



**New Brunswick** | **Conseil de la santé**  
**Health Council** | **du Nouveau-Brunswick**

Engage. Evaluate. Inform. Recommend.  
Engager. Évaluer. Informer. Recommander.

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**2013-2014**

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**Annual Report**

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New Brunswick Health Council  
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July 30, 2014

The Honourable Hugh John Flemming  
Minister of Health  
Province of New Brunswick

Dear Minister:

It is my privilege to submit the Annual Report on behalf of the New Brunswick Health Council for our sixth fiscal year beginning April 1, 2013 and ending March 31, 2014.

Respectfully Submitted,



Jean Claude Pelletier  
Chair of the Council

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July 30, 2014

Mr. Jean Claude Pelletier  
Chair of the Council  
New Brunswick Health Council  
Moncton, New Brunswick

Dear Mr. Pelletier:

I am pleased to be able to present the Annual Report describing the operations of the New Brunswick Health Council for its sixth fiscal year, 2013-2014.

Respectfully Submitted,



Stéphane Robichaud  
Chief Executive Officer



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## From the Chair of the Council and the Chief Executive Officer

As we completed our 2013-2014 fiscal year, the New Brunswick Health Council (NBHC) took stock of the progress of its work through the past year and also considered its achievements since it was created in 2008. With each annual cycle, the NBHC has built a valuable base of information regarding the health of the population, the quality of health services and the long term sustainability of the New Brunswick health system. Although the response to this information has been consistently positive, Council members have emphasized the need to increase the level of awareness and usage of this information.

The initial focus of the NBHC was in developing reporting tools and identifying credible standardized provincial indicators. Today, we must shift our focus from identifying additional information to improving how we effectively inform various stakeholders on the information that has been developed. Therefore, we have focused our attention on improving how we inform our various stakeholders, from the general public to the various leaders in our health system. A business plan was approved and its execution is underway.

The NBHC was mandated in the spring of 2013 by the Minister of Health to work with the Department of Healthy and Inclusive Communities on delivering provincial public consultation sessions on the issue of living healthy and aging well. In addition to facilitating the delivery of the nine sessions, the NBHC also prepared a “what was heard” report for the Minister of Healthy and Inclusive Communities. Feedback from participants was very positive and the sessions provided an opportunity for the NBHC to inform the public on a number of elements related to healthy living and aging well.

Having healthy engaged New Brunswickers, improved health services quality and a sustainable health care system are the aims that guide all efforts at the NBHC. We have continually improved our ability to inform the public on the state of population health. This year, we developed 33 community profiles that empower citizens with information about their region to stimulate interest in building healthier communities. The information in each profile gives a comprehensive view about the people who live, learn, work, and take part in community life in each community. The interest in these profiles has been very strong and we will be assisting communities in learning about their profiles and how to use them.

The second edition of our acute care survey confirmed that Regional Health Authorities are not only interested in how the care provided in their hospitals was rated, they also want to improve these services. Whether in accessing the list of discharged patients or in discussing how best to organize the results, we benefited from excellent collaboration from all health system organizations. Considering the level of concern that was associated to the public release of the first survey results, this year’s reaction was very constructive. As the survey cycle continues and the recognition of the survey results continues to strengthen, it will be interesting to follow how this work can have an impact on the quality of hospital services.

The 2013 Health System Report Card emphasized that the New Brunswick health care system has above-average resources per population, average performance and below-average health status compared to Canada. The results underline the importance of using existing resources far more efficiently and effectively. The needs of our population must be at the centre of how our health services evolve, rather than the current focus on institutions and health professionals. This year’s report on the assessment of diabetes clinics clearly demonstrated that those who have developed patient-centered approaches achieved the best results in helping patients manage their diabetes.

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Improving population health and health services quality are essential for moving towards a sustainable health care system. The NBHC has made several contributions to health system discussions aimed at performance improvements and most discussions are a result of an interest among stakeholders to learn more about our work. We have been able to develop a collaborative approach to performance reporting, while protecting our ability to report objectively on the performance of the health care system.

