PROVINCIAL AND TERRITORIAL HEALTH SYSTEM PRIORITIES: AN ENVIRONMENTAL SCAN

Healthcare in Canada is decentralized into 14 health systems—13 provinces and territories and the Federal Government. Each of these involves a mixture of urban, rural and remote settings, all facing competing priorities and constrained budgets. A recent analysis shows that health spending is rising faster than the rate of economic growth.[i] In this context, along with the approaching expiry of the 10-Year Plan to Strengthen Health Care (2004), the Canadian Health Services Research Foundation (CHSRF) recognizes that this is a critical time to examine questions of health system sustainability, accessibility, quality and responsiveness.

As such, CHSRF undertook an environmental scan to explore the shared values and principles, goals and key health policy issues across provinces and territories. The scan used a framework analysis approach,[ii] examining strategic planning documents for the period of 2008-2011[iii-xviii] that were available during the analysis—February-March 2011. At the same time, CHSRF consulted with senior policy-makers across provinces and territories in ministries of health, intergovernmental affairs and finance. This summary presents key findings from the framework analysis and face-to-face meetings.[xx]

Shared values and principles

Values and principles help create a focal point for what can be achieved through policy action. Provinces and territories are striving for healthcare that is person-centred, accountable, efficient and equitable.

Shared values	Principles
Person-centred	a system that integrates a patient and family perspective into the design and delivery of care
Accountable	a system that ensures transparency and responsibility for how dollars are spent and how the system performs vis-à-vis population health
Efficient	a system that uses its resources to achieve results (improved health outcomes and healthcare performance) with minimum expenditure
Equitable	a system that reaches every individual independent of, for example, their geography, socio-economic status, gender, cultural background or type of illness

Shared goals

Goals in the healthcare context describe the desired state for the future and provide direction for policy development and daily practice. Goals are consistent with the values, and describe the results of the healthcare

system and specify monitoring and improvement activities. Provinces and territories are redesigning healthcare in the following ways:

- **Improve access and timeliness**
  The province of Prince Edward Island, for example, wants to ensure timely access to key services in targeted areas such as CT scans within two weeks.[xiv]

- **Achieve financial sustainability**
  Saskatchewan is aiming to achieve better value for money while improving the patient experience and population health.[xvi] The province was targeting a $5 million system-wide savings by March 31st, 2011.

- **Enhance the quality of care**
  Nova Scotia is planning a comprehensive system that ensures a high quality of care delivered throughout the province. In addition, it is developing a system to monitor medical errors and infection rates and has set a target that 75% of hospitals will implement the Safe Surgery Saves Lives checklist.[x]

- **Improve safety**
  Improving patient safety across the care continuum is a priority in the province of Alberta. In 2010-2011, they are developing the methodology and baseline to be in a position to set strategic targets.[iv]

- **Integrate services**
  To improve coordination of care and services for individuals diagnosed with cancer, the Ministère de la santé et des services sociaux du Québec is aiming to have 70% of individuals diagnosed with cancer linked to a nurse navigator (infirmière pivot) within 48 hours by 2015.[xv]

- **Promote wellness**
  Québec is aiming to have a cohesive approach to improve the social determinants of health and wellness. To accomplish this, prevention is being integrated throughout the continuum of care through the implementation of specific promotion and prevention activities planned for in their "Programme nationale de santé publique". Their target is that 85 % of the activities will be implemented in 2015.[xv]

- **Enhance system performance**
  British Columbia has set a target to have 75% of physicians implement an electronic medical record by 2011-2012.[V]

- **Support and spread innovative practices**
  Prince Edward Island is implementing a series of system change projects across eight priorities areas: renewed models of community-based primary healthcare, home care, integrated acute care, (provincial) model of care, utilization management, medical leadership, provincial services and system enablers.[xiv]

Key policy issues

Provinces and territories, each with their own distinct health, social and fiscal contexts, share a common set of policy challenges and opportunities.

- An **aging population** in some, but not all jurisdictions, is focusing attention on a hospital-centric system that falls short of responding to the complex care needs of older adults. All Canadians would benefit from more integrated care across the continuum that better incorporates strong community care supports.

- **Primary healthcare** infrastructure is largely inadequate for meeting the health needs of populations, especially those with chronic diseases. A robust primary and community healthcare system is needed that is coordinated, comprehensive and centred around patients and their families.

