

# Health and Wellness

## **ACCOUNTABILITY STATEMENT**

The Business Plan for the three years commencing April 1, 2002 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 of February 26, 2002 with material economic or fiscal implications of which I am aware have been considered in preparing the Business Plan.

The Ministry's priorities outlined in the Business Plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this Business Plan.

*[original signed]*

Gary Mar, *Minister of Health and Wellness*  
February 27, 2002

## INTRODUCTION

The Ministry of Health and Wellness is pleased to present our Business Plan for the three year period ending March 31, 2005. This business plan is a record of changes and improvements anticipated in the three years ahead, rather than an exhaustive inventory of all activities essential to the operation of the Ministry and our public health system.

The Ministry comprises the department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission (AADAC). Our two core businesses, four goals and associated strategies encompass the activities of both the department and AADAC. More detailed information about the strategies and performance measures for AADAC is found in its Business Plan. The financial information for the department and AADAC is consolidated in the attached income statement.

A vision for today's provincial health system is presented in this plan. From this vision, goals and strategic directions emerge which can serve to stimulate dialogue among the public and stakeholders in search of a shared, collaboratively derived approach to establishing a sustainable, public system for the future.

The 2002-03 Annual Report for Alberta Health and Wellness will report the progress made on the commitments contained in the Business Plan.

For reference, a detailed description of how the health system in Alberta works today can be found on a fact card titled *"How Alberta's Health System Works"* (December, 2001).

## VISION

The **vision** of Alberta Health and Wellness is

*"Citizens of a healthy Alberta achieve optimal health and wellness."*

The Government of Alberta's vision for the province is

*"A vibrant and prosperous province where Albertans enjoy a superior quality of life and are confident about the future for themselves and their children."*

The health and wellness of a population is determined by factors such as education, employment, income and the environment, in addition to access to quality health services. Healthy public policy across government seeks to ensure that Albertans are able and encouraged to realize their full health potential in a safe environment with appropriate income, housing, nutrition and education, and to play a valued role in family, work and their community. Alberta Health and Wellness contributes to that effort by ensuring Albertans have equitable access to affordable and appropriate health and wellness services of high quality when they need them. The achievement of this vision also requires individuals to take responsibility for health in their communities. Partners with Albertans in this collaborative effort include not only the Ministry and providers of health services, but also other Ministries, other levels of government and the private sector. An effective collaboration is reflected in the slogan: "Healthy Albertans in a healthy Alberta."

## ISSUES AND CHALLENGES

Publicly funded health services are organized and delivered to meet the priority needs of Albertans. Those needs, and the ways in which they can be best met, keep changing and the system is challenged to adapt. The major forces of change are:

### DEMOGRAPHICS

- ◆ Alberta's population is increasing and ageing
- ◆ As a consequence, demands on the health system and on informal caregivers continue to increase
- ◆ As the health workforce ages, skill shortages are predicted to occur in key health professions

### TECHNOLOGY

- ◆ Advancements change our perceptions about what services can or should be delivered by whom and how. New technologies include new procedures, drugs, diagnostic tools and treatment equipment, and improved communication (for example, Telehealth and We//net)
- ◆ With these advancements come associated costs for financing and training

### RISING EXPECTATIONS IN A KNOWLEDGE SOCIETY

- ◆ Albertans are well educated and will increasingly want to be informed about their health and wellness choices and decisions
- ◆ New high profile technology improves the capacity to meet needs and raises public expectations for access
- ◆ Realigning priorities and reallocating resources are a constant challenge

The major challenge is sustaining the population's optimal health and wellness over time

- ◆ The increasing costs of drugs, technology and salaries, along with higher utilization, cause the total cost of the service delivery system to rise faster than the combined effects of population growth and inflation
- ◆ New ways of achieving the same or better health outcomes, including system redesign and a greater focus on prevention, are constantly being sought so that overall costs can be kept within the capacity of available funding, while continuing to ensure accessibility, quality and accountability

## VALUES, MISSION AND CORE BUSINESSES

Like all Canadians, Albertans highly value their public health care system and the principles upon which it was founded, as described in the *Canada Health Act*:

- ◆ accessibility - medically necessary physician and hospital services are available without user fees, extra billing or other barriers to reasonable access
- ◆ comprehensiveness - all medically necessary physician and hospital services are insured
- ◆ portability - Canadians are covered for insured services received in another province or territory
- ◆ public administration - insurance plan is operated on a non-profit basis by a public authority
- ◆ universality - all Canadians are entitled to public health insurance for medically necessary hospital and physician services

In addition to these principles, the Ministry of Health and Wellness is committed to the following:

- ◆ Alberta's health system demonstrates excellence - high standards and best practices are achieved through research, education and information
- ◆ Alberta's health system provides for equitable access by all Albertans to a comprehensive range of integrated health services
- ◆ Alberta's health system provides quality services and effective outcomes
- ◆ Alberta's health system builds on shared responsibility and decision-making among users and providers
- ◆ Alberta's health system ensures accountability at all levels for outcomes
- ◆ Alberta's health system is cost-effective and sustainable in the long term

The **mission** of the Ministry is...

*"to maintain and improve the health and wellness of Albertans by leading and working collaboratively with citizens and stakeholders."*

Across the health system, collaboration with Albertans and stakeholders is essential to realize intended outcomes. Feedback from the Health Summit and Future Summit continues to influence the Ministry's business plan. As well, Health and Wellness works with many other Ministries to address issues which influence health and health services delivery.

To achieve our mission, the Ministry engages in two **core businesses**:

**1. lead and support a system for the delivery of quality health services**

For Albertans who are medically fragile, injured or ill, or who may need diagnosis, treatment or support, a system of quality health services is in place to meet their needs. While the responsibility for delivering those services rests with health authorities, agencies and individual practitioners, the Ministry demonstrates leadership in setting direction, policy and provincial standards which ensure quality services. Key Ministry roles are to set priorities based on health needs, determine the scope of financial, capital and human resources required, and measure and report on the performance of the system.

**2. encourage and support healthy living**

A primary focus of the health system is to support and encourage the wellness and health of Albertans, not just to diagnose and treat the ill and injured. Health promotion and protection programs, along with disease and injury prevention programs, address risks to health where knowledge or early intervention can make a difference. Through health authorities and provincial agencies, programs for the promotion of wellness, as well as the prevention of disease and injury, enable Albertans to make informed decisions about their health. In acknowledgement of the wide array of factors that have an impact on health, the Ministry is engaged in cross-ministry initiatives to effectively address challenges to the health and wellness of the population.

The proposed expenditures for Alberta Health and Wellness for the three year period have been allocated between the two core businesses, as well as identified by program in the Statement of Operations.

Alberta Health and Wellness welcomes the opportunity to lead the cross-ministry Health Sustainability Initiative in 2002/2003 by developing, in partnership with Alberta Seniors and Alberta Finance, a government-wide strategic framework to enhance the sustainability of the health care system into the future. Acknowledging the importance of health and health services to Albertans, government ministries will strengthen collaboration, integration and co-ordination among themselves and among stakeholders in the interest of the population's health.

## LINKAGES TO GOVERNMENT CORE BUSINESSES AND GOALS

### GOVERNMENT CORE BUSINESSES

#### People...

helping people to be self-reliant, capable and caring through: a healthy society and accessible health care, basic support and protection for those in need, supportive families and compassionate communities

#### Prosperity...

promoting prosperity for Alberta through: highly skilled and a productive workforce, new ideas, innovation and research, an open and accountable government that lives within its means

#### Preservation...

preserving the Alberta tradition of:

- ◆ a clean environment
- ◆ strong communities
- ◆ pride in Alberta, and
- ◆ strength within Canada



### -----Government Goals relating to health-----

Albertans will be healthy.  
 Our children will be well cared for, safe, successful at learning and healthy.  
 Albertans will be independent.  
 Albertans unable to provide for their basic needs will receive help.  
 Alberta's workforce will be skilled and productive.  
 Alberta will have effective and efficient infrastructure.  
 The well-being and self-reliance of Aboriginal people will be comparable to that of other Albertans.  
 Alberta will have a financially stable, open and accountable government.  
 The high quality of Alberta's environment will be maintained or enhanced.  
 Alberta will work with other governments and maintain its strong position in Canada.