Health services are highly valued by New Brunswickers and we are privileged to be able to contribute to such an important cause. We have concluded our fiscal year with a sense of accomplishment and look forward to the challenges and opportunities that the next year will bring.

Chair of the Council



Jean-Claude Pelletier

Chief Executive Officer



Stéphane Robichaud



## Executive Summary

*During the 2013-2014 fiscal year, the New Brunswick Health Council (NBHC) maintained its focus on improving how we report on population health, health services quality, satisfaction with health service and the sustainability of our provincial health system.*

*The NBHC was able to update the information provided by its tools, to pursue further engagement initiatives and to expand its work in population health and care experience.*

### **Population Health**

This year, the NBHC was able to update the *Population Health Snapshot* with the most recent information available. The “Focus” section in this year’s Snapshot provides an analysis of New Brunswick’s status on the four health priorities that the NBHC identified in its third recommendation to the Minister of Health in 2011: lowering high blood pressure rates, achieving healthy weights, improving mental health and preventing injuries.

The NBHC also updated its tool regarding youth, the *2013 Child and Youth Rights and Well-being Framework*. The Framework, which contains regional and provincial data regarding health determinants for children and youth, served as a backdrop for the annual *State of the Child* report released by the Office of the Child and Youth Advocate.

The work on community profiles, entitled *My Community at a Glance*, is also near completion. The information in each profile will give a comprehensive view about the people who live, learn, work, and take part in community life.

### **Surveying Citizen Satisfaction**

The NBHC conducted a follow-up to its 2010 Acute Care survey as part of a three-year survey cycle aiming to measure New Brunswickers’ care experience by sector (acute care, primary care, and home care). This survey targets hospital patients who stayed at

least one night in an acute care setting during the months of March to May 2013 in one of the province’s 20 hospitals, and it aims at measuring factors touching on the quality of the services delivered during the overall hospital stay. The survey highlighted a number of improvements for both of New Brunswick’s Regional Health Authorities and its results will help decision-makers plan health services and potentially flag gaps in service and highlight successes. It will also provide an opportunity to compare this year’s results with the results of the 2010 *Acute Care survey*.

An update to the NBHC’s *Health System Report Card* was also published, to provide an update on the previous three health system report cards, used for measuring, monitoring and evaluating changes to the quality of health services. This update is also meant to assist with recommendations for improvements found in the NBHC’s *Recommendations to the New Brunswick Minister of Health, Moving towards a planned and citizen-centered publicly funded health care system* (NBHC, 2011).

Finally, another long-term project was completed at the end of this year: a study evaluating and identifying effective practices designed to improve health service quality and outcomes in New Brunswick’s diabetes clinics. This partnership with the Department of Health began in June 2012 and will guide the Department of Health’s and the Regional Health Authorities’ efforts to improve the quality of

diabetes-related health services as it relates to the Comprehensive Diabetes Strategy.

### **Toward the Sustainability of the Health System**

This year, the NBHC has continued to collaborate with all health system organizations and the Office of Health System Renewal (OHSR). The NBHC is perceived as an important stakeholder, given its growing knowledge and use of health system information and the credibility it has developed.

While assessing the performance of various parts of the health care system, the NBHC has accumulated an important amount of resource-level information. This information is incorporated in various presentations and is hard to locate by those unfamiliar with our work and will be made available on our web site in a user-friendly format early in the coming year.

### **Engaging Seniors**

This year, the NBHC received an important mandate from the Minister of Health: to assist the Department of Health and Inclusive Communities in the preparations and delivery of engagement sessions regarding seniors in New Brunswick. The input from citizens gathered at these sessions was compiled in an extensive report, *Living Healthy, Aging Well – What Was Heard*, presented to the Minister of Health and Inclusive Communities in December.

Additionally, a new Executive Director for Citizen Engagement has joined the NBHC team this fiscal year, which led to discussions on how to improve the effectiveness of the NBHC's ability to inform targeted audiences. A communications and engagement plan was developed, addressing the need for more strategic communications, as well as how to ensure that the NBHC's current practices are recognized and properly leveraged.

