



NEWFOUNDLAND
AND LABRADOR

**HEALTH
BOARDS
ASSOCIATION**

**Budget Presentation
To
Minister of Finance and
President of Treasury Board**

NLHBA Mailing Address

P.O. Box 8234
St. John's, NF
A1B 3N4

NLHBA Delivery Address

Board of Trade Building
Suite 202
66 Kenmount Road
St. John's, NF
A1B 3V7

Telephone (709)364-7701
Facsimile (709)364-6460
Email nlhba@nlhba.nf.ca
Web Site www.nlhba.nf.ca

March, 2002

MISSION

As a federation of health boards, the NLHBA is dedicated to working collaboratively with the province's publicly-funded health system through dynamic leadership in advocacy, the creation and exchange of ideas, and development of consistent policies, standards, and guidelines.

DEFINITION OF "HEALTH"

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

World Health Organization

1 INTRODUCTION

The Newfoundland and Labrador Health Boards Association (NLHBA) is the federation of regional health boards that serve Newfoundlanders and Labradorians across the province. Through our membership, the NLHBA represents the regional Institutional Health Boards, the regional Integrated Health Boards, the regional Health and Community Services Boards, the St. John's Nursing Home Board and the Newfoundland Cancer Treatment & Research Foundation. These Boards are governed by voluntary trustees, who are appointed by the Minister of Health and Community Services and serve in the public interest.

To provide input from the perspective of the provincial Health Boards to the budget process, the NLHBA is presenting its key concerns for the health system in the Province. We look forward to Government's response and serious consideration of these consistent messages from the Health Boards, which are based on the realities of delivering the programs and services in the health system for our Province.

Since the 2001 Budget was presented to the public, the NLHBA has been lobbying Government on three major issues:

1. a consultation and decision-making process for Health Boards and Government to complete the development of the crucial overall strategic directions for the health system in our Province;
2. decisions on the services that can be delivered and the required standards; and
3. adequate and predictable funding to establish all aspects of the health system on a secure financial basis for long-term planning.

The most recent financial review of the operations of the Institutional Health Boards is complete and a review of the Health and Community Services Boards is under way. It is therefore time to plan the health system based on the realities of what the Province can afford.

2 FUNDING THE HEALTH SYSTEM

2.1 Strategic Planning

2.1.1. Strategic Health Plan: The NLHBA welcomes the Department of Health and Community Service's (DOHCS) positive response to our consistent lobby for a Strategic Health Plan to guide the operations of the health system in this province. The strategic planning process with DOHCS is now well under way with the completion of the Health Forums and several months of meetings of the Joint Planning Committee, composed of members from the health system and DOHCS. We look forward to the first draft of the Strategic Health Plan.

2.1.2. Health Human Resources Plan: Work is proceeding on health human resources planning for the Province, which will help forecast the changing needs for Nurses, Physicians, Allied Health professionals, and other health professionals. As noted in our 2001 budget presentation, this research on requirements for Health Sector Human Resources (HR) will address three questions: First, what are the inputs and outputs to the workforce over time? Second, are we meeting today's needs? Third, how will changing demographics and changing modes of service delivery change the need for services? Data gathered in answering these questions will go a long way to meet the need for evidence on which to base policy, so that evidence-based decisions can be made for resources and an appropriate service mandate for future directions in the health system.

2.1.3. Service Decisions: As stated last year, the NLHBA anticipates that decisions on the services that the Province can afford to fund for a given year will be based on the Strategic Health Plan now under development. With a Strategic Health Plan and a Health Human Resources Plan integrated with the principles of the Strategic Social Plan, it will be possible to bring some order and clarity to the process of identifying the needs of the population and selecting those needs that will be met by the health system, the services that should be offered, the human resources required to provide

those services, and the locations for those services, based on what the Province can afford. It is important to the Health Boards that the Strategic Health Plan include realistic goals and actions, so that the high-level strategic decisions are followed by clear operational guidelines for the health system. Health Boards can then proceed to deliver health services in their regions based on a rational overall scheme that can be operationalized according to the needs and circumstances of each region.

