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# Health and Wellness

BUSINESS PLAN 2006-09

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## ACCOUNTABILITY STATEMENT

The business plan for the three years commencing April 1, 2006 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 23, 2006 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]*

Iris Evans, *Minister of Health and Wellness*  
March 1, 2006

## THE MINISTRY

The Ministry is comprised of the Department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission (AADAC). This business plan sets out strategic changes, improvements and activities for both components of the Ministry in the three years ahead. The Ministry business plan guides the department operational plans. Supplementary information on AADAC's business plan is in the appendix. This business plan is also a framework for development of three-year health plans and one-year business plans by health authorities.

Financial information is consolidated in the attached Ministry Statement of Operations. A summary of progress on this business plan will be reported in the 2006-07 Annual Report for Alberta Health and Wellness. A more detailed description of Alberta's health system can be found on our website at: [www.health.gov.ab.ca/](http://www.health.gov.ab.ca/).

## VISION

*Albertans are healthy and live, work and play in a healthy environment.*

## MISSION

Provide leadership and work collaboratively with partners to help Albertans be healthy and respond to opportunities and change.

Support individuals, families and service providers in making the best decisions about their health.

## LINK TO THE GOVERNMENT OF ALBERTA STRATEGIC BUSINESS PLAN

The Health and Wellness business plan is aligned with and supports the "Making Alberta the Best Place to Live, Work and Visit," strategic opportunity of the Government of Alberta 20-year strategic plan. The Health and Wellness business plan links to the government business plan through:

- Albertans will be healthy (goal 5).
- Alberta will have a supportive and sustainable infrastructure that promotes growth and enhances quality of life (goal 14).

## SIGNIFICANT OPPORTUNITIES AND CHALLENGES

The Government of Alberta regards the health and well being of Albertans as the most important resource for the future. The Alberta government is committed to working towards providing Albertans with the best and most responsive public health system in Canada. Alberta is embarking on a Third Way in health care delivery to improve quality and access and to increase choice. This made-in-Alberta approach to health care renewal focuses on evolving our health system by unleashing innovation, challenging the status quo and charting a new course. The Third Way is an evolving process with initiatives and innovations created at local, regional and provincial levels and by all service providers.

On July 12, 2005, the government unveiled a package of thirteen renewal initiatives called "Getting on with better health care". These initiatives include innovations in priority areas such as access, continuing care, wellness, mental health, primary care, children's health, pharmaceuticals, electronic health records and rural health.

Challenges	Opportunities
<p><b>Population Growth and Changing Demographics:</b> Currently 10 per cent of Alberta's population is 65 years of age and over and this percentage is expected to increase to 13 per cent by 2016 and 20 per cent by 2030. Alberta has one of the youngest populations in Canada. Yet, the effect of aging contributes approximately 1 per cent to annual health expenditure growth, but the larger cost driver is the expansion of services provided to seniors.</p> <p>Additionally, Alberta's population is shifting from rural to urban centres and the province has one of the highest population growth rates of approximately 1.5 per cent per year.</p>	<p><b>Foresight and Innovation:</b> Demographic shifts are predictable and we are preparing for the needs of the future while addressing the needs of today. Through innovative technology such as Telehealth and the Critical Care Line we are better able to meet the needs of rural and remote communities.</p> <p>Alberta's excellent health care contributes to our longer life expectancy. We have an opportunity to implement a variety of innovative care options for frail elderly and fragile people in collaboration with government ministries, health authorities and other stakeholders that will benefit Albertans over the next 20 years.</p>

Challenges	Opportunities
<p><b>Emerging Technologies and Pharmaceuticals:</b> Technological change is a major cost escalator in Canada's health systems accounting for an estimated one quarter of health expenditure growth. Promising results from clinical trials into new drugs creates expectations of public funding.</p>	<p><b>Collaboration:</b> We will work with health authorities, health care providers, and federal, provincial and territorial colleagues to support a consistent, evidence-based approach for the evaluation of technology and pharmaceuticals. This approach will consider clinical benefits, cost effectiveness and ongoing benefits to patients and the health care system.</p> <p>The role of government is to evaluate new emerging technologies and pharmaceuticals and ultimately decide which of these will be publicly funded. We will also explore and evaluate the extent of drug insurance coverage, including pharmacare, to ensure all Albertans have access to quality pharmaceutical services.</p>
<p><b>Workforce Shortages:</b> A quality health system requires an adequate supply of competent and progressive health care workers. The workforce is aging, with 20 per cent of Registered Nurses over the age of 50. In addition, the work environment is continually changing and workers need to continually acquire new skills. Recent medical graduates and female physicians are demanding greater work / life balance and are working fewer hours than physicians did in the past, which increases the number of physicians needed to serve Alberta's population.</p> <p>New medical graduates are choosing to specialize instead of entering family practice which is contributing to a shortage of primary care physicians.</p> <p>Rural communities continue to face difficulties in attracting and retaining an adequate supply of physicians and other health workers.</p>	<p><b>Partnerships:</b> Continue to work with post-secondary institutions, the health authorities and professional associations on plans and initiatives to educate, recruit, remunerate and retain the needed health workforce.</p> <p>Primary care initiatives are providing new incentives for family physicians and giving them an opportunity to work in multi-disciplinary teams. New regulations under the <i>Health Professions Act</i> will allow allied health professions to work to their full scope of practice.</p> <p>Work with stakeholders to address workforce issues through the rural physician action plan. The plan seeks to train and attract physicians to serve rural Alberta.</p>
<p><b>Quality of Health Services:</b> Quality improvement and patient needs are a matter of concern to local, regional and provincial health system leaders. Safeguards and mechanisms to anticipate and prevent adverse events such as medication and technical errors must be strengthened.</p>	<p><b>Culture of Quality:</b> Develop supportive, organizational, professional and legal environments to encourage the reporting of adverse events and the prompt implementation of corrective action.</p> <p>The rapid and accurate transmission of health information is part of the answer and tools such as the Alberta Electronic Health Record can improve the quality and safety of patient care.</p>

