

12 May 2016

**Standing Committee on Health and Wellness
First Report of the Second Session Sixty-fifth General Assembly
Committee Activities**

Mr. Speaker and Members of the Legislative Assembly:

The Standing Committee on Health and Wellness is charged with health, social programs, health infrastructure, persons with disabilities, and sport. In addition, it may, by majority decision of its membership, meet to examine and inquire into such matters and things as the committee deems appropriate.

Committee Membership

Janice Sherry, Chair (District 21, Summerside-Wilmot)
James Aylward (District 6, Stratford-Kinlock)
Peter Bevan-Baker (District 17, Kellys Cross-Cumberland)
Kathleen Casey (District 14, Charlottetown-Lewis Point)
Darlene Compton (District 4, Belfast-Murray River)
Bush Dumville (District 15, West Royalty-Springvale)
Pat Murphy (District 26, Alberton-Roseville)

The following Members served as substitute committee members during the timeframe of this report:

Bradley G. Trivers (District 18, Rustico-Emerald)
Sonny Gallant (District 24, Evangeline-Miscouche)

Committee Activities

Your committee met **six** times during the time frame covered by this report: on **January 12; February 17; February 23; March 8; March 15; and May 3.**

At its meeting on **January 12, 2016**, your committee discussed its work plan for the next several months. A number of issues were discussed and considered.

Your committee met on **February 17, 2016**, to receive briefings on the topic of mental health and addictions in the province. The first presentation of the day was from Dr. Rhonda Matters, Chief Mental Health and Addictions Officer. Dr. Matters explained the province's mental health and addictions vision, included a set of strategic priority areas: 1) "Better Access, Better Care"; 2) "Work Together and Put People First"; 3) "Intervene Early: Focus on Youth"; 4) "Support Recovery and Uphold Rights"; and 5) "Mental Health Promotion". When discussing each priority, Dr. Matters highlighted the intended outcomes. She concluded by explaining what the next steps were, which involves completing the Advisory Council's work, reviewing the priority areas, and moving to the next stage of action.

Next, your committee heard from Health PEI: Dr. Richard Wedge, then-Chief Executive Officer of Health PEI and Verna Ryan, Director of Mental Health and Addictions. Dr. Wedge began by outlining the

roles and responsibilities of Health PEI, which is to deliver health care services to Islanders. It is the role of government, through the Department of Health and Wellness to provide policy direction in relation to health care. Verna Ryan provided a detailed profile of programs and services available, as well as a breakdown of mental health and addiction services provided based on the needs of the patients. Also provided to the committee was a comprehensive list of admissions, occupancy rates and referrals. The presentation concluded by updating the committee on progress made on recommendations from the Chief Mental Health and Addictions Office.

On **February 23, 2016**, your committee began its consideration of Motion No. 60 (Support for grandparents acting as primary caregivers). This Motion was debated on November 19, 2015, and passed unanimously by the Legislative Assembly. The Motion was referred to the Standing Committee on Health and Wellness, and reads as follows:

WHEREAS it is becoming more common for grandparents to take on the role of primary caregiver for their grandchildren on Prince Edward Island for a variety of reasons;

AND WHEREAS raising a second generation brings many rewards;

AND WHEREAS compared to non-caregivers, grandparents raising grandchildren have significantly more mental and physical health problems;

AND WHEREAS grandparents face additional challenges as they may be on a fixed income, retired, or unable to return to work;

AND WHEREAS many grandparents are raising children through informal arrangements and are not in the social assistance system;

AND WHEREAS research suggests that economic relief for low-income caregiver grandparents may be successful at reducing the burdens they face;

AND WHEREAS there is a need for a variety of services and policies that can provide missing resources;

THEREFORE BE IT RESOLVED that this Assembly urges the provincial government to review and explore supports given to grandparents who are their grandchild's primary care giver and to ensure that adequate assistance is in place;

THEREFORE BE IT FURTHER RESOLVED that this topic be directed to the Standing Committee on Health and Wellness for further exploration.