2.1.4. Strategic Funding Model: Last year the NLHBA drew Government's attention to the Funding Model developed by the NLHBA as a basis for discussion with DOHCS on open strategic directions for funding allocation decisions. The DOHCS has recently hired a consultant to examine the feasibility of a funding model for Newfoundland and Labrador and the NLHBA funding model is part of the discussion. The NLHBA feels that clearly-defined funding goals and principles, based on the population health principles that support the provincial health system, have three main purposes:

- to structure accountability in the health system, letting us see where health funding goes and why;
- to ensure that funding is allocated according to population health principles and the promotion of wellness;
- to communicate both the perception and the reality of fairness in funding allocation and the achievement of a level playing field for all regions of the province.

Without some action on this front, the health system cannot avoid the current patchwork quilt of *ad hoc* funding allocations and single funding decisions that opens the system to accusations of political bias and interference and does not contribute positively to health planning for current and future directions. Decisions by Government such as the designation of November 11 as a statutory holiday have serious costs attached: one Board has worked out that the costs will amount to \$400,000 annually for that one extra day, composed of paying employees time-and-a-half to work on that day, plus 1 day off and the cost of replacements at time-and-a-half or double time. Another decision by Government resulted in members of NAPE

and CUPE having free eye examinations at approximately \$45.00 each. No extra funds are forthcoming according to a predetermined formula; the increased cost of such decisions is borne by Health Boards out of their current budget, taking funding from another service or program.

2.1.5 Standards and Guidelines: Over the past few years, the NLHBA has consistently lobbied for standards and guidelines to be determined for all services delivered in the health system. These benchmarks for measurement of progress are essential for:

- implementation of a meaningful accountability system;
- determination of appropriate funding for the cost of delivering the mandated services according to the identified standards and guidelines.

We do not know why there has been only a limited provincial response to this request, the absence of which has led to significant regional variations across the province.

We are not alone in the absence of consistent standards in the health system. On the national scene, the Romanow Commission has identified the need for adoption of common standards across the health system and the *Health Care in Canada Survey 2001* found that Canadians advocate the development of national standards for health care delivery and services and support the establishment of electronic information-sharing systems. This gives our Province the opportunity to take the lead in this matter.

2.1.6 Evidence-Based Decision-Making: Health decisions of all kinds must be based on reliable data, according to agreed-upon principles, so that the rationale for decisions can be clearly understood and supported by health administrators, health professionals and, more importantly, the public. The framework for this will be provided by the Strategic Health Plan for each year and by data gathered from various sources. However, in order for the data to be reliable, an updated information system will have to be installed throughout the health system, and

applied consistently to ensure comparable statistical information. The Newfoundland and Labrador Centre for Health Information are ready to implement the Unique Identifier which will be the first step towards a system where health information on individuals can be shared with designated health professionals in a secure and confidential manner.

2.1.7. *Accountability:* The NLHBA supports the principle of Government's accountability initiative and hopes that it will prove to be a dynamic process that strengthens and assists best management practices, evidence-based decision-making, long-term planning and continuous improvement of the health system. Accountability legislation would set out duties and define roles for all parties. As pointed out by the provincial Auditor General, Newfoundland and Labrador is almost alone amongst Canadian provinces in not having some type of legislated accountability (8 other jurisdictions already have this). It is too late for our province to be a leader in this, but let us not be the last hold-out against legislating accountability.

2.1.8. *Alternative Models of Service Delivery:* Part of the Strategic Health Plan should be devoted to exploring alternative models of service for patients/clients/residents. New models for Primary Care services have been piloted in this province, and the Primary Physicians Advisory Committee Report was presented at the Health Forums and later released to the public. The St. John's Nursing Home Board has just presented a new model for long term care which should be carefully examined for benefits to residents and to financial management.

Other areas which need examination include the province's Independent Living arrangements. Health Boards have no control over these arrangements, which in some situations currently cost Boards approximately \$270,000 per client per annum. We are the only province that spends this huge amount of money in this way. We need to look at co-operative living arrangements and other ways to meet these needs in a more cost-effective manner. In developing new flexible, cost-effective models,

it is important to achieve equity in funding allocation, so that funds do not all go to addressing a few needs, leaving others without adequate resources.