Challenges	Opportunities
<p><b>Health Spending:</b> Health spending balanced with an accessible quality health care system. Health care spending has been increasing 2-3 times faster than the provincial real GDP growth rate.</p>	<p><b>Accountable Spending:</b> Achieving health system sustainability requires cooperation and compromise on the part of governing authorities' system managers, professional associations and bargaining units. By leveraging the unique contributions of various partners, by ensuring the best use of Alberta's knowledge and intellectual capital, and by developing innovative ways of delivering services, we will gradually bring health expenditures in line with anticipated funding.</p>
<p><b>Public Health Risk:</b> The capacity to deal with known (e.g., SARS, West Nile virus) and unknown emergent public health risks (e.g., pandemic influenza).</p>	<p><b>System Readiness and Flexibility:</b> Enhance capacity to respond to public health risks through planned collaboration with health authorities, providers and federal, provincial, territorial and municipal governments.</p>
<p><b>Aboriginal Health:</b> Alberta's growing Aboriginal population has a variety of health challenges. Delivery of health services to remote or isolated Aboriginal communities is a challenge as is the provision of culturally appropriate services within the health care system.</p>	<p><b>Investment:</b> Continue to implement and expand strategies to improve Aboriginal health services in collaboration with Aboriginal leaders, health authorities, service providers, and provincial and federal governments.</p>
<p><b>Mental Health:</b> One in five Canadians is affected by mental illness during their lifetime. The overall prevalence of mental illness in Canadian children and adolescents at any given point in time is about 15 per cent. Mental illness can have a significant economic impact on individuals, their families, the health care system as well as the workplace and broader social system.</p>	<p><b>Collaboration:</b> Collaborate with health authorities, service providers, and ministries to support regional implementation of the Provincial Mental Health Plan. The Mental Health Innovation Fund will improve mental health services in the province and improve patient access. Partners are addressing gaps in child and adolescent mental health services. Support the inter-departmental family violence prevention initiatives.</p>
<p><b>Addiction:</b> Addictions affect all Albertans. Alcohol is the most frequently used drug in Alberta, and it is the drug most commonly associated with acute and chronic health and social problems. However, multiple drug use, new or unfamiliar drugs and increased gambling opportunities are of concern, particularly among youth.</p>	<p><b>Investment and Collaboration:</b> Continue to provide province-wide addiction services for Albertans. AADAC will lead the collaborative implementation of the Alberta Drug Strategy, enhance provincial adolescent treatment services, and continue to partner with stakeholders to enhance services to those with addiction and mental health problems.</p>
<p><b>Child and Youth Health:</b> Previously, chronic diseases were primarily evident only in adult populations, but the incidence in child and youth populations is rapidly increasing, along with the associated costs to Albertans. Children who have health issues are more likely to struggle with the same issues when they become adults.</p>	<p><b>Prevention:</b> Addressing the health problems of the younger generation constitutes a sound investment for the future. New government programs will address unhealthy body weight, developmental problems, sexually transmitted infections and tobacco use. Another priority includes finding ways to limit children's access to sexual and violent content on the internet.</p>

## STRATEGIC PRIORITIES 2006-09

The Ministry's strategic priorities for the next three years have been identified. These priorities are in addition to the important ongoing core activities of the Ministry.

### 1. Better health care – the Third Way

#### Linkage:

Goals 1, 2, 3, 4, 5 and 6

Alberta is embarking on a Third Way in health care delivery to improve quality and access and to increase choice. In fostering new ideas and approaches, we are encouraging everyone to look for practical ways to make services more efficient, responsive and accessible to those who need them. The following actions identify innovative new approaches for the delivery of health services:

#### Goal 6

**Health policy** – We need an overall health policy that focuses on wellness and personal responsibility, defines what services are included in the publicly-funded health system, guides our decisions and sets clear priorities.

#### Goal 3

**Access and efficiency** – While people get immediate care when there is an emergency, this may not be the case for non-emergency situations. Work to streamline the processes, get rid of bottlenecks and speed up access to important health services is underway.

#### Goal 1, 2 and 3

**Wellness and injury prevention** – Encourage Albertans to take greater personal responsibility for their own health and wellness. By choosing healthier lifestyles, Albertans will be able to prevent or delay the onset of chronic conditions. Healthy eating and active living, combined with decisions that reduce personal health risks, will improve quality of life and long-term health outcomes and decrease demands on the health system. Immunization is one of the most cost effective medical interventions to prevent diseases. Strategies to improve immunization rates in Alberta are necessary to eliminate/reduce vaccine preventable diseases in our province.

#### Goal 1 and 2

**Children's health** – It makes good sense to make children's health a top priority. We need to take action to improve the health of all children and especially those who are at risk – whether those risks involve violence in their communities, homes or schools, exposure to drugs and alcohol, unhealthy lifestyles, or not being immunized against common childhood diseases. Specific action will be taken to respond to the risks and harm associated with crystal methamphetamine abuse.

#### Goal 3

**Access to mental health services** – One in five Albertans will be affected by mental illness during their lifetimes. The nine regional health authorities are developing their own plans based on the Provincial Mental Health Plan. Commencing with the 2006-09 planning and reporting cycle, health regions will provide specific information about mental health performance and outcomes.

#### Goal 6

**Electronic Health Record–Alberta Netcare** – The Alberta Netcare system is absolutely essential for moving ahead on a whole range of initiatives in the health system that will result in better care, better decisions and safer health services. For Albertans, it means an end to repeat tests and the security that when they have a health problem, the people who are treating them have access to a complete picture of their health.

