Health and Wellness

Section I

Annual Report 2007-2008

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Health and Wellness

Annual Report — Section I
2007 – 2008

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Section II

Section II of this report is published under a separate cover. It provides the financial statements of the regional health authorities and provincial health boards. To obtain financial statements of individual regional health authorities and provincial health boards, please contact the health authority directly.

Preface

Public Accounts 2007/2008

The Public Accounts of Alberta are prepared in accordance with the *Financial Administration Act* and the *Government Accountability Act*. The Public Accounts consist of the annual report of the Government of Alberta and the annual reports of each of the 20 ministries.

The annual report of the Government of Alberta, released June 24, 2008 contains Ministers' accountability statements, the consolidated financial statements of the Province and the *Measuring Up* report, which compares actual performance results to desired results set out in the government's business plan.

This annual report of the Ministry of Alberta Health and Wellness contains the Minister's accountability statement, the audited consolidated financial statements of the ministry and a comparison of actual performance results to desired results set out in the ministry business plan. This ministry annual report also includes:

- **the financial statements of entities making up the ministry, including the provincial agencies for which the minister is responsible, and**
- **other financial information as required by the *Financial Administration Act* and the *Government Accountability Act*, either as separate reports or as a part of the financial statements, to the extent the ministry has anything to report.**

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

On March 12, 2008, the Alberta Government announced new ministry structures. Since the 2007/2008 fiscal year was substantially completed prior to this announcement, ministry annual reports and financial statements have been prepared as if the restructuring took place April 1, 2008, to provide proper accountability for the 2007/2008 fiscal year against the original business plan.

A schedule summarizing the effect of the government restructuring can be found on page 204 of this annual report. The Ministry of Health and Wellness was not affected by the restructuring.

Minister's Accountability Statement

The ministry's annual report for the year ended March 31, 2008, was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as at September 16, 2008 with material economic or fiscal implications of which I am aware have been considered in the preparation of this report.

[Original Signed]

Ron Liepert
Minister of Health and Wellness
September 16, 2008

Message from the Minister

I stepped into the role of minister of Alberta Health and Wellness in March 2008 and immediately embraced the priorities outlined in the Premier's and my mandate for the ministry. During the 2007/2008 fiscal year, the health ministry faced a wide variety of challenges that offered opportunities both invigorating and uplifting. These opportunities paved the way for progressive actions to make Alberta's health system the best it can be.

Alberta has faced a period of unprecedented growth in its population that put pressure on the long-term sustainability of the health care system. This situation has created an opportunity for the ministry to increase initiatives to encourage Albertans to stay well and to make healthy living choices in order to ease the pressure on the heath care system.

Government also actively engaged health-system leaders, professional associations and communities in order to achieve these goals. During the past year, Alberta's progress towards having a high-performing, sustainable and cost-effective health system, as well as helping Albertans be healthier has made significant strides.

There have been meaningful accomplishments made on behalf of partners, clients, stakeholders and Albertans:

- The *Tobacco Reduction Act* was legislated, providing a province-wide smoking ban in public places and workplaces.
- The *Mental Health Amendment Act* was legislated, providing additional care measures for the intervention and treatment of those with mental illness. This change serves to strengthen mental health services in communities.
- A provincial infection prevention and control strategy with clear standards for patient safety was launched in January.
- Access to immunization is being improved through a new 10-year strategy to minimize the risk of vaccine-preventable diseases.
- A new stroke network improved the ability of health regions to work together on prevention, diagnosis and treatment of after-stroke care.
- A new Health Workforce Action Plan was implemented to recruit and retain physicians, nurses and health-care workers, to increase training capacity, and to look at the skills assessment of foreign healthcare workers.
- The number of Primary Care Networks, involving about 1,400 doctors that serve over 1.4 million Albertans, was increased by seven, for a total of 26 networks across the province.

- High priority long-term care projects were funded to increase bed capacity in order to address growth pressures in the health system.
- Important elements of the pharmaceutical strategy were developed, including a common provincial/territorial Joint Oncology Drug Review process, and a framework for possible joint purchasing of drugs with other provinces/territories.
- There was a refocus on the health system to promote wellness. Healthy U, Diabetes Atlas, and Create a Movement initiatives have brought about a new emphasis on active living and healthy eating.

Ministry staff continued to innovate by setting new directions through the development and implementation of the business plan.

Changes made to the health-care system each year are aimed at improving Alberta's future and to meet any new challenges head on. I know the importance of work the public service does and I appreciate the commitment of everyone in this ministry for doing their utmost to secure a strong future for Alberta. Together we will be the key to success.

[Original Signed]

Ron Liepert
Minister of Health and Wellness

Management's Responsibility for Reporting

The Ministry of Alberta Health and Wellness includes the Department of Health and Wellness, the Alberta Alcohol and Drug Abuse Commission, regional health authorities, provincial health boards and the Health Quality Council of Alberta.

The executives of the individual entities within the ministry have the primary responsibility and accountability for the respective entities. Collectively, the executives ensure the ministry complies with all relevant legislation, regulations and policies.

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

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

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

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

In fulfilling my responsibilities for the ministry, I have relied, as necessary, on the executive of the individual entities within the ministry.

[Original Signed]

Linda Miller
Acting Deputy Minister
Alberta Health and Wellness
September 16, 2008

Overview

Ministry Role

The Ministry of Health and Wellness is comprised of the Department of Health and Wellness, the Alberta Alcohol and Drug Abuse Commission (AADAC), regional health authorities and provincial health boards. Patient care and service delivery takes place among Alberta's regional health authorities, provincial health boards such as the Alberta Cancer Board and Alberta Mental Health Board, and AADAC.

The Ministry of Health and Wellness provides strategic direction and leadership to the provincial health system. This role includes developing the overall vision for the health system, defining provincial goals, objectives, standards and policies, encouraging innovation, setting priorities and allocating resources. The ministry's role is to assure accountability and balance health service needs with fiscal responsibility. The ministry also has a major role in protecting and promoting public health. This role includes:

- Monitoring the health status of the population;
- Identifying and working toward reducing or eliminating risks posed by communicable diseases and food-borne, drug and environmental hazards;
- Providing appropriate information to prevent the onset of disease and injury; and
- Promoting healthy choices.

The ministry administers and registers eligible Alberta residents for coverage under the Alberta Health Care Insurance Plan and compensates practitioners for the insured services they provide. The ministry also provides funding to regional health authorities and provincial boards.

The *Regional Health Authorities Act* makes regional health authorities responsible to the Minister of Health and Wellness for ensuring the provision of health services that are responsive to the needs of individuals and communities. Regional health authorities ensure the provision of acute care hospital services, community and long-term care services, mental health services, public health protection and promotion services, and other related services.

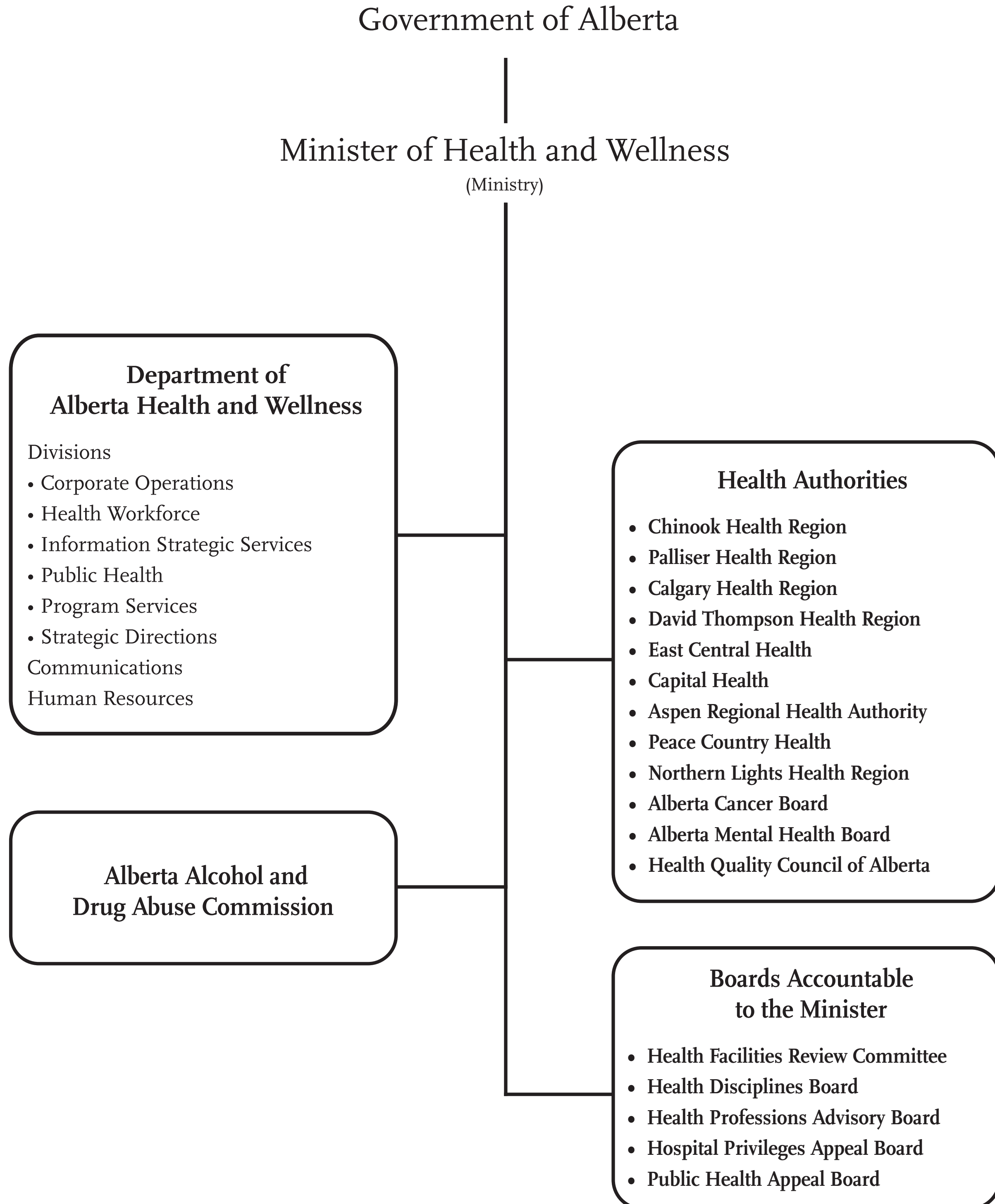
The *Cancer Programs Act* makes the Alberta Cancer Board responsible to the Minister for providing cancer prevention and treatment services, education and research. The *Alcohol and Drug Abuse Act* makes AADAC responsible to the Minister for providing services to address alcohol, other drug and gambling problems, and to conduct related research. The Alberta Mental Health Board advises the Minister on strategic and policy matters related to mental health programs and services.

The Health Quality Council of Alberta promotes patient safety and health service quality on a province-wide basis. The Council assists in the implementation and evaluation of strategies designed to improve patient safety and health service quality, and surveys Albertans on their experience and satisfaction with health services.

Regional health authorities, provincial health boards and agencies are also responsible for assessing needs, setting priorities, allocating resources and monitoring performance for the continuous improvement of health service quality, effectiveness and accessibility.

Ministry of Health and Wellness Organization

(For the year ended March 31, 2008)



Vision, Mission and Core Businesses

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

The achievement of this vision is everybody's responsibility. The Ministry of Alberta Health and Wellness plays a leadership role in achieving this vision through our mission, core businesses and goals.

Mission: *Provide leadership and work collaboratively with partners to help Albertans be healthy.*

The ministry fulfills this mission through three core businesses, each of which is supported by corresponding business plan goals.

Core Business One: Advocate and educate for healthy living.

Goal 1 – Albertans make choices for healthier lifestyles.
Goal 2 – Albertans' health is protected.

Core Business Two: Provide quality health and wellness services.

Goal 3 – Improved access to health services.
Goal 4 – Contemporary health workforce.
Goal 5 – Improved health service outcomes.

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

Goal 6 – Health system efficiency, effectiveness, innovation and productivity.

Highlights for 2007/2008

Core Business One: Advocate and educate for healthy living.

The *Tobacco Reduction Act* was passed in December 2007 to provide a province-wide smoking ban in all public places and workplaces. The Act also prohibits smoking within five metres of windows, doorways and air intakes of public places and workplaces to protect indoor air quality. These changes took effect on January 1, 2008. The Act also introduced a number of other changes. As of July 1, 2008, tobacco power walls and other retail displays or advertising are no longer permitted. As of January 1, 2009, the sale of tobacco products will not be permitted from pharmacies, retail stores which include a pharmacy, health facilities and public post-secondary institution campuses.

Government invested $22.5 million to support a new province-wide stroke network. The network will improve care programs for stroke patients by improving the ability of Alberta's health regions to work together on prevention programs, primary and comprehensive treatment centres, telehealth links and improved after-stroke care.

A provincial infection prevention and control strategy with clear standards was developed and released in January 2008. The strategy will strengthen Alberta's health system and set a national precedent for patient safety. Six key directions are identified in the strategy, with specific actions to prevent infections in health-care facilities and improve the quality of care. The directions include provincial standards with monitoring and enforcement of the standards by the Ministry of Health and Wellness, province-wide surveillance, and public awareness and education programs.

Core Business Two: Provide quality health and wellness services.

The *Mental Health Amendment Act* received Royal Assent in December 2007. The Act supports Albertans living with mental illness in achieving greater independence and a better quality of life. The legislation provides additional care measures, such as the introduction of community treatment orders, to enhance the early intervention and treatment of persons with a mental illness, and serves to strengthen community-based mental health services.

During 2007/2008, an additional seven Primary Care Networks were launched, bringing the total across Alberta to 26. These networks involve approximately 1400 physicians providing care to over 1.4 million Albertans. Family physicians working in these networks partner with health regions and use a team approach to improve access and to provide coordinated and comprehensive primary health care services to patients.

Government announced $300 million towards 600 new beds and more than 200 replacement beds in seven new continuing care and long-term care centres across the province to address growth pressures in Alberta's health care system. The Calgary Health Region and Capital Health will each receive $125 million in capital funding for high priority long-term care projects. East Central Health and David Thompson Health Region will receive funding of $40 million and $10 million, respectively, to expand long-term care capacity.

Government released a new Health Workforce Action Plan 2007 to 2016. The plan outlines 19 key initiatives to address Alberta health workforce issues. In 2007/2008, $30 million went toward eight key actions, which included creating a health career and skills assessment network, increasing clinical training capacity, implementing a number of policies and ongoing consultations with stakeholder groups on creative approaches to attract and retain to the domestic health workforce and attracting health professionals working abroad. A ninth recommended action, the purchasing of equipment to reduce and avoid injuries while lifting, was funded with an additional $27.5 million for Alberta's health authorities.

The *Health Professions Statutes Amendment Act* received Royal Assent in December 2007. The Act amends two health statutes, the *Health Professions Act* and the *Medical Profession Act*, and improves the governance of health professionals within the health care system. The amendments strengthen mandatory reporting requirements for health professionals regarding public health issues, facilitate bringing smaller colleges under the *Health Professions Act*, and address the public's expectation for government accountability in the delivery of safe, high quality health care services.

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

Alberta worked very closely with other provinces to improve the management of government drug programs through such initiatives as the Joint Oncology Drug Review. This process was initiated to create a shared mechanism for the review of new cancer drugs between provinces and territories. Alberta also signed a Memorandum of Understanding with British Columbia to develop a framework for possible joint purchasing of drugs and initiated work to advance that agreement.

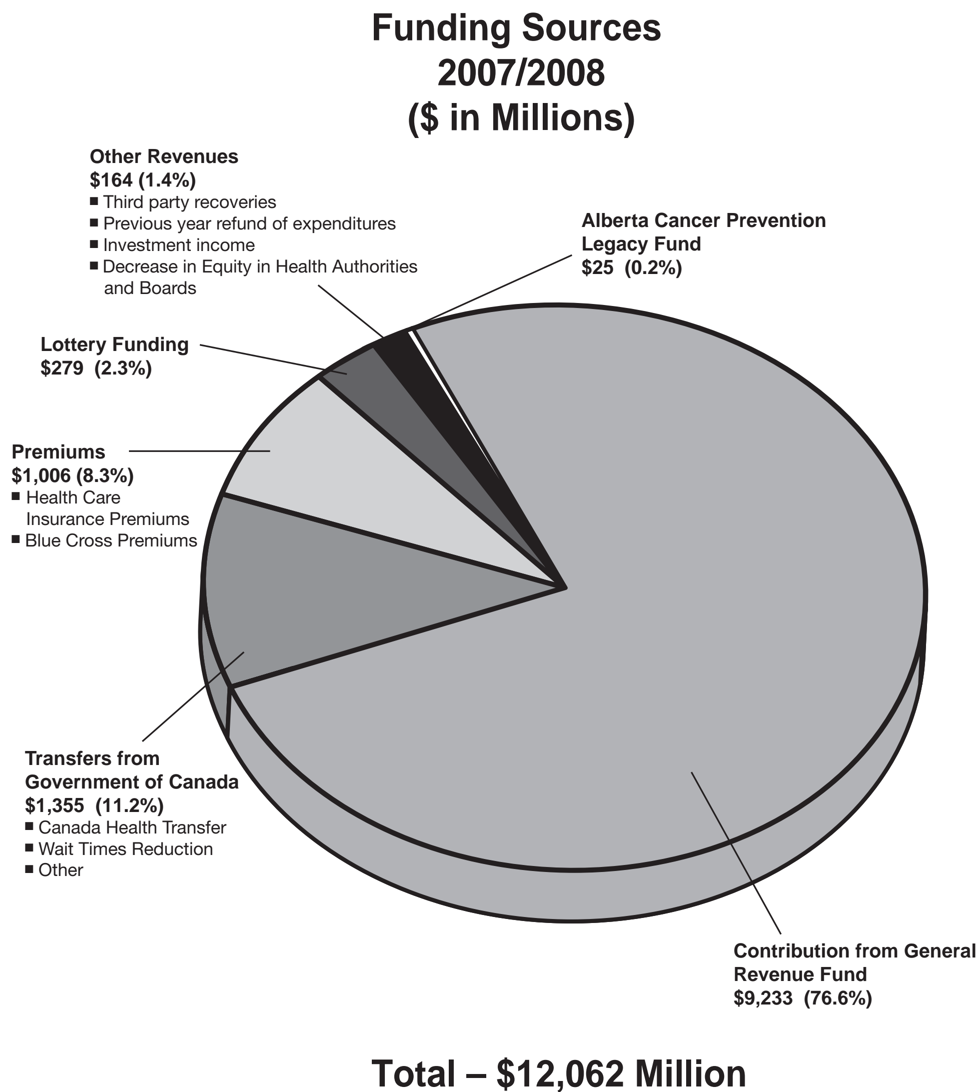
The *Health Facilities Accountability Amendment Act* received Royal Assent in December 2007. The Act enhances accountability in the health system by clarifying roles and responsibilities of health providers, helps prevent safety and quality of care issues from arising, and enables government to better address any issues if they do arise.

All Albertans who have received health care services in the past year now have a personal electronic health record in Alberta Netcare. Government's goal that every Albertan have an electronic health record by January 2008 was accomplished. Alberta Netcare is a secure and confidential electronic lifetime record of every Albertan that contains key health information needed to provide accurate, complete and timely health services by any health care provider any where in Alberta.

Financial Highlights

Revenues

Overall ministry revenue sources declined in 2007/2008 by $308 million to $2.8 billion. The reduction was primarily due to reduced transfers from the Government of Canada for the Canada Health Transfer, a decrease in equity in Health Authorities and Health Boards, and decreased Internal Government Transfers primarily due to a reduction in lottery funding. The reduction was partially offset by increased Alberta Health Care Insurance Premium revenues, other revenue and investment income.



Expenses

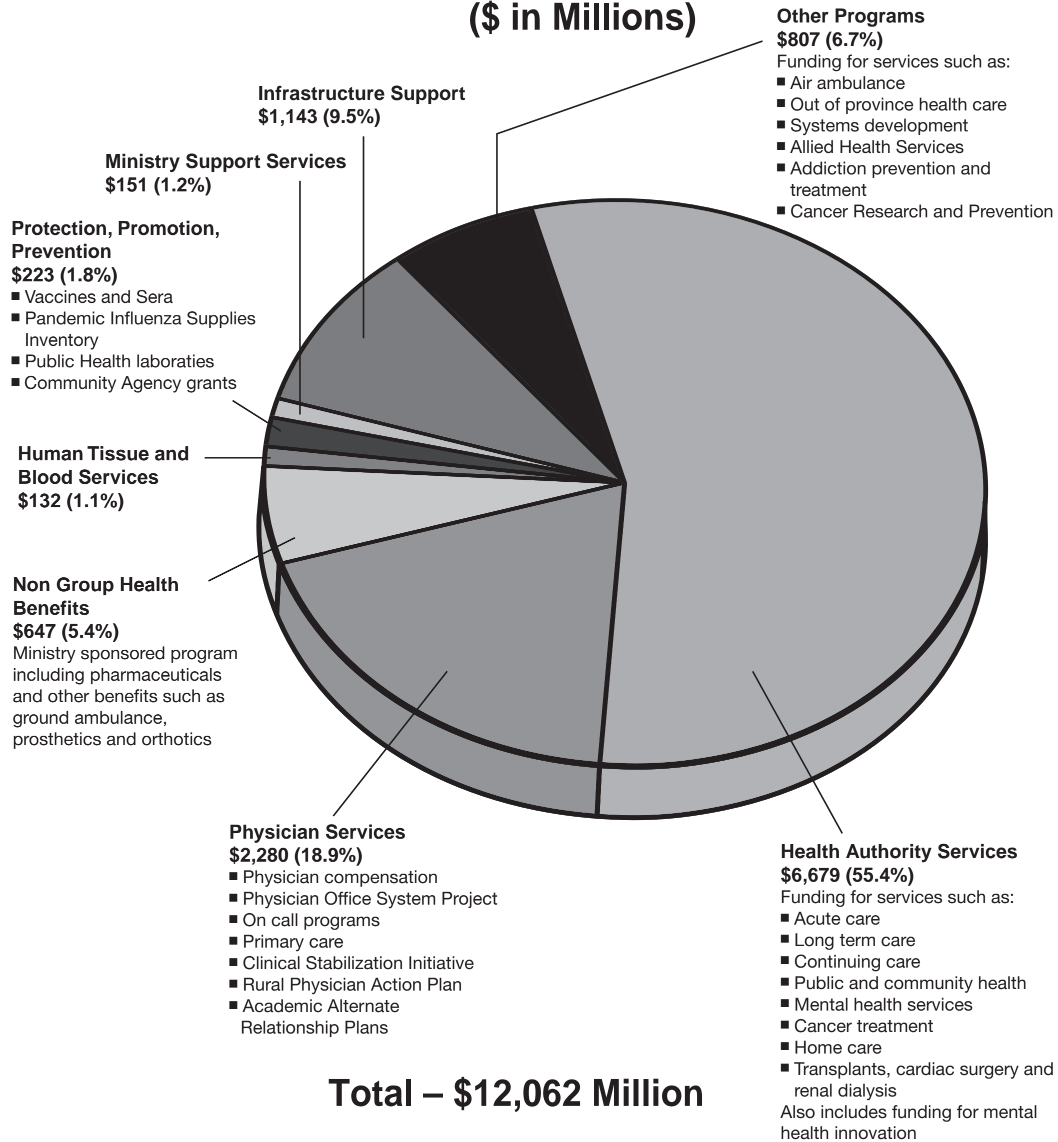
Ministry spending has increased by 12.7 per cent in 2007/2008 as a result of several cost drivers for the health care system. Inflation was 5.5 per cent, comprised mostly of wage inflation for health care providers. The population of Alberta grew by 3.0 per cent, adding to the volume of health services provided. Health care needs are also dependent on age. The aging of our population, all other things held equal, required an estimated additional 0.4 per cent increase in health spending. The remainder of the health expenditure increase is accounted for by a variety of factors including new technology and drugs, delivery system improvements and service enhancements.

The largest ministry expense component is the funding of regional health delivery and provincial health boards. The increase of $621 million, or 10.3 per cent, is largely attributed to the increase in population and infl ationary pressures. Increased service demands have put pressures on the health system.

There was a significant increase in compensation to Alberta's physicians, which reflects an increase in volume, as well as a 4.5 per cent rate increase for fee-for-service payments and alternate relationship plans which were negotiated under the Tri-Lateral Master Agreement.

Spending on capital projects increased in 2007/2008. This included increases for capital maintenance and renewal projects and escalation costs. New projects included $27.5 million for mechanical lifts and transfer systems in hospital and homecare settings, funding for public health, safety and security upgrades, as well as expansion and redevelopment of the St. Albert Sturgeon Community Hospital emergency room and ambulatory centre, and upgrades to the Royal Alexandra Active Treatment Centre. Also, in response to Investing in Our Future: Responding to Rapid Growth of Oil Sands Development (Radke Report), community health clinics in Fort McMurray were provided funding for upgrading and redevelopment, and residential needs for medical workers were addressed.

Increased spending on new initiatives in 2007/2008 included the Children's Mental Health Plan for Alberta, the Alberta Breast Cancer Screening Program and support for the Rick Hansen Foundation. The Children's Mental Health Plan was developed to improve access to mental health services for infants, children, youth and their families. It contributes to healthy and safe communities through addressing the needs of children and youth at risk.


Alberta Health and Wellness
How Funding was Spent
2007/2008
($ in Millions)
Other Programs
$807 (6.7%)
Funding for services such as:
■ Air ambulance
■ Out of province health care
■ Systems development
■ Allied Health Services
■ Addiction prevention and treatment
■ Cancer Research and Prevention
Infrastructure Support
$1,143 (9.5%)
Ministry Support Services
$151 (1.2%)
Protection, Promotion, Prevention
$223 (1.8%)
■ Vaccines and Sera
■ Pandemic Influenza Supplies Inventory
■ Public Health laboraties
■ Community Agency grants
Human Tissue and Blood Services
$132 (1.1%)
Non Group Health Benefits
$647 (5.4%)
Ministry sponsored program including pharmaceuticals and other benefits such as ground ambulance, prosthetics and orthotics
Physician Services
$2,280 (18.9%)
■ Physician compensation
■ Physician Office System Project
■ On call programs
■ Primary care
■ Clinical Stabilization Initiative
■ Rural Physician Action Plan
■ Academic Alternate Relationship Plans
Health Authority Services
$6,679 (55.4%)
Funding for services such as:
■ Acute care
■ Long term care
■ Continuing care
■ Public and community health
■ Mental health services
■ Cancer treatment
■ Home care
■ Transplants, cardiac surgery and renal dialysis
Also includes funding for mental health innovation
Total – $12,062 Million

Results Analysis

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

To the Members of the Legislative Assembly

Management is responsible for the integrity and objectivity of the performance results included in the *Ministry of Health and Wellness's 2007-08 Annual Report.* My responsibility is to carry out the following specified auditing procedures on performance measures in the annual report. I verified:

Completeness

1. Performance measures and targets matched those included in Budget 2007. Actual results are presented for all performance measures.

Reliability

2. Information in reports from external organizations, such as Statistics Canada, matched information that the Ministry used to calculate the actual results.

3. Information in reports that originated in the Ministry matched information that the Ministry used to calculate the actual results. In addition, I tested the processes the Ministry used to compile the results.

Comparability and Understandability

4. Actual results are presented clearly and consistently with the stated methodology and are presented on the same basis as targets and prior years' information.

I found no exceptions when I performed these procedures.

As my examination was limited to these procedures, I do not express an opinion on whether the set of measures is relevant and sufficient to assess the performance of the Ministry in achieving its goals.

"Original Signed by Fred J. Dunn", FCA
Auditor General

Edmonton, Alberta
August 18, 2008

"The official version of this Report of the Auditor General, and the information the Report covers, is in printed form."

Goal 1

Albertans make choices for healthier lifestyles

The health and wellness of Albertans are influenced by personal decisions about lifestyle behaviours, employment status, education, environment, early childhood development and genetic factors. The ministry, in collaboration with other ministries, orders of government and community partners provides health information to Albertans and promotes healthy lifestyles and quality of life choices.

Achievements

Strategy 1.1 **Provide Albertans with health and lifestyle information that will help them make healthy choices to promote individual well-being and reduce the risk of disease and injury.**

- To promote healthy eating and physical activity among Alberta's children and youth, a social marketing campaign called "Create A Movement" was launched in September 2007. The campaign included TV, cinema, transit and radio ads, posters, newspaper inserts, and a website — www.createamovement.ca.
- The resource booklet entitled "Food Fit: 10 smart bites to a Healthier U" was developed to encourage Albertans age 55+ to improve their health. The booklet provides information, tips and resources to support healthier food choices. Public distribution of the booklet began in March 2008.
- In partnership with the Institute of Health Economics, Alberta Health and Wellness released the first Alberta Diabetes Atlas in June 2007. The Atlas provides the first comprehensive picture of the effect of diabetes on Albertans and on the health care system.
- The Minister's Forum on "Shifting to Wellness by Building Healthy Communities" was held in January 2008. The forum brought together 200 decision-makers from diverse sectors to learn more about and share learnings for working together to create strong, supportive, healthy communities. The forum laid the necessary groundwork and created momentum for future Alberta Health and Wellness efforts to build healthy communities.

Strategy 1.2 **Increase healthy behaviours and reduce the risk of disease, illness, accident and injury through collaboration with community stakeholders to strengthen the capacity of individuals and communities to make choices that promote wellness and decrease health risks.**

- Twenty-four Alberta communities were honoured by the Alberta government through the Community Choosewell Challenge for promoting healthy living to their residents. The Alberta 2007 Community Choosewell Challenge high achievers are: Consort, Didsbury, Slave Lake, Leduc, and Strathcona County. A total of 124 communities participated in the 2007 challenge and communities were awarded for achievements in creating health opportunities, providing health education, building community capacity for health, and reducing barriers to healthy living.
- Ten Alberta employers were recognized in September 2007 for their commitment to improving the health of their employees over the last year. These employers were recipients of the second annual Premier's Award for Healthy Workplaces. As part of the Alberta government's Healthy U initiative, the award celebrates employers who promote, support and encourage a healthy workplace, and who encourage their staff to make healthy eating choices and incorporate active living into their workday. Awards of Distinction were presented to: Health Boards of Alberta Services, Intuit Canada Limited, Alberta Blue Cross, Flextronics Canada Inc. and Albian Sands Energy Inc. Awards of Merit were presented to Alberta Milk, Municipal District of Greenview No. 16; Standen's Ltd., Canadian Pacific Railway, and Syncrude Canada Ltd.
- The Alberta Healthy School Community Wellness Fund was established to promote and support healthy school communities, and to improve the health and wellness of school-aged children and youth.
- Nine Alberta school communities were recognized in June 2007 for initiatives that address healthy eating, physical activity and mental health within school communities. The Alberta Healthy School Communities Award recognizes the people and organizations that have

a positive effect on the lives of children — including teachers and parents involved in the school, as well as the businesses, organizations and people who show they care about the health and well being of young people.

- Funding continued for two regional health promotion coordinator positions in each of the nine health regions. These coordinators support healthy eating and active living initiatives for children and youth, facilitate innovative community-based approaches to promote healthy weights for children and youth, assist with the implementation of the Alberta Nutrition Guidelines in a variety of settings, and promote healthy eating and physical activity in school communities.

Strategy 1.3 **Reduce the harm associated with alcohol, other drugs and gambling by making addiction information, prevention services and treatment services available province-wide.**

- The *Tobacco Reduction Act* was passed in December 2007 to provide a province-wide smoking ban in all public places and workplaces. The Act also prohibits smoking within five metres of windows, doorways and air intakes of public places and workplaces to protect indoor air quality. These changes took effect on January 1, 2008. The Act also introduced a number of other changes. As of July 1, 2008, tobacco power walls and other retail displays or advertising are no longer permitted. As of January 1, 2009, the sale of tobacco products will not be permitted from pharmacies, retail stores which include a pharmacy, health facilities and public post-secondary institution campuses.
- AADAC funded 18 community projects addressing Alberta Tobacco Reduction Strategy objectives in the areas of prevention, tobacco reduction and cessation, and protection from second-hand smoke.
- AADAC expanded treatment services for youth. The Lethbridge Youth Residential Treatment Site opened September 21, 2007 providing an eight-bed, 12-week program for youth up to age 18. In Grande Prairie, a four-bed Youth Residential Detoxification and Stabilization Program opened on March 17, 2008. The

service expansion enhances AADAC's continuum of services for youth and aligns with AADAC's Youth Treatment Strategy and programming that supports the *Protection of Children Abusing Drugs Act*.

Strategy 1.4 **Better address the health needs of children, youth, seniors, Aboriginal communities and Albertans with disabilities or who are disadvantaged, by working more closely with other ministries.**

- Healthy Kids Alberta!, a wellness framework (2007-2017) for Alberta's children and youth, was developed as a cross-ministry initiative and approved in June 2007. The strategy calls for a determinants of health perspective to support the efforts of parents, families, and communities to be well, make healthy choices, and create environments that support those choices.
- In collaboration with Alberta Education, the department developed and implemented a Healthy Alberta School Communities Strategic Plan in June 2007. The plan provides provincial leadership in encouraging and facilitating the creation of healthy school communities.
- In September 2007, Alberta became a member of the national Joint Consortium for School Health. This consortium of governments brings together key representatives of provincial, territorial and federal departments/ministries responsible for health and education. The mission of the joint consortium is to provide leadership and facilitate a comprehensive approach to school health by building the capacity of the education and health systems to work together.
- The Children and Youth with Complex Needs Initiative, which was co-led by Alberta Health and Wellness, Alberta Education, and Alberta Children and Youth Services, assists families of children and youth with special and complex needs to receive coordinated supports across service sectors. A summative evaluation was completed for this initiative and due to the positive results from the evaluation, the initiative was approved to continue operating for an additional three years.

- The cross-ministry committee on Fetal Alcohol Spectrum Disorder (FASD), co-chaired by Alberta Health and Wellness and Alberta Children and Youth Services, oversaw the development and implementation of seven FASD Service Networks across Alberta in November 2007. These networks are providing FASD-related services in three main service categories: 1) prevention, 2) assessment and diagnosis, and 3) supports to individuals and caregivers.

Strategy 1.5 **Explore options and potential benefits of incentives to encourage individuals, families and communities to make healthy lifestyle choices and to end behaviours that contribute to negative health outcomes.**

- The Alberta government explored possible incentives to encourage Albertans in making choices that enable them to stay healthy and decrease the risk or burden of chronic disease. Incentives need to take a broad approach to chronic disease prevention and must have multiple targets and interventions to respond to the needs of Albertans. Through initiatives such as Healthy U and Create A Movement, government supports Albertans in achieving healthy lifestyles by creating awareness and strengthening motivation through the dissemination of information and resources.

Key Performance Measures and Results

Measure 1.A Self Reported Health Status

Self-reported health status is a good indicator of the health and well being of Albertans. It is accepted nationally and internationally as a means of reporting on population health. How people rate their own health is affected by a variety of factors, including genetic factors, early childhood development, education, employment status, chronic disease, disability, temporary illness, mental health and the environment. For Albertans age 18 to 64, self-reported health status has remained constant over the past 5 years, while fluctuating somewhat among those 65 and over. The target of self-reported health status for those aged 65 and over has been exceeded.

Self reported health status: Per cent of Albertans reporting "excellent, very good, or good" health

	2004	2005	2006	2007	2008	**Target 2007/2008**
Age 18 – 64	88	89	88	87	88	**90**
Age 65+	78	78	86	78	84	**80**

Sources: 2004 – 2005, Public Survey about Health and the Health System in Alberta conducted by the Population Research Laboratory, University of Alberta; 2006 Health Quality Council of Alberta (HQCA) Satisfaction with Health Care Services: A Survey of Albertans; 2007 HQCA Provincial Survey; 2008 HQCA Provincial Survey conducted by the Population Research Laboratory, University of Alberta.

For 2008 results, data are collected through a telephone survey of 4,302 randomly selected Alberta households. Adult Albertans are asked: "In general, compared with other people your age, would you say your health is: excellent, very good, good, fair, or poor?"

Sample size for the 18 to 64 group is 3,696, and estimates are accurate within two per cent 19 times out of 20. Sample size for the 65+ group is 599 and estimates are accurate within three per cent 19 times out of 20.

Measure 1.B Life Expectancy

Overall life expectancy is strongly affected by infant mortality, but this sensitivity is on the decline in industrialized nations. Life expectancy is also highly influenced by rates of major causes of premature death (heart disease, cancer, and respiratory ailments). Reducing mortality rates from these factors will increase overall life expectancy for Albertans.

While the average life expectancy for males and females has been increasing, this measure does not show how many of those years are lived in good health.

Life expectancy for males and females in Alberta has met the 2007/2008 targets of 78 and 83 years, respectively.

Life expectancy at birth (years)

	2002	2003	2004	2005	2006	2007	Target 2007/2008
Male	77.4	77.5	77.8	77.5	77.9	78.2	**78.0**
Female	82.0	82.3	82.6	82.7	82.9	83.0	**83.0**

Source: Alberta Vital Statistics Registry, Alberta Health Care Insurance Plan Registry — Mid-Year Population (as at June 30).

The 95 per cent Confidence Interval is +/- 0.2 years.

Measure 1.C Human Immunodeficiency Virus (HIV) Rates

Sexual transmission of HIV has been increasing over the past few years. In 2007, over 70 per cent of all new HIV infections were sexually transmitted, particularly infections from partners from endemic areas. Alberta's first Blood Borne Pathogen and Sexually Transmitted Infections Action Plan addresses these important issues. While the age adjusted rate of newly reported HIV cases did not meet the target in 2007, it decreased in 2007 for the first time during the past four years.

Age adjusted rate of newly reported HIV cases (per 100,000 population)*

	2003	2004	2005	2006	2007	**Target 2007/2008**
Age adjusted rate of newly reported HIV cases	5.3	5.5	5.6	6.8	6.6	**5.6**

Source: Alberta Health and Wellness, Disease Control and Prevention Branch.

* All results are age-adjusted (age-standardized) based on the 1991 census. The methodology of calculating the results was revised in 2007 and all results are based on the revised methodology. The revision includes the change of age-standardization base from the 1996 census to 1991 census to be consistent with Statistics Canada and CIHI, and the change of population data grouping.

Measure 1.D Sexually Transmitted Infection (STI) Rates

Due to the increase in unsafe sexual behaviours and availability of better and easier STI tests, most reportable STI rates in Alberta have been increasing significantly over the past few years. In 2007, STIs represented 69 per cent of all communicable diseases reported in Alberta. A Provincial Syphilis Prevention Campaign is being planned to focus on general, and targeted, awareness and education programs to help teach Albertans about safer sex practices and testing responsibilities. The rate of newly reported Gonorrhea infections decreased in 2007 and exceeded the target. While the rates of newly reported Syphilis and Chlamydia infections in 2007 did not meet the targets, their speed of increase slowed.