### ***The NBHC's actions remain guided by its strategic axes:***

- *To develop and implement mechanisms to engage the population as well as other interested parties.*
- *To measure, monitor, and evaluate the level of population health.*
- *To measure, monitor, and evaluate health services quality.*
- *To measure, monitor, and evaluate the level of population satisfaction with health services and health service quality.*
- *To measure, monitor, and evaluate the sustainability of health services in New Brunswick.*

## Population Health

*During fiscal year 2013-2014, the New Brunswick Health Council (NBHC) was able to update its Population Health Snapshot and its Child and Youth Rights and Well-being Framework while laying the ground work for a new project: community profiles. The NBHC also took over the Student Wellness Survey, a yearly project in collaboration with the New Brunswick Department of Education and Early Childhood Development and the Department of Healthy and Inclusive Communities.*

### Population Health Snapshot

The 2013 Population Health Snapshot is the latest version of updated indicators published by the NBHC. Similar to our past reports, it seeks to inform individuals, communities and organizations about the health status (outcomes) of the population based on the area or zone in which they live.

In addition to presenting the latest indicator data, the Snapshot includes a trending column with arrows that allow the reader to quickly see any change between this year and last year's Snapshots. The NBHC still follows its own "10-40-40-10" model used for the previous Snapshots; it features summary tables of 42 indicators, with each indicator categorized under either Health Status or Health Determinants (itself subdivided into Health Care, Health Behaviours, Socioeconomic Factors and Physical Environment). The Snapshot also includes the prevalence rates of chronic diseases and the top 10 hospital admissions by area of residence.

The "Focus" section in this year's Snapshot provides an analysis of New Brunswick's status on the four health priorities that the NBHC identified in its third recommendation to the Minister of Health in 2011: **lowering high blood pressure rates, achieving healthy weights, improving mental health and preventing injuries.**

#### **What determines the health of a population?**

- **Health services** are responsible for **10%** of a person's general health.
- **Health behaviours** (diet, exercise, tobacco use) are responsible for **40%**.
- **Socioeconomic factors** (education and income) are responsible for another **40%**.
- The remaining **10%** is related to **physical environments** (exposure to second-hand smoke and degree of individuals' attachment to their community).

**Observations on the four health priorities** identified in its third recommendation to the Minister of Health in 2011, as presented in the Snapshot:

- **Lowering high blood pressure:** Over the past five years, high blood pressure seems to have been slowly and gradually increasing in New Brunswick.
- **Achieving healthy weights:** Overall, the prevalence of obesity does not seem to have changed between 2010 and 2012, with New Brunswick showing significantly higher rates (28%) than Canada (18.4%).
- **Improving mental health:** New Brunswick has one of the lowest percentages of self-rated mental health as “very good” or “excellent” (ranking 8 out of 10 provinces).
- **Preventing injuries:** New Brunswick demonstrates a slow gradual decrease in the rate of hospitalized injuries, yet continues to show rates higher than the Canadian average.

### An Update on Youth Health

This year, the NBHC has published an update on its *2012 Child and Youth Rights and Well-being Framework*. The Framework, which contains regional and provincial data regarding health determinants for children and youth, was released in collaborations with the Office of the Child and Youth Advocate’s sixth annual *State of the Child*. It highlights areas of concern for children and youth in New Brunswick. The main concerns this year were:

- 58 % of New Brunswick youths in grades 6 to 12 reported having been bullied;
- the significant jump in the teenage obesity rate from 23% to 28%;
- child and youth hospital admission rates related to behavioural and learning disorders being more than three times the national rate; and
- New Brunswick having the fourth-highest rate out of the 10 provinces for child and youth victims of family violence.

Data presented in the Framework shows some success, like the fact that levels of participation in certain types of activities like walking, gardening, bowling and soccer are increasing. Children and youth in New Brunswick are also showing a positive increase or trend when it comes to active commuting to and from school as well as improvements in healthy eating but a declining trend was observed in achieving the recommended 8 hours or more of sleep (52% to 38%).