- Goal 4**                    **Primary health care** – A comprehensive, coordinated approach to primary health care that is available 24 hours a day, seven days a week. Multi-disciplinary team delivery ensures Albertans get the right provider and the right services at the right time.
- Goal 6**                    **Legislation and regulations** – Legislation and regulation changes need to be made to expand choices for Albertans and remove barriers that stand in the way of further innovation.
- Goal 6**                    **Prescription drug costs and coverage** – Drug costs are the fastest growing part of the health care budget. We need to look at how we are going to pay the bill for drugs now and in the future. At the same time, current government drug plans only cover about 18 per cent of Albertans including seniors, children and people with lower incomes. Most Albertans get their prescription drugs covered through private insurance plans, but about 27 per cent of Albertans have no coverage at all.
- Goal 5**                    **Continuing care quality** – The emphasis for continuing care, both long-term care and home care, will be on quality of service. Albertans expect their parents and grandparents will be well cared for in places where they are respected and treated with dignity. In the longer term we also need to look at new approaches for paying for long-term care including insurance programs or savings plans where people could invest now.
- Goal 4**                    **Health care providers** – The provision of health care requires a well-trained and well-motivated workforce of an appropriate size and mix. Compensation of the health workforce (including physicians) accounts for approximately 70 per cent of health system expenditures. Consequently, health workforce strategic and operational planning is critically important to the long-term sustainability of the Alberta health care system.
- Goal 3**                    **Rural communities** – Access to health care is a critical issue in rural communities and they face special challenges in being able to provide the range of health care services people need and expect. The provincial government's Rural Development Strategy identifies health care as one of the fundamental pillars that must be addressed in order to preserve and sustain rural communities.
- Goal 6**                    **Supplementary health insurance** – Conduct research and consult with experts on insurance programs for continuing care, prescription drugs and other non-emergency health services. Supplementary health insurance would not be required to cover any medical emergencies or medically necessary health services.
- Goal 1**                    **Improving Alberta's Health System—The Third Way** – Enhance the sustainability of the health system now and in the future by strengthening policy integration and collaboration across ministries. The Ministry will lead this initiative, which is one of the eight Top Priorities of the three-year government business plan. Actions taken will include:
- Child and youth wellness strategy
  - Common pharmaceutical framework
  - Continuing care strategy
  - Insurance program for continuing care, prescription drugs and other non-emergency health services.

- 2. Strengthen public health risk management capabilities.**
- Linkage: Goal 2**
- Albertans want to know that their health system is prepared and able to protect them from risks to their health. Recent events such as the outbreak of avian influenza, SARS and West Nile virus as well as a potential pandemic have reinforced the importance of strong public health programs. Albertans are partners in this effort. Key strategies for managing public health risks include:
- Goal 2**      **Protect Albertans against communicable diseases** – Strengthen and restructure system capacity to respond to public health issues and risks. Create a communications partnership with other ministries, municipalities, agencies, associations (e.g., Alberta Urban Municipalities Association, Alberta Association of Municipal Districts and Counties) and other stakeholders to ensure Albertans get timely information on how to protect themselves against all communicable diseases in case of a catastrophic event such as pandemic influenza.
- Goal 2**      **Protect Albertans from environmental health risks** – Protect Albertans from health risks in the environment through education, regulatory enforcement and partnership with other agencies.

## CORE BUSINESSES, GOALS, STRATEGIES & PERFORMANCE MEASURES

### Core Business One: Advocate and educate for healthy living

GOAL ONE

1

#### Albertans make choices for healthier lifestyles

**What it means**      The health and wellness of Albertans is influenced by genetic factors, early childhood development, education, employment status, the environment and personal decisions about lifestyle behaviours. The Ministry provides health information to Albertans to promote healthy lifestyle and quality of life choices.

#### Strategies

- 1.1 Support Albertans in making healthy lifestyle choices through information services like [healthyalberta.com](http://healthyalberta.com).
- 1.2 Collaborate with community stakeholders to strengthen the ability of individuals and communities to increase healthy behaviours and reduce the risk of disease, illness and injury.
- 1.3 Provide health and lifestyle information to help people make healthy choices to reduce the risk of disease and injury (e.g., Fetal Alcohol Spectrum Disorder, obesity, sexually transmitted infections, HIV).
- 1.4 Ensure that addiction information, prevention and treatment services are available province-wide.
- 1.5 Work with other ministries to target strategic health and wellness initiatives that address the health needs of children, youth, seniors, Aboriginal communities and Albertans with disabilities or who are disadvantaged.

Performance Measures	Last Actual (year)	Target 2006-07	Target 2007-08	Target 2008-09	2012	
1.a <b>Self-reported health status:</b> Per cent of Albertans reporting they are in "excellent, very good, or good" health						
	18-64	89 (2005)	90	90	90	
	65+	78 (2005)	80	80	80	
1.b <b>Life Expectancy</b> at birth: (in years)						
	Male	77.5 (2003)	78.0	78.0	78.0	
	Female	82.3 (2003)	83.0	83.0	83.0	
1.c <b>HIV Rates:</b> Age adjusted rate of newly reported HIV cases (per 100,000 population)		5.4 (2004)	5.5	5.6	5.5	
1.d <b>STI Rates:</b> Age adjusted rate of newly reported sexually transmitted infections (per 100,000 population)						
	Syphilis	2.3 (2004)	4.0	4.5	4.3	
	Gonorrhoea	43.3 (2004)	50	70	60	
	Chlamydia	261 (2004)	280	300	290	
1.e <b>Birth Weight:</b> Per cent of low birth weight babies		6.2 (2000-02)	6.0	5.9	5.8	5.5
1.f <b>Exercise:</b> Per cent of Albertans age 12 and over who are "active" or "moderately active"		56 (2003)	60	65	70	80
1.g <b>Healthy Diet:</b> Per cent of Albertans age 12 and over who eat at least 5 servings of fruit and vegetables each day		39.1 (2003)	40	42	45	50
1.h <b>Healthy Weight:</b> Per cent of Albertans age 18 and over with "acceptable" body mass index (BMI)		47 (2003)	50	51	52	55
1.i <b>Diabetes:</b> Number of new cases of type 2 diabetes (per 1,000 population at risk)						
	General population	4.5 (2001)	4.3	4.3	4.2	4.1
	First Nations population	9.0 (2001)	8.7	8.7	8.6	8.5
1.j <b>Alcohol Consumption:</b> Per cent of Alberta women who consumed alcohol during pregnancy		4.0 (2002)	3.5	3.2	3.0	0