Rate of newly reported sexually transmitted infections (per 100,000 population)

	2003	2004	2005	2006	2007	**Target 2007/2008**
Syphilis	1.2	2.4	4.5	6.6	7.3	**4.5**
Gonorrhea	33	43	47	65	64	**70**
Chlamydia	252	263	274	317	329	**300**

Source: Alberta Health and Wellness Communicable Disease Reporting System: Notifiable Diseases and Sexually Transmitted Infections Databases as of June 11, 2008.

No target or results for sexually transmitted infection rates are age adjusted. The term "age adjusted" was incorrectly used in the Alberta Health and Wellness 2006/2007 Annual Report and three year Business Plan 2007 – 10 to describe the rates of newly reported sexually transmitted infections (per 100,000 people) and the targets.

Measure 1.E Birth Weight

Birth weight is an indicator of the health status of newborns. Adequate prenatal growth is essential for future growth and development. Low birth weight babies are more likely to have birth related complications, disabilities, and other health problems. They are also more likely to have developmental delays, learning, and behavioural problems and long-term health problems. Factors associated with low birth weight include premature birth, multiple pregnancies, congenital anomalies, acute or chronic disease in the mother, and maternal age. Alcohol consumption, smoking and illicit drug use during pregnancy have also been linked to low birth weight. Low socioeconomic status can also contribute to low birth weight through inadequate nutrition, poor living conditions, and a lack of prenatal care.

The percentage of low birth weight babies in Alberta followed a slight but steady increase over the past decade up to 2006. The decline in the percentage of low birth weight babies in 2007 may be attributed to reductions in various risk factors for low birth weight. The target of 6.0 per cent was not met in 2007.

Per cent of low birth weight babies*

	2003	2004	2005	2006	2007	**Target 2007/2008**
Per cent of Alberta newborns who have a birth weight less than 2500 grams	6.3	6.4	6.6	7.0	6.6	**6.0**

Source: Alberta Vital Statistics Birth File.

* The presentation of results has been changed from a 3-year combined basis to a single year basis to be consistent with the target. Births within Lloydminster are not captured by the Alberta Vital Statistics Birth File.

Measure 1.F Exercise

Physical activity can help protect an individual against heart disease, obesity, high blood pressure, diabetes, osteoporosis, stroke, depression and certain kinds of cancers. Albertans who maintain an active lifestyle can improve their quality of life and long term health outcomes. While government initiatives such as Healthy U have been promoting the benefits of active living since 2003, more work is needed to help Albertans take on and maintain active lifestyles. The per cent of Albertans aged 12 years and older who are at least moderately active has not changed significantly over the last 3 years and is below target.

Per cent of Albertans age 12 and over who are "active or moderately active"*

	2000/ 2001	2003	2005	2007	**Target 2007/2008**
Per cent of Albertans age 12 and over reporting they are "active or moderately active"	48	54	54	53	**65**

Source: Statistics Canada — Canadian Community Health Survey (CCHS)(2000/2001, 2003, 2005, 2007).

For 2007 results, the approximate sample size for Alberta is 14,000 households, which provides a 95 per cent confidence interval of about 2.1 per cent above or below the reported result. Excluded from CCHS sampling framework were residents of institutions, full-time members of the Canadian armed forces, residents of Indian reserves and of Crown lands, and residents of a few remote areas.

Albertans age 12 and older who reported their level of physical activity, based on their responses to questions about the frequency, duration and intensity of their participation in leisure-time physical activity.

Respondents are classified as active, moderately active or inactive based on an index of average daily physical activity over the past three months. For each leisure time physical activity engaged in by the respondent, average daily energy expenditure is calculated by multiplying the number of times the activity was performed by the average duration of the activity by the energy cost (kilocalories per kilogram of body weight per hour) of the activity. The index is calculated as the sum of the average daily energy expenditures of all activities. Respondents are classified as follows: 3.0 kcal/kg/day or more = physically active; 1.5 – 2.9 kcal/kg/day = moderately active; less than 1.5 kcal/kg/day = inactive.

*These percentages replace previously published percentages for all years to be consistent with Statistics Canada.

Measure 1.G Healthy Eating

What you choose to eat is as important as eating the right amount of food. Eating well provides the fuel for an active, healthy lifestyle. Vegetables and fruit help people stay healthy. They are loaded with vitamins, fibre and antioxidants, all known to help fight disease and allow our bodies to perform at their best. Choosing nutritious foods can also help to lower the risk for heart disease, stroke, diabetes, cancer, and osteoporosis. Government initiatives such as Healthy U have been promoting the benefits of healthy eating since 2003. The proportion of Albertans aged 12 years and older who consume on average at least five servings of fruits and vegetables per day has been gradually increasing since 2000 and is approaching the target.

Per cent of Albertans age 12 and over who eat at least 5 servings of fruit and vegetables each day*

	2000/ 2001	2003	2005	2007	**Target 2007/2008**
Per cent of Albertans age 12 and over reporting they ate at least 5 servings of fruit and vegetables each day	33	36	36	39	**42**

Source: Statistics Canada — Canadian Community Health Survey (CCHS),(2000/2001, 2003, 2005, 2007).

For 2007 results, the approximate sample size for Alberta is 14,000 households, which provides a 95 per cent confidence interval of about 1.8 per cent above or below the reported result. Excluded from CCHS sampling framework were residents of institutions, full-time members of the Canadian armed forces, residents of Indian reserves and of Crown lands, and residents of a few remote areas.

* These percentages replace previously published percentages for all years to be consistent with Statistics Canada.

Measure 1.H Healthy Weight

There are four categories of body mass index (BMI) ranges in the Canadian weight classification system. These are: underweight (BMIs less than 18.5); normal weight (BMIs 18.5 to 24.9); overweight (BMIs 25 to 29.9), and obese (BMIs 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, gall bladder disease and some forms of cancer. The percentage of Albertans age 18 and over with "acceptable" BMI (normal weight) has remained relatively constant over the past 6 years and is below the target.

Per cent of Albertans age 18 and over with an "acceptable" body mass index (BMI)*

	2000/ 2001	2003	2005	2007	**Target 2007/2008**
Per cent of Albertans age 18 and over with "acceptable" body mass index (BMI)	47	45	45	43	**51**

Source: Statistics Canada — Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005, 2007).

For 2007 results, the approximate sample size for Alberta is 14,000 households, which provides a 95 per cent confidence interval of about 1.9 per cent above or below the reported result. Excluded from CCHS sampling framework were residents of institutions, full-time members of the Canadian armed forces, residents of Indian reserves and of Crown lands, and residents of a few remote areas.

The index excludes pregnant women and persons less than 3 feet (0.914 meters) tall or greater than 6 feet 11 inches (2.108 meters). Albertans age 18 and older who reported Body Mass Index (BMI), based on their responses to questions about their height and weight. "Acceptable" BMI includes respondents with a normal weight (BMI 18.5 – 24.9).

BMI is calculated as follows: weight in kilograms divided by height in meters squared. The index is: under 18.5 (underweight); 18.5 – 24.9 (normal weight); 25.0 – 29.9 (overweight); 30.0 – 34.9 (obese-Class I); 35.0 – 39.9 (obese-Class II); 40 or greater (obese – Class III).

* These percentages replace previously published percentages for all years to be consistent with Statistics Canada.

Measure 1.I Diabetes

Type 2 diabetes accounts for 90 to 95 per cent of all cases of diabetes. Type 2 diabetes is largely preventable. Diabetes is a serious, chronic health condition and a major cause of and contributor to disease and death among Albertans. People with diabetes are 2.5 times more likely to have heart disease, 11 times more likely to have kidney failure, 17 times more likely to have an amputation, and eight times more likely to undergo bypass surgery. Because of its chronic nature and the severity of complications, diabetes is a costly disease, not only for the affected individual and his/her family, but also for the health system. Under the Alberta Diabetes Strategy, the Alberta Monitoring for Health program helps approximately 20,000 low-income Albertans buy supplies and the Mobile Diabetes Screening Initiative screens Aboriginal people living off-reserve for diabetes and its complications. Without sufficient primary prevention, the diabetes epidemic will continue to grow. More immediate actions are needed to help slow the rate of growth and to introduce cost-effective treatment strategies that will reverse this trend.

Number of new cases of diabetes (per 1,000 population at risk)

	2002	2003	2004	2005	2006	2007	Target 2007/2008
General Population	4.2	3.9	4.4	4.5	4.6	–	**4.3**
First Nations Population	7.8	8.5	8.1	8.3	8.6	–	**8.7**

Source: Alberta Health and Wellness, Public Health Surveillance and Environmental Health Branch.

Incidence rates are calculated based on the date an individual meets the surveillance case definition. The values are a proxy for type 2 diabetes based on calculations using type 1 and 2 diabetes. An individual is identified as having diabetes if they have had two or more physician visits within a five-year period or three or more physician services for a period longer than five years.

2007 results are not available.

* Rates are now standardized to the 1991 Canada population to be consistent with Statistics Canada and CIHI. These rates replace previously published rates for all years.

Measure 1.J Alcohol Consumption

Consuming alcohol during pregnancy can result in fetal alcohol spectrum disorder. A baby born with fetal alcohol spectrum disorder can have serious developmental disabilities and therefore could require a lifetime of special care. While the result is below the target, the percentage of Alberta women who consumed alcohol during pregnancy declined in 2007.

Percentage of Alberta women who consumed alcohol during pregnancy*

	2004	2005	2006	2007	**Target 2007/2008**
Percentage of Alberta women who consumed alcohol during pregnancy	4.1	3.8	4.6	4.3	**3.2**

Source: Vital Statistics Birth File.

The data include Albertan women who gave birth and reported they consumed alcohol during pregnancy, exclude non-Albertan residents, and are adjusted for non-respondents.

* Values are restated due to a dynamic data system. All results are preliminary due to data quality issues such as the incompleteness of source data. The 2005 – 2007 results are based on around 80 per cent of the births per year. The 2004 result is based on a smaller proportion of births per year.

Goal 2

Albertans' health is protected

The ministry monitors the health status of Albertans and the health system and provides leadership and planning for prevention services such as immunization, environmental health and health education services delivered through health authorities and other partners. 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, accident, injury and addiction.

Achievements

Strategy 2.1 **Reduce suicide and the risk of serious injury through education and targeted interventions in collaborations with other agencies.**

- Government provided a three year, $12 million grant to the Rick Hansen Foundation for spinal cord injury research, treatment and service. The funding will assist Alberta-based organizations to better meet the needs of Albertans with spinal cord injury and other mobility impairments and help them integrate back into the workforce and improve their quality of life.
- The Aboriginal Youth Suicide Prevention Strategy, which was initially launched in 2005, implemented an education, awareness and training project in 2007/2008. The Alberta Mental Health Board provided 35 grants to aboriginal communities across Alberta to support local initiatives focusing on fostering aboriginal youth suicide protective factors. These grants supported leadership, self esteem and empowerment workshops, youth/elder cultural exchange camps, suicide prevention awareness activities, suicide prevention training, and a variety of suicide prevention community forums. As well, a summative evaluation was completed, which reported that the strategy is achieving its vision and has made a significant, positive impact on the youth, families and communities involved with the strategy.

Strategy 2.2 **Protect Albertans against communicable disease by strengthening the health system's capacity to prevent, prepare for and respond to public health risks.**

- In collaboration with Alberta Environment, Alberta Agriculture and Rural Development, and Alberta Sustainable Resource Development, Alberta Health and Wellness developed a provincial response to help protect Albertans from West Nile virus. Government funding supported human and adult mosquito surveillance programs, and a public awareness campaign, particularly in high risk areas, to encourage Albertans to use the personal protective measures that are most effective for the prevention of acquiring a West Nile virus infection.
- Alberta Health and Wellness, in partnership with the Alberta Emergency Management Agency, made significant progress in preparing Alberta for pandemic influenza. The *Pandemic Response Statutes Amendment Act* was given Royal Assent in June 2007 which enhanced the province's ability to respond to a possible pandemic. To support this, a new provincial pandemic response plan was developed. In addition, all regional health authorities completed and submitted pandemic response plans to the province for review. Funding was also provided to the health authorities for the purchase of required medical supplies in the event of a pandemic.
- Alberta Health and Wellness collaborated with Capital Health to pilot the Alberta Real Time Syndromic Surveillance Network to better detect unusual health events in a timely manner. The system links data from emergency departments, laboratories, and Health Link Alberta and is capable of detecting illness patterns across the Capital Health Region.
- The department played an integral role in responding to public health risks which occurred in Vegreville and Lloydminster in the spring of 2007. Technical advice and surge capacity were provided by the department to East Central Health in response to instrument sterilization concerns within the region. This included the timely identification, contacting and follow-up of patients who were potentially at risk. At the request of East Central Health, the department also led the investigation of the

health clinic in Lloydminster in collaboration with the College of Physicians and Surgeons of Alberta.

- At the request of the department, the Health Quality Council of Alberta reviewed infection prevention and control issues in East Central Health and provided recommendations. Implementation of the recommendations is underway.

Strategy 2.3 **Improve access to disease screening and prevention services.**

- Government invested $22.5 million to support a new province-wide stroke network. The network will improve care programs for stroke patients by improving the ability of Alberta's health regions to work together on prevention programs, primary and comprehensive treatment centres, telehealth links and improved after-stroke care.
- A new agreement was reached with the Alberta Association of Optometrists that increased access for all eligible Albertans ages 19 to 64 to receive medically-required optometry services provided under the Alberta Health Care Insurance Plan. The most common eye services covered are for diseases such as glaucoma, retinal disease, hypertension, diabetes and cataracts. The new coverage came into effect October 2007.

Strategy 2.4 **Protect the safety and well-being of Albertans in collaboration with other ministries and health stakeholders during the course of environmental impact assessments associated with rapid industrial growth and significant expansion in the province's energy sector.**

- Alberta Health and Wellness, in collaboration with other government ministries, completed reviews of eight industrial projects requiring environmental impact assessments. The ministry is also currently working on another 15 project assessments that are at various stages in the review process.

Strategy 2.5 **Put Alberta at the forefront of cancer prevention, screening and research, in part, through utilization of funding from the Alberta Cancer Prevention Legacy Fund.**

- The Alberta Breast Cancer Screening Program was implemented throughout the province. The program established an informational website, educational and program information packages that were provided to family physicians and radiologists, and newspaper inserts with information about the importance of cancer screening have appeared in major Alberta newspapers. The program will strengthen breast cancer screening services available in Alberta by supporting physicians and other health professionals in recruiting individuals for screening, tracking screening services and ensuring appropriate follow-up if a screening test results in a cancer diagnosis. The Alberta Cancer Board is responsible for the provincial coordination of this program in partnership and collaboration with key stakeholders that include Alberta Health and Wellness, health regions, Alberta physicians and other health providers.

Strategy 2.6 **Develop an infection prevention and control strategy and work with other ministries and stakeholders to reduce the transmission of infection in the provision of health care and community services such as day care.**

- A provincial infection prevention and control strategy with clear standards was developed and released in January 2008. The strategy will strengthen Alberta's health system and set a national precedent for patient safety. Six key directions are identified in the strategy, with specific actions to prevent infections in health-care facilities and improve the quality of care. The directions include provincial standards, monitoring and compliance of the standards, province-wide surveillance, and public awareness and education. These changes came into effect on February 1, 2008.
- The Alberta Hand Hygiene Strategy was released in January 2008. The strategy will improve hand hygiene compliance to reduce transmission of infections in health care facilities and in community settings including schools and day cares.

Key Performance Measures and Results

Measure 2.A Mortality Rates

Albertans need to be assured that their health system is ready and able to provide the education and intervention required to reduce suicide and the risk of serious injury in the population. Mortality rates for land transport incidents and suicide are appropriate indicators of effectiveness in this area. Through the use of those indicators, the ministry and several other provincial government departments are able to design better safety and injury prevention strategies. For instance, an Alberta Suicide Prevention Strategy has been developed and implemented to provide a comprehensive approach to prevent and reduce suicide, suicidal behaviour and the effects of suicide in Alberta.

Mortality rates (per 100,000 population)*

	2002	2003	2004	2005	2006	2007	**Target 2007/2008**
Land Transport Incidents**	11.9	11.6	12.2	13.8	13.8	–	**12.0**
Suicide	13.7	13.4	13.5	12.4	12.4	–	**13.7**

Source: Alberta Vital Statistics and Alberta Health and Wellness registration file.

All results are age-adjusted (age-standardized) based on the 1991 Canada census. Data includes Albertans whose cause of death was coded (ICD-10) as follows: Land Transport Incidents = V01-V89; Suicide =X60-X84, Y87.0. Data excludes Albertans who died in other provinces.

2007 results are not available.

* Rates are now standardized to the 1991 Canada population to be consistent with Statistics Canada and CIHI. These rates replace previously published rates for all years.

**The word ‘Accident’ has been replaced with ‘Incident’ in the name of the measure. Injury control professionals have been working for a number of years to discourage the use of the word accident when describing injury events such as motor vehicle collisions. It is felt that the use of the word accident implies that there was nothing that could have been done to prevent the event from occurring. This endeavor is not unique to Alberta and has been championed by organizations worldwide.

Measure 2.B Childhood Immunization Coverage Rates

A high rate of immunization for a population can help ensure that the incidence of childhood diseases remains low and outbreaks are controlled. Immunization rates for Alberta remain steady, but below target. Additional efforts are required in remote areas of the province and with specific groups of residents to ensure children receive appropriate immunization for adequate health protection. A 10 year Alberta Immunization Strategy has been implemented to address these issues.

Childhood immunization coverage rates (per cent covered by 2 years of age):

	2002	2003	2004	2005	2006	2007	**Target 2007/2008**
Diphtheria, tetanus, pertussis, polio, Hib	78	78	82	82	80	–	**93**
Measles, mumps, rubella	90	90	91	92	91	–	**96**

Source: Alberta Health and Wellness, regional health authorities, and the First Nations and Inuit Health Branch of Health Canada.

2007 results are not available.

The 2007/2008 targets were developed in accordance with national standards as outlined in the Alberta Immunization Manual, 2001.

Measure 2.C Influenza Vaccination

The annual influenza season can have serious consequences on the health of young children and older people, particularly those with chronic health conditions. Annual immunization is recommended to reduce the severity of influenza on Albertans and on health system resources. Effective immunization programs within the health regions delivered by public health continue to strive towards the provincial target by making region specific improvements annually to improve access.

Per cent of seniors who have received the recommended annual influenza vaccine

	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	**Target 2007/2008**
Per cent of seniors aged 65 and over who have received the recommended annual influenza vaccine	68	69	68	62	60	**75**

Source: Alberta Health and Wellness, Public Health Division, and regional health authorities.

Information is gathered by the Provincial Program Development and Disease Control Branch, Public Health Division, from Regional Health Authorities and includes data from an Immunization campaign that runs October – April. Population data are from Population Estimates as of June 30, 2007, provided by the Surveillance and Environmental Health Branch, Public Health Division. Caution should be used when comparing the results with the target because in the last 4 to 5 years, the late arrival of annual influenza vaccine has caused some seniors who go south for the winter to miss the vaccination.

Per cent of children who have received the recommended annual influenza vaccine

	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	**Target 2007/2008**
Per cent of children aged 6 to 23 months old who have received the recommended annual influenza vaccine	40	59	52	64	**75**

Source: Alberta Health and Wellness, Public Health Division and regional health authorities.

Information is gathered by the Provincial Program Development and Disease Control Branch, Public Health Division, from Regional Health Authorities and includes data from an Immunization campaign that runs October – April. Population data are from Population Estimates as of June 30, 2007, provided by the Health Surveillance and Environmental Health Branch, Public Health Division. Caution should be used when interpreting the results and comparing them with the target because Regional Health Authorities use different data collection methodologies and it usually takes a few years for new immunization programs to improve the results.

Measure 2.D Screening Rate for Breast Cancer

Regular mammography screening (every two years) for women age 50 to 69 has been shown to be effective in reducing breast cancer mortality rates. The provincial target is 75 per cent of women in this age group screened regularly. The joint efforts of the Alberta Cancer Board and regional health authorities deliver the Screen Test Program and raise awareness of the importance of these cancer-screening tests.

Screening rate for breast cancer*

	2000/ 2001	2003	2005	2007	**Target 2007/2008**
Per cent of women age 50 – 69 receiving screening mammography every two years (excludes mammograms done for diagnostic purposes)	51	51	52	–	**75**

Source: Statistics Canada — Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005). Results for 2007 have not yet been released by Statistics Canada.

In 2005, the approximate sample size for Alberta is 12,000 households, which provides a 95 per cent confidence interval of about 1 per cent above or below the reported results. Excluded from CCHS sampling framework were residents of institutions, full-time members of the Canadian armed forces, residents of Indian reserve and of Crown lands, and residents of a few remote areas. Results include women aged 50 to 69 who reported when they had their last mammogram for routine screening only. The values stated only include the per cent of women who reported they have "Received a screening mammogram".

* These rates replace previously published rates for all years to be consistent with those reported by Statistics Canada.

Goal 3

Improved access to health services

Albertans expect reasonable access to health services where and when they are needed. Working with health authorities and service providers, Alberta Health and Wellness sets policy and develops wait-time targets for the health system to improve management of service delivery. Improving access to health services means the ministry works with partners throughout Alberta to improve integration, to streamline processes throughout the continuum of care, to communicate best practices and to share resources and information so that all citizens benefit from more efficient and effective health service delivery and improved health outcomes.

Achievements

Strategy 3.1 **Enable more Albertans to age-in-place in their homes and communities through development of a comprehensive continuing care services model in collaboration with the Ministry of Seniors and Community Supports.**

- Responding to the recommendations of the MLA Task Force on Continuing Care, the Alberta government removed the $3,000 monthly funding ceiling for home care services. Eliminating the funding cap for home care clients, particularly higher needs clients, has allowed more Albertans to stay in their communities with their family and friends while still receiving the care services they require.
- The department provided grant funding to the Alberta Committee of Citizens with Disabilities allowing them to identify the respite needs of primary caregivers of persons with disabilities. The funding will also be used to conduct a respite care demonstration project that will provide recommendations to Alberta Health and Wellness regarding the development of a provincial Caregiver Respite Program across the continuing care sector.

Strategy 3.2 **Support the community-based implementation of Provincial Mental Health Plan and new patient activity reporting requirements in partnership with the Alberta Mental Health Board, regional health authorities and other stakeholders.**

- The *Mental Health Amendment Act* received Royal Assent in December 2007. The Act supports Albertans living with mental illness in achieving greater independence and a better quality of life. The legislation provides additional care measures such as the introduction of community treatment orders to enhance the early intervention and treatment of persons with a mental illness, and serves to strengthen community-based mental health services.

Strategy 3.3 **Improve patient care service delivery through increased coordination and collaboration between and among Alberta's regional health authorities and provincial health boards.**

- The department provided $2 million in annual funding to facilitate the coordination of a new provincial trauma system to ensure injured Albertans from rural areas are transported to the right hospital in the right time frame and with the right pre-treatment and stabilization. A key component of this initiative is the establishment and support of five designated and accredited district trauma centres located in Lethbridge, Medicine Hat, Red Deer, Grande Prairie and Fort McMurray.
- Alberta Health and Wellness received a commitment of $1.1 million from the Canada Health Infoway to continue work on a province-wide stroke network. The funding was provided to participating health regions to expand the use of videoconferencing technology and other specialized equipment. This technology will enable direct medical consultation without the need to have the health professional and patient in the same place.

Strategy 3.4 **Improve access, in general, to specialists, all elective surgery and regional programs and, specifically, to cancer care, children's mental health services, heart and cataract surgeries and diagnostic services so as to meet, or beat, national benchmarks.**

- A provincial children's mental health working group, which included Alberta Health and Wellness, regional health authorities, and the Alberta Mental Health Board developed provincial children's mental health wait-time standards. Work is now underway on the implementation of those standards through the Provincial Children's Mental Health Access Working Group.
- Initiatives to improve the business processes within health services and across health regions were implemented. Areas for improvement included: breast and prostate cancers, cardiac health, access to medical specialists, back and spine care, hip and knee joint replacements, and specialized regional programs including emergency departments and children's mental health.
- To enhance access to radiation therapy services throughout Alberta, a strategy was developed to create a north-south "Capacity Corridor for Cancer Radiation Therapy" that will create three new sites for radiation therapy in Lethbridge, Red Deer and Grande Prairie.
- In May 2007, Alberta and British Columbia signed a Memorandum of Understanding with respect to a collaborative approach to providing timely access to radiation therapy for their respective residents. An Alberta/British Columbia Joint Access Collaborative was established to align work between the two provinces for a radiation therapy wait-time guarantee.

Strategy 3.5 **Increase access to primary health care by changing how these services are organized, funded, delivered and measured.**

- During 2007/2008, an additional seven Primary Care Networks were launched, bringing the total across Alberta to 26. These seven networks are: Edmonton North and Sherwood Park (Capital Health Region), Peace River, Sexsmith and West Peace (Peace Country

Health Region), St. Paul (Aspen Health Region), and Highlands (Calgary Health Region). The 26 networks involve approximately 1400 physicians providing care to over 1.4 million Albertans. Family physicians working in these networks partner with health regions and use a team approach to improve access and provide coordinated and comprehensive primary health care services to patients.

- A new alternate relationship plan for primary care services was implemented with the Centre de Santé Communautaire St. Thomas Community Health Centre. The centre targets the Francophone community in Edmonton, many of whom are refugees from Francophone Africa and Asia, with traumatic critical incident stress disorders and a variety of health issues including AIDS. This alternate relationship plan is facilitating the recruitment and retention of physicians who are bilingual.
- A provincial framework for Urgent Care Centres and Advanced Ambulatory Care Centres was developed. Regional health authorities are implementing this innovative approach across the province to provide health services and improve access for patients. Both Urgent Care Centres and Advanced Ambulatory Care Centres provide a transitional step between the community and hospitals. These centres extend the capacity of health regions to provide a continuum of services to people in their communities, improve access for patients not requiring hospital care and provide a smoother transition between health services for patients.

Strategy 3.6 **Increase access to health facilities and services by developing and implementing regional, long-term capital plans in partnership with health authorities and other ministries.**

- Government provided health authorities with an unprecedented commitment of capital funding for renovation and expansion projects at existing health care facilities and to construct new facilities. These are outlined below:
  - In Edmonton, the construction of the new Mazankowski Alberta Heart Institute and the Edmonton Clinic will enhance treatment options available to Albertans and advance priority research and innovation initiatives for both Capital Health and the University of Alberta. As well, construction of the new Robbins Pavilion at the Royal Alexandra Hospital will help expand service delivery and enhance access.
  - In Calgary, major expansion projects are progressing at the Foothills Medical Centre, Peter Lougheed Centre and Rockyview General Hospital. Construction of the new South Calgary Health Campus is also underway and will respond to significant population growth in the Calgary Health Region.
  - A major reconstruction and expansion project at the Medicine Hat Regional Hospital was announced to help alleviate clinical service pressures. Areas to be redeveloped in the first phase include the emergency department, the surgical suite, maternal newborn areas, in-patient areas and an expansion to the ambulatory area.
  - Government committed $250 million, over the next three years, to begin building a new hospital in Grande Prairie. The new facility will respond to increased activity in the emergency department, surgical, and inpatient programs, and will improve access to secondary level health services like assessment, diagnosis, treatment, and preventative services.

- Government invested $11.5 million over two years for capital projects in Peace Country Health. This includes the redesign and expansion of the emergency department and the addition of an endoscopy suite at the Queen Elizabeth II hospital in Grande Prairie. These improvements will help to improve efficiency and reduce wait times.
- Regional and community hospitals in Lethbridge, Rimbey, Barrhead and Viking are being expanded. Older hospitals are being replaced in High Prairie and Fort Saskatchewan and a new hospital will be built in Sherwood Park. Older long-term care facilities are being replaced in Red Deer, High Prairie, Vermilion and Vegreville.

- Government announced $300 million towards 600 new beds and more than 200 replacement beds in seven new continuing-care and long-term care centres across the province to address growth pressures in Alberta's health care system. The Calgary Health Region and Capital Health will each receive $125 million in capital funding for high priority long-term care projects. East Central Health and David Thompson Health Region will receive funding of $40 million and $10 million, respectively, to expand long-term care capacity.

Key Performance Measures and Results

Measure 3.A — Wait Times: Regional health authority achievement of wait time goals

Wait times for health services are one measure of how well the health system is doing. Patients whose needs are very urgent receive immediate services, while patients with less urgent needs are placed on waiting lists. The Alberta Waitlist Registry, which can be found at www.health.alberta.ca, displays current wait time information for a variety of non-emergent services. Patients have the opportunity to view wait times by facility and physician prior to scheduling an appointment. This allows them to be more informed on how long they can expect to wait for their procedure.

The ministry is working with health service providers and the regional health authorities to implement wait time goals and targets for selected health services. The work includes development and implementation of management and clinical processes that are intended to improve access to health care services for Albertans, and to develop a health workforce to meet public demand for service.

The wait times of previous years have been updated as additional information is being provided to the Alberta Waitlist Registry.

Hip and Knee Replacement Surgery

The aging of Alberta's population, the increase of obesity rates of Albertans, and the change of Albertans' lifestyles towards more active ones have increased the demand for hip and knee joint replacement surgeries. Care delivery for hip and knee replacement surgeries needs to be more efficient and accessible to meet the growing demand.

The knowledge gained from the Alberta Hip and Knee Joint Replacement Project (2005/2006) is being implemented throughout the province to improve the way joint replacement surgeries are delivered. The new approach is improving the patient flow process through a collaborative care pathway that streamlines the delivery of health care services. Through this pathway, services are provided in a more timely and efficient manner, benefiting both patients and health care providers. For 90 per cent of patients who need hip replacement surgery, the wait time has been decreasing over the past three years and is approaching the target.

Hip Replacement Surgery

	March 2005	March 2006	March 2007	March 2008	**Target 2007/2008**
90th percentile wait time in weeks	59	47	40	33	**26**

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on June 22, 2008.

For 90 per cent of patients who need knee replacement surgery, while the wait time has not met the target, it has been decreasing over the past three years.

Knee Replacement Surgery

	March 2005	March 2006	March 2007	March 2008	**Target 2007/2008**
90th percentile wait time in weeks	64	57	50	47	**26**

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on June 22, 2008.

Heart Surgery

The most common open-heart surgery in adults is the coronary artery bypass graft (CABG) procedure. This is done to improve blood flow to the heart muscle and is usually performed on middle-aged or older adults when their arteries have become blocked. It is a specialized service provided by the Capital and Calgary Health Regions for all Albertans. Patients needing emergency heart surgery receive it within hours. Changes in treatment methodology have resulted in fewer people requiring CABG; many more patients are now undergoing angioplasty, which is an effective, less invasive procedure.

The ministry is working with physicians, administrators, and other experts to redesign service delivery to improve efficiency. Projects are now underway to test new service delivery methods and improve safety and efficiency. The new Mazankowski Alberta Heart Institute will open in Edmonton in 2008 and will provide more resources for cardiac care, including cardiac surgery, research and education.

Heart Surgery (Coronary Artery Bypass Graft) — Urgency Level 3 patients

	March 2005	March 2006	March 2007	March 2008	**Target 2007/2008**
90th percentile wait time in weeks	13	28	40	17	**26**

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on June 22, 2008.

As supplementary information, 90th percentile wait times are shown by all urgency levels as reported by the Alberta Waitlist Registry and by all urgency levels combined. Urgency level definitions for each category of service are in development. Urgency level 1 (Urgency I) is for more urgent conditions, urgency level 2 (Urgency II) is for less urgent conditions, and urgency level 3 (Urgency III) is for elective conditions.

Heart Surgery (Coronary Artery Bypass Graft) — 90th Percentile Wait Times in Weeks, by Urgency Level

	March 2005	March 2006	March 2007	March 2008
2007/2008				
Urgency Level 1	1	8	2	4
Urgency Level 2	13	15	15	11
Urgency Level 3	13	28	40	17
All levels combined	10	15	16	11

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on June 22, 2008.

Cataract Surgery

Cataract surgery is the removal of a cataract or clouded lens from one or both eyes and replacement with an artificial lens. Cataract surgery is performed by ophthalmologists. The information below describes wait times associated with cataract surgery performed on the first eye of a patient. Generally, for patients requiring cataract surgery for both eyes, the second surgery is performed after a predetermined period. This represents a continuation of service, not an initiation of service, and is thus not included in wait time calculations. For 90 per cent of patients who need cataract surgery, while the wait time has not met the target, it has been decreasing over the past 4 years with a little fluctuation.

Cataract Surgery

	March 2005	March 2006	March 2007	March 2008	**Target 2007/2008**
90th percentile wait time in weeks	39	29	33	26	**16**

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on June 22, 2008.

Magnetic Resonance Imaging (MRI)

Demand for Magnetic Resonance Imaging (MRI), and MRI use in conjunction with other technologies, continues to increase. Initiatives have been made to reduce wait times. The Capital and Calgary Health Regions have increased capacity by increasing hours of operation. The 90th percentile wait time for patients needing an MRI has decreased in the last year. Patients needing emergency MRI scans receive them within hours.

Results for 2008 did not meet target wait times. However, health regions are working to re-design services to improve efficiency and increase access.

Magnetic Resonance Imaging (MRI)

	March 2005	March 2006	March 2007	March 2008	**Target 2007/2008**
90th percentile wait time in weeks	21	17	23	20	**14**

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on June 22, 2008.

Computed Tomography (CT)

Computerized tomography (CT), formerly known as computerized axial tomography (CAT), is an examination in which three-dimensional images are generated using many x-rays taken of a part of the body. CT is most commonly used to assess conditions of the head, chest, abdomen and spine. Despite the increased demand for CT scan services, the wait time for 90 per cent of patients needing a CT scans has decreased over the past several years. This trend demonstrates

the commitment and collaboration between Alberta Health and Wellness, the regional health authorities, and physicians towards improving access to CT scan services.

Computed Tomography (CT)

	March 2005	March 2006	March 2007	March 2008	**Target 2007/2008**
90th percentile wait time in weeks	11	8	6	5	**8**

Source: Alberta Health and Wellness, Alberta Waitlist Registry.

90th percentile means that 90 per cent of patients who received service waited that length of time or less and is calculated using data 90 days prior to the last day of the month stated. Data were obtained on June 22, 2008.

Measure 3.B Wait Times: Children's Mental Health Services achievement of wait time goals

The mental health issues that children face in their youth as they develop may have a negative effect on their lifetime health. The 2004 Provincial Mental Health Plan indicates that children and adolescents are priority populations for mental health service enhancements and children's mental health is one of six priority access areas in Alberta. A provincial group has developed Coordinated Access Standards for Children's Mental Health Services. These standards reflect desired, ideal wait times for children for three specific priority rating categories: crisis, urgent care, and scheduled visits. A Children's Mental Health Access Working Group, led by the Alberta Mental Health Board with regional health authority and Alberta Health and Wellness representation, is currently working on strategies to move forward with implementing the standards. These strategies may include single-point of access and/or coordinated intake programs in the regions.

In September 2006, $38.9 million was committed over three years for children's mental health projects to build community mental health capacity, including capacity in schools, for children, youth and their families. This investment focuses on mental health promotion, prevention and early intervention projects that address risk, and ultimately decrease the number of children and youth requiring access to treatment and intervention programs, including in-patient beds. The impact of these projects will not be observed until full implementation, which will not be until 2008/2009.

Children's Mental Health Services

	March 2005	March 2006	March 2007	March 2008	**Target 2007/2008**
90th percentile wait time in weeks	12	10	11	–	**12**

Source: Alberta Mental Health Board.

Wait times are defined as the time period from when a child is referred by family, self, or clinician to when they receive their first contact with a mental health service provider. 90th percentile wait times mean that 90 per cent of patients are treated within the specified amount of time.

2007/2008 data is not available until September 2008.

Measure 3.C Number of Persons Waiting for Long-Term Care Facility Placement

Alberta's aging population and enhanced life expectancy has increased the demand for long-term care placements. In addition, regional health authorities have been improving their reporting methods to be comparable with each other. The reportable numbers of persons waiting for continuing care placements have increased significantly in 2008 compared to previous years. As a result, the targets were not met.

Adding more beds in long-term care facilities, and promoting continuing care options that allow Albertans to 'age-in-place', such as supportive living arrangements and home care services, will help to build the capacity needed and decrease the number of elderly waiting for long-term care placement.

Long-Term Care Placement

	2004	2005	2006	2007	2008	**Target 2007/2008**
Number waiting in an acute care hospital	267	268	251	311	566	**242**
Number of urgent cases waiting in the community	339	272	265	355	536	**233**

Source: Alberta Health and Wellness and regional health authorities.

Number waiting is on March 31 of the given year.

Measure 3.D Health Link Alberta

Health Link Alberta is available 24 hours, every day of the week. It is a telephone advice and health information service operated by nurses. Albertans can call from anywhere in the province by dialing: Calgary 403-943-5465, Edmonton 780-408-5465, or Toll-Free 1-866-408-5465. Highly trained registered nurses will provide Albertans with advice and information about their health symptoms and concerns or those a family member may be experiencing. Health Link Alberta can also help residents find appropriate services and health information.

By using Health Link Alberta, Albertans can reduce wait times at physician offices and emergency departments as they can obtain medical information from their own home. Awareness and use of Health Link Alberta will provide better access to physician and emergency services because people with minor injuries or illness have the option of phoning Health Link Alberta rather than making a trip to the emergency room or to see their doctor. The proportion of Albertans who are aware of Health Link Alberta has increased significantly in recent years, due likely to public education, such as promotion of the service on the Alberta Health and Wellness public website, and advertising in various media, as well as through word of mouth.

The 2008 Health Quality Council of Alberta (HQCA) survey shows that while 71 per cent Albertan are aware of Health Link Alberta, only 33 per cent of those reported using the service in the past year. This is a drop in the percentage compared to 37 per cent in the previous year, and below the target of 39 per cent. There are various factors that may cause this rate to vary significantly from year to year. Of the additional population who become aware of Health Link, only a fraction will actually use the service in a given twelve month period. Many callers are parents who use the service to acquire information on caring for their small children. They are less likely to make repeat calls once their learning needs are met. Variance in usage is also influenced by sporadic outbreaks of influenza and infectious disease scares, such as of meningitis and West Nile virus.