RECOMMENDATIONS:

1. **Determine standards and guidelines for service delivery together with appropriate human resources and then decide on the services that can be delivered at the required level with the amount of funding available for the health system in order to meet the goals of the Strategic Health Plan.**
2. **Develop accountability legislation defining the authorities, roles and responsibilities of all parties in the provincial health system.**
3. **Explore alternative models of service delivery.**

2.2. Appropriate Funding for the Health Boards

Since no planned growth factor is built into health funding, the funding situation worsens each year as inflationary pressures and demographic change increase the costs of providing health services without compensatory increases in funding. *Understanding Canada's Health Care Costs*, released in August 2000 on behalf of the Provincial and Territorial Ministers of Health, predicts a "highly conservative" average of almost five per cent rise in health costs annually over the next 27 years due to basic cost drivers such as population growth, aging, inflation and other factors. This amounts to a total increase of almost 250 per cent by 2026. This calculation does not address other factors which drive up costs in the health system, such as new technologies, increased expectations, information technologies, labour costs, and others.¹

In this Province, Institutional Boards are facing increasing public expectations, and the increased costs of new technology, new drugs, new equipment, new medical specialists and expanding and enhancing programs. The Health and Community Services Boards deliver community services not factored into the *Understanding Canada's Health Care Costs* calculations and face accelerating deficits in the community services sector due to

¹ *Understanding Canada's Health Care Costs: Final Report*, Provincial and Territorial Ministers of Health, August 2000, pp. 28-56.

increased demands and services transferred without enough funds. Decisions around technology acquisition, for example, are made provincially and then are only partially funded by Government, thus contributing to Board overspending. The Integrated Boards face both the institutional and the community services concerns. The provincial funding formulae are outdated and should be annually reviewed and evaluated.

RECOMMENDATION:

4. **Build in a realistic annual cost increase to health funding in order, as a base funding position, to allow the health system to maintain its current status before allowing for additional funding for specific health initiatives and concerns.**

2.2.1. Health System Deficits: In the 2001 budget, the Minister of Finance and President of Treasury Board provided the Institutional Health Boards with an extra \$50 million, which brought health funding up to the level of actual spending in the previous year, 2000-2001. Although the NLHBA appreciated this recognition of the actual cost of providing the current range of health services to the provincial population in the year 2000-2001, there was unfortunately no inflation factor built in for the added cost of providing the same services in 2002 – 2003 and no plan to reduce the demand for increased services. There was also no recognition of any one-time savings implemented by Health Boards that would be back on the books for the following year.

A major problem for Health Boards trying to balance their budgets, however, is the decision that Health Boards should restructure the existing lines of credit, caused by underfunding over the past years, as bank loans to be repaid over a 10 year period. There are three main objections to this:

- individual Health Boards are not in a strong position to negotiate advantageous terms for such a loan. They are not-for-profit organizations with deteriorating assets. The only value that they have to offer to the bank as security for a loan, apart from their social value, is their connection with

Government, who will have to guarantee each loan for each local branch of the chosen bank. As an example, the best floating interest rate offered to one smaller Health Board was prime plus 1.25%, at a time when even an individual securing a loan on a personal residence can get an interest rate of prime. Health Boards that have entered into negotiations have found that even the smaller Boards are facing draconian payments of over \$100,000 per month, including annual interest payments of approximately half a million dollars, in order to pay down the loan in 10 years.

- the monthly payments by Health Boards will come from each Board's annual health budget. This means that funds budgeted for the provision of health services to the provincial population will in fact be going to our privately-operated banks.
- the payments on health debts plus accumulated interest will seriously impact on the ability of Health Boards to manage within the current funding envelope and balance their budgets, while continuing to deliver health services.

The Health Boards incurred a debt in the range of \$15 to \$20 million for the year 2000 – 2001 and a conservative estimate of the accumulated debt of the Health Boards would be over \$100 million. Health Boards are already currently struggling to address interest costs associated with large lines of credit. Is it realistic or feasible to ask that this money, plus interest, be cut from the current budgets of Health Boards? It is inevitable that health services will be under-resourced to the point of closure, since the apparent increase in the health budget masks a significant decrease due to debt repayment.

The best solution to the financial difficulties of balancing health budgets when health funds have been effectively cut, together with the ethical issue of handing much-needed public health funds over to banks, is for Government to co-sign or take over this debt and for Health Boards to arrange their repayments to Government according to the amount owed by each Board. Government is in a much stronger negotiating position with respect to advantageous repayment

terms, and has the ability, for example, to float a new bond issue to manage this debt. The provincial Auditor General has indicated over the past few years, and with increased emphasis in her most recent report, that the most realistic assessment of the provincial debt should include deficits for Crown Corporations and other Government bodies.