**Notes:**

- 1.a Self-reported health status is a good indicator of the health and well-being of Albertans. How people rate their own health is affected by a variety of factors including chronic disease, disability, temporary illness and mental health.
- 1.b Life expectancy at birth indicates how long a newborn would be expected to live if health and living conditions remain unchanged. It reflects an equitable distribution of wealth in the population, good nutrition, education and environmental conditions.
- 1.c-1.d Due to the rising rate of all STIs, a further rise is anticipated in both STI and HIV, potentially peaking in 2007 and then declining. These increasing rates are similar nationally and internationally. The targets represent a slowing in the rate of increase.
- 1.e A low birth weight is 2500 grams or less. Low birth weight babies are more likely to have birth related complications, disabilities and other health problems. They are also at a greater risk of having developmental delays and health problems.
- 1.f-1.i Chronic diseases such as cancer and diabetes are leading causes of death in Alberta, and the greatest drain on our health care resources. The most common chronic diseases are linked by a few risk factors: unhealthy diets, lack of exercise, tobacco use and substance abuse. If we can make healthier choices we can move closer to the vision of Albertans are healthy and live, work and play in a healthy environment. The 2012 targets are from the Framework for a Healthy Alberta.
- 1.h An "acceptable" BMI falls in the normal weight range. There are four categories of BMI ranges in the Canadian weight classification system. They are: underweight (BMIs less than 18.5); normal weight (BMIs 18.5 to 24.9); overweight (BMIs 25 to 29.9), and obese (BMI 30 and over). Most adults with a high BMI (overweight or obese) have a high percentage of body fat. Extra body fat is associated with increased risk of health problems such as diabetes, heart disease, high blood pressure and some cancers.
- 1.j Consuming alcohol during pregnancy can result in fetal alcohol spectrum disorder (FASD). A baby born with FASD can have serious handicaps and therefore could require a lifetime of special care. Alberta's goal is to have zero per cent of women consume alcohol during pregnancy by 2012.



**What it means** The Ministry monitors the health system and provides leadership and planning for prevention services delivered through health authorities and other partners. As public health issues such as avian influenza gain attention worldwide, Albertans need to know their health system is ready and able to protect them. The Ministry provides support and leadership in the development of the overall provincial response and emergency plans to deal with outbreaks and health threats. These services help to protect Albertans from disease and injury.

**Strategies**

- 2.1 Reduce suicide and the risk of serious injury through education and targeted interventions in collaboration with other agencies. Work with AADAC, Children's Services, and Solicitor General and Public Security to reduce the number of youth suicides.
- 2.2 Protect Albertans against communicable diseases by strengthening the health system's capacity to prevent, be prepared for and respond to public health risks such as vaccine-preventable diseases, emerging threats like avian influenza and increases in sexually transmitted infections.
- 2.3 Protect Albertans from environmental health risks transmitted via air, water, food and physical environments through education, environmental and air quality monitoring, regulatory compliance and enforcement in partnership with other ministries.
- 2.4 Develop networks and initiatives that improve access to disease screening and prevention services such as the Alberta Stroke Network.
- 2.5 Work with other ministries on the Water for Life Strategy to ensure safe and secure drinking water for Albertans.
- 2.6 Develop a provincial immunization strategy that would lead to improved immunization rates among Albertans.
- 2.7 Conduct health surveillance; assess and report on health trends in selected health priority areas (e.g., a reproductive health report, a West Nile Virus report, an updated children's health status report, and an injury report).
- 2.8 Work with other ministries to reduce the transmission of infection in the provision of health care and other community services (e.g., day cares).
- 2.9 Utilize funding from the Alberta Cancer Prevention Legacy Fund to put Alberta at the forefront of cancer prevention, screening and research.

Performance Measures	Last Actual (year)	Target 2006-07	Target 2007-08	Target 2008-09
2.a <b>Mortality Rates:</b> (per 100,000 population)				
Land Transport Accidents	12.2 (2003)	12.0	12.0	12.0
Suicide	13.9 (2003)	13.9	13.7	13.5
2.b <b>Childhood immunization coverage rates: (per cent by 2 yrs of age):</b>				
Diphtheria, tetanus, pertussis, polio, Hib	78 (2003)	88	93	97*
Measles, mumps, rubella	90 (2003)	93	96	98
2.c <b>Influenza vaccination:</b> Per cent who have received the recommended annual influenza (flu) vaccine				
Seniors	69 (2004-05)	70	72	75
Children 6-24 months old	40 (2004-05)	45	50	60
2.d <b>Screening rate for breast cancer:</b> Per cent of women age 50-69 receiving screening mammography every two years (excludes mammograms done for diagnostic purposes)	52.4 (2003)	60	62	62

**Notes:**

- 2.a Raise awareness of the significant burden motor vehicle collisions and suicide have on society and assure Albertans that actions will be taken to impact these behaviours. Along with Infrastructure and Transportation and the RCMP, the Ministry funds and supports the work of the Alberta Occupant Restraint Program through the Alberta Centre for Injury Control and Research.
- 2.b Providing immunizations for childhood vaccine-preventable diseases is a major activity of the public health system. Immunizations protect children and adults from a number of vaccine-preventable diseases, some of which can be fatal or produce permanent disabilities. A high rate of coverage is needed to protect the entire community from outbreaks of these diseases. Immunizations also provide the parents of young children with the opportunity to obtain other needed health information and advice during clinic visits.  
\* Long-term target is 97 per cent (by 2009) as outlined in the Alberta Immunization Manual, 2001 in accordance with national standards.
- 2.c Influenza has a significant seasonal impact on the health of Albertans and tends to be most severe among children 6 to 24 months of age, older Albertans, residents of long-term care facilities and those with certain chronic conditions. Illness and death from influenza is more likely in these populations, which affects acute care hospitals and emergency departments.
- 2.d Education and screening reduces the rate of breast cancer among women from 50-69 years of age. The screening rate is an appropriate indicator of the effectiveness of the health system to detect cancer as soon as possible.

**New Performance Measure under development:** The Alberta Cancer Board will be developing a screening program and measure for colorectal cancer. There are no data collected on a provincial basis at this time.

## Core Business Two: Provide quality health and wellness services

GOAL THREE

# 3

## Improved access to health services

**What it means** Albertans expect health services will be accessible where and when they are needed. Working with health authorities and service providers, federal and provincial governments, Health and Wellness sets access standards for the health system. Improved access includes waiting time and geographic access standards and options in health services. These standards and their targets are as interconnected as the health system itself, and each target affects other health services.

