Alberta Ministry of Health

Annual Report 1998–99

Section I

Alberta
HEALTH

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National Library of Canada Cataloguing

Alberta. Alberta Health
Annual Report

Annual.
1988/89-

Continues: Alberta. Alberta Hospitals & Medical Care
Annual Report, ISSN 0227-7883.

ISSN 1185-2984

1. Alberta. Alberta Health — Periodicals.
2. Public health administration — Alberta — Periodicals.
3. Insurance, Health — Alberta — Periodicals. I. Title

RA185.A5A53 354.71230684'1'05 C91-085011-9

Public Accounts 1998-99

Preface

The Public Accounts of Alberta are prepared in accordance with the *Financial Administration Act* and the *Government Accountability Act*. The Public Accounts consist of the annual report of the Province of Alberta and the annual reports of each of the 18 Ministries.

The annual report of the Government of Alberta released in June contains the Provincial Treasurer's accountability statement, the consolidated financial statements of the Province and a comparison of the actual performance results to desired results set out in the government's business plan, including the *Measuring Up* report.

This annual report of the Ministry of Health contains the Minister's accountability statement, the audited financial statements of the ministry and a comparison of actual performance results to desired results set out in the ministry's business plan. The ministry's audited financial statements include the accounts of the Department of Health for which the Minister is responsible.

This annual report includes, either as a separate report or as part of financial statements, the reports or statements prepared pursuant to the *Financial Administration Act,* to the extent that the ministry has anything to report.

Financial information relating to regional health authorities and provincial health boards is also included in this annual report as supplementary information. Section II of this report provides financial statements of the regional health authorities and provincial health boards, where available, which are accountable to the Minister of Health.

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Section II

Section II of this report is published under separate cover. It provides the financial statements of the regional health authorities and provincial boards.

Minister's accountability statement

The Ministry's Annual Report for the year ended March 31, 1999, was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as at August 26, 1999, with material economic or fiscal implications of which I am aware have been considered in the preparation of this report.

Halvar C. Jonson
Minister

Minister's message

The annual report for 1998-99 provides highlights of actions taken in the past year to support our overall goal in health — to improve the health of Albertans and the quality of our health system.

This year, we can report good progress in a number of key areas.

First and foremost, we responded to the need to address pressure points in health services. Targeted funding was provided to health authorities to help improve access to essential health services, especially in critical life-saving procedures like cardiac surgery and other province-wide services provided in the Calgary and Capital health regions. Our government quickly took steps to implement the recommendations of the Health System Funding Review Committee and ensure that a solid base of funding was available to support Alberta's 17 health regions.

While much of the focus in the past few years has been on funding issues, this year's annual report highlights many important and innovative steps that have been taken to improve the health system and the kinds of health care services Albertans receive. Steps like Health Summit '99 — a broadly based consultation giving Albertans an opportunity to help set future directions in health. Steps like the 27 primary health care projects underway across the province, bringing together a range of services and designed to provide coordinated care when people first contact a health centre. And steps like Telehealth, using technology to link physicians in rural Alberta with specialists in the major urban centres.

Combined with those important steps, Alberta Health has also worked with Alberta Labour in developing a new *Health Professions Act*, supported actions to reduce the incidence of fetal alcohol syndrome, and ensured that palliative care patients receive support for the medications they need in their homes, a hospice or a lodge. We've worked with students to develop advertisements to increase awareness of the risks of HIV and to reduce smoking among teens. We've targeted Alberta's high rates of injury through a new Centre for Injury Control and Research.

Each of these steps shows Alberta Health's ongoing commitment to seek the best new approaches to provide Albertans with the kind of health services they want and expect. That commitment will continue as we look ahead to 1999-2000.

This year's annual report also points to a number of challenges we face in improving health outcomes. While most Albertans continue to say that it is easy or very easy to access health services, this year's

report points to a drop in ratings in the quality of health services received. While the reasons for this result are not clear, it is a concern, and a concern that will be addressed in the coming year.

We also see that the impact of new approaches on decreasing the length of stay in hospital and moving services to the community may be levelling out somewhat. We need to keep our focus on innovation, look to new ways of delivering services, and expand the emphasis on prevention of illness and promotion of good health in order to keep improving the health system and the health of Albertans.

Looking ahead to 1999-2000, our emphasis will be in four key areas:

- ensuring that Albertans get the care they need — by making sure health services are available when people need them and continuing the shift to more services in communities
- preparing for the future — by planning for the impact of an aging population and fostering ongoing innovation
- improving accountability and results — by setting clear expectations, seeking the views of Albertans, and using the best information to guide our decisions
- focusing on long term health gains — by focusing on children's health and addressing health problems we can prevent

As we close the chapter on a review of Alberta's health system for 1998-99, what can and should we conclude? First, we're making good progress on many fronts and today's health system is more secure and more stable than in years past. Second, we're not content with the status quo. Instead, we'll continue to seek new and better ways to deliver health services and improve the health of Albertans. And finally, we need to continue working with Albertans, those in the health system and those who depend on its services, to understand issues and problems, set clear direction, and explore new opportunities to give Albertans what we all want and expect — a first rate health system and the healthiest people in the country.

Overview

Management's responsibility for reporting

The Ministry of Health includes the Department of Health.

The executives of the Department of Health have the primary responsibility for the department. Collectively, we ensure the ministry complies with all relevant legislation, regulations and policies.

Ministry business plans, annual reports, performance results and the supporting management information are integral to the government's fiscal and business plans, annual report, quarterly reports and other financial and performance reporting.

Responsibility for the integrity and objectivity of the financial statements and performance results for the ministry rests with the Minister of Health. Under the direction of the Minister, I oversee the preparation of the ministry's annual report, including financial statements and performance results. The financial statements and the performance results, of necessity, include amounts that are based on estimates and judgements. The financial statements are prepared in accordance with the government's stated accounting policies.

As Deputy Minister, in addition to program responsibilities, I establish and maintain the ministry's financial administration and reporting functions. The ministry maintains systems of financial management and internal control which give consideration to costs, benefits, and risks that are designed to:

- provide reasonable assurance that transactions are properly authorized, executed in accordance with prescribed legislation and regulations, and properly recorded so as to maintain accountability of public money
- provide information to manage and report on performance
- safeguard the assets and properties of the Province under ministry administration
- provide Executive Council, Treasury Board, the Provincial Treasurer and the Minister any information needed to fulfil their responsibilities and
- facilitate preparation of ministry business plans and annual reports required under the *Government Accountability Act*.

In fulfilling my responsibilities for the ministry, I have relied, as necessary, on the executive of the Department of Health.

Lynne Duncan
Deputy Minister

Ministry of Health organization

Minister of Health, Halvar C. Jonson
telephone: (403) 427-3665; fax: (403) 415-0961
Responsible for ensuring that health services in the province are properly conducted in the public interest. Ultimately responsible for the overall quality of health services in Alberta and responsible for reporting to the Legislature on the health of Albertans.

Deputy Minister of Health, Donald M. Ford
telephone: (403) 422-0747; fax: (403) 427-1016
Assists the Minister of Health perform the responsibilities conferred on him by the Legislature and supports the Minister in all of his duties. Responsible for administrative management of Ministry.

Health Strategies
telephone: (403) 427-7142; fax: (403) 422-3671
Provides leadership in health surveillance, disease control and prevention, and population health strategy development. Facilitates coordinated approaches to improving health and medical care, develops policies and strategies for publicly funded drug programs.

Health Information and Accountability
telephone: (403) 427-5280; fax: (403) 422-5176
Leads and supports the health system to continuously evaluate and improve its performance and the health of Albertans by: developing expectations; measuring, monitoring, analyzing, and reporting on system performance; promoting knowledge-based decision making; and managing information and technology resources.

Finance and Health Plan Administration
telephone: (403) 427-0885; fax: (403) 422-3672
Manages the Alberta Health Care Insurance Plan; Alberta Aids to Daily Living Program; Licensing and Inspections of ground ambulances; Provincial Air Ambulance program; and financial management of Alberta Health resources.

Health Workforce Services
telephone: (403) 427-3274; fax: (403) 427-5597
Provides support to Alberta Health in all areas of human resource planning and management, administrative services, workforce support to the health system and physician services.

Corporate Services
telephone: (403) 427-5211; fax (403) 422-3674
Develops health system policy, develops ministry business plan and requirements for health authority business plans, works with federal/provincial/territorial health departments, develops Ministry strategies to support health research, coordinates and manages corporate issues, and provides legislative planning services.

Communications
telephone: (403) 427-7164; fax: (403) 427-1171
Provides support and advice to Alberta Health and the Minister to improve communication with Albertans; coordinates ministerial correspondence, the production and distribution of publications, and the department Internet site.

Vision

The Alberta government's overall vision for health is ***"Healthy Albertans living in a healthy Alberta."***

The vision encompasses three characteristics:

- Albertans who are sick have access to quality health care services.
- Individual health and the health of all Albertans is actively promoted and protected.
- Healthy social, economic and physical environments exist and contribute to improved health.

Within this context, Alberta Health strives to achieve its mission and core businesses.

Mission and core businesses

At Alberta Health, our mission is to improve the health of Albertans and the quality of the health system.

We work to achieve that mission through four core businesses:

- setting direction, policies and provincial standards
- allocating resources
- ensuring delivery of quality health services, and
- measuring and reporting on performance

In 1998, Alberta health developed a vision that depicts the kind of department it will strive to be. Our vision is:

A visionary, collaborative and strategically focused department, respected for our knowledge, expertise and leadership throughout the health system in Alberta and beyond.

As individuals, teams and an organization, we strive to:

- demonstrate a commitment to Alberta Health and its vision and values in our action
- promote the work and vision of the department
- enjoy our work
- celebrate our successes

Overview — Highlights for 1998-99

In 1998-99, the priority for Alberta Health was to address challenges in four key areas: ensuring that Albertans who are sick get the care they need, preparing for the future, improving accountability and results, and focusing on long term health gains. Through a variety of actions and initiatives, considerable progress was made in ensuring that Albertans continue to have access to quality health services and the overall health of Albertans improves.

Providing a solid base of funding

Government and Alberta Health took steps to address pressure points and ensure that health authorities have the resources they need to meet the health needs of Albertans.

Significant actions during 1998-99 include:

- Total expenses for health increased by 5.7% to a total of $4.43 billion. Significant increases in funding were provided during the year above the original budget. These included funds to cover increased utilization of physicians' services and services provided by allied health practitioners, increased use and cost of blood products, and development of departmental information systems.
- The Health System Funding Review Committee released their report, *Building Confidence in our Health System for the Future* (the Laing Report), in August 1998. The report provided a series of recommendations for addressing funding issues and ensuring an adequate base of funds for regional health authorities. The recommendations were accepted by government and implementation is underway.
- In response to the Laing Report, an additional $4 million was provided to support academic medicine at the two faculties of medicine at the University of Alberta and University of Calgary.
- Support for province-wide services increased by $44 million, a 25% increase from 1997-98. Province-wide services include highly complex services such as organ and bone marrow transplants, heart surgery and angioplasty, renal dialysis, neurosurgery, some cancer treatments, and intensive care for severely ill infants and for patients with severe trauma and burns.
- A new agreement was reached with the Alberta Medical Association.
- Work continued on refining the population-based funding formula to ensure that all regions have an appropriate and adequate base of funds.

New initiatives underway

In 1998-99, major steps were taken to continue to improve the health system and the health of Albertans. These steps ranged from seeking Albertans' views through Health Summit '99 to implementing advertisements developed by young people to help reduce smoking by teens. The actions and initiatives reflect Alberta Health's ongoing commitment to innovation, to trying new approaches and ideas, and to long term action to improve the health of Albertans.

Significant new initiatives during 1998-99 include the following:

- Health Summit '99, held in February 1999, brought together a range of people actively involved in the health system and interested Albertans to address four key questions: What's essential in the health system? What changes should be made in how health services are delivered? What responsibility do individual Albertans have for their own health? How much money is enough to sustain our publicly funded health system? Participants provided a comprehensive range of recommendations beginning with a common set of values. Work is underway on responses to the Health Summit recommendations.
- Governance expectations were developed and presented to health authority board members in November 1998. These expectations clearly set out the duties and responsibilities of the 17 regional boards and 2 provincial boards.
- Primary health care projects are underway in 27 locations and are being evaluated over the next two years. These projects implement and evaluate approaches to provide coordinated care and services beginning with a person's first contact with a health centre. Results of these projects will be widely shared across the province.
- The Alberta Tobacco Reduction Alliance was established, with support from the Ministry of Health.
- Two new centres were established: the Alberta Centre for Injury Control and Research, and the Alberta Centre for Health Services Utilization Research. Both centres will provide a focused source for information, expertise and research.
- A new palliative care drug program was introduced. This program supports the cost of needed medications and enables patients to receive care in their homes, a hospice or a lodge. Previously, the cost of those medications was only covered for patients in hospital.
- The development of the Alberta Children's Initiative was supported, in cooperation with other government departments.

- The Long Term Care Review continued in 1998-99, looking to the future needs of an aging population. The report and recommendations are expected in the fall of 1999.
- With a private commitment to donate $14 million to the Provincial Health Authorities of Alberta, steps were taken to implement Telehealth projects in 22 sites across the province. These projects use technology to link rural physicians to specialists in major centres.
- Steps were taken to provide additional support for rural physicians who are on-call in the evenings and on weekends. Working with the College of Physicians and Surgeons of Alberta and health authorities, 92 new physicians were recruited for rural communities.
- As a result of the new agreement between Alberta Health and the Alberta Medical Association, a new Relative Value Guide Commission was established to do a comprehensive review of physicians' services and address inequities in the fees paid for various services.
- Working with all provinces and the federal government, agreement was reached on establishing the new Canadian Blood Service.
- Initiatives were taken to promote good health among young people. Two examples include an HIV awareness project targeted at young adults and advertisements prepared by young people to help prevent teen smoking. These television advertisements were aired in four northern communities.
- A Provincial Medical Care Consultant was appointed to provide direction and leadership in medical care and to facilitate communication between Alberta Health and medical service providers across the province.

New legislation introduced

Two key steps were taken in 1998-99.

A new *Health Professions Act* was introduced in the spring 1999 session of the Alberta Legislature. It was passed in May 1999, and will be phased in over the next 18 months. The act consolidates all existing health professions legislation and provides uniform processes and transparency for all regulations governing health professionals.

Work also continued on developing the *Health Information Act* governing the collection, use and disclosure of health information. This development has involved consultations with several key groups and individuals in the health system and also with interested Albertans.

Highlights of measures and results

Each year, Alberta Health tracks information and reports publicly on a series of performance measures. These measures provide essential information to Albertans and to people working in the health system to improve services and the health of Albertans.

Highlights for 1998-99 include:

- Survey results (1999) show that the majority of Albertans (73%) say it is easy or very easy to access the health services they need. These ratings have not changed since 1997. People who say they had difficulty getting access to services pointed to long waiting times for appointments, tests or procedures, distance to travel, and inconvenient times when services are available.
- Fewer than 2% of Albertans said they never received the care they needed when they needed it, unchanged from last year.
- Most Albertans who have personally received health services continue to rate those services positively. In 1999, 78% rated the quality of service they received as good or excellent, down from 86% in past years. Ratings of the effects of this care on their health, however, were unchanged at 83% positive.
- Trends in reduced length of hospital stay appear to be levelling out. Compared with an average of almost 9 days in 1991-92, the average length of stay dropped to just over 6 days in 1994-95 and has remained fairly constant since then.
- Many Albertans make use of medical screening tests to protect their health. Albertans rank first nationally for PAP tests and are above the national average for mammography. At the same time, there is room for improvement. Rates of death from cervical cancer remain higher than the provincial targets. These rates can be reduced through a more effective and widespread use of PAP tests.
- 67% of Albertans aged 18-64 report very good or excellent health, and 78% of seniors report that their health is good, very good, or excellent. However, this varies across the province. People in northern communities do not rate their own health as highly as those in southern Alberta.
- Alberta's rates of deaths from injury and suicide declined in 1997 but remain higher than the Canadian average. Many of these deaths affect young and healthy people and can be prevented.
- The percentage of babies born with low birth weight in 1998 continues to be higher than the provincial target.
- Rates for most notifiable diseases remain fairly constant. However, whooping cough (pertussis) continues to be problem in some parts of the province. A new vaccine has helped reduce the

rates by more than 30% since 1996. Incidence rates for AIDS have been declining since 1994, but rates for E.Coli Colitis, salmonella and tuberculosis appear to be increasing.

- Alberta immunization rates continue to be lower than the target of 95%, and below national guidelines.

Communicating with Albertans

In 1998-99, Alberta Health continued its efforts to consult with Albertans and keep people well informed.

Health Summit '99 provided Albertans with an opportunity to get involved and provide their views on future directions in health. In addition to Summit participants, interested Albertans were encouraged to complete the Summit questionnaire or provide comments on the Summit's website.

The Long Term Care Review Policy Advisory Committee issued a request for briefs in November 1998, asking Albertans to indicate the kind of change that the health system should adopt to respond to an aging population. In addition, 55 public meetings were held via community health councils throughout the province in January and February 1999 to seek public input.

More Albertans are using the Internet to access timely information, and health is no exception. In 1998-99, Alberta Health improved its successful and much-used Internet site. The number of "hits" — people visiting the site — increased significantly from 747,638 in 1997-98 to 2,753,660 in 1998-99. The site enables people to:

- obtain a wide variety of information about Alberta Health and the health system in the province
- download forms to apply for health insurance
- use e-mail to ask questions about the health system or direct questions to the Minister of Health

Alberta Health also launched a regular, province-wide newsletter called *Update on Health in Alberta*. The newsletter provides brief overviews of key government initiatives, policies and announcements regarding the health system.

Steps were taken to provide one-stop shopping for health regions to order print resources from Alberta Health. These print resources are important tools used by the regions to communicate with Albertans on issues such as immunization, environmental health, communicable diseases, nutrition and health promotion.

Results analysis

Report of the Auditor General on the Results of Applying Specified Audit Procedures to Key Performance Measures

To the Members of the Legislative Assembly:

I have performed the following procedures in connection with the Ministry of Health's key performance measures included in the *Alberta Ministry of Health Annual Report 1998 – 1999* as presented on pages 32, 35, 43, 45, 49, 50, 51, 52, 53, 54 and 56.

1. Information obtained from an independent source, such as Statistics Canada, was agreed with the information supplied by the stated source. Information provided internally was agreed to the reports from the systems used to develop the information.
2. The calculations which converted source information into reported key performance measures were tested.
3. The appropriateness of the description of each key performance measure's methodology was assessed.

As a result of applying the above procedures, I found no exceptions. However, these procedures do not constitute an audit of the key performance measures and therefore I express no opinion on the key performance measures included in the *Alberta Ministry of Health Annual Report 1998 – 1999.*

FCA
Auditor General

Edmonton, Alberta
September 10, 1999

Core businesses

Alberta Health continues to focus on four core businesses: setting direction, policies and provincial standards, allocating resources, ensuring delivery of quality health services, and measuring and reporting on performance.

The following sections provide an overview of the results achieved in each of those four core businesses. For each of the core businesses, goals have been set and information is provided about the actions taken and the results achieved for each of the goals. Results from selected performance measures also are provided. Results for the performance measures from the 1998-99 business plan are identified in this section as **key performance measures**. Technical information about these measures is provided in a later section of this report.

Core business 1: Set Direction, Policy and Provincial Standards

Through its leadership role, the Ministry of Health is responsible for developing policy and standards that help improve health and health care for Albertans. One important way that the Minister provides strategic direction to health authorities is by setting requirements for health authority business plans.

Goals and achievements

Goal 1: Overall directions for the health system are clear, coordinated and understood by Albertans and by those in the health system.

Action: **Finalized the accountability framework for Alberta's health system, based on intensive consultations and feedback from health authorities, health professions, the public, and other government departments and agencies.**

Achievement:
- *Achieving Accountability in Alberta's Health System* was released in November 1998. A shorter, simplified version of *Achieving Accountability* was drafted for participants' use at the Health Summit in February 1999.

Action: **Developed governance expectations for health authority boards which clarify and consolidate their roles and responsibilities.**

Achievement:
- *Governance Expectations of Alberta's Health Authority Boards* was released in November 1998.

- A companion document, *Governance Assessment Instrument for Health Authority Boards*, was prepared to help boards assess their performance and identify areas where improvements could be made.
- These documents were introduced and explained to health authority board members at a Board Orientation Workshop in November 1998.

Action: **Continued to develop a *Health Information Act* for Alberta, in consultation with stakeholders and other government departments.**

Achievement:
- Extensive consultations were held on key issues related to the *Health Information Act*, including privacy issues, security, use of health records, informed consent, and the potential impact of health information legislation on other legislation governing the health system, including the *Freedom of Information and Protection of Privacy Act.*

Action: **Continued to work on policies to guide the management of the health system.**

Achievement:
- A number of policy recommendations have been developed. Examples include: working on a new *Health Professions Act*, and reviewing existing policy and administrative arrangements for publicly funded drug programs.

Action: **Organized Health Summit '99 for Albertans to provide advice and recommendations on important directions for the future of Alberta's health system.**

Achievements:
- Health Summit '99, held in February 1999, brought together a wide range of people directly involved or working in the health system and an equal number of the public randomly selected from across the province. Additional input was received through questionnaires, meetings arranged by MLAs, letters and briefings from interested persons and organizations. Public opinion research on a number of related topics was also conducted.
- A final report of the Health Summit, including 30 recommendations, was made available early in April 1999.

Action: **Worked with continuing care providers and health authorities to develop new assessment and classification tools, management information and performance measures for continuing care.**

Achievement:
- A draft minimum data set for continuing care was tested in August 1998. Twelve regional health authorities participated and stakeholder validation studies were completed in December.
- A draft needs assessment instrument for assessing and classifying the service needs of continuing care clients has been developed, and is being evaluated.

Action: **Launched the *Defining Public Health Project*. The purpose of this project is to define public health accountability, responsibilities, and services to enhance the capacity and responsiveness of public health in the province.**

Achievement:
- A survey on public health services provided by health authorities was initiated. A discussion paper was developed for consultations in 1999.

Action: **Developed a Tuberculosis Teaching Package for use by regional health authorities, universities and colleges.**

Achievement:
- The teaching package was released in October 1998. It contains essential information on TB for health providers, and outlines the roles and responsibilities of the various health care organizations involved in TB control in Alberta.

Action: **Worked with the Alberta Medical Association (AMA), regional health authorities, and physicians to negotiate core elements of funding and service agreements that clearly delineate new governance and funding relationships, roles, accountabilities and reporting requirements unique to physician-based primary health reform.**

Achievement:
- Agreements were reached with physicians, regional health authorities and the AMA to implement Alternative Physician Payment (APP) funding models in six pilot projects.
- Agreements were reached with physicians, regional health authorities and the AMA to implement multidisciplinary clinical service delivery models in three pilot projects.
- An information system was developed to report and monitor patient utilization, physician and non-physician activity in the APP practice. The system was implemented in two pilot projects.

Action: **Continued to develop the *Health Professions Act*.**

Achievement:
- The *Health Professions Act* was introduced at the spring 1999 session of the Alberta Legislature. This act consolidates all existing health professions legislation under an umbrella statute providing uniform processes and public transparency for regulation of health professionals. It is expected all 30 regulated health professions will be covered under the act by 2000-2001.