- A rising burden of **mental illness and addictions** draws attention to how deficient the system is in promoting mental health recovery and well-being. System redesign is needed to support people living with mental illnesses to become integral members of their own care team in order that they may achieve recovery and lead a meaningful life in the community.

- Healthcare is largely designed to treat acute episodes of illness. A focus on **health promotion and prevention** (eliminating the causes of illness or injury before they happen and reducing their impact) will require a reallocation of resources as well as a cultural shift in expectations. It also involves a renewed commitment to maintaining one's own health.

- **Service delivery aimed at population need** is especially important for marginalized populations (such as First Nations, Métis and Inuit) and in response to urgent public health conditions (like a pandemic flu). For these populations and in these circumstances, healthcare services must be comprehensive and accessible to people where they live, learn and work.

- Health professionals do not always work at their full capacity, as a team or with patients and families. Health system improvement requires a new approach to **health human resourcing**, where professionals work differently within care models—meeting the needs of patients, engaging them and their families, promoting team-based delivery and favouring collaboration.

- In a world of virtual connectedness, the healthcare system lags behind. **Information management, communication and technology** are essential tools for supporting collaboration among health professionals and incorporating system supports for safe and cost-effective care.

- Data-rich, but information-poor describes the current status of **health system measurement and performance**. To achieve better health outcomes for patients and overall quality improvement, data and information must come together as performance measures that benchmark where we are versus where we need to be.

Aging population

As baby boomers turn 65 years and older, renewed attention is placed on the inadequacies of a hospital-based system for addressing complex care needs. Baby boomers want to live healthier longer, while maintaining their independence and quality of life. However, as we age, it is more likely that we'll have chronic diseases such as heart disease, cancer, diabetes and dementia. Healthcare planners and policy-makers are shifting resources to and enhancing supports in the community to provide appropriate levels of care for older adults as they reach their senior years. While aiming to have services that integrate and provide quality of care, the changes required to address the aging population also raise the issue of financial sustainability within the system.

> "One in five Albertans will be seniors within the next 20 years. It is imperative that they have access to services and supports to remain healthy and independent as long as possible. More investment in supportive living is required to expand choice for seniors and to ensure they receive the right care at the right time, in the right place."[iv]

Québec is addressing the needs of its older adults by integrating a network of specialized services at the primary healthcare level. This is especially critical for caring for those who are frail, have decreased autonomy or ability to make personal care decisions. By 2015, the Ministère de la santé et des services sociaux du Québec aims to have accomplished over half of its integration of specialized services. Québec is aiming to implement a geriatric or elder-friendly approach to care in 60% of its hospital settings by 2015.[xv]

Primary healthcare and community care

As people live with more chronic diseases and complex health conditions, the need for a robust primary healthcare and community care system is increasingly critical. Primary healthcare is sometimes referred to as the gateway to the healthcare system, but in today's context, with an emphasis on patient-centred as a value in all provinces and territories, it serves a greater purpose. Through a team-based approach to care, primary healthcare enables individuals to meet the majority of their health needs in the community and their own homes. This has allowed for a reduction in the number of unnecessary hospital visits and admissions. A robust primary healthcare and community care system is one that is coordinated, comprehensive and centred around patients and families. This key issue is closely linked to the goal of promoting wellness and integrated services mentioned by the provinces and territories.

The need to improve community-based care through enhancing primary healthcare was identified across provinces and territories. The province of New Brunswick's Provincial Health Plan 2008-2012 aims to reinforce primary healthcare by addressing four main building blocks: 1) providing access to care when it is needed; 2) making timely information about care available and accessible; 3) delivering services through comprehensive interdisciplinary teams; and 4) enhancing supports for healthy living [vii] New Brunswick has begun to

In Prince Edward Island, a priority is to "[i]ncrease emphasis on community-based primary health care and home-based services so that the majority of people's health care needs can be met as close to home as possible."[xiv]

In British Columbia, a goal is to provide "a system of community based health care and support services built around attachment to a family physician and an extended health care team with links to local community services."[v]

operationalize its vision for primary healthcare through a large scale survey of primary healthcare experiences. A report on the survey results will be available in the summer of 2011 from the New Brunswick Health Council who is undertaking the task. Saskatchewan has also prioritized its goals for primary healthcare following on the information gathered through its "Patient First" initiative. Primary healthcare redesign in Saskatchewan will see a greater focus on community and physician engagement and on chronic disease prevention and management.