### -----Goals for Alberta Health and Wellness-----

To sustain and improve the delivery of accessible, effective, quality health services to Albertans who need them. *(Core business #1)*  
 To improve the health and wellness of Albertans through provincial strategies for protection, promotion and prevention. *(Core business #2)*  
 To support and promote a system for health. *(Core businesses #1 & 2)*  
 To optimize the effectiveness of the Ministry. *(Core businesses #1 & 2)*

## GOALS AND STRATEGIES

### GOAL 1: TO SUSTAIN AND IMPROVE THE DELIVERY OF ACCESSIBLE, EFFECTIVE, QUALITY HEALTH SERVICES TO ALBERTANS WHO NEED THEM.

The responsibility for service delivery rests primarily with health authorities and individual practitioners. Continuous improvement and innovation ensure the delivery of health services which address the needs of Albertans, meet high standards of quality, and achieve positive health and wellness results. To ensure accessibility, and the optimal utilization of health professionals, the Ministry collaborates closely with health authorities, agencies and other stakeholders. The Ministry also works with health authorities to ensure appropriate investment and management of provincial resources through review and approval of business plans and capital plans. Registration of Albertans for health care insurance and operation of the payment system for health practitioners, aids to daily living suppliers, ambulance operators and other services are administered by the Ministry.

#### KEY PERFORMANCE MEASURES

- 1.A Waitlist and/or waiting times for joint replacement, heart surgery, cancer therapy, MRI and long term care.**
- |  |   |
|--|---|
| a. hip or knee replacement                     | <b>Target:</b> 4 months (2002)                          |
| b. heart surgery, angioplasty                  | <b>Target:</b> 1 to 6 weeks depending on urgency (2002) |
| c. cancer radiation therapy (breast, prostate) | <b>Target:</b> 4 weeks (2002)                           |
| d. MRI   | <b>Target:</b> decreased wait list (2002)               |
| e. long-term care facility admission           | <b>Target:</b> decreased wait list (2003)               |
- 1.B Ratings of ease of access to health services**  
Per cent of Albertans reporting access to service is 'easy' or 'very easy'.  
**Target:** 75%(2002); 80%(2004)
- 1.C Ratings of quality of care received**  
Per cent who report that quality of care personally received is 'excellent' or 'good'.  
**Target:** Overall quality of care 90% (2003);  
Hospital quality of care 85% (2003)
- 1.D Per cent of persons, who have received a service, who are satisfied with the way the service was provided.**  
**Target:** 90% (2003)

#### STRATEGIES

- 1.1 Implement government directions arising from the review of recommendations of the Premier's Advisory Council on Health.
- 1.2 Implement new models of health service delivery, including primary health care, to ensure an integrated, sustainable system with an emphasis on promotion and wellness.
- 1.3 Establish an Expert Panel to review the scope of publicly-funded services.
- 1.4 Ensure customer access to selected services (90 day guarantee, internet posting of wait times, and centralized booking).
- 1.5 Maintain access to certain province-wide or essential services (such as dialysis, imaging services, mental health) and actively monitor waiting lists.
- 1.6 Initiate and implement key policy directions resulting from recommendations of the Long Term Care Review.
- 1.7 Work with the Alberta Medical Association and health authorities to better align physician services with regional health service delivery processes, reform physician compensation through implementation of alternate payment plans.
- 1.8 Implement government directions flowing from the MLA Review of Ambulance Service Delivery.

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## STRATEGIES

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- 1.9 Develop policies, guidelines and resource materials to protect the individual's privacy while enabling access to information where appropriate.
- 1.10 Further develop frameworks based on population needs to ensure equitable resource allocation and responsive policy development processes (such as population-based funding, economic forecasting models).
- 1.11 Support a province-wide system of addiction prevention, treatment and information services through the Alberta Alcohol and Drug Abuse Commission (AADAC).
- 1.12 Ensure reasonable access and appropriate use of prescription drugs through a comprehensive review of all drugs prior to their inclusion on the formulary.
- 1.13 Expand Telehealth in collaboration with health authorities and health providers.
- 1.14 Enable health professionals (nurse practitioners, licensed practical nurses, pharmacists, etc.) to work to their full scope of practice through removal of legislative barriers and implementation of the *Health Professions Act*.
- 1.15 Enhance operational systems and processes for quality assurance of provincial public health laboratory services.
- 1.16 Work with health authorities on the development of strategies for enhanced inter-regional collaboration and service contracting among health authorities, through the Committee on Collaboration and Innovation.