Per cent of Albertans who have used Health Link Alberta

	2006	2007	2008	**Target 2007/2008**
Per cent of Albertans who are aware of Health Link	66	67	71	–
Per cent of Albertans who have used Health Link Alberta	39	37	33	**39**

Source: 2006 Health Quality Council of Alberta (HQCA) Satisfaction with Health Care Services: A Survey of Albertans; 2007 HQCA Provincial Survey; 2008 HQCA Provincial Survey conducted by the Population Research Laboratory, University of Alberta.

For 2008 results, data are collected through a telephone survey of 4,302 randomly selected Alberta households. Adult Albertans are asked: “Alberta has a province-wide service called “Health Link” which provides Albertans with toll-free access to nurse advice and, general health and services information, 24-hours a day, 7 days a week. Were you aware of the Health Link service before today?” Sample size is about 4293 and estimates are accurate within two per cent 19 times out of 20. If the respondent answered “Yes”, they were then asked “Have you called Health Link within the past year? Yes or no?” Sample size is about 3,044 and estimates are accurate within two per cent 19 times out of 20.

Goal 4

Contemporary health workforce

The ministry provides strong leadership by implementing comprehensive and contemporary workforce strategies designed to retain, attract and train the qualified and integrated health workforce needed to meet the current and future health care needs of Albertans.

Achievements

Strategy 4.1 **Develop, coordinate and implement health workforce plans, in collaboration with health system stakeholders, to ensure workforce needs are met for at least the next 10 years.**

- Government released a new Health Workforce Action Plan (2007 to 2016) in September 2007. The plan outlines 19 key initiatives to address Alberta health workforce issues. In 2007/2008, $30 million went toward eight key actions, which included creating a health career and skills assessment network, increasing clinical training capacity, implementing a number of policies and ongoing consultations with stakeholder groups on creative approaches to attract and retain to the domestic health workforce and attracting health professionals working abroad. A ninth recommended action, the purchasing of equipment to reduce and avoid injuries while lifting, was funded with an additional $27.5 million for Alberta's health authorities.
- The department completed work on the Health Workforce Information Network Supply Forecasting application. This pilot project will support the enhancement of decision-making on strategies that will help ensure a supply and distribution of health providers that best meet the health service needs of Albertans.

Strategy 4.2 **Address health workforce demand by working with key stakeholders to develop or expand health service provider retention, recruitment, education, training and compensation programs.**

- Government invested more than $5 million to assess internationally educated registered nurses and increase the number of registered nurses working in Alberta. The College and Association of Registered Nurses of Alberta (CARNA) received more than $500,000 to support the college's assessment of applications from internationally-educated nurses who want to practice in Alberta. Grant MacEwan College received $750,000 to reimburse nurses enrolled in the nursing refresher program. A total of 216 nurses received funding and 44 nurses have completed this program. Mount Royal College received almost $4 million to expand its assessment program for internationally-trained registered nurses seeking to be licensed in Alberta. After receiving this funding, Mount Royal College assessed 114 nurses and built a new centre in Edmonton to increase assessment capacity.
- In conjunction with Employment, Immigration and Industry, and Advanced Education and Technology, two information sessions were held in December 2007 to bring more nurses into the health care system. The sessions were designed to recruit nurses who may have left the profession or left the province for work elsewhere, or who have foreign credentials. The sessions brought together government ministries, nursing regulatory bodies, employers and educators to answer questions on topics including employment opportunities, credential assessments, education and the steps to gain an Alberta license to practice.
- The Aboriginal Health Careers Bursary program provided assistance and awards to 50 First Nations and Métis students for studying in a degree or diploma program in a health field at a university, college, or technical institute. The amounts ranged from $3,000 to $10,000 per student. Areas of study among recipients this year included biochemistry, medicine, dentistry, nursing, physical therapy, kinesiology and occupational therapy.

- Government invested $3.4 million for the Alberta International Medical Graduate Program. This funding allowed 48 residency positions to be available for international medical graduates to enter Canadian residency training to become registered as a doctor in Alberta. The government also invested $1.2 million for the Calgary and David Thompson Health Regions to give international medical graduates more opportunities to work under supervision as clinical assistants.
- The department provided funding support for 1106 physician residency positions in Alberta and will be supporting 1165 in 2008/2009. This represents a 31 per cent increase in residency positions in Alberta from five years ago. An additional 48 flexibility training seats were also funded in 2007/2008 to facilitate dual certification, upgrading, spousal recruitment, transfers and remediation of medical residents and existing Alberta physicians. These increases reflect Alberta Health and Wellness's commitment to help ensure that physicians are trained to match the need for services in Alberta.
- The department worked to support the province-wide adoption of the Health Sciences Placement Network (HSPnet). HSPnet is a combined tracking system and database, designed to facilitate the placement and tracking of health sciences students for clinical practicums. This system will ensure that the clinical placement capacity of the health system is used effectively. Currently seven regional health authorities and 15 post-secondary institutions are using HSPnet.
- Under the Health Workforce Action Plan, over $7.5 million was allocated to support initiatives that will increase the educational clinical capacity for health sciences and allied health programs throughout Alberta.
- Through the Tri-lateral Master Agreement, a new Retention Benefit program was implemented for Alberta physicians in February 2008. This program provides physicians with an annual benefit based on their years of service to Albertans, prorated for physicians below a minimum earning threshold, and is helping to retain physicians working in Alberta.

Strategy 4.3 Promote innovation in service delivery and compensation, emphasizing multidisciplinary teams to encourage care practitioners to work collaboratively with regional health authorities, professional organizations and through the Tri-lateral Master Agreement and Primary Care Networks.

- There are 26 Primary Care Networks in operation in Alberta. These networks use a variety of multidisciplinary teams, depending on the needs of their local population, to collaboratively improve patient care. These teams include nurse practitioners, registered nurses, dietitians, mental health therapists and other health professionals. In addition, 14 Primary Care Networks are participating in a Pharmacist Integration pilot. This initiative is intended to expand the use of pharmacists in Primary Care Networks.
- Through the Health Workforce Action Plan, $1 million was invested to expand the Alberta Access, Improvement, and Measures initiatives. This initiative helps participating Primary Care Networks and clinics improve their wait times, optimize their clinical efficiency and effectiveness, and develop multidisciplinary teams to match patient needs. Over 350 physicians in 60 clinics have participated in this initiative.
- Five new Alternate Relationship Plans, including one Academic Alternate Relationship Plan, were created in 2007/2008. The purpose of Alternate Relationship Plans is to promote innovation in service delivery, with the intention of enhancing the following five dimensions: recruitment and retention of physicians, team-based approach to service delivery, access to health services, patient satisfaction and value for money.
- Fourteen new innovative clinical Telehealth initiatives proceeded in 2007/2008. These initiatives expand the diverse range of health care services that can be provided to residents in rural and remote locations and allow more people to remain in their communities and receive needed treatment and services. The funded projects included management of intravenous chemotherapy,

pediatric surgery consultation, asthma and allergy education, and care for HIV patients.

- An innovative service delivery model was established to enable health regions to expand their capacity to provide advanced ambulatory care and urgent care services in an effective, efficient and safe manner. For individual Albertans, these services provide a source of immediate medical treatment beyond what is typically available in a doctor's office, without having to use a busy hospital emergency department.

Strategy 4.4 **Promote effective and efficient utilization of the health workforce; encourage interdisciplinary understanding of scopes of practice for care providers and strive to enable all healthcare practitioners to work to their full scopes of practice.**

- The *Pharmacists Profession Regulation,* which came into force on April 1, 2007, gave pharmacists with the appropriate training the authority to prescribe, renew and adjust patient prescriptions in accordance with professional standards of practice. This will help to improve the quality and continuity of patient care. Pharmacists with appropriate training and approval are also able to administer drugs by injection such as vaccines.

Strategy 4.5 **Increase rural access to health care practitioners and multidisciplinary teams.**

- Government initiated the Rural Health Workforce Strategy to help facilitate the recruitment and retention of non-physician health care providers in rural Alberta.
- Access to primary care services, health care practitioners and multidisciplinary teams was improved through increasing the number of primary care networks that serve rural areas. Five out of the seven networks launched in this reporting period serve rural areas. These include: St. Paul and West Peace (Aspen Regional Health Authority), Peace River and Sexsmith (Peace Country Health), and Highlands (Calgary Health Region).

Strategy 4.6 **Secure a new legislative framework for governing regulated health service providers through implementation of the *Health Professions Act*.**

- The *Health Professions Statutes Amendment Act* received Royal Assent in December 2007. The Act amends two health statutes, the *Health Professions Act* and the *Medical Profession Act,* and improves the governance of health professionals within the health care system. The amendments strengthen mandatory reporting requirements for health professionals regarding public health issues, facilitate bringing smaller colleges under the *Health Professions Act*, and address the public's expectation for government accountability in the delivery of safe, high quality health care services.

Key Performance Measures and Results

Measure 4.A **Clinical Alternate Relationship Plans (ARPs) and Academic Alternate Relationship Plans**

Clinical and Academic ARPs offer alternatives to traditional fee-for-service payments and help to achieve the vision of a sustainable, integrated and flexible health system. The trilateral parties (Alberta Health and Wellness, regional health authorities and the Alberta Medical Association) have developed ARPs to support innovation and enhance the following dimensions: recruitment and retention, team-based care, access, patient satisfaction, and value for money.

Academic ARPs are agreements between Alberta Health and Wellness, regional health authorities, the University, the Faculty of Medicine, and the Alberta Medical Association. Academic ARPs provide alternate funding models that allow physicians to dedicate more time to teaching, research and administration which in turn contributes to expanding workforce capacity and improving system efficiency. Academic ARPs are helping to increase the recruitment and retention of academic physicians. Clinical ARPs provide alternate funding models that can allow physicians to spend more time with patients including educating them about their condition and how to stay healthy. Clinical ARPs also compensate specialist physicians for coaching

and working collaboratively with family physicians and other health practitioners and support a wide range of innovative service delivery models.

More physicians are choosing to participate in ARPs because they find the fee-for-service model restrictive. ARPs give physicians an opportunity to develop innovative service delivery models and it improves their job satisfaction. ARPs support patient centred care and improved quality of care. The number of physicians participating in ARPs has increased over the past few years.

Even with an increasing number of physicians participating in ARPs, the number of physicians participating in non-academic ARP was lower than the target. Development and implementation of a new alternate relationship plan is a multi-stakeholder activity requiring support of a health region, a group of physicians, Alberta Health and Wellness, and the Alberta Medical Association. The target of 750 physicians participating in non-academic ARPs was not met. Development and implementation of a new alternate relationship plan is a multi-stakeholder activity requiring support of a health region, a group of physicians, and the Alberta Medical Association. The target was designed to emphasize the importance of encouraging use of alternatives to the traditional fee-for-service method of payment. For academic ARPs, the target of 510 physicians was exceeded mostly due to the addition of the academic ARPs from institutions such as the University of Calgary.

Number of physicians in Alternate Relationship Plans

	2005/ 2006	2006/ 2007	2007/ 2008	**Target 2007/2008**
Number of physicians in Non-academic Alternate Relationship Plans	277	339	435	**750**
Number of physicians in Academic Alternate Relationship Plans	444	523	594	**510**

Source: Alberta Health and Wellness, Alternate Relationships Branch — ARP Status Update Database.

Measure 4.B Post-graduate Medical Education

Increasing the supply of physicians helps improve access to health services and builds the needed workforce capacity to meet the demands of Alberta's growing and changing population. In 1999/2000 the Alberta government substantially expanded the number of undergraduate medical education spaces in the province. Since then, Alberta Health and Wellness has provided funding for additional post-graduate medical education seats to accommodate the increased number of graduating medical students requiring residency positions. As well, additional post-graduate medical education seats have been required as a result of expansions to the Alberta International Medical Graduate Program over the past three years.

Number of post-graduate medical seats

	2005/ 2006	2006/ 2007	2007/ 2008	**Target 2007/2008**
Number of post-graduate medical seats	955	1,035	1,106	**1,103**

Source: Post-Graduate Medical Education Advisory Group — Number of post-graduate medical education seats funded by Alberta Health and Wellness.

Measure 4.C Health Workforce Practitioners

This information is arrived at by using the totals of selected workforce professions to represent the trend of the health workforce as a whole. Key professions are utilized, namely: physicians, nurses, pharmacists, and rehabilitation therapists.

More health care providers should improve access to health services. The number of health workforce practitioners in Alberta has been steadily increasing over the past five years and experienced an increase of almost 6 per cent in 2007 compared to that in 2006. The 2007/2008 target was exceeded. The Government of Alberta and regional health authorities have been working hard recruiting health professionals, nationally and internationally. For example, sessions were held this year to recruit nurses who may have left the profession or the province for work elsewhere or have foreign credentials. The government also increased resources for nursing refresher and nursing bridging programs. The number of graduates from health related fields has been steadily increasing in most health occupations.

In September 2007, government released a Health Workforce Action Plan. As part of this Plan, in 2007/2008, $30 million went toward eight key actions, which included creating a health career and skills assessment network, increasing clinical training capacity, implementing a number of policies and ongoing consultations with stakeholder groups on creative approaches to attract and retain the domestic and international health professionals.

Number of health workforce practitioners

	2003	2004	2005	2006	2007	**Target 2007/2008**
Number of health workforce practitioners	46,501	48,220	49,691	51,595	54,514	**52,600**

Source: Alberta Labour Force Statistics, College and Association of Registered Nurses of Alberta (CARNA), College of Licensed Practical Nurses of Alberta (CLPNA), College of Registered Psychiatric Nurses of Alberta (CRPNA), Alberta College of Pharmacists Annual Reporting Statistics, Alberta College of Occupational Therapists, College of Physical Therapists of Alberta, College and Association of Respiratory Therapists of Alberta, and College of Physicians and Surgeons of Alberta (CPSA) quarterly.

Measure 4.D Proportion of Albertans Who Have a Family Doctor

More than eight-in-ten Albertans currently report having a personal family doctor. In 2008, the percentage of Alberta who reported having a family doctor was 81 per cent. This is below the target 88 per cent.

Since 2006, population growth in Alberta has placed additional demands on a limited supply of family doctors. Fewer physicians are choosing to enter general practice and many of the current family practitioners are not accepting new patients. For those Albertans seeking a family doctor, these circumstances have led to increasing difficulty finding a physician who will accept them as a patient. The Primary Care Initiative is intended to address some of these issues by providing incentives for primary care physicians and health authorities to work in partnership through the establishment of Primary Care Networks to provide comprehensive primary care to a defined population. A multi-disciplinary approach to care, employing primary care physicians and other health professionals should enable physicians and health authorities participating in this to develop strategies for accepting unattached patients (i.e. patients without a family doctor).

Per cent of Albertans who have a family doctor

	2004	2005	2006	2007	2008	**Target 2007/2008**
Per cent of Albertans who have a family doctor	84	–	81	82	81	**88**

Source: 2004 Public Survey about Health and the Health System in Alberta; 2006 Health Quality Council of Alberta (HQCA) Satisfaction with Health Care Services: A Survey of Albertans; 2007 HQCA Provincial Survey; 2008 HQCA Provincial Survey conducted by the Population Research Laboratory, University of Alberta.

Data for 2005 is unavailable as no survey was conducted that year.

For 2008 results, data are collected through a telephone survey of 4,302 randomly selected Alberta households. Adult Albertans are asked: "Do you currently have a personal family doctor who you regularly see for most of your health care needs? I'm speaking of a family doctor and not a specialist. Yes or no?" Sample size is about 4,300 and estimates are accurate within two per cent 19 times out of 20.

Goal 5

Improved health service outcomes

Albertans expect the best possible care and outcomes when they use the health system. In partnership with health service providers and communities, the ministry works to improve and assure quality at all levels of service delivery and health promotion. 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.

Achievements

Strategy 5.1 **Help Albertans with chronic health conditions maintain optimum health through appropriately managed and coordinated care provided by both private and voluntary support systems.**

- The department provided $1 million in funding to support an integrated approach to chronic disease management and address the sustainability of the Stanford Self-Care Leadership Training initiative, which helps empower and prepare patients to manage their own health and health care.

Strategy 5.2 **Improve access to and quality of continuing care services through implementation of standards and compliance enforcement.**

- Alberta Health and Wellness established a Compliance Assurance Unit to provide an enhanced oversight role and ensure that health regions meet their obligations with the Continuing Care Health Service Standards. The unit’s responsibilities include:
    - monitoring compliance to standards.
    - ensuring health regions are compliant to standards.
    - evaluating, tracking, responding and follow-up regarding reportable incidents in the continuing care system.
    - reporting on activities.

- Continuing Care Health Service Standards were revised and re-issued on April 1, 2007 to enhance the quality of care received in continuing-care facilities. The standards were issued under a policy directive from the department which required health authorities to comply with the standards. A formal process was also developed to regularly review and update the standards.
- The department provided targeted grant funding to the regional health authorities to enhance the quality of care for continuing-care clients. Some of the initiatives supported by these grants include increasing staff in long-term care facilities, enhancing clinical specialist capacity, and increasing case management capacity.

Strategy 5.3 **Strengthen the health system's capacity to define, identify, report, monitor and prevent hospital or community acquired infections, adverse events and medical errors.**

- Alberta Health and Wellness established a Compliance Assurance Branch for monitoring the Infection Prevention and Control Standards within the health regions and the Alberta Cancer Board. The unit selected two priority standards: accountability and reporting, and single-use medical devices. It was requested that compliance reports on the two priority standards be completed by April 30, 2008.
- A province-wide survey of regional health authorities and health professional regulatory bodies was developed, administered and analyzed to identify gaps and opportunities to strengthen infection prevention and control and reduce health-care associated infections across the health system.
- Provincial Methicillin Resistant Staphylococcus Aureus (MRSA) Infection Prevention and Control Guidelines were released in August 2007 to ensure patient safety in health facilities. As well, provincial MRSA standards were released in January 2008 to improve consistency in how regional health authorities prevent and manage MRSA infection.

Strategy 5.4 **Improve performance of Alberta's health system through public reporting of information from the Health Quality Council of Alberta, including patient/client feedback.**

- The Health Quality Council of Alberta developed and implemented a provincial Emergency Patient Feedback Survey and a Long Term Care Resident and Family Feedback Survey. The results will be used to make quality and safety improvements to health services and to ensure Albertans have a patient-focused health system.

Strategy 5.5 **Improve performance and accountability in emergency medical services by providing leadership, establishing standards and fostering more integrated and efficient relationships among emergency medical service providers, municipalities and regional health authorities.**

- Alberta Health and Wellness implemented a system of mandatory reporting of ambulance collisions by licensed ground ambulance operators. The system allows the ministry to measure and adjust ambulance standards to protect patients, practitioners and the public.
- The department developed an over-arching framework for emergency medical services in Alberta. The framework will be an important part of the decision making process for the governance and funding of emergency medical services, and establishes the guiding principles for future enhancement to emergency medical services in Alberta.

Key Performance Measures and Results

Measure 5.A **Ambulatory Care Sensitive Conditions Hospitalization Rates**

Patients are sometimes admitted to hospital for conditions that could have been treated in an ambulatory care setting. Ambulatory care sensitive conditions hospitalization rates are designed to measure the rates of those hospitalizations. The rates for Albertans have improved over the past few years resulting in a decrease in hospitalization rates. The decrease in such hospitalization may reflect a positive change in medical practice. The decrease may also reflect better health service delivery at home and in the community, although there is still more improvements to be made in this area.

Ambulatory care sensitive conditions hospitalization rates (per 100,000 age standardized population)*

	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	**Target 2007/2008**
Ambulatory Care Sensitive Conditions Hospitalization Rates (per 100,000, age standardized population).	440	423	417	360**	**400**

Source: Canadian Institute for Health Information (CIHI) - Hospital Morbidity Database.

The definition of the ambulatory care sensitive conditions (ACSC) hospitalization rate is age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, per 100,000 population under age 75 years. This definition of ACSC by CIHI is based on the work of Billings et al. Patients who died before discharge are excluded. While not all admissions for ACSC are avoidable, it is assumed that appropriate prior ambulatory care could prevent the onset of this type of illness or condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to primary care.

* To better align as a measure of primary health care, the definition of the ambulatory care sensitive conditions (ACSC) indicator was revised by CIHI in the year 2006/07 for use with the data of the years beginning with 2001/2002. To allow for comparisons over time, the results for 2003/2004, 2004/2005, and 2005/2006 are restated based on the new definition.

**Hospitalization data for 2006/2007 for Peace Country Health Region in Alberta were incomplete.

Measure 5.B 30-day Heart Attack Survival Rate for Patients Treated in Hospital

Alberta's 30-day survival rate following a heart attack has remained fairly constant since 2000 and has met the target of 92 per cent. The relatively high survival rates can be attributed to the quality of care provided by professional staff, supported by advanced diagnostic services and quality hospital care.

30-day heart attack survival rate for patients treated in hospital

	2001 – 2003	2002 – 2004	2003 – 2005*	2004 – 2006*	**Target 2007/2008**
30-day heart attack survival rate for patients treated in hospital – three-year average data (per cent surviving)	91	91	92	92**	**92**

Source: Canadian Institute for Health Information (CIHI) - Hospital Morbidity Database.

The measure is derived by subtracting from 100 the 30 day Acute Myocardial Infarction (AMI) in-hospital mortality rate (the risk adjusted rate of all causes of in-hospital death occurring within 30 days of first admission to an acute care hospital with a diagnosis of AMI), prepared by CIHI. All years are fiscal years.

* Beginning with 2003 – 2005 rates, AMI case selection criteria were revised; therefore, comparison of 2003 – 2005 and later rates with those of previous years should be made with caution.

**Hospitalization data for 2006/07 for Peace Country Health Region in Alberta were incomplete.

Measure 5.C Five-Year Cancer Survival Rate

Chronic diseases such as cancer are a leading cause of death in Alberta. Survival rates for cancer 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 allow the effectiveness of cancer control programs to be evaluated. The five-year survival rate for breast cancer has remained steady over the past three years and exceeds the 2007/2008 target of 85 per cent. The five-year survival rate for colorectal cancer met the 2007/2008 target of 60 per cent.

Five-year cancer survival rate (in per cent)

	1998 – 2003	1999 – 2004	2000 – 2005	2001 – 2006	2002 – 2007	**Target 2007/2008**
5-year breast cancer survival rate (female rate only)	85	89	89	89	–	**85**
5-year colorectal cancer survival rate (male and female rate)	55	57	63	60	–	**60**

Source: Alberta Cancer Board.

Five-year cancer survival rate is the per cent of Albertans surviving, with the first year listed as the diagnosis year and five years later as the reference year used to check patient survival. All years are calendar years. 2002 – 2007 results are not available.

Goal 6

Health system efficiency, effectiveness, innovation and productivity

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

Achievements

Strategy 6.1 **Implement a new pharmaceutical strategy to improve the management of government drug expenditures to give Albertans access to sustainable drug coverage while protecting them from catastrophic drug costs.**

- Important elements of the pharmaceutical strategy were developed and further improvements are underway. Alberta worked very closely with other provinces to improve the management of government drug programs through such initiatives as the Joint Oncology Drug Review. This process was initiated to create a shared mechanism for the review of new cancer drugs between provinces and territories. Alberta also signed a Memorandum of Understanding with British Columbia to develop a framework for possible joint purchasing of drugs and initiated work to advance that agreement.

Strategy 6.2 **Enhance and clarify the accountability relationships and mechanisms within the health system.**

- The *Health Facilities Accountability Amendment Act* received Royal Assent in December 2007. The Act enhances accountability in the health system by clarifying roles and responsibilities of health providers, helps prevent safety and quality of care issues from arising, and enables government to better address any issues if they do arise.
- The Minister approved multi-year performance agreement renewals with both the Alberta Cancer Board (ACB) and the Alberta Mental Health Board (AMHB). Each agreement is a key accountability mechanism with the provincial board, and indicates the Minister's expectations in relevant performance areas and includes

performance measures and expected results information for each fiscal year covered by the performance agreement. The ACB agreement is for two years while the AMHB agreement is for three years.

- The ministry consolidated the 2007/2008 financial results of the regional health authorities, provincial health boards and Health Quality Council of Alberta into the ministry's financial statements. This will enhance the financial accountability for controlled reporting entities to the ministry.

Strategy 6.3 **Strengthen the public health system through implementation of the provincial public health strategic plan.**

- Work on the provincial public health strategic plan was initiated and components of the plan were implemented. Work is underway to enhance public health human resource capacity and health surveillance and information systems. As well, a public health framework has been developed in collaboration with health regions to track public health expenditures.

Strategy 6.4 **Lead in further enhancing and defining the quality, security and privacy of health data and information in cooperation with health system stakeholders.**

- The department completed the Alberta Conformance Framework for Provincial Standards, a key strategic component ensuring health information standards are implemented to meet Alberta health system business requirements. In addition, the Alberta Clinical Vocabulary project was initiated and will ensure all clinical data in electronic health records is coded using standard clinical vocabularies. This will allow for the consistent capture and translation of clinical information within the electronic health record and will support clinical decision making based on consistent evidence.
- The Information Exchange Protocol and the accompanying Information Manager Agreement were both revised and refreshed to reflect a more user friendly and current reflection of Alberta Netcare rules and obligations. Both documents were distributed jointly to province-wide stakeholders for use in Alberta Netcare.

Strategy 6.5 **Position Alberta's interests at the forefront of collaborative federal-provincial initiatives by working with key partners and stakeholders at the federal and provincial levels of government.**

- The Electronic Health Record Symposium was held in September 2007. Over 120 delegates participated with representation from most Canadian jurisdictions, Canada Health Infoway, Alberta Medical Association, Canadian Pharmacists Association and the regional health authorities. The symposium provided an opportunity to share information and knowledge gained on the development and improvement of Alberta's Electronic Health Record.
- The department worked cooperatively with other provinces and the federal government to develop and strengthen pandemic planning across Canada.
- The department worked with the federal government to develop funding to initiate a Human Papillomavirus vaccine program with the goal of reducing the incidences of cervical cancer in Alberta.

Strategy 6.6 **Enhance the sustainability of the publicly funded health system through collaborative initiatives to strengthen communication, integration and coordination across ministries and among health authorities.**

- The department provided leadership, support and expertise on a collaborative initiative established under the Tri-lateral Master Agreement. Working with the Alberta Medical Association and the College of Physicians and Surgeons of Alberta, changes to the Schedule of Medical Benefits were successfully implemented that will help ensure a sustainable and accountable health system.
- In collaboration with Advanced Education and Technology, regional health authorities, universities and other stakeholders, a Deputy Ministers and Key Stakeholders of Academic Medicine Committee was formed. The committee is using a collaborative approach to develop a strategic direction for academic medicine.

Strategy 6.7 **Build capacity to measure, monitor and report health system costs.**

- The department improved the health authority monitoring process by creating a new summary report that links costs by service areas to volumes of services. This summary of volumes and costs will be an important, high quality source of trend information that will assist in budget forecasting.
- Currently, Capital Health and the Calgary Health Region operate patient specific costing systems. These fully integrated systems support costing by diagnosis and procedure. The information from these systems supports broad productivity initiatives and equitable funding of services. Discussions are underway to expand the patient specific costing systems to three other health authorities.

Strategy 6.8 **Establish a health system performance framework consistent with best practices and international benchmarks.**

- Discussions took place between the Minister and health authority board chairs on a high level health system performance framework that would enhance the accountability of health regions and would indicate how well the health system was being governed. This work will be of value in establishing a governance and accountability framework for the new Alberta Health Services Board.

Strategy 6.9 **Maximize the benefits received from investing in health care by assessing the efficiency of regional health authority operations and establishing permanent mechanisms for periodic reviews of regional health authority efficiency, effectiveness and governance.**

- Independent operational efficiency reviews were completed for four regional health authorities — Chinook, Palliser, David Thompson and East Central. All regions reviewed (to date) are utilizing the findings to improve regional operations to ensure the substantial public resources devoted to health regions are used efficiently and productively. Some of the key findings include: regional health authorities should conduct regular community health needs assessments, a stronger standardized approach to chronic disease management

is needed, trauma management, first responders and emergency medical service protocols need to be standardized across the province, and a shared service model across regions for core corporate services would enhance effectiveness and efficiency.

Strategy 6.10 **Improve provision of quality patient care by supporting wider distribution and uptake of new health information technologies and standardized business processes throughout the health system.**

- Seven of Alberta's regional health authorities completed the transition to make Alberta SuperNet their primary communications medium for telehealth activity. This network enables a more cost effective means of delivering telehealth services to Albertans, including ongoing education opportunities for health professionals who are located in rural/remote communities. In addition, SuperNet makes it possible to provide a broader range of telehealth services to additional locations.
- All Albertans who have received health care services in the past year now have a personal electronic health record in Alberta Netcare. Government's goal that every Albertan would have an electronic health record by January 2008 was accomplished. Alberta Netcare is a secure and confidential electronic lifetime record of every Albertan that contains key health information needed to provide accurate, complete and timely health services by any health care provider any where in Alberta.

Strategy 6.11 **Strengthen evidence-based decision-making in determining whether to fund health services, technologies, devices and pharmaceuticals from public funds.**

- Refinements were made to the Alberta Health Technologies Decision Process, which is an evidence-informed approach for making coverage decisions for publicly funded health services. These refinements will improve timeliness, transparency, flexibility and rigor of the process. To support this, Alberta Health and Wellness and the Institute of Health Economics hosted a stakeholder session to explore a new initiative to establish the Health Evidence Network of Alberta

and build on earlier initiatives such as the Alberta Health Technologies Decision Process. These activities will contribute to improved health outcomes, access to health services, and health system sustainability through more effective use and application of evidence to health practice and policy.

- To improve government sponsored drug programs, the Alberta Health and Wellness Drug Benefit List is updated quarterly to enable Albertans' access to evidence-based new drug therapies and lower cost generic products. A review of the current drug approval procedures was initiated to help improve the program and make processes clearer to Albertans and other groups involved with government drug programs. The department carefully considers all available clinical and cost evidence before covering new drugs to make sure they provide good value for Albertans and government drug programs.

Strategy 6.12 **Foster a climate for made-in-Alberta health products, services, research and intellectual property to further develop the role of the health sector as an economic driver.**

- The department is working closely with Advanced Education and Technology to foster a climate in Alberta for health technology research and for promoting the development of intellectual property and commercialization ventures.
- The department supports scientific and health service research through funding universities, health authorities and provincial granting agencies such as the Alberta Heritage Foundation for Medical Research. The department also collaborated on numerous research projects to help align research activities with government policy interests.
- The department is the custodian of administrative health data that is made available, upon request, to researchers across Alberta and Canada to help facilitate research activities in the areas of biomedical, clinical, population health and health services research. Research results shared with government are helping to promote made-in-Alberta health products, services and technologies.

Strategy 6.13 **Continue to support policy development through ongoing development of legislation and a legislative framework for health care delivery that align with the *Health Policy Framework* and is responsive to future policy initiatives.**

- The *Health Facilities Accountability Amendment Act* and the *Health Statutes Amendment Act* were passed by the Alberta Legislature in December 2007. These amendments will enhance accountability for the delivery of health care services, and provide clear direction for health services to be provided with patient safety and quality of care as first priorities. The amendments also provide government with necessary tools to act in the general public's best interest in cases where safety and quality of care may be an issue.
- The Alberta Health Care Insurance Plan Opt Out program was amended as part of the *Health Statutes Amendment Act*, which received Royal Assent in June 2007. Alberta residents no longer have to apply to opt out of the plan every year. They can now apply to opt out for up to three years with the opportunity to rescind their opt-out application at any time. There is a 90-day wait period before they can again be covered under the plan.

Strategy 6.14 **Develop a strategy that responds to short and long term pressures stemming from the rapid and sustained oil sands development.**

- The department participated in developing strategies to ensure growth and development of the oil sands in the Athabasca, Cold Lake, and Peace River regions are effectively managed. The strategic process involved identifying and addressing social, economic, and environmental issues and opportunities in the development of the oil sands. Through this initiative, the Alberta government has an opportunity to develop a social infrastructure approach that can be applied consistently throughout Alberta.

Key Performance Measures and Results

Measure 6.A Public rating of health system overall

Albertans' perception of the health system is reflected in survey ratings of the health system. Ratings include perception about the quality of care, service accessibility, the manner in which the service was provided, and the patient-provider relationship.

Over the past few years, Albertans' overall rating of the health system remained relatively constant up to 2006. However, the percentage of Albertans who rated the health care system as either "excellent" or "good" has fluctuated in the past two years and has remained under the 2007/2008 target. Measures are being taken to improve the overall performance of the health system. Expanding service capacity, which includes increasing Alberta's health workforce and health infrastructure, is a key part of our strategy to effectively reduce wait times and enhance access throughout the system.

Public rating of health system overall

	2004	2005	2006	2007	2008	**Target 2007/2008**
Per cent of public rating the health care system overall as either "good" or "excellent"	65	67	65	55	60	**69**

Source: 2004 – 2005 Public Survey about Health and the Health System in Alberta; 2006 Health Quality Council of Alberta (HQCA) Satisfaction with Health Care Services: A Survey of Albertans; 2007 HQCA Provincial Survey; 2008 HQCA Provincial Survey conducted by the Population Research Laboratory, University of Alberta.

For 2008 results, data are collected through a telephone survey of 4,302 randomly selected Alberta households. Adult Albertans are asked: "thinking broadly about Alberta's health care system and the quality of medical services it provides, how would you describe it overall? Excellent, good, fair, or poor." Sample size is about 4256 and these estimates are accurate within two per cent 19 times out of 20.

Measure 6.B Electronic Health Record

Alberta Netcare (Alberta's electronic health record — EHR) 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. In 2007/2008, the users in Capital Health gained access to EHR due to the integration of the Alberta Netcare Portal. Also in 2007/2008, provincial legislation made it mandatory for pharmacists to report dispensing using EHR. As a result, the number of care providers accessing the EHR in 2007/2008 increased significantly and exceeded the target.

Number of care providers accessing the Electronic Health Record

	2005/ 2006	2006/ 2007	2007/ 2008	**Target 2007/2008**
Number of care providers accessing the Electronic Health Record	18,675	22,918	29,110	**15,000**

Source: Alberta Health and Wellness, Information Management Branch – Alberta Netcare.

Measure 6.C Access to Data

Alberta Health and Wellness holds a large amount of administrative health data relevant to the provision of health services for Albertans. This information is collected from regional health authorities, providers and recipients. As a custodian of this valuable asset, Alberta Health and Wellness is frequently asked by private and academic researchers for access to this administrative health data to support business planning and academic research.

Research and analysis using this data has great potential for improving our understanding of the effect of public policy and other interventions on individuals and populations. Disclosure and use of this information is regulated by the principles of the *Alberta Health Information Act* established to protect individual privacy and confidentiality.

Per cent of stakeholders reporting easy access to information

	2005/ 2006	2006/ 2007	2007/ 2008	**Target 2007/2008**
Per cent of stakeholders reporting easy access to information	81	78	76	**85**

Source: Alberta Health and Wellness, Planning and Performance Branch.

2005/2006 results are based on an online survey with the sample size of 99 and response rate of 63 per cent. 2006/2007 results are based on an online survey with the sample size of 37 and response rate of 42 per cent. 2007/2008 results are based on an online survey with the sample size of 54 and response rate of 54 per cent.

*Stakeholders include academic researchers, regional health authorities and industry professionals.

Measure 6.D Household spending on drugs

The appropriate use of prescription drugs plays an important role in effectively managing chronic conditions. In 2006/2007, the Alberta government spent $1.2 billion to help support Alberta households' purchase of prescription drugs. The per cent of household spending over 5 per cent of household income after taxes on prescription drugs is 2.9[E] per cent for 2005, the most recent year available.

Household spending on drugs

	2003	2004	2005	2006	2007	**Target 2007/2008**
Percentage of households spending over 5 per cent of household income after taxes on prescription drugs	2.7 [E]	2.5 [E]	2.9 [E]	–	–	**2.5**

Source: Statistics Canada – Survey of Household Spending, 2003, 2004, and 2005.

Data is collected from a sample of over 2,000 households from the province of Alberta. The response rate in 2005 was 74.6 per cent. Results for the province are accurate within 1 per cent, 19 times out of 20. 2006 and 2007 results are not available.

Prescription drug spending only includes prescription drugs purchased by households. Over-the-counter drugs and drugs paid for by governments or insurance companies are not included. Public or private premiums for health care plans are not included.

E – Values should be interpreted with caution.

Integrated Results Analysis

This section provides a discussion of how the various results and accomplishments link together with financial resources for a more complete picture of what the ministry achieved in 2007/2008.

The overall surplus compared to budget is primarily due to lower than anticipated volume for physician services and considerable cost savings realized due to generic drugs entering the market that replaced the higher brand name products on high utilization drugs. These surpluses were partially offset by one time financial assistance to the health authorities, additional funding provided for Children at Risk (prevent risk for children and to support those children already at risk), implementation of Positive Futures – Optimizing Mental Health for Alberta's Children and Youth and Assertive Community Treatment (in-community care for people with serious, long-term mental illness), and additional operating funding provided to the Stroke Foundation. A Supplementary Estimate of $53.5 million was received for Capital and Maintenance Renewal Projects, including patient lift systems.

The following table compares the 2007/2008 budget with actual expenditures for 2007/2008 and prior year expenditures (2006/2007), by core business. The variances and other factors affecting performance are discussed in relation to each core business.

Financial Results by Core Business (in thousands) Unaudited

	2007/2008 Budget	2007/2008 Actual	2006/2007 Restated Actual
1. Advocate and educate for healthy living.	285,186	335,698	233,908
2. Provide quality health and wellness services.	11,524,549	11,471,275	10,178,354
3. Lead and participate in continuous improvement in the health system.	262,278	255,163	292,982
	12,072,013	**12,062,136**	**10,705,244**

Core Business 1

Core business 1 includes Goals 1 and 2 of the ministry business plan for 2007-2010 and is comprised of strategies that protect Albertans from communicable diseases and other threats to health and encourage Albertans to adopt healthy lifestyles.

Total spending in this core business was $336 million, which is $51 million more than the approved budget and is an increase of $102 million over 2006/2007. The $51 million increase over budget was primarily due to additional funding provided for Children at Risk and implementation of Positive Futures – Optimizing Mental Health for Alberta's Children and Youth and Assertive Community Treatment.

The spending increase of $102 million from the prior year was primarily attributable to the initiatives mentioned above as well as support for the Rick Hansen Foundation and the Alberta Breast Cancer Screening Program, investment in a pandemic influenza supply inventory and additional funding provided for the Provincial Public Health Laboratory.

Core Business 2

Core business 2 includes Goals 3, 4 and 5 of the ministry business plan for 2007-2010 and focuses on strategies to improve access to health services and improve outcomes of those services. This core business also addresses the need to expand system workforce capacity.