## Strategies

- 3.1 Provide for continuing care services that allow Albertans to "age-in-place" in their homes and communities:
  - work with regions to coordinate access to continuing care services for facility living, supportive living and home living;
  - consolidate and modernize continuing care policy and regulations;
  - collaborate with the Ministry of Seniors and Community Supports to address barriers/access to continuum of care and encourage innovation;
  - expand community-based and home care services to enable individuals to remain in their communities as long as possible; and
  - develop a new approach to paying for long-term care.
- 3.2 Find innovative and culturally appropriate ways to improve access to health services for all Albertans, especially populations who have not taken advantage of health services in the past.
- 3.3 Work with the Alberta Mental Health Board, regional health authorities and other partners to support their community-based implementation of the Provincial Mental Health Plan.
- 3.4 Continue to launch pilot projects to remove inefficiencies and speed up access to prostate cancer care, children's mental health and cataract surgery.
- 3.5 Begin implementation of Rural Development Strategy initiatives focused on health care in rural communities.
- 3.6 Improve Albertans' access to primary health care by changing how these services are organized, funded and delivered (e.g., Primary Care Networks, Academic and Non-Academic Alternate Relationship Plans, Telehealth, new models for delivery of primary health care services).
- 3.7 In partnership with health authorities and other ministries, develop and implement long-term capital plans to ensure Albertans have access to appropriate facilities and services.

Performance Measures	Last Actual (year)	Target 2006-07	Target 2007-08	Target 2008-09
3.a <b>Wait Times:</b> Regional Health Authority achievement of wait time goals in weeks based on clinical urgency:*	90th percentile	90th percentile	90th percentile	90th percentile
Hip replacement surgery	54 (June 2005)	40	30	20
Knee replacement surgery	66.4 (June 2005)	50	30	20
Heart Surgery (CABG)	8.7 (June 2005)	8	7	6
MRI	16.7 (June 2005)	16	14	12
3.b <b>Number waiting for long-term care facility placement:</b>				
In acute hospital	268 (March 2005)	255	242	230
Urgent in community	272 (March 2005)	245	233	221
3.c <b>Per cent of Albertans who have used Health Link Alberta</b>	23 (2004)	27	28	28

### Notes:

3.a-3.b Providing reasonable access to needed health service is a major objective and a defining attribute of the publicly funded health system. Longer waits affect health status and quality of life and result in more costly health services. Albertans requiring emergency surgery are not placed on wait lists.

\* Data obtained from the Alberta Waitlist Registry. Excludes emergency surgical patients. Targets are set for the 90th percentile as it best represents the actual waiting experience of Albertans requiring these services. 90th percentile means 90 per cent of patients waited that long or less.

3.c Health Link Alberta is a 24 hours a day, seven days a week service which provides Albertans with access to general health and service information from a registered nurse.

**New Performance Measure under development:** The Ministry is developing targets for a new measure to track access to children's mental health services.

**What it means** Provide strong leadership to ensure that a qualified and integrated health workforce meets the current and future health care needs of Albertans.

### Strategies

- 4.1 Collaborate with health system stakeholders to support the development and coordination of health workforce plans (e.g., Provincial Comprehensive Health Workforce Plan, regional health authority workforce plans, physician resource plans, nursing workforce strategy, development of Health Workforce Information Network).
- 4.2 Work with key stakeholders on initiatives to provide education and training programs to develop the needed health workforce (e.g., continue implementation and ongoing evaluation of the Health Care Aide Curriculum; provide placements for community medicine residents and field surveillance officers from the Public Health Agency of Canada).
- 4.3 Provide leadership to key stakeholders on initiatives to recruit, retain and appropriately compensate the needed health workforce (e.g., Rural Physician Action Plan, academic and non-academic Alternate Relationship Plans, Physician On-call programs, Provincial Nominee Program).
- 4.4 Work with regional health authorities, professional organizations and through the Tri-lateral Master Agreement structure to improve health care through innovations in service delivery and compensation with an emphasis on the development of multidisciplinary teams and incentives that enable health care practitioners to work collaboratively (e.g., Telehealth, academic and non-academic Alternate Relationship Plans, Primary Care Networks, *Health Professions Act*).
- 4.5 Promote effective and efficient utilization of the health workforce by encouraging the development of competency profiles across professions and interdisciplinary understanding of scopes of practice for care providers (e.g., Alberta International Medical Graduate program, increased use of nurse practitioners, Provincial Nominee Program).
- 4.6 Develop and implement regulations for health care providers under the *Health Professions Act* to enable health care practitioners to work to their full scopes of practice.
- 4.7 Increase rural access to health care practitioners and multidisciplinary teams (e.g., Rural Physician Action Plan, Telehealth, Primary Care Networks, Rural On-Call program, Rural Locum Program).

Performance Measures	Last Actual (year)	Target 2006-07	Target 2007-08	Target 2008-09
4.a Number of physicians in Alternate Relationship Plans*	688 (2005)	840	950	1,000
4.b Number of postgraduate medical seats	866 (2004-05)	995	1,030	1,050
4.c Number of health workforce practitioners	46,700 (2003)	47,868	48,825	49,800
4.d Per cent of Albertans who have a family doctor	84 (2004)	86	88	90

**Notes:**

- 4.a Successful achievement will indicate that larger numbers of health services are being delivered to Albertans in models of collaborative, multidisciplinary and integrated practice.
- \* Alternate Relationship Plans are new physician compensation models that offer flexibility from volume driven fee-for-service payments. They support the greater use of multidisciplinary teams and other changes to improve overall patient care.
- 4.b Increasing the number of education seats for physicians should result in more licensed physicians. More physicians improve access to physician services and reduce wait times.
- 4.c Physicians, nurses (registered nurses, licensed practical nurses, registered psychiatric nurses), pharmacists and rehabilitation professionals (physiotherapy, occupational therapy, respiratory therapists) are included. Increasing the health workforce helps to reduce wait times and improve access to services.
- 4.d The proportion of Albertans who have a family doctor is rising and encompasses a solid majority of residents. A family doctor who knows his/her patients' history and health issues is in the best position to work with patients and their families to reduce the risk of disease and attain their health goals.

## GOAL FIVE

**5****Improved health service outcomes**

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**What it means** Albertans expect the best possible care and outcomes when they use the health system. As part of its leadership and assurance role, the Ministry established a quality framework including six dimensions of quality health services: acceptability, appropriateness, effectiveness, efficiency, accessibility and safety. The Ministry continually develops and updates standards, monitors compliance with standards to ensure the quality of programs and services, and develops new initiatives in response to technological advances, demographic changes and other factors.