### **GOAL 2: TO IMPROVE THE HEALTH AND WELLNESS OF ALBERTANS THROUGH PROVINCIAL STRATEGIES FOR PROTECTION, PROMOTION AND PREVENTION.**

The health and wellness of individuals is determined by a number of factors. Key factors include genetic endowment, early childhood development, education, environment and employment status, as well as personal decisions about lifestyle behaviours. Promotion, protection and prevention services provide supports to the population at large in their pursuit of health. These services include major prevention strategies aimed at tuberculosis, HIV and other blood-borne pathogens, sexually transmitted diseases, vaccine preventable diseases, as well as injury and selected chronic diseases such as diabetes. With access to accurate and timely information, Albertans can make wise choices, whether in the prevention of disease or injury, or in safeguarding their own health, wellness and quality of life. Staying healthy should be a priority for all Albertans.

## KEY PERFORMANCE MEASURES

### **2.A Self-reported health status**

Per cent reporting 'excellent, very good or good' (age 18-64);  
'excellent, very good or good' (age 65+).

**Target:** age 18 - 64, 90% (2003); age 65+, 80% (2003)

### **2.B Mortality rates for injury and suicide**

Age standardized mortality rates due to injury and suicide per 100,000 people.

**Target:** injury, 45 (2002); suicide, 13 (2002)

### **2.C Screening rate for breast cancer**

Per cent of women age 50 - 69 receiving mammogram every two years.

**Target:** 75% screened (2003)

### **2.D Childhood immunization coverage rates**

Per cent of two-year old children who have received the recommended immunizations.

**Target:** DPT - 98%\* (2002); MMR - 98%\* (2002)

### **2.E Per cent of Albertans who do not smoke - Non-smoking rate.**

**Target:** 75% (2002)

\* national target for immunization coverage

## STRATEGIES

- 2.1 Establish ten year objectives and targets for key health issues in Alberta (for example, obesity, diabetes, chronic heart and lung disease, accidental injury).
- 2.2 Provide information about key health issues and their determinants, and the health status of Albertans, in the context of a comprehensive promotion and prevention framework.
- 2.3 Monitor and evaluate provincial population-based screening programs for cervical cancer and newborn metabolic conditions, and implement the provincial breast cancer screening program.
- 2.4 Conduct ongoing population and laboratory-based surveillance to strategically address issues such as chronic and communicable disease management.
- 2.5 Address potential public health threats related to conditions and contaminants in air, water and food including interdepartmental initiatives for safe drinking water and climate change adaptation.
- 2.6 Expand and support initiatives to reduce the use of tobacco products by Albertans, with an emphasis on youth, under the leadership of AADAC.
- 2.7 Implement a long-range immunization plan in the context of a national strategy.
- 2.8 Collaborate with partners in the monitoring and evaluation of injury and suicide prevention initiatives.
- 2.9 Implement a provincial diabetes prevention strategy.
- 2.10 Develop an Alberta plan for emergency preparedness and response to chemical, biological, radiological and nuclear (CBRN) threats to public health in conjunction with federal/provincial/territorial partners.
- 2.11 Support implementation of a framework for healthy ageing with a particular focus on housing and support/care services.

### **GOAL 3: TO SUPPORT AND PROMOTE A SYSTEM FOR HEALTH.**

The health system is complex. With numerous stakeholders involved in the process of organising and delivering services to citizens, it is a continuous challenge to ensure their efforts are effectively co-ordinated. Towards this end, effective communication, accountability and information systems are essential, as is leadership in addressing emerging system-wide challenges. Ensuring the sustainability of the publicly funded system for health, and the confidentiality of Albertans' health information, are two such challenges.