Also, this year, the NBHC has assumed the lead role on the work related to the *New Brunswick Student Wellness Survey*, in collaboration with the Department of Healthy and Inclusive Communities and the Department of Education and Early Childhood Development. The *New Brunswick Student Wellness Survey* began in 2006-2007 for grades 6 to 12 students and was repeated in 2009-2010 as a project bringing together the Wellness Branch (Healthy and Inclusive Communities), the Department of Education and Early Childhood Development and the Health and Education Research Group (HERG) at the University of New Brunswick.

This important survey gathers data on student attitudes and behaviours regarding healthy eating, mental fitness, physical activity and tobacco use. Since that time, students in grades 6 to 12 have been surveyed three times, with Feedback Reports provided to all participating schools and to each district. These reports highlighted areas where schools could take action in partnership with students, parents and communities. This year, all middle and high schools were invited to participate in the *Student Wellness Survey*, and 89% of school participated throughout the province.

Student wellness is important to both wellness and education, as research has demonstrated the relationship between academic achievement and student wellness – healthy students are better learners. The data collected by this survey will contribute to the NBHC's work in leveraging data for the next update to the *Child and Youth Rights and Well-being Framework* and will be forwarded to each participating school for their own use, whether it be for planning or to apply for School Wellness Grants.

### **My Community at a Glance**

In the past year, discussions took place following the development of community-level data for the 2011 Primary Care Survey, prompting the development of community profiles that would contain indicators on all

determinants of health. A number of New Brunswick communities had approached the NBHC to perform community health and needs assessments, which are often used for planning purposes or to engage citizens on discussions for community assets to strengthen communities. The work on these 33 community profiles is near completion. The information in each profile will give a comprehensive view about the people who live, learn, work, and take part in community life in this area, including:

- Demographics, like population density, birth rate, and how many seniors and youth live in the community.
- Data about health behaviours, like healthy eating, physical activity, the use of alcohol and tobacco in the community.
- Data about social and economic factors, like the main industries in the community, the median revenue and the education level of the people living in the community; and
- Data regarding health services, including their use, along with obstacles, screening, prevention and satisfaction with services.

This new tool aims to empower individuals with information about their region that will stimulate interest in building healthier communities.

*The 33 communities created for the My Community at a Glance tool*





## Care Experience

*The New Brunswick Health Council (NBHC) must foster the improvement of the quality of health services in the province. For this reason, the work on care experience includes citizen satisfaction surveys and a Health System Report Card.*

*During fiscal year 2013-2014, the NBHC published the results of its second survey evaluating citizens' experiences with acute care services in New Brunswick's hospitals and an updated Health System Report Card. An evaluation of diabetes clinics in the province was also completed and published in the winter of 2014.*

### Surveying Citizen Satisfaction

In May 2013, the NBHC launched a follow-up to its 2010 Acute Care survey as part of a three-year survey cycle aiming to measure New Brunswickers' care experience by sector (acute care, primary care, and home care). The survey targets hospital patients who stayed at least one night in an acute care setting during the months of March to May 2013 in one of the province's 20 hospitals.

Its primary goal is to measure several factors touching on the quality of the services delivered during the overall hospital stay, from admission to discharge, from the patient's point of view. The results of the survey will help decision-makers plan health services and potentially flag gaps in service and highlight successes, while also providing an opportunity to compare this year's results with the results of the *2010 Acute Care survey*.

A total of 10,490 bilingual questionnaires were mailed throughout New Brunswick to eligible patients. Of the questionnaires that were delivered, 45.5% (4,768) were returned. Three out of four patients responded by giving the province's facilities a thumbs-up in terms of overall rating, a result similar to that of 2010. This rating is an important measure of patient satisfaction as it reflects all experiences of care provided during a hospital stay, from admission to discharge from the patient's point of view.

In terms of overall hospital rating, 75.4% of acute care patients in New Brunswick gave their hospital a rating of eight, nine or ten on a scale of zero to ten, where zero is the worst hospital possible and ten is the best. This is virtually unchanged from previous results obtained in 2010 (75.9%).

