

HEALTH GOALS FOR BRITISH COLUMBIA

DECEMBER 1997



BRITISH
COLUMBIA

Ministry of Health and
Ministry Responsible for Seniors

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MESSAGE FROM THE MINISTER

I am pleased to introduce this document on the health goals officially approved by the government of British Columbia in July, 1997.

The health goals provide a new and important focus for the province – a focus not just for government, but for all people who live and work in British Columbia. They provide a vision for the future on how we can achieve better health for ourselves and our communities by enhancing our quality of life and reducing inequalities.

The health goals are the result of the government's commitment to establish goals that reflect our understanding of the social, economic and environmental factors that affect health. Although British Columbians are among the healthiest people in the world, not everyone in our province enjoys good health. Those with better incomes have better health. People who have a sense of control in their lives are healthier than those who do not. People are healthier when they have secure housing and social support networks and opportunities to learn and work. Actions on these factors that influence health have led to improved health status for many British Columbians over the last century. But there is still much more to do if we want everyone to have an equal chance for health.

As the Minister of Health, I am committed to ensuring British Columbians have an effective and efficient health service system that provides equitable access to appropriate services. Our health service system has made a valuable contribution to health, but it is only one factor that influences our health. As we learn more about the types of interventions that work and those that do not, we can improve our health system so that it provides effective care, but does not consume dollars that are more wisely spent on factors that have a greater impact on health. The health goals provide a framework that balances the investment of resources between health services and other important influences on health.

Most important, the health goals are your goals. Developed through an extensive public consultation process under the guidance of Dr. John Millar, the Provincial Health Officer, the health goals reflect the thoughts and perspectives of many people in our province.

I encourage you to use the health goals and work towards a healthier British Columbia.

Joy K. MacPhail
Minister of Health and
Minister Responsible for Seniors

MESSAGE FROM THE PROVINCIAL HEALTH OFFICER

Health Goals for British Columbia marks the culmination of one process and the beginning of another: it marks the end of the process that began in 1994 to establish health goals for the province; it marks the beginning of a new stage of developing strategies and taking action based on the health goals.

Health Goals for British Columbia is an important tool for achieving the best possible health for the people of British Columbia. It is a resource intended to be used by all who are involved in promoting and improving health in the province – people at all levels of government; the corporate, business and non-profit sectors; and, the community at large. The health goals, objectives and indicators in this document can help guide decision-making in an organization, specifically in the areas of policy and program planning, resource allocation, and monitoring progress.

Health Goals for British Columbia was developed after an extensive public consultation process and reflects the hard work, knowledge and aspirations of many people in different sectors. I hope that you find it a valuable guide and that it becomes an integral part of your organization's planning and operations. I encourage you to use it extensively, and in collaboration with others, to improve the health of British Columbians.

As part of the legislative mandate for the Provincial Health Officer, I am responsible for monitoring and reporting on the health of British Columbians. The health goals are integral to this process. I will be working with an advisory committee to promote and monitor the health goals, and to report on progress toward achieving the goals. As well, the advisory committee will be instrumental in guiding further development of objectives and indicators, and recommending strategies and broad policy directions for the achievement of the goals.

I look forward to your involvement with the health goals, and I welcome your questions and continued dialogue.

John S. Millar, M.D.
Provincial Health Officer

HEALTH GOALS FOR BRITISH COLUMBIA

GOAL 1 Positive and supportive living and working conditions in all our communities.

The most important influences on our health are the conditions we experience in our day-to-day lives. Meaningful work, healthy and supportive workplaces, sufficient income, safe and well designed communities, supportive families and participation in social networks significantly enhance our health.

GOAL 2 Opportunities for all individuals to develop and maintain the capacities and skills needed to thrive and meet life's challenges and to make choices that enhance health.

Our personal coping skills, sense of identity and effectiveness, control over life circumstances, commitment to life-long learning and the lifestyle choices we make are key influences on our health. These personal capacities and skills are shaped during early childhood, further influenced by our day-to-day living and working conditions, and affect our resistance to disease at a biological level.

GOAL 3 A diverse and sustainable physical environment with clean, healthy and safe air, water and land.

Sustaining a healthy environment is essential to our long term physical survival and to our sustained social and economic well being. As well, contamination of the physical environment can pose immediate threats to human health. Our challenge is to balance protection of the physical environment with the need for sustained economic activity while protecting human health and respecting the interests of individuals and communities.