Action: **Continued the Long Term Care Review to address pressure points relating to home care, drug strategies, accommodation policy, and health and support programs, and to develop policies and strategies to assist the health system in responding to an aging population.**

Achievements:
- New funding was directed for 1999-2000 to increase home care services, improve access to long term care, and ensure adequate service levels for clients at all long term care centres.

- Canadian and international experts were invited to Alberta to give recommendations about how the health system could be improved to respond to an aging population. Three discussion sessions took place between January and March 1999.

Goal 2: Provincial strategies are in place to improve the health and well-being of Albertans.

Action: **Continued to implement the five-year Aboriginal Health Strategy, now in its third year of funding. Alberta Health, Aboriginal communities, provincially funded health providers (e.g., regional health authorities), and other health stakeholders work in partnership on the strategy to improve the health status of Aboriginal people in Alberta.**

Achievements:

- Alberta Health and the Nunee Health Board signed a Health Services Agreement in April 1998 that will improve access to home care, mental health, and other health services for the residents of Fort Chipewyan.
- Alberta Health worked with the Paddle Prairie Metis Settlement and the Northwestern Regional Health Authority to develop and implement improved health services to the remote settlement by adding a nurse practitioner and an Aboriginal health liaison worker to the community's health services. Visiting mental health services are also provided.
- Ongoing discussions continued with provincial/regional Aboriginal organizations such as the First Nations Resource Council, the Chiefs' Summit, the Alberta Treaty 8 Health Authority, and the Metis Nation of Alberta Association to develop a more collaborative approach to address the health concerns of Aboriginal communities.
- Alberta Health worked with the Aseniwuche Winewak Nation, the Eagle's Nest Community Association and the Mistahia Health Authority to develop and implement a joint health services proposal using Aboriginal health out-reach workers in the vicinity of Grande Cache.
- The Aboriginal Health Strategy Project Fund awarded $165,419 within this fiscal year to four new projects from the spring and fall competitions of 1998. This is in addition to $748,718 committed to 19 ongoing projects awarded funding in earlier competitions.
- The Aboriginal Health Careers Bursary awarded a total of $112,000 in bursaries to 34 candidates. The Aboriginal Health Careers Bursary program provides bursaries to encourage Aboriginal Albertans to pursue adult and post-secondary education in health careers.

Action: **Worked with other government departments to develop the Alberta Children's Initiative.**

Achievements:

- Contributed to the Alberta Children's Initiative Business Plan, which was approved and announced in November 1998.
- Alberta Health supported implementation of the *Children Involved with Prostitution Act.* Information was sent to all health providers informing them of their obligations under the act. A system of care, including access to safe houses for children involved with prostitution, is in place.
- Alberta Health contributed to the establishment of the Student Health Initiative, which provides funding to ensure necessary health services for children with special needs in school. A planning guide was developed to assist school boards, child and family services authorities and regional health authorities to develop joint service plans.
- Alberta Health also contributed to the report of the Children's Mental Health Initiative, which addresses issues and opportunities for improving the mental health services for children, based on consultations with regional stakeholders.

Action: **Participated in a number of environmental health and public health protection initiatives.**

Achievements:

- Alberta Health led a federal and provincial government task group to develop a *National Food Retail and Food Services Code and Regulation*.
- Support was provided to Alberta Agriculture, Food and Rural Development's Stakeholder Advisory Committee on Intensive Livestock to develop a framework for policy and regulation.
- Initiated the Canada Alberta Partners in Food Safety, a tripartite agreement between Alberta Agriculture, Food and Rural Development, the Canadian Food Inspection Agency and Alberta Health designed to integrate and coordinate their respective roles in food safety.
- Regulations and standards were developed related to biomedical waste, qualifications of executive officers, personal services, bottled water, housing and institutions.
- The Alberta Oil Sands Community Exposure and Health Effects Assessment Program was put in place to monitor and assess environmental exposure levels and effects on health.
- Led the multi-disciplinary human health review of 14 Environmental Impact Assessments. Assessment for an additional 5 EIAs was implemented.
- Completed a four-year study of the health of Albertans living in the northern river basins. The *Northern River Basins Human Health Monitoring Program Final Report* was released in April 1999.

- An evaluation of personal exposure to airborne contaminants was conducted in High Level, Alberta.
- An assessment of potential contaminants in groundwater resources used for drinking water was completed.

Action: **Worked with a number of Ministries to explore alternative methods of funding and service delivery for chronic pain management.**

Achievements:
- Two pilot projects were initiated, the Calgary Chronic Non-Malignant Pain Management Project and the Gross Multidisciplinary Pain Management Project, to examine the clinical and economic effect of multidisciplinary practice on chronic pain management.

Measures and results

Because the scope of this core business — to set direction, policy and provincial standards — is very broad, progress toward goals is difficult to quantify.

We know Albertans expect high standards for Alberta's health system. Through its overall leadership role, Alberta Health is responsible for developing policy and standards that contribute to improving health and health care for Albertans.

One general result of providing good leadership and direction to the health system should be public confidence that the health system is working well and that it provides needed health services to Albertans. Two questions from the annual Alberta Health Survey are relevant:

- overall rating of the health care system in Alberta, and
- overall satisfaction with the health system in Alberta.

The results from the annual Alberta Health Survey for these two measures are shown below. The target for both measures is to achieve a positive rating from 75% of the respondents.

Measure	1995	1996	1997	1998	1999	Target
Overall rating of the health system (% responding *good* or *excellent*)	65%	59%	60%	56%	57%	**75%**
Satisfaction with the health system (% responding *very satisfied* or *somewhat satisfied*)	67%	67%	67%	66%	67%	**75%**

Source: Alberta Health Survey; 1995, 1996, 1997, 1998, 1999.

Overall public ratings of the health system remain below 60% positive, and individuals' ratings of satisfaction with the health system have remained steady at 67% satisfied. Our target of 75% has not been met. A significant number of Albertans remain concerned that the health system may not have sufficient resources to meet future requirements. They continue to report concerns about long waits for service, insufficient funding, lack of some services, and difficulty in obtaining some services. The level of concern reflected in these ratings has persisted despite significant reinvestment in the health system over the past three years.

During 1998-99, significant work occurred to clarify the roles, responsibilities, and accountability within the health system in Alberta, and to improve the governance practices of health authority boards. Other issues that continue to be addressed include:

- determining the appropriate levels and distribution of funding in a regionalized health system
- responding to the health needs of an older population
- developing efficient and effective methods to deliver primary care, especially in rural areas

In the future, we need to communicate more clearly about the health services Albertans receive now and can expect to receive in the future. Progress in these areas will require the support and cooperation of health service providers and health authorities.

Core business 2: Allocate resources

A key role of the Ministry of Health is to determine the scope of financial, capital and human resources required to support the health system and address Albertans' health needs on an ongoing and sustainable basis. The Ministry of Health also is responsible for setting priorities and allocating resources in a manner that is fair, equitable and reflects health needs in different parts of the province.

Goals and achievements

Goal 1: The health system has a stable base of adequate, predictable, needs-based funding that is allocated fairly and promotes efficiency and effectiveness.

Action: **Provided financial information and support for the Health System Funding Review Committee.**

Achievements:

- The committee's report, *Building Confidence in our Health System for the Future*, was released in August 1998 and provided recommendations for targeted funding increases to health authorities.

- The recommendations were accepted by government, key steps were taken to provide additional resources, and implementation of the recommendations will continue in 1999-2000.

Action: **Developed options for paying health professionals that encourage ongoing improvements in health and the performance of the health system.**

Achievement:
- Reached agreement on terms of reference and guiding principles for preparing Alternate Physician Payment program proposals.
- Alternate Physician Payment funding was implemented for the Bassano Community Health Centre.
- Alternate Physician Payment funding was approved for two primary care pilot projects: Crowfoot Village Family Practice and Colonel Belcher Veterans Hospital.

Action: **Completed the master agreement between Alberta Health and Alberta Medical Association for the five-year period 1998 to 2003.**

Achievement:
- A five-year master agreement was signed, which provided for an 8% increase over three years of the contract.
- The agreement also provided for the establishment of a Relative Value Guide Commission to address fee inequities, a Health Innovation Fund to address issues such as home care reform and changes in medical technology, and a diagnostic imaging services committee to review effective and efficient delivery of imaging services.
- A new fee code was developed for services provided by physicians related to home care.

Action: **Continued to develop and improve the province-wide services funding system for highly specialized and complex services.**

Achievement:
- Funding for province-wide services increased by over $48 million, representing a 27% increase from 1997-98. This increase included an additional $20 million to the Calgary Regional and Capital Health Authorities to compensate for their actual costs incurred in providing province-wide inpatient services.
- Sleep disorder testing and studies on cancer genetics were approved for funding through province-wide services.

Action: **Continued to improve the population-based funding formula for health authorities and methodologies for consistent costing of regional health authority services.**

Achievement:
- Changes were made in data collection, reporting and management techniques, resulting in the improved allocation of funds in 1998-99.

• The 1999-2000 funding formula was improved, making it possible to more fairly value province-wide services and import/export costs for inpatient services. As well, ambulatory care costs and activity reporting were used for the first time to improve allocation of population-based funds.

Action: **Developed a simulation model to forecast medium- and long-term health needs and economic trends as a means to project future resource requirements.**

Achievement: • The first medium- and long-term outlook reports containing forecasts for future resource requirements were prepared and published. Population projections for regional health authorities were developed in June 1998 and updated in February 1999.

Goal 2: The health system makes optimal use of the workforce.

Action: **Developed and implemented a Health Workforce Strategic Planning Process.**

Achievement: • The Health Workforce Strategic Plan was prepared and has been implemented through a Provincial Health Workforce Steering Committee.

Measures and results

The measures and results presented in this section include an analysis and discussion of ministry financial results, including sources of funding, major expenses, a comparison with the 1998-99 budget, and current liabilities and contingencies. Summary information on regional health authority expenses, province-wide services, and payments to and health services provided by health practitioners have been included to show how health system resources have been allocated to provide health services to Albertans.

Sources of funding

The Ministry of Health had four primary sources of funding during 1998-99, as shown in the table below:

Source of Funding	1997-98 Million $	1997-98 %	1998-99 Million $	1998-99 %
Government of Alberta	2,917	69.2	3,242	72.7
Government of Canada	435	10.3	469	10.5
Premiums	672	15.9	700	15.7
Internal Transfers	130	3.1	0	0
Third Party Liability, and Other	64	1.5	47	1.1
Total	**4,218**	**100**	**4,458**	**100**

Source: Alberta Health financial reports.

- Contributions from the Province's General Revenue Fund primarily fund the net operating results of the Ministry which increased by 11.1% to $3,242 million, compared to $2,917 million in 1997-98.
- Transfers from the Government of Canada under the Canada Health and Social Transfer (CHST) program increased by 7.8% to $469 million, compared to $435 million in 1997-98.
- Premiums collected for the Alberta Health Care Insurance Plan and Alberta Blue Cross increased by 4.2% to $700 million, compared to $672 million in 1997-98. The rise is attributable to Alberta's growing population and a decrease in the number of registrants receiving premium assistance in an improved economy.
- Recoveries under the Third Party Liability program decreased by 26% to $43 million, compared to $57 million in 1997-98.

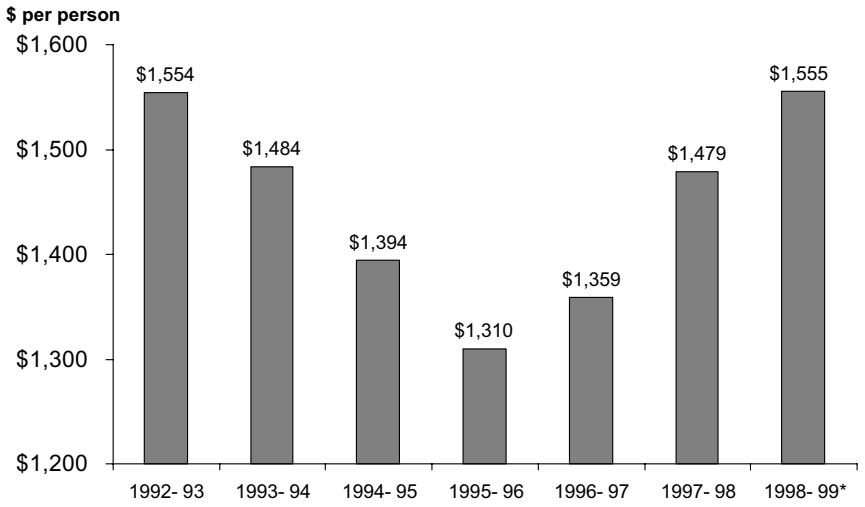
Expenses

Total expenses. Average per capita expenditure on health is one indicator of the cost of maintaining the health of Albertans. The recent trend in Alberta Health expenditure per capita is shown in the figure below.

Alberta Health expenditure per capita (in current $) declined from 1992-93 until 1995-96, but has increased each year since then. Alberta ranks second among provinces in per capita expenditure (adjusted for population age and sex distribution). Increased expenditures in recent years have addressed specific areas of need within the health system such as increases in front-line staffing, increased funding for physicians, and increased funding for province-wide services, including cardiac surgery.

Of total operating expenses, only $83 million (less than 2%) was used for administration of the ministry, an increase from $80 million in 1997-98. As shown in the table below, most ministry expenses provide health services to Albertans.

Figure 1: Alberta Health expenditure per capita (current $)



* Estimated
Source: Alberta Health Financial Statements

Expense Category	1997-98 Million $	1997-98 %	1998-99 Million $	1998-99 %
Health Authorities	2,408	57.5	2,587	58.4
Physician Services	833	19.9	922	20.8
Prescription Drug Program	195	4.7	216	4.9
Province-Wide Services	182	4.3	227	5.1
Ministry Support	80	1.9	83	1.9
Allied Health / Extended Health	66	1.6	72	1.6
Other Provincial Programs	426	10.2	322	7.3
Total *	**4,190**	**100**	**4,429**	**100**

Source: Alberta Health financial reports.
* Total does not include valuation adjustments of $29 million ($28 million in 1997-98) in write-offs for unpaid health care premiums.

The ministry spent $216 million to provide non-group prescription drug benefits for Albertans, an increase of 10.7% over the previous year. A total of $332 million was spent for other provincial programs in 1998-99 including support for the national blood supply program, air and ground ambulance services, the Alberta Aids to Daily Living program and out-of-province health care services.

Major expense items for the ministry are grants to health authorities, funding for province-wide services and payments for services provided by medical practitioners (physicians and allied health professionals). Further details on results in these areas are presented below.

Health authorities. The ministry provided $2,587 million in block funding to 19 health authorities, an increase of 7.4% over the previous year. In turn, the health authorities are responsible for allocating resources among the services they deliver to Albertans. In addition, the Calgary Regional Health Authority and Capital Health Authority received $227 million to deliver province-wide services.

Health authorities have additional sources of revenue from investment income and various fees and charges for services. Total regional health authority expenses (excluding capital assets write-downs) were $3.22 billion in 1998-99, up from $2.96 billion in 1997-98 and $2.74 billion in 1996-97. The following table shows how regional health authorities distributed their operating funds to various categories of expenses (expressed as a percentage of total expenses). Also shown is the percent change in expense in each category from 1996-97 to 1998-99.

The percent of expenditures on community and home-based services is a **key performance measure**. Our target is to gradually increase expenditures in these service areas, to enable more Albertans to obtain the care they need in their own communities wherever appropriate.

Regional Health Authority Expenses	**1996-97 %**	**1997-98 %**	**1998-99 %**	**% change in actual dollars expended 1996-97 to 1998-99**
Hospital Inpatient	24.7	25.2	25.1	+19.4
Emergency & Outpatient	7.0	7.6	8.1	+35.6
Continuing Care Facilities	16.4	15.6	15.0	+ 7.0
Community & Home Based (a **key performance measure**)	5.2	5.4	5.5	+22.1
Diagnostic and Therapeutic	18.9	18.6	18.7	+16.1
Promotion, Prevention, Protection	2.9	3.0	3.0	+20.8
Research and Education	1.9	2.1	2.1	+31.3
Administration	5.5	5.6	5.6	+20.8
Support services	14.9	14.3	14.7	+12.4
Amortization	2.7	2.6	2.3	+ 0.4
Total (%)	**100.0**	**100.0**	**100.0**	
Total ($million)	**2,744.5**	**2,964.1**	**3,222.2**	**+17.1**

Source: Alberta Health Annual Report; summary of RHA Financial Statements
Note: Expenses of the Alberta Cancer Board and the Alberta Mental Health Board, and write-downs for capital assets, are not included in this table.

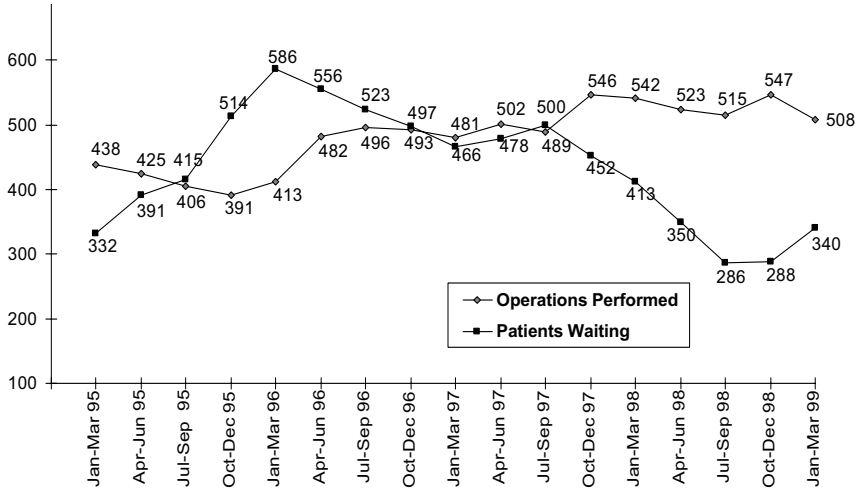
There have been some changes in the distribution of expenses during the past three years, including a large increase in the percent of expenses for emergency and out-patient services, and small increase in the percent of expenses on community and home based services (a **key performance measure**). Some of these changes have been due to additional funding dedicated to front-line staffing, to province-wide services, and to the gradual shift to providing services through outpatient programs, community and home-based programs. The costs associated with the Year 2000 problem account for the increase in percent of total expenses on support services in 1998-99.

Province-wide services: cardiac surgery

The positive impact of funding for province-wide services is illustrated by the recent trends in cardiac surgery, as shown in the figure below.

The number of open heart surgeries performed each quarter during 1998-99 has exceeded the number of persons waiting for this surgery, indicating that funding for this province-wide service is sufficient to meet the needs of Albertans. The number waiting reached its lowest level since March 1995. If the number of open heart surgeries performed continues to exceed the number of persons waiting, the waiting lists will become shorter.

Figure 2: Alberta open heart surgical procedures (adults) operations performed and patients on waiting list



Note: Waiting list data for the last three quarters may not be comparable to previous reporting periods, due to change in definitions used by Calgary Regional Health Authority.

Medical practitioners. Medical practitioners, including general practitioners and specialists, are mostly funded through the Alberta Health Care Insurance Plan (AHCIP). The ministry paid general

practitioners and specialist physicians $922 million in 1998-99, an increase of 10.7% from the previous year. Included in these payments are $58 million for Alternate Physician Payment Plans (APPs), the Rural Physician Action Plan, and the Medical Education Program administered by regional health authorities.

Almost all physician services are provided through the fee-for-service payment system. We are unable to report on the dollar value of APPs for physician services (a **key performance measure**) during 1998-99. Responsibility for most of these plans has been transferred to the regional health authorities. Agreements for two new APPs, with an annual value of about $700,000, were completed during 1998-99.

The number of medical practitioners in Alberta per 1,000 population, including general practitioners, specialists, and laboratory specialists, has not changed significantly since 1994, as shown in the table below. At 1.54 medical practitioners per 1,000 population, Alberta is lower than the Canadian average, estimated at 1.8 per 1,000 in 1997.

In terms of absolute numbers of physicians, 4,444 medical practitioners provided services to Albertans through AHCIP in 1998-99, up from 4,359 in 1994-95. For the first time since 1994-95, there is an increase in the number of physicians providing services to Albertans through AHCIP. The increase is due in part to the addition of 92 general practitioners recruited through the Rural Physician Action Plan.

	1994-95	1995-96	1996-97	1997-98	1998-99
Physicians per 1,000 Albertans	1.60	1.58	1.54	1.50	1.54*
Number of Physicians	4,359	4,323	4,294	4,282	4,444

Source: Alberta Health Care Insurance Plan.
* Alberta Health population projections for 1999 were used to calculate this rate.

An important objective in allocating health system resources is to ensure an adequate number and distribution of physicians to serve the health needs of Albertans. An appropriate distribution of general practitioners through the 17 health regions can help to ensure that health services and advice are reasonably available to all. One indicator of access to health care provided by general practitioners is the extent to which Albertans obtain these services in their home region (a **key performance measure**).

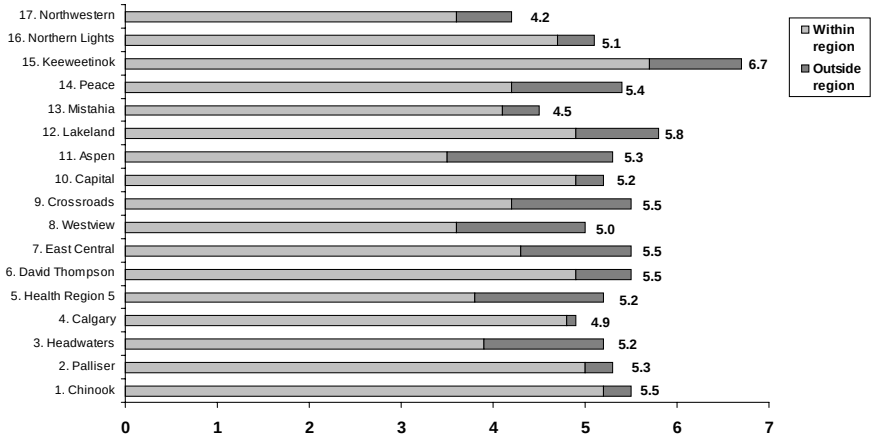
General Practitioner Services Obtained Within Home Region (a key performance measure) (% of all services)	1994-95	1995-96	1996-97	1997-98	1998-99*	Target 2000-01
Capital and Calgary Regions	95%	96%	96%	96%	96%	**95%**
All Other Regions	84%	84%	84%	83%	84%	**85%**
Alberta Total	90%	91%	91%	91%	91%	None

* 1998-99 results are preliminary.
Source: Alberta Health; AHCIP claims files.
Note: Regional boundaries underwent change in 1998, resulting in updated values for 1994-1999.

Most (96%) general practitioner services to residents of the Calgary Regional and Capital Health Authorities are obtained in the resident's home region. In the remaining 15 health regions, on average, 84% of general practitioner services are obtained in the home region, just below our target of 85%. As indicated under "goals and achievements" above, the ministry spent $54 million working with regional health authorities and the College of Physicians and Surgeons of Alberta to improve the availability of primary care physicians throughout Alberta, through programs such as the Rural Physician Action Plan. Initiatives such as these are intended to improve this result to the 85% average target for non-urban regions.

General practitioners are often the first providers of needed health services. The availability of general practitioners is shown in the following graph. This graph shows the number of services provided by general practitioners per person to residents in each of the 17 health regions. The total number of services per person is divided into two parts: services provided in the person's home region, and services provided in some other region (shown in the second part of the bar).