Mental health and addictions

The proportion of Canadians who report having used illicit drugs is on the rise and mental illnesses, such as depression, are highly prevalent and have a negative impact on performance, productivity, absenteeism and disability costs. In addition, costs of mental health and addiction services frequently are not covered by public health plans. Various jurisdictions have developed supportive programs to reduce the burden of mental illness in the workplace as a way to combat productivity loss. However, there remains a need to increase access to mental health and addiction services in the community that foster recovery and well-being.

The province of Ontario has recognized that many individuals experiencing mental health crises rely on hospital emergency rooms to access the healthcare system. Ontario has increased its overall funding for community mental health services by 70% and the spending on addiction services has risen by nearly 40% over the last five years, in order to ensure appropriate levels and continuity of care.[xii] In addition, Ontario has established an Advisory Group on Mental Health and Addictions to provide advice on overall direction and priorities for a new 10-year provincial strategy. The advisory group includes people living with mental health problems and illnesses, families, providers and researchers from across the province. The strategy will raise the profile of mental health and

In Nunavut, a goal is to "[p]rovide a client-centred, comprehensive, seamless continuum of care, which includes assessment, counselling, treatment and referral services to those individuals and families experiencing emotional distress and/or psychiatric disorders. This includes providing support and assistance to communities and groups to better understand and deal effectively with primary, acute and/or emergency mental health issues, self harming behaviours, high stress, self-esteem and wellness (addictions) issues that limit personal functioning and well-being. [It also means that t]he continuum of care is accessible at various points with the practitioner acting in a triage capacity."[xi]

addiction issues, identify opportunities to leverage existing resources and ensure that the concerns and needs of people living with mental health problems and illnesses and their families are properly addressed.[xii]

Health promotion and prevention

Poor diet, obesity, inactivity, preventable injuries, tobacco use and problematic substance use put the population at risk of diminished health. It is possible to help people make healthy lifestyle choices by providing tools, choices and support to prevent or delay illness or injuries. Health systems in provinces and territories generally respond to acute episodes of illness. If systems are to help eliminate the causes of illness or injury before they happen as well as reduce their impact, then resources must be reallocated in this direction.

Recognizing the upstream investment in the health of populations, provinces and territories have prioritized health promotion and prevention policies, legislation and programs to decrease the burden of illness, especially chronic illnesses like diabetes, mental illness, heart disease and cancer. British Columbia's Ministry of Health Services aims to provide 24/7 access to expanded health information, advice and resources to support self-care and self-management through HealthLink BC.[v] Through this online and phone support system, British Columbians can access reliable resources on, topics like healthy living, on nutrition as well as dietitian services. Meanwhile, the Government of Ontario is focusing on health prevention and promotion by establishing 200 family health teams (FHTs), which emphasize the importance of health promotion and prevention in their comprehensive model of care.[xii] Specifically, FHTs focus on chronic disease management, disease prevention and health promotion, and work with other healthcare organizations, such as public health units and Community Care Access Centres to support integrated care.[xii]

> In the Yukon, it is expected that "[a] proactive and effective approach in legislation and regulation will mitigate the impact of preventable disease, illness and injury. This will include screening, monitoring and prevention initiatives, and preparation and planning for emergencies, epidemics and pandemics."[xviii]

Service delivery aimed at population need

Delivering services to the population presents its challenges, from meeting the needs of hard-to-reach populations to mitigating unforeseen public health disasters. The way healthcare is delivered to marginalized populations or in public health emergency situations should serve as a measuring stick for how well the system is performing. First Nations, Métis and Inuit face considerable health challenges—dealing with greater and increasing rates of chronic diseases than any other demographic. Although their needs are high, they frequently encounter limited access to care. Offering culturally safe care empowers Aboriginal people to be full partners in their care.

There is a recognized need in public health, that in the event of pandemic or natural disaster, one must address operational readiness to intervene at the population level. Responding in these circumstances must take into account the broad needs of the population, including those who are hard-to-reach. Healthcare services must be accessible to people where they live, learn and work, but also be provided in a culturally safe and competent way.

The Northwest Territories (NWT) aims to provide its population with the health, social services and supports it needs, where people live. In the context of a territory that covers a vast geography, with a combination of moderately dense urban centres and low density populations living in remote areas, this poses great challenges. Wherever possible, the territory aims to provide healthcare in northern facilities and by northern caregivers before using southern travel and agreements.[ix] The NWT is also reducing the gap in health and wellness between Aboriginal and Non-Aboriginal Northerners—and holds this as a priority. Doing so will involve collaborating with Aboriginal governments to pilot culturally appropriate programs and services to ensure that northern cultures are a living part of NWT's health and wellness programs.[ix] Jurisdictions in the North have many common goals with southern jurisdictions but the circumstances of the North require unique responses to achieve those goals. In addition, some decisions made in southern jurisdictions can have significant impact on the North such as whether patients can fly south for specialized care.