## KEY PERFORMANCE MEASURES

**3.A Per cent of the public who rate their knowledge of health services available as 'excellent' or 'good'.**  
**Target:** 70% (2003)

**3.B Per cent of stakeholders reporting easy access to information.**  
**Target:** Improvement (2003)

## STRATEGIES

- 3.1 Establish more clearly, the accountability for health authorities and health providers for service provision, governance and management, and improve business planning and accountability mechanisms with the introduction of multi-year performance contracts and targets.
- 3.2 Develop a comprehensive health workforce plan in collaboration with the health authorities and other partners, aimed at improving human resource planning and workforce utilization, and ensure its integration with health authority business planning.
- 3.3 Implement an electronic health record for Albertans to facilitate provider and client access to health information (medication profiles, laboratory tests) in conjunction with alberta we//net.
- 3.4 Ensure the integration of mental health services into health regions.
- 3.5 Co-chair the process for co-ordinating Federal/Provincial/Territorial initiatives and collaborative inter- and intra-provincial ventures.
- 3.6 Expand the mandate of the existing Health Services Utilization Commission to establish the Health Services Utilization and Outcomes Commission, which will assess utilization and outcomes and report regularly to Albertans.
- 3.7 Disseminate health system performance information.

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## STRATEGIES

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- 3.8 Develop and promote a department and system-wide understanding and commitment to sustainability as a shared challenge.
- 3.9 Support the implementation of provincial information security policies and procedures in support of Health Information Act (HIA) and the Freedom of Information and Privacy Protection Act (FOIPP).
- 3.10 Plan for the efficient and effective utilization, maintenance, upgrading and replacement of health facilities in the province.
- 3.11 Support evidence-based decision-making through research and evaluation.
- 3.12 Establish province-wide standards for information technology, in conjunction with the Alberta Government Chief Information Officer.
- 3.13 Establish a long-term funding approach to support the development of information technology systems.
- 3.14 Support the MLA Task Force on Health Funding and Revenue Generation in examining health funding and new revenue options.
- 3.15 Identify and address barriers to cost-effectiveness and revenue generation in health authorities.

### **GOAL 4: TO OPTIMIZE THE EFFECTIVENESS OF THE MINISTRY.**

To be as effective and efficient as possible in the service of its mission, the Ministry must keep pace with new knowledge and use its human, financial and technological resources in an optimal fashion. Internally, the Ministry must foster the culture of a learning organization. Externally, the Ministry commits to collaboration with key stakeholders and particularly other government departments in support of cross-government initiatives.

## KEY PERFORMANCE MEASURES

- 4.A Per cent of Albertans reporting their inquiries to the department were handled satisfactorily.**  
**Target:** 85% (2003)
- 4.B Per cent of staff who say they understand how their work contributes to the success of the Ministry.**  
**Target:** 80% (2002)
- 4.C Satisfaction rating among other Ministries with Alberta Health and Wellness' contribution to cross-ministry initiatives.**  
**Target:** maintain 86% (2002)

## STRATEGIES

- 4.1 Lead the Health Sustainability cross-ministry initiative in collaboration with Alberta Finance and Alberta Seniors, and identify and assess options for cost containment and cost recovery.
- 4.2 Implement a new approach to information management which include standardized definitions and performance metrics across all applications.
- 4.3 Implement an inclusive annual planning process from the strategic to the operational that provides opportunities for input from department staff and stakeholders as appropriate.
- 4.4 Contribute to the government response to the Impact of Ageing study, and the cross-ministry initiative on behalf of seniors.
- 4.5 Participate in collaborative initiatives with other Ministries under the Alberta Children and Youth Initiative (such as the early childhood development initiative).
- 4.6 Collaborate with partners to achieve the objectives of the Aboriginal Policy Initiative and the Aboriginal Health Strategy to improve the health status and well-being of aboriginal people.
- 4.7 Participate in the implementation of various cross-ministry initiatives including the Corporate Information Management/Information Technology Strategy, and the Alberta Corporate Service Centre Initiative.