The survey highlighted a number of improvements for both of New Brunswick's Regional Health

#### **What is Acute Care?**

*Acute Care is provided in a hospital or a psychiatric facility. Some of the programs and services included in Acute Care are: Hospital Services, Cardiac Care Program, Ambulatory Care Clinics, Organ and Tissue procurement, Safer Health Care Now initiatives, and Psychiatric facilities.*

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Authorities. The most significant improvements overall for hospitals under the Vitalité Health Network were observed for:

- communication with nurses (74.6% in 2013, 70.5% in 2010);
- quick response of staff to patient needs (66.1% in 2013, 62.3% in 2010); and
- communication about medicines (56.0% in 2013, 51.2% in 2010).

The most significant improvements overall for hospitals under the Horizon Health Network were observed when:

- asking patients if they had received key information before leaving the hospital (66.4% in 2013, 63.4% in 2010); and
- if they were prepared for a successful transition from hospital to home (36.2% in 2013, 33.0% in 2010).

There are other key elements from the survey, for example, regarding cleanliness. In 2013, only 53.2% of patients reported that their room and bathroom were always kept clean, which is significantly lower than what patients reported in 2010 (59.6%). Cleanliness of the hospital room and bathroom has been identified by patients as being relevant to hospital quality, and this indicator stands out as having a significantly lower score in 2013 when comparing to 2010 survey results.

### Health System Report Card Update

The fourth *New Brunswick Health System Report Card* published in the winter of 2014 is an attempt to provide an update on the previous three health system report cards, used for measuring, monitoring and evaluating changes to the quality of health services and to assist with recommendations for improvements found in the NBHC's *Recommendations to the New Brunswick Minister of Health, Moving towards a planned and citizen-centered publicly funded health care system* (NBHC, 2011).

The *Report Card* produces letter grades, very similar to how a school report card would, according to the six dimensions of quality the NBHC reports on: Accessibility, Appropriateness, Effectiveness, Efficiency, Safety and Equity. An overall grade is calculated for each dimension from a combination of relevant indicators. A seven letter scale is created, from "F" to "A+", using the best score in the country as an A+ and the worst as an F.

For the fourth year in a row, the health system as a whole in the province received a "C" grade. The highlights of the grades received were, by dimension:

#### **Accessibility:**

Overall, Accessibility remained at a "C" grade. Some improvement was achieved in having regular medical doctors (among the highest rates in Canada), paired with improvement in accessibility to immediate care for minor health problems, yet this was not coupled with better access to routine or immediate care as more people reported difficulties. Access to prescription drugs consistently highlights a financial barrier with a bigger percentage of average household expenditure going to prescribed medications in New Brunswick as compared to other provinces.

#### **Appropriateness:**

Appropriateness is defined as the care or service provided that is relevant to the patients'/clients' needs and based on established standards. This year's report card has shown a return to "C" after scoring "D" last year. This was driven mainly by the improvement in the appropriateness of acute care with lower hysterectomy rates, as well as fewer mental illness hospitalizations.

#### **Effectiveness:**

From a health system perspective, this dimension of quality provided the most insight on outcomes of care and the significant gaps that exist to deliver an integrated system. Effectiveness is often reflective of outcomes on



patients since the intervention or action should achieve the desired result. The grade on effectiveness dropped from a “C” to a “D”, highlighting major gaps to be addressed.

#### **Efficiency:**

Efficiency is another dimension showing a drop from a “C” to a “D” grade this year. Except for a slightly better than average length of stay and improved efficiency of imagery machines with more exams per scanners being performed, the majority of indicators trend in the wrong direction.

This year, less urgent and non-urgent cases have contributed to a higher proportion of emergency department visits. In addition, more inpatient days have been associated with Alternative Level of Care.

#### **Safety:**

Safety continues to be distinctive by receiving the highest index grade in this year’s report card, an “A”.

Rates of injury hospitalizations (overall and due to hip fractures) have decreased highlighting possible improvements in injury prevention and management within the primary care sector.