2.2.2. *Budgetary Process:* Once the Provincial Budget is approved the Department of Health and Community Services advises each Health Board of its share of the health budget. This is a lengthy process, without ongoing collaboration, which may take months before Health Boards have their budgetary requests approved after having submitted their budget requests in October. By the time Boards hear the amount of funding approved in March, it is too late to make operational changes to reflect the funding levels provided. To be truly part of the process, Boards would need to meet frequently with DOHCS during that time period in order to discuss the reasons for requested changes in funding levels. The lack of timely final budget approval prevents long term planning by the health system, and is inhibiting good business practice. Boards need at this point to get away from “start-stop” funding by becoming involved in the budget process for a number of years into the future, so that advance planning for strategies to balance their budgets can be developed.

RECOMMENDATION:

- 5. Establish a realistic base budget for the health system, and institute a timely, multi-year, truly global budget process, based on valid acceptable funding formulae, which takes into consideration the health needs of the population in each region, as identified collaboratively by the health system and Government, and leads to full accountability.**

2.2.3. *Transferred Services:* Services are often transferred to Health Boards without the proper infrastructure or funding in place for the mandated programs. Many of the following points have been made in previous years without eliciting any response. Health Boards, although happy that the Health Forums have confirmed the

wellness focus of the health system, are still looking for some action on these matters. You will note that the NLHBA recommendation remains the same:

- *Community Services:* the services and programs that were moved from the Department of Human Resources and Employment to the Health and Community Services and Integrated Boards were not provided with enough funding for the level of services required to be delivered, let alone for the expected increase in the level of services. The inadequate funding is also due to the lack of a funding formula linking population needs to budgeting (see **2.1.4 Strategic Funding Model** above);
- *Home Support:* Demands for home support services are increasing due to the move to community-based, non-institutional delivery of care and demographic factors such as the aging of the population and outmigration of younger potential caregivers in the family. These demands cannot be met without more funds for this purpose or changes in the eligibility criteria for access to the services;
- *Health Promotion:* Inadequate funding has been dedicated to this important mandate in the health system. Investment in health promotion, early intervention and prevention would lead to significant improvements and long term economies across the health continuum. Resources dedicated to address and improve the effects of health determinants in the Province would also have a positive impact on the entire health system. Health Boards hope that with the added impetus of the Health Forums discussions, there will be some positive action on this front;
- *Legislative requirements:* The Provincial Government has passed legislation requiring certain services to be provided (the *Child, Youth and Family Services Act*, for example) and has not provided sufficient funds to carry out the legislated mandate.
- *Residential Boards:* Treasury Board has not accepted the Health Boards' estimate of the cost of taking on services currently the responsibility of the Residential Boards and has attributed a cost based on principles that are not known to the Health Boards. The Health and Community Services and the Integrated Health Boards are therefore unwilling to accept these further services without a thorough accounting and an agreement on the appropriate costs. Since 1998 Government

Departments have been delegating services such as child protection and child care without sufficient funding or sufficient other resources. Health Boards are requesting that appropriate planning be undertaken before this happens again.

RECOMMENDATION:

- 6. Pause the transfer of further services or programs until the current mandate is provided with sufficient funding for delivery of the mandated services to identified standards and guidelines. In the future, transfers should only take place after a full audit on the human resources and funding requirements according to identified standards has been completed. The transfer should then take place with funding provided for resources and infrastructure required to deliver the services.**

2.2.4. Capital Equipment and Technology Requirements: Again the message and the recommendation remains the same on this issue. Aging technology, buildings and equipment are affecting service delivery in all Health Boards, and operating budgets have to be used to maintain obsolete technology and equipment and to undertake repairs to buildings. The high cost of updating with new technology and equipment requires continued additional funding from both levels of government and a revised capital budget.

RECOMMENDATION:

- 7. Develop a Technology, Building and Equipment Replacement Funding Strategy for the next three to five years, based on the priorities identified by the Strategic Health Plan.**

2.2.5. Health Information System: The message and recommendation have not changed from last year. Many Health Boards still have inadequate information systems and this is impacting on our ability to change to meet changing client needs. All Boards are presently spending well under recognized standards of IT operational spending - the national standard for spending is around 4% of the operational budget.