**Strategies**

- 5.1 Help Albertans with chronic health conditions (e.g., cancer, diabetes) maintain optimum health through appropriately managed and coordinated care, including paid and voluntary support systems and networks.
- 5.2 Improve quality of continuing care services by:
- enhancing assessment and case management to help clients to navigate through the health system;
  - improving access to long-term care and home care services;
  - addressing human resource issues by increasing the supply and training of personal care aides;
  - implementing new standards for long-term care centres and continuing care services; and
  - implementing, measuring and enforcing compliance with continuing care standards.
- 5.3 Work with health authorities to avoid and minimize risks or unintended results in providing health services by promoting quality standards for health services, such as patient safety and infection prevention and control (e.g., handwashing).
- 5.4 Strengthen the health system's capacity to define, report, monitor and prevent hospital<sup>1</sup> or community acquired infections, adverse events and medical errors.
- 5.5 Use information from the Health Quality Council of Alberta, including patient/client feedback, to assist in improving performance of Alberta's health system.
- 5.6 Initiate public reporting of outcome indicators for the key life-saving interventions of cardiac revascularization, kidney dialysis and transplants.
- 5.7 Review recommendations of the Ambulance Governance Advisory Council, including results of the Discovery Region pilot projects, and develop and execute an appropriate implementation strategy.

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<sup>1</sup> Infections that are acquired while a patient is in hospital are referred to as nosocomial infections.

Performance Measures	Last Actual (year)	Target 2006-07	Target 2007-08	Target 2008-09
5.a <b>Ambulatory Care Sensitive Conditions hospitalization rates*</b> (per 100,000 age standardized population)	434 (2002-03)	400	400	400
5.b <b>30-day heart attack survival rate</b> for patients treated in hospital (three-year average data, in per cent)	90 (2000-03)	92	92	92
5.c <b>5-Year Cancer survival rates</b> (in per cent):				
Breast cancer (female rate only)	80 (1997-2002)	80	80	80
Colorectal cancer (male and female rate)	54 (1997-2002)	60	60	60

**Notes:**

- 5.a Albertans need to be assured that their health system is ready and able to treat those with chronic health conditions to maintain optimum health through appropriately managed and coordinated care.  
 \* Reduced hospitalization rates for chronic conditions like asthma, diabetes, depression, hypertension, neurosis and alcohol and drug dependencies.
- 5.b Albertans expect the best care and outcomes whenever they use the health system. The 30-day survival rate for heart attacks is an appropriate measure of the quality of health care the system provides in its hospitals.
- 5.c Survival rates are important not only because they indicate the proportion of people who will be alive at a given point after they have been diagnosed with cancer, but also because they may allow the effectiveness of cancer control programs to be evaluated.

## Core Business Three: Lead and participate in continuous improvement in the health system

GOAL SIX

6

### Health system efficiency, effectiveness and innovation

**What it means** Alberta's complex health system is challenged by continuous change, rising costs, steady growth and increased public expectations. Health system innovation can only be achieved in collaboration with stakeholders and the Alberta public, through an effective coordination of efforts and clear, timely communication.

**Strategies**

**System Management**

- 6.1 Continue to enhance and clarify the accountability relationships within the health system as public expectations evolve (e.g., Tri-lateral Master Agreement, health authority health plans, long-term care and surgical services contracts).
- 6.2 Implement a policy framework in collaboration with health authorities and professional organizations and continue to develop a health service plan, a provincial public health strategic plan, and a provincial research strategy.
- 6.3 Continue to lead, develop and enhance policies and frameworks that address data security, access, standards and quality requirements.
- 6.4 Work with key partners and stakeholders to enable Alberta's interests to be forefront in collaborative federal-provincial initiatives.
- 6.5 Prepare a discussion document on how private supplementary health insurance may affect continuing care, prescription drugs and other non-emergency health services.
- 6.6 Contribute to initiatives which strengthen collaboration, integration and coordination across ministries to enhance the sustainability of the public health system and ensure optimum strategic investment.
- 6.7 Collect and publish health system cost information.

- 6.8 Create new expert sub-committees to the Province Wide Services Working Group, consisting of clinicians and program managers, to advise on appropriate volumes, patient outcomes and accessibility for key life saving interventions.
- 6.9 Work with regional health authorities and other partners to strengthen the overall public health capacity in the province.

#### **Innovation**

- 6.10 Continue to implement health information technology to give clinicians drug, laboratory and diagnostic imaging data so they can provide quality patient care.
- 6.11 Change the majority of Alberta's diagnostic imaging services and equipment to filmless technologies to enable earlier diagnosis and reduce unnecessary duplication of diagnostic imaging procedures.
- 6.12 Implement the following systems:
- electronic systems within regions and physicians' offices to provide patient information to physicians at the point-of-care (e.g., computer access to a patient's file from each treatment room);
  - electronic tracking and referral and patient tracking systems to streamline access to selected specialty services; and
  - improve system access and security to minimize fraud and better identify eligible health service recipients.
- 6.13 Provide leadership on federal/provincial/territorial work to manage the growing cost of pharmaceuticals including the protection of Albertans from catastrophic drug costs.
- 6.14 Introduce a new *Health Care Assurance Act*.
- 6.15 Enhance processes to decide whether to publicly fund new health services and technologies.

<b>Performance Measures</b>	<b>Last Actual (year)</b>	<b>Target 2006-07</b>	<b>Target 2007-08</b>	<b>Target 2008-09</b>
6.a <b>Public Rating of health system overall:</b> Per cent rating the health care system overall as either "excellent" or "good"	67 (2005)	68	69	70
6.b <b>Number of care providers accessing Alberta Netcare</b>	1600 (2004)	10,000	15,000	20,000
6.c <b>Access to data:</b> Per cent of stakeholders reporting easy access to information	76 (2005)	85	92	92
6.d <b>Household spending on drugs:</b> Per cent of households spending over 5 per cent of household income after taxes on prescription drugs	2.5 (2002)	2.5	2.5	2.5

#### **Notes:**

- 6.a Albertans who receive health services are in a good position to report from their perspective on the quality of care they receive. Several factors may contribute to their judgments about quality service including timeliness, competence, safety, health outcomes and communication between patient and provider.
- 6.b This is a clinical health information network that links community physicians, pharmacists, hospitals and other authorized health care professionals across the province. It lets these health care practitioners see and update health information such as a patient's allergies, prescriptions and lab tests. As more providers access the system, more consistent care and improved treatment decisions will result.
- 6.c Albertans want to know that stakeholders get the information they need to work effectively and efficiently, and to make the best decisions on how to improve the health system.
- 6.d Prescription drugs are a major component of health care and some treatments can be very expensive. In 2002, Alberta households spent less on prescription drugs than most Canadians. Compared to other Canadians, Albertans are younger on average and enjoy one of the highest average household incomes. As well, 73 per cent of Albertans have insurance coverage for prescription drugs through either a public or private plan.