Figure 3: General practitioner services per person by region of residence and region of service: 1998–99



SOURCE: 1998-99 AHCIP Claims Data

On average, each Albertan received about five services from a general practitioner during 1998-99. Over 90% of these services were provided in the home region. In some regions, particularly those adjacent to Calgary and Edmonton, residents obtain 25% or more of their physician services in the cities rather than in their home regions. This may be due to travel and commuting patterns rather than to the availability of physicians in these regions.

Comparison with 1998-99 authorized budget

The ministry exceeded its 1998-99 authorized budget of $4.4 billion by $1.6 million. Significant increases in expenses compared to the budget included:

- $11.3 million to support increased utilization of physician services
- $8.2 million due to increased utilization of services provided by health practitioners under the Allied Health and Extended Health Benefits programs
- $5 million for increased utilization and price of blood products
- $2.2 million for the continuing enhancement of department information systems

Most of these over-expenditures, with the exception of $1.6 million, were offset by surpluses due to delays in implementing some initiatives and expenditure restraints in other areas to ensure that funds were available to address pressure points.

Liabilities and contingencies

At March 31, 1999, the ministry's accounts payable and accrued liabilities totaled $187.7 million, down from $324.7 million in 1997-98. In 1997-98, the ministry set aside funds for health authorities to achieve Year 2000 compliance for medical equipment and systems. These funds were provided to the health authorities in 1998-99. This explains the large difference between 1997-98 and 1998-99.

In 1998-99, the ministry was named as the defendant in legal actions totaling $945.8 million. These relate to sexual sterilization claims, those with Hepatitis C virus affected through blood and blood products, and various other legal actions including pending payouts arising upon termination of equity agreements with voluntary hospital owners.

The responsibility for service delivery rests primarily with health authorities and individual practitioners. The ministry works with health authorities to ensure appropriate investment and management of provincial resources through review and approval of business plans and capital plans. Through systematic monitoring and action, the ministry ensures that services meet high standards, achieve positive health outcomes, and address the needs of Albertans. Alberta Health registers Albertans for health care insurance and operates the payment system for fee-for-service practitioners and suppliers of equipment, ambulance and other services. The ministry also addresses ongoing issues of concern raised by the public or stakeholder organizations.

Goals and achievements

Goal 1: Health services are accessible, appropriate and well managed to achieve the best value.

Action: **Developed the Rural On-Call Remuneration Program to provide payment to physicians for services provided at rural emergency departments on evenings, weekends and statutory holidays.**

Achievement:

- Agreement was reached on fees for rural on-call physicians. In 1998-99, 540 physicians worked on-call shifts at 84 facilities and received $4,321,629 in remuneration payments.

Action: **Worked with the College of Physicians and Surgeons of Alberta, regional health authorities, universities, and others to attract and keep physicians in rural Alberta through the Rural Physician Action Plan (RPAP). Also worked to ensure an appropriate balance of family physicians and specialists through the Post Graduate Medical Education Working Group.**

Achievement:

- The Faculties of Medicine at the Universities of Alberta and Calgary will continue to maintain an intake ratio of 40/60 for family medicine and specialty residents. This ratio is considered optimal to achieve a desirable long-term balance between family physicians and specialists.
- A specially funded initiative under the Rural Physician Action Plan was largely responsible for the recruitment of 92 new physicians to rural Alberta during 1998-99.
- 12 honoraria/grants totaling $232,532 were provided to rural physicians for additional skills training.

Action: **Developed and implemented a policy on the necessary supports for palliative care.**

Achievement:
- The palliative care drug program was implemented February 1, 1999. The program supports the cost of needed medications and enables these patients to receive treatment in their homes, a hospice, or a lodge.

Action: **Established simpler processes for Albertans to express concerns and appeal decisions.**

Achievement:
- A policy was developed, requiring health authorities to establish simple and effective processes to receive and resolve health service concerns. Alberta Health has agreed to provide $100,000 to the Provincial Health Authorities Association to develop education and training on concerns resolution for health authority staff.
- A new Public Health Appeal Board was established through amendments to the *Public Health Act*.

Action: **Developed and implemented strategies to improve the management and control of communicable diseases.**

Achievement:
- The Provincial Health Officer provided ongoing consultation and expert advice to prevent and control outbreaks of communicable diseases. In 1998, the control and management of an outbreak of *Salmonella enteriditis* and a case of multi-drug resistant tuberculosis required additional provincial coordination and follow-up with positive outcomes.
- A review of the Provincial Laboratories of Public Health was initiated to clarify the roles, responsibilities and scope of Provincial Laboratories within the health system.

Action: **Provided support for improved mental health services in the community.**

Achievements:
- Over $560,000 in grants were provided to the Consumer Network Program of the Canadian Mental Health Association, the Partnership Program of the Provincial Office of the Schizophrenia Society of Alberta, the Suicide Information and Education Centre, and the Suicide Prevention Training Program.

Action: **Worked with other jurisdictions and stakeholders to develop a new national blood agency and develop policy and information concerning blood and blood products in Alberta.**

Achievements:
- Agreement was reached with the federal, provincial and territorial Ministers of Health to establish the Canadian Blood Service (CBS). CBS assumed control of the blood system, including blood donor clinics and the supply of blood and blood products to Alberta hospitals, on September 28, 1998.

- The Advisory Committee on the Use of Blood, Blood Products and their Alternatives in Alberta continued its activities integrating the work of the CBS with the priorities of Alberta related to blood and blood products.

Action: **Introduced health strategies to address priority health issues including, injuries, infant health, cervical and breast cancer, and communicable diseases.**

Achievements:

- The Alberta Centre for Injury Control and Research was established. In November 1998, the Centre was designated an Affiliate Safe Community Support Centre of the World Health Organization Safe Communities Network.
- The Child Passenger Restraint Enforcement and Education Program was supported through an $85,000 grant for continuation of public awareness, communication, program support plan, and evaluation for 1999-2000.
- A national/provincial strategy was developed to enhance organ/tissue donations and distribution in response to the recurring concerns of the shortage of organs/tissue available for transplantation.
- Participated in the Alberta Partnership on Fetal Alcohol Syndrome (FAS), which provided grants to Family and Children's Services Authorities for projects related to FAS.
- Alberta Health worked closely with the Alberta Cervical Cancer Screening Network to initiate development of a comprehensive provincial screening program.
- Alberta Health continues to develop a plan to provide province-wide access to the breast screening program.
- The Pneumococcal Vaccine Program enhancement was initiated. Vaccine program guidelines and support materials were prepared and distributed to regional health authorities for an enhanced program targeted at medically-at-risk individuals and residents of continuing care facilities.

Action: **Developed an HIV strategy for Alberta that provides direction for the prevention, management and control of HIV/AIDS in Alberta.**

Achievements:

- HIV became a notifiable disease under the authority of the Communicable Diseases Regulation on May 1, 1998; previously, only AIDS was designated a notifiable disease.
- HIV screening of pregnant women is now included as part of routine prenatal care. Women have the right to decline HIV testing.
- Health Canada and Alberta Health jointly funded a project to work with the Aboriginal community to develop a comprehensive plan for HIV prevention in Alberta.

- Alberta Health has taken the lead role in a consortium to address non-prescriptive needle use. The consortium will define the steps required to identify and implement effective HIV prevention programs for injection drug users in Alberta.
- The evaluation of the HIV awareness pilot project was completed. The pilot project was targeted to young adults using "Riff the Cat." Nine radio episodes were aired in Fort McMurray. The results showed that the campaign successfully influenced young men's thinking on HIV and the use of condoms. There are plans to implement the project throughout Alberta in 1999.

Action: **Supported the establishment of the Alberta Tobacco Reduction Alliance, an organization with members from government, non-government organizations and the corporate sector, to implement the Alberta Tobacco Reduction Plan.**

Achievements:
- Alberta Health provided funding to establish the Alberta Tobacco Reduction Alliance with 62 member organizations, including the regional health authorities.
- Through the Teen Tobacco Reduction project, four communities in northern Alberta, Peace River, Athabasca, Slave Lake and Grande Prairie, developed TV ads and community activities to convey the messages. The ads were shown in the northern Alberta broadcast area from February 23 to the end of May 1998. Results showed that the messages were heard by the target group, community interest and support was increased, and a number of local activities were initiated.

Action: **Assisted in implementing *Protection for Persons in Care Act* by supporting the Ministry of Community Development in the investigation of complaints.**

Achievements:
- 594 reports of abuse in approved hospitals or nursing homes were investigated. Approximately 20% of the total allegations were substantiated and appropriate actions were taken. In addition, even when the allegation was not proven, other aspects of care were found to be unacceptable or required changes in staff behaviour.

Goal 2: Albertans are well-informed and able to make decisions about their health and health services.

Action: **Implemented, completed and evaluated the *You're Amazing* project, designed to promote awareness, acceptance and action by young Alberta parents (18-30 years of age) on the broad determinants of health.**

Achievement:
- The project raised $260,000 through corporate sponsorship and an additional $38,350 though corporate in-kind contributions.

- Program elements included a display that toured rodeos, fairs and other community events, and the Amazing Family Kit which included many practical tools and advice for families. Over 90,000 copies of the Amazing Family Kit were produced and distributed through the regional health authorities and other partners. The kit has generated many positive comments by the target population. Feedback from nearly 400 users of the kit showed that 82% rated it very highly and an additional 16% rated it highly. A formal evaluation of this project will be completed in 1999-2000.

Action: **Assisted in implementing the *Personal Directives Act.***

Achievements:
- An evaluation of the implementation of the *Personal Directives Act* and education strategy was initiated. Responsibility for administration of the *Personal Directives Act* was transferred to the Office of the Public Guardian.

Goal 3: Community members have opportunities to participate in improving the health system in their community.

Action: **Worked with regional health authorities to review the implementation and impact of community health needs assessments.**

Achievements:
- A review of regional health authorities health needs assessment processes was completed. Revisions to *Health Needs Assessment: A Guide for Regional Health Authorities*, first developed in 1995, have been initiated based on the results of the review.

Action: **Took steps to improve public input and participation in regional health authority decision-making.**

Achievements:
- The Regional Health Authorities Nomination Review Panel screened and interviewed candidates and made recommendations to the Minister for the appointment of regional health authority board members. A formal orientation for new and continuing board members was provided in November 1998.
- Alberta Health supported the establishment of Community Health Councils (CHCs) by providing advice and direction to regional health authorities to develop and review CHC bylaws.

Action: **Involved the public in consultations about changes which the health system should adopt to respond to an aging population.**

Achievement:
- The Long Term Care Policy Advisory Committee conducted 55 meetings between November 1998 and March 1999. Over 1700 individuals participated. A summary of these consultations was released in May 1999.

Goal 4: Ongoing innovation occurs in the health system.

Action: **Worked with numerous agencies and community groups to implement and evaluate different approaches to primary health care.**

Achievements:
- Alberta Health, with funding from the federal Health Transition Fund, supported 27 diverse primary health care projects under the Alberta Primary Health Care Project. The majority of projects involve regional health authorities. The evidence gathered from these projects will be used to improve primary health care delivery by regional health authorities and other stakeholders.

Action: **Continued to encourage innovation in service delivery by developing, testing and evaluating new and improved service delivery models.**

Achievements:
- Innovative service delivery models were implemented in four pilot projects that support multidisciplinary practice and address priority health issues such as cancer screening, diabetes management, care of the frail elderly, and chronic pain management.
- Alberta Health provided support for the non-physician service component of the CHOICE (Comprehensive Home Option of Integrated Care for the Elderly) program for the frail elderly.

Action: **Worked with regional health authorities, alberta we//net, and service providers to initiate Telehealth projects and to expand Telepsychiatry.**

Achievements:
- A donor provided $14 million to the Provincial Health Authorities of Alberta to support the development and expansion of Telehealth initiatives. Installations of equipment for Telehealth projects are planned for 22 sites in seven health regions in 1999.

Measures and results

Services are accessible, appropriate, and well managed

Access. Albertans expect reasonable access to health services. They expect to be able to obtain the health services they need, when they need them. Our **key performance measures** of access include public ratings of ease of access, and reported failure to receive needed care. Access to services is also reflected, to some extent, by how often Albertans go outside their own regional boundaries to obtain the services of physicians (a **key performance measure** included in Core Business 2 earlier in this report).

The results shown below indicate that, while 9% of Albertans report failure to receive needed care, less than 2% of Albertans report that they never did receive the care they needed (these are **key performance measures**). Most report receiving the service at a

later time or at a different location, and some report getting better without receiving care.

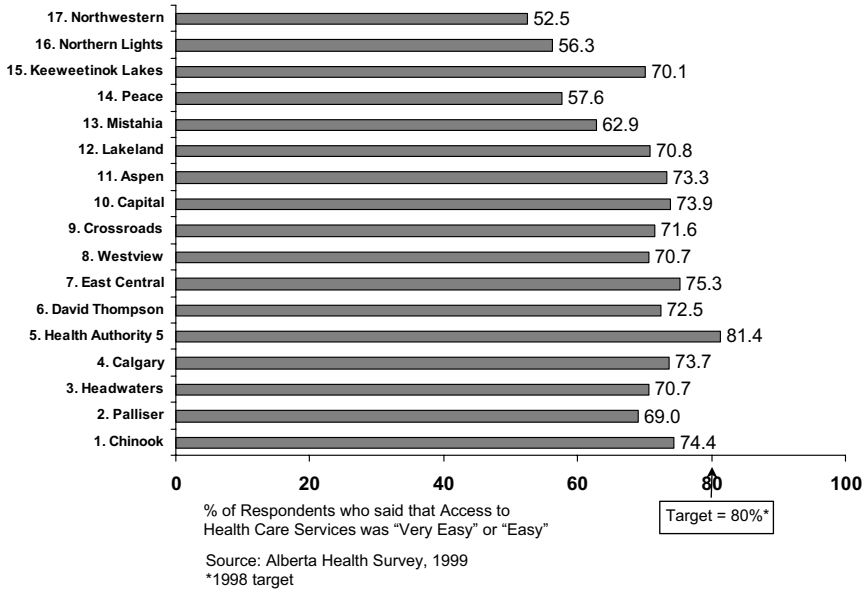
Measure (a key performance measure)	1996 %	1997 %	1998 %	1999 %	Target 1998
Failure to receive care when needed (% responding *YES*)	7	7	8	9	**3%**
Never received care	1.6	2.0	1.6	1.7	
Obtained service later	2.8	3.0	4.0	3.1	
Obtained service elsewhere	1.7	1.5	1.4	2.8	
Health improved without service	0.6	0.5	0.5	0.9	
Obtained a different service/other	0.2	0.2	0.5	0.4	
Ease of access to health services (% responding *easy* or *very easy*)	76%	74%	73%	73%	**80%**

Source: Alberta Health Survey; 1996, 1997, 1998, 1999.
Totals have been rounded to the nearest digit.

In 1999, 9% of Albertans stated that they were unable to obtain the care they needed when they needed it, up slightly from 1998. However, only 17% (21% in 1998) of these respondents reported that they never received the service (1.7% of the whole survey). Of the remainder, 68% stated that they did receive the service later, received it at a different location, or received an alternative service. A further 10% stated that their health improved without receiving any service.

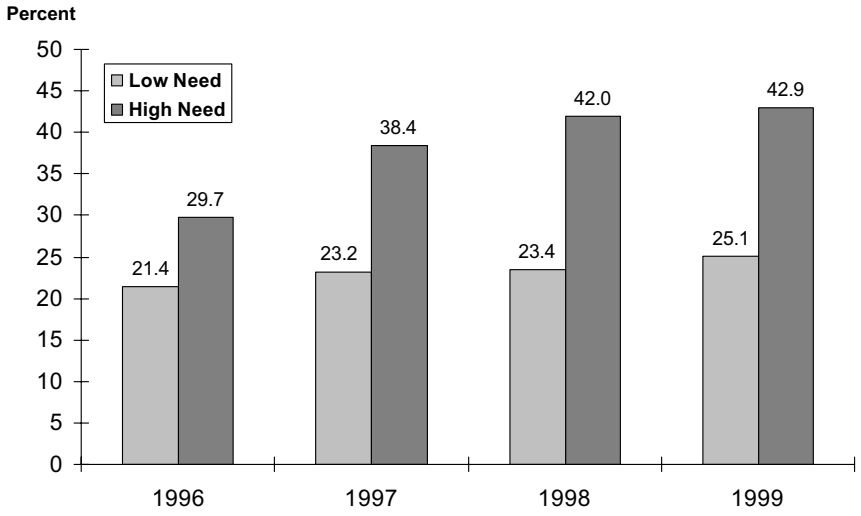
Alberta Health Survey results also indicate that access is rated more difficult in some of the northern regions of Alberta (see *Figure 5*).

Figure 5: Accessibility of health care services by health region, 1999



Public ratings of the ease of access to services (a **key performance measure**) have not changed since 1997, and remain below our target. Albertans who rated access to services as "difficult" or "very difficult" point to long waits for appointments, tests, or procedures, distance to travel, and inconvenient times when services are made available. In the 1999 Alberta Health Survey, Albertans who reported access difficulties most often found it hard to obtain the services of a medical specialist (43%) or a general practitioner (36%).

Figure 6: Ratings of access by Albertans with low vs. high needs: % responding "difficult" or "very difficult" access



Source: Alberta Health Survey, 1996, 1997, 1998, 1999

Albertans who report a high need for health services (9% of the survey sample) reported greater difficulty getting access to needed health services. The proportion of high need Albertans reporting difficulty changed only slightly from 1998 to 1999. Albertans who reported difficulties accessing health services indicated that they had the greatest difficulty obtaining the services of a medical specialist. Albertans who report difficulties accessing health services were most concerned about the length of time between the onset of a health condition and receiving treatment for it; distance and time to travel for a service were not the major concerns.

Quality of care. Access to health services is important. But it's also important that the services are appropriate. Appropriate care means providing the right care in the right place at the right time. From the viewpoint of the client, indicators of appropriate care include the quality of services available, the quality of services received, and the health results. In addition to quality care, from the viewpoint of health system managers, appropriate care also makes the best use of resources and is guided by evidence of effective practice.

The Alberta Health Survey asked Albertans to provide ratings of (1) the perceived quality of health services available in their community, (2) the quality of services personally received (a **key performance measure**), and (3) the effects of these services on their health (a **key performance measure**).

Measure	1996	1997	1998	1999	Target 2000
Quality of Services in the Community (% responding *good* or *excellent*)	79%	78%	78%	75%	**80%**
Quality of Care Personally Received (% responding *good* or *excellent*) (a **key performance measure**)	86%	86%	86%	78%	**90%***
Effect of Care Personally Received on Health (% responding *good* or *excellent*) (a **key performance measure**)	N/A	83%	84%	83%	**85%****

Source: Alberta Health Survey; 1996, 1997, 1998, 1999.
Note: * This target is identified in the 1998-99 business plan with a target date 1998.
** This target is identified in the 1998-99 business plan with a target date 1999.

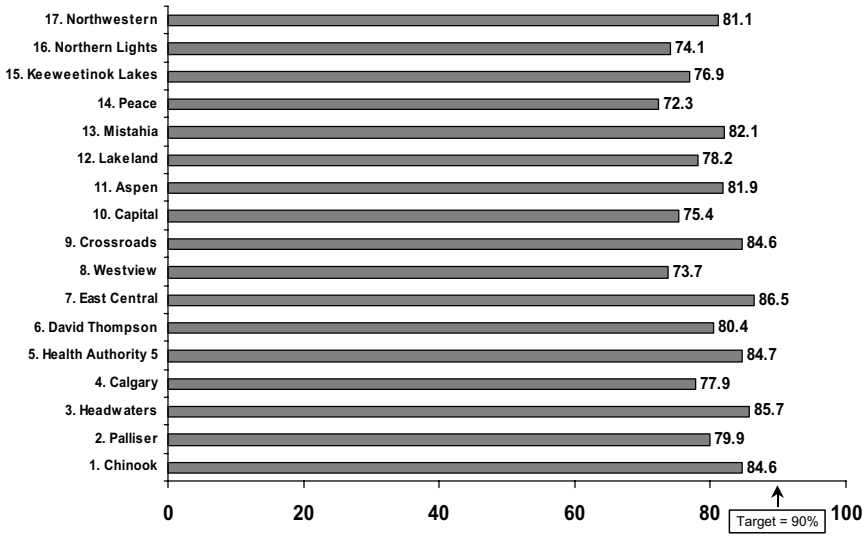
Most Albertans provide positive ratings of the quality of services available to them and the quality of services they receive. They also report that the effects of care are positive. The overall rating of quality of care personally received has declined in 1999 compared with results from past years. Ratings of quality of care in 1999 may have been influenced by the publicity surrounding the nurses' contract negotiations, which was in progress while the survey was being conducted. Much of this publicity focused on quality of care issues.

When rating the quality of care personally received at hospitals, 74% responded excellent or good, and 83% said that the effects of care on their health were excellent or good, slightly lower than in 1998. When a person's household members rate the quality of care received in hospitals, 77% responded excellent or good and 80% said the effects of care were excellent or good, similar to ratings obtained in 1998.

Care Received at Hospital	Received by Respondent		Received by Household Member	
	1998 (n = 1204)	1999 (n = 1168)	1998 (n = 1406)	1999 (n = 1399)
Quality of care received (% responding excellent or good)	81%	74%	74%	77%
Effect of care on health (% responding excellent or good)	86%	83%	81%	80%

Source: Alberta Health Survey, 1998, 1999.

Figure 7: Quality of health care services personally received, by health region, 1999



% of Respondents who said that the Quality of Health Care Personally Received in the Past 12 Months was "Excellent" or "Good"

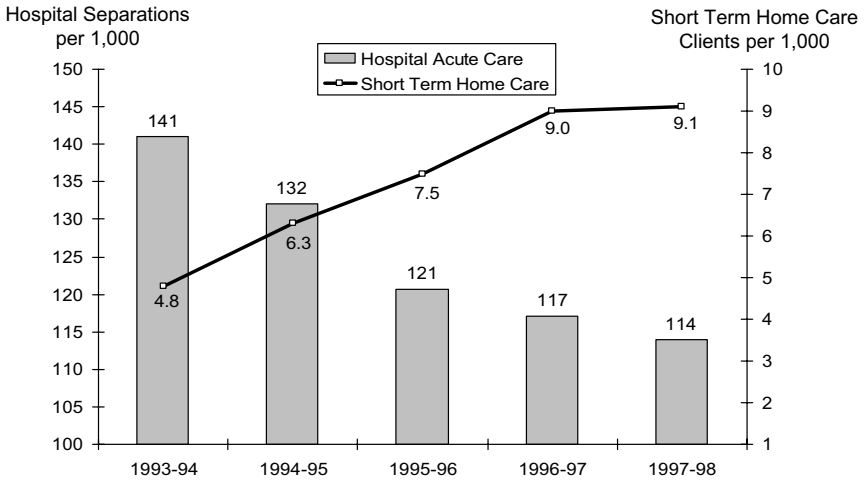
Source: Alberta Health Survey, 1999
(a **key performance measure**)

Out-patient services were rated most positively and emergency services least positively. Respondents who rated their hospital experience fair or poor frequently gave these reasons: long waits at the hospital for service (50%), lack of attention to needs (from physicians and staff) (36%), and lack of courtesy from staff (13%).