First, your committee heard from the Department of Family and Human Services: Hon. Tina Mundy, Minister of Family and Human Services; Rhea Jenkins, Director of Social Programs; and Rona Smith, Director of Child and Family Services. Hon. Tina Mundy was the mover of the original Motion, and she provided some background regarding her reasons for moving the Motion. Additionally, the Minister provided an overview of the role of the Department regarding grandparents acting as primary caregivers, and included an overview of protection services for children. Next, your committee heard a very moving presentation from the Grandparents Support Group of Summerside. Pam MacKinnon, co-facilitator for

the Grandparents Support Group program gave an overview of what some grandparents are facing when they are the primary caregivers to their grandchildren. Obstacles that many grandparents may face include, but are not limited to: financial issues, including living on a fixed income and not being able to live in seniors housing with children; no respite care available to grandparents; general issues related to aging health; and issues related to living in a skip-generation household. To conclude the presentation, Pam MacKinnon told your committee: “These grandparents are heroes” (February 23, 2016; page 75). Your committee whole-heartedly agrees with this statement.

Your committee met on **March 8, 2016**, to continue its consideration of Motion No. 1 (Out-of-province health care expenditures). Hon. Robert Henderson, Minister of Health and Wellness; and Dr. Michael Mayne, Deputy Minister of Health and Wellness, briefed the committee on the topic. The Minister highlighted some of the ways that province is being proactive regarding out-of-province health expenditures, including: the location of care, repatriating services to the province; and the increasing use of visiting specialists. As noted by the Minister, not all services can be repatriated to the province, not necessarily because of costs, but “specialists also require an optimal volume of patients to keep up with their skill levels” (March 8, 2016; page 90). This is where visiting specialists can have a positive impact. To conclude, Dr. Mayne highlighted some of the steps that have been taken by Health PEI regarding recommendations in the Auditor General’s 2015 Report.

Your committee also heard from representatives from the Prince Edward Island College of Physicians and Surgeons: Dr. Cyril Moyse; Registrar of the College; and Dr. Christopher Steward, President. Their presentation provided the committee an opportunity to discuss the roles and responsibilities of the College of Physicians and Surgeons. They informed the committee that there are two medical organizations in most provinces and territories: “a medical society which represents the physicians themselves, and then a provincial college whose principle role is for protection of the public, both in the form of regulation and licensing physicians and also in areas of discipline” (March 8, 2016; page 111). Regarding the College’s role, they concluded by giving a detailed explanation of the application process for physicians, and the standards for licensing.

On **March 15, 2016**, your committee met to begin its consideration of Motion No. 70 – (Consideration of the **Well-being Measurement Act**). Motion No. 70 was debated in the Legislative Assembly on December 2, 2016, and was passed unanimously. The Motion reads as follows:

WHEREAS the Leader of the Third Party has introduced a bill entitled the **Well-being Measurement Act** (Bill 101);

THEREFORE BE IT RESOLVED that the **Well-being Measurement Act** (Bill 101) be referred to the Standing Committee on Health and Wellness for further consideration.

Your committee heard from the following presenters on this topic: Dr. Peter Bevan Baker, Leader of the Third Party and the promoter of the Bill under consideration; Dr. James Randall, Coordinator of the Master of Arts Island Studies Program at UPEI; and Dr. Irené Novaczek, author of *Quality of Island Life* Survey conducted in Tyne Valley in 2006. Dr. Peter Bevan-Baker began his presentation by discussing his reasons for introducing this Bill. The presentation then highlighted how the economic indicators measure progress in society (mainly the Gross Domestic Product- GDP); however, the GDP does not take into account the personal impacts on citizens; for example, buying a new tv after a break-in raises the