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## STRATEGIES

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- 4.8 Identify the information needs of Albertans and ensure website links to improve public access to credible health information.
  - 4.9 Maintain a plan for the resumption of business in the event of a public crisis, in close collaboration with Alberta Municipal Affairs.
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**Note:** Alberta Health and Wellness collects a wide range of statistical information about the health of Albertans and the performance of our health system. From this wide array of information, the Ministry selects its **key performance measures**. Additional information about the health of Albertans and health system performance is reported in numerous publications, including: the *Ministry Annual Report, Measuring Up, Health Trends*, the *Report on the Health of Albertans*, the *Alberta Health Care Insurance Plan Statistical Supplement*, and the annual report on *Province-Wide Services*. Many factors and influences external to the Ministry will have an impact on the performance of the health system for which measures are included in this plan.

## ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION (AADAC)

The Alberta Alcohol and Drug Abuse Commission (AADAC) is mandated by the *Alcohol and Drug Abuse Act* to operate and fund services addressing alcohol, other drug and gambling problems, and to conduct related research.

AADAC is a Crown agency of the Government of Alberta governed by a Board of up to twelve Commissioners appointed by the Lieutenant Governor in Council. The Chair is a Member of the Legislative Assembly. The Commission Board provides policy direction for the agency and reports to the Minister of Health and Wellness. AADAC's goals and strategies are linked to the government's core businesses through Alberta Health and Wellness' Business Plan, Goals 1 and 2, Strategies 1.11 and 2.6 respectively.

### VISION

*"Making a difference in people's lives by leading to an addiction free future."*

### MISSION

*"To assist Albertans in achieving freedom from the abuse of alcohol, other drugs and gambling."*

### CORE BUSINESSES, GOALS AND MEASURES

#### CORE BUSINESS 1: PREVENTION

AADAC provides programs and services that increase the capacity of individuals, families, and communities to effectively address potential problems relating to alcohol, other drugs and gambling. Prevention aims to increase protective factors and reduce risk factors clearly associated with the development of addiction. Prevention services include early intervention, community-based education, and training. Services are delivered through a network of AADAC Area Offices and community-based funded programs located throughout the province.

#### **GOAL 1: To prevent the development of alcohol, other drug, and gambling problems through planned actions that impact targeted populations and their immediate support systems.**

(links to AHW Core Business #2)

OUTCOME	PERFORMANCE MEASURE	TARGET
1.a Clients experience reasonable access to prevention services.	◆ per cent of clients who report "no difficulty" accessing prevention services.	95%
1.b Clients are satisfied with prevention services.	◆ per cent of clients who report being "somewhat satisfied" or "very satisfied" with prevention services.	95%

## CORE BUSINESS 2: TREATMENT

AADAC provides programs and services that help people improve or recover from the harmful effects of alcohol, other drug and gambling problems. Services include community-based outpatient counselling and day programs as well as residential treatment services that provide a structured environment to assist dependent clients in their recovery from addictions. Crisis services include detoxification, counselling on an emergency basis, referral, and over-night shelter. A Gambling Help Line and AADAC Help Line are available toll-free province-wide. Specialized programs are available for youth, women, Aboriginal peoples, business and industry referrals, and those with opiate dependency.

### GOAL 2: To provide treatment services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems.

(links to AHW Core Business #1)

OUTCOME	PERFORMANCE MEASURE	TARGET
2.a Clients experience reasonable access to treatment services.	◆ Per cent of clients who report "no difficulty" accessing treatment services.	90%
2.b Clients are satisfied with treatment services.	◆ Per cent of clients who report being "somewhat satisfied" or "very satisfied" with treatment services.	95%
2.c Clients achieve abstinence or improved level of recovery.	◆ Per cent of clients that report they were "abstinent" or "improved" three months after treatment.	90%

## CORE BUSINESS 3: INFORMATION

AADAC provides services that inform Albertans about alcohol, other drug and gambling problems, and AADAC services. Albertans and other stakeholders are provided with current evidenced-based information on issues, emerging trends, research and performance measurement regarding addictions. Publications, videos and posters on AADAC's programs and services are available through AADAC offices and clinics and are also accessible through AADAC's website at [www.aadac.com](http://www.aadac.com).

### GOAL 3: To provide evidence-based information about alcohol, other drug and gambling problems, and inform Albertans about AADAC's programs and services.