Total spending on this core business was $11.5 billion, which is $53 million less than the budget and is an increase of $1.3 billion over 2006/2007. The $53 million surplus in spending is primarily attributed to lower than anticipated volume increases in physician services and considerable cost savings realized due to generic drugs entering the market that replaced the higher brand name products on high utilization drugs such as Losec. These were partially offset by an investment in the Alberta Provincial Stroke Strategy and one time funding to the health authorities.

The overall increase in spending of almost $1.4 billion over the 2006/2007 fiscal year was primarily attributed to:

- 10.3 per cent increase in operating funding to the health authorities compared to 2006/2007, which includes one-time financial assistance provided to Calgary Health Region, Peace Country Health, David Thompson Regional Health Authority, and East Central Health.
- An increase in patient volumes as well as rate increase for physicians under the Tri-Lateral Master Agreement.
- Increase costs for prescription drug benefits primarily due to volume increases.

Core Business 3

Core business 3 includes Goal 6 of the ministry business plan for 2007-2010 and focuses on strategies to improve health system efficiency, effectiveness and innovation.

Spending on this core business was $7 million under budget and $38 million lower than 2006/2007 spending. The $7 million variance in spending was primarily due to the lack of available skilled employees, due to the strong labour market, which resulted in information technology project delays.

The $38 million decrease in spending was due mainly to reduced spending on the Diagnostic Imaging Strategy compared to 2006/2007, as well as project delays as described above.

Looking Ahead

Individuals must take personal responsibility for their own health and make good choices that will lead to life-long health. As members of society, our first job is to keep ourselves well and prevent disease and injury. It is well known that it is easier to prevent health problems or minimize the complications from chronic diseases, than to treat them once they emerge. This personal responsibility will also require each of us to contribute to building healthy, safe and supportive communities. Health promotion and disease prevention initiatives will help protect vulnerable populations, and encourage all, especially children and youth, to live healthy and safe lifestyles. The creation of tax incentives may be one way of encouraging Albertans to invest in their own health and make healthy lifestyle choices.

To improve health service delivery and access, an overarching health and wellness service optimization plan will be developed. As an initial step, a rigorous assessment of health services, infrastructure, financial and human resources needed to achieve optimum health outcomes will be conducted. The process will optimize and more effectively integrate the provision of health services throughout the province and will help to address growth pressures.

A well functioning health system must also have the capacity to identify, prevent and treat mental disorders so that those affected can lead normal, productive and rewarding lives. In the same way, society must be prepared to respond in a timely manner and provide effective treatment and rehabilitation to those affected by substance abuse and addictions. Addiction prevention and treatment programs will be enhanced for Alberta's youth and young adults, and collaborative services will be offered for groups with special needs, such as pregnant women with addictions and people with concurrent disorders (i.e. mental health and addiction concerns).

Opportunities and Challenges

Improving Access to Health Care Services

Access to publicly funded health services is a fundamental principle of Alberta's health care system. Alberta's economic prosperity and rapidly growing population have brought with it challenges that affect people's ability to access needed health services. These include increased demand for services, urban vs. rural disparities, health workforce shortages, and the need to increase the capacity of health facilities. An opportunity clearly exists to improve access to quality health care services.

New approaches are needed in how health services are organized and delivered. Clinical care pathways need to be re-engineered so that bottlenecks and unnecessary steps can be eliminated. Implementing a process that helps patients with complex health needs navigate the health system, and access the right services at the right time, will also be beneficial.

A shortage of health professionals in Alberta has affected the ability of many Albertans to access health services. According to a 2006 survey by the Health Quality Council of Alberta, 28 per cent of Albertans do not have a family physician. Shortages of physicians, nurses, and other health professionals have also caused cancellations and longer wait times for elective surgeries. A new Health Workforce Action Plan has been initiated to enhance the availability and sustainability of the health workforce. It includes new initiatives to increase Alberta's ability to train, recruit and retain health professionals in all disciplines. It will encourage health professionals to work to the full capacity of their knowledge, expertise and training and support them through safe and healthy workplaces. Recruitment of internationally trained health workers is also an important part of this strategy.

To enhance the overall capacity of the health system to improve access, new and expanded health facilities will need to be constructed. This will include the need for new and updated diagnostic and treatment equipment to improve the quality and timeliness of treatment received. As well, increasing the number of beds in continuing-care and long-term care facilities, as well as acute care beds in hospitals will allow more Albertans to receive the care they need whenever and wherever they need it. An aggressive and strategic capital plan will need to be laid out to ensure the province will have the capacity needed to meet present and future needs of Albertans.

Efficiency and Effectiveness of Health Care Service Delivery

Albertans are entitled to receive the best value for money possible from their health system. There is an obligation on the part of health system governors, managers, and service providers to maximize efficiency and productivity in the way services are organized and delivered. The long-term sustainability of the health system will depend, in part, on the ability to enhance efficiency, cost-effectiveness and value for money. In such a large and complex system, efficiency and productivity gains can only be achieved through continuous improvement in the way services are funded, organized and delivered. As new technologies and innovations in service delivery become available, the challenge is to make sure they do not duplicate current services and become add-on costs but are used to substitute for outdated, less efficient services and procedures.

The most important resource in the health system is people and health professionals must be allowed to deliver services in the most effective and efficient way possible. By allowing health service providers to work in more flexible ways and use their skills and training to the fullest, it is possible to enhance both productivity and job satisfaction.

Governance and Accountability

Alberta's health system must be well governed, transparent and accountable at all levels. The health system must also be managed in a way that promotes and enhances public confidence. The public has the right to feel confident in the care they receive and in the way those services are organized, managed and delivered.

To help improve the efficiency and effectiveness of Alberta's health system, a new governance model will be needed to clarify roles and responsibilities, and to improve the way health care is administered. Sound governance mechanisms are essential for health system accountability and for the system to operate within its financial limits while meeting the needs of Albertans. The development of a strong, broad-based accountability and reporting structure for publicly funded health service organizations will enable the coordination of efforts, transparent reporting and tangible progress in meeting the needs of Albertans.

Healthy and Safe Communities

Life-long health is important to all Albertans. There is a growing realization that good health depends on the efforts and commitment of individuals, families, entire communities and society as a whole. Alberta's children and youth, the frail elderly, and vulnerable persons with chronic disease, physical disabilities, mental health needs or addictions require community support to achieve and maintain optimum health. Government has a leadership role in working with health professions, health authorities, communities, industry and all sectors of the economy in addressing the social, behavioural and environmental factors that influence individual and population health.

A healthy population requires fewer health services and is an excellent way of ensuring a sustainable health system. Albertans have a strong belief in individual responsibility and in the importance of building healthy and supportive communities. As members of society, our first job is to keep ourselves well and prevent disease and injury so that each one of us can reach our full potential. The role of business and community leaders, and government will be to reduce barriers and encourage people to take the best possible care of their own health and that of their families and communities.

Alberta Alcohol and Drug Abuse Commission (AADAC)

The Alberta Alcohol and Drug Abuse Commission (AADAC) is a provincial crown agency of the Government of Alberta reporting to the minister of Health and Wellness. AADAC operates and funds programs and services that address problems related to alcohol, other drugs and gambling. The commission also undertakes related research.

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

Core Businesses, Goals and Performance Measures

AADAC fulfills its mission through three core businesses: information, prevention and treatment. Programs and services to address the needs of the general population and specific groups are integrated across these core businesses.

AADAC area offices, clinics, institutions and funded services are located in communities throughout Alberta. Individuals and families have access to basic services where they live and work, with more specialized programs available on a regional or provincial basis.

In 2007/2008 AADAC provided treatment services to more than 36,000 Albertans experiencing problems with alcohol, other drugs or gambling.

Core Business 1: Information

Goal 1 – To inform Albertans about alcohol, other drug and gambling issues, and AADAC services.

Core Business 2: Prevention

Goal 2 – To prevent the development of and reduce the harm associated with alcohol, other drug and gambling problems.

Core Business 3: Treatment

Goal 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.

Goal 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 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 website.

Achievements

- AADAC and the Alberta Gaming and Liquor Commission began development of a provincial strategy intended to help prevent and reduce harm associated with alcohol use. The two commissions received government-wide feedback on the National Alcohol Strategy recommendations, and co-hosted stakeholder consultation sessions in Edmonton, Calgary, Fort McMurray, Lloydminster, Medicine Hat and Peace River. Focus groups were also held with teens, young adults and aboriginal representatives to gather a broad range of ideas on how to move attitudes and behaviours associated with alcohol use toward a culture of moderation.
- The Alberta Drug Strategy recognizes the importance of stakeholders working together to address substance use issues at a local level. There are 65 Alberta community drug coalitions registered with AADAC. These coalitions unite people from different disciplines to share ideas and resources about how to address alcohol and other drug problems. In October 2007, AADAC hosted the third annual Coalitions Connect conference which was attended by 160 people representing over 50 drug coalitions. AADAC also provided grant funding to 34 coalitions to undertake prevention projects that address the unique needs of their community in the areas of alcohol, tobacco, other drugs or gambling.
- In November 2007, AADAC co-hosted with the Canadian Centre on Substance Abuse the national Issues of Substance conference on alcohol and other drugs and substances. More than 900 delegates from across the country attended the conference held in Edmonton. AADAC also co-sponsored the 5th National Conference on Tobacco on Health held in Edmonton in October 2007. Seven hundred participants attended the conference, which generated considerable media attention and public awareness concerning the use of tobacco.

- AADAC offices and funded agencies organized activities for National Addictions Awareness Week held November 18-24, 2007 to provide information and activities that generate awareness of substance and gambling issues. During National Non-Smoking Week, January 20-26, 2008, hundreds of youth, children, families and communities participated in AADAC events organized throughout the province to raise awareness about the harms of tobacco use and the resources available to help individuals stop using tobacco.
- AADAC initiated the third cycle of The Alberta Youth Experience Survey (TAYES) in January 2008. This survey measures substance use and gambling behaviour, as well as associated risk and protective factors, among Alberta students in grades seven to 12.

Key Performance Measures and Results

In 2007/2008, 88 per cent of Albertans were aware of AADAC's services, a result that was within 2 per cent of the performance measure target. This result has remained stable for the past four years, demonstrating the continuing strength of AADAC's brand recognition across the province.

In 2007/2008, the target for percentage of women who are aware of that alcohol use during pregnancy can lead to lifelong disabilities in a child was met: 99 per cent of women surveyed were aware of this risk, demonstrating widespread retention of this critical public health message.

Measure 1.A **Percentage of Albertans who are aware of AADAC services**

Albertans who are aware of AADAC services are more informed about where to get information on alcohol, other drugs and problem gambling.

Awareness of AADAC services

	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	**Target 2007/2008**
Percentage of Albertans who are aware of AADAC services	89	88	88	88	88	**90**

Source: Alberta Survey (2004, 2005, 2006, 2007, 2008).

For 2007/2008, AADAC contracted the Population Research Laboratory, University of Alberta to ask about awareness of AADAC. Data were collected through telephone interviews of 1,211 randomly selected Albertans aged 18 years and older (response rate = 28.5 per cent). The margin of error for these results is ±2.8 per cent, 19 times out of 20. Respondents were asked: "Prior to me phoning you today, were you aware of the Alberta Alcohol and Drug Abuse Commission, or AADAC?"

Measure 1.B — Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child

Alcohol consumption during pregnancy can have long-term effects on childhood development. Offering information and prevention programming can reduce the number of children born with fetal alcohol spectrum disorder (FASD).

Awareness of effects of alcohol use during pregnancy

	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	**Target 2007/2008**
Percentage of women who are aware that alcohol use during pregnancy can lead to lifelong disabilities in a child	99	99	98	98	99	**99**

Source:

Alberta Survey (2004, 2005, 2006, 2007, 2008).

For 2007/08, AADAC contracted the Population Research Laboratory, University of Alberta to ask about awareness of risks associated with alcohol consumption during pregnancy. Data were collected through telephone interviews of 1,211 randomly selected Albertans aged 18 years and older (response rate = 28.5 per cent) that included 609 women. The margin of error for these results is ±2.8 per cent, 19 times out of 20. Respondents were asked: “True or false – alcohol use during pregnancy can lead to life-long disabilities in a child?”

Goal 2

To prevent the development of and reduce the harm associated with alcohol, other drug and gambling problems.

AADAC and its funded agencies provide programs and services to prevent alcohol, other drug and gambling problems, and reduce the harm associated with substance use and gambling. Prevention strategies are intended to increase protective factors and reduce risk factors for the population as a whole, and within specific groups.

Achievements

- On January 1, 2008 the *Tobacco Reduction Act* came into force and positioned Alberta as a leader in tobacco reduction legislation. AADAC provided information on best practices to support the development of the act and has contributed to the implementation of the new law by training enforcement stakeholders, developing communication resources, organizing information sessions for community groups and responding to telephone inquires and correspondence about the new legislation.
- AADAC funded 18 community projects addressing Alberta Tobacco Reduction Strategy objectives in the areas of prevention, tobacco reduction and cessation, and protection from second-hand smoke.
- AADAC hosted the World No Tobacco Day provincial celebration in Edmonton on May 28, 2007. The event highlighted a number of programs delivered by AADAC and its provincial partners. It also featured the Barb Tarbox awards which recognize Alberta individuals, non-profit groups and businesses that have made a significant impact in the area of tobacco prevention, cessation, reduction or protection from second-hand smoke.
- AADAC continued to support school communities with consultation, resources and programming as part of a comprehensive substance abuse prevention and early intervention strategy. Ninety stakeholders involved with school based prevention helped AADAC review its existing resources for junior high schools by identifying areas for additional curriculum support for teachers, strategies to involve parents and recommendations to enhance web-based resources. AADAC also revised the Peer Support manual to reflect practical, engaging approaches to support peer leadership opportunities in schools. AADAC continued to work with the Alberta School Boards Association and, as part of the Better Together Schools Program, provided funding and consultation to three new school communities. The Better Together Schools Program is currently in its third year, helping schools develop comprehensive substance abuse prevention strategies.

- AADAC, the Alberta Gaming and Liquor Commission (AGLC) and Alberta's bingo industry jointly developed A Good Call—Responsible Gambling Awareness Training for Bingo Staff. In May and June 2007 forty-nine training sessions were held throughout Alberta. AADAC also co-sponsored with AGLC the first Responsible Gambling Awareness Week, October 22 – 28, 2007. The event highlighted effective education, treatment and prevention programs available to the Alberta gambling public to encourage responsible gambling and to provide help for those with gambling problems.
- AADAC was an active participant on the board of the Drug and Alcohol Council for Safe Alberta Workplaces which is focused on eliminating workplace safety risks associated with alcohol and drug use. AADAC also worked with Alberta Employment and Immigration and the federal department of Human Resources and Social Development to profile and share quality health and safety information for Alberta employers and employees to reduce and prevent workplace substance abuse.

Key Performance Measures and Results

In 2007/2008 the result for the prevalence of smoking measure was within 2 per cent of the target. The slight increase for Alberta youth aged 12 to 19 is consistent with the national trend. After several years of declining smoking rates among youth 12 to 19 years, national rates stabilized during 2005 – 2007. This slowing of declining smoking rates demonstrates the need for continued support for youth tobacco prevention programming.

The result for the prevalence of regular, heavy drinking among youth Albertans 15 – 29 years was within 2 per cent of the target. This result is consistent with an ongoing trend showing higher rates of alcohol consumption in Alberta and demonstrating the need for a comprehensive provincial alcohol strategy.

Measure 2.A Prevalence of smoking among Alberta youth

Because most regular smokers start at an early age, prevention activities focusing on youth are key to reducing the number of smokers in Alberta. A decline in the prevalence of smoking by Alberta youth will have positive long-term effects on the quality of life and the health care system.

Smoking among Alberta youth

	2000/ 2001	2003/ 2004	2005/ 2006	2007/ 2008	**Target 2007/2008**
Prevalence of smoking among Alberta youth (in per cent)	18	14	11	12	**10**

Source: Statistics Canada, Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005, 2007).

Daily and occasional smoking combined for Albertans 12 to 19 years of age. For 2007, the CCHS included a sample of Albertans 12 years and older (n = 5,993) with a response rate of 77.2 per cent. The 95 per cent confidence interval for the sample of Albertans 12 to 19 years of age was 8.4 to 14.8 for the reported result.

Excluded from CCHS sampling framework were persons living on Indian reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions.

Results are reported only for years during which Statistics Canada conducted surveys.

* The 14 per cent result for this measure that was reported for 2002/2003 in previous annual reports is now being reported for 2003/2004, in order to most accurately reflect the period during which Statistics Canada completed the survey work.

** The 11 per cent result for this measure was inadvertently reported for 2004/2005 in the 2006/2007 annual report, when it should have been reported for the 2005/2006 year.

Measure 2.B Prevalence of regular, heavy drinking among young Albertans

A pattern of regular, heavy drinking is associated with a higher risk of experiencing alcohol-related harm. Prevention programs targeting young Albertans are intended to reduce acute and chronic problems associated with this pattern of alcohol consumption.

Regular, heavy drinking among young Albertans

	2000/ 2001	2003/ 2004	2005/ 2006	2007/ 2008	**Target 2007/2008**
Prevalence of regular heavy drinking among young Albertans (in per cent)	34	31	31	32	**30**

Source: Statistics Canada, Canadian Community Health Survey (CCHS) (2000/2001, 2003, 2005, 2007).

Regular, heavy drinking is defined as the consumption of five or more alcoholic drinks on one occasion, 12 or more times a year for Albertans 15 to 29 years of age. For 2007, the CCHS includes a sample of Albertans 12 years and older (n =5,993) with a response rate of 77.2 per cent. The 95 per cent confidence interval for the sample of Albertans 15 to 29 years of age was 30 to 40 for the reported result. Excluded from CCHS sampling framework were persons living on Indian reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces and residents of certain remote regions.

Results are reported only for years during which Statistics Canada conducted surveys.

* The 31per cent result for this measure that was reported for 2002/2003 in previous annual reports is now being reported for 2003/2004, in order to most accurately reflect the period during which Statistics Canada completed the survey work.

Goal 3

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

AADAC and its funded agencies offer a broad continuum of treatment services to assist Albertans in improving or recovering from the harmful effects of substance use and gambling. Treatment is aimed at adults, youth and their families who display significant problems. Services include community-based outpatient counselling, day programs, crisis and detoxification services, short- and long-term residential treatment, transitional support and overnight shelter. Specialized programs are available for youth, women, aboriginal Albertans, business and industry referrals, people with opioid dependency or cocaine addiction, and people affected by family violence.

Achievements

- AADAC expanded treatment centres for youth. The Lethbridge Youth Residential Treatment Site opened September 21, 2007 providing an eight-bed, 12-week program for youth up to age 18. In Grande Prairie, a four-bed Youth Residential Detoxification and Stabilization Program opened on March 17, 2008. The service expansion enhances AADAC's continuum of services for youth and aligns with AADAC's Youth Treatment Strategy and programming that supports the *Protection of Children Abusing Drugs Act*.
- AADAC held 18 training sessions for 350 allied professionals in support of AADAC's Enhanced Services for Women which provides priority addiction treatment services for women who are pregnant or may become pregnant. The sessions focused on the use of Help Kits for the screening, intervention and referral of women.
- On January 1, 2008, the Alberta Health Care Insurance Plan began covering the cost of a physician's medical exam for those needing AADAC residential treatment. This development increases service accessibility for clients and will enhance service co-ordination with primary care providers.
- AADAC coordinated a provincial review of addiction services in Alberta. An independent contractor identified the range of addiction services provided by AADAC and other affiliated offices across Alberta, and reported on what is working well within the system, and any possible service gaps. The review will help AADAC enhance the collaborative system of addiction services in Alberta.

- AADAC sponsored the third annual Mental Health Research Showcase in November 2007. This event brought together over 400 health professionals from Canada and around the world, highlighting the importance of advancing mental health prevention and treatment through research. AADAC and the Alberta Mental Health Board also collaborated for a second year to present the Telemental Health Education series on concurrent disorders. This year's theme "Making the Link" focused on case management and how community partners could work together to serve clients with concurrent disorders more effectively. The series included seven sessions with more than 450 participants from health, mental health, social services and AADAC.
- The Provincial Family Violence Treatment Program provides assessment, treatment and follow-up services for perpetrators and victims of family violence. AADAC supports the program by providing addiction screening, assessment and treatment to clients who have been mandated through the domestic violence courts. In 2007/2008, AADAC delivered the addiction component of the program in five services sites: Calgary, Edmonton, Red Deer, Medicine Hat and Lethbridge.

Key Performance Measures and Results

Of the two performance targets for treatment services, one was met and the other was within 3 per cent of the target.

In 2007/2008, the target for client satisfaction with treatment services was met: 95 per cent of clients reported they were "somewhat satisfied" or "very satisfied" with the treatment services received. The high level of satisfaction suggests treatment programs are meeting client expectations.

In 2007/2008, the result for clients reporting improvement following treatment was within 3 per cent of target. Results indicate the intended outcome of abstinence or improved level of recovery continues to be achieved by nine out of ten AADAC clients.

Measure 3.A — Percentage of clients who are satisfied with AADAC treatment services

To increase the probability of success, it is important that treatment programs meet the needs and expectations of clients receiving these services. AADAC surveys clients to assess their level of satisfaction with treatment services received.

Satisfaction with AADAC treatment services

	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	**Target 2007/2008**
Percentage of clients satisfied with treatment services	96	95	96	95	95	**95**

Source: AADAC Treatment Follow-Up Survey database (2003/2004 – 2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (2005/2006 – 2007/2008) and Detox Feedback Survey (2005/2006 – 2007/2008). Client satisfaction was assessed from two sources. Results from both sources were combined and weighted to provide total client satisfaction (n = 9596).

Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (May 2007 – March 2008): An independent private research contractor conducted follow-up telephone interviews with treatment clients. Clients entering treatment services who gave consent for follow-up (excluding detoxification and opioid dependency program) were eligible for telephone interview selection. Based on annual client admissions, sample quotas were assigned to each treatment type. A random sample of 6,874 clients was telephoned three months after treatment completion. A total of 2,013 clients were interviewed and asked to rate their level of satisfaction with services received (response rate = 29.3 per cent). The margin of error is ± 2.1 per cent, 19 times out of 20.

Detox Feedback Survey: Client satisfaction with detoxification was measured by a self-administered feedback survey given to clients at the end of service. Of the 11,943 clients receiving detoxification services, 7,637 surveys were returned (response rate = 63.9 per cent).

Measure 3.B Percentage of clients reporting they were improved following treatment

AADAC offers a continuum of treatment services that address the individual needs of clients. The intended outcome is client abstinence or an improved level of recovery. AADAC measures client improvement following treatment to ensure that programs are effective.

Improvement following AADAC treatment

	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2007/ 2008	**Target 2007/2008**
Percentage of clients reporting they were improved following treatment	93	92	91	90	90	**93**

Source: AADAC Treatment Follow-Up Survey database (2003/2004 – 2004/2005); AADAC Service Tracking and Outcomes Reporting Treatment Follow-Up Survey (2005/2006 – 2007/2008)

Client improvement was assessed using the same process as in client satisfaction source above (measure 3.A). Number of clients interviewed, response rate and margin of error are as above. Clients were interviewed and asked about their level of substance use and gambling. Improvement was indicated if clients were “abstinent” or “improved” three months after treatment.

Cross-Ministry Initiatives

AADAC participated in key cross-ministry initiatives such as the FASD (Fetal Alcohol Spectrum Disorder) Cross-Ministry Committee, the Canada Northwest FASD Partnership Steering Committee, the Physicians for Prevention of FASD Steering Committee, the Domain IV Steering Committee (concurrent disorders), the Interdepartmental Committee on Family Violence and Bullying, and the Alberta Children and Youth Initiative Coordinating Committee.

Future Challenges

Albertans recognize that there are significant and rising social and economic costs associated with addiction, and they expect timely access and efficient and effective service delivery. Addiction services drive down the demand for hospital care, reduce crime, promote more efficient use of other formal support systems and increase workplace productivity.

Specialized addiction services are cost-effective and optimum service delivery requires close collaboration with key stakeholders in the community. An effective community response to addiction treatment and prevention requires close collaboration between AADAC and other service providers such as those in non-profit agencies, mental health, acute health care, education, social services, justice and the self-help community. It also requires ongoing professional development and training for a broad range of health professionals through advice, clinical consultation, and access to AADAC courses and other learning opportunities.

Effective intervention for those experiencing harm associated with substance use and gambling requires strategies that build on the strengths of individuals and their environments. Increasing individual capacity to deal with substance use and gambling cannot happen without client and family participation in design, delivery and acceptance of addiction treatment. Educating Albertans about risk factors associated with substance use and gambling problems, and about the costs and consequences in relation to health, workplace and relationships with friends and family, is key to encouraging personal responsibility.

Ensuring consistent, high quality programs that are client-centred, culturally relevant and evidence-based is a challenge AADAC continues to face in a complex environment with increased service demand. To increase access to services and ensure the sustainability of the treatment and prevention system, AADAC will continue to collaborate with key stakeholders to strengthen and leverage existing services and community supports. AADAC has built a strong presence in Alberta communities and remains committed to client focused care, accessibility, and sustainability of services.

Changes to Performance Measure Information

New or Changed Key Performance Measurement for 2007/2008 Annual Report:

- Wait Times: Children's mental health services achievement of wait time goals
- Wait Times: Regional health authority achievement of wait time goals
  - Cataract Surgery
  - CT Scans

Key Performance Measurement to be discontinued in the 2008 – 2011 Business Plan:

- Life Expectancy: Life expectancy at birth — male and female
- HIV Rates: Age adjusted rate of newly reported HIV cases (per 100,000)
- STI Rates: Age adjusted rate of newly reported infection (per 100,000) — syphilis, gonorrhea, and chlamydia
- Birth Weight: per cent of low birth weight babies
- Exercise: per cent of Albertans age 12 and over who are "active or moderately" active
- Healthy Diet: per cent of Albertans age 12 and over who eat at least 5 servings of fruit and vegetables each day
- Alcohol Consumption: per cent of Alberta women who consumed alcohol during pregnancy
- Mortality Rates: Suicide (per 100,000 population)
- Childhood immunization coverage rates (by 2 years of age) – diphtheria, tetanus, polio, and hib; measles mumps, and rubella
- Wait Times: Regional health authority achievement of wait time goals: MRI, CT
- Number waiting for long term care facility placement – in acute hospital, urgent in community
- Number of physicians in Alternate Relationship Plans – non-academic, academic
- Number of postgraduate medical education seats
- Number of health workforce practitioners
- Proportion of Albertans who have a family doctor

- Ambulatory Care Sensitive Conditions hospitalization rate (per 100,000 age standardized population)
- 5-year cancer survival rates – breast cancer (female rate only), colorectal cancer (male and female rate)
- Access to data: per cent of stakeholders reporting easy access to information
- Household spending on drugs: per cent of households spending over 5 per cent of household income after taxes on prescription drugs

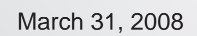
New or Changed Key Performance Measurement for 2008/2009 Annual Report:

- Health program spending by the Ministry of Health and Wellness as a percentage of total provincial government spending
- Average of all health authorities annual operating surplus (deficit) as a per cent of total health authorities revenue
- Public expenditures per capita on prescribed drugs (dollars)
- Number of health workforce practitioners per 100,000 population – family physicians, specialist physicians, and nurses
- Wait time for hip fracture repair surgery

Financial Information

Ministry of Health and Wellness

Consolidated Financial Statements



March 31, 2008

MINISTRY OF HEALTH AND WELLNESS

CONSOLIDATED FINANCIAL STATEMENTS

MARCH 31, 2008

Auditor's Report

Consolidated Statement of Operations

Consolidated Statement of Financial Position

Consolidated Statement of Cash Flows

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Schedule 4 – Consolidated Related Party Transactions

Schedule 5 – Consolidated Allocated Costs

Schedule 6 – Consolidated Equity in Health Authorities and Health Boards

Auditor's Report

To the Members of the Legislative Assembly

I have audited the consolidated statement of financial position of the Ministry of Health and Wellness as at March 31, 2008 and the consolidated statements of operations and cash flows for the year then ended. The financial statements are the responsibility of the Ministry's management. My responsibility is to express an opinion on the financial statements based on my audit.

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

In my opinion, these consolidated financial statements present fairly, in all material respects, the financial position of the Ministry as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

"Original Signed by Fred J. Dunn", FCA
Auditor General

Edmonton, Alberta
May 22, 2008

"The official version of this Report of the Auditor General, and the information the Report covers, is in printed form."

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2008		2007
	Budget (Schedule 3)	Actual	Actual
Revenues (Schedule 1)			
Internal Government Transfers	$ 304,497	$ 304,497	$ 387,803
Transfers from the Government of Canada	1,828,357	1,355,223	1,590,509
Investment Income	16,000	34,562	23,856
Premiums and Fees	944,588	1,006,063	952,734
Other Revenue	103,706	158,611	108,440
Revenues for fiscal plan purposes	3,197,148	2,858,956	3,063,342
(Decrease)/Increase in Equity in Health Authorities & Health Boards (Schedule 6)		(29,520)	74,355
Revenues for financial statement purposes		2,829,436	3,137,697
Expenses - Directly Incurred (Note 2d(vi) and Schedules 2 & 5)			
Program			
Health Authority Services	6,583,989	6,655,115	6,033,768
Mental Health Innovation	25,000	24,354	24,440
Physician Services	2,431,139	2,279,914	2,049,485
Non-Group Health Benefits	732,010	646,667	622,295
Allied Health Services	93,234	85,443	77,501
Protection, Promotion and Prevention	167,363	223,061	125,852
Human Tissue and Blood Services	135,000	131,611	131,160
Provincial Programs	373,756	421,663	409,134
Addiction Prevention and Treatment Services	96,461	97,122	92,644
Ministry Support Services	180,333	151,283	155,170
Health Information Systems	102,653	118,503	150,037
Infrastructure Support	1,084,712	1,143,005	760,089
	12,005,650	11,977,741	10,631,575
Statutory (Schedule 2)			
Cancer Research and Prevention Investment	25,000	25,000	25,000
Valuation Adjustments			
Health Care Insurance Premium Revenue Write-Offs	41,363	57,698	46,437
Other Write-Offs	-	805	684
Provision for Vacation Pay	-	892	1,548
	66,363	84,395	73,669
	12,072,013	12,062,136	10,705,244
Net Operating Results	$ (8,874,865)	$ (9,232,700)	$ (7,567,547)

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

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2008
(in thousands)

	2008	2007
ASSETS		
Cash (Note 3)	$ 45,913	$ 28,169
Accounts Receivable (Note 4)	236,849	213,318
Tangible Capital Assets (Note 5)	79,025	72,581
Inventory	21,300	16,821
Equity in Health Authorites & Health Boards (Schedule 6)	510,103	511,219
	$ 893,190	$ 842,108
LIABILITIES		
Accounts Payable and Accrued Liabilities (Note 6)	$ 1,528,094	$ 1,115,442
Unearned Revenue (Note 7)	165,830	226,570
	$ 1,693,924	1,342,012
NET LIABILITIES		
Net Liabilities at Beginning of Year	(499,904)	(374,420)
Net Operating Results	(9,232,700)	(7,567,547)
Cumulative Increase in Unrealized Gain in Health Authorities and Health Boards (Schedule 6)	28,404	-
Net Financing provided from General Revenues	8,903,466	7,442,063
Net Liabilities at End of Year	(800,734)	(499,904)
	$ 893,190	$ 842,108

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

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2008	2007
Operating Transactions		
Net Operating Results	$ (9,232,700)	$ (7,567,547)
Non-cash items:		
Amortization of Tangible Capital Assets (Schedule 2)	14,397	12,282
Health Care Insurance Premium Revenue Write-offs	57,698	46,437
Other Write-Offs	805	684
Provision for Vacation Pay	892	1,548
Loss on Disposal of Tangible Capital Assets	-	9
Decrease/(Increase) in Equity in Health Authorities & Health Boards (Schedule 6)	29,520	(74,355)
	(9,129,388)	(7,580,942)
(Increase) in Accounts Receivable	(82,034)	(58,934)
(Increase) in Inventory	(4,479)	(5,473)
Increase in Accounts Payable and Accrued Liabilities	411,760	360,368
(Decrease) in Unearned Revenue	(60,740)	(135,746)
Cash (applied to) Operating Transactions	(8,864,881)	(7,420,727)
Capital Transactions		
Acquisition of Tangible Capital Assets	(20,841)	(14,783)
Cash (applied to) Capital Transactions	(20,841)	(14,783)
Financing Transactions		
Net Financing provided from General Revenues	8,903,466	7,442,063
Increase in Cash	17,744	6,553
Cash, Beginning of Year	28,169	21,616
Cash, End of Year	$ 45,913	$ 28,169

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

MINISTRY OF HEALTH AND WELLNESS
NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS
MARCH 31, 2008

Note 1 Authority and Purpose

The Minister of Health and Wellness (Minister) has been designated responsibilities for various Acts by the *Government Organization Act*. To fulfill these responsibilities, the Minister administers the organizations listed below. The authority under which each organization operates is also listed. Together these organizations form the Ministry of Health and Wellness (Ministry).

Department of Health and Wellness	*Government Organization Act*
Alberta Alcohol and Drug Abuse Commission	*Alcohol and Drug Abuse Act*
Regional Health Authorities	*Regional Health Authorities Act*
Alberta Mental Health Board	*Alberta Regulation 84/99*
Alberta Cancer Board	*Cancer Programs Act*
Health Quality Council of Alberta	*Regional Health Authorities Act*

The purpose of the Ministry is to maintain and improve the health of Albertans by leading and working collaboratively with citizens and stakeholders. The Ministry leads and supports a system for the delivery of quality health services and encourages and supports healthy living.

Through a leadership role, the Ministry sets direction, policy and provincial standards that ensure quality services and sets priorities based on health needs, determines the scope of financial, capital and human resources required, and measures and reports on the performance of the system. The Ministry is also engaged in inter-ministerial initiatives to effectively address challenges to the health and well being of the population.

Note 2 Summary of Significant Accounting Policies and Reporting Practices

These financial statements are prepared in accordance with Canadian generally accepted accounting principles for the public sector as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants. The PSAB financial statements presentation standard for government summary financial statements has been modified to more appropriately reflect the nature of the ministries.

(a) Reporting Entity

The reporting entity is the Ministry of Health and Wellness, for which the Minister of Health and Wellness is accountable. These financial statements include the financial results of the Department of Health and Wellness, the Alberta Alcohol and Drug Abuse Commission, the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Method of Consolidation

The accounts of the Department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission are fully consolidated on a line-by-line basis. Revenue and expense transactions, capital, investing and financing transactions and related asset and liability accounts between these entities have been eliminated.

The accounts of the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta are included on the modified equity basis, the equity being computed in accordance with Canadian generally accepted accounting principles applicable to the Health Authorities, the Alberta Cancer Board, Alberta Mental Health Board and Health Quality Council of Alberta. Under the modified equity method, the accounting policies of the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta are not adjusted to conform to those of the Ministry. Inter-sector revenue and expense transactions and related asset and liability balances are not eliminated.

The Public Sector Accounting Board has issued standards that require controlled entities such as the Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta to be fully consolidated line-by-line. In a transition period to March 31, 2008, the Ministry is permitted to use the modified equity method of accounting.

(c) Foundations

The Health Authorities disclose the results of controlled foundations in the notes to the financial statements. The net operating results and net assets of these controlled foundations are not consolidated into the Health Authorities' or the Ministry's financial statements.

If the Health Authorities or the Ministry had consolidated the significantly controlled foundations, the operating results would have increased by $3.5 million (2007 - $5.5 million) and net liabilities would have decreased by $92.0 million (2007 - $76.8 million).

(d) Basis of Financial Reporting

(i) Revenues

All revenues are reported on the accrual basis of accounting. Cash received for which goods or services have not been provided by year end is recorded as unearned revenue.

(ii) Internal Government Transfers

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

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(d) Basis of Financial Reporting (continued)

(iii) Transfers from the Government of Canada

Transfers from Government of Canada are recognized as revenues when authorized by federal legislation or federal/provincial agreements, eligibility criteria if any are met and a reasonable estimate of the amounts can be made. Overpayments relating to Canada Health Transfers and other transfers received before revenue recognition criteria have been met are included in either accounts payable and accrued liabilities or unearned revenue.

(iv) Investment Income

Under the terms of the capital grant agreements with the regional health authorities and health boards, the capital funding from Alberta Health & Wellness is deposited into the consolidated cash and investment trust fund (CCITF) of the Province of Alberta until the authorities and health boards need the funds to make payments for the construction of approved capital projects. The CCITF is managed with the objective of providing competitive interest income to depositors. The interest income earned on funds held in the CCITF is deposited into the General Revenue Fund.

(v) Dedicated Revenue

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

If budgeted revenues are not fully realized, spending is reduced by an equivalent amount. If actual dedicated revenues exceed budget, the Ministry may, with the approval of the Treasury Board, use the excess revenue to fund additional expenses of the program.

(vi) Expenses

Directly Incurred

Directly incurred expenses are those costs the Ministry has primary responsibility and accountability for, as reflected in the Government's budget documents.

In addition to program operating expenses such as grants, salaries, supplies etc., directly incurred expenses also include:

- amortization of tangible capital assets.
- inventory consumed.
- pension costs which comprise the cost of employer contributions for current service of employees during the year.
- valuation adjustments which include changes in the valuation allowances used to reflect financial assets at their net recoverable or other appropriate value. Valuation adjustments also represent the change in management's estimate of future payments arising from obligations relating to vacation pay.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(d) Basis of Financial Reporting (continued)

Grants are recognized as expenses when authorized, eligibility criteria if any are met, and a reasonable estimate of the amounts can be made.

Incurred by Others

Services contributed by other entities in support of the Ministry's operations are disclosed in Schedule 5.

(vii) Assets

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

Assets acquired by right are not included. Tangible capital assets of the Ministry are recorded at historical cost and amortized on a straight-line basis over the estimated useful lives of the assets. Amortization is only charged if the asset is in use. The threshold for capitalizing new systems development is $100,000 and the threshold for all other capital assets is $5,000.

Consumable inventory is valued at the lower of cost and replacement cost and is determined on a first-in, first-out basis.

(viii) Liabilities

Liabilities are recorded to the extent that they represent present obligations as a result of events and transactions occurring prior to the end of the fiscal year. The settlement of liabilities will result in sacrifice of economic benefits in the future.

(ix) Net Liabilities

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

(x) Valuation of Financial Assets and Liabilities

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

The fair values of cash, accounts receivable, advances, accounts payable and accrued liabilities are estimated to approximate their carrying values because of the short-term nature of these instruments.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(d) Basis of Financial Reporting (continued)

(xi) Payments under Reciprocal and Other Agreements

The Ministry entered into agreements with other Provincial Governments, the Federal Government and the Workers' Compensation Board to provide services on their behalf.