#### **Equity:**

With respect to equity, the overall grade remained at “C”. The same inequities were reported for primary and supportive/specialty sector (from the previous report card). Those were based on differences in access and/or care experience rating by characteristics of the populations like geography, aboriginal descent, language of service preference, gender, age, education and income. Equity for acute care was updated based on the results of the recently released November results of the *Acute Care Survey 2013*. This year the acute care sector equity dimension (which is based on overall hospital rating) has not changed. Gender is not associated with inequity in acute care anymore; however, inequity emerged based on language in favor of the Francophone population.

Finally, the report tries to analyse the overall trend in performance of the health system in the

province, and to explore possible links to the existing resources in the system. The report goes beyond the availability or quantities of resources per population and their comparison to the Canadian average, to address spending, use and distribution of resources within New Brunswick, with an attempt to highlight the significance of optimization of resources based on matching supply and demand, in attempt to enhance opportunities for sustainability and better health outcomes.

#### **Evaluating Diabetes Clinic in New Brunswick**

Another long-awaited project was completed at the end of the year 2013-2014: a study evaluating and identifying effective practices designed to improve health service quality and outcomes in New Brunswick’s diabetes clinics. This partnership with the Department of Health began in June 2012 and will guide the Department of Health’s and the Regional Health Authorities’ efforts to improve the quality of diabetes-related health services as it relates to the Comprehensive Diabetes Strategy.

Thirty-seven different points of services were identified for enhanced diabetes education and care. The key findings highlighted in the report are that that **more human resources were not necessarily related to better outcomes**, and that **the most efficient and effective clinics were those that built the care around the patient**.

Other findings include:

- **Diabetes clinics have a positive impact on patients:** Patients attending clinics achieve larger reductions in A1c levels within a two-year period compared to those who do not attend clinics. These clinics appear to achieve larger reductions in blood sugar levels in the lowest (< 8%) and highest A1c categories (> 9%). Attending clinics earlier in the disease may be important in reducing the burden of a chronic disease. The evaluation showed that hospital admissions were reduced by 50% the year after the diabetes patient made their first clinic visit.

More study would be valuable to assess this type of impact on a much longer term basis.

- **There is a need throughout New Brunswick for more systematic quality improvement programs:** Only one clinic mentioned having a systematic quality improvement program. Most clinics were unable to define outcomes in terms of their patient population.
- **Patient illiteracy and poverty are obstacles for some diabetes clinics:** Education tools are hard to come by for illiterate patients. Poverty was also often linked to food insecurity and lower intake of fruits and vegetables, as well as to a lack of access to medical supplies and devices.
- **The lack of patient record integration**

**between the two Regional Health Authorities can affect clinics' ability to care for patients:**

One clinic, located on the border between a Vitalité zone and a Horizon zone, noted it had no access to patient records in the other health network, preventing it from properly treating its patients.

**About the clinics:**

- **Geographic distribution:** Zone 4 (Madawaska/North-West Area) and Zone 6 (Bathurst/Acadian Peninsula Area) have the highest proportion of patients reaching A1c target levels.
- **80% benchmark:** For a patient with diabetes, a target level of less than 7% is generally recommended, although in some cases an A1c of up to 8% is acceptable. Results show it is possible to get 80% of diabetes patients achieving an A1c level between 6% and 8% (six clinics were between 75% and 80%). This value could be a **realistic** benchmark of good performance for any clinic or primary care provider.
- **Being patient-centered:** This includes providing good accessibility and flexibility in the offering of services, as well as establishing and maintaining strong links with primary care providers, other health services and community resources to enhance integration and coordination.