GDP, but how does that effect the homeowners personally? Dr. Peter Bevan Baker told the committee that, “there are many other examples of costs to society in order to deal with problems which we look at as positives in GDP which may indeed not be the case at all” (March 15, 2016; page 128). To conclude, the promoter of the Bill that this Act would monitor the well-being of Islanders, taking into consideration factors that are important to society – social, cultural, spiritual – that are not necessarily measured under the current system. Next, Dr. James Randall explained some of his research areas of interest, including quality of life indicators. He discussed the change in attitudes over the last 50 years regarding measurements of successes in a society. Dr. James Randall explained that “societies are going to value different things and so our measures are also going to be different” (March 15, 2016; page 135); Prince Edward Islander would be able to incorporate their values into well-being measurement initiatives. Dr. Irené Novaczek was the third presenter on the topic of well-being. She has spent many years studying quality of life, and posed the question: “How do Islanders define quality of life or well-being?” (March 15, 2016). Dr. Irené Novaczek has researched aspects of quality of life in Tyne Valley, New London Bay and Covehead. She had an interesting observation through her research, that Islanders have a strong attachment to water of all kind. Her research also points to the fact that different areas may have different qualifications for a good quality of life.

At the same meeting, your committee heard from Islandwide Hospital Access, represented by: Alan MacPhee (Chair), Fred Cheverie, Anne McPhee, and David MacDonald. They provided an overview of the work of the group and included their position on the status of health care in rural Prince Edward Island.

On **May 3, 2016**, your committee met to discuss its report to the Legislative Assembly.

Recommendations

- 1. Your committee recommends that the Department of Family and Human Services undertake a public service education campaign regarding supports available to grandparents acting as primary caregivers.**

Your committee heard from the Department of Family and Human Services that there are supports that are available to grandparents who are acting as primary caregivers to their grandchildren. At the same meeting, your committee heard from grandparents that did not know of certain supports, services or programs that were available to them. Your committee feels that it is extremely important to have this information in an easy to find and read document. Additionally, your committee believes that it is important for this document to include all programs that can support children; this includes programs found in other provincial government departments (for example: the \$6,600.00 for school-age children autism funding is a program that falls under the Department of Education, Early Learning and Culture), as well as federal government programs. The goal of this recommendation is that grandparents receive the support they deserve, as soon as possible.

Motions referred to the Standing Committee on Health and Wellness during the 1st Session of the 65th General Assembly – Update

- 1) Motion No. 1 – Out-of-province health care expenditures*

Over the course of several meetings, your committee heard that there are several factors that have impacted the increase of out-of-province health care expenditures: provinces have begun billing more stringently for services provided to out-of-province patients; the increase of sub-specialties, some specialties that Prince Edward Island would not have the population to support; and the prevalence of chronic conditions that increase with age. Additionally, when a significant health care event occurs, no Islanders are refused coverage, but depending on the event, the costs associated may be in the range of \$500,000-750,000 (for example, a premature birth, a serious cancer case; a double-lung transplant).

The Motion which referred this topic to your committee referenced the recommendations made by the Auditor General's Report of 2015. Your committee is pleased to hear that the Department of Health and Wellness and Health PEI has taken action and are in the process of reviewing that report and making the necessary changes.

With the receipt and adoption of this report, your committee has completed its work on Motion No. 1, Out-of-province health care expenditures.

2) Motion No. 60 – Support for grandparents acting as primary caregivers

Your committee heard from a Grandparents Support Group, and was moved by their stories. This is a complex issue, one that warrants a thoughtful discussion. Because of the importance of this issue, your committee plans to continue its consideration of the Motion through the upcoming months, and will report and make recommendations on this topic in its next report.

3) Motion No. 70 – Consideration of the Well-being Measurement Act

With the prorogation of the 1st Session of the 65th General Assembly on April 1, 2016, the **Well-being Measurement Act** (Bill No. 101) died on the Order Paper.

Your committee heard from various presenters on the topic of well-being, and found it to be an interesting subject; however, due to the status of Bill No. 101 from the 1st Session of the 65th General Assembly, with the receipt and adoption of this report, your committee has completed its work on Motion No. 70, Consideration of the **Well-being Measurement Act** (Bill No. 101).

Conclusion

Your committee wishes to thank those individuals and organizations that met with the committee. Your committee appreciates the opportunity to hear about the issues and concerns that are important to Islanders on the topic of health and wellness.

Respectfully submitted,

Janice Sherry, MLA
Chair
Standing Committee on Health and Wellness