Expenses incurred and revenue earned in the provision of services under these agreements are recorded in the records of the service providers and are not included in these consolidated financial statements. Amounts paid and recovered under these agreements are disclosed in Note 10.

(xii) Measurement Uncertainty

Measurement uncertainty exists when there is a significant variance between the recognized or disclosed amount and another reasonably possible amount. Measurement uncertainty that is material to these financial statements exists in the accrual of Canada Health Transfer. The nature of uncertainty, for Canada Health Transfers, can arise from changes in the base allocations which are primarily a result of updated personal and corporate tax information or from new entitlement with little historical experience.

Note 3 Cash

(in thousands)

The cash balance consists of the following:

	2008	2007
Department of Health and Wellness		
Bank Account	$ 24,133	$ 12,047
Alberta Alcohol and Drug Abuse Commission		
Consolidated Cash Investment Trust Fund	21,768	16,110
Accountable Advances	12	12
	$ 45,913	$ 28,169

Note 4 Accounts Receivable
(in thousands)

	2008			2007
	Gross Amount	Allowance for Doubtful Accounts	Net Realizable Value	Net Realizable Value
Accounts receivable	$ 371,644	$ (137,184)	$ 234,460	$ 209,879
Amounts due from Health Authorities & Health Boards	814	-	$ 814	467
Other receivable	1,575	-	$ 1,575	2,972
	$ 374,033	$ (137,184)	$ 236,849	$ 213,318

Note 5 Tangible Capital Assets
(in thousands)

	2008			2007
	Equipment	Computer Hardware and Software	Total	Total
Estimated Useful Life	10 years	3 - 10 years		
Historical Cost [1]				
Beginning of year	$ 2,289	$ 116,706	$ 118,995	$ 104,274
Additions	51	20,790	20,841	14,783
Disposals, including write-downs	-	-	-	(62)
	2,340	137,496	139,836	118,995
Accumulated Amortization				
Beginning of year	$ 524	$ 45,890	$ 46,414	$ 34,185
Amortization expense	222	14,175	14,397	12,282
Effect of disposals	-	-	-	(53)
	746	60,065	60,811	46,414
Net Book Value at March 31, 2008	$ 1,594	$ 77,431	$ 79,025	
Net Book Value at March 31, 2007	$ 1,765	$ 70,816		$ 72,581

[1] Historical cost includes work-in-progress, which is comprised of computer hardware and software, totaling $2,587 at March 31, 2008 (2007 - $944).

Note 6 Accounts Payable and Accrued Liabilities

(in thousands)

	2008	2007
Accounts payable	$ 760,100	$ 343,686
Accrued liabilities	255,142	334,512
Amounts due to Health Authorities & Health Boards	500,816	426,099
Accrued vacation pay	12,036	11,145
	$ 1,528,094	$ 1,115,442

Note 7 Unearned Revenue

(in thousands)

Changes in unearned revenue are as follows:

	2008	2007
Cash received/receivable during the year:		
Health Care Insurance Premiums	$ 34,980	$ 32,547
Third Party Recoveries	-	17
Patient Wait Times Guarantee	61,953	-
Institution Fees	26	14
	96,959	32,578
Less amounts recognized as revenue in the year	(157,699)	(168,324)
Net change during the year	(60,740)	(135,746)
Balance at beginning of year	226,570	362,316
Balance at end of year	$ 165,830	$ 226,570
Balances at end of year are comprised of:		
Health Care Insurance Premiums	$ 34,980	$ 32,547
Health Services for Persons with Hepatitis C	7,598	10,835
Third Party Recoveries	52	63
Patient Wait Times Guarantee	61,953	-
Wait Times Reduction Transfer	61,221	183,111
Institution Fees	26	14
	$ 165,830	$ 226,570

Note 8 Contractual Obligations

(in thousands)

As at March 31, 2008, the Ministry has the following contractual obligations:

	2008	2007
Specific programs commitments	$ 883,700	$ 500,683
Capital construction contracts	3,444,317	3,586,069
Service contracts	295,217	145,663
Equipment & vehicles leases	29,141	209,266
	$ 4,652,375	$ 4,441,681

The aggregate amounts payable for the unexpired terms of these contractual obligations are as follows:

	Specific Programs Commitments	Capital Construction Contracts	Service Contracts	Equipment & Vehicles Leases	Total 2008
2009	$ 461,724	$ 1,370,477	$ 112,180	$ 6,746	$ 1,951,127
2010	254,527	972,235	36,980	6,154	1,269,896
2011	107,062	735,692	18,072	5,489	866,315
2012	28,604	240,222	19,029	4,522	292,377
2013	23,333	125,691	18,640	3,929	171,593
Thereafter	8,450	-	90,316	2,301	101,067
	$ 883,700	$ 3,444,317	$ 295,217	$ 29,141	$ 4,652,375

Health Authorities & Health Boards

The Health Authorities and Health Boards have total commitments of $1,691,118 (2007 - $1,392,088) and these have been included in the above numbers. Commitments between the Department and Health Authorities and Health Boards within the Ministry totaling $2,460,039 (2007 - $2,670,593) have not been eliminated. This is consistent with the modified equity method of consolidation.

Canadian Blood Services

The Government of Alberta is committed to provide funding to the Canadian Blood Services (CBS) for the provision of blood services in Canada. This commitment was outlined in a Memorandum of Understanding, signed in January 1998, which recorded the understandings and commitments of the Minister of Health of Canada and the Provincial and Territorial Ministers of Health (except Quebec) regarding their respective roles and responsibilities in a renewed national blood system.

The Province's obligation for the operational costs of CBS is determined on a per capita basis, and the costs for fractionated blood and blood products is determined on the basis of annual utilization of these products. During the year, payments to CBS amounted to $131,349 (2007 - $131,076). Budgeted expenditure for the 2009 fiscal year is $142,000.

Note 9 Contingencies, Equity Agreements with Voluntary Hospital Owners and Indemnity
(in dollars)

Hepatitis C

Federal, provincial and territorial governments have agreed to offer financial assistance to Canadians who were affected by the Hepatitis C virus through the Canadian blood system during the period from January 1, 1986 to July 1, 1990. The financial package of $1.1 billion was national in scope. Alberta's share of the financial assistance package was estimated at $30 million, and the Ministry made a provision in 1999-2000 for its portion of the Hepatitis C assistance. At March 31, 2008, the unpaid balance of the Ministry's commitment to the financial assistance package was $8.9 million (2007 - $10.9 million).

Equity Agreements with Voluntary Hospital Owners

The Ministry has a contingent liability for buy-out of equity under Equity Agreements entered into between the Ministry and Voluntary Hospital Owners. The Ministry's payout liability is contingent upon notification by the voluntary hospital owner of termination of the equity agreement. At March 31, 2008, the contingent payout liability upon termination is estimated at $12.8 million (2007 - $12.8 million).

Other Contingencies

At March 31, 2008, the Ministry was named as defendant in 47 legal actions; the outcome of which is indeterminable (2007 - 33 legal actions). 20 of these claims have specified amounts totaling $321.2 million (2007 - 21 claims with a specified amount of $87.0 million). Included in the total legal actions are 12 claims amounting to $232.7 million (2007 - 14 claims amounting to $23.4 million) in which the Ministry has been jointly named with other entities. 3 claims amounting to $4.5 million (2007 - 3 claims amounting to $1.3 million) are covered by the Alberta Risk Management Fund. The resulting loss, if any, from these claims cannot be determined.

Indemnity

As described in Note 8, CBS provides blood services in Alberta. CBS owns a captive insurer operating in Bermuda as CBS Insurance Company Limited (CBSI), which has issued a Primary Policy of insurance to CBS with a maximum limit of $250 million for the risks associated with the operation of the blood system. CBS also owns a captive insurer operating in British Columbia as Canadian Blood Services Captive Insurance Company Limited (CBSE), which has issued an Excess Policy of insurance to CBS with a maximum limit of $750 million. The Excess Policy follows form of the Primary Policy.

CBSE was capitalized in whole through funding from the provinces and territories (except Quebec), through a Captive Support Agreement dated September 26, 2006 (CSA), between the provinces, territories, and CBSE. Under the CSA, each of the provinces and territories provided their Pro Rata Share (as defined in the CSA) through an indemnity. Alberta's Pro Rata Share is 13.1% of CBSE's total capital amount, which amounts to $98 million. Authority for Alberta to provide the indemnity under the CSA is pursuant to section 5.05 of the Indemnity Authorization Regulation 22/1997, under the *Financial Administration Act*.

The expense recognition criterion for this indemnity is notification from the CBS that the indemnity is required. At March 31, 2008, no amount has been recognized for this indemnity.

Note 10 Payments under Reciprocal and Other Agreements

(in thousands)

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

The Ministry also entered into agreements with the Western Provinces and Territories for the Western Health Information Collaborative (WHIC) to explore common opportunities that would meet their health information needs and support the strategic directions and initiatives for health infrastructure at the national level.

In addition, the Ministry entered into agreements with Health Canada, the Workers' Compensation Board and other provincial and territorial governments to provide air ambulance services on their behalf. Payments incurred under these agreements are made by the Ministry under authority of the *Financial Administration Act*, Section 25 (1).

Balances receivable from or payable to the Federal Government, other provincial and territorial governments and the Workers' Compensation Board are reflected in the Statement of Financial Position.

	2008				2007
	Western Health Information Collaborative	Other Provincial Government & WCB	Air Ambulance	Total	Total
Opening receivable (payable) balance	$ 191	$ 34,307	$ 3,133	$ 37,631	$ 39,899
Add: Payments made during the year	246	203,279	3,544	207,069	189,091
	437	237,586	6,677	244,700	$ 228,990
Less: Collections received during the year	(147)	(184,761)	(5,038)	(189,946)	(191,343)
Less: Adjustments made during the year	-	-	(371)	(371)	(16)
Closing receivable (payable) balance	$ 290	$ 52,825	$ 1,268	$ 54,383	$ 37,631

Note 11 Trust Funds under Administration

(in thousands)

Trust funds under administration are funds consisting of public money over which the Legislature has no power of appropriation. Because the Ministry has no equity in the funds and administers them for the purposes of various trusts, they are not included in the consolidated financial statements. As at March 31, 2008, trust funds under administration were as follows:

	2008	2007
Continuing Care Residents	$ 1,105	$ 1,059
Others	289	275
	$ 1,394	$ 1,334

Note 12 Defined Benefit Plans

(in thousands)

The Ministry participates in the multi-employer pension plans, Management Employees Pension Plan and Public Service Pension Plan. The Ministry also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $9,400 for the year ended March 31, 2008 (2007 - $8,695).

At December 31, 2007, the Management Employees Pension Plan reported a deficiency of $84,341 (2006 - $6,765) and the Public Service Pension Plan reported a deficiency of $92,070 (2006 - surplus of $153,024). At December 31, 2007, the Supplementary Retirement Plan for Public Service Managers had a surplus of $1,510 (2006 - $3,698).

The Ministry also participates in two multi-employer Long Term Disability Income Continuance Plans. At March 31, 2008, the Bargaining Unit Plan reported an actuarial deficiency of $6,319 (2007 - surplus of $153) and the Management, Opted Out and Excluded Plan reported an actuarial surplus of $7,874 (2007 - $10,148). The expense for these two plans is limited to the employer's annual contributions for the year.

Note 13 Comparative Figures

Certain 2007 figures have been reclassified, where necessary, to conform to the 2008 presentation.

Note 14 Approval of Financial Statements

The consolidated financial statements were approved by the Acting Senior Financial Officer and the Deputy Minister.

Schedule 1

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF REVENUES
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2008		2007
	Budget (Schedule 3)	Actual	Actual
Internal Government Transfers:			
Transfer from the Lottery Fund	$ 279,497	$ 279,497	$ 362,803
Transfer from Alberta Cancer Prevention Legacy Fund	25,000	25,000	25,000
	304,497	304,497	387,803
Transfers from the Government of Canada:			
Canada Health Transfer	1,701,759	1,227,579	1,449,757
Wait Times Reduction	121,889	121,889	121,335
Other	4,709	5,755	19,417
	1,828,357	1,355,223	1,590,509
Investment Income	16,000	34,562	23,856
Premiums and Fees:			
Health care insurance:			
Premiums before premium assistance	896,832	1,090,411	1,048,712
Less:			
Premium assistance under legislation	-	(136,094)	(143,558)
	896,832	954,317	905,154
Add:			
Penalties	21,787	24,111	20,694
Interest and miscellaneous	381	350	345
Health care insurance premiums, penalties and interest	919,000	978,778	926,193
Blue Cross:			
Premiums before premium assistance	24,000	27,603	26,818
Less premium assistance	-	(1,940)	(1,991)
Blue Cross premiums	24,000	25,663	24,827
Total premiums	943,000	1,004,441	951,020
Other	1,588	1,622	1,714
	944,588	1,006,063	952,734
Other revenue:			
Third party recoveries	82,500	84,471	78,925
Miscellaneous:			
Previous years' refunds of expenditure	1,500	47,833	695
Other	19,706	26,307	28,820
	103,706	158,611	108,440
Total Revenues for fiscal plan purposes	$ 3,197,148	$ 2,858,956	$ 3,063,342
(Decrease)/Increase in Equity in Health Authorities & Health Boards (Schedule 6)		(29,520)	74,355
Total Revenues for financial plan purposes		$ 2,829,436	$ 3,137,697

Schedule 2

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF EXPENSES -
DIRECTLY INCURRED DETAILED BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2008		2007
	Budget (Schedule 3)	Actual	Actual
Voted:			
Grants	$ 11,659,097	$ 11,686,850	$ 10,341,740
Supplies and Services	168,576	124,431	137,593
Salaries, Wages and Employee Benefits	124,232	124,384	113,325
Amortization of Tangible Capital Assets	20,063	14,397	12,282
Inventory Consumed	33,551	27,542	26,488
Financial Transactions and Other	131	137	147
Total Voted Expenses	$ 12,005,650	$ 11,977,741	$10,631,575
Statutory:			
Cancer Research and Prevention Investment	$ 25,000	$ 25,000	$ 25,000
Valuation Adjustments			
Health Care Insurance Premium Revenue Write-offs	41,363	57,698	46,437
Other Write-offs	-	805	684
Provision for Vacation Pay	-	892	1,548
	$ 66,363	$ 84,395	$73,669

Schedule 3

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF BUDGET
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2007-2008 Estimates [1]	Adjustments [2]	2007-2008 Budget	Authorized Supplementary [3]	2007-2008 Authorized Budget
Revenues:					
Internal Government Transfers	$ 304,497	$ -	$ 304,497	$ -	$ 304,497
Transfer from Government of Canada	1,828,357	-	1,828,357	-	1,828,357
Investment Income	16,000	-	16,000	-	16,000
Premiums and Fees	944,588	-	944,588	-	944,588
Other Revenue	103,706	-	103,706	-	103,706
	3,197,148	-	3,197,148	-	3,197,148
Expenses - Directly Incurred:					
Program					
Health Authority Services	6,583,989	-	6,583,989	-	6,583,989
Mental Health Innovation	25,000	-	25,000	-	25,000
Physician Services	2,431,139	-	2,431,139	-	2,431,139
Non-Group Health Benefits	732,010	-	732,010	-	732,010
Allied Health Services	93,234	-	93,234	-	93,234
Protection, Promotion and Prevention	167,363	-	167,363	-	167,363
Human Tissue and Blood Services	135,000	-	135,000	-	135,000
Provincial Programs	373,756	-	373,756	-	373,756
Addiction Prevention and Treatment Services	96,461	-	96,461	1,150	97,611
Ministry Support Services	180,333	-	180,333	-	180,333
Health Information Systems	102,653	-	102,653	-	102,653
Infrastructure Support	1,084,712	-	1,084,712	53,500	1,138,212
	12,005,650	-	12,005,650	54,650	12,060,300

Schedule 3 (continued)

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF BUDGET
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2007-2008 Estimates [1]	Adjustments [2]	2007-2008 Budget	Authorized Supplementary [3]	2007-2008 Authorized Budget
Statutory Expenses:					
Cancer Research and Prevention Investment	25,000	-	25,000	-	25,000
Valuation Adjustments					
Health Care Insurance Premiums Revenue Write-Offs	41,363	-	41,363	-	41,363
Other Write-Offs	-	-	-	-	-
Provision for Vacation Pay	-	-	-	-	-
	66,363	-	66,363	-	66,363
Total Expense	12,072,013	-	12,072,013	54,650	12,126,663
Net Operating Results	$ (8,874,865)	$ -	$ (8,874,865)	$ (54,650)	$ (8,929,515)
Equipment / Inventory Purchases	$ 47,025	$ -	$ 47,025	$ -	$ 47,025
Capital Investment	$ 26,896	$ -	$ 26,896	$ -	$ 26,896

(1) Estimates reflects the transfers of $23,872 for emerging capital purposes and $2,850 for Infrastructure planning purposes from the department of Infrastructure and Transportation pursuant to the Appropriation Act, 2007, section 5(1)(a) and section 5(4)(a) respectively.

(2) Adjustments include encumbrances and dedicated revenue shortfalls. In the event that actual voted Expenses, Equipment and Inventory Purchase and Capital Investment in the prior year exceed that authorized, the difference is known as an encumbrance. The encumbrance reduces the budgeted amount voted in the current year.

(3) Supplementary estimates were approved on December 7, 2007. Treasury Board approval is pursuant to section 24(2) of the *Financial Administration Act* .

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF RELATED PARTY TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

Related parties are those entities consolidated or accounted for on a modified equity basis in the Province of Alberta's financial statements. Related parties also include management in the Ministry.

The Ministry and its employees paid or collected certain taxes and fees set by regulation for permits, licenses and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this Schedule.

The Ministry had the following transactions with related parties recorded in the Consolidated Statement of Operations and Financial Position at the amount of consideration agreed upon between the related parties.

	Other Entities	
	2008	2007
Revenues		
Grants	$ 304,497	$ 387,803
Other - Health Authorities	1,061	3,754
- Other Entities	464	607
	$ 306,022	$ 392,164
Expenses - Directly Incurred		
Grants - Health Authorities	$ 8,412,104	$ 7,339,477
- Other Entities	48,992	45,212
Other - Health Authorities	1,930	1,190
- Other Entities	10,024	8,792
	$ 8,473,050	$ 7,394,671
Receivable from - Health Authorities	$ 814	$ 467
- Other Entities	612	391
	$ 1,426	$ 858
Payable to - Health Authorities	$ 500,816	$ 426,099
- Other Entities	3,560	12,063
	$ 504,376	$ 438,162

Health Authority and Boards had the following transactions with other entities which are not recorded in the Consolidated Statement of Operations and Financial Position due to the modified equity method of consolidation.

	2008	2007
Revenues	$ 38,035	$ 37,254
Expenses	$ 30,220	$ 5,532
Receivable	$ 16,347	$ 383
Payable	$ 138,160	$ 143,441
Tangible Capital Assets Transferred In	$ 23,508	$ 24,547

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF RELATED PARTY TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

The Ministry receives services under contracts managed by Service Alberta. Any commitments under these contracts are reported by Service Alberta.

The Ministry also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related party transactions are estimated based on the costs incurred by the service provider to provide the service. These amounts are not recorded in the consolidated financial statements and are disclosed in Schedule 5.

	Other Entities	
	2008	2007
Expenses - Incurred by Others		
Accommodation	$ 15,778	$ 12,956
Legal	2,762	2,469
Other	4,393	4,089
	$ 22,933	$ 19,514

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF ALLOCATED COSTS
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2008									2007
		Expenses - Incurred by Others			Statutory Expenses	Valuation Adjustments				
Program	Expenses [1]	Accomo -dation Costs [2]	Legal Services [3]	Other	Cancer Research & Prevention Investment	Vacation Pay	HCIP Revenue Write-Offs [4]	Other Write-Offs	Total	Total
Health Authority Services	$ 6,655,115	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,655,115	$ 6,033,768
Mental Health Innovation	24,354	-	-	-	-	-	-	-	24,354	24,440
Physician Services	2,279,914	-	-	-	-	-	-	-	2,279,914	2,049,485
Non-Group Health Benefits	646,667	-	-	-	-	-	-	-	646,667	622,295
Allied Health Services	85,443	-	-	-	-	-	-	-	85,443	77,501
Protection, Promotion, and Prevention	223,061	-	-	-	-	-	-	-	223,061	125,852
Human Tissue and Blood Services	131,611	-	-	-	-	-	-	-	131,611	131,160
Provincial Programs	421,663	-	-	-	-	-	-	-	421,663	409,134
Addiction Prevention and Treatment Services	97,122	9,963	167	213	-	367	-	19	107,851	102,218
Ministry Support Services	151,283	5,815	2,595	4,180	-	525	-	-	164,398	166,710
Health Information Systems	118,503	-	-	-	-	-	-	-	118,503	150,037
Infrastructure Support	1,143,005	-	-	-	-	-	-	-	1,143,005	760,089
Cancer Research & Prevention Investment	-	-	-	-	25,000	-	-	-	25,000	25,000
Health Care Insurance Premiums Revenue Write-Offs [4]	-	-	-	-	-	-	57,698	-	57,698	46,437
Other Write-offs	-	-	-	-	-	-	-	786	786	632
	$ 11,977,741	$ 15,778	$ 2,762	$ 4,393	$ 25,000	$ 892	$ 57,698	$ 805	$ 12,085,069	$ 10,724,758

[1] Expenses - Directly Incurred as per Statement of Operations, excluding valuation adjustments.

[2] Costs shown for Accommodation (includes grants in lieu of taxes) on Schedule 4, allocated by square footage.

[3] Costs shown for Legal Services on Schedule 4, allocated by estimated costs incurred by each program.

[4] HCIP (Health Care Insurance Premium) Revenue Write-Offs relate to Premiums and Fees revenue. These costs cannot be reasonably allocated to the programs.

MINISTRY OF HEALTH AND WELLNESS
CONSOLIDATED SCHEDULE OF EQUITY IN HEALTH AUTHORITIES & HEALTH BOARDS
FOR THE YEAR ENDED MARCH 31, 2008

(in thousands)

	2008	2007
Opening Equity	$ 511,219	$ 436,864
Transfers from Government Sector Entities	7,254,341	6,528,530
Other Income	1,181,145	1,137,110
Total Income	8,435,486	7,665,640
Total Expenses	8,475,006	7,591,285
Net (Deficit)/Surplus	(39,520)	74,355
Contributions to Endowment	10,000	-
(Decrease)/Increase in Net Equity for the year	(29,520)	74,355
Cumulative increase in unrealized gain [(1)]	28,404	-
Equity at end of year	510,103	$ 511,219
Represented by		
Assets		
Cash and Temporary Investments	$ 1,411,731	$ 1,260,124
Due From Government Sector Entities	914,340	339,070
Portfolio Investments	646,385	619,576
Tangible Capital Assets	4,785,580	4,066,414
Inventories	83,029	85,833
Accounts Receivable and Other Assets	458,409	517,759
	$ 8,299,474	$ 6,888,776
Liabilities		
Accounts Payable and Accrued Liabilities	$ 756,463	$ 632,799
Debt Held by Government Sector Entities	160,105	165,508
Other Liabilities and Unmatured Debt (includes vacation accruals)	381,464	299,280
Deferred Contributions [(2)]	622,413	517,101
Deferred Capital Contributions [(2)]	1,787,090	1,281,092
Unamortized External Capital Contributions [(2)]	4,081,836	3,481,777
	$ 7,789,371	$ 6,377,557
Equity in Health Authorities and Health Boards at end of year	$ 510,103	$ 511,219

(1) Effective April 1, 2007, health authorities & health boards implemented new recognition and measurement standards for financial instruments prescribed for not-for-profit organizations by the Accounting Standards Board of the Canadian Institute of Chartered Accountants. Accordingly, investments classified as available for sale or held for trading were measured at fair value and the difference between the fair value and cost (unrealized gain) was recorded as an adjustment to the opening balance of net assets. The following is the reconciliation of the cumulative unrealized gain:

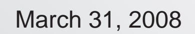
Adjustments to opening balance of net assets	$ 60,492
Current year unrealized loss	(22,833)
Current year transfers of realized net gain to income	(9,255)
Cumulative increase in unrealized gain	$ 28,404

(2) Health Authorities and Health Boards follow the deferral method of accounting. Restricted non-capital contributions are deferred and recognized as revenue when the related expenses are incurred. Deferred contributions represent restricted non-capital contributions which remain unspent. Capital contributions, including contributions from government sector entities, are recorded as deferred capital contributions until invested in tangible capital assets. Amounts invested are then transferred to unamortized external capital contributions and recognized as revenue when the related amortization expense of the tangible capital asset is recorded.

Financial Information

Department of Health and Wellness

Financial Statements



March 31, 2008

DEPARTMENT OF HEALTH AND WELLNESS

FINANCIAL STATEMENTS

MARCH 31, 2008

Auditor's Report

Statement of Operations

Statement of Financial Position

Statement of Cash Flows

Notes to the Financial Statements

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Schedule 2 - Dedicated Revenue Initiatives

Schedule 3 - Expenses Directly Incurred Detailed by Object

Schedule 4 - Budget

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Schedule 6 - Salaries and Benefits

Schedule 7 - Related Party Transactions

Schedule 8 - Allocated Costs

Auditor's Report

To the Minister of Health and Wellness

I have audited the statement of financial position of the Department of Health and Wellness as at March 31, 2008 and the statements of operations and cash flows for the year then ended. These financial statements are the responsibility of the Department's management. My responsibility is to express an opinion on these financial statements based on my audit.

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

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Department as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

"Original Signed by Fred J. Dunn", FCA
Auditor General

Edmonton, Alberta
May 22, 2008

"The official version of this Report of the Auditor General, and the information the Report covers, is in printed form."

DEPARTMENT OF HEALTH AND WELLNESS
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2008		2007
	Budget (Schedule 4)	Actual	Actual
Revenues (Schedule 1)			
Internal Government Transfers	$ 304,497	$ 304,497	$ 387,803
Transfer from the Government of Canada	1,828,357	1,355,223	1,590,509
Investment Income	16,000	33,255	22,837
Premiums and Fees	943,050	1,004,635	951,210
Other Revenue	102,480	157,024	105,829
	3,194,384	2,854,634	3,058,188
Expenses - Directly Incurred (Note 2b(vi) and Schedule 8)			
Voted (Schedules 3 and 5)			
Ministry Support Services	180,333	151,283	155,170
Physician Services	2,431,139	2,279,914	2,049,485
Provincial Programs	1,436,653	1,403,887	1,390,127
Protection, Promotion and Prevention	167,363	223,061	125,852
Health Authority Services	6,608,989	6,679,469	6,058,208
Assistance to Alberta Alcohol and Drug Abuse Commission	93,697	95,397	91,903
Infrastructure Support	1,084,712	1,143,005	760,089
	12,002,886	11,976,016	10,630,834
Statutory (Schedules 3 and 5)			
Cancer Research and Prevention Investment	25,000	25,000	25,000
Valuation Adjustments			
Health Care Insurance Premium Revenue Write-Offs	41,363	57,698	46,437
Other Write-Offs	-	786	632
Provision for Vacation Pay	-	525	416
	66,363	84,009	72,485
	12,069,249	12,060,025	10,703,319
Net Operating Results	$ (8,874,865)	$ (9,205,391)	$ (7,645,131)

The accompanying notes and schedules are part of these financial statements

DEPARTMENT OF HEALTH AND WELLNESS
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2008
(in thousands)

	2008	2007
ASSETS		
Cash	$ 24,133	$ 12,047
Accounts Receivable (Note 3)	235,686	211,763
Tangible Capital Assets (Note 4)	78,240	71,683
Consumable Inventory	20,880	16,374
	$ 358,939	$ 311,867
LIABILITIES		
Accounts Payable and Accrued Liabilities (Note 5)	$ 1,512,751	$ 1,103,002
Unearned Revenue (Note 6)	165,804	226,556
	1,678,555	1,329,558
NET LIABILITIES		
Net Liabilities at Beginning of Year	(1,017,691)	(814,623)
Net Operating Results	(9,205,391)	(7,645,131)
Net Financing provided from General Revenues	8,903,466	7,442,063
Net Liabilities at End of Year	(1,319,616)	(1,017,691)
	$ 358,939	$ 311,867

The accompanying notes and schedules are part of these financial statements

DEPARTMENT OF HEALTH AND WELLNESS
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2008	2007
Operating Transactions		
Net Operating Results	$ (9,205,391)	$ (7,645,131)
Non-cash items:		
Amortization of Tangible Capital Assets (Schedule 3)	14,023	12,056
Health Care Insurance Premium Revenue Write-Offs	57,698	46,437
Other Write-Offs	786	632
Provision for Vacation Pay	525	416
Loss on Disposal of Tangible Capital Assets	-	9
	(9,132,359)	(7,585,581)
(Increase) in Accounts Receivable	(82,407)	(58,382)
(Increase) in Consumable Inventory	(4,506)	(5,355)
Increase in Accounts Payable and Accrued Liabilities	409,224	357,621
(Decrease) in Unearned Revenue	(60,752)	(135,726)
Cash (applied to) Operating Transactions	(8,870,800)	(7,427,423)
Capital Transactions		
Acquisition of Tangible Capital Assets	(20,580)	(14,135)
Cash (applied to) Capital Transactions	(20,580)	(14,135)
Financing Transactions		
Net Financing provided from General Revenues	8,903,466	7,442,063
Increase in Cash	12,086	505
Cash, Beginning of Year	12,047	11,542
Cash, End of Year	$ 24,133	$ 12,047

The accompanying notes and schedules are part of these financial statements

DEPARTMENT OF HEALTH AND WELLNESS
NOTES TO THE FINANCIAL STATEMENTS
MARCH 31, 2008

Note 1 Authority and Purpose

The Department of Health and Wellness (the "Department") operates under the authority of the *Government Organization Act*, Chapter G-10, Revised Statutes of Alberta 2000.

The purpose of the Department is to maintain and improve the health of Albertans by leading and working collaboratively with citizens and stakeholders. The Department leads and supports a system for the delivery of quality health services and encourages and supports healthy living.

Through a leadership role, the Department sets direction, policy and provincial standards that ensure quality services and set priorities based on health needs, determines the scope of financial, capital and human resources required, and measures and reports on the performance of the system. The Department is also engaged in inter-ministerial initiatives to effectively address challenges to the health and well-being of the population.

Note 2 Summary of Significant Accounting Policies and Reporting Practices

These financial statements are prepared in accordance with Canadian generally accepted accounting principles for the public sector as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants. The PSAB financial statements presentation standard for government summary financial statements has been modified to more appropriately reflect the nature of the departments.

(a) Reporting Entity

The reporting entity is the Department of Health and Wellness, which is part of the Ministry of Health and Wellness and for which the Minister of Health and Wellness is accountable.

Other entities reporting to the Minister are the Regional Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board, the Alberta Alcohol and Drug Abuse Commission, and the Health Quality Council of Alberta. The financial results of these organizations are not included in these financial statements.

The Ministry Annual Report provides a comprehensive accounting of the financial position and results of the Ministry's operations for which the Minister is accountable.

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

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting

(i) Revenues

All revenues are reported on the accrual basis of accounting. Cash received for which goods or services have not been provided by year end is recorded as unearned revenue.

(ii) Internal Government Transfers

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

(iii) Transfers from Government of Canada

Transfers from Government of Canada are recognized as revenues when authorized by federal legislation or federal/provincial agreements, eligibility criteria if any are met and a reasonable estimate of the amounts can be made. Overpayments relating to Canada Health Transfers entitlements and other transfers received before revenue recognition criteria have been met are included in either accounts payable and accrued liabilities or unearned revenue.

(iv) Investment Income

Under the terms of the capital grant agreements with the regional health authorities and health boards, the capital funding from Alberta Health & Wellness is deposited into the consolidated cash and investment trust fund (CCITF) of the Province of Alberta until the authorities and health boards need funds to make payments for the construction of approved capital projects. The CCITF is managed with the objective of providing competitive interest income to depositors. The interest income earned on funds held in the CCITF is deposited into the General Revenue Fund.

(v) Dedicated Revenue

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

If budgeted revenues are not fully realized, spending is reduced by an equivalent amount. If actual dedicated revenues exceed budget, the Department may, with the approval of the Treasury Board, use the excess revenue to fund additional expenses of the program. Schedule 2 discloses information on the Department's dedicated revenue initiatives.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting (continued)

(vi) Expenses

Directly Incurred

Directly incurred expenses are those costs the Department has primary responsibility and accountability for, as reflected in the Government's budget documents.

In addition to program operating expenses such as grants, salaries, supplies etc., directly incurred expenses also include:

- amortization of tangible capital assets.
- inventory consumed.
- pension costs which comprise the cost of employer contributions for current service of employees during the year.
- valuation adjustments which include changes in the valuation allowances used to reflect financial assets at their net recoverable or other appropriate value. Valuation adjustments also represent the change in management's estimate of future payments arising from obligations relating to vacation pay.

Grants are recognized as expenses when authorized, eligibility criteria if any are met, and a reasonable estimate of the amounts can be made.

Incurred by Others

Services contributed by other entities in support of the Department's operations are disclosed in Schedule 8.

(vii) Assets

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

Assets acquired by right are not included. Tangible capital assets of the Department are recorded at historical cost and amortized on a straight-line basis over the estimated useful lives of the assets. Amortization is only charged if the asset is in use. The threshold for capitalizing new systems development is $100,000 and the threshold for all other tangible capital assets is $5,000. All land is capitalized.

Consumable inventory is valued at the lower of cost and replacement cost and is determined on a first-in, first-out basis.

Note 2 Summary of Significant Accounting Policies and Reporting Practices (continued)

(b) Basis of Financial Reporting (continued)

(viii) Liabilities

Liabilities are recorded to the extent that they represent present obligations as a result of events and transactions occurring prior to the end of fiscal year. The settlement of liabilities will result in sacrifice of economic benefits in the future.

(ix) Net Liabilities

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

(x) Valuation of Financial Assets and Liabilities

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

The fair values of cash, accounts receivable, accounts payable and accrued liabilities are estimated to approximate their carrying values because of the short term nature of these instruments.

(xi) Payments under Reciprocal and Other Agreements

The Department entered into agreements with other Provincial Governments, the Federal Government and the Workers' Compensation Board to provide services on their behalf.

Expenses incurred and revenue earned in the provision of services under these agreements are recorded in the records of the service providers and are not included in these financial statements. Amounts paid and recovered under these agreements are disclosed in Note 9.

(xii) Measurement Uncertainty

Measurement uncertainty exists when there is a variance between the recognized or disclosed amount and another reasonably possible amount. Measurement uncertainty that is material to these financial statements exists in the accrual of Canada Health Transfer. The nature of uncertainty, for Canada Health Transfers, can arise from changes in the base allocations which are primarily a result of updated personal and corporate tax information or from new entitlement with little historical experience.

Note 3 Accounts Receivable
(in thousands)

	2008			2007
	Gross Amount	Allowance for Doubtful Accounts	Net Realizable Value	Net Realizable Value
Accounts Receivable	$ 370,836	$ (137,154)	$ 233,682	$ 208,513
Amounts due from Health Authorities and Provincial Boards	538	-	538	281
Other Receivable	1,466	-	1,466	2,969
	$ 372,840	$ (137,154)	$ 235,686	$ 211,763

Note 4 Tangible Capital Assets
(in thousands)

	2008			2007
	Equipment	Computer Hardware and Software	Total	Total
Estimated Useful Life	10 years	5 - 10 years		
Historical Cost[1]				
Beginning of year	$ 1,917	$ 115,217	$117,134	$103,052
Additions	-	20,580	20,580	14,135
Disposals, including write-downs	-	-	-	(53)
	1,917	135,797	137,714	117,134
Accumulated Amortization				
Beginning of year	$ 344	$ 45,107	$ 45,451	$ 33,439
Amortization expense	191	13,832	14,023	12,056
Effect of disposals	-	-	-	(44)
	535	58,939	59,474	45,451
Net Book Value at March 31, 2008	$ 1,382	$ 76,858	$ 78,240	
Net Book Value at March 31, 2007	$ 1,573	$ 70,110		$ 71,683

(1)Historical cost includes work-in-progress at March 31, 2008 for computer hardware and software totaling $2,587 (2007 - $944).

Note 5 Accounts Payable and Accrued Liabilities

(in thousands)

	2008	2007
Accounts payable	$ 757,868	$ 341,980
Accrued liabilities	247,800	328,663
Amounts due to Health Authorities and Provincial Boards	500,188	425,989
Accrued vacation pay	6,895	6,370
	$ 1,512,751	$ 1,103,002

Note 6 Unearned Revenue

(in thousands)

Changes in unearned revenues are as follows:

	2008	2007
Cash received/receivable during the year:		
Health Care Insurance Premiums	$ 34,980	$ 32,547
Third Party Recoveries	-	17
Patient Wait Times Guarantee	61,953	-
	96,933	32,564
Less amounts recognized as revenue in the year	(157,685)	(168,290)
Decrease during the year	(60,752)	(135,726)
Balance at beginning of year	226,556	362,282
Balance at end of year	$ 165,804	$ 226,556
Balances at end of year are comprised of:		
Health Care Insurance Premiums	$ 34,980	$ 32,547
Health Services for Persons with Hepatitis C	7,598	10,835
Third Party Recoveries	52	63
Wait Times Reduction Transfer	61,221	183,111
Patient Wait Times Guarantee	61,953	-
	$ 165,804	$ 226,556

Note 7 Contractual Obligations

(in thousands)

As at March 31, 2008, the Department has the following contractual obligations:

	2008	2007
Specific programs commitments	$ 675,472	$ 457,891
Capital construction contracts	2,172,985	2,456,274
Service contracts	109,236	134,462
	$ 2,957,693	$ 3,048,627

The aggregate amounts payable for the unexpired terms of these contractual obligations are as follows:

	Specific Programs Commitments	Capital Construction Contracts	Service Contracts	Total 2008
2009	$ 326,251	$ 826,024	$ 87,777	$ 1,240,052
2010	234,728	713,930	20,615	969,273
2011	88,395	517,809	173	606,377
2012	13,612	115,222	79	128,913
2013	11,643	-	79	11,722
Thereafter	843	-	513	1,356
	$ 675,472	$ 2,172,985	$ 109,236	$ 2,957,693

Canadian Blood Services (CBS)

The Government of Alberta is committed to provide funding to the Canadian Blood Services (CBS) for the provision of blood services in Alberta. This commitment was outlined in a Memorandum of Understanding, signed in January 1998, which recorded the understandings and commitments of the Minister of Health of Canada and the Provincial and Territorial Ministers of Health (except Quebec) regarding their respective roles and responsibilities in a renewed national blood system.