## EXPENSE BY CORE BUSINESS

(thousands of dollars)

	Comparable					
	2004-05 Actual	2005-06 Budget	2005-06 Forecast	2006-07 Estimate	2007-08 Target	2008-09 Target
Advocate and Educate for Healthy Living	267,948	192,223	193,109	212,636	204,241	204,741
Provide Quality Health and Wellness Services	8,531,496	8,940,587	8,999,558	9,809,305	10,665,164	11,077,157
Lead and Participate in Continuous Improvement in the Health System	125,606	217,910	387,352	293,148	239,423	237,629
<b>MINISTRY EXPENSE</b>	<b>8,925,050</b>	<b>9,350,720</b>	<b>9,580,019</b>	<b>10,315,089</b>	<b>11,108,828</b>	<b>11,519,527</b>

## MINISTRY STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable					
	2004-05 Actual	2005-06 Budget	2005-06 Forecast	2006-07 Estimate	2007-08 Target	2008-09 Target
<b>REVENUE</b>						
Internal Governmental Transfers	235,691	345,291	345,291	387,803	387,803	387,803
Transfers from Government of Canada:						
Canada Health Transfer	1,341,782	1,686,950	1,571,334	1,743,895	1,887,980	2,028,532
Wait Times Reduction	62,621	125,528	62,908	121,335	121,889	61,222
Diagnostic / Medical Equipment	99,736	49,690	49,690	-	-	-
Other	232,476	185,157	183,173	22,540	5,409	5,659
Investment Income	5,871	4,000	10,000	6,000	6,000	6,000
Premiums, Fees and Licences	942,579	898,810	928,338	906,588	921,588	937,588
Other Revenue	89,154	71,252	113,536	98,535	96,226	91,475
<b>MINISTRY REVENUE</b>	<b>3,009,910</b>	<b>3,366,678</b>	<b>3,264,270</b>	<b>3,286,696</b>	<b>3,426,895</b>	<b>3,518,279</b>
<b>EXPENSE</b>						
<b>Program</b>						
Regional Health Services	5,082,755	5,618,965	5,637,165	5,975,395	6,333,919	6,713,954
Mental Health Innovation	-	25,000	25,000	25,000	25,000	-
Accumulated Deficit Funding	92,507	-	-	-	-	-
<b>Total Regional Health Services</b>	<b>5,175,262</b>	<b>5,643,965</b>	<b>5,662,165</b>	<b>6,000,395</b>	<b>6,358,919</b>	<b>6,713,954</b>
Physician Services	1,571,372	1,741,160	1,744,995	1,879,653	1,940,636	1,977,538
Non-Group Health Benefits	534,064	629,511	598,478	689,576	745,453	812,045
Allied Health Services	71,464	82,951	74,046	82,930	87,911	98,200
Protection, Promotion and Prevention	102,789	97,278	97,278	95,233	84,838	85,338
Human Tissue and Blood Services	122,330	137,000	118,000	131,700	131,700	131,700
Provincial Programs	189,965	237,122	251,363	352,019	344,162	370,094
Addiction Prevention and Treatment Services	67,269	74,709	75,595	94,667	94,667	94,667
Ministry Support Services	129,662	152,239	149,681	148,131	146,184	146,184
Health Information Systems	56,494	86,248	259,248	167,083	117,305	115,511
Infrastructure Support	840,300	427,174	499,304	607,339	990,690	907,933
Cancer Research and Prevention Investment	-	-	-	25,000	25,000	25,000
Health Care Insurance Premiums Revenue Write-Offs	63,053	41,363	49,866	41,363	41,363	41,363
Valuation Adjustments and Other Provisions	1,026	-	-	-	-	-
<b>MINISTRY EXPENSE</b>	<b>8,925,050</b>	<b>9,350,720</b>	<b>9,580,019</b>	<b>10,315,089</b>	<b>11,108,828</b>	<b>11,519,527</b>
Gain (Loss) on Disposal and Write Down of Capital Assets	-	-	-	-	-	-
<b>NET OPERATING RESULT</b>	<b>(5,915,140)</b>	<b>(5,984,042)</b>	<b>(6,315,749)</b>	<b>(7,028,393)</b>	<b>(7,681,933)</b>	<b>(8,001,248)</b>



## CONSOLIDATED NET OPERATING RESULT

(thousands of dollars)

	Comparable					
	2004-05 Actual	2005-06 Budget	2005-06 Forecast	2006-07 Estimate	2007-08 Target	2008-09 Target
Ministry Revenue	3,009,910	3,366,678	3,264,270	3,286,696	3,426,895	3,518,279
<i>Inter-ministry consolidation adjustments</i>	(235,815)	(345,291)	(345,488)	(387,803)	(387,803)	(387,803)
<b>Consolidated Revenue</b>	<b>2,774,095</b>	<b>3,021,387</b>	<b>2,918,782</b>	<b>2,898,893</b>	<b>3,039,092</b>	<b>3,130,476</b>
Ministry Expense	8,925,050	9,350,720	9,580,019	10,315,089	11,108,828	11,519,527
<i>Inter-ministry consolidation adjustments</i>	(483)	(200)	(397)	(200)	(200)	(200)
<b>Consolidated Expense</b>	<b>8,924,567</b>	<b>9,350,520</b>	<b>9,579,622</b>	<b>10,314,889</b>	<b>11,108,628</b>	<b>11,519,327</b>
Gain (Loss) on Disposal and Write Down of Capital Assets	-	-	-	-	-	-
<b>CONSOLIDATED NET OPERATING RESULT</b>	<b>(6,150,472)</b>	<b>(6,329,133)</b>	<b>(6,660,840)</b>	<b>(7,415,996)</b>	<b>(8,069,536)</b>	<b>(8,388,851)</b>

## CAPITAL INVESTMENT BY CORE BUSINESS

(thousands of dollars)