In Manitoba, improved service delivery involves:

- "Improving health service delivery for First Nations, Métis and Inuit
- Improving operational readiness for emergency/disaster situations
- Fostering customer service excellence and service delivery improvements for Manitoba Health direct service areas
- Clarifying roles/operating processes of the regions and department to support improved service delivery"[vi]

In addition, policy-makers describe the challenge of multilateral initiatives across provinces and territories that attempt to provide better access to drugs or long-term care, but do not consider the small and isolated populations. Territorial health budgets can be overwhelmed by the cost of building one long-term care facility or providing just a few high-priced pharmaceuticals.

Health human resourcing

Demographic change due to aging is also affecting the healthcare workforce and the availability of health human resources. Ensuring a sufficient level of health human resources requires innovative approaches that privilege person- and family-centred care as well as collaborative team-based delivery. These approaches allow health professionals to work efficiently and within their full scope of practice. Issues of distribution and deployment of health human resources must also be taken into consideration in order to ensure that rural and remote regions are serviced with adequate numbers and the right mix of healthcare professionals.

One opportunity is to expand scopes of practice of healthcare professionals by introducing legislation. It was as a result of new legislation in Ontario that nurse practitioners, pharmacists, physiotherapists, dietitians, midwives and medical radiation technologists were permitted to deliver more complex services to patients. The legislation changed the rules for administering, prescribing, dispensing, compounding, selling and using drugs in practice for chiropodists and podiatrists, dental hygienists, dentists, midwives, nurse practitioners, pharmacists, physiotherapists and respiratory therapists.[xiii] In Québec, to ensure equitable distribution of physician resources, the Ministère de la santé et des services sociaux is aiming to achieve two objectives: 1) to have equitable sharing of residency positions between family medicine and specialized medicine; and 2) to have an equitable distribution of family physicians and specialized physicians across the province by focusing on recruitment and controlling the number of authorized specialized positions by regions' needs.[xv]

> "To be sustainable the system must ensure it has enough, and the right mix of, health professionals to provide the services that will meet British Columbians' needs now and in the future. We must also ensure those human resources are appropriately supported by information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible."[v]

Information management, communication and technology

Professionals who work in silos precipitate health system problems in efficiency, continuity of care and quality of care. Communication and information management are central to overcoming the integration barriers and information technology offers tools to facilitate the process. In 2004, the provinces and territories agreed to accelerate the development and implementation of electronic health records to all Canadians. The change is happening slowly–by the end of 2010 electronic health records were available for less than half of Canadians.[xix]

The Ministère de la santé et des services sociaux du Québec is supporting the use of electronic medical records to facilitate the integration and circulation of clinical information. In 2015, it is expected that half of all healthcare settings will use electronic medical records. Meanwhile, in 2009, Ontario announced $2.1 billion over three years for an Ontario eHealth strategy. Since 2008, 80,000 Ontarians have been participating in a pilot project for e-prescribing and since 2005, four million others have been participating in the electronic medical records program run in partnership by the province and the Ontario Medical Association.[xii]

> "In Canada, 61% of consumers report wanting their physicians, hospitals and/or the government to provide them with a personal health record or online medical record, while 6% of consumers already maintain one."[xiii]

eHealth solutions are also viewed as one of the key methods of modernizing healthcare, as they hold promise in making care safer and more cost effective. A healthcare system that

values a person- and family-centred approach will entail better communication with patients and families. Online communication and social media – tools that people are using in their everyday routine – need to be explored as ways for health professionals to communicate with patients and families.

Health system measurement and performance

In many provinces and territories, quality of care varies from region to region. This notwithstanding, healthcare often functions quite apart from other sectors. To improve healthcare quality, it is key to measure and monitor progress. However, many of the current performance measures are used because of their availability, ease of access or because they have been used historically rather than because they are clinically significant or fundamental to moving the system forward. Measurement and performance is also strongly linked to accountability. Judicious choices will need to be made and a focus on improving productivity—through better clinical and organizational processes—because of the fragility of the current healthcare system, with its increasing costs and scarcity of resources.

