation throughout the province. The networks involve more than 500 physicians and serve 770,000 patients, and, Mr. Chairman, that continues to expand even today.

The Smoke-free Places Act was implemented January 1, 2006, to prohibit smoking in any public place or workplace that is accessible to anyone under the age of 18. The Cancer Prevention Legacy Act was introduced to create funding that will go towards putting Alberta at the forefront of cancer prevention, screening, and research.

The health policy framework was released in February, identifying 10 new policy directions to guide innovative changes to the public health care system, addressing rising costs of pharmaceuticals, rapidly changing technology, and a growing and aging population. Consultations held in March determined how government should proceed with implementing policies, and eight of the policy directions will be going ahead. We’ll be introducing legislation later this spring to help government advance its health care renewal plans.

Our priorities for this year. The ministry’s vision is for Albertans to be healthy, to work and play in a healthy environment. The mission of Health and Wellness is to “support individuals, families and service providers in making the best decisions about their health.” To provide this support, we will provide leadership and work collaboratively with partners to help Albertans make the best decisions about their health. The ministry fulfills this mission through its three core businesses: being an advocate in providing education for healthy living, providing direction and funding for quality health and wellness services, and leading and participating in continuous improvement in the health system. In addition to the ministry’s ongoing core activities, we have two strategic priorities this year: finding innovations to make health services more efficient, responsive, and accessible and strengthening public health risk management capacity.

As we look to the year ahead, we will continue to consult with Albertans on improving our health care system and making further progress on other key goals. We will continue to address four immediate government priorities reinforced by the international health symposium: promoting wellness, particularly of children and youth, advancing primary health care, realizing improvements in mental health services and delivery, and making the electronic health record a robust reality in 2008.

Mr. Chairman, obviously besides these four priority areas, we will work very hard on the cancer legacy project as identified in Bill 1. Our Healthy U program will continue to promote the benefits of healthy eating and daily physical activity to Albertans, with a special focus on children and families. This winter more than 6,000 Albertans visited the Healthy U Crew booth at 18 different events across the province.

Health and Wellness is working with Alberta Education to address healthy eating and physical activity for schoolchildren. We will continue to establish more local primary care networks in all nine health regions, and when all 29, which we anticipate, are operational, they could include as many as 900 physicians and many other health professionals. The primary care initiative has led to 24/7 access to primary health care services and will be the new model to lead the future of primary care in Alberta. We will capitalize on the success of the hip and knee replacement project, using it as a model to reduce wait times for other surgeries and procedures, and will continue expanding Alberta electronic health records, making more patient information available to health professionals across regional health authority boundaries by 2008.

Other priority areas in the business plan include improving access, where we will strive to reduce wait times for elective surgery, and improving access to primary care, subacute home care, and pharmaceuticals. Mr. Chair, I will never be satisfied until no child in Alberta has to wait for treatment or care when they need it.

Promotion and prevention. We will encourage Albertans to take greater responsibility for their health and wellness. Mr. Chairman, if you get up in the morning and you don’t love what you see, then it’s time to make yourself into a healthier and better person. Mr. Chairman, children’s health will continue to be a top priority, emphasizing and encouraging lifestyles, improving the rate of immunization against common childhood diseases, and reducing harm from violence and drugs. We will expand community-based care, strengthening care for seniors, persons with disabilities, and those with addictions and mental health needs, who will be able to receive the care they need on a timely basis in their communities.

In continuing care improvements will be made by increasing daily nursing and personal care hours from 3.1, which was the previous standard, to 3.6 for long-term care residents, noting, Mr. Chairman, that through this past year most achieved the standard of 3.4 hours by August, and finally, by January, all had achieved that standard.

Implement new health care standards, improving case co-ordination, and manage growing costs of emerging technologies and pharmaceuticals. Health and Wellness will work with authorities and health care professionals so that the right technologies and drugs are used at the right time for the right condition. It is important that all Albertans have access to quality pharmaceutical services regardless of their financial situation.

On health workforce recruitment and retention, working with our partners to ensure that we have the right mix and enough health providers to meet current and future needs, we are pleased to advance the case of working with Alberta Advanced Education, assuring that we will make great strides in closing the gap between what we have and what we need.

Improving access to mental health services has to be a huge priority for all of us. Regional health authorities particularly will be required to report on mental health plans by addressing the need for mental health services.

Our electronic health record, or Alberta Netcare, will continue to expand to help more efficient and effective service delivery.

We will work to prevent Albertans from being exposed unnecessarily to communicable diseases, working to strengthen the system, responding to public health issues and risks, working to assure that Albertans get timely information on how to protect themselves. In short, Mr. Chairman, working not only within Alberta but with our federal partners to pandemic-proof as much as possible our Canadians.

We will work to prevent Albertans from being exposed to environmental health risks, protecting through education, regulatory enforcement, and partnership with other agencies.

Mr. Chairman, I’d like to just summarize our challenges. We continue to face a number of challenges in working to improve the health care system. These include population growth and changing demographics. Currently 10 per cent of Alberta’s population is 65 years of age and older. This population is expected to increase to 13 per cent by 2016 and then 20 per cent before 2030. The population continues to shift from rural to urban centres and is one of the highest population growth rates in Canada, at approximately 1.5 per cent per year.

Other challenges include the cost of emerging technologies and pharmaceuticals, workforce shortages, expectations for health service quality, increased health spending, public health risks, aboriginal health needs, mental health challenges, and addiction issues. Mr. Chairman, we face the stresses of a robust economy and Albertans that have come in to work in this economy and don’t have the full capacity of families behind them.

Mr. Chairman, we face the challenge of Albertans who are not prepared to take sufficient ownership for their own health and wellness. It is something that we will continue to try and stress through program delivery, reminding people like the 18- and 19- year-olds that just because they’re not seeing a TV ad reminding them not to smoke, it doesn’t mean that they shouldn’t be looking after their lungs. I’m astounded how frequently Members of this Legislative Assembly sitting on the opposite side continue to imagine that this government should be responsible for making changes in human behaviour in everything from nutritional needs to the health and living habits of Albertans. We carry an enormous responsibility for ourselves, and we must never lose sight of that.

While we face enormous challenges, we’re fortunate to have many opportunities to address these challenges and to work, through foresight and innovation, on addressing those challenges. According to the 2005 Alberta Health survey, 88 per cent of Albertans were satisfied with the way health services are provided; 86 per cent indicated satisfaction with the quality of care they received. They frequently, though, remind us that they wish to have greater access and more timely access, a challenge not only in Alberta but across the country.

While Alberta’s health care system continues to receive high marks, there will always be room for improvements. We will encourage regional health authorities to be more innovative and more accountable. As I discussed, we will emphasize wellness. We will make strategic investments to improve access and quality for all Albertans, including the aboriginal communities. All of the ministry’s spending will focus on the most effective and efficient use of resources and continuous service quality and improvement. Our government sees a healthy province as one of the most important resources for the future. The health and well-being of each and every Albertan will be our top priority as we implement the Health and Wellness business plan in the coming year.

Thank you.