MISSION: To maintain and improve the health of British Columbians by enhancing quality of life and minimizing inequalities in health status.

GOAL 4 An effective and efficient health service system that provides equitable access to appropriate services.

Quality health services, when we need them, make an essential contribution to our health and well-being. At the same time, unnecessary or ineffective health care can harm our health and use up public resources that could be better spent elsewhere to enhance health. Our challenge is to ensure we have an effective system that balances public and health care provider expectations, available resources and evidence regarding outcomes of services provided.

GOAL 5 Improved health for Aboriginal peoples.

Aboriginal peoples experience very significant health status inequities that have occurred as part of the historical legacy of our province and country. This goal highlights the need for action to reduce these inequities, including changes to ensure greater self-determination for Aboriginal communities.

GOAL 6 Reduction of preventable illness, injuries, disabilities and premature deaths.

A considerable number of our major health problems can be prevented through specific targeted interventions. This goal identifies achievable and measurable reductions in health problems that take a significant toll on the health of British Columbians, and for which effective prevention or early intervention strategies are available.

BACKGROUND

In 1991, the B.C. Royal Commission on Health Care and Costs recommended the development of provincial health goals to improve the health of British Columbians, to reduce health inequities, to raise awareness of the factors that truly affect our health, and to link policy decisions and investments to health outcomes.

In 1994, Cabinet directed the Provincial Health Officer to undertake a wide consultative process to develop health goals and objectives that would reflect our understanding of the social, economic and environmental factors that affect health. An initial group of 50 people, representing various sectors and organizations, came together and developed a preliminary set of draft health goals.

By November 1995, a public discussion paper, *Health Goals for British Columbia: Identifying Priorities for a Healthy Population*, was drafted with guidance from each provincial government ministry and nearly 100 provincial organizations. This paper, which built on the preliminary set of draft goals, was the foundation used to stimulate public discussion on the development of the health goals.

During 1996, extensive participation was sought from individuals and communities throughout the province to develop the health goals, objectives and indicators for tracking progress. With the assistance of the Regional Health Boards, public consultation meetings were organized and broad community input was invited. Participants responded enthusiastically to the opportunity to help develop these important goals. Their input resulted in a comprehensive set of health goals for British Columbia.

WHAT ARE HEALTH GOALS?

Health goals are broad statements of aims for the future. They are encompassed under a mission statement that identifies the conditions we hope to create and maintain to achieve health for all British Columbians. The health goals are based on the World Health Organization's definition of health:

Health is the extent to which an individual or group is able, on the one hand, to develop aspirations and satisfy needs; and on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is seen as a positive concept emphasizing social and personal resources, as well as physical capacities.

Health goals relate to all factors that influence a person's health, including social, economic and environmental factors. British Columbia's health goals are comprehensive, covering most aspects of life – how we live and work, our skills and capacities, our physical environment, our health services.

PRINCIPLES AND ASSUMPTIONS

The health goals are based on the best available evidence about the factors that influence our health and well-being. They provide a framework to help us better understand the relationship between the health outcomes we want and our efforts to achieve them. The following principles and assumptions underlie all the health goals:

Collaborative Action. Achieving the health goals requires action by many partners in the health and other sectors, including partners inside and outside of government. Partners can work towards the best possible health for British Columbians by incorporating the health goals into their ongoing planning and operations, and by cooperating with other partners to achieve the goals.

Public Participation. Achieving the health goals requires public participation, informed choices and decision-making, and shared responsibility among individuals, private sector and non-government organizations, communities and governments.

Equitable Access to Health Services. Equitable access to needed and appropriate health services is a key contributor to our health, and must be preserved. At the same time, we must keep our health services affordable and balance our expenditures on health services with expenditures on other key influences on health.

Respect for Diversity. We must respect the diversity in our population. At the same time, we must recognize our shared purposes and interests. We must be sensitive and responsive to our diversity of cultures, historical roots, preferences and choices, while treating one another with dignity and respect and acknowledging our interrelatedness.

WHAT ARE OBJECTIVES, INDICATORS, TARGETS, AND STRATEGIES?

Achieving the health goals involves identifying what needs to be changed, establishing baseline data, identifying measurable outcomes and developing plans to achieve the outcomes. These activities are expressed in terms of objectives, indicators, targets and strategies. Because terms are sometimes defined and used differently, it is important to identify how these terms are used in relation to the health goals.