In 1999, for the first time, the Alberta Health Survey asked questions about services received from physicians. Most (89%) rated the quality of care received from their physician as excellent or good, and 86% reported that the results of this care were either excellent or good.

Well managed care. A major strategy for health system restructuring and reform has been to provide as much health care as possible in the community rather than in hospitals, keeping hospital beds for those who need higher levels of care. A comparison between utilization of acute care hospitals and utilization of short-term home care services (which are mostly for acute care) shows how the health system has changed. The trend since 1992-93 shows that some health system resources and services are moving from facilities into the community. For example, acute care hospital separations (formal releases or discharges) per 1,000 population have declined by 24% and the number of short-term home care clients per 1,000 has increased by 54% (see *Figure 8*). However, the rate of change has slowed down in recent years, which may indicate that we have reached a limit given current technology and resources.

Figure 8: Trends in utilization of acute care hospitals and short-term home care



Note: Home Care figures are for fiscal years.
Source: Alberta Health Hospital Morbidity, Home Care Information System

The results also show that the average length of stay in hospital has remained at just below six days, down from almost 9 days in 1991-92. Average length of stay may increase as more care is provided through out-patient and community facilities and the average severity of in-patient needs increases. Changes in the delivery of hospital services do not appear to have affected quality of results. The rate of unplanned re-admission to hospitals within 28 days of discharge has remained around 8%.

Measure	1993-94	1994-95	1995-96	1996-97	1997-98
Average length of hospital stay (days)	6.6	6.1	5.6	5.7	5.9
Unplanned re-admission to hospital within 28 days of discharge (% of all hospitalizations)	8.0	8.1	8.2	8.3	8.4*
Alternate level of care days (% of all hospital inpatient days)	8.9	6.9	3.9	3.9	4.1

Source: Alberta Health; Hospital Morbidity Files.
Note: Readmission may be to the same hospital or to another Alberta hospital, excluding transfers.
*1997–98 results are preliminary.

Effective and efficient use of health system resources is also indicated by the ability of the health system to provide appropriate alternative care for patients who no longer require care in an acute care hospital (as determined by the patient's physician). The percent of alternate level of care days has decreased from 8.9% in 1993-94 to 3.9% in

1995-96, and has remained at this level. Further improvements in efficiency, as indicated by this measure, may not be possible until the health system capacity for community care has increased.

Proper care and support in the community can reduce the need for acute care hospital services for certain chronic health conditions. Research suggests that appropriate community or out-patient care, including education relating to self-care, can substantially reduce (but not eliminate) acute care admissions for several health conditions including asthma, diabetes, hypertension, drug or alcohol dependency, neurosis, and depression. Comparison with other provinces indicates higher than average rates of hospitalization for most of these conditions in Alberta. Both British Columbia and Ontario generally have lower rates. Comparisons among health regions within Alberta reveal large variations in hospitalization rates for these chronic conditions.

Number Hospitalized for Selected Health Condition	**1993-94**	**1994-95**	**1995-96**	**1996-97**	**1997-98**
Asthma	5826	4655	4270	3720	3752
Diabetes	2859	2874	2686	2656	2809
Hypertension	1690	1661	1403	1307	1296
Alcohol/Drug	2642	2620	2377	2434	2547
Neurosis	1907	1661	1473	1441	1325
Depression	1010	991	893	972	875

Source: Alberta Health; Hospital Morbidity Files.

These results show that the number of persons admitted to hospital at least once for these conditions has declined since 1993-94, especially for the treatment of asthma. However, this trend appears to have ended, and may even have reversed in some cases (e.g. for alcohol or drug conditions). Further gains in our ability to treat these conditions in the community may require innovative programs to deliver primary care services. Research is also needed to determine the quality and effectiveness of care for these conditions in community settings. Due to limitations in our current information systems, we are not able to report on the type or quality of care provided in the community for individuals who would previously have been admitted to hospital for these conditions.

As part of our approach to ensuring effective management practices, Alberta Health encourages the regional health authorities to seek accreditation status through the Canadian Council on Health Services Accreditation (CCHSA). Since 1995, 16 of Alberta's 17 regional

health authorities have participated in accreditation surveys, and accreditation status has been granted by CCHSA in each case. Ten of these surveys took place during the 1998–99 year.

CCHSA accreditation involves an organizational self-assessment and an on-site survey by a panel of independent health care experts. During this process, health services delivered by regional health authorities are assessed against a detailed set of quality standards that focus on service provision, team work, leadership, and continuous improvement. When granted, accreditation status is held for a three year period, during which there is ongoing follow-up with CCHSA in regard to any areas recommended for improvement. The accreditation process is an excellent way for health authorities to evaluate and continuously improve the quality of their service delivery and management practices.

Albertans are well informed

To make the best use of the health system, Albertans need information that will help them make good decisions about how to use available resources. The Alberta Health Survey has gathered the following information related to knowledge of health services.

Self-Reported Knowledge of Health Services	**1997**	**1998**	**1999**	**Target 2000**
Knowledge of which health services are available (% responding *excellent* or *good*) (a **key performance measure**)	70%	70%	63%	**75%***
Need more information about which services are available (% responding *YES*)	40%	39%	40%	N/A
Where to go if you need emergency medical services (% responding *YES*)	94%	95%	96%	N/A

Source: Alberta Health Survey, 1997, 1998, 1999.
*This target is identified in the 1998-99 business plan with a target date of 1999.

These results indicate that most Albertans know where to get emergency medical services. However, the survey results indicate a decline (from 70% to 63%) in the percentage of Albertans who report good or excellent knowledge of the health services available to them (a **key performance measure**). A significant proportion (40%) continue to indicate that they need more information about health system programs and services. Continued and improved communication by Alberta Health and the health authorities about the health system will improve public knowledge of services available.

In addition to general information about the health system provided by Alberta Health and regional health authorities, Albertans expect to receive information about health services directly from their health care providers. Providing good information is an important part of a consumer-oriented health system. It is important for both the provider and the client to ask questions, provide answers and discuss health service options.

The Alberta Health Survey includes questions related to the amount of information Albertans receive from their health care provider. The results indicate that there is room for improvement in this area. In 1999, 79% Albertans reported receiving either some or a lot of information from their health care provider about the services they received, compared with 75% in 1998. In response to questions first asked in 1999, 77% of Albertans indicated that they were involved either "a lot" or "somewhat" in the decisions about the care they received, and 64% indicated that they have enough information to make informed decisions about the health care services they need.

Another important strategy for improving the health of Albertans is to increase their knowledge of health, the factors that influence their health, and their ability to make good health-related decisions. For example, healthy behaviours and lifestyle can help to maintain or improve health. The appropriate use of medical screening tests can often reveal the pre-conditions or early stages of a disease and improve the chances for prevention and cure. Measures are in place to assess some of these individual behaviours and knowledge.

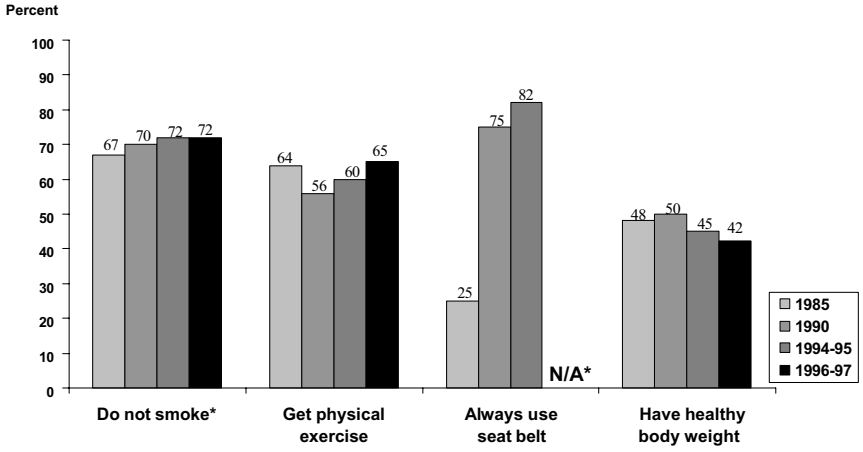
Reported Use of Medical Screening Tests	**1985**	**1990**	**1994-95**	**1996-97**	**Target 1999**
Blood pressure check every 2 years (% adult population)	87	89	85	85	None
PAP test, every 3 years (% women age 18 and over)* (a **key performance measure**)	83	81	79	77	**90**
Mammography, every 2 years (% women age 50 – 69)** (a **key performance measure**)	N/A	43	71	64	**75**

Source: Health Promotion Survey (1985, 1990) and National Population Health Survey (1994-95, 1996-97)
Note: Screening results are self-reported.
*Previous years were reported as percentage of women age 15 and over.
**Previous years were reported as percentage of women age 50 and over.

Compared to other provinces, a high proportion of Albertans make use of medical screening tests to protect their health. Albertans rank third for blood pressure checks, first for PAP tests (a **key performance measure**), and above the national average for mammography (a **key performance measure**). These

comparatively good results are due to a well-informed Alberta public and the widespread availability of the screening tests. However, our results remain below target, and there is room for improvement. The number of cervical cancer deaths is a **key performance measure**. The 1998-99 target was to reduce the number of deaths (and ultimately to eliminate this cause of death) to 0 by 2000; there were 36 cervical cancer deaths in 1997, and 45 in 1998. Discussions with the Alberta Cancer Board have resulted in the establishment of a new target of 15 by 2002. This can be achieved with more effective and widespread use of the PAP test. Alberta Health is currently working with the Alberta Cancer Board, regional health authorities, and **alberta we//net** to improve access to health screening tests for Albertans.

The results shown in *Figure 9* indicate continuing gains in healthy behaviours related to getting sufficient physical exercise. However, there was no change between 1994-95 and 1996-97 in the percent of Albertans who do not smoke (a **key performance measure**: our target is 75% in 1998). A large proportion of the population has a body weight higher than the healthy range. Poor physical conditioning can contribute to a number of diseases, including heart and cardiovascular diseases and diabetes. The health system will continue to initiate and support a variety of health promotion activities and make available the expert support that is often required by persons who wish to improve their health. Health promotion activities also depend upon community groups, employer and employee initiatives, and families for achieving positive results.



Source: Health Promotion Survey (1985, 1990)
National Population Health Survey (1994-95, 1996-97)
(a **key performance measure**)

Figure 9: Percent of Albertans reporting selected healthy behaviors

Health of the population improves

Measures of the health of Albertans range from general population indicators, such as life expectancy and self-reported health status (a **key performance measure**), to more specific measures such as low birth weight and the incidence of communicable diseases. Some

changes in the health results reported here can be directly related to health system programs and services. For example, childhood immunization, food and water inspection and testing services, and appropriate health care services have direct positive effects on health. Other important influences on the health of the population include social, economic and environmental factors beyond the direct influence of the health system.

Self-Reported Health Status (a key performance measure)	**1995 %**	**1996 %**	**1997 %**	**1998 %**	**1999 %**	**Target 1998**
Age 18 – 64 (% reporting very good or excellent health)	65	68	65	67	67	**75**
65 and older (% reporting very good or excellent health)	46	37	45	41	43	**50**
65 and older (% reporting good, very good or excellent health)	73	74	75	71	78	**75***

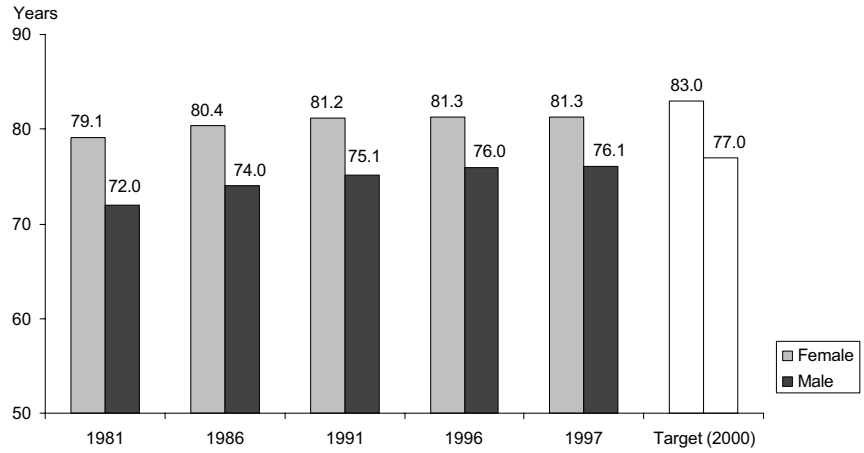
Source: Alberta Health Survey; 1995, 1996, 1997, 1998, 1999.
*target date 2000

Albertans self-reported health status has not changed significantly during the past five years, although we remain below our target for the 18 – 64 age group and near our target for seniors. Comparisons with other provinces (reported in *Measuring Up '99*) indicate that only two provinces have a lower proportion of adults reporting fair or poor health.

Life expectancy. Albertans have one of the longest life expectancies in Canada and in the world (a **key performance measure**). In addition, most Albertans report that their health is good, very good, or excellent (self-reported health status is a **key performance measure**). However, there are differences among Albertans in health status. For example, those in northern Alberta are less healthy than those in southern areas (see the *Report on the Health of Albertans* (1996) and *Health Trends in Alberta* (1998) for details). To some extent, improved access to high quality services may help to reduce these health status differences, but these differences may also be due to health determinants (such as socio-economic factors) that are beyond the direct influence of the health system.

Age-standardized mortality rates (per 100,000 population) for injury and suicide (**key performance measures**) in Alberta are higher than the national average. Both injury and suicide mortality rates declined in 1997 compared with previous years, due to lower rates for males, but Alberta's rates remain above the national average. Many of these deaths affect young and healthy individuals and can be prevented.

Figure 10: Life expectancy of Albertans



Source: 1976-1991=Statistics Canada Health Indicators Database
1996=Statistics Canada Daily
1997=Statistics Canada Cat. 84-210
(a **key performance measure**)

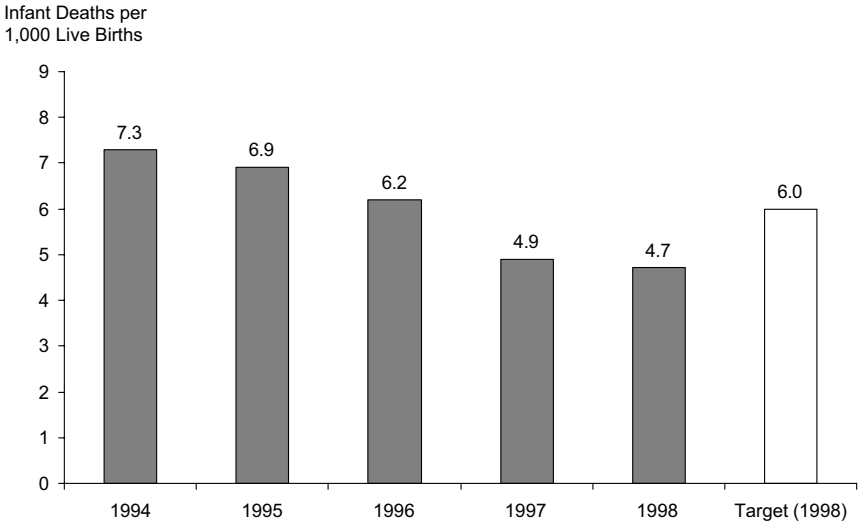
Mortality Rates: Injury and Suicide (a key performance measure)		**1993**	**1994**	**1995**	**1996**	**1997**	**Target 1999**
All Injury	Males	75	76	77	75	70	
	Females	31	32	32	32	31	
	Total	53	54	54	54	50	**45**
Suicide	Males	26	25	29	26	22	
	Females	6	7	6	8	7	
	Total	16	16	17	17	14	**13**

Source: Alberta Health; calculated from Vital Statistics (May 1999) and the Alberta Health Registration File (mid-year population estimates). Mortality rates are standardized to the 1996 Canada population. Changes in these rates from previous annual reports are due to small improvements in methodology.

Birth weight and infant mortality. Infant mortality rate is the number of deaths during the first year of life per 1,000 live births during the year. The Alberta infant mortality rate has improved considerably since 1994. At 4.7 infant deaths per 1,000 live births, the result for 1998 is significantly better than our 1998 target (see *Figure 11*).

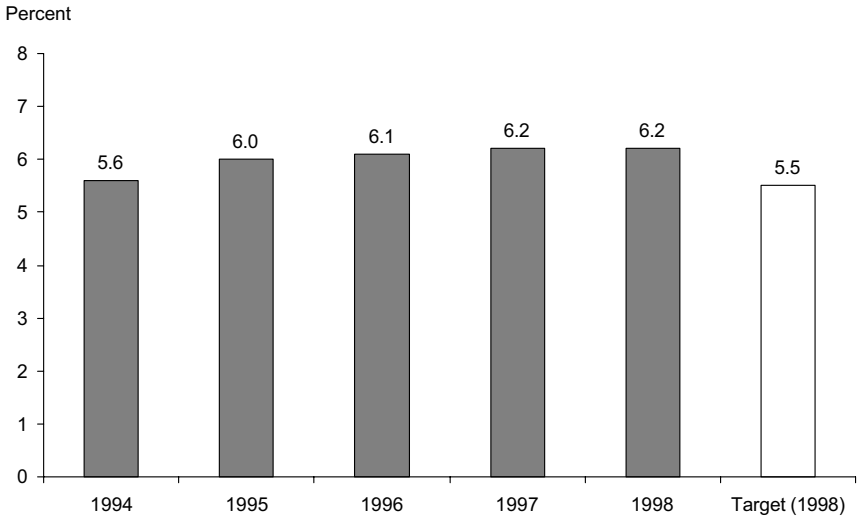
The percentage of low birth weight babies (**a key performance measure**) is the percent of live births that are under 2500 grams (5.5 pounds). Alberta has a higher percentage of low birth weight newborns than the Canadian average, and the percent of low birth weight infants has not improved (see *Figure 12*). Regional comparisons (see *Figure 13*) indicate several regions with low birth weight percentages well above the provincial target, including the Calgary, David Thompson, Crossroads, and Capital Health regions.

Figure 11: Infant mortality rate



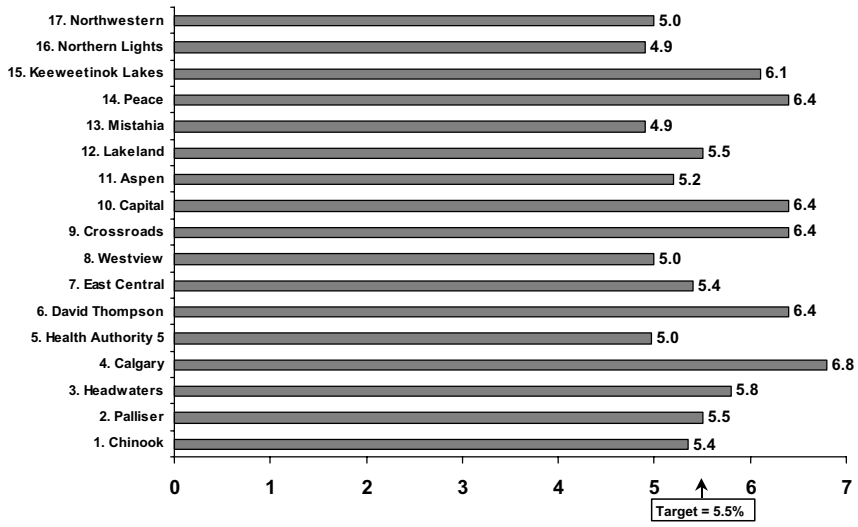
Source: Alberta Vital Statistics (May 1999)

Figure 12: Percent of newborns with low birth weight



Source: Alberta Vital Statistics (May 1999)
(a **key performance measure**)

Figure 13: Percent of newborns with low birth weight by health region, 1996–98*



* Three years data combined.
Source: Alberta Vital Statistics (May 1999)

Communicable diseases. Many communicable diseases — such as polio, typhoid, diphtheria, smallpox — are extremely rare or have been eliminated in Alberta due to a variety of continuing public health programs. However, some communicable diseases continue to be difficult to control. Our measures include the incidence rates (number of new cases in a year) for 10 communicable diseases selected to represent public health results related to:

- food and water quality (E.Coli colitis, salmonella, giardiasis)
- immunization (pertussis, haemophilus b, hepatitis B, rubella)
- the spread of disease through contact between persons (tuberculosis, gonorrhea, AIDS).

Incidence rates for E.Coli colitis, pertussis, and tuberculosis are **key performance measures**. Alberta targets will be determined for many of these diseases as part of the development of public health goals.

Selected notifiable diseases: Incidence rates per 100,000 population

Notifiable disease	1994	1995	1996	1997	1998	Target (1999)
AIDS	4.4	3.5	3.0	1.7	0.7	
E.Coli colitis	4.7	5.4	5.8	6.8	9.1	**4.0**
Giardiasis	34.8	26.2	22.0	20.4	21.3	
Gonorrhea	18.8	14.8	17.2	14.6	18.5	
Haemophilus b	0.2	0.2	0.2	0.1	0.2	
Hepatitis B	4.4	3.6	3.6	2.8	3.7	
Pertussis	34.4	43.0	41.2	27.6	26.7	**18.0**
Rubella	1.2	0.7	2.5	1.3	1.1	
Salmonella	28.6	19.8	23.7	28.6	30.8	
Tuberculosis	6.6	4.6	5.1	5.9	5.5	**4.5**

Source: Alberta Health; Notifiable Diseases.
Notes: Rates are based on mid-year populations estimated from the Alberta Health Registry file.

Pertussis (whooping cough) continues to be a problem in many parts of Alberta, although a new vaccine introduced in 1997 has apparently contributed to a decrease of more than 30% in the incidence rate of this disease since 1996. Incidence rates for AIDS have been declining since 1994, mostly because new drugs are preventing or slowing the progression of HIV infection to AIDS. Incidence rates for E.Coli colitis and salmonella, however, appear to be increasing.

Percent immunized at age 2	1996	1997	Target 1998
Diphtheria, tetanus, pertussis (4 doses)*	80	80	**95%**
Measles, mumps, rubella (1 dose)	88	90	**95%**

Source: Alberta Health.
* Note: this standard for adequate coverage has been increased from 3 to 4 doses by age 2.

Immunization against childhood diseases has a significant impact on the incidence of certain communicable diseases. A high rate of immunization (**a key performance measure**) for the population can help to ensure that the incidence of these diseases remains low. Alberta immunization coverage currently is below the target of 95%. Special efforts may be necessary in less populated regions, and with identified groups of residents, to ensure that children receive appropriate immunization to protect their health.

Core business 4: Measure and report on performance across the health system

Developing appropriate measures, collecting and analyzing information and sharing that analysis across the system are important steps in ensuring that continuous learning and improvement takes place in the health system. Regular public reports on performance measures are produced by the Ministry of Health and health authorities.

Goals and achievements

Goal 1: Timely, comparable and comprehensive information is available for patient care, management and research.

Action: **Proceeded with developing** alberta we*ll*net**, a province-wide health information network designed to improve access to and use of information in the health system to guide decisions.**

Achievements:

- On a pilot test basis, two Edmonton hospital emergency departments will have access to drug profiles for seniors and be able to use that information, with the person's consent, to reduce the likelihood of drug interactions.
- Pilot projects to assist in ensuring metabolic screening of all newborns were initiated in Aspen, Capital and Chinook regional health authorities.
- Three regions — Capital, Calgary, and David Thompson — participated in the Tri-Regions Financials project designed to implement common financial and processing systems.