	Comparable					
	2004-05 Actual	2005-06 Budget	2005-06 Forecast	2006-07 Estimate	2007-08 Target	2008-09 Target
Advocate and Educate for Healthy Living	29,304	31,353	31,353	31,778	31,778	31,778
Lead and Participate in Continuous Improvement in the Health System	17,108	42,270	37,770	44,000	30,000	30,000
<b>MINISTRY CAPITAL INVESTMENT</b>	<b>46,412</b>	<b>73,623</b>	<b>69,123</b>	<b>75,778</b>	<b>61,778</b>	<b>61,778</b>

## CAPITAL INVESTMENT BY PROGRAM

(thousands of dollars)

	Comparable					
	2004-05 Actual	2005-06 Budget	2005-06 Forecast	2006-07 Estimate	2007-08 Target	2008-09 Target
Protection, Promotion and Prevention	28,919	31,100	31,100	31,600	31,600	31,600
Addiction Prevention and Treatment Services	384	253	253	178	178	178
Ministry Support Services	1,466	920	920	-	-	-
Physician Services	705	-	-	-	-	-
Health Information Systems	14,938	41,350	36,850	44,000	30,000	30,000
<b>MINISTRY CAPITAL INVESTMENT</b>	<b>46,412</b>	<b>73,623</b>	<b>69,123</b>	<b>75,778</b>	<b>61,778</b>	<b>61,778</b>

# ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION (AADAC)

## BUSINESS PLAN 2006-09

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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 an agency of the Government of Alberta reporting to the Minister of Health and Wellness. The Commission is governed by a Board of up to 12 members appointed by the Lieutenant Governor in Council. The Chair is a Member of the Legislative Assembly. The Commission Board provides policy direction for AADAC programs and services.

### VISION

*A healthy society that is free from the harmful effects of alcohol, other drugs and gambling.*

### MISSION

Making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling.

## LINK TO THE GOVERNMENT OF ALBERTA STRATEGIC BUSINESS PLAN

AADAC is directly linked to government as part of the Ministry of Health and Wellness and is referenced in its Business Plan:

Goal 1: Albertans make choices for healthier lifestyles.

Strategy 1.4: Ensure that addiction information, prevention and treatment services are available province-wide.

## STRATEGIC PRIORITIES 2006-09

One of the strategic opportunities of the Government of Alberta's 20-year strategic plan, *Today's Opportunities, Tomorrow's Promise*, is making Alberta the best place to live, work and visit. AADAC contributes to this vision by delivering responsive and affordable programs and services that promote healthy living. Through review of external and internal challenges, and in addition to AADAC's core activities, the Commission has identified the following strategic priorities for 2006-09.

1. Ensure the ongoing sustainability of addiction services across the province.
2. Continue to emphasize youth programs, and services for women and families.
3. Maintain research and information services to support prevention and treatment programming.
4. Provide focused programming for tobacco reduction and problem gambling in Alberta.
5. Continue to support employee wellness initiatives.

# CORE BUSINESSES, GOALS, STRATEGIES & PERFORMANCE MEASURES

## Core Business One: Information

### GOAL ONE **1** To inform Albertans about alcohol, other drug and gambling issues, and AADAC services

AADAC provides Albertans with current and accurate information on alcohol, other drugs and gambling. Information management and dissemination creates greater awareness of addiction issues and AADAC services, and it is required to support the development and delivery of prevention and treatment programming. Information and resource materials are available through AADAC offices and clinics, and are accessible on the AADAC web site at [www.aadac.com](http://www.aadac.com).

#### Strategies

- Develop and distribute evidence-based addiction information and resource materials to Albertans.
- Promote awareness of AADAC services.
- Conduct policy analysis to inform decision-making.
- Undertake research and evaluation to support delivery of addiction programs and services in Alberta.
- Maintain client information and performance measurement systems to support operations, business planning and reporting.
- Provide training to staff and allied professionals.

Performance Measures	Last Actual (2004-05)	Target 2006-07	Target 2007-08	Target 2008-09
Percentage of Albertans who are aware of AADAC services.	88	90	90	90
Percentage of women who are aware that alcohol use during pregnancy can lead to life long disabilities in a child.	99	99	99	99

## Core Business Two: Prevention

### GOAL TWO **2** To prevent the development of, and reduce, the harms associated with alcohol, other drug and gambling problems

AADAC provides programs and services that are designed to prevent alcohol, other drug and gambling problems, and reduce the harms associated with substance abuse and problem gambling. Prevention strategies are intended to increase protective factors and reduce risk factors for the population as a whole, and within specific groups.

#### Strategies

- Provide prevention consultation services through AADAC area offices and urban clinics.
- Collaborate with government and other key stakeholders to deliver prevention programming for youth, families and communities.
- Support the development of community prevention projects and programs.
- Provide consultation to employers in developing work-based initiatives that prevent and reduce the impact of substance use and problem gambling.
- Respond to high-risk behaviours through early intervention and harm reduction programming.

Performance Measures	Last Actual (2003)	Target 2006-07	Target 2007-08	Target 2008-09
Prevalence of smoking among Alberta youth (%).	14	13	13	13
Prevalence of regular, heavy drinking among young Albertans (%).	31	30	30	30

### Core Business Three: Treatment

GOAL THREE **3**

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

AADAC offers a broad continuum of treatment services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems. Treatment is aimed at adults, youth, and their families who are displaying significant problems. Services include community-based outpatient counseling, day programs, crisis and detoxification services, short and long-term residential treatment, and overnight shelter. Specialized programs are available for youth, women, Aboriginal Albertans, business and industry referrals, and persons with opiate dependency or cocaine addiction.

#### Strategies

- Provide crisis counselling and referrals through the toll-free AADAC help line.
- Operate and fund regional detoxification and shelter services.
- Operate and fund community-based outpatient counselling and day treatment programs.
- Operate and fund regional residential treatment programs.
- Operate and fund problem gambling treatment services.
- Maintain effective relationships with self-help groups and community agencies that assist clients in their recovery following treatment.

Performance Measures	Last Actual (2004-05)	Target 2006-07	Target 2007-08	Target 2008-09
Percentage of clients satisfied with treatment services.	95	95	95	95
Percentage of clients reporting they were improved following treatment.	92	93	93	93