Objective - a statement of change that will contribute to a health goal. Ideally, an objective should be specific and measurable. For the health goals, the objectives are general statements of the type of change required.

Indicator - a statistic or measure that gives us information about an objective. Indicators provide baseline data and allow us to measure progress. For some indicators, the measuring tools and information systems already exist. For others, these tools and systems need to be developed.

The tables in the next section contain examples of indicators to show how an objective can be measured. These indicators are a starting point and are not exhaustive. Developing and defining indicators is an ongoing process that involves people coming together to reflect on what is important to us as a society and what indicators best reflect our progress towards achieving health. In your organization or community, you may be able to identify alternate or more applicable indicators.

Target - a statement of the amount of change expected on an indicator, and the date by which the change is to be achieved. Setting a realistic target requires a solid indicator (good baseline data). Targets are often set based upon a “benchmark”, which is the best level of performance on the indicator that a region, province or country has been able to achieve.

Although considerable work has been done developing targets, further consultation is required with various sectors, government and nongovernment organizations, and the general public to establish realistic and achievable provincial targets. As a result, no targets are presented at this time.

Strategies - activities and approaches to accomplish an objective. An objective states what we want to achieve, the strategy states how we plan to proceed.

WORKING WITH THE HEALTH GOALS

How can your organization use the health goals, objectives and indicators? Improving health involves taking action on all the factors that affect the health of the population. The health goals and objectives provide a framework for all sectors to link their policy decisions and investments to health outcomes. The most significant way you can use these health goals, objectives and indicators is to integrate them into your policy and program planning, resource allocation and monitoring systems.

1. Use the health goals and objectives in planning

Integrate the health goals and objectives into your organization's planning.

- Adopt the goals as a framework for planning.
- Choose one or more of the objectives as a priority for your organization.
- Identify indicators and set your own targets to achieve the objectives.
- Develop new strategies (e.g., programs and policies) for the objectives.
- Ensure your existing programs or policies support the chosen objectives.
- Revise a policy or program that has a negative effect on the objectives.
- Initiate collaborative action with other sectors on one or more of the objectives.

2. Use the health goals and objectives to guide funding decisions

Investment of public resources by governments has a major impact on the key health influences described in the health goals. Because resources are finite and limited, wise investment is essential to have the most beneficial impact on the health of British Columbians. Corporate, business and nonprofit sector investments also make a significant contribution towards health. The health goals and objectives offer a framework to ensure a balance among the various factors that influence health.

- Use the health goals as a framework to ensure your investment contributes to the achievement of health.
- Ensure that any reallocation of resources increases funds available for programs that have a positive impact on health.

3. Use the health goals to measure and report on progress

Tracking progress towards the health goals is one method of linking actions and results.

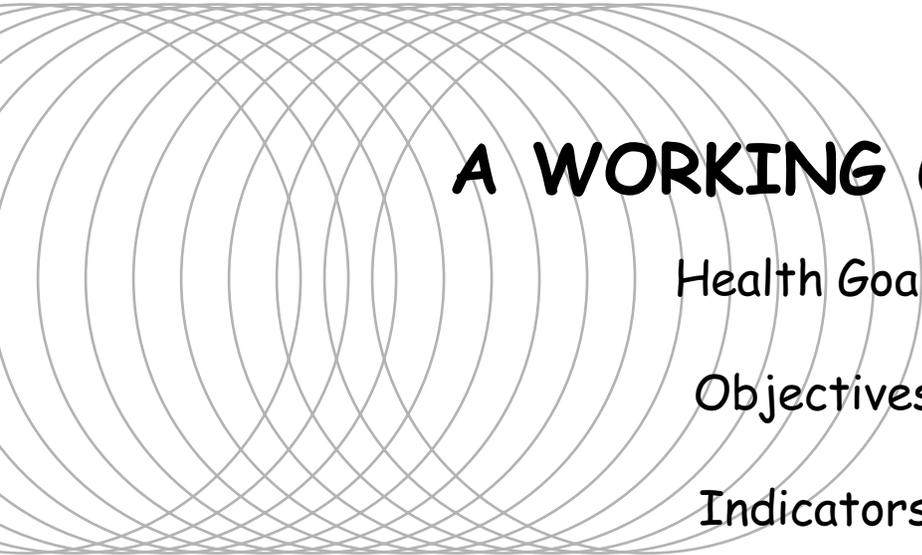
- Evaluate your programs and policies using the targets set in your planning stage.
- Include the health goals and your targets in annual reports or other accountability documents you prepare for your clients or the public.