(links to AHW Core Businesses #1 and #2)

OUTCOME	PERFORMANCE MEASURE	TARGET
3.a Albertans are informed about addictions and AADAC's services.	◆ Number of hits on AADAC websites.	◆ 5% increase above 2000-01 baseline
	◆ Number of calls to province-wide toll-free help lines.	◆ 5% increase above 2000-01 baseline

## **STRATEGIES**

AADAC's strategies and planned actions for 2002-05 are integrated across core businesses and support the achievement of AADAC's three business goals.

### **STRATEGY 1.0 Address substance abuse and problem gambling needs of Albertans through the delivery of sustainable prevention, treatment and information services.**

#### **Major Planned Actions**

- 1.1 Maintain service levels in core businesses with a continued emphasis on community-based development and delivery.
- 1.2 Continue to collaborate with the Gaming Ministry and other stakeholders to increase awareness of problem gambling, access to gambling addiction programs, and gaming research.
- 1.3 Continue to collaborate with the Alberta Mental Health Board and Regional Health Authorities to improve client services.
- 1.4 Coordinate the provincial tobacco reduction strategy.

### **STRATEGY 2.0 Participate in key cross-government initiatives in a manner appropriate to AADAC's mandate and resources.**

#### **Major Planned Actions**

- 2.1 Contribute as a core partner of the Health Sustainability Initiative.
- 2.2 Contribute to the implementation of the Aboriginal Policy Initiative to improve the well being and self-reliance of Aboriginal Albertans.
- 2.3 Continue to support the Alberta Children and Youth Initiative with a focus on:
  - 2.3.a Deliver specialized substance abuse and problem gambling services for children and youth.
  - 2.3.b Partner with Alberta Children's Services to direct a comprehensive program addressing fetal alcohol syndrome/alcohol-related birth defects (FAS/ARBD).
  - 2.3.c Supporting the policy framework for mental health through co-ordination of addiction services for children and youth.
  - 2.3.d Collaborating with partnering ministries in the delivery of programs and services that support the *Protection of Children Involved in Prostitution Act* (PChIP).
- 2.4 Support the Economic Development Strategy by enhancing the contribution of AADAC's services to workplace safety and well being.

### **STRATEGY 3.0 Promote organizational effectiveness by facilitating new ways of delivering comprehensive, integrated addiction services.**

#### **Major Planned Actions**

- 3.1 Examine service delivery processes with a focus on:
  - 3.1.a Single point of entry to client services.
  - 3.1.b Innovative service models.
- 3.2 Participate in strategic alliances (provincial, national, international) that assist further development of AADAC's core businesses.
- 3.3 Build on AADAC's comprehensive corporate human resource management strategy.

## Expense by Core Business

(thousands of dollars)

	Comparable 2000-01 Actual	Comparable 2001-02 Budget	Comparable 2001-02 Forecast	2002-03 Estimates	2003-04 Target	2004-05 Target
<b>EXPENSE</b>						
<b>Core Business</b>						
Delivery of Quality Health Services	5,436,128	6,078,825	6,169,436	6,626,112	6,898,786	7,178,646
Encourage and Support Healthy Living	177,789	191,864	199,887	211,164	214,069	217,702
<b>MINISTRY EXPENSE</b>	<b>5,613,917</b>	<b>6,270,689</b>	<b>6,369,323</b>	<b>6,837,276</b>	<b>7,112,855</b>	<b>7,396,348</b>

## Ministry Statement of Operations

(thousands of dollars)