The document analysis revealed a highly significant preoccupation with defining measures to demonstrate performance. Access, timeliness and quality (with its many and varied dimensions) were universal themes within the documents. Quality dimensions range from process indicators such as wait times through to broad-based outcome indicators such as population health status. Outcomes also reflect system-level measures such as sustainability and innovation. This preoccupation with defining the many dimensions of performance at the individual, system and population level appears to be a phenomenon that has emerged during the last decade, likely driven in part by the health accord. Challenges remain in defining and validating a common core set of performance measures that would facilitate cross-jurisdiction comparisons and learning.

> "[Alberta] will be actively monitoring our progress in achieving our goals, and providing staff and physicians with data needed to improve performance and results. We will report our progress to the government and public providing the level of transparency that is expected of our publically funded organization."[iv]

The Province of Alberta has recognized the importance of having measures that enable the public to understand the value provided by health funding expenditure.[iv] To provide their healthcare professionals with data needed to improve performance and results and to monitor the progress towards achieving their goals, the Government of Alberta will work with consumers, clinicians, Alberta Health and Wellness and the Health Quality Council of Alberta to develop these measures.[iv]

To raise the bar on quality, drive accountable care and support a whole-of-government approach to improve health, up-to-date and meaningful legislation is also needed. A relevant example is the Excellent Care for All Act passed in Ontario in 2010 to hold healthcare providers and executives more accountable for improving patient

care. The adopted legislation stipulates that healthcare organizations publish annual quality improvement plans, create quality committees and link executive compensation to quality plan performance measurements.[xiii]

Differences across provinces, territories and regions

While there are many common values, goals and policy issues across the provinces and territories, differences were also noted. Senior leaders in the Atlantic region have raised concerns about population-based rather than needs-based funding, and Northern territories struggle with having sufficient scale to offer services or fund programs that are found in the south. Further, some territories feel that it is difficult to have their concerns heard in discussions involving all the provinces.

Connections across provinces, territories and regions

Although, the healthcare system is decentralized, the provinces and territories are collaborating in some areas, such as the development of a Western and Northern Health Human Resources Network. A common theme in meetings with senior leaders was a desire for more opportunities to share learning and experiences across jurisdictions; both those strategies and approaches that were successful, but also what does not work. One potential area for sharing of this nature is in the area of patient engagement. Decision-makers in the provinces and territories have stressed that transformational change requires courage and leadership, particularly in the area of patient engagement. Several provinces are developing patient engagement initiatives to make meaningful changes for the population and also to receive guidance when hard decisions have to be made. Others would be eager to learn from their experiences.

Conclusion

Provinces and territories share the profound value of having systems that are person-centred while being accountable, efficient and equitable. They also share common challenges, such as population aging, rapidly increasing healthcare costs and the growing burden of chronic illness. In response to the challenges and in accordance with common goals, provinces and territories are working to make health system improvements that enrich the health and well-being of Canadians through improving the accessibility, quality and responsiveness of healthcare through initiatives that will improve health system sustainability. New approaches to healthcare delivery, such as team-based approaches to care, and comprehensive population health management initiatives are among the strategies being advanced in the provinces and territories to meet the key policy challenges outlined in this review. Jurisdictions have embraced a focus on measuring and demonstrating improved performance and have developed a wide array of measures to support this; yet challenges remain in defining, standardizing and validating these measures. Performance measurement is particularly important when evaluating these new approaches. Performance is also closely link to financial sustainability, which is a key concern amongst provinces and territories, especially in light of the end of the health accord. Other initiatives include efforts

to work upstream to improve the well-being of the population by prioritizing health prevention and promotion and strengthening primary healthcare and efforts to improve quality of care to more vulnerable segments of the population, like the elderly and people suffering from mental illness. As underlined in the key findings, the process of health system transformation to improve the quality and affordability of healthcare can be catalyzed by focusing on improving information management, communication and information technology.

What is striking from the analysis is the determination with which provinces and territories are tackling their shared and unique goals, challenges and opportunities. Through greater opportunities for shared learning, cross-fertilization of ideas and innovation can be expected to compel health system transformation forward across the country.

This document is available in French and English on the CHSRF website: www.chsrf.ca / www.fcrss.ca

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The Canadian Health Services Research Foundation is an independent, not-for-profit corporation with a mandate to promote the use of evidence to strengthen the delivery of services that improve the health of Canadians. CHSRF is funded through an agreement with the Government of Canada.

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