4. Use the tables as a working guide

The tables starting on the following page highlight the health goals and objectives, and include examples of indicators. There are blank columns for “targets” and “strategies”. These two columns are intended for you to fill in, based on your determination of your own targets and strategies.

When working with the tables, you may find it useful to consult the Provincial Health Officer’s annual *Report on the Health of British Columbians*. Every year information is collected on progress towards the health goals, based on initiatives from all sectors in British Columbia. The 1996 report provides indicators and possible targets for the province.

Copies of the report are available from the Office of the Provincial Health Officer (see second page), and public libraries and health unit offices throughout the province. An Executive Summary and Highlights of the report can be accessed through the Ministry of Health’s web site: <http://www.hlth.gov.bc.ca>.



A WORKING GUIDE:

Health Goals

Objectives

Indicators

Targets

Strategies

Mission: To maintain and improve the health of British Columbians by enhancing quality of life and minimizing inequalities in health status.

Overall indicators provide us with a picture of how well we are doing toward achieving the health goals and, ultimately, the mission. Developing indicators is an ongoing process that involves people coming together to reflect on what is important to us as a society and what indicators best reflect our progress toward achieving health.

Overall indicators for the health goals:	<ul style="list-style-type: none">• Life expectancy at birth• Disability-free life expectancy• Low birth weight rate• Infant mortality rate• Age standardized mortality rate• Potential years of life lost rate, all causes of death• Self-rated health status• Human Development Index (Canada's world ranking in life expectancy, educational attainment, and income level)
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Goal 1: Positive and supportive living and working conditions in all our communities.

The most important influences on our health are the conditions we experience in our day-to-day lives. Meaningful work, healthy and supportive workplaces, sufficient income, safe and well designed communities, supportive families and participation in social networks significantly enhance our health.

	Employment Objectives	Examples of Indicators	Targets	Strategies
1	Improve and maintain equitable opportunities for employment for British Columbians by expanding the diversity of the economy and ensuring the sustainability of economic activity.	<ul style="list-style-type: none"> • Gross Domestic Product per capita • Index of sustainable economic welfare • Unemployment rates 		
2	Reduce the concentration of marginalized and disadvantaged groups in lower paying and lower status jobs, and increase social recognition and valuing of jobs at all levels.	<ul style="list-style-type: none"> • Unemployment rate and average income by selected population groups (youth, women, visible minorities, Aboriginal peoples, persons with disabilities) • Women's representation in positions of influence (e.g., percent of elected officials, school principals, university faculty who are women) 		
3	Reduce the impact on individuals and communities of job loss, for example, through effective industrial adjustment strategies and re-training initiatives.	<ul style="list-style-type: none"> • Duration of unemployment • Unemployment rates for individuals and families (one or more family breadwinners unemployed) 		
4	Increase participation in decision-making and reasonable control over work tasks for all types of workers.	<ul style="list-style-type: none"> • Job satisfaction measures • Work stress index 		

Goal 1 (continued)

	Employment Objectives	Examples of Indicators	Targets	Strategies
5	<p>Improve and maintain quality of life in the workplace, including:</p> <ul style="list-style-type: none"> • protection from physical hazards and freedom from harassment; • family friendly policies: policies and supports to help balance work and family responsibilities; and, • policies and supports for workers with disabilities, chronic illnesses or other special needs. 	<ul style="list-style-type: none"> • Workplace injury rate • Number of licensed day care spaces per 100 children, age 0-5 • Percent of workers covered by family friendly policies (e.g., paid maternity leave) 		
6	<p>Improve and maintain appropriate supports and protection for workers in non-standard employment situations such as part-time work, job sharing, home employment and self-employment.</p>	<ul style="list-style-type: none"> • <i>Indicator(s) to be developed</i> 		
	Income Objectives	Examples of Indicators	Targets	Strategies
7	<p>Reduce poverty in British Columbia.</p>	<ul style="list-style-type: none"> • Low income (poverty) rate by age group and family structure • Child poverty rate by family structure • Percent of population on Income Assistance • Ability to purchase nutritious food (cost to purchase nutritious food basket compared to Income Assistance support allowance or monthly income at minimum wage) 		
8	<p>Reduce the gap between British Columbians at the lowest and highest income levels to achieve a more equitable income distribution.</p>	<ul style="list-style-type: none"> • Equality in income distribution measured by Gini coefficient • Percent distribution of families by income group • Gender wage gap 		