Action: **Provided support for environmental health research and health impact assessments.**

Achievements:

- The Centre for Toxicology was established in partnership with the Calgary Regional Health Authority and the University of Calgary. The Centre provides toxicology laboratory services related to industrial and agricultural developments, and air and water quality.

Action: **Implemented the Ministry of Health Research Business Plan.**

Achievements:

- Provided ongoing support to the Alberta Heritage Foundation for Medical Research (AHFMR), the Alberta Cancer Board and the Institute for Pharmaco-Economics in the form of annual grants to support research in the areas of health services, health technology assessment, mental health, pharmaco-economics and cancer.
- Conducted an evaluation of the Health Research Collaboration Agreement between Alberta Health and AHFMR.
- Completed an assessment of the socio-economic impact of selected health research projects funded through Alberta Health programs.

Goal 2: The performance of the health system and indicators of the health of Albertans are measured, evaluated and reported regularly to Albertans.

Action: **Defined, collected, analyzed and shared information about trends in selected diseases, injuries, disabilities, and utilization of the health system.**

Achievements:

- The *Health Trends in Alberta* working document was issued to a comprehensive list of stakeholders.
- *Alberta Reproductive Health: Pregnancy Outcomes* was prepared for release in April 1999.
- An HIV report was completed and reports on tuberculosis and sexually transmitted diseases are being finalized.
- *Health Summit '99 Think About Health — An Alberta Framework for Discussion* was prepared and released for public discussion in February 1999.

Action: **Addressed the need for more evidence-based information to inform and support health policy and manage the delivery of health services.**

Achievements:

- The Alberta Centre for Health Services Utilization Research was established as a "centre of excellence."
- A five-year collaborative agreement for health services utilization research was put in place with the University of Alberta and the University of Calgary. Research funding is provided by Alberta Health and results of these studies will be published by the Alberta Centre for Health Services Utilization Research.

Measures and results

As noted above, during 1998-99 Alberta Health supported and participated in a number of studies and research projects and published several reports on the health of Albertans and the health system. Those reports included:

- *The Ministry of Health Annual Report 1997-98* includes financial information on each of the health authorities as well as information on health and health system performance.
- *Health Trends in Alberta* includes current information and trends on health status, infant health, health determinants, causes of death, and communicable diseases.
- *The 1998 Survey About Health and the Health System in Alberta* reports on the results of the annual Alberta Health Survey, and includes public ratings of access to health services, service quality and satisfaction.

- *Annual Report on Province-Wide Health Services* (March 1999) reports on the funding and delivery of province-wide services, including heart surgery, organ transplants, trauma and burns, neurosurgery, and other services.
- *Public Input to Health Summit '99: Results of the Public Input Questionnaire*, a summary of the results of public input on future directions for the health system gathered during January and February 1999, was published in April 1999.

Future challenges

One of the key reasons for assessing actions and measuring results is to identify areas in which performance improvements are needed. This forms part of the ongoing process of improving the health system and the health of Albertans.

The 1999-2002 Business Plan for Alberta Health and Wellness established improvement opportunities in four key areas:

1. **Ensuring Albertans get the care they need.** Health services must be available when needed, with continuing attention paid to services of a life-saving nature. Alberta Health will continue to address issues related to sustainable funding for the health system and ensuring the availability and optimal use of our health workforce. We will enhance our commitment to illness prevention and health promotion by targeted initiatives and through building capacity for such initiatives in regional health authorities and communities. We will also continue to work with regional health authorities to address issues related to referrals and access to selected services within and between regions.
2. **Preparing for the future.** The health system is in a continuous state of change and evolution. New technologies and knowledge drive some of this change while the changing characteristics of Alberta's population – such as changing expectations and a population that is growing older – present further challenges. Alberta Health will continue to invest in innovation and integration of new knowledge in health services through such initiatives as Telehealth, primary health care, further developing research capacity in Alberta, and the acquisition of new medical technology. As the system of delivering services changes in response to changing needs and circumstances, ongoing refinements will be required in how regional health authorities and other providers are funded. The key to such changes will be a process of ongoing collaboration and partnership with stakeholders.
3. **Improving accountability and results.** Alberta Health will continue to work with health authorities to improve measurement, monitoring and reporting on health system performance. Alberta Health will also work with other provinces and at a national level to improve the extent and quality of information used for decision making. These efforts will be supported by continued development of Alberta's health information infrastructure.

4. **Focusing on long term health gains.** Alberta's health system has a duty to respond to those in immediate need of life-saving and critical support. However, we must also take the necessary steps to address health issues that can only be resolved by sustained, long-term efforts. Alberta Health will continue to work with other government departments and other stakeholders to address the many factors that influence health. This includes focusing on improving children's health and addressing major health problems that are preventable.

Notes on sources and methods

The **key performance measures** identified in the Ministry of Health 1998-99 to 2000-2001 Business Plan are listed below, along with detail about the source of information for these measures and about the methods used to calculate them.

For further information about these measures, or about any statistical information presented here, the interested reader should contact the Standards & Measures Branch, Alberta Health, at PO Box 1360, STN Main, 10025 Jasper Avenue, Edmonton, Alberta T5J 2N3.

Measure	Source and method
1. Albertans ratings of the quality of care they received	Alberta Health Survey (annual). Data are collected through a telephone survey of 4,000 randomly selected Alberta households. The survey is commissioned by Alberta Health and is conducted by a private independent contractor. Results for the entire sample are accurate within 2% 19 times out of 20. Adult Albertans who report that they have obtained health services during the past 12 months are asked to rate the quality of care personally received, using the rating categories excellent, good, fair, or poor. The measure is the percent responding excellent or good.
2. Albertans' ratings of the effect of care on their health	Alberta health survey (annual). [see measure 1 for method]. Adult Albertans who report receiving care are asked to rate the effects of that care on their health, using the rating categories excellent, good, fair, or poor. The measure is the percent responding excellent or good.
3. Breast cancer screening rates	National Population Health Survey, conducted every two years by Statistics Canada. Approximately 1200 Albertans are interviewed, either by phone or in person. Results for the entire sample are accurate within 3% 19 times out of 20; however, estimates for this measure are based on a much smaller sub-sample, and may only be accurate within 8%. The measure is the percent of women aged 50-69 years who report having a mammogram for breast cancer screening in the past two years.
4. Percent change in expenditure on community and home services	Alberta Health Annual Report, summary of regional health authorities financial statements. The measure is the percent of total operational expenditures which is used to provide community and home based services.
5. Trends in fee-for-service expenses as a percentage of total expended on physician services	Complete information is not available. This measure is no longer a Ministry **key performance measure**.
6. Albertans' ratings of access to health services	Alberta Health Survey (annual). [see measure 1 for method]. Adult Albertans are asked how easy or difficult it is for them to obtain needed services, using the rating categories very easy, easy, a bit difficult, or very difficult. The measure is the percent who respond "easy" or "very easy."
7. Albertans' self-rated knowledge of the health system	Alberta Health Survey (annual). [see measure 1 for method]. Adult Albertans are asked to rate their knowledge of the health services that are available to them, using response categories excellent, good, fair, or poor. The measure is the percent who respond excellent or good.

8. Percent of Albertans reporting failure to receive needed care	Alberta Health Survey (annual). [see measure 1 for method.] Adult Albertans are asked if they have in the past 12 months been unable to receive care when they needed it. Those who respond "Yes" are then asked to report on what happened next. The measure is the percent who respond "Yes." An additional measure (new in the 1999-2000 business plan) is the percent who also report that they never did get the needed service.
9. Percent of general practitioner services obtained within home region	Alberta Health Care Insurance Plan (AHCIP) Claims File, which contains information on claims for payment related to physician services. The region of residence of the patient/client is compared with the region in which the service was provided. The measure is the percent of all services to residents of a region which were obtained in that region.
10. Life expectancy at birth	Health Indicators Database, Statistics Canada; and Alberta Vital Statistics Deaths file and Alberta Health Registry file for most recent years. Life expectancy is calculated using standard actuarial methods.
11. Percent of Albertans rating their own health "excellent" or "very good"	Alberta Health Survey (annual). [see measure 1 for method]. Adult Albertans are asked "Compared with other people your age, would you say your health is: excellent, very good, good, fair, poor?" The measures are the percent (age 18 — 64) responding excellent or very good, and the percent (age 65 and older) responding excellent or very good. [the estimate for seniors is accurate within 4% 19 times out of 20].
12. Percent of low birth weight newborn babies	Alberta Vital Statistics births file (May 1999). The measure is the percent of live births during the year with a recorded birth weight of less than 2500 grams (about 5.5 pounds).
13. Provincial rate of injury deaths including suicide	Health Trends in Alberta (Alberta Health). The measure is derived from information on causes of death from Alberta Vital Statistics, and population information from Alberta Health Registry. Rates are standardized to the 1996 Canadian population.
14. Rates for selected communicable diseases	The Provincial Health Officer, Alberta Health. This measure in the annual incidence rates (that is, new reported cases) per 100,000 Albertans for E. Coli Colitis, Pertussis, and Tuberculosis.
15. Childhood immunization Coverage	Immunization data are obtained from CAIT Report 24B1(P), generated from data submitted to Alberta Health from Regional Health Authorities and Medical Services Branch, Health Canada. Population at age 2 is estimated from Alberta Health registration files. The measure is the number of children aged 2 who have received the required immunization divided by the population of 2 year olds.
16. Cervical cancer screening rates	National Population Health Survey, conducted every two years by Statistics Canada. The measure is the percent of women aged 18 and older who report having a PAP test screening in the past two years.
17. Number of deaths due to cervical cancer	Alberta Vital Statistics deaths file (May 1999). The measure is the number of deaths to Alberta residents each year due to this cause.
18. Percent of Albertans who do not smoke	National Population Health Survey, conducted every two years by Statistics Canada. The measure is the percent of Albertans age 12 and older who report that they do not smoke tobacco.

Financial information

Ministry of Health

Financial Statements

March 31, 1999

Auditor's Report

To the Members of the Legislative Assembly

I have audited the statement of financial position of the Ministry of Health as at March 31, 1999 and the statements of operations and changes in financial position for the year then ended. These financial statements are the responsibility of the management of the Ministry. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also incudes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

The Ministry of Health is required to follow the corporate government accounting policies and reporting practices as disclosed in Note 3. These accounting policies have been established by Alberta Treasury and are consistent across ministries. With certain exceptions, the basis of accounting is in accordance with generally accepted accounting principles. My reservation of opinion in this auditor's report identifies the exceptions from generally accepted accounting principles that arise from following the accounting policies established by Alberta Treasury.

The following accounting policies are exceptions from generally accepted accounting principles:

Reporting entity

The financial statements for the Ministry of Health (the "reporting entity") do not include the results of operations and net assets of regional health authorities and Provincial health boards referred to in Note 3(a). Exclusion of the regional health authorities and the Provincial health boards from the reporting entity is an exception from generally accepted accounting principles. These principles provide for the inclusion of the

results of operations and net assets of organizations that are accountable for the administration of their financial affairs and resources either to a minister of the government or directly to the Legislature, and are owned or controlled by the government. In my opinion, the above noted organizations meet the criteria for inclusion in the reporting entity and, accordingly, the results of operations and net assets of these organizations should be included in the accompanying financial statements.

The following describes, at a summary level, the effect of not including regional health authorities and Provincial health boards in the accompanying financial statements and is intended to illustrate the overall magnitude of the effect on the financial statements. If these entities had been included in the financial statements, the total assets would increase by approximately $2,931 million and total liabilities would increase by approximately $2,544 million as at March 31, 1999, resulting in an increase of approximately $387 million in net assets. Similarly, there would be an increase in revenue of approximately $543 million and an increase in expenses of approximately $580 million for the year ended March 31, 1999, resulting in an increase in the excess of expenses over revenues of approximately $37 million. Had consolidated financial statements been prepared, virtually every account in, and the information provided by way of note to, the accompanying financial statements would have been materially different.

As the corporate government accounting policies followed stipulate that related parties include only those organizations that are a part of the government reporting entity, transactions with the regional health authorities and Provincial health boards are not disclosed in these financial statements as transactions with related parties. Under generally accepted accounting principles, the regional health authorities and Provincial health boards are related parties of the Ministry of Health. Since their net assets, revenues and expenses have not been included in these financial statements, a description of the nature and extent of the Ministry's transactions with them should have been included in Note 11, Related Party Transactions.

Pension obligations

Obligations to pension plans for current and former employees of the Department of Health have not been recognized as a liability in the accompanying statement of financial position and consequently the annual change in the liability has not been recognized in the statement of operations. In my view, on a basis of allocation similar to that used for Provincial agencies, an amount of approximately $2.8 million due to pension plans at

March 31, 1999, in the Department's capacity as employer, and which is reflected in the financial statements of the Department of Treasury, should be recognized as a liability in these financial statements. The effect of not recognizing the annual change in the liability is to overstate the Ministry's expenses for the year ended March 31, 1999, by $1.3 million.

Excluded direct costs

Accommodation and certain other administration costs incurred in the operation of the Department have not been included in expenses. These costs, estimated at $3.0 million for accommodation only, are recorded by the departments that paid the expenses on behalf of the Department of Health.

In my opinion, because of the effects of the matters discussed under the Reporting Entity heading in the preceding section, these financial statements do not present fairly the financial position of the Ministry as at March 31, 1999 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles.

FCA
Auditor General

Edmonton, Alberta
May 21, 1999

MINISTRY OF HEALTH

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 1999
(thousands of dollars)

	1999		1998
	Budget (Schedule 3)	Actual	Actual
Revenues (Schedule 1 and 2)			
Internal government transfers	$ -	$ -	$ 130,000
Transfer from the Government of Canada	451,396	468,778	434,860
Fees	661,226	700,011	672,444
Other revenue	40,764	47,156	64,085
	1,153,386	1,215,945	1,301,389
Expenses			
Voted (Schedule 2, 4,7 and Note 8)			
Ministry support services	78,533	82,544	79,830
Health services	4,102,655	4,346,041	4,109,863
Premier's Council on the Status of Persons with Disabilities	612	532	615
	4,181,800	4,429,117	4,190,308
Valuation Adjustments			
Provision for uncollectible health care insurance premiums	24,466	28,578	27,434
Provision for vacation pay	-	592	1,008
	24,466	29,170	28,442
Loss on disposal of capital assets	-	49	11
	4,206,266	4,458,336	4,218,761
Net operating results	$ (3,052,880)	$ (3,242,391)	$ (2,917,372)

The accompanying notes and schedules are part of these financial statements.

MINISTRY OF HEALTH

STATEMENT OF CHANGES IN FINANCIAL POSITION

FOR THE YEAR ENDED MARCH 31, 1999
(thousands of dollars)

	1999	1998
Operating transactions		
Net operating results	$ (3,242,391)	$ (2,917,372)
Non-cash items included in net operating results:		
Amortization	1,114	1,280
Loss on disposal of capital assets	49	11
Provision for uncollectible health care insurance premiums	28,578	27,434
Provision for vacation pay	592	1,008
	(3,212,058)	(2,887,639)
(Increase) in accounts receivable	(40,290)	(19,448)
(Increase) decrease in loans and advances	(2,795)	5
(Decrease) increase in accounts payable and accrued liabilities	(137,569)	175,615
Increase (decrease) in unearned revenue	1,075	(291)
Net cash (used) by operations	(3,391,637)	(2,731,758)
Investing transactions		
Purchases of capital assets (Schedule 5)	(1,029)	(1,450)
Cash (used) by investing transactions	(1,029)	(1,450)
Financing transactions		
Net transfer from General Revenues	3,389,805	2,745,938
Net cash (used) provided	(2,861)	12,730
Cash, beginning of year	12,732	2
Cash, end of year	$ 9,871	$ 12,732

The accompanying notes and schedules are part of these financial statements.

MINISTRY OF HEALTH

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 1999
(thousands of dollars)

	1999	1998
ASSETS		
Cash	$ 9,871	$ 12,732
Accounts receivable (Note 4)	109,303	97,591
Loans and advances (Note 5)	2,807	12
Capital assets (Note 6)	2,799	2,933
	$ 124,780	$ 113,268
LIABILITIES		
Accounts payable and accrued liabilities (Note 7)	$ 187,682	$ 324,659
Unearned revenue	21,054	19,979
	$ 208,736	$ 344,638
NET ASSETS		
Net Assets at beginning of year	$ (231,370)	$ (59,936)
Net Operating Results	(3,242,391)	(2,917,372)
Net transfer from General Revenues	3,389,805	2,745,938
Net assets at end of year	(83,956)	(231,370)
	$ 124,780	$ 113,268

The accompanying notes and schedules are part of these financial statements.

MINISTRY OF HEALTH
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 1999
(Thousands of dollars)

Note 1 Authority

The Ministry of Health (the "Ministry") operates under the authority of the Government Organization Act, Statutes of Alberta.

Note 2 Purpose

The purpose of the Ministry is to improve the health of Albertans and the quality of the health system.

Through a leadership role, the Ministry is responsible for developing policy and standards that contribute to improvements in health and health services for Albertans; setting priorities and allocating resources in a manner that is fair, equitable and reflects health needs in different parts of the province; ensuring that quality health services are provided; and measuring and reporting performance across the health system.

Note 3 Summary of Significant Accounting Policies and Reporting Practices

These financial statements are prepared in accordance with the following accounting policies that have been established for all departments. The recommendations of the Public Sector Accounting Board of the Canadian Institute of Chartered Accountants are the primary source for the disclosed basis of accounting. Recommendations of the Accounting Standards Board of the Institute of Chartered Accountants, other authoritative pronouncements, accounting literature, and published financial statements relating to either the public sector or analogous situations in the private sector are used to supplement the recommendations of the Public Sector Accounting Board where it is considered appropriate.

(a) Reporting Entity

The reporting entity is the Ministry of Health for which the Minister of Health is accountable.

These financial statements include the accounts of the Department of Health. The accounts of the Regional Health Authorities, the Alberta Cancer Board and the Alberta Mental Health Board are not included in these financial statements as these accountable organizations are not considered to be part of the Ministry pursuant to section 1(1) (g) of the Government Accountability Act.

All departments of the Government of Alberta operate within the General Revenue Fund (the "Fund"). The Fund is administered by the Provincial Treasurer. All cash receipts are deposited into the Fund and all disbursements made by the departments are paid from the Fund. Net transfer from General Revenues is the difference between all cash receipts and all cash disbursements made.

Note 3 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting

(i) Revenues

All revenues are reported on the accrual method of accounting. Amounts received or receivable for which goods or services have not been provided by year-end are recorded as unearned revenue.

(ii) Internal Government Transfers

Internal government transfers are transfers between entities within the government reporting entity where the entity making the transfer does not receive any goods or services directly in return.

(iii) Dedicated Revenue

Dedicated revenue initiatives provide a basis for authorizing spending. Dedicated revenues must be shown as credits or recoveries in the details of the Government Estimates for a supply vote.

Dedicated revenue is used to partially fund certain expenses of the Department. If actual dedicated revenue is less than budget, and expenses are not reduced by an amount sufficient to cover the deficiency in dedicated revenues, the following year's expense budget is reduced. Conversely, if actual dedicated revenue exceeds budget, the Ministry may, with Treasury Board's approval, use the excess revenue to fund additional expenses on the specific program initiative. Schedule 2 discloses information on the Ministry's dedicated revenue initiatives.

(iv) Expenses

Expenses represent the costs of resources consumed during the year on the Ministry's operations. Expenses include amortization of capital assets.

Pension costs included in these statements comprise the cost of employer contributions for current service of employees during the year and additional employer contributions for employees' service relating to prior years.

Certain expenses, primarily for office space, legal advice, and banking services, incurred on behalf of the Ministry by other Ministries are not reflected in the Statement of Operations.

(v) Valuation Adjustments

Valuation adjustments include changes in the valuation allowances used to reflect financial assets at their net recoverable or other appropriate value. Valuation adjustments also represent the change in management's estimate of future payments arising from obligations relating to vacation pay, guarantees and indemnities, and deficits of provincial agencies within the Ministry.

Note 3 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting

(vi) Assets

Assets reported in these financial statements are limited to financial assets and capital assets.

Financial assets of the Ministry are limited to financial claims, such as advances to and receivable from other organizations and employees as well as the bank balance established under the Health Care Insurance Plan.

Capital assets are recorded at historical cost and amortized on a straight-line basis over the estimated useful lives of the assets. The threshold for capitalizing new computer systems development is $100 and the threshold for capitalizing all other capital assets is $15.

Capital assets are restricted to those acquired for cash or exchanged for other assets. Donated capital assets and those acquired by right are not included in these financial statements.

(vii) Liabilities

Liabilities include all financial claims payable by the Ministry at fiscal year end, except long-term disability benefits and certain pension benefits, which are reflected in the financial statements of Treasury Department on behalf of all departments.

(viii) Net Assets

Net assets represent the difference between the value of assets held by the Department and its liabilities.

(ix) Valuation of Financial Assets and Liabilities

Fair value is the amount of consideration agreed upon in an arm's length transaction between knowledgeable, willing parties who are under no compulsion to act.

The fair values of accounts receivable, advances, accounts payable and accrued liabilities, and unearned revenues are estimated to approximate their book values. Fair values of loans are not reported due to there being no organized financial market for the instruments and it is not practicable within constraints of timeliness or cost to estimate the fair value with sufficient reliability.

Note 3 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting

(x) Payments under Reciprocal and Other Agreements

The Department entered into agreements with other Provincial Governments and the Workers' Compensation Board to provide health services on their behalf. The Department pays service providers for services rendered under these agreements and recovers the amount paid from other provinces and the Workers' Compensation Board. Service providers in the Province of Alberta include Regional Health Authorities, Provincial Health Boards and physicians.

Expenses incurred and revenue earned in the provision of services under these agreements are recorded in the records of the service providers and are not included in these financial statements.

The Department has also entered into an agreement with the Federal Government for the Health Transition Fund (Primary Health Care Project) under authority of the Financial Administration Act, Section 29. 1(1). Collections and payments are not recorded as revenue and expenses in these financial statements.

Amounts paid and recovered under these agreements are disclosed in Note 12.

(c) Measurement Uncertainty

Measurement uncertainty exists when there is a significant variance between the amount recognized in the financial statements and another reasonably possible amount.

The allowance for doubtful accounts, in the amount of $108,142 as reported in these financial statements, is based on an aging analysis of the accounts receivable balance at March 31, 1999 and past collection patterns. The actual amount collected could vary from that estimated.

Note 4 Accounts Receivable

	1999			1998
	Gross Amount	Allowance for Doubtful Accounts	Net Realizable Value	Net Realizable Value
Accounts receivable	$ 215,665	$ 108,142	$ 107,523	$ 97,084
Refunds from suppliers	1,780	-	1,780	507
	$ 217,445	$ 108,142	$ 109,303	$ 97,591

Accounts receivables are unsecured.

Note 5 Loans and Advances

Loans and advances consist of an advance of $2,800 to a regional health authority and travel advances of $7 (1998-$12).

Note 6 Capital Assets

		1999			1998
	Estimated Useful Life	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Computer hardware and software	5 years	$ 8,726	$ 6,151	$ 2,575	$ 2,673
Equipment	10 years	576	352	224	260
		$ 9,302	$ 6,503	$ 2,799	$ 2,933

Note 7 Accounts Payable and Accrued Liabilities

	1999	1998
Accounts payable	$ 42,943	$ 47,235
Accrued liabilities	138,383	271,660
Accrued vacation pay	6,356	5,764
	$ 187,682	$ 324,659

Note 8 Over Expenditure of Authorized Budget

The Department's total actual voted operating expenses have exceeded the authorized budget by $1,573 for the year ended March 31, 1999. As required by the Financial Administration Act, this amount must be charged against the voted appropriation for the year ending March 31, 2000.