The Province's obligation for the operational costs of CBS is determined on a per capita basis, and the costs for fractionated blood and blood products is determined on the basis of annual utilization of these products. During the year, payments to CBS amounted to $131,349 (2007 - $131,076). Budgeted expenditure for the 2009 fiscal year is $142,000.

Note 8 Contingencies, Equity Agreements with Voluntary Hospital Owners and Indemnity

(in dollars)

Hepatitis C

Federal, provincial and territorial governments have agreed to offer financial assistance to Canadians who were affected by the Hepatitis C virus through the Canadian blood system during the period from January 1, 1986 to July 1, 1990. The financial package of $1.1 billion was national in scope. Alberta's share of the financial assistance package was estimated at $30.0 million, and the Department made a provision in 1999-2000 for its portion of the Hepatitis C assistance. At March 31, 2008, the unpaid balance of the Department's commitment to the financial assistance package was $8.9 million (2007 - $10.9 million).

Equity Agreements with Voluntary Hospital Owners

The Department has a contingent liability for buy-out of equity under Equity Agreements entered into between the Department and Voluntary Hospital Owners. The Department's payout liability is contingent upon notification by the voluntary hospital owner of termination of the equity agreement. At March 31, 2008, the contingent payout liability upon termination is estimated at $12.8 million (2007 - $12.8 million).

Other Contingencies

At March 31, 2008, the Department was named as defendant in 16 legal actions, the outcome of which is indeterminable (2007 - 16 legal actions). 13 of these claims have specified amounts totaling $268.3 million (2007 - 14 claims with a specified amount of $58.8 million). Included in the total legal actions are 12 claims amounting to $232.7 million (2007 – 13 claims amounting to $23.2 million) in which the Department has been jointly named with other entities. 3 claims amounting to $4.5 million (2007 - 2 claims amounting to $1.1 million) are covered by the Alberta Risk Management Fund. The resulting loss, if any, from these claims cannot be determined.

Indemnity

As described in Note 7, CBS provides blood services in Alberta. CBS owns a captive insurer operating in Bermuda as CBS Insurance Company Limited ("CBSI"), which has issued a Primary Policy of insurance to CBS with a maximum limit of $250.0 million for the risks associated with the operation of the blood system. CBS also owns a captive insurer operating in British Columbia as Canadian Blood Services Captive Insurance Company Limited ("CBSE"), which has issued an Excess Policy of insurance to CBS with a maximum limit of $750.0 million. The Excess Policy follows form of the Primary Policy.

CBSE was capitalized in whole through funding from the provinces and territories (except Quebec), through a Captive Support Agreement dated September 26, 2006 ("CSA"), between the provinces, territories, and CBSE. Under the CSA, each of the provinces and territories provided their Pro Rata Share (as defined in the CSA) through an indemnity. Alberta's Pro Rata Share is 13.1% of CBSE's total capital amount, which amounts to $98.0 million. Authority for Alberta to provide the indemnity under the CSA is pursuant to section 5.05 of the Indemnity Authorization Regulation 22/1997, under the *Financial Administration Act*.

The expense recognition criterion for the indemnity is notification from the CBS that the indemnity is required. At March 31, 2008, no amount has been recognized for this indemnity.

Note 9 Payments under Reciprocal and Other Agreements

(in thousands)

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

The Department also entered into agreements with the Western Provinces and Territories for the Western Health Information Collaborative (WHIC) to explore common opportunities that would meet their health information needs and support the strategic directions and initiatives for health infrastructure at the national level. In addition, the Department entered into agreements with Health Canada, the Workers' Compensation Board and other provincial governments and territories to provide air ambulance services on their behalf. Payments incurred under these agreements are made by the Department under authority of the *Financial Administration Act*, Section 25 (1).

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

	2008				2007
	Western Health Information Collaborative	Other Provincial Government& WCB	Air Ambulance	Total	Total
Opening receivable (payable) balance	$ 191	$ 34,307	$ 3,133	$ 37,631	$ 39,899
Add: Payments made during the year	246	203,279	3,544	207,069	189,091
	437	237,586	6,677	244,700	228,990
Less: Collections received during the year	147	184,761	5,038	189,946	191,343
Less: Adjustments made during the year	-	-	371	371	16
Closing receivable (payable) balance	$ 290	$ 52,825	$ 1,268	$ 54,383	$ 37,631

Note 10 Defined Benefit Plans
(in thousands)

The Department participates in the multi-employer pension plans, Management Employees Pension Plan and Public Service Pension Plan. The Department also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $5,940 for the year ended March 31, 2008 (2007 - $5,461).

At December 31, 2007 the Management Employees Pension Plan reported a deficiency of $84,341 (2006 - $6,765) and the Public Service Pension Plan reported a deficiency of $92,070 (2006 - surplus of $153,024). At December 31, 2007, the Supplementary Retirement Plan for Public Service Managers had a surplus of $1,510 (2006 - $3,698).

The Department also participates in two multi-employer Long Term Disability Income Continuance Plans. At March 31, 2008, the Bargaining Unit Plan reported an actuarial deficiency of $6,319 (2007 - surplus of $153) and the Management, Opted Out and Excluded Plan an actuarial surplus of $7,874 (2007 - $10,148). The expense for these two plans is limited to the employer's annual contribution for the year.

Note 11 Comparative Figures

Certain 2007 figures have been reclassified to conform to the 2008 presentation.

Note 12 Approval of Financial Statements

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

Schedule 1

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF REVENUES
FOR THE YEAR ENDED MARCH 31, 2008

(in thousands)

	2008		2007
	Budget (Schedule 4)	Actual	Actual
Internal Government Transfers:			
Transfer from the Lottery Fund	$ 279,497	$ 279,497	$ 362,803
Transfer from Alberta Cancer Prevention Legacy Fund	25,000	25,000	25,000
	304,497	304,497	387,803
Transfers from the Government of Canada			
Canada Health Transfer	1,701,759	1,227,579	1,449,757
Wait Times Reduction	121,889	121,889	121,335
Other Health Transfers	4,709	5,755	19,417
	1,828,357	1,355,223	1,590,509
Investment Income:	16,000	33,255	22,837
Premium Fees:			
Health care Insurance:			
Premiums before premium assistance	896,832	1,090,411	1,048,712
Less:			
Premium assistance under legislation	-	(136,094)	(143,558)
	896,832	954,317	905,154
Add:			
Penalties	21,787	24,111	20,694
Interest and miscellaneous	381	350	345
Health care insurance premiums, penalties and interest	919,000	978,778	926,193
Blue Cross:			
Premium before premium assistance	24,000	27,603	26,818
Less premium assistance	-	(1,940)	(1,991)
Blue Cross premiums	24,000	25,663	24,827
Total premiums	943,000	1,004,441	951,020
Other	50	194	190
	943,050	1,004,635	951,210
Other Revenue:			
Third party recoveries	82,500	84,471	78,925
Miscellaneous:			
Previous years' refunds of expenditure	1,500	47,833	695
Other	18,480	24,720	26,209
	102,480	157,024	105,829
Total revenues	$ 3,194,384	$ 2,854,634	$ 3,058,188

Schedule 2

DEPARTMENT OF HEALTH & WELLNESS
SCHEDULE OF DEDICATED REVENUE INITIATIVES
FOR THE PERIOD ENDED MARCH 31, 2008

(thousands of dollars)

	2008		
	Authorized Dedicated Revenues	Actual Dedicated Revenues [(a)]	(Shortfall) / Excess
Health Care Insurance Premiums [(b)]	$ 919,000	$ 978,778	$ 59,778
Non-Group Drug Benefits [(c)]	24,000	25,663	1,663
Hepatitis C - Medical Services [(d)]	3,204	3,237	33
Statistical Information [(e)]	200	55	(145)
Government Sponsored Drug Programs [(f)]	700	350	(350)
Client Registry [(g)]	1,606	1,606	-
Diabetes Surveillance	69	-	(69)
Diagnostic Imaging [(h)]	13,200	13,200	-
Alberta Immunization Strategy	220	-	(220)
Transfusion Injuries Surveillance[(i)]	100	68	(32)
Internationally Educated Health Professionals[(j)]	1,161	860	(301)
Clinical Telehealth Innovation [(k)]	1,800	575	(1,225)
	$ 965,260	$ 1,024,392	$ 59,132

(a) Revenues from dedicated revenue initiatives are included in the Department's revenues in the Statement of Operations.

(b) Albertans contributed to the cost of health programs through Health Care Insurance Premiums. The levels of premiums paid by an individual or family are based on their ability to pay as defined by income. Seniors are provided coverage, but do not pay premiums. Expenses associated with this initiative are included in the Statement of Operations under the Physician Services expense, Provincial Programs expense, Protection, Promotion and Prevention expense, and Health Authority Services expense classification.

(c) Albertans can access public or private supplemental health insurance coverage. The Department provides Non-Group Blue Cross coverage on a premium basis for non-seniors. Seniors are provided coverage, but do not pay premiums. Expenses under the Non-Group Drug Benefits initiative represent the expenses incurred to provide Blue Cross services. Expenses associated with this initiative are included in the Statement of Operations under the Provincial Programs expense classification.

(d) Health Canada is providing funding for this initiative. The funding is being used to enhance existing health services to persons with chronic Hepatitis C virus infection in Alberta, regardless of the source of their infection. Expenses associated with this initiative are included in the Statement of Operations under the Provincial Programs Services expense classification.

(e) The Department provides statistical information and reports to third party researchers and institutions. The revenue received is used to offset the costs to the Department. The expenses associated with this initiative are included in the Statement of Operations under the Ministry Support Services expense classification.

DEPARTMENT OF HEALTH & WELLNESS
SCHEDULE OF DEDICATED REVENUE INITIATIVES
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

(f) For new drugs to be considered for inclusion on the Department's Drug Benefit List, they must first receive approval from Health Canada for sale in Canada. Once approved, the drug is reviewed by the Alberta Health and Wellness Expert Committee on Drug Evaluation and Therapeutics. Discussions between Alberta Health and Wellness and the drug manufacturers are held to ensure the drug is used as intended. An agreement may be entered into with the drug manufacturers to fund specific studies or programs that contribute to the cost-effective use of medications provided through government sponsored drug plans. The funds are used by the department to conduct these studies and administer the programs. Expenses associated with this initiative are included in the Statement of Operations under the Provincial Programs expense classification.

(g) This is a cost shared project with Canada Health Infoway. Funding is being used for the Provincial Client Registry which is an effective patient identification system that links diverse information sources within and across health organizations and jurisdictions and will provide the foundation for the Alberta Electronic Health Record. Expenses associated with this initiative are included in the Statement of Operations under the Provincial Programs expense classification.

(h) Canada Health Infoway is providing funding to successfully implement Diagnostic Imaging (DI) throughout Alberta. The goal of the project is to implement provincial DI standards, design an architectural model for DI, build an infrastructure capable of supporting the goal, decide on a governance/operational model and enable the integration of all DI providers. The benefits of a province-wide DI solution are many fold and include: quicker report turnaround times and reduced wait times by patients and physicians; substantial reduction/elimination of duplicate tests because of the availability/access to the original; ability to provide DI at remote locations; improved patient care with chronological history of DI exam results; accessible exam results to caregivers anywhere; increased physician productivity through immediate access to exam results; elimination of film developing and storage costs. Expenses associated with this initiative are included in the Statement of Operations under the Provincial Programs expense classification.

(i) Alberta is receiving funding from the Public Health Agency of Canada to support a Transfusion Safety Officer position who is responsible for implementing the Federal Transfusion Injuries Surveillance System of reporting in the Capital Health Authority. Expenses associated with this initiative are included in the Statement of Operations under the Ministry Support Services expense classification.

(j) In Alberta and across Canada, internationally educated health professionals face barriers and limited opportunities to have their credentials and experience assessed, to upgrade their training and re-train in another area and to meet professional registration standards. Health Canada is providing funding to support projects, which will increase access to assessment, upgrading, retraining and registration for internationally educated health professionals in Alberta. Expenses associated with this initiative are included in the Statement of Operations under the Provincial Programs Services expense classification.

(k) Canada Health Infoway is providing funding to enhance clinical telehealth service delivery by extending services to additional sites and expanding the scope of 30 clinical projects to include additional service offerings or target additional populations. Expenses associated with this initiative are included in the Statement of Operations under the Provincial Programs expense classification.

Schedule 3

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF EXPENSES DIRECTLY INCURRED DETAILED BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2008		2007
	Budget (Schedule 4)	Actual	Actual
Voted:			
Grants	$11,736,533	$ 11,760,650	$ 10,415,414
Supplies and Services	144,320	105,197	113,118
Salaries, Wages and Employee Benefits	68,479	68,484	63,631
Amortization of Tangible Capital Assets	19,890	14,023	12,056
Inventory Consumed	33,551	27,542	26,488
Other	113	120	127
Total Voted Expenses	$12,002,886	$ 11,976,016	$ 10,630,834
Statutory:			
Cancer Research and Prevention Investment	$ 25,000	$ 25,000	$ 25,000
Valuation Adjustments			
Health Care Insurance Premium Revenue Write-offs	41,363	57,698	46,437
Other Write-Offs	-	786	632
Provision for Vacation Pay	-	525	416
	$ 66,363	$ 84,009	$ 72,485

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF BUDGET
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2007 - 2008 Estimates [(a)]	Adjustment [(b)]	2007-2008 Budget	Authorized Supplementary [(c)]	2007 - 2008 Authorized Budget
Revenues:					
Internal Government Transfers	$ 304,497	$ -	$ 304,497	$ -	$ 304,497
Transfer from Government of Canada	1,828,357	-	1,828,357	-	1,828,357
Investment Income	16,000	-	16,000	-	16,000
Premiums and Fees	943,050	-	943,050	-	943,050
Other Revenue	102,480	-	102,480	-	102,480
	3,194,384	-	3,194,384	-	3,194,384
Expenses - Directly Incurred:					
Voted Operating Expenses					
Ministry Support Services	180,333	-	180,333	-	180,333
Physician Services	2,431,139	-	2,431,139	-	2,431,139
Provincial Programs	1,436,653	-	1,436,653	-	1,436,653
Protection, Promotion and Prevention	167,363	-	167,363	-	167,363
Health Authority Services	6,608,989	-	6,608,989	-	6,608,989
Assistance to Alberta Alcohol and Drug Abuse Commission	93,697	-	93,697	1,150	94,847
Infrastructure Support	1,084,712	-	1,084,712	53,500	1,138,212
	12,002,886	-	12,002,886	54,650	12,057,536
Statutory Expenses					
Cancer Research and Prevention Investment	25,000	-	25,000	-	25,000
Valuation Adjustments					
Health Care Insurance Premiums Revenue Write-Offs	41,363	-	41,363	-	41,363
Other Write-Offs	-	-	-	-	-
Provision for Vacation Pay	-	-	-	-	-
	66,363	-	66,363	-	66,363
Total Expense	12,069,249	-	12,069,249	54,650	12,123,899
Net Operating Results	$ (8,874,865)	$ -	$ (8,874,865)	$ (54,650)	$ (8,929,515)
Equipment / Inventory Purchases	$ 47,025	$ -	$ 47,025	$ -	$ 47,025
Capital Investment	$ 26,718	$ -	$ 26,718	$ -	$ 26,718

(a) Estimates reflects the transfer of $23,872 for emerging capital purposes and $2,850 for Infrastructure planning purposes from the department of Infrastructure and Transportation pursuant to the Appropriation Act, 2007, section 5(1)(a) and section 5(4)(a) respectively.

(b) Adjustments include encumbrances and dedicated revenue shortfalls. In the event that actual voted Expenses, Equipment and Inventory Purchase and Capital Investment in the prior year exceed that authorized, the difference is known as an encumbrance. The encumbrance reduces the budgeted amount voted in the current year.

(c) Supplementary estimates were approved on December 7, 2007. Treasury Board approval is pursuant to section 24(2) of the *Financial Administration Act.*

Schedule 5

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparison of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2008
(in thousands)

Voted Operating Expenses, Equipment/Inventory Purchases and Capital Investment:	2007/2008 Estimates [a]	Adjustments [b]	2007/2008 Budget	Authorized Supplementary [c]	2007/2008 Authorized Budget	2007/2008 Actual [d]	Unexpended / (Over Expended)
Ministry Support Services							
1.0.1 Minister's Office	$ 594	-	$ 594	-	$ 594	$ 408	$ 186
1.0.2 Deputy Minister's Office	546	-	546	-	546	690	(144)
1.0.3 Public Communications	1,690	-	1,690	-	1,690	1,420	270
1.0.4 Policy, Planning and Research Services	14,126	-	14,126	-	14,126	10,931	3,195
1.0.5 Public Health	19,314	-	19,314	-	19,314	15,515	3,799
1.0.6 Workforce Services	7,931	-	7,931	-	7,931	9,097	(1,166)
1.0.7 Corporate Support Services							
- Operating Expense	109,649	-	109,649	-	109,649	86,719	22,930
- Capital Investment	-	-	-	-	-	5,080	(5,080)
1.0.8 Program Services							
- Operating Expense	22,860	-	22,860	-	22,860	23,964	(1,104)
- Equipment / Inventory Purchases	4,100	-	4,100	-	4,100	-	4,100
1.0.9 Health Facilities Review Committee	881	-	881	-	881	813	68
1.0.10 Health Advisory and Appeal Services	2,742	-	2,742	-	2,742	1,726	1,016
Total Ministry Support Services	$ 184,433	-	$ 184,433	-	$ 184,433	$ 156,363	$ 28,070
Physician Services							
2.0.1 Physician Compensation	2,078,819	-	2,078,819	-	2,078,819	2,018,098	60,721
2.0.2 On Call Programs	80,700	-	80,700	-	80,700	80,010	690
2.0.3 Physician Office System Program	34,100	-	34,100	-	34,100	-	34,100
2.0.4 Primary Care	92,000	-	92,000	-	92,000	57,239	34,761
2.0.5 Clinical Stabilization Initiative	38,000	-	38,000	-	38,000	55,055	(17,055)
2.0.6 Academic Alternate Relationship Plans	101,500	-	101,500	-	101,500	61,267	40,233
2.0.7 Rural Physician Action Plan	6,020	-	6,020	-	6,020	8,245	(2,225)
Total Physician Services	$ 2,431,139	-	$ 2,431,139	-	$ 2,431,139	$ 2,279,914	$ 151,225

Schedule 5

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparison of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2008

(in thousands)

Voted Operating Expenses, Equipment/Inventory Purchases and Capital Investment:	2007/2008 Estimates [a]	Adjustments [b]	2007/2008 Budget	Authorized Supplementary [c]	2007/2008 Authorized Budget	2007/2008 Actual [d]	Unexpended / (Over Expended)
Provincial Programs							
3.0.1 Non-Group Health Benefits	$ 732,010	$ -	$ 732,010	$ -	$ 732,010	$ 646,667	$ 85,343
3.0.2 Allied Health Services	93,234	-	93,234	-	93,234	85,443	7,791
3.0.3 Human Tissue and Blood Services							
- Operating Expense	20,000	-	20,000	-	20,000	16,611	3,389
- Operating Expense funded by Lotteries	115,000	-	115,000	-	115,000	115,000	-
3.0.4 Air Ambulance Services	36,845	-	36,845	-	36,845	34,614	2,231
3.0.5 Municipal Ambulance Program	55,000	-	55,000	-	55,000	55,007	(7)
3.0.6 Out-of-Province Health Care Services	71,283	-	71,283	-	71,283	74,080	(2,797)
3.0.7 Health Information Systems							
- Operating Expense	102,653	-	102,653	-	102,653	118,503	(15,850)
- Equipment / Inventory Purchases	11,325	-	11,325	-	11,325	6,595	4,730
- Capital Investment	26,718	-	26,718	-	26,718	8,905	17,813
3.0.8 Health Services Research	3,785	-	3,785	-	3,785	3,785	-
3.0.9 Support to the Health Quality Council of Alberta	3,226	-	3,226	-	3,226	3,226	-
3.0.10 Academic Health Centres	20,751	-	20,751	-	20,751	20,751	-
3.0.11 Medical Resident Allowances	73,891	-	73,891	-	73,891	78,502	(4,611)
3.0.12 Continuing Care Initiatives	39,463	-	39,463	-	39,463	41,383	(1,920)
3.0.13 Support Programs	69,512	-	69,512	-	69,512	110,315	(40,803)
Total Provincial Programs	$ 1,474,696	$ -	$ 1,474,696	$ -	$ 1,474,696	$ 1,419,387	$ 55,309

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparision of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2008

(in thousands)

Voted Operating Expenses, Equipment/Inventory Purchases and Capital Investment:		2007/2008 Estimates [a]	Adjustments [b]	2007/2008 Budget	Authorized Supplementary [c]	2007/2008 Authorized Budget	2007/2008 Actual [d]	Unexpended / (Over Expended)
Protection, Promotion, and Prevention								
4.0.1	Vaccines and Sera							
	- Operating Expense	$ 39,202	$ -	39,202	$ -	$ 39,202	$ 35,565	$ 3,637
	- Equipment / Inventory Purchases	31,600	-	31,600	-	31,600	32,047	(447)
4.0.2	Public Health Laboratories	30,676	-	30,676	-	30,676	34,676	(4,000)
4.0.3	Aboriginal Health Strategies	1,700	-	1,700	-	1,700	1,252	448
4.0.4	Community-based Health Services							
	- Operating Expense	35,785	-	35,785	-	35,785	91,568	(55,783)
	- Operating Expense funded by Lotteries	30,000	-	30,000	-	30,000	30,000	-
4.0.5	Pandemic Influenza Supplies Inventory	30,000	-	30,000	-	30,000	30,000	-
Total Protection, Promotion and Prevention		$ 198,963	$ -	198,963	$ -	$ 198,963	$ 255,108	$ (56,145)
Health Authority Services								
5.0.1	Chinook Regional Health Authority	286,626	-	286,626	-	286,626	286,801	(175)
5.0.2	Palliser Health Region	162,132	-	162,132	-	162,132	162,132	-
5.0.3	Calgary Health Region	2,198,396	-	2,198,396	-	2,198,396	2,198,403	(7)
5.0.4	David Thompson Regional Health Authority	518,390	-	518,390	-	518,390	518,390	-
5.0.5	East Central Health	206,833	-	206,833	-	206,833	208,964	(2,131)
5.0.6	Capital Health	2,294,773	-	2,294,773	-	2,294,773	2,294,773	-
5.0.7	Aspen Regional Health Authority	225,247	-	225,247	-	225,247	225,247	-
5.0.8	Peace Country Health	216,669	-	216,669	-	216,669	216,752	(83)
5.0.9	Northern Lights Health Region	139,450	-	139,450	-	139,450	139,450	-
5.0.10	Alberta Mental Health Board	57,939	-	57,939	-	57,939	57,939	-
5.0.11	Alberta Cancer Board	277,534	-	277,534	-	277,534	277,534	-
5.0.12	Mental Health Innovation Fund	25,000	-	25,000	-	25,000	24,354	646
5.0.13	One Time Financial Assistance	-	-	-	-	-	68,730	(68,730)
Total Health Authority Services		$ 6,608,989	$ -	6,608,989	$ -	$ 6,608,989	$ 6,679,469	$ (70,480)

Schedule 5

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparison of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2008

(in thousands)

Voted Operating Expenses, Equipment/Inventory Purchases and Capital Investment:	2007/2008 Estimates [a]	Adjustments [b]	2007/2008 Budget	Authorized Supplementary [c]	2007/2008 Authorized Budget	2007/2008 Actual [d]	Unexpended / (Over Expended)
Assistance to Alberta Alcohol and Drug Abuse Commission							
6.0.1 Base Operating Funds for Alberta Alcohol and Drug Abuse Commission							
- Operating Expense	$ 100	-	$ 100	$ 1,150	$ 1,250	$ 1,800	$ (550)
- Operating Expense funded by Lotteries	84,497	-	84,497	-	84,497	84,497	-
6.0.2 Alberta Tobacco Reduction Strategy							
- Operating Expense	9,100	-	9,100	-	9,100	9,100	-
Total Assistance To Alberta Alcohol and Drug Abuse Commission	93,697	-	93,697	1,150	94,847	95,397	(550)
Infrastructure Support							
7.0.1 Health Facilities Infrastructure							
- Operating Expense	1,034,712	-	1,034,712	26,000	1,060,712	1,065,505	(4,793)
- Operating Expense funded by Lotteries	50,000	-	50,000	-	50,000	50,000	-
7.0.2 Diagnostic/Medical Equipment	-	-	-	27,500	27,500	27,500	-
Total Infrastructure Support	1,084,712	-	1,084,712	53,500	1,138,212	1,143,005	(4,793)
Total Voted	$ 12,076,629	-	$ 12,076,629	$ 54,650	$ 12,131,279	$ 12,028,643	$ 102,636
Operating Expense	11,723,389	-	11,723,389	54,650	11,778,039	11,696,519	81,520
Operating Expense funded by lotteries	279,497	-	279,497	-	279,497	279,497	-
	12,002,886	-	12,002,886	54,650	12,057,536	11,976,016	81,520
Equipment/Inventory Purchases	47,025	-	47,025	-	47,025	38,642	8,383
	12,049,911	-	12,049,911	54,650	12,104,561	12,014,658	89,903
Capital Investment	26,718	-	26,718	-	26,718	13,985	12,733
Total Voted - Operating, Equipment/Inventory Purchases & Capital Investment	$ 12,076,629	-	$ 12,076,629	$ 54,650	$ 12,131,279	$ 12,028,643	$ 102,636

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE TO FINANCIAL STATEMENTS
Comparison of Expenses - Directly Incurred, Equipment / Inventory Purchases and Capital Investment by Element to Authorized Budget
For the Year Ended March 31, 2008

(in thousands)

Voted Operating Expenses, Equipment / Inventory Purchases and Capital Investment:	2007/2008 Estimates [(a)]	Adjustments [(b)]	2007/ 2008 Budget	Authorized Supplementary[(c)]	2007/ 2008 Authorized Budget	2007/ 2008 Actual [(d)]	Unexpended / (Over Expended)
Statutory Expenses							
Cancer Research and Prevention Investment	$ 25,000	$ -	$ 25,000	$ -	$ 25,000	$ 25,000	-
Valuation Adjustments							
Health Care Insurance Premium Revenue Write-Offs	41,363	-	41,363	-	41,363	57,698	$ (16,335)
Other Write-Offs	-	-	-	-	-	786	$ (786)
Provision for Vacation Pay	-	-	-	-	-	525	$ (525)
Total Statutory Expenses and Valuation Adjustments	$ 66,363	$ -	$ 66,363	$ -	$ 66,363	$ 84,009	$ (17,646)

(a) Estimates reflects the transfers of $23,872 for emerging capital purposes and $2,850 for Infrastructure planning purposes from the department of Infrastructure and Transportation pursuant to the Appropriation Act, 2007, section 5(1)(a) and section 5(4)(a) respectively.

(b) Adjustments include encumbrances and dedicated revenue shortfalls. In the event that actual voted Expenses, Equipment and Inventory Purchase and Capital Investment in the prior year exceed that authorized, the difference is known as an encumbrance. The encumbrance reduces the budgeted amount voted in the current year.

(c) Supplementary estimates were approved on December 7, 2007. Treasury Board approval is pursuant to section 24(2) of the *Financial Administration Act.*

(d) Includes achievement bonus of $1,809.

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF SALARIES AND BENEFITS
FOR THE YEAR ENDED MARCH 31, 2008

	2008				2007
	Base Salary [1]	Other Cash Benefits [2]	Other Non-cash Benefits [3]	Total	Total
Deputy Minister [4]	$ 266,244	$ 69,500	$ 60,266	$ 396,010	$ 326,528
Executives - Assistant Deputy Ministers					
Information Strategic Services	143,076	28,255	35,286	206,617	189,173
Public Health [5]	136,614	20,562	34,510	191,686	255,577
Health Workforce [6]	158,350	23,240	40,964	222,554	209,690
Program Services [7]	146,852	20,760	35,932	203,544	214,439
Strategic Directions [8]	164,736	32,306	40,672	237,714	222,317
Corporate Operations [9]	164,736	32,306	41,861	238,903	195,849
Executives - Other					
Executive Director, Human Resources	134,976	26,741	34,740	196,457	183,590

Prepared in accordance with Treasury Board Directive 12/98 as amended

[1] Base Salary includes pensionable base pay.

[2] Other cash benefits include bonuses, vacation payments, overtime and lump sum payments.

[3] Other non-cash benefits include government's share of all employee benefits and contributions or payments made on behalf of employees including pension and supplementary retirement plan, health care, dental coverage, group life insurance, short and long-term disability plans, professional memberships and tuition fees.

[4] Automobile provided, no dollar amount is included in other non-cash benefits.

[5] This position was occupied by two individuals through the year. The previous incumbent was the ADM until August 31, 2007. The current incumbent became the ADM of Public Health effective September 1, 2007.

[6] This position was occupied by two individuals through the year. The previous incumbent was the ADM until August 31, 2007. The current incumbent became the ADM of Health Workforce effective September 1, 2007.

[7] This position was occupied by two individuals through the year. The previous incumbent was the ADM until July 22, 2007. The current incumbent is in an acting capacity effective July 23, 2007.

[8] The incumbent has moved to the Department of Advanced Education and Technology as Deputy Minister effective March 13, 2008 and the bonus amount reflected in other cash benefits has been accrued by the Department of Advanced Education and Technology. For purposes of disclosure, the move is assumed to have been effective April 1, 2008.

[9] The incumbent has moved to the Department of Municipal Affairs as Deputy Minister effective March 13, 2008 and the bonus amount reflected in other cash benefits has been accrued by the Department of Municipal Affairs. For purposes of disclosure, the move is assumed to have been effective April 1, 2008.

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF RELATED PARTY TRANSACTIONS
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

Related parties are those entities consolidated or accounted for on a modified equity basis in the Province of Alberta's financial statements. Related parties also include management in the department. Entities in the Ministry include the Regional Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board, the Alberta Alcohol and Drug Abuse Commission and the Health Quality Council of Alberta.

The Department and its employees paid or collected certain taxes and fees set by regulation for permits, licences and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this schedule.

The Department had the following transactions with related parties recorded on the Statements of Operations and Financial Position at the amounts of consideration agreed upon between the related parties.

	Entities in the Ministry		Other Entities	
	2008	2007	2008	2007
Revenues				
Grants	$ -	$ -	$ 304,497	$ 387,803
Other	189	2,940	65	20
	$ 189	$ 2,940	$ 304,562	$ 387,823
Expenses - Directly Incurred				
Grants	$ 8,507,501	$ 7,431,380	$ 48,992	$ 45,212
Other Services	-	-	9,242	8,018
	$ 8,507,501	$ 7,431,380	$ 58,234	$ 53,230
Receivable from	$ 538	$ 281	$ 5	$ 11
Payable to	$ 500,188	$ 425,989	$ 3,332	$ 12,267

The Department receives services under contracts managed by Service Alberta. Any commitments under these contracts are reported by Service Alberta.

The Department also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related party transactions are estimated based on the costs incurred by the service provider to provide the service. These amounts are not recorded in the financial statements but are disclosed in Schedule 8.

	Entities in the Ministry		Other Entities	
	2008	2007	2008	2007
Expenses - Incurred by Others				
Accommodation	$ -	$ -	$ 5,815	$ 4,879
Legal	-	-	2,595	2,293
Other	-	-	4,180	3,952
	$ -	$ -	$ 12,590	$ 11,124

Schedule 8

DEPARTMENT OF HEALTH AND WELLNESS
SCHEDULE OF ALLOCATED COSTS
FOR THE YEAR ENDED MARCH 31, 2008
(in thousands)

	2008									2007
		Expenses - Incurred by Others			Statutory	Valuation Adjustments				
	Expenses [1]	Accommodation Costs [2]	Legal Services [3]	Other	Cancer Research & Prevention Investment	Health Care Insurance Premiums Revenue Write-Offs	Other Write-Offs	Vacation Pay	Total	Total
Ministry Support Services	$ 151,283	$ 5,815	$ 2,595	$ 4,180	$ -	$ -	$ -	$ 525	$ 164,398	$ 166,710
Physician Services	2,279,914	-	-	-	-	-	-	-	2,279,914	2,049,485
Provincial Programs	1,403,887	-	-	-	-	-	-	-	1,403,887	1,390,127
Protection, Promotion and Prevention	223,061	-	-	-	-	-	-	-	223,061	125,852
Health Authority Services	6,679,469	-	-	-	-	-	-	-	6,679,469	6,058,208
Assistance to Alberta Alcohol and Drug Abuse Commission	95,397	-	-	-	-	-	-	-	95,397	91,903
Infrastructure Support	1,143,005	-	-	-	-	-	-	-	1,143,005	760,089
Health Care Insurance Premiums Revenue Write-Offs [4]	-	-	-	-	-	57,698	-	-	57,698	46,437
Cancer Research and Prevention Investment	-	-	-	-	25,000	-	-	-	25,000	25,000
Other Write-Offs	-	-	-	-	-	-	786	-	786	632
	$11,976,016	$ 5,815	$ 2,595	$ 4,180	$ 25,000	$ 57,698	$ 786	$ 525	$12,072,615	$10,714,443

[1] Expenses - Directly Incurred as per Statement of Operations, excluding valuation adjustments.

[2] Costs shown for Accommodation (includes grants in lieu of taxes) on Schedule 7, allocated by square footage.

[3] Costs shown for Legal Services on Schedule 7, allocated by estimated costs incurred by each program.

[4] Health Care Insurance Premium Revenue Write-Offs relate to Premiums and Fees revenue. These costs cannot be reasonably allocated to other programs of the department.

Financial Information

Alberta Alcohol and Drug Abuse Commission

Financial Statements

March 31, 2008

ALBERTA ALCOHOL AND DRUG

ABUSE COMMISSION

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2008

Auditor's Report

Statement of Financial Position

Statement of Operations

Statement of Cash Flows

Notes to the Financial Statements

Schedule of Revenues - Schedule 1

Schedule of Expenses by Object and Core Business – Schedule 2

Schedule of Allocated Costs – Schedule 3

Auditor's Report

To the Board of Directors of the Alberta Alcohol and Drug Abuse Commission
and the Minister of Health and Wellness

I have audited the statement of financial position of the Alberta Alcohol and Drug Abuse Commission as at March 31, 2008 and the statements of operations and cash flows for the year then ended. These financial statements are the responsibility of the Commission's management. My responsibility is to express an opinion on these financial statements based on my audit.

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

In my opinion, these financial statements present fairly, in all material respects, the financial position of the Commission as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

"Original Signed by Fred J. Dunn", FCA
Auditor General

Edmonton, Alberta
May 16, 2008

"The official version of this Report of the Auditor General, and the information the Report covers, is in printed form."

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2008

(In thousands)

	2008	2007
ASSETS		
Current Assets:		
Cash (Note 3)	$ 21,780	$ 16,122
Accounts receivable	1,054	1,535
Inventory	420	446
Prepaid expenses	109	20
	23,363	18,123
Tangible Capital Assets (Note 4)	786	899
	$ 24,149	$ 19,022
LIABILITIES AND ACCUMULATED SURPLUS		
Current Liabilities:		
Accounts payable	$ 9,350	$ 7,369
Accrued vacation pay	5,142	4,775
Deferred contributions (Note 7)	315	296
Unearned revenue	563	15
	15,370	12,455
Accumulated Surplus:		
At beginning of year	6,567	3,338
Net operating results	2,212	3,229
At end of year	8,779	6,567
	$ 24,149	$ 19,022

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

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2008

(In thousands)

	2008		2007
	Budget (Note 9)	**Actual**	**Actual**
Revenues (Schedule 1):			
Internal government transfers:			
Department of Health and Wellness	$ 93,697	$ 95,397	$ 91,903
Fees	1,538	1,428	1,524
Investment income	361	1,307	1,019
Other	865	1,587	2,611
	96,461	99,719	97,057
Expenses – Directly Incurred: (Schedule 2 and 3, Note 2 (b))			
Programs:			
Adult Residential and Special Services	37,778	37,246	39,248
Outpatient, Prevention and Youth Services	39,627	42,320	35,502
Research, Information and Monitoring	14,323	12,559	12,949
Administration	4,733	5,382	6,129
	96,461	97,507	93,828
Net operating results	$ -	$ 2,212	$ 3,229

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2008

(In thousands)

	2008	2007
Operating Activities:		
Net operating results	$ 2,212	$ 3,229
Add non-cash charges:		
Amortization of capital assets	374	226
	2,586	3,455
Increase in non-cash working capital	3,333	3,241
Cash provided by operating activities	5,919	6,696
Investing activities:		
Acquisition of tangible capital assets	(261)	(648)
Net cash provided	5,658	6,048
Cash at beginning of year	16,122	10,074
Cash at end of year	$ 21,780	$ 16,122

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

NOTES TO THE FINANCIAL STATEMENTS

MARCH 31, 2008

Note 1 Authority and Purpose

The Alberta Alcohol and Drug Abuse Commission (Commission) is an agent of the Crown under the authority of *the Alcohol and Drug Abuse Act, Chapter A-38*, Revised Statutes of Alberta 2000. The Commission is dependent on grants from the Department of Health and Wellness for funding its programs and for meeting its obligations as they become due.

The Commission's purpose is to assist Albertans in achieving a life free from the harmful effects of alcohol, other drugs, tobacco and gambling problems. The Commission does this by providing community-based information, prevention and treatment services.

The Commission is a Government of Alberta agency and is not subject to Canadian taxes.

Note 2 Summaries of Significant Accounting Policies and Reporting Practices

The recommendations of the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants are the primary source for the disclosed basis of accounting. The PSAB financial presentation standard for government summary financial statements has been modified to more appropriately reflect the nature of the departments. These financial statements are prepared in accordance with the following accounting policies that have been established by government for all departments.

(a) Revenue Recognition

Operating grants from the Department are recognized as revenue when they are receivable.

Unrestricted donations are recognized as revenue when they are received. Donations of materials and services that would otherwise have been purchased are recorded at fair value when it can reasonably be determined.

Externally restricted donations are deferred and are recognized as revenue in the period in which the related expenses are incurred.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(b) Expenses

Directly Incurred

Directly incurred expenses are those costs the Commission has primary responsibility and accountability for, as reflected in the government's budget documents.

Directly incurred expenses are included on Schedules 2 and 3, as well as the Statement of Operations.

Incurred by Others

Services contributed by other entities in support of the Commission's operations are disclosed in Schedule 3.

(c) Inventory

Inventory is valued at the lower of cost and replacement cost with cost being determined principally on a first-in, first-out basis.