Goal 1 (continued)

Participation and Social Integration Objectives		Examples of Indicators	Targets	Strategies
9	<p>Increase the safety and security of communities throughout BC, including:</p> <ul style="list-style-type: none"> • increased sense of personal safety and mutual responsibility for safe communities; and, • reduced crime and interpersonal violence. 	<ul style="list-style-type: none"> • Crime rates by type (property, person, other) • Percent of women who report ever experiencing physical or sexual violence • Victimization rates by type (theft of personal property, violent crime, household victimizations) 		
10	<p>Increase opportunities to develop positive and supportive interpersonal relationships and social networks, including:</p> <ul style="list-style-type: none"> • access to organized and informal community-based sports, recreation, social, arts and cultural activities; • opportunities and supports for voluntary activities; and, • access to self-help and mutual support activities. 	<ul style="list-style-type: none"> • Volunteer rate of working- age population • Percent of population who are members in voluntary/community organizations • Social support measures • Percent of voters who voted 		
11	<p>Increase opportunities and supports for healthy family functioning, including:</p> <ul style="list-style-type: none"> • education and supports for effective parenting; • affordable quality child care and other supports for working parents; • recognition and supports for unpaid family caregivers; and, • access to self-help and mutual support resources for families. 	<ul style="list-style-type: none"> • Percent of families headed by lone-parent • Number of licensed daycare spaces per 100 children, age 0-5 		

Goal 1 (continued)

Housing and Community Design Objectives		Examples of Indicators	Targets	Strategies
12	<p>Increase access to affordable housing that meets household needs, with reasonable choice in tenure, building type and location, including:</p> <ul style="list-style-type: none"> • affordability of home ownership for first-time buyers; • sufficient amount and variety of moderately priced rental housing; and, • affordable and accessible housing options for individuals with low incomes or other special needs. 	<ul style="list-style-type: none"> • Percent of renters who can afford a starter home • Percent of renter households in housing need (households without access to suitable, adequate and affordable housing) • BC Housing wait list for subsidized housing 		
13	<p>Increase the range of secure housing options and housing stock for people who are homeless or at risk of homelessness.</p>	<ul style="list-style-type: none"> • <i>Indicator(s) to be developed</i> 		
14	<p>Improve and maintain the design of communities to ensure quality of life for residents, including:</p> <ul style="list-style-type: none"> • accessible public places for all persons; • appropriate transportation infrastructure, including public transportation; and, • neighbourhoods with appropriate access to services and amenities required for health, security and stability, and protection from hazards that harm quality of life. 	<ul style="list-style-type: none"> • Percent of streets/neighbourhoods that are pedestrian friendly • Percent of land in open spaces • Usage rate of library and community centres • Percent of residential areas within given distance of parks, schools and public transit • Acres of parks per 1000 residents • Percent of streets with bicycle paths • Rate of public transit ridership 		

Goal 2: Opportunities for all individuals to develop and maintain the capacities and skills needed to thrive and meet life’s challenges and to make choices that enhance health.

Our personal coping skills, sense of identity and effectiveness, control over life circumstances, commitment to life-long learning and the lifestyle choices we make are key influences on our health. These personal capacities and skills are shaped during early childhood, further influenced by our day-to-day living and working conditions, and affect our resistance to disease at a biological level.

	Objectives	Examples of Indicators	Targets	Strategies
1	<p>Improve and maintain supports to ensure all young children receive the best possible start in life, including:</p> <ul style="list-style-type: none"> • appropriate pre- and post-natal care; • effective early childhood nurturing and parenting; and, • appropriate early childhood stimulation, socialization and education. 	<ul style="list-style-type: none"> • Exposure to tobacco smoke during pregnancy • Breast-feeding, low birth weight, pre term birth and stillbirth rates • Infant (0-364 days) mortality rate • Child mortality rate, all causes and specific preventable causes • Respiratory disease hospitalization rate for children • Number of sexual and non-sexual assaults against children under age 17 • Rate of child abuse and neglect • Percent of children (age 0-3) with normal growth and development • Percent of children who enter school “ready to learn” • Incidence of family violence and incidence of family violence witnessed by children 		