Note 9 Commitments

As at March 31, 1999, the Ministry has the following commitments:

	1999	1998
Specific programs commitments (a)	$ 1,942,030	$ 97,822
Service contracts	68,363	125,085
Equipment leases (b)	3,105	1,475
	$ 2,013,498	$ 224,382

(a) Included in specific program commitments is an amount of $1,798,500 for the provision of medical services by physicians for the two years to March 31, 2001 under the agreement signed with the Alberta Medical Association.

(b) The Department leases certain equipment under operating leases that expire on various dates to the year 2005. The aggregate amounts payable for the unexpired terms of these leases are as follows:

Year	Amount
2000	$ 701
2001	776
2002	547
2003	540
2004	318
Thereafter	223
	$ 3,105

Note 10 Contingencies

Sexual Sterilization Claims

The Government, as represented by the Ministry of Family and Social Services and the Ministry of Health, has a contingent liability in respect of 294 claims (1998 – 714 claims) aggregating $301 million (1998 - $793 million) relating to the Eugenics Board of Alberta pursuant to the Sexual Sterilization Act of 1928, which was repealed in 1972. The ultimate outcome of these claims cannot be determined. A provision for potential losses has been made.

Note 10 Contingencies (continued)

Hepatitis C

The Ministry was named as defendant in various legal actions relating to the Hepatitis C virus affected through the Canadian blood system. The total claimed in specific legal actions, approximates $55.9 million at March 31, 1999 (1998 - $32.4 million). Included in this total are 4 claims amounting to $6.6 million (1998– $6.6 million) in which the Department has been jointly named with other entities. Thirty-nine claims amounting to $46.7 million (1998 - $25.2 million) are covered by the Alberta Risk Management Fund. The resulting loss, if any, from these claims cannot be determined.

Federal, provincial and territorial governments have agreed to offer financial assistance to Canadians who were affected by the Hepatitis C virus through the Canadian blood system during the period from January 1, 1986 to July 1, 1990. The financial package of $1.1 billion is national in scope. Alberta's share of the financial assistance package is estimated at $30 million. The details of assistance will be determined through a negotiation process submitted to the courts for approval. The Ministry made a provision for the Hepatitis C assistance as at March 31, 1999.

Other

The Ministry is liable under equity agreements entered into in 1969 between the Department and Voluntary Hospital Owners. The Department's liability is contingent upon termination of the equity agreements and concurrent transfer of ownership to the Province. The payout upon termination is estimated at $27.4 million as at March 31, 1999 (1998-$13.9 million).

At March 31, 1999, the Ministry was named as defendant in various other legal actions. The total claimed in these other legal actions approximates $531.5 million at March 31, 1999 (1998-$21.8 million). Included in this total are eight claims amounting to $507.1 million (1998 – $6.5 million) in which the Department has been jointly named with other entities. Twenty-four claims amounting to $14.2 million (1998 - $8.4 million) are covered by the Alberta Risk Management Fund. The resulting loss, if any, from these claims cannot be determined.

Note 11 Related Party Transactions

The Ministry paid approximately $1.6 million (1998-$2.1 million) to various other Government of Alberta departments, agencies or funds for supplies and/or services during the fiscal year.

In addition, the Department paid Payment Systems Corporation (PSC), which until March 31, 1999 was a joint venture partially owned by the Province of Alberta, $623 (1998-$254) for computer processing services. A payable of $95 (1998-$35) to PSC was outstanding at year-end.

Note 11 Related Party Transactions (continued)

Accommodation, legal, telecommunication, personnel, and certain other costs were provided to the Department by other government organizations at no cost to the Department. The estimated value of these services is approximately $3 million (1998-$3.5 million).

The Ministry received approximately $40 million (1998-$39 million) from Alberta Community Development in compensation for health care insurance premiums under the Seniors' Benefit Program.

The Ministry paid and collected certain taxes and fees set by regulation for premiums, permits, licenses, and other rights. These amounts were incurred in the normal course of business and reflect charges applicable to all users.

Note 12 Payments under Reciprocal and Other Agreements

The Department entered into agreements, under the Alberta Health Care Insurance Plan, with other Provincial Governments and the Workers' Compensation Board to provide health services on their behalf.

In addition, the Department has also entered into an agreement with the Federal Government for the Health Transition Fund (Primary Health Care Project) to support the objective of studying and encouraging the further advancement of primary health care in Alberta. Payments incurred under this agreement are made by the Department under authority of the Financial Administration Act, Section 29.1 (1).

Accounts receivable from the Federal Government, other Provincial Governments and the Workers' Compensation Board are reflected in the Statement of Financial Position.

	1999				1998
	Health Transition Fund	Other Provincial Government	Workers' Compensation Board	Total	Total
Opening receivable balance	$ -	$ 12,447	$ 796	$ 13,243	$ 14,767
Add: Payments made during the year	3,980	97,710	5,027	106,717	99,257
	3,980	110,157	5,823	119,960	114,024
Less: Collections received during the year	3,893	96,992	4,947	105,832	100,781
Closing receivable balance	$ 87	$ 13,165	$ 876	$ 14,128	$ 13,243

Note 13 Uncertainty Due to the Year 2000

The year 2000 issue is the result of some computer systems using two digits rather than four to define the applicable year. Government computer systems that have date sensitive software may recognize a date using "00" as the year 1900 rather than the year 2000, which could result in miscalculations or system failures. In addition, similar problems may arise in some systems if certain dates in 1999 are not recognized as a valid date or are recognized to represent something other than a date. The effects of the year 2000 issue may be experienced before, on, or after January 1, 2000. If not addressed, the effect on operations and financial reporting may range from minor errors to significant systems failure that could affect the ability to conduct some government operations. Despite the government's efforts to address this issue, it is not possible to be certain that all aspects of the year 2000 issue affecting the government, including those related to the efforts of customers, suppliers and other third parties, will be fully resolved.

Note 14 Subsequent Events

On May 25, 1999, the government announced a major reorganization. As a result, effective April 1, 1999 the Ministry of Health was reorganized and renamed as Ministry of Health and Wellness. Persons with Developmental Disabilities Boards and Foundation, Michener Centre and Alberta Alcohol and Drug Abuse Commission are now part of the Ministry of Health and Wellness.

Note 15 Comparative Figures

Certain 1998 figures have been reclassified to conform to the 1999 presentation. The 1998 comparative for accounts payable and net transfer from General Revenues was restated to reflect a reclassification of the amount payable of $617.

Due from General Revenues reported in 1998 has been reclassified to net assets in 1999. The change in net assets reported in the Statement of Financial Position includes the net transfer from General Revenues. As a result, the net contribution from General Revenues as previously reported is no longer required.

Note 16 Approval of Financial Statements

The Senior Financial Officer and the Deputy Minister have approved the financial statements.

Schedule 1

MINISTRY OF HEALTH
SCHEDULE OF REVENUES
FOR THE YEAR ENDED MARCH 31, 1999
(thousands of dollars)

	1999		1998
	Budget (Schedule 3)	Actual	Actual
Internal Government Transfers:			
Transfer from the Lottery Fund	$ -	$ -	$ 130,000
	-	-	130,000
Transfers from the Government of Canada:			
Canada Health and Social Transfer	451,396	467,464	434,698
Other	-	1,314	162
	451,396	468,778	434,860
Fees			
Health care insurance:			
Premiums before premium assistance	641,226	767,864	741,546
Less:			
Premium assistance under legislation	-	(102,235)	(103,348)
	641,226	665,629	638,198
Add:			
Penalties	-	13,581	12,921
Interest and miscellaneous	-	539	784
Health care insurance premiums	641,226	679,749	651,903
Blue Cross:			
Premiums before premium assistance	-	22,581	22,872
Less premium assistance	-	(2,320)	(2,332)
Blue Cross premiums	20,000	20,261	20,540
Total premiums	661,226	700,010	672,443
Freedom of Information and Protection of Privacy Act	-	1	1
	661,226	700,011	672,444
Other revenue:			
Third Party Liability	40,000	42,604	57,211
Miscellaneous:			
Previous years' refunds of expenditure	100	3,406	5,925
Workers' Compensation Board administrative fees	54	54	54
Other	610	1,092	895
	40,764	47,156	64,085
Total revenue	$ 1,153,386	$ 1,215,945	$ 1,301,389

Schedule 2

MINISTRY OF HEALTH
SCHEDULE OF DEDICATED REVENUE INITIATIVES
FOR THE YEAR ENDED MARCH 31, 1999
(thousands of dollars)

	1999		1998
	Authorized Budget	Actual	Actual
Health Care Insurance Premium Revenue [1]			
Dedicated revenue			
Fees	$ (641,226)	$ (679,749)	$ (651,903)
Expenses	4,116,546	4,116,030	3,902,703
	$ 3,475,320	$ 3,436,281	$ 3,250,800

[1] Albertans contributed to the cost of health programs through Health Care Insurance Premiums. The levels of premiums paid by an individual or family are based on their ability to pay as defined by income.

Expenses included under this initiative include the Health Services expenses of the Ministry with the exception of expenses included under Non-Group Drug Benefits Initiative.

	1999		1998
	Authorized Budget	Actual	Actual
Non-Group Drug Benefits [2]			
Dedicated revenue			
Fees	$ (20,000)	$ (20,261)	$ (20,540)
Expenses			
Non-group drug benefits	216,474	216,461	195,524
Ground ambulance services	12,900	13,550	11,636
	229,374	230,011	207,160
	$ 209,374	$ 209,750	$ 186,620

[2] Albertans can access public or private supplemental health insurance coverage. Alberta Health provides non-group Blue Cross coverage on a premium basis for non-seniors. Seniors do not pay premiums.

Expenses under Non-Group Drug Benefits Initiative represent the expenditures made to provide Blue Cross services. These expenses are included in Health services expense classification on the Statement of Operations.

MINISTRY OF HEALTH
SCHEDULE OF DEDICATED REVENUE INITIATIVES
FOR THE YEAR ENDED MARCH 31, 1999

	1999	
	Authorized Budget	Actual
Spatial Public Health Information Exchange [3]		
Dedicated revenue	$ (1,268)	$ (1,139)
Expenses [4]	1,268	1,230
	$ -	$ 91

[3] Health Canada provided funding for a pilot project, which is undertaken to test the feasibility of providing an internet-based, integrated, public health surveillance infrastructure.

[4] Expenses reported under the Spatial Public Health Information Exchange initiative are included under Ministry support services expense classification on the Statement of Operations.

Schedule 3

MINISTRY OF HEALTH
BUDGET
FOR THE YEAR ENDED MARCH 31, 1999
(in thousands)

	1998-99 Estimates (b)	Encumbrance (a)	1998-99 Budget	Voted Supplementary (b)	Treasury Board's Authorizations (b)	1998-99 Authorized Budget
Revenues:						
Transfer from Government of Canada	$ 451,396	$ -	$ 451,396	$ -	$ 1,268	$ 452,664
Premiums and fees	661,226	-	661,226	-		661,226
Other	40,764	-	40,764	-		40,764
	1,153,386	-	1,153,386	-	1,268	1,154,654
Expenses:						
Voted Expenses (a)						
Ministry support services	78,533	-	78,533	1,211	1,268	81,012
Health services	4,102,655	-	4,102,655	243,265	-	4,345,920
Premier's Council on the Status of Persons with Disabilities	612	-	612	-	-	612
	4,181,800	-	4,181,800	244,476	1,268	4,427,544
Valuation Adjustments (b)						
Provision for uncollectible health care insurance premiums	24,466	-	24,466	-	-	24,466
Provision for vacation pay	-	-	-	-	-	-
	24,466	-	24,466	-	-	24,466
	$ (3,052,880)	$ -	$ (3,052,880)	$ (244,476)	$ -	$ (3,297,356)

a) In the event that actual voted expenses in the prior year exceed that budgeted, the difference is known as encumbrance. The encumbrance reduces the budgeted amount for voted expenses in the current year.

b) Government Estimates were approved on March 26, 1998. Supplementary Estimates (1998-99) No.1 were approved on December 9, 1998 which increased spending authority by $225,165, Supplementary Estimates (1998-99) No.2 were approved on March 8, 1999 which increased spending authority by $18,100. The Appropriation (Supplementary Supply) Act, 1999 approved the expenditure of the Achievement Award Program of all departments in the Supplementary Estimates of the Ministry of Advanced Education and Career Development. The Ministry of Health's share of the achievement award amounts to $1,211. Treasury Board approved the increase in expenses and dedicated revenue for the Spatial Public Health Information Exchange initiative, pursuant to the Financial Administration Act, Section 29 (1.1) of $350 on October 6, 1998 and $918 on December 16, 1998.

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Schedule 4

MINISTRY OF HEALTH
SCHEDULE OF EXPENSE DETAILED BY OBJECT
FOR THE YEAR ENDED MARCH 31, 1999
(thousands of dollars)

	1999		1998
	Budget	Actual	Actual
	(Schedule 3)		
Voted:			
Grants	$ 4,082,269	$ 4,332,184	$ 4,093,324
Supplies and services	67,484	62,988	64,792
Salaries, wages and employee benefits	31,159	32,678	30,805
Amortization of capital assets	787	1,114	1,280
Other	101	153	107
Total voted expense for operations	$ 4,181,800	$ 4,429,117	$ 4,190,308

Schedule 5

MINISTRY OF HEALTH
PURCHASE OF CAPITAL ASSETS
FOR THE YEAR ENDED MARCH 31, 1999
(thousands of dollars)

	1998-99 Estimates	Encumbrance (a)	1998-99 Budget	Voted Supplementary	1998-99 Authorized Budget	1999 Actual	1998 Actual
Health Information and Accountability	$ 1,150	$ -	$ 1,150	$ -	$ 1,150	$ 992	$ 1,151
Health Workforce and Administrative Services	-	-	-	-	-	37	-
Dedicated Funding Program	-	-	-	-	-	-	299
Total	$ 1,150	$ -	$ 1,150	$ -	$ 1,150	$ 1,029	$ 1,450

a) In the event that actual capital funding in the prior year exceeds that budgeted, the difference is known as an encumbrance. The encumbrance reduces the budgeted amount for voted expenses in the current year.

Schedule 6

MINISTRY OF HEALTH
SCHEDULE OF SALARIES AND BENEFITS
FOR THE YEAR ENDED MARCH 31, 1999

	1999			1998
	Salary[1]	Benefits and Allowances[2]	Total	Total
Deputy Minister [3]	$ 146,654	$ 14,656	$ 161,310	$ 132,713
Mental Health Patient Advocate	100,943	14,828	115,771	99,306
Assistant Deputy Ministers				
Health Information and Accountability	102,010	14,573	116,583	109,284
Health Strategies	105,490	14,618	120,108	112,157
Health Workforce and Administrative Services	100,161	13,861	114,022	105,943
Chief Financial Officer Finance and Health Plan Administration	110,590	14,606	125,196	114,519
Executive Director Corporate Services	97,414	14,458	111,872	101,636

(1) Salary includes regular base pay, bonuses, overtime, lump sum payments and any other direct cash remuneration.

(2) Benefits and allowances include employer's share of all employee benefits and contributions or payments on behalf of employees including pension, health care, dental coverage, group life insurance, short and long-term disability plans, professional memberships and tuition and vacation payout for regular and management supplementary vacation.

(3) Automobile provided, no dollar amount was included in benefits and allowances.

MINISTRY OF HEALTH
Comparison of Expenses by Element to Authorized Budget
For the Year Ended: March 31, 1999

Schedule 7

(in thousands)

Expenses: Voted Expenses		1998-99 Budget	Voted Supplementary	1998-99 Authorized Budget	1998-99 Actual Expense	Unexpended (Over Expended)
Program 1						
Ministry Support Services						
1.0.1	Minister's Office	$ 338	$ -	$ 338	$ 322	$ 16
1.0.2	Deputy Minister's Office	313	-	313	289	24
1.0.3	Public Communications	759	-	759	599	160
1.0.4	Corporate Services	3,644	-	3,644	3,327	317
1.0.5	Health Information & Accountability Division	28,019	-	28,019	30,208	(2,189)
1.0.6	Health Strategies Division	8,072	1,268	9,340	8,760	580
1.0.7	Health Workforce & Administrative Service	11,350	1,211	12,561	13,415	(854)
1.0.8	Financial Services	10,613	-	10,613	9,631	982
1.0.9	Health Plan Administration	9,186	-	9,186	9,175	11
1.0.10	Programs Administration	2,687	-	2,687	2,839	(152)
1.0.11	Health Facilities Review Committee	484	-	484	383	101
1.0.12	Mental Health Patient Advocate	285	-	285	223	62
1.0.13	Provincial Health Council	1,500	-	1,500	1,158	342
1.0.14	Health Advisory & Appeal Services	1,194	-	1,194	2,138	(944)
1.0.15	Standing Policy Committee on Health Planning	89	-	89	77	12
		$ 78,533	$ 2,479	$ 81,012	$ 82,544	$ (1,532)
Program 2						
Health Services						
2.1.1	Medical Services	$ 812,800	$ 39,900	$ 852,700	$ 863,989	$ (11,289)
2.1.2	Alternate Payments	5,750	3,600	9,350	7,336	2,014
2.1.3	Allied Health Serivces	46,035	-	46,035	52,071	(6,036)
2.1.4	Extended Health Benefits	17,518	-	17,518	19,726	(2,208)
2.1.5	Rural Physician Action Plan	5,800	4,200	10,000	9,157	843
2.1.6	Medical Education Allowances	37,750	-	37,750	37,634	116
2.2.1	Human Tissue & Blood Services	41,933	66,500	108,433	113,514	(5,081)
2.2.2	Equity Agreements	3,008	-	3,008	800	2,208
2.2.3	Purchase of Vaccines & Sera	8,669	-	8,669	8,325	344
2.2.4	Provincial Laboratory of Public Health	10,977	-	10,977	12,174	(1,197)
2.2.5	Non-Group Drug Benefits	216,474	-	216,474	216,461	13
2.2.6	Ambulance Services	35,250	-	35,250	35,235	15
2.2.7	Out of Province Health Care Costs	38,000	-	38,000	39,388	(1,388)
2.2.8	Alberta Aids to Daily Living	55,439	-	55,439	57,617	(2,178)
2.2.9	Health Services Research	5,500	-	5,500	5,500	0
2.2.10	Dedicated Program Funding	33,343	1,100	34,443	23,668	10,775
2.2.11	Alberta Wellnet	13,201	-	13,201	20,563	(7,362)
2.3.1	Chinook Regional Health Authority	132,676	3,964	136,640	136,640	(0)
2.3.2	Palliser Health Authority	69,537	4,362	73,899	73,537	362
2.3.3	Headwaters Health Authority	39,456	3,072	42,528	42,362	166
2.3.4	Calgary Regional Health Authority	678,638	39,561	718,199	714,677	3,522
2.3.5	Regional Health Authority 5	34,975	1,296	36,271	36,092	179
2.3.6	David Thompson Regional Health Authority	132,135	6,112	138,247	140,065	(1,818)
2.3.7	East Central Regional Health Authority # 7	95,734	3,222	98,956	98,464	492
2.3.8	Westview Regional Health Authority	32,776	3,274	36,050	37,407	(1,357)
2.3.9	Crossroads Regional Health Authority	31,014	1,416	32,430	32,270	160
2.3.10	Capital Health Authority	758,674	27,810	786,484	782,371	4,113
2.3.11	Aspen Regional Health Authority # 11	44,212	1,654	45,866	45,639	227
2.3.12	Lakeland Regional Health Authority	82,043	2,285	84,328	83,907	421
2.3.13	Mistahia Regional Health Authority	65,891	2,447	68,338	68,500	(162)
2.3.14	Peace Regional Health Authority	19,271	471	19,742	19,742	(0)
2.3.15	Keeweetinok Lakes Regional Health Authority # 15	15,598	668	16,266	16,186	80
2.3.16	Northern Lights Regional Health Authority	22,583	953	23,536	23,920	(384)
2.3.17	Northwestern Health Services Region	10,480	1,398	11,878	11,821	57
2.3.18	Alberta Cancer Board	74,516	-	74,516	75,343	(827)
2.3.19	Alberta Mental Health Board	149,043	-	149,043	148,350	693
2.3.20	Dedicated Program Funding	19,222	-	19,222	4,500	14,722
2.3.21	Provincial Wide Services - Calgary	91,977	11,000	102,977	106,217	(3,240)
2.3.22	Provincial Wide Services - Capital	109,636	13,000	122,636	124,873	(2,237)
2.3.23	Provincial Wide Services - Unallocated	5,121	-	5,121	-	5,121
		$ 4,102,655	$ 243,265	$ 4,345,920	$ 4,346,041	$ (121)
Program 3						
3.0.1	Premiers Council on the Status of Persons with Disability	$ 612	$ -	$ 612	$ 532	$ 80
		$ 612	$ -	$ 612	$ 532	$ 80
Total Voted Expenses		$ 4,181,800	$ 245,744	$ 4,427,544	$ 4,429,117	$ (1,573)

Health authority highlights

This section highlights the financial results of the 17 regional health authorities, the Alberta Mental Health Board, and the Alberta Cancer Board (the "health authorities"). This section is unaudited.

The health authorities' audited financial statements for the year ended March 31, 1999, were used to compile the information in this section. These statements were prepared in accordance with Generally Accepted Accounting Principles (GAAP), the Ministry's Financial Directive 15 and all subsequent direction from the Ministry.

This section contains the following:

Chart I	Health authorities' aggregate revenue by source
Chart II	Health authorities' aggregate expenditures by expense category
Table I	Analysis of Operations which shows changes in revenue and expenses from the previous year
Table II	Summary Statement of Operations, which summarizes the health authorities' operating results
Table III	Summary Statement of Financial Position and Changes in Financial Position, which summarizes the health authorities' balance sheets and cash flows
Table IV	Summary of Other Financial Information

Financial results

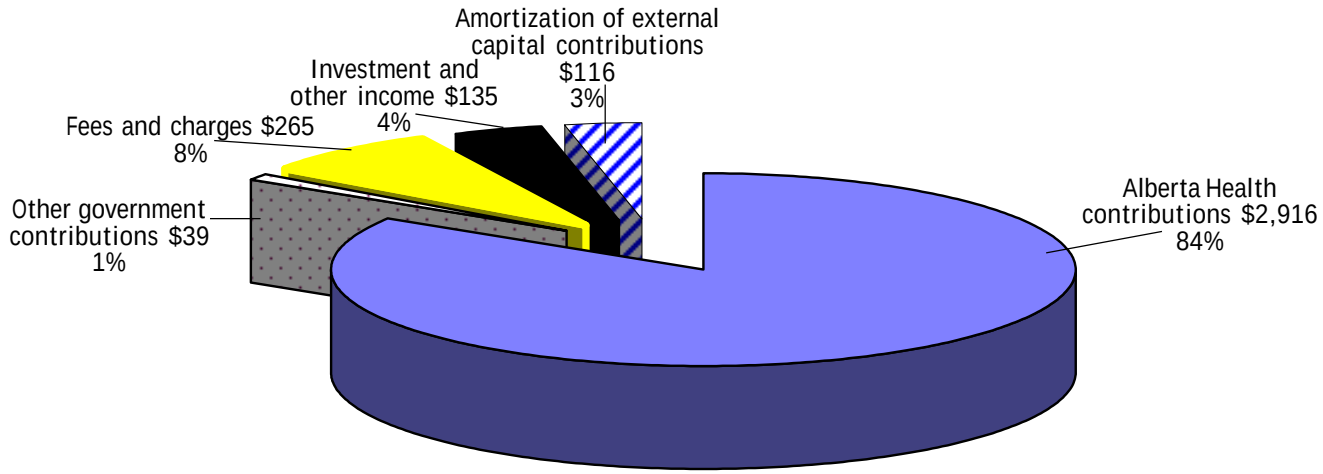
- Total 1998-99 health authority expense was $3.5 billion (1997-98 $3.2 billion), representing an increase of $285 million or 8.9% from the prior year (Table I).
- Alberta Health provided $2.9 billion to the health regions in 1998-99, an increase of 8.1% from the $2.7 billion provided in 1997-98.
- The health regions collectively reported an annual deficit of $24.6 million (1997-98 surplus of $23.4 million) (Table I).
- Seven of the 19 health authorities reported a surplus in 1998-99 (Table II).
- Of the $170 million provided in 1997-98 for Year 2000 remedial purposes, the regions collectively spent $65 million as of March 31, 1999. The remaining unspent balance of $105 million is expected to be spent in 1999–00.