(d) Tangible Capital Assets

Tangible capital assets are recorded at historical cost net of accumulated amortization. The threshold for capitalizing assets is $5,000. Amortization is provided over the estimated useful lives of the assets as follows:

Furniture and equipment	-	10 years straight-line
Computer equipment and software	-	3 years straight-line

(e) Valuation of Financial Assets and Liabilities

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

The fair values of accounts receivable, accounts payable, and accrued liabilities are estimated to approximate their book values. Subsequent actual amounts, which may vary from estimates, will impact future financial results.

Note 2 Significant Accounting Policies and Reporting Practices (continued)

(f) Financial Instruments

The Commission's financial instruments consist of cash, accounts receivable, accounts payable, and amounts due to related parties. Unless otherwise noted, it is management's opinion that the Commission is not exposed to significant interest, currency or credit risks arising from these financial instruments.

Note 3 Cash

(In thousands)

Cash consists of deposits in the Consolidated Cash Investment Trust Fund (Fund) of the Province of Alberta. The Fund is managed with the objective of providing competitive interest income to depositors while maintaining appropriate security and liquidity of depositors' capital. The portfolio is comprised of high quality short-term and mid-term fixed income securities with a maximum term to maturity of three years. As at March 31, 2008, securities held by the Fund have an average effective market yield of 4.81% per annum (March 31, 2007: 4.36% per annum).

Interest is earned on the Commission's daily cash balance at the average rate of the Fund's earnings, which vary depending on prevailing market interest rates. The Commission retains the interest earned on all of its bank accounts, and reflects it as income. Interest income of $1,307 (2007-$1,019) was earned during the year on this account and is reflected in the financial statements.

Due to the short-term nature of these deposits, the carrying value approximates fair value.

Note 4 Tangible Capital Assets
(In thousands)

Capital assets consist of the following:

	2008			2007
	Equipment	Computer Hardware and Software	Total	Total
Estimated Useful Life	10 Years	3 Years		
Historical Cost				
Beginning of Year	$ 372	$ 1,490	$ 1,862	$ 1,222
Additions	51	210	261	648
Disposals, including write-Downs	-	-	-	(8)
	$ 423	$ 1,700	$ 2,123	$ 1,862
Accumulated Amortization				
Beginning of Year	$ 180	$ 783	$ 963	$ 746
Amortization Expense	31	343	374	226
Effect of disposals	-	-	-	(9)
	$ 211	$ 1,126	$ 1,337	$ 963
Net book value at March 31, 2008	$ 212	$ 574	$ 786	
Net book value at March 31, 2007	$ 192	$ 707		$ 899

Note 5 Contractual Obligations

(In thousands)

(a) The Commission leases certain vehicles and equipment under operating leases that expire on various dates through to March 31, 2012. The aggregate amounts payable for the unexpired terms of these leases are as follows:

2009	$ 223
2010	$ 140
2011	$ 47
2012	$ 18

(b) The Commission has certain contractual obligations for contracts, which extend into 2009. The value of the contractual obligation is $3,137 in 2009.

Note 6 Contingent Liabilities

(In thousands)

At March 31, 2008, The Commission is a defendant in three legal claims for $614 (2007- three claims $699). The specified amount of one claim is $285. The resulting loss, if any, from this one claim cannot be determined. The losses on the other two claims are estimated at $329 and have been recorded in the financial statements.

Note 7 Deferred Contributions

(In thousands)

Deferred contributions consist of unexpended funds from donations to the Memorial Trust. These are externally restricted contributions to be used to supplement the work of the Commission in the areas of research and education and to acquire capital assets. Changes in deferred contributions are as follows:

	2008	2007
Donations	$ 7	$ 17
Interest Earned	12	12
Increase during the year	$ 19	$ 29
Balance at beginning of year	296	267
Balance at end of year	$ 315	$ 296

Note 8 Defined Benefit Plans

(In thousands)

The Commission participates in the multi-employer pension plans, Management Employee Pension Plan and Public Service Pension Plan. The Commission also participates in the multi-employer Supplementary Retirement Plan for Public Service Managers. The expense for these pension plans is equivalent to the annual contributions of $3,459 for the year ended March 31, 2008 (2007 – $3,234) and is reflected in Employer Contributions on Schedule 2.

At December 31, 2007, the Management Employees Pension Plan reported a deficiency of $84,341 (2006 – $6,765) and the Public Service Pension Plan reported a deficiency of $92,070 (2006 – surplus of $153,024). At December 31, 2007, the Supplementary Retirement Plan for Public Service Managers had a surplus of $1,510 (2006 – $3,698).

Note 9 Approvals

(a) Budget

The budget amounts shown on the statement of operations agree with the 2007/08 Government Estimates. The budget amounts shown on Schedules 1 and 2 provide additional revenue information and present expenses by object. The Commission board members approved these budgets on April 19, 2007.

(b) Financial Statements

These financial statements and accompanying notes were approved on June 17, 2008 by the Commission board members.

Note 10 Related Party Transactions

(In thousands)

Related parties are those entities consolidated in the Province of Alberta's financial statements. Related parties also include management in the Commission.
For purposes of this schedule, the related parties are separated into "Entities in the Ministry" which includes the Department of Health and Wellness, Regional Health Authorities, the Alberta Cancer Board, the Alberta Mental Health Board and the Health Quality Council of Alberta, and "Other Entities".

The Commission and its employees paid and collected certain fees set by regulation for permits, licenses and other charges. These amounts were incurred in the normal course of business, reflect charges applicable to all users, and have been excluded from this schedule.

	Entities in the Ministry		Other Entities	
	2008	2007	2008	2007
Revenues:				
Grants	$ 95,397	$ 91,903	$ -	$ -
Fees & charges	872	814	399	587
	$ 96,269	$ 92,717	$ 399	$ 587
Expenses:				
Other services	$ 1,930	$ 1,190	$ 782	$ 774
Receivables from	$ 277	$ 186	$ 607	$ 380
Payables to	$ 628	$ 73	$ 228	$ 204

The Commission also had the following transactions with related parties for which no consideration was exchanged. The amounts for these related parties are estimated based on the costs incurred by the service provider to provide the services. These amounts are not recorded in the financial statements and are disclosed on Schedule 3.

	Entities in the Ministry		Other Entities	
	2008	2007	2008	2007
Expenses:				
Legal fees	$ -	$ -	$ 167	$ 176
Other	-	-	213	137
Accommodation	-	-	9,962	8,077
	$ -	$ -	$ 10,342	$ 8,390

Note 11 Federal/Provincial Cost Sharing Agreements

(In thousands)

The Province of Alberta recovers part of its contributions to the Commission from the Government of Canada under the Alcohol and Drug Treatment and Rehabilitation (ADTR) agreement and records this recovery in the financial statements of the Department of Health and Wellness. The ADTR claim relating to the Commission's activities for the year ended March 31, 2008 amounts to approximately $1,415 (2007-$1,415).

Note 12 Salaries, Wages, Benefits and Allowances
(In thousands)

	2008				2007
	Base Salary [a]	**Other Cash Benefits** [b]	**Other Non-cash Benefits** [c]	**Total**	**Total**
Chairman of the Board	$ -	$ 16	$ -	$ 16	$ 18
Board Members [d]	-	57	-	57	56
Chief Executive Officer[e]	114	31	27	172	-
President & Chief Executive Officer[f]	56	59	2	117	192
Vice President, AADAC	-	-	-	-	33
Vice President, Corporate Services Division [g]	64	36	16	116	203
Vice President, Community Services Division	151	19	37	207	199
Vice President, Provincial Services Division	154	3	37	194	163

Prepared in accordance with Treasury Board Directive12/98 as amended

(a) Base Salary includes pensionable base pay. Salaries disclosed are for members of the senior decision making group.

(b) Other cash benefits include bonuses, vacation payments, overtime, lump sum payments and honoraria.

(c) Other non-cash benefits include the Commission's share of all employee benefits and contributions or payments made on behalf of employees including pension, supplementary retirement plans, health care, dental coverage, group life insurance, short and long-term disability plans, professional memberships, tuition and conference fees.

(d) There were six Board members in 2007-08, compared to ten in 2006-2007.

(e) The Chief Executive Officer seconded from Alberta Health & Wellness in August 2007 to replace retired President & Chief Executive Officer. Salary disclosed paid by AADAC and benefits paid by Alberta Health & Wellness on behalf of AADAC.

(f) The Chief Executive Officer & President has retired and was replaced by a seconded Chief Executive Officer from Alberta Health & Wellness.

(g) The Vice President, Corporate Services Division retired in August 2007, and position still vacant.

Note 13 Comparative figures
(In thousands)

Certain prior year figures have been reclassified to conform with current year's presentation.

Schedule 1

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF REVENUES
FOR THE YEAR ENDED MARCH 31, 2008

(In thousands)

	2008		2007
	Budget	**Actual**	**Actual**
Internal government transfers:			
Department of Health and Wellness	$ 93,697	$ 95,397	$ 91,903
Premiums, Fees and Licenses:			
Fees:			
Clients	1,538	1,428	1,524
Investment Income (Note 3)	316	1,307	1,019
Other:			
Donations	-	12	14
Publications	40	28	38
Miscellaneous - Contracted services	828	1,475	1,898
- Sundry & miscellaneous at residential sites	42	72	96
- Risk management recovery	-	-	565
	910	1,587	2,611
Total revenues	$ 96,461	$ 99,719	$ 97,057

Schedule 2

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION
SCHEDULE OF EXPENSES BY OBJECT AND CORE BUSINESS
FOR THE YEAR ENDED MARCH 31, 2008

(In thousands)

	2008		2007
EXPENSES BY OBJECT	**Budget**	**Actual**	**Actual**
Manpower:			
Salaries	$ 42,634	$ 40,858	$ 37,254
Employer contributions	7,915	8,051	7,080
Wages	4,323	4,924	4,057
Allowances and benefits	881	2,067	1,303
Provision for vacation pay	-	367	1,132
	55,753	56,267	50,826
Grants:			
Direct financial assistance to agencies [(a)]	16,290	21,597	18,231
Other:			
Professional, technical, and labor service	16,447	13,560	14,576
Materials and supplies	2,934	2,202	4,032
Travel and relocation	2,144	1,513	1,649
Telephone	557	533	509
Rental	474	392	408
Amortization	200	374	226
Voluntary deportation payments	-	352	214
Purchased services – Other	519	161	656
Advertising	772	124	2,085
Repair & maintenance	77	101	70
Hosting	87	87	88
Insurance	50	82	51
Board member's Fees	50	57	56
Freight & postage	89	69	79
Bad debts	-	19	52
Other operating expenses	18	17	20
	24,418	19,643	24,771
	$ 96,461	$ 97,507	$ 93,828

Schedule 2 (continued)

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF EXPENSES BY OBJECT AND CORE BUSINESS

FOR THE YEAR ENDED MARCH 31, 2008

(In thousands)

	2008		2007
EXPENSES BY CORE BUSINESS	**Budget**	**Actual**	**Actual**
Core Business:			
Treatment	$ 63,574	$ 64,041	$ 60,685
Information	19,853	20,449	19,223
Prevention	13,034	13,017	13,920
	$ 96,461	$ 97,507	$ 93,828

(a) For the years ended March 31, 2008 and 2007, direct financial assistance was given to 39 not-for-profit organizations operating at arm's-length from the Commission.

Schedule 3

ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION

SCHEDULE OF ALLOCATED COSTS

FOR THE YEAR ENDED MARCH 31, 2008

(In thousands)

	2008					2007
		Expenses Incurred by Others				
	Expenses [a]	Legal Fees [b]	Others [c]	Accommodation costs [d]	Total Expenses	Total Expenses
Programs:						
Adult Residential & Special Services	$ 37,246	$ -	-	$ 5,330	$ 42,576	$ 42,627
Outpatient, Prevention and Youth Services	42,320	-	-	4,497	46,817	38,577
Research, Information & Monitoring	12,559	-	-	-	12,559	14,070
Administration	5,382	167	213	135	5,897	6,944
	$ 97,507	$ 167	$ 213	$ 9,962	$ 107,849	$ 102,218

[a] Expenses – directly incurred as per Statement of Operations including accrued vacation pay adjustment.

[b] Cost shown for Legal Services in Note 10, allocated by estimated cost incurred by each program.

[c] Cost shown for others in Note 10 includes $77 for Internal Audit Fee, $136 estimated cost unbilled by Service Alberta.

[d] Costs shown for Accommodation (includes grants in lieu of taxes) in Note 10, allocated by square footage.

Unaudited Information

MINISTRY OF HEALTH AND WELLNESS

STATEMENT OF REMISSIONS, COMPROMISES AND WRITE-OFFS

FOR THE YEAR ENDED MARCH 31, 2008

(UNAUDITED)
(in thousands)

	2008	2007
Remissions:		
Third Party Recoveries	$ 664	$ 258
Compromises:		
Health Care Insurance Premiums	493	387
Write-Offs:		
Health Care Insurance Premiums	46,161	42,673
Medical Claim Recoveries	1,955	1,625
Penalties, Interest and Miscellaneous Charges	1,388	1,061
Total Remissions, Compromises and Write-Offs	$ 50,661	$ 46,004

The above statement has been prepared pursuant to Section 23 of the *Financial Administration Act*. The statement includes all remissions, compromises and write-offs made or approved during the fiscal year.

Health Authority 2007/2008 Financial Statement Highlights

Health Authority financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles (GAAP) and Alberta Health and Wellness' Financial Directives.

This section, compiled from the health authorities' audited financial statements, highlights the financial results of the nine regional health authorities, the Alberta Mental Health Board, the Alberta Cancer Board and the Health Quality Council of Alberta for the fiscal year ended March 31, 2008.

All twelve health authorities received an unqualified audit opinion as at March 31, 2008.

Operating Results

- For fiscal year 2007/2008 the health authorities reported a total operating deficit of $50 million. This compares to a prior year surplus of $55.6 million. Of the twelve health authorities, five reported total deficits of $124.4 million and seven reported total surpluses of $74.4 million.
- Total 2007/2008 expenditures were $8.5 billion, compared to $7.6 billion in the prior year – an 11.6 per cent increase overall, of which 6.8 per cent related to salaries and benefits. A total of 59,173 FTEs were employed by the health authorities in the year.
- Total administration costs in 2007/2008 were $301.5 million, or 3.6 per cent of health authority expenditures of $8.5 billion. This compares to total administration costs in 2006/2007 of $270.8 million, or 3.6 per cent of health authority expenditures of $7.6 billion.

Financial Position

- Health authorities reported total net assets and endowments of $510.2 million as at March 31, 2008, an increase of $2.7 million from 2006/2007.
- Total health authority long-term debt at March 31, 2008 was $148.3 million, down $7.3 million from $155.6 million at March 31, 2007. No health authorities have exceeded their authorized borrowing limits.
- The health authorities reported total capital assets of $4.8 billion at March 31, 2008, up from $4.1 billion in 2006/2007.

Additional Information

- Copies of the health authorities' audited financial statements form Section II of the Alberta Health and Wellness Annual Report.

HEALTH AUTHORITY SUMMARY
ANALYSIS OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	2007/2008 BUDGET	2007/2008 ACTUAL	% OF TOTAL	2006/2007 ACTUAL	% OF TOTAL	CHANGES FROM 2006/07 $	CHANGES FROM 2006/07 %
REVENUE							
Alberta Health and Wellness contributions	7,100,081	7,141,683	84.8%	6,431,325	84.1%	710,358	11.0%
Other government contributions	101,882	112,930	1.3%	98,189	1.3%	14,741	15.0%
Fees and charges	496,755	500,693	6.0%	485,329	6.4%	15,364	3.2%
Ancillary operations, net	13,158	13,705	0.2%	15,747	0.2%	(2,042)	(13.0%)
Donations	26,843	18,505	0.2%	17,252	0.2%	1,253	7.3%
Research and education	77,752	69,729	0.8%	68,578	0.9%	1,151	1.7%
Investment and other income	274,763	297,242	3.5%	301,735	3.9%	(4,493)	(1.5%)
Amortized external capital contributions	275,144	266,894	3.2%	226,854	3.0%	40,040	17.7%
TOTAL REVENUE	8,366,378	8,421,381	100.0%	7,645,009	100.0%	776,372	10.2%
EXPENSE							
Facility-based inpatient acute nursing services	2,112,969	2,173,896	25.7%	1,927,773	25.4%	246,123	12.8%
Facility-based emergency and outpatient services	943,989	978,060	11.5%	881,438	11.6%	96,622	11.0%
Facility-based continuing care services	705,032	707,562	8.4%	654,014	8.6%	53,548	8.2%
Ground ambulance discovery project	16,927	17,841	0.2%	16,865	0.2%	976	5.8%
Community-based care	419,920	430,495	5.1%	320,337	4.2%	110,158	34.4%
Home care	298,296	308,395	3.6%	287,853	3.8%	20,542	7.1%
Diagnostic & therapeutic services	1,531,791	1,549,630	18.3%	1,392,619	18.4%	157,011	11.3%
Promotion, prevention and protection services	274,144	254,146	3.0%	222,821	2.9%	31,325	14.1%
Research and education	250,268	227,596	2.7%	207,961	2.7%	19,635	9.4%
Administration	288,111	301,503	3.6%	270,829	3.6%	30,674	11.3%
Information technology	225,347	218,574	2.5%	185,679	2.5%	32,895	17.7%
Support services	1,157,710	1,171,225	13.8%	1,095,788	14.4%	75,437	6.9%
Amortization of facilities and improvements	138,883	133,682	1.6%	125,478	1.7%	8,204	6.5%
Capital assets write down	-	(1,200)	0.0%	-	0.0%	(1,200)	0.0%
TOTAL EXPENSE	8,363,387	8,471,405	100.0%	7,589,455	100.0%	881,950	11.6%
Excess (deficiency) of revenue over expense	2,991	(50,024)		55,554		(105,578)	

TABLE II

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY			PALLISER HEALTH REGION			CALGARY HEALTH REGION			DAVID THOMPSON REGIONAL HEALTH AUTHORITY		
	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL
REVENUE												
Alberta Health and Wellness contributions	298,085	299,264	281,008	174,540	174,540	161,891	2,381,702	2,421,152	2,187,700	543,533	575,620	495,800
Other government contributions	3,956	3,967	4,156	2,742	2,879	2,742	30,819	31,631	30,268	11,752	11,673	10,094
Fees and charges	17,776	18,398	17,881	16,280	16,025	16,858	165,421	165,495	158,271	32,435	33,724	32,874
Ancillary operations, net	342	450	432	194	254	229	4,602	1,229	7,556	372	169	372
Donations	231	528	280	300	285	321	6,329	7,552	7,398	1,340	1,703	1,347
Research and education	-	-	-	-	-	-	-	-	-	-	-	-
Investment and other income	9,775	11,325	10,377	3,507	4,955	4,765	96,650	109,870	113,354	13,219	14,854	13,175
Amortized external capital contributions	13,040	13,820	12,395	5,969	5,812	5,467	90,127	85,458	70,161	24,736	24,654	27,271
TOTAL REVENUE	343,205	347,752	326,529	203,532	204,750	192,273	2,775,650	2,822,387	2,574,708	627,387	662,397	580,933
EXPENSE												
Facility-based inpatient acute nursing services	82,042	83,264	75,427	53,155	54,099	47,933	767,793	834,140	723,216	160,824	164,659	151,010
Facility-based emergency and outpatient services	20,153	20,397	18,397	11,774	12,382	10,901	326,539	355,337	337,006	43,563	46,626	39,128
Facility-based continuing care services	34,624	35,519	36,161	25,106	23,998	23,517	199,931	205,213	186,112	67,973	69,062	63,482
Ground ambulance discovery project	-	-	-	4,397	4,405	4,403	-	-	-	-	-	-
Community-based care	28,407	29,576	24,021	6,325	6,069	5,989	155,503	167,113	96,745	27,690	28,023	23,951
Home care	19,295	18,204	16,136	9,493	9,321	8,612	102,829	105,487	104,380	21,473	21,558	20,084
Diagnostic & therapeutic services	61,598	63,019	57,524	37,426	37,631	34,497	519,682	520,837	471,484	103,018	101,271	96,852
Promotion, prevention and protection services	12,723	14,096	12,775	6,193	5,927	5,541	66,075	68,355	63,007	20,905	20,506	18,316
Research and education	-	-	-	-	-	-	45,723	42,669	37,567	375	644	443
Administration	14,884	15,436	13,807	8,251	8,653	8,042	79,276	95,845	89,537	27,766	27,637	25,737
Information technology	11,531	10,759	9,121	6,043	5,237	5,707	94,388	93,959	68,837	19,145	17,126	16,170
Support services	50,300	52,579	49,097	35,604	36,731	34,281	376,166	387,667	365,212	118,104	116,231	110,163
Amortization of facilities and improvements	8,240	8,210	7,771	3,165	2,985	2,918	41,745	43,311	36,674	16,551	16,390	17,616
Capital assets write down	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSE	343,797	351,059	320,237	206,932	207,438	192,341	2,775,650	2,919,933	2,579,777	627,387	629,733	582,952
Excess (deficiency) of revenue over expense	(592)	(3,307)	6,292	(3,400)	(2,688)	(68)	-	(97,546)	(5,069)	-	32,664	(2,019)

TABLE II

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	EAST CENTRAL HEALTH			CAPITAL HEALTH			ASPEN REGIONAL HEALTH AUTHORITY			PEACE COUNTRY HEALTH		
	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL
REVENUE												
Alberta Health and Wellness contributions	222,020	222,507	204,083	2,444,510	2,446,151	2,254,322	237,029	238,207	224,839	253,610	250,203	216,322
Other government contributions	2,204	2,053	1,784	44,427	53,813	43,499	710	1,199	1,150	860	925	694
Fees and charges	20,386	20,464	19,752	185,565	189,052	182,995	23,514	23,554	22,791	19,100	18,600	19,356
Ancillary operations, net	48	52	36	6,302	11,617	5,607	136	229	240	980	557	727
Donations	310	352	207	-	-	-	200	392	533	440	444	566
Research and education	-	-	-	42,467	37,728	38,433	-	-	-	-	-	-
Investment and other income	3,910	3,797	4,457	102,164	100,188	110,191	7,462	9,609	7,874	5,130	9,053	7,655
Amortized external capital contributions	5,438	7,985	6,214	95,500	86,753	67,112	8,839	9,134	8,403	10,500	12,506	10,455
TOTAL REVENUE	254,316	257,210	236,533	2,920,935	2,925,302	2,702,159	277,890	282,324	265,830	290,620	292,288	255,775
EXPENSE												
Facility-based inpatient acute nursing services	43,758	45,205	39,544	823,300	824,364	738,859	44,262	43,908	38,855	57,790	59,307	56,285
Facility-based emergency and outpatient services	9,944	10,262	9,492	365,417	364,898	315,971	23,484	24,549	22,283	23,130	23,686	22,155
Facility-based continuing care services	43,255	43,051	41,439	270,510	266,956	244,790	32,703	33,563	31,056	24,400	24,399	22,641
Ground ambulance discovery project	-	-	-	-	-	-	-	-	-	12,530	13,436	12,433
Community-based care	12,105	12,411	10,328	112,305	110,420	94,006	17,572	17,086	15,564	13,300	10,554	9,867
Home care	21,810	22,888	19,682	84,810	94,864	86,376	14,981	14,743	13,546	17,500	17,775	15,827
Diagnostic & therapeutic services	38,720	39,569	34,206	554,279	570,757	498,988	52,304	52,117	49,261	47,300	49,780	46,665
Promotion, prevention and protection services	7,130	6,547	6,212	73,391	74,015	68,123	11,984	12,195	11,061	11,960	13,017	11,635
Research and education	-	-	-	111,033	124,175	115,421	-	-	-	10	16	25
Administration	16,538	16,221	15,231	78,192	77,082	67,343	11,845	12,074	10,729	15,480	14,493	13,162
Information technology	5,234	9,303	6,389	56,251	49,952	50,891	6,463	6,563	6,038	5,910	5,274	5,279
Support services	50,090	50,267	47,642	351,447	350,786	331,060	59,012	60,051	58,380	47,360	48,862	45,225
Amortization of facilities and improvements	5,243	3,893	3,784	40,000	35,535	35,240	5,228	5,426	5,215	7,500	8,534	7,420
Capital assets write down	-	-	-	-	-	-	-	-	-	-	(1,200)	-
TOTAL EXPENSE	253,827	259,617	233,949	2,920,935	2,943,804	2,647,068	279,838	282,275	261,988	284,170	287,933	268,619
Excess (deficiency) of revenue over expense	489	(2,407)	2,584	-	(18,502)	55,091	(1,948)	49	3,842	6,450	4,355	(12,844)

TABLE II

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	NORTHERN LIGHTS HEALTH REGION			ALBERTA MENTAL HEALTH BOARD			ALBERTA CANCER BOARD			HEALTH QUALITY COUNCIL OF ALBERTA		
	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL*
REVENUE												
Alberta Health and Wellness contributions	142,440	143,111	87,965	69,529	62,066	46,507	329,857	305,058	268,295	3,226	3,804	2,593
Other government contributions	2,000	2,521	1,504	225	211	119	2,187	2,058	2,179	-	-	-
Fees and charges	9,392	9,495	8,065	-	-	-	6,886	5,886	6,486	-	-	-
Ancillary operations, net	(536)	(631)	(88)	-	-	-	718	(221)	636	-	-	-
Donations	495	802	399	35	27	38	17,163	6,420	6,163	-	-	-
Research and education	-	-	-	-	-	-	35,285	32,001	30,145	-	-	-
Investment and other income	4,000	2,666	2,279	1,690	1,248	1,056	26,752	29,084	26,538	504	593	14
Amortized external capital contributions	6,990	6,441	5,863	15	15	23	13,990	14,316	13,490	-	-	-
TOTAL REVENUE	164,781	164,405	105,987	71,494	63,567	47,743	432,838	394,602	353,932	3,730	4,397	2,607
EXPENSE												
Facility-based inpatient acute nursing services	39,179	31,076	25,692	17,581	16,296	15,337	23,285	17,578	15,615	-	-	-
Facility-based emergency and outpatient services	14,267	11,330	8,815	7,371	6,883	7,249	98,347	101,710	90,041	-	-	-
Facility-based continuing care services	6,530	5,801	4,816	-	-	-	-	-	-	-	-	-
Ground ambulance discovery project	-	-	29	-	-	-	-	-	-	-	-	-
Community-based care	5,976	4,820	2,947	5,982	5,708	4,675	34,755	38,715	32,244	-	-	-
Home care	6,105	3,555	3,210	-	-	-	-	-	-	-	-	-
Diagnostic & therapeutic services	25,013	21,648	18,103	10,752	9,506	6,997	81,699	83,495	78,042	-	-	-
Promotion, prevention and protection services	10,988	8,723	7,278	14,669	6,922	3,946	38,126	23,843	14,927	-	-	-
Research and education	-	-	-	2,168	1,617	1,546	90,959	58,475	52,959	-	-	-
Administration	14,390	13,077	10,637	6,262	5,866	4,686	11,582	11,019	9,631	3,645	4,100	2,287
Information technology	6,320	6,049	4,057	917	698	697	13,060	13,598	12,475	85	56	18
Support services	26,026	23,253	18,488	8,408	8,530	2,622	35,193	36,268	33,618	-	-	-
Amortization of facilities and improvements	4,379	3,935	3,684	-	-	-	6,832	5,463	5,156	-	-	-
Capital assets write down	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSE	159,173	133,267	107,756	74,110	62,026	47,755	433,838	390,164	344,708	3,730	4,156	2,305
Excess (deficiency) of revenue over expense	5,608	31,138	(1,769)	(2,616)	1,541	(12)	(1,000)	4,438	9,224	-	241	302

*HQCA was established on July 1, 2006, as such the comparative figures for the 2006/2007 year reflect 9 months.

TABLE II

HEALTH AUTHORITY
FINANCIAL SUMMARY
STATEMENT OF OPERATIONS
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	HEALTH AUTHORITY TOTAL		
	2007/08 BUDGET	**2007/08 ACTUAL**	**2006/07 ACTUAL**
REVENUE			
Alberta Health and Wellness contributions	7,100,081	7,141,683	6,431,325
Other government contributions	101,882	112,930	98,189
Fees and charges	496,755	500,693	485,329
Ancillary operations, net	13,158	13,705	15,747
Donations	26,843	18,505	17,252
Research and education	77,752	69,729	68,578
Investment and other income	274,763	297,242	301,735
Amortized external capital contributions	275,144	266,894	226,854
TOTAL REVENUE	8,366,378	8,421,381	7,645,009
EXPENSE			
Facility-based inpatient acute nursing services	2,112,969	2,173,896	1,927,773
Facility-based emergency and outpatient services	943,989	978,060	881,438
Facility-based continuing care services	705,032	707,562	654,014
Ground ambulance discovery project	16,927	17,841	16,865
Community-based care	419,920	430,495	320,337
Home care	298,296	308,395	287,853
Diagnostic & therapeutic services	1,531,791	1,549,630	1,392,619
Promotion, prevention and protection services	274,144	254,146	222,821
Research and education	250,268	227,596	207,961
Administration	288,111	301,503	270,829
Information technology	225,347	218,574	185,679
Support services	1,157,710	1,171,225	1,095,788
Amortization of facilities and improvements	138,883	133,682	125,478
Capital assets write down	-	(1,200)	-
TOTAL EXPENSE	8,363,387	8,471,405	7,589,455
Excess (deficiency) of revenue over expense	2,991	(50,024)	55,554

HEALTH AUTHORITY SUMMARY
STATEMENT OF FINANCIAL POSITION AND
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY		PALLISER HEALTH REGION		CALGARY HEALTH REGION		DAVID THOMPSON REGIONAL HEALTH AUTHORITY	
	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 ACTUAL	2006/07 ACTUAL
ASSETS								
Cash and investments	31,372	29,149	1,486	20,711	30,863	56,751	79,941	30,065
Accounts receivable	10,363	7,154	4,934	4,473	60,171	48,946	17,734	19,547
Contributions receivable from Alberta Health and Wellness	9,654	9,863	1,921	2,105	49,972	52,103	6,103	11,206
Inventories	3,528	3,273	1,239	1,091	35,576	37,823	6,166	6,615
Prepaid expenses	1,769	1,220	2,308	1,972	11,557	5,600	2,061	2,586
Current Assets	56,686	50,659	11,888	30,352	188,139	201,223	112,005	70,019
Non-current cash and investments	20,277	26,925	28,852	12,584	468,816	669,191	39,119	26,717
Capital assets	190,482	191,302	76,872	73,731	1,882,951	1,504,395	421,742	415,428
Other assets	36,873	10,348	9,084	9,512	504,805	155,669	21,484	20,580
TOTAL ASSETS	304,318	279,234	126,696	126,179	3,044,711	2,530,478	594,350	532,744
LIABILITIES, NET ASSETS AND ENDOWMENTS								
Bank indebtedness	-	-	-	-	-	-	-	-
Accounts payable and accrued liabilities	29,083	27,105	14,678	14,210	281,525	229,316	45,279	47,098
Accrued vacation pay	13,201	12,252	8,512	7,422	111,129	98,078	23,664	21,872
Deferred contributions	22,911	17,310	13,174	15,534	95,325	93,113	35,547	27,299
Current portion of long term debt	27	121	-	-	11,353	8,762	125	212
Current Liabilities	65,222	56,788	36,364	37,166	499,332	429,269	104,615	96,481
Deferred contributions	4,903	3,616	8,785	9,190	35,272	34,193	41,237	20,395
Deferred capital contributions	42,359	26,384	-	-	774,455	536,378	18,538	26,717
Long-term debt	-	27	-	-	142,823	149,643	326	449
Unamortized external capital contributions	174,095	172,655	67,928	63,516	1,521,363	1,225,689	389,699	381,521
Other liabilities	2,464	2,420	-	-	8,174	6,100	-	-
TOTAL LIABILITIES	289,043	261,890	113,077	109,872	2,981,419	2,381,272	554,415	525,563
NET ASSETS AND ENDOWMENTS								
Accumulated surplus/(deficit)	(2,084)	(1,305)	4,675	6,092	(192,354)	(21,419)	8,678	(25,640)
Investment in capital assets from internally funded sources	16,360	18,499	8,944	10,215	247,480	170,625	31,167	32,821
Cumulative net unrealized gains/(losses) on investments	849	-	-	-	8,166	-	90	-
Operating net assets	15,125	17,194	13,619	16,307	63,292	149,206	39,935	7,181
Endowments	150	150	-	-	-	-	-	-
TOTAL NET ASSETS AND ENDOWMENTS	15,275	17,344	13,619	16,307	63,292	149,206	39,935	7,181
TOTAL LIABILITIES, NET ASSETS, ENDOWMENTS	304,318	279,234	126,696	126,179	3,044,711	2,530,478	594,350	532,744
CASH FLOWS								
Cash generated from (used by) operating activities	3,830	26,369	(1,882)	8,975	(37,776)	52,817	65,688	13,019
Cash used by investing activities	(34,694)	(21,403)	(27,191)	(3,472)	(240,616)	(671,665)	(48,434)	(30,882)
Cash generated from financing activities	33,087	14,782	9,848	4,141	252,504	646,285	32,622	26,955
Increase (decrease) in cash and cash equivalents	2,223	19,748	(19,225)	9,644	(25,888)	27,437	49,876	9,092
Cash and cash equivalents, beginning of year	29,149	9,401	20,711	11,067	56,751	29,314	30,065	20,973
Cash and cash equivalents, end of year	31,372	29,149	1,486	20,711	30,863	56,751	79,941	30,065
Non-current cash and investments, end of year	20,277	26,925	28,852	12,584	468,816	669,191	39,119	26,717
Total cash, cash equivalents and non-current investments, end of year	51,649	56,074	30,338	33,295	499,679	725,942	119,060	56,782

HEALTH AUTHORITY SUMMARY
STATEMENT OF FINANCIAL POSITION AND STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	EAST CENTRAL HEALTH		CAPITAL HEALTH		ASPEN REGIONAL HEALTH AUTHORITY		PEACE COUNTRY HEALTH	
	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 ACTUAL	2006/07 ACTUAL
ASSETS								
Cash and investments	16,144	10,920	295,868	278,289	43,527	53,059	19,361	7,138
Accounts receivable	7,824	7,116	82,488	64,919	5,674	4,956	5,781	7,997
Contributions receivable from Alberta Health and Wellness	3,320	4,604	66,735	50,162	15,127	5,146	2,518	10,901
Inventories	2,530	2,230	20,081	22,364	1,638	1,662	1,507	1,400
Prepaid expenses	-	-	105,975	88,055	3,768	1,506	1,613	872
Current Assets	29,818	24,870	571,147	503,789	69,734	66,329	30,780	28,308
Non-current cash and investments	17,932	25,710	679,721	469,535	30,719	20,047	11,541	8,582
Capital assets	135,057	117,202	1,450,120	1,167,086	177,050	155,464	216,219	206,462
Other assets	825	708	207,160	198,932	2,299	2,381	4,305	2,322
TOTAL ASSETS	183,632	168,490	2,908,148	2,339,342	279,802	244,221	262,845	245,674
LIABILITIES, NET ASSETS AND ENDOWMENTS								
Bank indebtedness	-	-	-	-	-	-	-	-
Accounts payable and accrued liabilities	20,047	16,585	256,814	204,248	26,069	19,049	23,886	28,965
Accrued vacation pay	7,180	6,435	98,777	89,279	11,804	11,077	12,163	11,062
Deferred contributions	9,112	7,078	173,436	141,617	19,259	13,915	8,877	6,019
Current portion of long term debt	-	-	-	-	-	-	348	345
Current Liabilities	36,339	30,098	529,027	435,144	57,132	44,041	45,274	46,391
Deferred contributions	220	519	3,736	3,518	2,299	2,381	-	-
Deferred capital contributions	17,712	25,191	873,689	655,942	29,262	28,757	15,806	10,677
Long-term debt	-	-	-	-	-	-	5,103	5,451
Unamortized external capital contributions	123,005	104,391	1,262,275	1,005,823	162,154	142,333	196,443	187,291
Other liabilities	-	-	22,318	22,352	-	-	-	-
TOTAL LIABILITIES	177,276	160,199	2,691,045	2,122,779	250,847	217,512	262,626	249,810
NET ASSETS AND ENDOWMENTS								
Accumulated surplus/(deficit)	(5,696)	(4,520)	35,163	68,645	11,862	13,578	(14,106)	(17,526)
Investment in capital assets from internally funded sources	12,052	12,811	174,983	147,918	14,896	13,131	14,325	13,390
Cumulative net unrealized gains/(losses) on investments	-	-	6,957	-	2,197	-	-	-
Operating net assets	6,356	8,291	217,103	216,563	28,955	26,709	219	(4,136)
Endowments	-	-	-	-	-	-	-	-
TOTAL NET ASSETS AND ENDOWMENTS	6,356	8,291	217,103	216,563	28,955	26,709	219	(4,136)
TOTAL LIABILITIES, NET ASSETS, ENDOWMENTS	183,632	168,490	2,908,148	2,339,342	279,802	244,221	262,845	245,674
CASH FLOWS								
Cash generated from (used by) operating activities	7,070	2,824	54,657	98,654	3,648	7,299	14,212	(12,476)
Cash used by investing activities	(20,668)	(29,642)	(514,373)	(328,039)	(29,650)	(19,847)	(26,448)	(25,738)
Cash generated from financing activities	18,822	25,266	477,295	260,380	16,470	18,546	24,459	22,713
Increase (decrease) in cash and cash equivalents	5,224	(1,552)	17,579	30,995	(9,532)	5,998	12,223	(15,501)
Cash and cash equivalents, beginning of year	10,920	12,472	278,289	247,294	53,059	47,061	7,138	22,639
Cash and cash equivalents, end of year	16,144	10,920	295,868	278,289	43,527	53,059	19,361	7,138
Non-current cash and investments, end of year	17,932	25,710	679,721	469,535	30,719	20,047	11,541	8,582
Total cash, cash equivalents and non-current investments, end of year	34,076	36,630	975,589	747,824	74,246	73,106	30,902	15,720