Although Health Boards appreciate the efforts to introduce new technology such as the PACS system through federal/provincial funds, the province is proceeding without a plan to bring everyone up to a standard level of IT infrastructure. This will inevitably result in increasing disparities among Boards. Maintenance of technology plans must also be considered, such as ongoing needs for training and capital equipment replacement as technologies are upgraded and/or replaced. For evidence-based decision making (see **2.1.6. Evidence-Based Decision Making**), it is essential to be able to gather and access information in a timely and efficient manner.

RECOMMENDATION:

- 8. With the funding for information technology available provincially and federally, purchase and install a comprehensive health information system uniformly throughout the health system, and train new and existing staff to use the system to best advantage.**

2.2.6. Drugs: There has been some action resulting from discussions among the Atlantic Premiers and also among Premiers of all provinces. They recognize that the costs of drugs to the system is constantly increasing, due either to increased usage or to the cost of new specialty drugs, and is a danger to the sustainability of the Canadian health system. The Canadian Health Coalition has pointed out that the cost of prescription drugs has risen 344% from 1985 to 2000 and the OECD has pointed out that the cost of drugs in Canada is 30% higher than the average of OECD countries. A high proportion of “new” drugs on the market offer very little if any new advances in care compared with already available, less expensive drugs. This is clearly an issue that has to be tackled at government level to prevent the publicly-funded health system from having to pour its funds into the profits of private pharmaceutical companies. It would also be timely to review the *Public Tender Act* to determine whether any of the provisions, such as the definition of “sole source,” are currently inappropriate for the health system to achieve best prices in the drug market.

RECOMMENDATION:

- 9. Develop a funding strategy for drugs in the health system as part of the Strategic Health Plan, taking into account the rapid change likely in the future.**

2.3. Recruitment and Retention

The health system needs a Recruitment and Retention strategy, based on the Health Human Resources Plan, to address the serious shortage and lack of forward planning for training, recruitment and retention of health professionals required both now and in the future.

Problems of recruitment and retention of health professionals are seriously affecting the administration and morale of the health system. However, benefits provided to unions, either as part of the collective bargaining process or otherwise, such as sick leave utilization and replacement, should be fully funded by Government to avoid adding extra costs to the Health Boards' budgets (such as the already mentioned November 11 statutory holiday and free eye examinations, see **2.1.4. Strategic Funding Model**). It is absolutely essential to address human resources issues as a means of ensuring quality services in the health system.

The NLHBA supports a proactive, rather than a reactive, approach and fully supports the Health Human Resources Planning initiative (see **2.1.2 Health Human Resources Plan**). There are still unresolved concerns in every sector of health human resources. A key issue that will affect Health Boards costs and ability to recruit is a growing tendency of professional associations to require increasing educational levels for entry into the profession, extra qualifications which may not be justifiable in the light of the type of work to be done. Health Records professionals, for example, have served notice that they are considering an undergraduate degree as the entry level qualification, and the Canadian Association of Occupational Therapists has just adopted a Masters Degree as the entry level qualification in 2010.

The NLHBA is concerned that if this tendency is not modified, many health professionals will be out of our price range and over-qualified for the type of work available in rural areas of the province. At the least, they will have a higher level of student debt, will probably be unwilling to undertake rural practice and would likely not find rural practice fulfilling.

A more competitive level of funding is needed for health salaries and wages in order to establish the ability to compete nationally for new health professional employees and prevent critical numbers of health management and health professionals leaving the Province in response to intensive marketing efforts by other provinces and countries. Some specific examples include:

- Senior management (CEOs, VPs of Finance);
- Information Technology professionals in demand in the private sector;
- Level 1 and 2 management, whose compensation is uncompetitive due to compression resulting from the reclassification of union bargaining units. As Government's "front line," managers need to feel that they are supported, not just in a financial sense;
- Clinical positions.

In addition to the work of the Health Human Resource Planning Group, DOHCS should take the lead in developing and implementing succession planning for Health Human Resources to avoid foreseeable HR shortages in the future. A related and equally neglected human resources issue is implementing province-wide staff/management education to ensure that we are developing our current human resources to full potential.