- Administration costs comprised 5.8% of 1998-99 expenditures (5.7% 1997–98). However, when information system costs (including **alberta we//net** expenses) are excluded, administration costs represent 4.1% of total 1998-99 expenditures (4.1% 1997–98).
- In 1998-99, the health authorities in total reflected a working capital ratio (current assets divided by current liabilities) of 1.00, down from 1.10 in 1998.
- The health authorities invested $223.6 million in capital assets (1997-98 $122.7 million). Of this amount, $158.4 million (1997-98 82.4 million) was provided by external contributors, such as Alberta Public Works Supply and Services, the Lottery Fund and health foundations, while $65.2 million (1997-98 $40.3 million) was funded from internal resources (Table IV).
- The remaining average useful life of capital equipment in the health authorities at March 31, 1999, was 3.8 years (1998 — 4.0 years) (Table IV).

Additional information

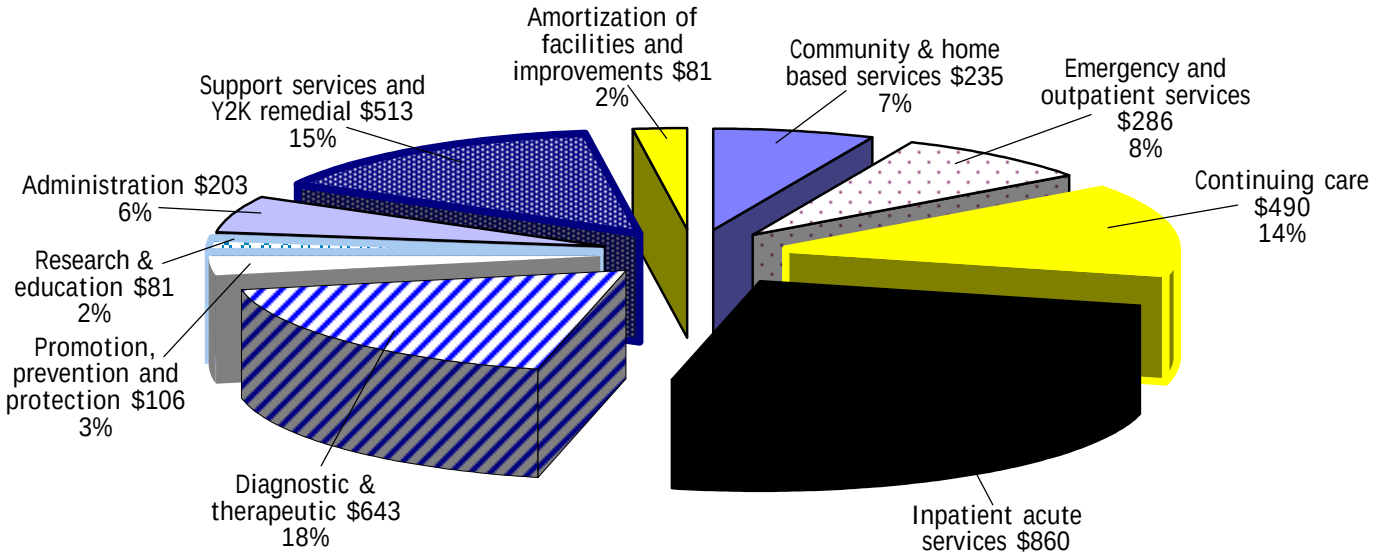
- Copies of the audited financial statements of all health authorities are included in Section II of the Ministry Annual Report.

Chart I Health authorities 1998–99 actual revenue ($ millions)



Total $3,474

Chart II Health authorities 1998–99 actual expenditures ($ millions)



Total $3,498

HEALTH AUTHORITY SUMMARY
ANALYSIS OF OPERATIONS
FOR THE FISCAL YEAR 1998-99 ENDED MARCH 31, 1999
(Thousands of dollars)

TABLE I

	1998-99 BUDGET	1998-99 ACTUAL	% OF TOTAL	CHANGES FROM 1997-98 $	CHANGES FROM 1997-98 %	1997-98 ACTUAL	% OF TOTAL
REVENUE							
Alberta Health contributions	2,903,720	2,916,304	84.0%	217,421	8.1%	2,698,883	83.4%
Other government contributions	35,433	38,929	1.1%	3,106	8.7%	35,823	1.1%
Fees and charges	253,881	265,107	7.6%	4,732	1.8%	260,375	8.0%
Net ancillary operations	12,619	11,717	0.3%	416	3.7%	11,301	0.3%
Donations	6,327	9,951	0.3%	2,517	33.9%	7,434	0.2%
Investment and other income	100,531	116,150	3.3%	10,623	10.1%	105,527	3.3%
Amortization of external capital contributions	116,531	115,629	3.3%	(1,132)	(1.0%)	116,761	3.6%
TOTAL REVENUE	3,429,042	3,473,787	100.0%	237,683	7.3%	3,236,104	100.0%
EXPENSE							
Facility-based inpatient acute services	845,673	860,168	24.5%	68,383	8.6%	791,785	24.6%
Facility-based emergency and outpatient services	276,615	286,248	8.2%	35,844	14.3%	250,404	7.8%
Facility-based continuing care services	492,032	490,409	14.0%	24,520	5.3%	465,889	14.5%
Community & home based services	243,830	235,402	6.7%	25,484	12.1%	209,918	6.5%
Diagnostic & therapeutic services	628,104	643,360	18.4%	49,523	8.3%	593,837	18.5%
Promotion, prevention and protection services	106,074	105,730	3.0%	8,548	8.8%	97,182	3.0%
Research & education	82,075	80,485	2.3%	6,183	8.3%	74,302	2.3%
Administration	209,845	202,774	5.8%	20,061	11.0%	182,713	5.7%
Y2K Remedial costs	8,851	16,853	0.5%	16,610	6835.4%	243	0.0%
Support services	481,547	496,129	14.2%	33,431	7.2%	462,698	14.4%
Amortization of facilities and improvements	82,035	80,531	2.3%	(1,579)	(1.9%)	82,110	2.6%
Capital assets write-down	-	61	0.1%	(1,535)	(96.2%)	1,596	0.0%
TOTAL EXPENSE	3,456,681	3,498,150	100.0%	285,473	8.9%	3,212,677	100.0%
Excess (deficiency) of revenue over expense before extraordinary items	(27,639)	(24,363)		(47,790)		23,427	
Extraordinary items	-	(242)		(242)		-	
Excess (deficiency) of revenue over expense	(27,639)	(24,605)		(48,032)	(205.0%)	23,427	

HEALTH AUTHORITY SUMMARY
FINANCIAL STATEMENT OF OPERATIONS
FOR THE FISCAL YEAR 1998-99 ENDED MARCH 31, 1999
(Thousands of dollars)

TABLE II

	CHINOOK			PALLISER			HEADWATERS			CALGARY		
	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL
REVENUE												
Alberta Health contributions	137,499	138,874	131,937	75,567	75,566	69,600	43,165	43,364	40,868	848,441	849,791	756,316
Other government contributions	2,098	2,287	2,355	1,977	2,049	2,034	822	1,147	933	2,151	2,246	1,305
Fees and charges	11,331	12,116	11,598	10,197	9,976	9,914	6,990	7,550	7,220	87,705	83,852	85,417
Net ancillary operations	331	372	253	203	255	266	(73)	34	119	7,548	7,768	7,437
Donations	233	372	434	270	289	271	427	398	327	3,681	5,577	4,031
Investment and other income	1,657	2,608	2,067	1,462	2,048	2,183	464	805	485	36,742	39,398	35,549
Amortization of external capital contributions	7,206	7,325	7,558	3,600	3,725	3,646	2,585	2,097	2,574	24,000	26,812	26,468
TOTAL REVENUE	160,355	163,954	156,202	93,276	93,908	87,914	54,380	55,395	52,526	1,010,268	1,015,444	916,523
EXPENSE												
Facility-based inpatient acute services	39,949	41,407	38,477	21,368	22,115	19,965	9,642	10,034	9,292	265,368	270,383	246,368
Facility-based emergency and outpatient services	8,760	9,019	7,941	3,840	3,725	3,880	2,646	2,623	2,487	109,548	116,349	98,300
Facility-based continuing care services	32,969	33,183	32,169	18,776	19,067	18,379	10,313	10,206	9,939	137,207	133,504	124,653
Community & home based services	9,073	8,857	8,577	5,365	4,763	4,322	3,489	3,500	3,184	52,759	52,702	43,928
Diagnostic & therapeutic services	26,629	26,934	24,668	16,171	16,566	15,153	9,550	9,979	9,053	202,429	214,883	202,966
Promotion, prevention and protection services	5,297	5,411	5,325	2,279	2,350	2,247	2,280	2,162	2,007	26,831	26,942	23,646
Research & education	-	-	-	-	-	-	-	-	-	15,585	14,200	15,472
Administration	7,706	7,597	7,589	4,639	5,249	4,452	3,643	3,321	2,955	70,936	62,894	51,573
Y2K remedial costs	-	1,202	-	1,369	1,369	-	45	237	-	1,299	1,299	-
Support services	23,731	24,477	24,270	16,269	16,080	15,239	10,091	10,531	9,646	118,495	123,789	116,068
Amortization of facilities and improvements	5,315	5,884	5,210	3,200	3,164	3,165	1,815	1,834	1,834	15,500	16,711	17,918
Capital assets write-down	-	-	118	-	-	-	-	-	-	-	-	-
TOTAL EXPENSE	159,429	163,971	154,344	93,276	94,448	86,802	53,514	54,427	50,397	1,015,957	1,033,656	940,892
Excess (deficiency) of revenue over expense before extraordinary items	926	(17)	1,858	-	(540)	1,112	866	968	2,129	(5,689)	(18,212)	(24,369)
Extraordinary items	-	-	-	-	-	-	-	-	-	-	-	-
Excess (deficiency) of revenue over expense	926	(17)	1,858	-	(540)	1,112	866	968	2,129	(5,689)	(18,212)	(24,369)

HEALTH AUTHORITY SUMMARY
FINANCIAL STATEMENT OF OPERATIONS
FOR THE FISCAL YEAR 1998-99 ENDED MARCH 31, 1999
(Thousands of dollars)

TABLE II

	REGIONAL HEALTH AUTHORITY 5			DAVID THOMPSON			EAST CENTRAL			WESTVIEW		
	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL
REVENUE												
Alberta Health contributions	36,610	36,823	34,863	139,277	141,772	130,705	99,804	100,644	95,518	39,276	38,445	34,332
Other government contributions	146	134	207	799	3,148	871	4,669	3,911	3,768	603	523	675
Fees and charges	4,169	4,421	4,247	10,812	11,497	10,849	11,124	11,195	11,191	2,766	3,851	3,083
Net ancillary operations	10	(128)	(208)	291	539	340	172	49	106	(20)	(162)	(147)
Donations	15	18	39	555	990	664	-	164	126	40	-	41
Investment and other income	375	447	431	2,586	3,390	3,241	943	1,227	943	173	231	237
Amortization of external capital contributions	2,600	1,680	2,530	5,342	5,287	5,057	4,368	4,047	4,368	1,189	1,233	1,457
TOTAL REVENUE	43,925	43,395	42,109	159,662	166,623	151,727	121,080	121,237	116,020	44,027	44,121	39,678
EXPENSE												
Facility-based inpatient acute services	6,600	6,422	7,340	38,284	39,665	36,052	26,771	26,454	25,513	6,561	5,671	5,414
Facility-based emergency and outpatient services	1,485	1,557	378	8,720	8,560	7,369	3,840	3,695	3,473	3,016	3,116	2,702
Facility-based continuing care services	9,068	9,139	9,051	20,080	19,823	18,843	34,956	34,663	33,259	3,898	3,454	3,021
Community & home based services	2,516	2,291	2,014	8,281	8,794	8,621	11,371	11,100	10,506	5,623	4,966	4,300
Diagnostic & therapeutic services	6,291	6,500	6,160	32,012	31,368	28,327	16,697	16,002	15,266	8,635	8,095	7,543
Promotion, prevention and protection services	1,815	1,763	1,852	4,833	4,940	4,875	2,798	2,685	2,344	3,655	3,422	2,885
Research & education	-	-	-	-	-	-	63	58	87	88	15	11
Administration	2,928	2,546	2,604	10,758	10,379	9,884	5,538	5,596	5,430	3,908	3,201	2,912
Y2K remedial costs	-	260	-	-	2,566	243	-	961	-	-	273	-
Support services	10,119	9,994	9,882	32,107	33,683	30,848	17,730	17,064	16,171	10,854	10,631	9,406
Amortization of facilities and improvements	2,300	1,330	2,267	4,942	4,494	4,577	3,287	3,275	3,287	727	855	1,049
Capital assets write-down	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSE	43,122	41,802	41,548	160,017	164,272	149,639	123,051	121,553	115,336	46,965	43,699	39,243
Excess (deficiency) of revenue over expense before extraordinary items	803	1,593	561	(355)	2,351	2,088	(1,971)	(316)	684	(2,938)	422	435
Extraordinary items	-	-	-	-	-	-	-	-	-	-	-	-
Excess (deficiency) of revenue over expense	803	1,593	561	(355)	2,351	2,088	(1,971)	(316)	684	(2,938)	422	435

HEALTH AUTHORITY SUMMARY
FINANCIAL STATEMENT OF OPERATIONS
FOR THE FISCAL YEAR 1998-99 ENDED MARCH 31, 1999
(Thousands of dollars)

TABLE II

	CROSSROADS			CAPITAL HEALTH			ASPEN			LAKELAND		
	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL
REVENUE												
Alberta Health contributions	32,430	32,996	47,237	946,248	950,786	880,784	46,648	46,648	44,612	85,526	86,066	83,988
Other government contributions	518	260	848	12,719	11,401	12,811	700	1,661	847	1,170	2,227	2,237
Fees and charges	2,338	2,326	4,347	77,600	85,989	80,409	4,672	4,822	4,672	7,207	9,993	9,774
Net ancillary operations	(45)	(82)	12	3,885	2,882	2,931	(113)	(114)	(113)	(44)	(79)	(108)
Donations	75	72	180	-	-	-	200	217	323	3	215	342
Investment and other income	332	358	414	41,202	43,006	40,308	900	1,201	1,351	366	1,140	882
Amortization of external capital contributions	2,537	2,378	2,926	33,000	31,738	30,593	2,642	3,102	2,514	6,000	3,993	4,826
TOTAL REVENUE	38,185	38,308	55,964	1,114,654	1,125,802	1,047,836	55,649	57,537	54,206	100,228	103,555	101,941
EXPENSE												
Facility-based inpatient acute services	7,260	8,033	9,928	312,900	314,545	287,148	8,570	8,695	8,123	16,558	17,987	16,795
Facility-based emergency and outpatient services	2,087	2,351	2,800	88,192	87,230	78,052	2,917	3,144	2,640	6,413	7,462	6,487
Facility-based continuing care services	4,152	4,160	10,285	164,270	166,719	152,660	9,480	9,377	9,155	21,609	23,728	22,268
Community & home based services	1,588	1,602	2,492	58,948	55,287	53,172	5,053	5,024	4,676	6,800	7,009	6,663
Diagnostic & therapeutic services	7,177	6,866	9,285	204,967	205,327	180,953	8,610	9,046	8,274	18,106	19,122	18,066
Promotion, prevention and protection services	1,691	1,848	2,380	29,561	30,800	26,482	2,682	2,596	2,610	4,436	4,008	4,067
Research & education	-	-	-	51,649	52,552	47,159	-	-	-	320	382	162
Administration	4,402	4,040	4,613	50,254	49,968	47,236	4,649	4,327	4,526	7,769	8,679	7,756
Y2K remedial costs	-	154	-	5,865	5,865	-	-	799	-	-	540	-
Support services	8,334	8,463	10,567	135,526	136,940	122,828	11,770	12,742	11,455	15,334	15,255	14,881
Amortization of facilities and improvements	2,008	2,026	2,396	21,022	20,437	20,215	1,843	1,954	1,734	5,223	3,646	3,939
Capital assets write-down	-	-	-	-	-	-	-	-	-	-	-	508
TOTAL EXPENSE	38,699	39,543	54,746	1,123,154	1,125,670	1,015,905	55,574	57,704	53,193	102,568	107,818	101,592
Excess (deficiency) of revenue over expense before extraordinary items	(514)	(1,235)	1,218	(8,500)	132	31,931	75	(167)	1,013	(2,340)	(4,263)	349
Extraordinary items	-	(242)	-	-	-	-	-	-	-	-	-	-
Excess (deficiency) of revenue over expense	(514)	(1,477)	1,218	(8,500)	132	31,931	75	(167)	1,013	(2,340)	(4,263)	349

HEALTH AUTHORITY SUMMARY
FINANCIAL STATEMENT OF OPERATIONS
FOR THE FISCAL YEAR 1998-99 ENDED MARCH 31, 1999
(Thousands of dollars)

TABLE II

	MISTAHIA			PEACE			KEEWEETINOK LAKES			NORTHERN LIGHTS		
	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL
REVENUE												
Alberta Health contributions	69,588	69,588	65,838	19,931	20,101	19,455	16,456	16,578	15,687	24,525	24,861	22,860
Other government contributions	479	495	530	18	307	82	119	229	121	111	115	111
Fees and charges	6,516	7,292	7,089	1,583	1,524	1,533	840	869	793	2,325	1,946	2,141
Net ancillary operations	252	328	308	45	54	39	-	75	69	(4)	(30)	16
Donations	-	130	85	-	-	-	-	166	15	8	136	150
Investment and other income	1,317	2,069	2,036	657	892	833	560	939	562	471	632	566
Amortization of external capital contributions	4,800	5,531	5,672	974	1,120	1,032	764	996	1,135	1,972	1,818	1,771
TOTAL REVENUE	82,952	85,433	81,558	23,208	23,998	22,974	18,739	19,852	18,382	29,408	29,478	27,615
EXPENSE												
Facility-based inpatient acute services	20,431	20,500	18,747	4,204	4,474	3,934	3,145	3,208	3,369	7,339	7,459	7,286
Facility-based emergency and outpatient services	4,724	5,409	4,988	707	816	790	1,475	1,414	1,145	2,473	2,575	2,505
Facility-based continuing care services	8,330	8,230	7,545	3,779	3,701	3,480	1,058	1,095	1,089	1,235	1,320	1,307
Community & home based services	5,371	4,927	4,566	1,243	1,315	1,136	1,181	1,106	1,004	887	1,084	737
Diagnostic & therapeutic services	15,109	16,146	15,152	3,537	3,609	3,307	3,048	3,015	2,633	6,098	6,113	5,711
Promotion, prevention and protection services	3,260	3,122	3,009	1,447	1,522	1,355	1,546	1,602	1,496	1,742	1,636	2,019
Research & education	74	81	70	66	71	61	-	-	-	-	-	-
Administration	6,251	6,852	7,077	2,032	1,864	2,129	1,285	1,286	1,344	2,472	2,348	2,427
Y2K remedial costs	273	273	-	-	125	-	-	70	-	-	268	-
Support services	17,065	17,946	17,540	5,205	5,682	5,058	5,233	6,137	5,341	5,527	5,557	5,174
Amortization of facilities and improvements	4,096	4,146	4,121	974	987	974	764	816	500	1,537	1,536	1,488
Capital assets write-down	-	-	-	-	61	-	-	-	970	-	-	-
TOTAL EXPENSE	84,984	87,632	82,815	23,194	24,227	22,224	18,735	19,749	18,891	29,310	29,896	28,654
Excess (deficiency) of revenue over expense before extraordinary items	(2,032)	(2,199)	(1,257)	14	(229)	750	4	103	(509)	98	(418)	(1,039)
Extraordinary items	-	-	-	-	-	-	-	-	-	-	-	-
Excess (deficiency) of revenue over expense	(2,032)	(2,199)	(1,257)	14	(229)	750	4	103	(509)	98	(418)	(1,039)

HEALTH AUTHORITY SUMMARY
FINANCIAL STATEMENT OF OPERATIONS
FOR THE FISCAL YEAR 1998-99 ENDED MARCH 31, 1999
(Thousands of dollars)

TABLE II

	NORTHWESTERN			ALBERTA MENTAL HEALTH BOARD			ALBERTA CANCER BOARD			HEALTH AUTHORITY TOTAL		
	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL	1998-99 BUDGET	1998-99 ACTUAL	1997-98 ACTUAL
REVENUE												
Alberta Health contributions	12,019	12,036	9,792	151,064	150,705	139,835	79,646	80,660	74,656	2,903,720	2,916,304	2,698,883
Other government contributions	548	439	429	5,386	5,921	5,192	400	429	467	35,433	38,929	35,823
Fees and charges	344	326	226	2,862	2,627	2,858	2,500	2,935	3,014	253,881	265,107	260,375
Net ancillary operations	53	19	15	(111)	(200)	(197)	239	137	163	12,619	11,717	11,301
Donations	-	11	7	20	58	171	800	1,138	228	6,327	9,951	7,434
Investment and other income	40	99	37	2,119	3,406	3,596	8,165	12,254	9,806	100,531	116,150	105,527
Amortization of external capital contributions	1,157	827	838	3,168	3,420	3,209	8,627	8,500	8,587	116,531	115,629	116,761
TOTAL REVENUE	14,161	13,757	11,344	164,508	165,937	154,664	100,377	106,053	96,921	3,429,042	3,473,787	3,236,104
EXPENSE												
Facility-based inpatient acute services	2,965	3,094	2,562	38,705	41,245	38,411	9,053	8,777	7,061	845,673	860,168	791,785
Facility-based emergency and outpatient services	241	256	181	6,253	5,804	6,071	19,278	21,143	18,215	276,615	286,248	250,404
Facility-based continuing care services	290	418	505	10,562	8,622	8,281	-	-	-	492,032	490,409	465,889
Community & home based services	1,864	1,571	1,394	53,227	50,447	41,381	9,191	9,057	7,245	243,830	235,402	209,918
Diagnostic & therapeutic services	1,555	1,437	1,299	15,886	15,103	14,797	25,597	27,249	25,224	628,104	643,360	593,837
Promotion, prevention and protection services	860	809	754	3,407	2,904	2,932	5,654	5,208	4,897	106,074	105,730	97,182
Research & education	-	29	-	485	87	48	13,745	13,010	11,232	82,075	80,485	74,302
Administration	1,405	1,704	1,352	14,424	15,989	12,310	4,846	4,934	4,544	209,845	202,774	182,713
Y2K remedial costs	-	23	-	-	569	-	-	-	-	8,851	16,853	243
Support services	2,207	2,341	2,150	24,918	26,318	24,733	11,032	12,499	11,441	481,547	496,129	462,698
Amortization of facilities and improvements	766	509	492	2,680	2,674	2,601	4,036	4,253	4,343	82,035	80,531	82,110
Capital assets write-down	-	-	-	-	-	-	-	-	-	-	61	1,596
TOTAL EXPENSE	12,153	12,191	10,689	170,547	169,762	151,565	102,432	106,130	94,202	3,456,681	3,498,150	3,212,677
Excess (deficiency) of revenue over expense before extraordinary items	2,008	1,566	655	(6,039)	(3,825)	3,099	(2,055)	(77)	2,719	(27,639)	(24,363)	23,427
Extraordinary items	-	-	-	-	-	-	-	-	-	-	(242)	-
Excess (deficiency) of revenue over expense	2,008	1,566	655	(6,039)	(3,825)	3,099	(2,055)	(77)	2,719	(27,639)	(24,605)	23,427