	Comparable 2000-01 Actual	Comparable 2001-02 Budget	Comparable 2001-02 Forecast	2002-03 Estimates	2003-04 Target	2004-05 Target
<b>REVENUE</b>						
Internal Governmental Transfers	127,171	84,065	83,215	107,487	107,593	107,606
Transfers from Government of Canada:						
Canada Health and Social Transfer	819,815	988,346	1,049,648	1,147,716	1,204,907	1,261,395
Primary Health Care / Medical Equipment	48,735	62,755	49,542	13,845	13,929	13,929
Other	4,394	8,771	5,265	10,016	8,816	6,816
Premiums, Fees and Licences	702,003	691,913	696,955	891,063	903,189	924,269
Other Revenue	59,959	58,679	59,019	58,975	58,875	58,875
<b>MINISTRY REVENUE</b>	<b>1,762,077</b>	<b>1,894,529</b>	<b>1,943,644</b>	<b>2,229,102</b>	<b>2,297,309</b>	<b>2,372,890</b>
<b>EXPENSE</b>						
<b>Program</b>						
Regional Health Authorities and Health Boards	3,132,898	3,451,434	3,588,071	3,834,716	3,988,716	4,149,716
Province-Wide Services	315,466	371,212	394,575	415,492	441,617	459,617
Physician Services	1,070,907	1,261,820	1,259,320	1,436,667	1,494,168	1,554,168
Blue Cross Benefit Program	309,769	342,402	360,382	362,611	400,221	400,221
Extended Health Benefits	21,360	23,752	23,752	-	-	-
Allied Health Services	60,522	65,553	63,553	63,553	63,553	63,553
Protection, Promotion and Prevention	126,650	161,751	170,461	167,797	170,381	170,381
Human Tissue and Blood Services	90,016	100,016	104,016	120,016	120,016	120,016
Other Programs	141,532	201,982	153,743	187,413	176,982	174,982
Alberta Alcohol and Drug Abuse Commission	37,404	47,833	46,083	58,147	58,613	59,106
Response to Premier's Advisory Council on Health	-	-	-	25,000	36,139	82,139
Ministry Support Services	84,000	97,198	96,468	93,815	93,636	93,636
Systems Development	18,085	27,877	27,877	30,686	27,450	27,450
Health Care Insurance Premiums Revenue Write-Offs	44,066	28,863	32,026	41,363	41,363	41,363
Valuation Adjustments and Other Provisions	300	-	-	-	-	-
	<b>5,452,975</b>	<b>6,181,693</b>	<b>6,320,327</b>	<b>6,837,276</b>	<b>7,112,855</b>	<b>7,396,348</b>
Extraordinary Items:						
Supplemental Advanced Medical Equipment	112,207	-	-	-	-	-
Supplemental Capital Equipment - Federally funded	48,735	48,996	48,996	-	-	-
Energy Rebate	-	40,000	-	-	-	-
<b>MINISTRY EXPENSE</b>	<b>5,613,917</b>	<b>6,270,689</b>	<b>6,369,323</b>	<b>6,837,276</b>	<b>7,112,855</b>	<b>7,396,348</b>
Gain (Loss) on Disposal of Capital Assets	-	-	-	-	-	-
<b>NET OPERATING RESULT</b>	<b>(3,851,840)</b>	<b>(4,376,160)</b>	<b>(4,425,679)</b>	<b>(4,608,174)</b>	<b>(4,815,546)</b>	<b>(5,023,458)</b>

## Consolidated Net Operating Result

(thousands of dollars)

	Comparable 2000-01 Actual	Comparable 2001-02 Budget	Comparable 2001-02 Forecast	2002-03 Estimates	2003-04 Target	2004-05 Target
Ministry Revenue	1,762,077	1,894,529	1,943,644	2,229,102	2,297,309	2,372,890
<i>Inter-ministry consolidation adjustments</i>	(127,171)	(84,065)	(83,215)	(107,487)	(107,593)	(107,606)
<b>Consolidated Revenue</b>	<b>1,634,906</b>	<b>1,810,464</b>	<b>1,860,429</b>	<b>2,121,615</b>	<b>2,189,716</b>	<b>2,265,284</b>
Ministry Program Expense	5,613,917	6,270,689	6,369,323	6,837,276	7,112,855	7,396,348
<i>Inter-ministry consolidation adjustments</i>	(200)	(200)	(200)	(200)	(200)	(200)
<b>Consolidated Program Expense</b>	<b>5,613,717</b>	<b>6,270,489</b>	<b>6,369,123</b>	<b>6,837,076</b>	<b>7,112,655</b>	<b>7,396,148</b>
Gain (Loss) on Disposal of Capital Assets	-	-	-	-	-	-
<b>CONSOLIDATED NET OPERATING RESULT</b>	<b>(3,978,811)</b>	<b>(4,460,025)</b>	<b>(4,508,694)</b>	<b>(4,715,461)</b>	<b>(4,922,939)</b>	<b>(5,130,864)</b>