RECOMMENDATION:

- 10. As a crucial component of the strategic planning initiatives led by DOHCS, the Health Human Resources Steering Committee should develop and recommend to Government a five year human resources**

plan, using demographic analyses and based on the strategic goals, standards and guidelines of the Strategic Health Plan, with appropriate funding for implementation.

RECOMMENDATION:

- 11. Immediately initiate the development and funding of a comprehensive Health Human Resources Recruitment and Retention Plan that would employ up-to-date human resources and marketing techniques in an innovative and proactive manner to attract and retain the levels of health human resources identified in the Health Human Resources Plan.**

3 CONCLUSION

In this presentation the NLHBA has supported the importance of strategic planning, now beginning with DOHCS, in order to coordinate all aspects of the health system and ensure that key decisions on service provision and adequate funding are based on realistic goals for the health system, given the needs to be met, the financial resources available in this Province and the mandate provided by Government.

A key issue for Health Boards is the management of accumulated debt in the most cost-effective and ethical manner. The current system of mandating a broad range of services without overall planning, agreements on consistently-applied standards and guidelines or adequate funding for delivery has resulted in annual deficits. Financial reviews ordered by Government have shown that Health Boards are conducting their affairs efficiently. Decisions have been made provincially without full accompanying funding, such as technology acquisition, Meditech and PACS, without an analysis of cost implications to individual Health Boards. The NLHBA believes that the Strategic Health Plan, based on the realities of the cost of a service delivered to consistently-applied, agreed-upon standards, will avoid deficits in the health system in future by not requiring a service if there is no funding

available at the necessary level. Forward planning in which service provision and funding are always linked will ensure that services that are provided are adequately funded.

A communications strategy will be necessary to educate the public on what to expect from the health system, what services are available and what health needs will be met so that public expectations are not allowed to grow unchecked by the realities of the health system. This strategy should clearly include Government and DOHCS support for Health Boards and their mandate. A Strategic Health Plan that clarifies the rationale for decisions on standards, services, funding, access principles and so on, will dispel public suspicions that money is somehow being wasted and ensure consistency and accountability in the health system.

In conclusion, the Association is pleased to address this presentation to the Minister of Finance and President of Treasury Board, and looks forward to a positive response to our recommendations.

RECOMMENDATIONS

- 1. Determine standards and guidelines for service delivery together with appropriate human resources and then decide on the services that can be delivered at the required level with the amount of funding available for the health system in order to meet the goals of the Strategic Health Plan.**
- 2. Develop accountability legislation defining the authorities, roles and responsibilities of all parties in the provincial health system and provide communication/education strategies to support the implementation.**
- 3. Explore alternative models of care.**
- 4. Build in a realistic annual cost increase to the base health funding in order, as a base funding position, to allow the health system to maintain its current status before allowing for additional funding for specific health initiatives and concerns.**
- 5. Establish a realistic base budget for the health system and institute a timely, multi-year, truly global budget process, based on valid acceptable funding formulae, which takes into consideration the health needs of the population in each region, as identified collaboratively by the health system and Government, and leads to full accountability.**
- 6. Pause the transfer of further services or programs until the current mandate is provided with sufficient funding for delivery of the mandated services to identified standards and guidelines. In the future, transfers should only take place after a full audit on the human resources and funding requirements has been completed. The transfer would then take place with funding provided for resources and infrastructure required to deliver the services according to identified standards.**

- 7. Develop a Technology, Building and Equipment Replacement Funding Strategy to be reviewed every three to five years, based on the priorities identified by the Strategic Health Plan.**
- 8. With the funding for information technology available provincially and federally, purchase and install a comprehensive health information system uniformly throughout the health system, and train new and existing staff to use the system to best advantage.**
- 9. Develop a funding strategy for drugs in the health system as part of the Strategic Health Plan, taking into account the rapid change likely in the future.**
- 10. As a crucial component of the strategic planning initiatives led by DOHCS, the Health Human Resources Steering Committee should develop and recommend to Government a five year human resources plan, using demographic analyses and based on the strategic goals, standards and guidelines of the Strategic Health Plan, with appropriate funding for implementation.**
- 11. Immediately initiate the development and funding of a comprehensive Health Human Resources Recruitment and Retention Plan that would employ up-to-date human resources and marketing techniques in an innovative and proactive manner to attract and retain the levels of health human resources identified in the Health Human Resources Plan. ♦**