TABLE III

HEALTH AUTHORITY SUMMARY STATEMENT OF FINANCIAL POSITION AND CHANGES IN FINANCIAL POSITION MARCH 31, 1999

(Thousands of dollars)

	CHINOOK	PALLISER	HEADWATERS	CALGARY	REGIONAL HEALTH AUTHORITY 5	DAVID THOMPSON	EAST CENTRAL	WESTVIEW	CROSSROADS	CAPITAL	ASPEN
ASSETS											
Cash and temporary investments	24,828	7,670	5,062	58,606	3,815	20,671	17,355	1,901	6,336	103,391	6,747
Accounts receivable	3,258	1,657	805	21,332	253	4,547	888	1,938	510	20,916	557
Inventories	1,235	536	687	9,880	534	2,538	513	466	577	10,095	603
Prepaid expenses	234	846	52	3,332	42	415	-	74	72	17,862	206
Current Assets	29,555	10,709	6,606	93,150	4,644	28,171	18,756	4,379	7,495	152,264	8,113
Non-current cash and investments	9,768	13,125	363	17,701	2,327	9,974	227	2,296	-	84,315	7,822
Capital assets	168,822	76,215	35,611	541,101	32,887	104,692	82,725	27,165	41,213	669,505	54,219
Other assets	5	-	-	114	-	773	-	-	389	-	-
TOTAL ASSETS	208,150	100,049	42,580	652,066	39,858	143,610	101,708	33,840	49,097	906,084	70,154
LIABILITIES, NET ASSETS AND ENDOWMENTS											
Bank indebtedness	-	-	-	-	-	-	-	-	-	-	-
Accounts payable	11,440	4,325	2,420	55,541	2,201	11,400	7,271	6,510	5,028	93,265	3,344
Accrued vacation pay	6,354	3,890	1,859	35,559	1,735	6,338	3,467	1,500	1,842	29,760	2,483
Current deferred contributions	4,475	1,528	2,031	36,474	1,020	942	4,352	1,285	1,506	45,485	1,361
Current portion of long term debt	164	-	-	266	-	744	-	22	97	3,392	-
Current Liabilities	22,433	9,743	6,310	127,840	4,956	19,424	15,090	9,317	8,473	171,902	7,188
Non-current deferred contributions	2,762	-	-	-	-	7,416	-	-	-	-	-
Deferred capital contributions	4,307	-	-	17,701	2,327	2,558	227	2,296	-	73,924	835
Long-term debt	834	-	-	653	-	2,257	-	213	352	18,953	-
Pension plan obligation	506	300	156	1,544	125	479	300	149	126	5,546	249
Unamortized external capital contributions	161,168	71,368	31,224	462,414	30,491	90,134	80,764	22,955	38,434	603,263	49,836
Other liabilities	-	-	-	4,660	-	-	-	-	-	4,465	-
TOTAL LIABILITIES	192,010	81,411	37,690	614,812	37,899	122,268	96,381	34,930	47,385	878,053	58,108
NET ASSETS AND ENDOWMENTS											
Accumulated operating excess (deficiency) of revenue over expense	7,158	13,384	32	(40,514)	(437)	684	3,237	(5,065)	(618)	(11,614)	4,746
Internally restricted	2,176	407	471	-	-	9,526	129	-	-	-	2,917
Investment in capital assets	6,656	4,847	4,387	77,768	2,396	11,132	1,961	3,975	2,330	39,645	4,383
Endowments	150	-	-	-	-	-	-	-	-	-	-
TOTAL NET ASSETS AND ENDOWMENTS	16,140	18,638	4,890	37,254	1,959	21,342	5,327	(1,090)	1,712	28,031	12,046
TOTAL LIABILITIES, NET ASSETS AND ENDOWMENTS	208,150	100,049	42,580	652,066	39,858	143,610	101,708	33,840	49,097	906,084	70,154
CHANGES IN FINANCIAL POSITION											
Cash generated from (used by) operating activities	8,245	91	2,689	29,375	3,238	3,995	4,331	4,531	3,011	33,032	1,396
Cash generated from (used by) investing activities	(15,373)	1,463	(1,388)	(55,396)	(4,575)	(9,579)	(1,226)	(4,182)	(855)	(132,135)	(3,669)
Cash generated from (used by) financing activities	11,430	3,200	(242)	34,742	4,492	7,000	694	3,693	559	122,255	1,112
Increase (decrease) in cash and cash equivalent	4,302	4,754	1,059	8,721	3,155	1,416	3,799	4,042	2,715	23,152	(1,161)
Cash and cash equivalent, net of bank indebtedness, beginning of year	20,526	2,916	4,003	49,885	660	19,255	13,556	(2,141)	3,621	80,239	7,908
Cash and cash equivalent, net of bank indebtedness, end of year	24,828	7,670	5,062	58,606	3,815	20,671	17,355	1,901	6,336	103,391	6,747
Non-current cash and investments at end of period	9,768	13,125	363	17,701	2,327	9,974	227	2,296	-	84,315	7,822
Total cash, cash equivalent and non-current investments at end of year	34,596	20,795	5,425	76,307	6,142	30,645	17,582	4,197	6,336	187,706	14,569

HEALTH AUTHORITY SUMMARY STATEMENT OF FINANCIAL POSITION AND CHANGES IN FINANCIAL POSITION MARCH 31, 1999

(Thousands of dollars)

	LAKELAND	MISTAHIA	PEACE	KEEWEETINOK LAKES	NORTHERN LIGHTS	NORTHWESTERN	ALBERTA MENTAL HEALTH BOARD	ALBERTA CANCER BOARD	TOTAL OF ALL HEALTH AUTHORITIES 1999	TOTAL OF ALL HEALTH AUTHORITIES 1998
ASSETS										
Cash and temporary investments	11,173	11,197	1,948	5,006	2,929	6,401	37,950	27,628	360,614	290,901
Accounts receivable	710	1,380	303	561	583	332	1,627	2,329	64,486	216,790
Inventories	861	562	235	245	301	237	656	2,071	32,832	31,402
Prepaid expenses	106	252	29	21	119	31	1,149	439	25,281	6,821
Current Assets	12,850	13,391	2,515	5,833	3,932	7,001	41,382	32,467	483,213	545,914
Non-current cash and investments	1,168	2,175	6,332	1,082	3,901	-	2,192	21,703	186,471	165,035
Capital assets	65,021	115,655	21,757	31,570	28,501	10,916	51,214	111,667	2,270,456	2,190,536
Other assets	-	293	244	-	-	-	-	-	1,818	4,955
TOTAL ASSETS	79,039	131,514	30,848	38,485	36,334	17,917	94,788	165,837	2,941,958	2,906,440
LIABILITIES, NET ASSETS AND ENDOWMENTS										
Bank indebtedness	-	-	-	-	-	-	-	-	-	2,864
Accounts payable	5,326	3,845	254	2,584	2,252	612	9,226	12,359	239,203	198,561
Accrued vacation pay	3,157	3,591	1,097	697	1,170	342	5,306	3,218	113,365	99,539
Current deferred contributions	2,977	-	129	662	397	209	6,612	6,178	117,623	191,838
Current portion of long term debt	69	-	-	-	-	26	-	-	4,780	4,147
Current Liabilities	11,529	7,436	1,480	3,943	3,819	1,189	21,144	21,755	474,971	496,949
Non-current deferred contributions	-	-	-	222	30	-	-	-	10,430	21,043
Deferred capital contributions	1,168	6,817	4,282	75	3,901	4,064	459	14,256	139,197	90,928
Long-term debt	1,375	-	-	-	-	25	-	-	24,662	17,486
Pension plan obligation	312	284	114	65	112	42	515	1,213	12,137	12,092
Unamortized external capital contributions	60,099	111,267	19,459	28,087	27,264	10,107	42,458	103,421	2,044,213	2,004,814
Other liabilities	-	82	-	-	-	-	-	-	9,207	11,739
TOTAL LIABILITIES	74,483	125,886	25,335	32,392	35,126	15,427	64,576	140,645	2,714,817	2,655,051
NET ASSETS AND ENDOWMENTS									-	-
Accumulated operating excess (deficiency) of revenue over expense	1,078	740	1,165	1,603	(29)	386	16,330	9,499	1,765	60,461
Internally restricted	-	500	2,050	1,007	-	1,346	5,126	7,447	33,102	31,359
Investment in capital assets	3,478	4,388	2,298	3,483	1,237	758	8,756	8,246	192,124	159,419
Endowments	-	-	-	-	-	-	-	-	150	150
TOTAL NET ASSETS AND ENDOWMENTS	4,556	5,628	5,513	6,093	1,208	2,490	30,212	25,192	227,141	251,389
TOTAL LIABILITIES, NET ASSETS AND ENDOWMENTS	79,039	131,514	30,848	38,485	36,334	17,917	94,788	165,837	2,941,958	2,906,440
CHANGES IN FINANCIAL POSITION										
Cash generated from (used by) operating activities	1,447	1,436	411	1,106	364	1,839	(161)	11,732	112,108	(3,378)
Cash generated from (used by) investing activities	(2,093)	(1,797)	(4,514)	(694)	(3,864)	(1,951)	(2,711)	(20,181)	(264,720)	(133,577)
Cash generated from (used by) financing activities	1,727	3,857	4,264	517	3,765	4,592	787	16,745	225,189	119,327
Increase (decrease) in cash and cash equivalent	1,081	3,496	161	929	265	4,480	(2,085)	8,296	72,577	(17,628)
Cash and cash equivalent, net of bank indebtedness, beginning of year	10,092	7,701	1,787	4,077	2,664	1,921	40,035	19,332	288,037	305,665
Cash and cash equivalent, net of bank indebtedness, end of year	11,173	11,197	1,948	5,006	2,929	6,401	37,950	27,628	360,614	288,037
Non-current cash and investments at end of period	1,168	2,175	6,332	1,082	3,901	-	2,192	21,703	186,471	165,035
Total cash, cash equivalent and non-current investments at end of year	12,341	13,372	8,280	6,088	6,830	6,401	40,142	49,331	547,085	453,072

HEALTH AUTHORITY SUMMARY OF OTHER FINANCIAL INFORMATION
MARCH 31, 1999
(Thousands of dollars)

TABLE IV

	CHINOOK	PALLISER	HEADWATERS	CALGARY	REGIONAL HEALTH AUTHORITY 5	DAVID THOMPSON	EAST CENTRAL	WESTVIEW	CROSSROADS	CAPITAL	ASPEN
A. WORKING CAPITAL											
Current Assets	29,555	10,709	6,606	93,150	4,644	28,171	18,756	4,379	7,495	152,264	8,113
Current Liabilities	22,433	9,743	6,310	127,840	4,956	19,424	15,090	9,317	8,473	171,902	7,188
WORKING CAPITAL RATIO	1.32	1.10	1.05	0.73	0.94	1.45	1.24	0.47	0.88	0.89	1.13
B. BORROWINGS											
Current portion	164	-	-	266	-	744	-	22	97	3,392	-
Long term	834	-	-	653	-	2,257	-	213	352	18,953	-
Total borrowings	998	-	-	919	-	3,001	-	235	449	22,345	-
Future repayment of borrowings:											
1999											
2000	235	-	-	266	-	744	-	37	180	3,392	-
2001	182	-	-	266	-	786	-	37	180	3,347	-
2002	155	-	-	266	-	583	-	30	180	3,546	-
2003	144	-	-	266	-	166	-	31	-	2,149	-
2004	142	-	-	2	-	722	-	25	-	794	-
2005 and thereafter	542	-	-	-	-	-	-	173	-	9,117	-
Less: Interest portion identified	(402)	-	-	(147)	-	-	-	(98)	(91)	-	-
	998	-	-	919	-	3,001	-	235	449	22,345	-
C. CAPITAL INVESTMENTS DURING THE YEAR											
Funded from internal resources	1,522	1,104	1,007	21,542	83	2,837	602	480	749	23,956	1,126
Funded by external parties	9,670	2,331	319	40,320	3,482	6,848	467	2,905	110	58,941	2,193
	11,192	3,435	1,326	61,862	3,565	9,685	1,069	3,385	859	82,897	3,319
D. AVERAGE REMAINING USEFUL LIFE OF CAPITAL EQUIPMENT IN YEARS	2.9	3.2	4.0	4.1	5.5	3.9	4.2	3.5	4.3	3.3	3.1
E. ADMINISTRATION COSTS											
Total Administration costs	7,597	5,249	3,321	62,894	2,546	10,379	5,596	3,201	4,040	49,968	4,327
Less: Information Technology and we//net	(1,392)	(820)	(870)	(26,837)	(613)	(2,094)	(1,097)	(130)	(1,375)	(15,876)	(292)
Net Administration costs	6,205	4,429	2,451	36,057	1,933	8,285	4,499	3,071	2,665	34,092	4,035
Net Administration as a % of Total Expenditures	3.78%	4.69%	4.50%	3.49%	4.62%	5.04%	3.70%	7.03%	6.74%	3.03%	6.99%

* *Adjusted to exclude non-current cash*

HEALTH AUTHORITY SUMMARY OF OTHER FINANCIAL INFORMATION
MARCH 31, 1999
(Thousands of dollars)

TABLE IV

	LAKELAND	MISTAHIA	PEACE	KEEWEETINOK LAKES	NORTHERN LIGHTS	NORTHWESTERN	ALBERTA MENTAL HEALTH BOARD	ALBERTA CANCER BOARD	TOTAL OF ALL HEALTH AUTHORITIES 1999	TOTAL OF ALL HEALTH AUTHORITIES 1998
A. WORKING CAPITAL										
Current Assets	12,850	8,749 *	2,515	5,833	3,932	2,937 *	41,382	32,467	474,507	545,914
Current Liabilities	11,529	7,436	1,480	3,943	3,819	1,189	21,144	21,755	474,971	496,949
WORKING CAPITAL RATIO	1.11	1.18	1.70	1.48	1.03	2.47	1.96	1.49	1.00	1.10
B. BORROWINGS										
Current portion	69	-	-	-	-	26	-	-	4,780	4,147
Long term	1,375	-	-	-	-	25	-	-	24,662	17,486
Total borrowings	1,444	-	-	-	-	51	-	-	29,442	21,633
Future repayment of borrowings:										
1999									-	5,471
2000	67	-	-	-	-	26	-	-	4,947	5,204
2001	73	-	-	-	-	19	-	-	4,890	4,922
2002	81	-	-	-	-	6	-	-	4,847	4,614
2003	77	-	-	-	-	-	-	-	2,833	2,606
2004	42	-	-	-	-	-	-	-	1,727	4,487
2005 and thereafter	1,104	-	-	-	-	-	-	-	10,936	-
Less: Interest portion identified	-	-	-	-	-	-	-	-	(738)	(5,671)
	1,444	-	-	-	-	51	-	-	29,442	21,633
C. CAPITAL INVESTMENTS DURING THE YEAR										
Funded from internal resources	475	1,002	332	1,946	222	166	2,070	3,963	65,184	40,308
Funded by external parties	1,974	1,805	2,551	1,283	1,688	1,785	1,190	18,584	158,446	82,395
	2,449	2,807	2,883	3,229	1,910	1,951	3,260	22,547	223,630	122,703
D. AVERAGE REMAINING USEFUL LIFE OF CAPITAL EQUIPMENT IN YEARS	5.2	3.0	3.7	4.0	5.9	4.7	3.7	5.2	3.8	4.0
E. ADMINISTRATION COSTS										
Total Administration costs	8,679	6,852	1,864	1,286	2,348	1,704	15,989	4,934	202,774	182,713
Less: Information Technology and we//net	(981)	(1,786)	(255)	(109)	(483)	(264)	(4,403)	(1,128)	(60,805)	(49,852)
Net Administration costs	7,698	5,066	1,609	1,177	1,865	1,440	11,586	3,806	141,969	132,861
Net Administration as a % of Total Expenditures	7.14%	5.78%	6.64%	5.96%	6.24%	11.81%	6.82%	3.59%	4.06%	4.14%

** Adjusted to exclude non-current cash*

Entities included in the consolidated government reporting entity

Ministry, Department, Fund or Agency	Ministry Annual Report
Agriculture Financial Services Corporation	Agriculture, Food and Rural Development
Alberta Agricultural Research Institute	Agriculture, Food and Rural Development
Alberta Alcohol and Drug Abuse Commission	Community Development
Alberta Dairy Control Board	Agriculture, Food and Rural Development
Alberta Energy and Utilities Board	Energy
Alberta Foundation for the Arts	Community Development
Alberta Gaming and Liquor Commission	Economic Development
Alberta Government Telephones Commission, The	Treasury
Alberta Heritage Foundation for Medical Research Endowment Fund	Treasury
Alberta Heritage Savings Trust Fund	Treasury
Alberta Heritage Scholarship Fund	Treasury
Alberta Historical Resources Foundation, The	Community Development
Alberta Insurance Council	Treasury
Alberta Motion Picture Development Corporation	Economic Development
Alberta Municipal Financing Corporation	Treasury
Alberta Oil Sands Technology and Research Authority	Science, Research and Information Technology
Alberta Opportunity Company	Economic Development
Alberta Pensions Administration Corporation	Treasury
Alberta Petroleum Marketing Commission	Energy
Alberta Research Council	Science, Research and Information Technology
Alberta Risk Management Fund	Treasury
Alberta School Foundation Fund	Education
Alberta Science and Research Authority	Science, Research and Information Technology
Alberta Securities Commission	Treasury
Alberta Social Housing Corporation	Municipal Affairs
Alberta Special Waste Management Corporation	Environmental Protection
Alberta Sport, Recreation, Parks and Wildlife Foundation	Community Development
Alberta Treasury Branches	Treasury
ATB Investment Services Inc.	Treasury
Calgary Rocky View Child and Family Services Authority	Family and Social Services
Chembiomed Ltd.	Treasury
Credit Union Deposit Guarantee Corporation	Treasury
Crop Reinsurance Fund of Alberta	Agriculture, Food and Rural Development
Department of Agriculture, Food and Rural Development	Agriculture, Food and Rural Development
Department of Community Development	Community Development
Department of Economic Development	Economic Development
Department of Education	Education
Department of Energy	Energy
Department of Environmental Protection	Environmental Protection
Department of Family and Social Services	Family and Social Services
Department of Justice	Justice
Department of Municipal Affairs	Municipal Affairs
Department of Public Works, Supply and Services	Public Works, Supply and Services
Department of Treasury	Treasury
Edmonton Community Board for Persons with Developmental Disabilities	Family and Social Services
Education Revolving Fund	Education
Environmental Protection and Enhancement Fund	Environmental Protection
Gainers Inc.	Treasury
Gas Alberta Operating Fund	Energy

Ministry, Department, Fund or Agency	Ministry Annual Report
Government House Foundation, The	Community Development
Historic Resources Fund	Community Development
Human Rights, Citizenship and Multiculturalism Education Fund	Community Development
Lottery Fund	Economic Development
Michener Centre Facility Board, The	Family and Social Services
Ministry of Advanced Education and Career Development[1]	Advanced Education and Career Development
Ministry of Agriculture, Food and Rural Development	Agriculture, Food and Rural Development
Ministry of Community Development	Community Development
Ministry of Economic Development	Economic Development
Ministry of Education	Education
Ministry of Energy	Energy
Ministry of Environmental Protection	Environmental Protection
Ministry of Executive Council[1]	Executive Council
Ministry of Family and Social Services	Family and Social Services
Ministry of Health[1]	Health
Ministry of Intergovernmental and Aboriginal Affairs[1]	Intergovernmental and Aboriginal Affairs
Ministry of Justice	Justice
Ministry of Labour[1]	Labour
Ministry of Municipal Affairs	Municipal Affairs
Ministry of Public Works, Supply and Services	Public Works, Supply and Services
Ministry of Science, Research and Information Technology	Science, Research and Information Technology
Ministry of Transportation and Utilities[1]	Transportation and Utilities
Ministry of Treasury	Treasury
N.A. Properties (1994) Ltd.	Treasury
Natural Resources Conservation Board	Environmental Protection
Persons with Developmental Disabilities Calgary Region Community Board	Family and Social Services
Persons with Developmental Disabilities Central Alberta Community Board	Family and Social Services
Persons with Developmental Disabilities Foundation	Family and Social Services
Persons with Developmental Disabilities Northeast Alberta Community Board	Family and Social Services
Persons with Developmental Disabilities Northwest Alberta Community Board	Family and Social Services
Persons with Developmental Disabilities Provincial Board	Family and Social Services
Persons with Developmental Disabilities South Alberta Community Board	Family and Social Services
Public Works, Supply and Services Revolving Fund	Public Works, Supply and Services
S C Financial Ltd.	Treasury
Science and Research Fund	Science, Research and Information Technology
Utility Companies Income Tax Rebates Fund	Treasury
Victims of Crime Fund	Justice
Wild Rose Foundation, The	Community Development

[1]Ministry includes only the department so separate department financial statements are not necessary.

Entities NOT included in the consolidated government reporting entity

Fund or Agency	Ministry Annual Report
Alberta Cancer Board	Health
Alberta Heritage Foundation for Medical Research	Science, Research and Information Technology
Alberta Mental Health Board	Health
Alberta Teachers' Retirement Fund Board	Education
Improvement Districts Trust Account	Municipal Affairs
Local Authorities Pension Plan	Treasury
Long-Term Disability Income Continuance Plan — Bargaining Unit	Advanced Education and Career Development
Long-Term Disability Income Continuance Plan — Management, Opted Out and Excluded	Advanced Education and Career Development
Management Employees Pension Plan	Treasury
Provincial Judges and Masters in Chambers Pension Plan	Treasury
Public Post Secondary Institutions	Advanced Education and Career Development
Public Service Management (Closed Membership) Pension Plan	Treasury
Public Service Pension Plan	Treasury
Regional Health Authorities	Health
School Boards	Education
771045 Alberta Ltd. operating as Travel Alberta	Economic Development
Special Areas Trust Account	Municipal Affairs
Special Forces Pension Plan	Treasury
Universities Academic Pension Plan	Treasury
Workers' Compensation Board	Labour