Goal 2 (continued)

	Objectives	Examples of Indicators	Targets	Strategies
2	<p>Improve and maintain the skills and personal characteristics British Columbians need to participate fully in the social, cultural and economic life of the province, through learning opportunities and supports to develop:</p> <ul style="list-style-type: none"> • a sense of personal effectiveness, self-reliance and self-esteem; • skills for acquiring knowledge, thinking critically, solving problems, making informed decisions, communicating effectively, managing life events and coping with stress; • awareness of individual rights and a capacity to exercise personal responsibilities as members of society; and, • a commitment to life-long learning. 	<ul style="list-style-type: none"> • School completion rate • Level of educational attainment • Adult literacy rate • Psychological well being scale • Rate of high chronic stress • Emotional distress measure • Self-esteem index 		
3	<p>Improve and maintain the skills and capacities of British Columbians to find productive employment in a competitive labour market, including:</p> <ul style="list-style-type: none"> • appropriate employment competencies for youth and young adults, developed within a flexible, accessible formal education system; and, • capacity of those in the workforce to adapt and respond to changes in skill requirements and labour market demands, through access to education and training opportunities throughout adult life. 	<ul style="list-style-type: none"> • Unemployment rates for youth and older workers • Unemployment rate by level of educational attainment <p><i>Indicators that could be developed:</i></p> <ul style="list-style-type: none"> - number of spaces/opportunities for older workers to retrain - number of employers providing opportunities for older workers to retrain and improve skills 		

Goal 2 (continued)

	Objectives	Examples of Indicators	Targets	Strategies
4	<p>Improve and maintain individual capacity and supports for making healthy lifestyle choices to enhance personal well-being and reduce health risks by:</p> <ul style="list-style-type: none"> • increasing the percentage of British Columbians who do not smoke; • reducing the percentage of British Columbians who use alcohol or drugs inappropriately or excessively; • increasing the percentage of British Columbians who regularly participate in healthy physical activity; • increasing the percentage of British Columbians who have a healthy diet; • increasing the percentage of sexually active British Columbians who use appropriate contraception and safer sex practices; and, • increasing the percentage of British Columbians who use appropriate safety practices, such as safe driving habits, safe participation in sports, protection from over exposure to the sun. 	<ul style="list-style-type: none"> • Smoking rate • Regular heavy drinking rate • Percent of population engaged in regular physical activity • Percent of students enrolled in physical education • Percent of population with healthy weight • Percent of calories consumed as fat • Driving after drinking rate • Bicycle helmet use rate • Percent of population with two or more sexual partners in past year • Teen pregnancy rate • Abortion rate 		
5	<p>Increase or maintain the capacity for independent living of persons who require assistance with activities of daily living due to disabilities or limitations in their physical, mental, social or emotional functioning, including:</p> <ul style="list-style-type: none"> • access to necessary supports and services, including recognition of and support for family and other informal caregivers; and, • capacity to take responsibility for, or participate in, planning and managing personal supports and services. 	<ul style="list-style-type: none"> • Percent of population with a disability, handicap or activity limitation due to an ongoing health problem to disabilities or limitations in their • Percent of population with a disability (mobility, agility, seeing, hearing, speaking, other) • Percent of population living in long term care facilities, age 65+ 		

Goal 3: A diverse and sustainable physical environment with clean, healthy and safe air, water and land.

Sustaining a healthy environment is essential to our long term physical survival and to our sustained social and economic wellbeing. As well, contamination of the physical environment can pose immediate threats to human health. Our challenge is to balance protection of the physical environment with the need for sustained economic activity, while protecting human health and respecting the interests of individuals and communities.