TABLE III

HEALTH AUTHORITY SUMMARY
STATEMENT OF FINANCIAL POSITION AND
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	NORTHERN LIGHTS HEALTH REGION		ALBERTA MENTAL HEALTH BOARD		ALBERTA CANCER BOARD		HEALTH QUALITY COUNCIL OF ALBERTA		HEALTH AUTHORITY TOTAL	
	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 ACTUAL	2006/07 ACTUAL
ASSETS										
Cash and investments	34,550	4,320	14,259	8,536	77,762	60,732	2,003	417	647,136	560,087
Accounts receivable	8,226	4,587	3,374	3,191	8,892	6,281	97	64	215,558	179,231
Contributions receivable from Alberta Health and Wellness	1,747	1,615	71,010	12,436	7,168	11,958	-	1,000	235,275	173,099
Inventories	997	878	157	86	9,609	8,411	62	-	83,090	85,833
Prepaid expenses	634	684	1,013	1,342	1,982	1,886	2	22	132,682	105,745
Current Assets	46,154	12,084	89,813	25,591	105,413	89,268	2,164	1,503	1,313,741	1,103,995
Non-current cash and investments	39,160	4,787	27,089	13,647	47,755	41,888	-	-	1,410,981	1,319,613
Capital assets	85,900	81,086	878	832	148,284	149,204	27	67	4,785,582	4,062,259
Other assets	68	3,376	1,476	-	855	808	-	-	789,234	404,636
TOTAL ASSETS	171,282	101,333	119,256	40,070	302,307	281,168	2,191	1,570	8,299,538	6,890,503
LIABILITIES, NET ASSETS AND ENDOWMENTS										
Bank indebtedness	-	-	-	-	-	-	-	-	-	-
Accounts payable and accrued liabilities	14,617	10,932	4,194	2,772	39,739	38,796	531	198	756,462	639,274
Accrued vacation pay	3,554	3,196	288	290	8,422	7,375	91	70	298,785	268,408
Deferred contributions	6,851	5,033	17,061	11,165	48,429	44,606	1,026	1,000	451,008	383,689
Current portion of long term debt	-	120	-	-	-	-	-	-	11,853	9,560
Current Liabilities	25,022	19,281	21,543	14,227	96,590	90,777	1,648	1,268	1,518,108	1,300,931
Deferred contributions	4	4	83,735	13,785	-	-	-	-	180,191	87,601
Deferred capital contributions	39,224	8,159	-	-	12,395	11,564	-	-	1,823,440	1,329,769
Long-term debt	-	-	-	-	-	-	-	-	148,252	155,570
Unamortized external capital contributions	78,240	76,238	3	18	106,630	114,486	-	-	4,081,835	3,473,961
Other liabilities	-	-	14	-	4,572	4,298	-	-	37,542	35,170
TOTAL LIABILITIES	142,490	103,682	105,295	28,030	220,187	221,125	1,648	1,268	7,789,368	6,383,002
NET ASSETS AND ENDOWMENTS										
Accumulated surplus/(deficit)	21,129	(7,197)	12,706	11,226	22,827	25,325	516	235	(96,684)	47,494
Investment in capital assets from internally funded sources	7,660	4,848	875	814	41,654	34,718	27	67	570,423	459,857
Cumulative net unrealized gains/(losses) on investments	3	-	380	-	7,639	-	-	-	26,281	-
Operating net assets	28,792	(2,349)	13,961	12,040	72,120	60,043	543	302	500,020	507,351
Endowments	-	-	-	-	10,000	-	-	-	10,150	150
TOTAL NET ASSETS AND ENDOWMENTS	28,792	(2,349)	13,961	12,040	82,120	60,043	543	302	510,170	507,501
TOTAL LIABILITIES, NET ASSETS, ENDOWMENTS	171,282	101,333	119,256	40,070	302,307	281,168	2,191	1,570	8,299,538	6,890,503
CASH FLOWS										
Cash generated from (used by) operating activities	34,014	762	18,290	9,137	28,594	24,039	1,591	500	191,936	231,919
Cash used by investing activities	(43,199)	(7,934)	(12,567)	(1,986)	(19,317)	(24,879)	(5)	(83)	(1,017,162)	(1,165,570)
Cash generated from financing activities	39,415	6,158	-	-	7,753	15,095	-	-	912,275	1,040,321
Increase (decrease) in cash and cash equivalents	30,230	(1,014)	5,723	7,151	17,030	14,255	1,586	417	87,049	106,670
Cash and cash equivalents, beginning of year	4,320	5,334	8,536	1,385	60,732	46,477	417	-	560,087	453,417
Cash and cash equivalents, end of year	34,550	4,320	14,259	8,536	77,762	60,732	2,003	417	647,136	560,087
Non-current cash and investments, end of year	39,160	4,787	27,089	13,647	47,755	41,888	-	-	1,410,981	1,319,613
Total cash, cash equivalents and non-current investments, end of year	73,710	9,107	41,348	22,183	125,517	102,620	2,003	417	2,058,117	1,879,700

HEALTH AUTHORITY FINANCIAL SUMMARY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY			PALLISER HEALTH REGION			CALGARY HEALTH REGION			DAVID THOMPSON REGIONAL HEALTH AUTHORITY		
	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL
Salaries and benefits	194,297	197,050	179,802	119,960	121,985	111,530	1,532,468	1,579,404	1,370,865	412,012	415,681	379,864
Contracts with health service operators	56,044	60,901	54,272	35,538	33,287	32,307	350,495	357,441	332,532	45,740	46,513	44,023
Contracts under the Health Care Protection Act	-	-	-	-	-	-	12,060	16,914	15,602	-	-	-
Drugs and gases	6,464	6,154	6,209	4,320	4,695	4,042	83,916	92,601	91,765	15,001	13,622	12,901
Medical and surgical supplies	9,574	9,440	8,807	4,592	5,261	4,458	108,641	117,513	107,435	16,918	14,935	13,899
Other contracted services	25,828	24,373	22,033	14,977	15,266	13,649	283,541	340,101	278,538	32,392	33,356	29,353
Interest on long-term debt	12	11	11	-	-	-	6,411	6,176	4,771	29	28	29
Other	37,183	38,301	35,575	19,879	19,601	19,419	311,118	335,254	316,974	80,269	80,485	74,331
Amortization:												
Capital equipment - internally funded	2,850	2,364	2,379	2,567	2,369	2,292	19,574	17,705	14,379	4,921	4,825	5,018
Capital equipment - externally funded	4,757	5,857	4,873	2,400	2,422	2,145	54,557	47,824	38,924	7,653	8,623	10,048
Facilities and improvements - internally funded	255	255	285	-	-	-	9,998	9,648	8,765	300	329	328
Facilities and improvements - externally funded	7,982	7,970	7,529	3,599	3,419	3,351	35,623	37,687	31,587	16,251	16,031	17,223
Capital assets write down - equipment	-	-	-	-	-	-	-	-	-	-	-	-
Capital assets write down - facilities and improvements	-	-	-	-	-	-	-	-	-	-	-	-
	345,246	352,676	321,775	207,832	208,305	193,193	2,808,402	2,958,268	2,612,137	631,486	634,428	587,017
Less amounts reported in ancillary operations	(1,449)	(1,617)	(1,538)	(900)	(867)	(852)	(28,135)	(33,587)	(28,315)	(4,099)	(4,695)	(4,065)
Other adjustments	-	-	-	-	-	-	(4,617)	(4,748)	(4,045)	-	-	-
TOTAL EXPENSES	343,797	351,059	320,237	206,932	207,438	192,341	2,775,650	2,919,933	2,579,777	627,387	629,733	582,952

HEALTH AUTHORITY FINANCIAL SUMMARY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	EAST CENTRAL HEALTH			CAPITAL HEALTH			ASPEN REGIONAL HEALTH AUTHORITY			PEACE COUNTRY HEALTH		
	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL
Salaries and benefits	99,573	99,314	89,764	1,338,075	1,394,968	1,226,367	167,068	164,654	152,931	201,040	195,823	181,484
Contracts with health service operators	107,757	109,539	102,044	768,829	770,304	720,635	34,733	34,774	33,767	6,580	8,468	5,525
Contracts under the Health Care Protection Act	-	-	-	5,066	4,684	4,611	-	-	-	-	-	-
Drugs and gases	1,588	1,675	1,544	96,226	86,919	82,687	4,360	4,577	4,420	4,420	4,991	4,768
Medical and surgical supplies	1,530	1,964	1,602	115,575	119,212	105,973	5,078	5,703	5,044	5,810	6,149	5,896
Other contracted services	8,789	8,120	5,804	202,232	209,193	188,787	17,852	19,293	17,337	18,200	19,508	19,181
Interest on long-term debt	-	-	-	-	-	-	-	-	-	-	288	305
Other	26,705	28,779	25,292	268,357	281,904	249,438	41,221	43,461	39,588	36,420	40,353	40,140
Amortization:												
Capital equipment - internally funded	3,078	2,916	2,315	60,000	17,573	29,758	1,866	1,960	1,802	1,000	992	884
Capital equipment - externally funded	245	4,119	2,467	62,500	47,918	30,887	3,714	3,789	3,275	3,200	4,188	3,240
Facilities and improvements - internally funded	50	47	36	7,000	6,081	6,137	99	99	100	200	234	205
Facilities and improvements - externally funded	5,193	3,846	3,748	33,000	31,924	30,917	5,161	5,381	5,164	7,300	8,318	7,215
Capital assets write down - equipment	-	18	(26)	-	10,832	6,881	-	(23)	(17)	-	(1,200)	-
Capital assets write down - facilities and improvements	-	-	-	-	-	-	-	-	-	-	-	-
	254,508	260,337	234,590	2,956,860	2,981,512	2,683,078	281,152	283,668	263,411	284,170	288,112	268,843
Less amounts reported in ancillary operations	(681)	(720)	(641)	(35,925)	(37,708)	(36,010)	(1,314)	(1,393)	(1,423)	-	(179)	(224)
Other adjustments	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EXPENSES	253,827	259,617	233,949	2,920,935	2,943,804	2,647,068	279,838	282,275	261,988	284,170	287,933	268,619

TABLE IV

HEALTH AUTHORITY FINANCIAL SUMMARY
SCHEDULE OF EXPENSES BY OBJECT
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	NORTHERN LIGHTS HEALTH REGION			ALBERTA MENTAL HEALTH BOARD			ALBERTA CANCER BOARD			HEALTH QUALITY COUNCIL OF ALBERTA			HEALTH AUTHORITY TOTAL		
	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL	2007/08 BUDGET	2007/08 ACTUAL	2006/07 ACTUAL
Salaries and benefits	104,684	82,420	65,418	6,190	5,540	4,659	142,137	137,209	118,871	1,800	1,560	1,000	4,319,304	4,395,608	3,882,555
Contracts with health service operators	9,079	7,685	7,464	60,055	50,381	37,940	-	-	-	-	-	-	1,474,850	1,479,293	1,370,509
Contracts under the Health Care Protection Act	-	-	-	-	-	-	-	-	-	-	-	-	17,126	21,598	20,213
Drugs and gases	1,697	1,670	1,528	-	-	-	89,305	100,201	81,205	-	-	-	307,297	317,105	291,069
Medical and surgical supplies	2,831	3,095	2,312	-	-	-	4,042	4,533	3,944	-	-	-	274,591	287,805	259,370
Other contracted services	9,318	11,933	7,621	3,760	2,377	2,458	103,383	75,412	68,908	-	-	-	720,272	758,932	653,669
Interest on long-term debt	-	-	-	-	-	-	-	-	-	-	-	-	6,452	6,503	5,116
Other	25,265	21,019	18,019	3,894	3,490	2,590	81,043	59,418	59,134	1,914	2,551	1,289	933,268	954,616	881,789
Amortization:															
Capital equipment - internally funded	800	707	597	196	223	85	6,724	6,992	5,548	16	45	16	103,592	58,671	65,073
Capital equipment - externally funded	3,000	2,614	2,201	15	15	23	8,820	8,300	8,320	-	-	-	150,861	135,669	106,403
Facilities and improvements - internally funded	389	147	74	-	-	-	5,345	5,652	5,345	-	-	-	23,636	22,492	21,275
Facilities and improvements - externally funded	3,990	3,854	3,679	-	-	-	-	-	-	-	-	-	118,099	118,430	110,413
Capital assets write down - equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	9,627	6,838
Capital assets write down - facilities and improvements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	161,053	135,144	108,913	74,110	62,026	47,755	440,799	397,717	351,275	3,730	4,156	2,305	8,449,348	8,566,349	7,674,292
Less amounts reported in ancillary operations	(1,880)	(1,877)	(1,157)	-	-	-	(6,961)	(7,553)	(6,567)	-	-	-	(81,344)	(90,196)	(80,792)
Other adjustments	-	-	-	-	-	-	-	-	-	-	-	-	(4,617)	(4,748)	(4,045)
TOTAL EXPENSES	159,173	133,267	107,756	74,110	62,026	47,755	433,838	390,164	344,708	3,730	4,156	2,305	8,363,387	8,471,405	7,589,455

HEALTH AUTHORITY SUMMARY OF OTHER FINANCIAL INFORMATION FOR THE YEAR ENDED MARCH 31, 2008 (In Thousands)

	CHINOOK HEALTH REGION	PALLISER HEALTH REGION	CALGARY HEALTH REGION	DAVID THOMPSON REGIONAL HEALTH	EAST CENTRAL HEALTH	CAPITAL HEALTH	ASPEN REGIONAL HEALTH
I. OPERATING SURPLUS/(DEFICIT) AS A % OF TOTAL REVENUE	-1.0%	-1.3%	-3.5%	4.9%	-0.9%	-0.6%	0.0%
II. ADMINISTRATION COST AS A % OF TOTAL EXPENSES	4.4%	4.2%	3.3%	4.4%	6.2%	2.6%	4.3%
III. WORKING CAPITAL							
Current Assets	56,686	11,888	188,139	112,005	29,818	571,147	69,734
Current Liabilities	65,222	36,364	499,332	104,615	36,339	529,027	57,132
WORKING CAPITAL RATIO	0.87	0.33	0.38	1.07	0.82	1.08	1.22
IV. ALBERTA HEALTH AND WELLNESS FUNDING COVERAGE RATIO *excludes unusual items*	85.2%	84.1%	82.9%	91.4%	85.7%	83.1%	84.4%
V. AVERAGE REMAINING USEFUL LIFE OF CAPITAL EQUIPMENT IN YEARS	3.3	3.4	4.3	3.8	4.2	3.0	4.4
VI. CAPITAL INVESTMENTS DURING THE YEAR							
Funded from Internal Resources							
Equipment	428	1,098	70,583	3,290	2,097	21,739	2,676
Facilities and Improvements	3,018	-	22,742	-	308	21,837	1,154
	3,446	1,098	93,325	3,290	2,405	43,576	3,830
Funded by External Parties							
Equipment	6,189	3,662	29,681	9,930	2,842	99,177	3,368
Facilities and Improvements	5,640	6,186	352,420	22,902	23,557	167,122	14,398
	11,829	9,848	382,101	32,832	26,399	266,299	17,766
Total capital investments during the year *excludes debt funded and donated capital assets*	15,275	10,946	475,426	36,122	28,804	309,875	21,596
VII. TOTAL FTEs *(excludes Board)*	2,637	1,732	20,701	6,008	1,567	18,708	2,486

HEALTH AUTHORITY SUMMARY OF OTHER FINANCIAL INFORMATION FOR THE YEAR ENDED MARCH 31, 2008 (In Thousands)

	PEACE COUNTRY HEALTH	NORTHERN LIGHTS	ALBERTA MENTAL HEALTH BOARD	ALBERTA CANCER BOARD	HEALTH QUALITY COUNCIL OF ALBERTA	HEALTH AUTHORITY TOTAL 2008	HEALTH AUTHORITY TOTAL 2007
I. OPERATING SURPLUS/(DEFICIT) AS A % OF TOTAL REVENUE	1.5%	18.9%	2.4%	1.1%	5.5%	-0.6%	0.7%
II. ADMINISTRATION COST AS A % OF TOTAL EXPENSES	5.0%	9.8%	9.5%	2.8%	98.7%	3.6%	3.6%
III. WORKING CAPITAL							
Current Assets	30,780	46,154	89,813	105,413	2,164	1,313,741	1,103,995
Current Liabilities	45,274	25,022	21,543	96,590	1,648	1,518,108	1,300,931
WORKING CAPITAL RATIO	0.68	1.84	4.17	1.09	1.31	0.87	0.85
IV. ALBERTA HEALTH AND WELLNESS FUNDING COVERAGE RATIO *excludes unusual items*	86.9%	107.4%	100.1%	78.2%	91.5%	84.3%	84.7%
V. AVERAGE REMAINING USEFUL LIFE OF CAPITAL EQUIPMENT IN YEARS	5.0	4.8	3.4	4.5	0.6	3.8	3.5
VI. CAPITAL INVESTMENTS DURING THE YEAR							
Funded from Internal Resources							
Equipment	1,919	1,192	284	13,989	5	119,300	87,189
Facilities and Improvements	91	2,474	-	-	-	51,624	37,712
	2,010	3,666	284	13,989	5	170,924	124,901
Funded by External Parties							
Equipment	7,420	5,787	-	6,648	-	174,704	247,611
Facilities and Improvements	14,059	2,683	-	-	-	608,967	469,477
	21,479	8,470	-	6,648	-	783,671	717,088
Total capital investments during the year *excludes debt funded and donated capital assets*	23,489	12,136	284	20,637	5	954,595	841,989
VII. TOTAL FTEs *(excludes Board)*	2,645	956	59	1,660	14	59,173	54,621

TABLE VI

HEALTH AUTHORITY SUMMARY OF
AHW DIAGNOSTIC/MEDICAL
EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	CHINOOK REGIONAL HEALTH AUTHORITY				PALLISER HEALTH REGION				CALGARY HEALTH REGION			
	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE
AHW Diagnostic/Medical Funding	**4,897**	**2,055**	**2,842**	**-**	**1,989**	**530**	**1,459**	**-**	**50,000**	**29,485**	**20,515**	**-**
Internal Funding	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Total Expenditures	**4,897**	**2,055**	**2,842**	**-**	**1,989**	**530**	**1,459**	**-**	**50,000**	**29,485**	**20,515**	**-**
Equipment Expenditures by Type												
Diagnostic Imaging	2,462	973	268	1,221	1,397	426	1,096	(125)	29,198	16,888	12,668	(358)
Laboratory	308	162	170	(24)	140	-	134	6	644	202	648	(206)
Medical	946	166	1,279	(499)	75	-	80	(5)	5,939	2,404	2,850	685
Surgical	989	540	893	(444)	377	104	149	124	10,102	6,308	3,929	(135)
Rehabilitation	101	127	86	(112)	-	-	-	-	102	102	-	-
Patient Care/Support	91	87	146	(142)	-	-	-	-	4,015	3,581	420	14
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenditures	$ 4,897	$ 2,055	$ 2,842	-	$ 1,989	$ 530	$ 1,459	$ -	$ 50,000	$ 29,485	$ 20,515	$ -

HEALTH AUTHORITY SUMMARY OF
AHW DIAGNOSTIC/MEDICAL
EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	DAVID THOMPSON REGIONAL HEALTH AUTHORITY				EAST CENTRAL HEALTH				CAPITAL HEALTH			
	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE
AHW Diagnostic/Medical Funding	**8,038**	**783**	**4,323**	**2,932**	**10,101**	**2,785**	**7,316**	**-**	**50,000**	**6,973**	**41,167**	**1,860**
Internal Funding	**-**	**-**	**-**	**-**	**180**	**-**	**134**	**46**	**4,250**	**-**	**-**	**4,250**
Total Expenditures	**8,038**	**783**	**4,323**	**2,932**	**10,281**	**2,785**	**7,450**	**46**	**54,250**	**6,973**	**41,167**	**6,110**
Equipment Expenditures by Type												
Diagnostic Imaging	2,555	85	1,375	1,095	4,649	1,607	2,563	479	25,750	5,073	19,372	1,305
Laboratory	296	173	30	93	1,398	150	1,216	32	2,500	-	2,508	(8)
Medical	1,597	43	1,052	502	1,576	408	1,183	(15)	13,300	808	9,912	2,580
Surgical	742	59	791	(108)	1,557	432	1,335	(210)	12,700	1,092	9,375	2,233
Rehabilitation	113	27	49	37	79	-	42	37	-	-	-	-
Patient Care/Support	2,077	397	1,025	655	985	188	1,074	(277)	-	-	-	-
Other	658	-	-	658	37	-	37	-	-	-	-	-
Total Expenditures	$ 8,038	$ 784	$ 4,322	$ 2,932	$ 10,281	$ 2,785	$ 7,450	$ 46	$ 54,250	$ 6,973	$ 41,167	$ 6,110

HEALTH AUTHORITY SUMMARY OF
AHW DIAGNOSTIC/MEDICAL
EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	ASPEN REGIONAL HEALTH AUTHORITY				PEACE COUNTRY HEALTH				NORTHERN LIGHTS HEALTH REGION			
	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE
AHW Diagnostic/Medical Funding	**5,771**	**1,696**	**4,075**	**-**	**11,148**	**6,903**	**3,737**	**508**	**1,106**	**534**	**572**	**-**
Internal Funding	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**1,064**	**-**	**297**	**767**
Total Expenditures	**5,771**	**1,696**	**4,075**	**-**	**11,148**	**6,903**	**3,737**	**508**	**2,170**	**534**	**869**	**767**
Equipment Expenditures by Type												
Diagnostic Imaging	4,503	210	3,761	532	4,174	1,723	2,280	171	684	22	535	127
Laboratory	449	324	57	68	845	409	285	151	-	-	-	-
Medical	470	234	67	169	1,898	1,198	720	(20)	855	394	101	360
Surgical	272	772	-	(500)	2,908	2,009	638	261	263	81	121	61
Rehabilitation	5	-	-	5	98	63	27	8	-	-	-	-
Patient Care/Support	72	156	(40)	(44)	1,225	1,501	(213)	(63)	368	25	124	219
Other	-	-	230	(230)	-	-	-	-	-	12	(12)	-
Total Expenditures	$ 5,771	$ 1,696	$ 4,075	$ -	$ 11,148	$ 6,903	$ 3,737	$ 508	$ 2,170	$ 534	$ 869	$ 767

HEALTH AUTHORITY SUMMARY OF
AHW DIAGNOSTIC/MEDICAL
EQUIPMENT FUND
FOR THE YEAR ENDED MARCH 31, 2008
(In Thousands)

	ALBERTA CANCER BOARD				HEALTH AUTHORITY TOTAL				
	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	PLANNED	2006/07 ACTUAL	2007/08 ACTUAL	UNSPENT BALANCE	UNSPENT BALANCE %
AHW Diagnostic/Medical Funding	6,950	5,941	1,009	-	150,000	57,685	87,015	5,300	3.5%
Internal Funding	-	-	141	(141)	5,494	-	572	4,922	89.6%
Total Expenditures	6,950	5,941	1,150	(141)	155,494	57,685	87,587	10,222	
Equipment Expenditures by Type									
Diagnostic Imaging	6,300	5,364	1,101	(165)	81,672	32,371	45,019	4,282	
Laboratory	250	245	8	(3)	6,830	1,665	5,056	109	
Medical	400	332	41	27	27,056	5,987	17,285	3,784	
Surgical	-	-	-	-	29,910	11,397	17,231	1,282	
Rehabilitation	-	-	-	-	498	319	204	(25)	
Patient Care/Support	-	-	-	-	8,833	5,935	2,536	362	
Other	-	-	-	-	695	12	255	428	
Total Expenditures	$ 6,950	$ 5,941	$ 1,150	$ (141)	$ 155,494	$ 57,686	$ 87,586	$ 10,222	

Alphabetical List of Entities' Financial Statements in Ministry 2007/08 Annual Reports

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Access to the Future Fund	Advanced Education and Technology
Agriculture Financial Services Corporation	Agriculture and Food
Alberta Alcohol and Drug Abuse Commission	Health and Wellness
Alberta Cancer Prevention Legacy Fund	Finance
Alberta Capital Finance Authority	Finance
Alberta Energy and Utilities Board[1]	Energy
Alberta Foundation for the Arts	Tourism, Parks, Recreation and Culture
Alberta Gaming and Liquor Commission	Solicitor General and Public Security
Alberta Heritage Foundation for Medical Research Endowment Fund	Finance
Alberta Heritage Savings Trust Fund	Finance
Alberta Heritage Scholarship Fund	Finance
Alberta Heritage Science and Engineering Research Endowment Fund	Finance
Alberta Historical Resources Foundation	Tourism, Parks, Recreation and Culture
Alberta Insurance Council	Finance
Alberta Investment Management Corporation[2]	Finance
Alberta Local Authorities Pension Plan Corporation	Finance
Alberta Pensions Administration Corporation	Finance
Alberta Petroleum Marketing Commission	Energy
Alberta Research Council Inc.	Advanced Education and Technology
Alberta Risk Management Fund	Finance
Alberta School Foundation Fund	Education
Alberta Securities Commission	Finance
Alberta Social Housing Corporation	Municipal Affairs and Housing
Alberta Sport, Recreation, Parks and Wildlife Foundation	Tourism, Parks, Recreation and Culture

1 Effective January 1, 2008, the Alberta Energy and Utilities Board was realigned into two separate regulatory bodies: the Alberta Utilities Commission and the Energy Resources Conservation Board.

2 Began operations January 1, 2008

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Alberta Treasury Branches	Finance
Alberta Utilities Commission[1]	Energy
ATB Insurance Advisors Inc.	Finance
ATB Investment Management Inc.	Finance
ATB Investment Services Inc.	Finance
ATB Securities Inc.	Finance
Child and Family Services Authorities:	Children's Services
Calgary and Area Child and Family Services Authority	
Central Alberta Child and Family Services Authority	
East Central Alberta Child and Family Services Authority	
Edmonton and Area Child and Family Services Authority	
North Central Alberta Child and Family Services Authority	
Northeast Alberta Child and Family Services Authority	
Northwest Alberta Child and Family Services Authority	
Southeast Alberta Child and Family Services Authority	
Southwest Alberta Child and Family Services Authority	
Metis Settlements Child and Family Services Authority	
C-FER Technologies (1999) Inc.	Advanced Education and Technology
Climate Change and Emissions Management Fund[3]	Environment
Credit Union Deposit Guarantee Corporation	Finance
Colleges:	Advanced Education and Technology
Alberta College of Art and Design	
Bow Valley College	
Grande Prairie Regional College	

1 Effective January 1, 2008, the Alberta Energy and Utilities Board was realigned into two separate regulatory bodies: the Alberta Utilities Commission and the Energy Resources Conservation Board.

3 Began operations July 1, 2007

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Grant MacEwan College	
Keyano College	
Lakeland College	
Lethbridge Community College	
Medicine Hat College	
Mount Royal College	
NorQuest College	
Northern Lakes College	
Olds College	
Portage College	
Red Deer College	
Department of Advanced Education and Technology	Advanced Education and Technology
Department of Agriculture and Food	Agriculture and Food
Department of Children's Services	Children's Services
Department of Education	Education
Department of Energy	Energy
Department of Finance	Finance
Department of Environment	Environment
Department of Health and Wellness	Health and Wellness
Department of Municipal Affairs and Housing	Municipal Affairs and Housing
Department of Seniors and Community Supports	Seniors and Community Supports
Department of Solicitor General and Public Security	Solicitor General and Public Security
Department of Sustainable Resource Development	Sustainable Resource Development
Department of Tourism, Parks, Recreation and Culture	Tourism, Parks, Recreation and Culture
Energy Resources Conservation Board[1]	Energy
Environmental Protection and Enhancement Fund	Sustainable Resource Development
Gainers Inc.	Finance
Government House Foundation	Tourism, Parks, Recreation and Culture
Historic Resources Fund	Tourism, Parks, Recreation and Culture

1 Effective January 1, 2008, the Alberta Energy and Utilities Board was realigned into two separate regulatory bodies: the Alberta Utilities Commission and the Energy Resources Conservation Board.

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Human Rights, Citizenship and Multiculturalism Education Fund	Tourism, Parks, Recreation and Culture
iCORE Inc.	Advanced Education and Technology
Lottery Fund	Solicitor General and Public Security
Ministry of Advanced Education and Technology	Advanced Education and Technology
Ministry of Agriculture and Food	Agriculture and Food
Ministry of Children's Services	Children's Services
Ministry of Education	Education
Ministry of Employment, Immigration and Industry[4]	Employment, Immigration and Industry
Ministry of Energy	Energy
Ministry of Environment	Environment
Ministry of Executive Council[4]	Executive Council
Ministry of Finance	Finance
Ministry of Health and Wellness	Health and Wellness
Ministry of Infrastructure and Transportation[4]	Infrastructure and Transportation
Ministry of International, Intergovernmental and Aboriginal Relations[4]	International, Intergovernmental and Aboriginal Relations
Ministry of Justice[4]	Justice
Ministry of Municipal Affairs and Housing	Municipal Affairs and Housing
Ministry of Seniors and Community Supports	Seniors and Community Supports
Ministry of Service Alberta [4]	Service Alberta
Ministry of Solicitor General and Public Security	Solicitor General and Public Security
Ministry of Sustainable Resource Development	Sustainable Resource Development
Ministry of Tourism, Parks, Recreation and Culture	Tourism, Parks, Recreation and Culture
Ministry of the Treasury Board [4]	Treasury Board
N.A. Properties (1994) Ltd.	Finance
Natural Resources Conservation Board	Sustainable Resource Development
Persons with Developmental Disabilities Community Boards:	Seniors and Community Supports
Calgary Region Community Board	

4 Ministry includes only the departments so separate departmental financial statements are not necessary.

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Central Region Community Board	
Edmonton Region Community Board	
Northeast Region Community Board	
Northwest Region Community Board	
South Region Community Board	
Persons with Developmental Disabilities Provincial Board[5]	Seniors and Community Supports
Provincial Judges and Masters in Chambers Reserve Fund	Finance
Regional Health Authorities and Provincial Health Boards:	Health and Wellness
Alberta Cancer Board	
Alberta Mental Health Board	
Aspen Regional Health Authority	
Calgary Health Region	
Capital Health	
Chinook Regional Health Authority	
David Thompson Regional Health Authority	
East Central Health	
Health Quality Council of Alberta	
Northern Lights Health Region	
Peace Country Health	
Palliser Health Region	
Safety Codes Council	Municipal Affairs and Housing
School Boards and Charter Schools:	Education
Almadina School Society	
Aspen View Regional Division No. 19	
Aurora School Ltd.	
Battle River Regional Division No. 31	
Black Gold Regional Division No. 18	
Boyle Street Education Centre	

5 Ceased operations June 30, 2006

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Buffalo Trail Public Schools Regional Division No. 28	
Calgary Arts Academy Society	
Calgary Girls' School Society	
Calgary Roman Catholic Separate School District No. 1	
Calgary School District No. 19	
Calgary Science School Society	
Canadian Rockies Regional Division No. 12	
CAPE-Centre for Academic and Personal Excellence Institute	
Chinook's Edge School Division No. 73	
Christ the Redeemer Catholic Separate Regional Division No. 3	
Clearview School Division No. 71	
East Central Alberta Catholic Separate Schools Regional Division No. 16	
East Central Francophone Education Region No. 3	
Edmonton Catholic Separate School District No. 7	
Edmonton School District No. 7	
Elk Island Catholic Separate Regional Division No. 41	
Elk Island Public Schools Regional Division No. 14	
Evergreen Catholic Separate Regional Division No. 2	
FFCA Charter School Society	
Foothills School Division No. 38	
Fort McMurray Roman Catholic Separate School District No. 32	
Fort McMurray School District No. 2833	
Fort Vermilion School Division No. 52	
Golden Hills School Division No. 75	
Grande Prairie Public School District No. 2357	

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Grande Prairie Roman Catholic Separate School District No. 28	
Grande Yellowhead Regional Division No. 35	
Grasslands Regional Division No. 6	
Greater North Central Francophone Education Region No. 2	
Greater Southern Public Francophone Education Region No. 4	
Greater Southern Separate Catholic Francophone Education Region No. 4	
Greater St. Albert Catholic Regional Division No. 29	
High Prairie School Division No. 48	
Holy Family Catholic Regional Division No. 37	
Holy Spirit Roman Catholic Separate Regional Division No. 4	
Horizon School Division No. 67	
Lakeland Roman Catholic Separate School District No. 150	
Lethbridge School District No. 51	
Living Waters Catholic Regional Division No. 42	
Livingstone Range School Division No. 68	
Medicine Hat Catholic Separate Regional Division No. 20	
Medicine Hat School District No. 76	
Moberly Hall School Society	
Mother Earth's Children's Charter School Society	
New Horizons Charter School Society	
Northern Gateway Regional Division No. 10	
Northern Lights School Division No. 69	
Northland School Division No. 61	
Northwest Francophone Education Region No. 1	
Palliser Regional Division No. 26	
Parkland School Division No. 70	

Entities Included in the Consolidated Government Reporting Entity

Ministry, Department, Fund or Agency	*Ministry Annual Report*
Peace River School Division No. 10	
Peace Wapiti School Division No. 76	
Pembina Hills Regional Division No. 7	
Prairie Land Regional Division No. 25	
Prairie Rose School Division No. 8	
Red Deer Catholic Regional Division No. 39	
Red Deer School District No. 104	
Rocky View School Division No. 41	
St. Albert Protestant Separate School District No. 6	
St. Paul Education Regional Division No. 1	
St. Thomas Aquinas Roman Catholic Separate Regional Division No. 38	
Sturgeon School Division No. 24	
Suzuki Charter School Society	
Westmount Charter School Society	
Westwind School Division No. 74	
Wetaskiwin Regional Division No. 11	
Wild Rose School Division No. 66	
Wolf Creek School Division No. 72	
Supplementary Retirement Plan Reserve Fund	Finance
Technical Institutes and The Banff Centre:	Advanced Education and Technology
Northern Alberta Institute of Technology	
Southern Alberta Institute of Technology	
The Banff Centre for Continuing Education	
Universities:	Advanced Education and Technology
Athabasca University	
The University of Alberta	
The University of Calgary	
The University of Lethbridge	
Victims of Crime Fund	Solicitor General and Public Security
Wild Rose Foundation	Tourism, Parks, Recreation and Culture

Entities Not Included in the Consolidated Government Reporting Entity

Fund or Agency	*Ministry Annual Report*
Alberta Foundation for Health Research	Advanced Education and Technology
Alberta Heritage Foundation for Medical Research	Advanced Education and Technology
Alberta Heritage Foundation for Science and Engineering Research	Advanced Education and Technology
Alberta Teachers' Retirement Fund Board	Education
Improvement Districts' Trust Account	Municipal Affairs and Housing
Local Authorities Pension Plan	Finance
Long-Term Disability Income Continuance Plan — Bargaining Unit	Service Alberta
Long-Term Disability Income Continuance Plan — Management, Opted Out and Excluded	Service Alberta
Management Employees Pension Plan	Finance
Provincial Judges and Masters in Chambers Pension Plan	Finance
Provincial Judges and Masters in Chambers (Unregistered) Pension Plan	Finance
Public Service Management (Closed Membership) Pension Plan	Finance
Public Service Pension Plan	Finance
Special Areas Trust Account	Municipal Affairs and Housing
Special Forces Pension Plan	Finance
Supplementary Retirement Plan for Public Service Managers	Finance
Workers' Compensation Board	Employment, Immigration and Industry

Government Restructuring

Government Organization Changes 2008/2009

Ministry	*Program/Element/ Entity Changes*	*Previous Location*	*New Location*
Aboriginal Relations	■ Aboriginal Governance, Consultation and Economic Development	■ Former International, Intergovernmental and Aboriginal Relations	
	■ First Nations Development Fund	■ Former Tourism, Parks, Recreation and Culture	
Advanced Education and Technology	■ no change		
Agriculture and Rural Development	■ Rural Development	■ Former Employment, Immigration and Industry	
Children and Youth Services (formerly Children's Services)	■ Women's Issues	■ Former Employment, Immigration and Industry	
Culture and Community Spirit	■ Culture, Community Lottery Grants, Heritage, Human Rights and Citizenship	■ Former Tourism, Parks, Recreation and Culture	
	■ Alberta Foundation for the Arts		
	■ Alberta Historical Resources Foundation		
	■ Government House Foundation		
	■ Historic Resources Fund		
	■ Human Rights, Citizenship and Multiculturalism Education Fund		
	■ Wild Rose Foundation		
	■ Community and Voluntary Services	■ Former Municipal Affairs and Housing	

Ministry	*Program/Element/ Entity Changes*	*Previous Location*	*New Location*
Education	■ no change		
Employment and Immigration	■ Francophone Secretariat	■ Former Tourism, Parks, Recreation and Culture	
	■ except Rural Development		■ Agriculture and Rural Development
	■ except Economic Development		■ Finance and Enterprise, and International and Intergovernmental Relations
	■ except Northern Alberta Development Council		■ Finance and Enterprise
	■ except Alberta Economic Development Authority		
	■ except Women's Issues		■ Children and Youth Services
Energy	■ no change		
Environment	■ no change		
Executive Council	■ no change		
Finance and Enterprise	■ Regulatory Review Secretariat	■ Service Alberta	
	■ Economic Development, except Investment Attraction ■ Northern Alberta Development Council ■ Alberta Economic Development Authority	■ Former Employment, Immigration and Industry	
Health and Wellness	■ no change		
Housing and Urban Affairs	■ Housing Services ■ Alberta Social Housing Corporation	■ Former Municipal Affairs and Housing	
Infrastructure	■ except Provincial Highway Systems and Safety	■ Former Infrastructure and Transportation	■ Transportation

Ministry	*Program/Element/ Entity Changes*	*Previous Location*	*New Location*
International and Intergovernmental Relations	■ except Aboriginal Governance, Consultation and Economic Development ■ Investment Attraction	■ Former Employment, Immigration and Industry	■ Aboriginal Relations
Justice and Attorney General	■ no change		
Municipal Affairs	■ except Housing Services ■ except Alberta Social Housing Corporation ■ except Community and Voluntary Services		■ Housing and Urban Affairs ■ Culture and Community Spirit
Seniors and Community Supports	■ no change		
Service Alberta	■ except Regulatory Review Secretariat ■ except Personnel Administration Office ■ except Aircraft Services		■ Finance and Enterprise ■ Treasury Board
Solicitor General and Public Security	■ no change		
Sustainable Resource Development	■ no change		

Ministry	*Program/Element/ Entity Changes*	*Previous Location*	*New Location*
Tourism, Parks and Recreation	■ except First Nations Development Fund		■ Aboriginal Relations
	■ except Culture, Community Lottery Grants, Heritage, Human Rights and Citizenship		■ Culture and Community Spirit
	■ except Alberta Foundation for the Arts		
	■ except Alberta Historical Resources Foundation		
	■ except Government House Foundation		
	■ except Historic Resources Fund		
	■ except Human Rights, Citizenship and Multiculturalism Education Fund		
	■ except Wild Rose Foundation		
	■ except Francophone Secretariat		■ Employment and Immigration
Transportation	■ Provincial Highway Systems and Safety	■ Former Infrastructure and Transportation	
Treasury Board	■ Corporate Human Resources (formerly Personnel Administration Office)	■ Service Alberta	
	■ Aircraft Services		

Ministry Contacts

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Health Workforce Assistant Deputy Minister	Glenn Monteith	780-427-3274 Fax: 780-415-8455
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Alberta Alcohol and Drug Abuse Commission Chief Executive Officer	Janet Skinner	780-415-0370 Fax: 780-423-1419