	Objectives	Examples of Indicators	Targets	Strategies
1	Improve and maintain air quality throughout British Columbia.	<ul style="list-style-type: none"> • PM10 (fine particulate) levels • PM10 emissions by source (e.g., industry, transportation, prescribed burning, wildfires) • Percent of municipalities with bylaws restricting smoking • Percent of schools, day care centres and health institutions with smoke-free policies • Percent of workers employed in smoke-free workplaces 		
2	Improve and maintain the quality and safety of water throughout British Columbia.	<ul style="list-style-type: none"> • Number of boil-water advisories • Water Quality Index • Residential water use per person 		
3	Improve and maintain a sustainable, safe and nutritious food supply for all British Columbians.	<ul style="list-style-type: none"> • Percent of food supply produced in BC • Total area of agricultural land reserve 		
4	Improve and maintain the quality of land and soil across British Columbia.	<ul style="list-style-type: none"> • Percent of land base in protected areas • Per capita solid waste disposal rate 		
5	Decrease damage to the global atmosphere.	<ul style="list-style-type: none"> • Greenhouse gas emissions • Thickness of ozone layer 		

Goal 3 (continued)

	Objectives	Examples of Indicators	Targets	Strategies
6	Minimize the negative impact of human settlement and activity on the long term sustainability of natural ecosystems.	<ul style="list-style-type: none"> • Percent of native BC plant and animal species "red listed" (threatened, endangered, or candidates for such) • Percent of land base in protected areas • Resource consumption levels (e.g., fish stocks, forest land harvested and/or regenerated, fossil fuel consumption rates) • Ecological Footprint - total amount of land required to provide all material and energy used per capita for daily living (food, shelter, transport, consumer goods and services, disposal of wastes) 		

Goal 4: An effective and efficient health service system that provides equitable access to appropriate services.

Quality health services, when we need them, make an essential contribution to our health and well being. At the same time, unnecessary or ineffective health care can harm our health and use up public resources that could be better spent elsewhere to enhance health. Our challenge is to ensure we have an *effective system* that balances public and health care provider expectations, available resources and evidence regarding outcomes of services provided.

	Objectives	Examples of Indicators	Targets	Strategies
1	Maintain commitment to a health service system that is based on the principles of universality, accessibility, comprehensiveness, portability, and public administration.	<ul style="list-style-type: none"> • Universality - Percent of population registered for health care insurance (overall, by region, and among special needs populations) • Accessibility - Systematic variation in utilization rates by region/ area and by type of service (e.g., hospitalization, home care, residential care) • Accessibility - Percent of hospital cases treated within client's community/region of residence • Comprehensiveness - Discrepancy between recommended availability of core services and actual service provision (overall level and trends, and by region/area) 		
2	Improve the process of allocating resources of health services across the province to ensure that it is equitable, understandable and based on population characteristics and needs.	<p>Indicator(s) to be developed. Indicators could be developed on the following concepts:</p> <ul style="list-style-type: none"> - deviation between actual annual funding to regions and allocations recommended by funding formula - changes resulting from ongoing review and revision of funding formula - expansion of the funding formula to include additional health services 		

Goal 4 (continued)

	Objectives	Examples of Indicators	Targets	Strategies
3	<p>Improve access to services that have been proven cost-effective but not uniformly or consistently used, and decrease utilization of services, technologies and medications which the evidence indicates are inappropriate, ineffective or over-utilized.</p>	<ul style="list-style-type: none"> • Utilization rates for cost effective services (child immunizations, mammography screening for women, age 50+) • Utilization rates for services that evidence indicates are ineffective, inappropriate or over-utilized • Number of deaths due to medically treatable diseases and adverse effects of drugs in therapeutic use • Hospitalization rates due to complications of care, misadventure during surgical/medical care or adverse effects of therapeutic drugs <p><i>Indicators that could be developed:</i></p> <ul style="list-style-type: none"> - use and results of quality assurance, practice guidelines, utilization management and performance monitoring methods - client satisfaction measures 		

Goal 5: Improved health for Aboriginal peoples.

Aboriginal peoples experience very significant health status inequities that have occurred as part of the historical legacy of our province and country. This goal highlights the need for action to reduce these inequities, including changes to ensure greater self determination for Aboriginal communities.

Overall indicators for the health goals:	<ul style="list-style-type: none"> • Life expectancy at birth • Infant Mortality • Age standardized mortality rate of Aboriginal (or Status Indian) peoples compared to total population of British Columbia
Socio-economic indicators (Aboriginal peoples compared to general population):	<ul style="list-style-type: none"> • Education levels • Unemployment rate • Low Income • Lone parent families

25 NOTE: Although considerable work toward developing objectives and indicators for this goal has occurred, more discussions are still needed. A process to finalize specific objectives and indicators must include the extensive involvement of Aboriginal peoples, and must complement the other processes and negotiations that are underway concerning Aboriginal health, First Nations self-government and other key issues. Therefore, no objectives or indicators are being presented at this time.

Goal 6: Reduction of preventable illness, injuries, disabilities and premature deaths.

A considerable number of our major health problems can be prevented through specific targeted interventions. This goal identifies achievable and measurable reductions in health problems that take a significant toll on the health of British Columbians, and for which effective prevention or early intervention strategies are available.

	Objectives	Examples of Indicators	Targets	Strategies
1	Reduce cardiovascular disease.	<ul style="list-style-type: none"> • Mortality rate for cardiovascular disease • Percent of population with risk factors for cardiovascular disease: high blood pressure, high blood cholesterol, current smokers, overweight, physical activity and amount of fat in diet 		
2	Reduce breast cancer, cervical cancer, lung cancer and melanoma skin cancer.	<ul style="list-style-type: none"> • Breast cancer, lung cancer and melanoma incidence and mortality rates • Screening mammogram rates, women age 50+ • Cervical cancer screening, incidence and mortality rates 		
3	Reduce respiratory disease.	<ul style="list-style-type: none"> • Mortality and hospitalization rates for respiratory diseases 		
4	Reduce or maintain current very low levels of vaccine preventable disease.	<ul style="list-style-type: none"> • Immunization rates for 2 year olds; school entry children; grade 6 children (hepatitis B); and adults, age 65+ (influenza and pneumonia) • Number and rates of reported cases of vaccine-preventable diseases (e.g., measles, mumps) • Number of haemophilus meningitis deaths, age 0-4 		
5	Reduce cases of active tuberculosis.	<ul style="list-style-type: none"> • Rates for active tuberculosis and drug resistant cases 		

Goal 6 (continued)

	Objectives	Examples of Indicators	Targets	Strategies
6	Reduce HIV infection.	<ul style="list-style-type: none"> • Rate of AIDS cases, AIDS deaths and yearly rate of increase • Number of new positive HIV cases by risk category (injection drug users, men who have sex with men, other) • Percent of pregnant women screened for HIV • Number of HIV-infected children born 		
7	Reduce sexually transmitted diseases.	<ul style="list-style-type: none"> • Reported rates of sexually transmitted diseases (chlamydia, gonorrhea and infectious syphilis) • Hospitalization rates for pelvic inflammatory disease • Ectopic pregnancy rate 		
8	Reduce the incidence and impact of chronic disabling conditions.	<ul style="list-style-type: none"> • Prevalence of chronic disabling conditions 		
9	Reduce unintentional injuries and premature deaths.	<ul style="list-style-type: none"> • Mortality and hospitalization rates due to unintentional injuries (transportation, fire, drowning and water-related, workplace, home and residential, and sports and recreation) • Potential years of life lost rate for unintentional injuries, age 0-75 		
10	Reduce injuries and premature deaths from interpersonal violence and abuse.	<ul style="list-style-type: none"> • Mortality rate for homicide • Number of gun deaths • Percent of adolescents who carry weapons • Percent of adolescents who participate in physical fights • Percent of women ever experienced physical or sexual violence 		

Goal 6 (continued)

	Objectives	Examples of Indicators	Targets	Strategies
11	Reduce deaths from use of illegal drugs.	<ul style="list-style-type: none"> • Number and rate of deaths due to illicit drug use • Number of physicians prescribing methadone 		
12	Reduce water-borne and food-borne diseases.	<ul style="list-style-type: none"> • Reported number of cases of enteric (intestinal) diseases (e.g., E-coli, Campylobacteriosis, Hepatitis A) • Number of water borne disease outbreaks 		
13	Reduce neural tube defects.	<ul style="list-style-type: none"> • Rate of congenital anomalies and neural tube defects 		
14	Reduce the negative impact of mental illness.	<ul style="list-style-type: none"> • Hospital admission/re-admission rates for mental illness • Total units of housing available for persons with mental illness • Prevalence of depression 		
15	Reduce suicides.	<ul style="list-style-type: none"> • Mortality rates from suicide • Percent of adolescents who ever considered suicide 		
16	Reduce the incidence and spread of infectious diseases, particularly emerging infectious diseases, through improved surveillance.	<ul style="list-style-type: none"> • Number of cases and rate of emerging infectious diseases such as Lyme disease, hepatitis C, malaria and hantavirus 		