## Citizen Engagement

*Citizen Engagement is one of the cornerstones of the New Brunswick Health Council's double mandate, which is to measure, monitor, and evaluate the performance of the health system and to engage citizens in the improvement of the quality of health services.*

*During fiscal year 2013-2014, the New Brunswick Health Council (NBHC) has collaborated with the Department of Healthy and Inclusive Communities to host a series of dialogue sessions entitled Aging Healthy, Living Well, and began to plan the next steps pertaining to citizen engagement and dialogue sessions with related stakeholders.*

### Ongoing Engagement

A new Executive Director for Citizen Engagement has joined the NBHC team this fiscal year. This led to discussions on how to improve the effectiveness of the NBHC's ability to inform targeted audiences, which in turn led to the development of a work plan for engagement that also addresses the need for more strategic communications, as well as how to ensure that the NBHC's current practices are recognized and properly leveraged.

Over time, the NBHC has developed a solid base of information regarding the health of New Brunswickers, the state of health service quality and the level of resources available in the provincial health system. During the year 2013-2014, work began on identifying the essential information to be used as a base for a presentation to be delivered across the province in the coming year. This analysis will include a communications strategy, maximizing the use of our web site and social media tools, web training, leveraging partnerships in circulating our information and how we make

our various reports public. This will strengthen the ability to inform stakeholders regarding the information stemming from the NBHC's work.

### An Important Collaboration

In June 2013, the Department of Healthy and Inclusive Communities, in collaboration with the New Brunswick Health Council, organized nine dialogue sessions over a 15-day period that saw the **participation of 234 New Brunswickers**. The outcome of these sessions, and the **3,331 responses** is included in the *Living Healthy, Aging Well – What Was Heard* report, published in December 2013. The objective of these sessions was to engage citizens and stakeholders in a positive conversation regarding how we can work together to rebuild our province and ensure that New Brunswickers will be able to live healthy and age well for generations to come.

## Highlights from *Living Healthy, Aging Well – What Was Heard*

Question #1: What are you doing to lead a healthy active life?

Question #2: What is happening in your community to support healthy active living?  
Tell us what else could be done within your community to support aging well?

### **Key Findings for Question #1**

Responses follow three major themes: Mental, Physical, and Social Well-being. In examining the themes from Question #1, an almost equally important emphasis is placed on each theme. Furthermore, there is even general agreement across the province on the themes to Question #1.

- Improving mental well-being through stress reduction, improving emotional health, and maintaining a sense of spirituality all play an important role in promoting active and healthy aging.
- Many responses to what participants are doing to lead a healthy active life include structured and unstructured exercise.
- Participants also highlight the impact of loneliness in its various forms on their sense of well-being.

### **Key Findings for Question #2**

Responses follow numerous themes, from the roles of various levels of government and community to accessibility and mental health issues. The themes following Question #2, while seeming to encompass a wide-range of topics, point toward a desire for a more consistent, focused, community driven, and citizen-centered approach to the delivery of those services that are aimed at keeping seniors healthy and active.

Participants acknowledge that government plays a crucial role in living healthy and while participants recognize that governments do a great deal, they stress it should do more in terms of facilitating initiatives between governmental and non-governmental groups.

- Municipal governments are particularly important in providing recreation services that lead to healthier aging.
- Intergenerational activities are not encouraged or promoted enough.
- Community driven projects, such as community gardens, are widely appreciated.
- Public awareness of various government and community-based initiatives on seniors' activities is lacking; and there is no ownership of information on what is available to help seniors in aging well.
- Seniors want to stay in their own homes and be part of their community for as long as possible.

## Sustainability

*One of the strategic axes of the New Brunswick Health Council (NBHC) is to “measure, monitor, and evaluate the sustainability of health care services” in New Brunswick. The NBHC also has the responsibility of informing citizens about the long-term sustainability of public health services.*

*Sustainability is the backdrop for all the elements of the NBHC’s work; whether for population health reports, engagement initiatives, or reports on health service quality.*

During the 2013-2014 year, the NBHC has collaborated with all health system organizations and the Office of Health System Renewal (OHSR), maintaining ongoing discussions with the OHSR since its creation. Given the NBHC’s growing knowledge and use of health system information and the credibility developed within and outside the provincial health system, the NBHC is perceived as an important stakeholder, having several contributions in assisting with identifying, validating and organizing health system indicators throughout the year. Also, NBHC took the lead in organizing a Health Innovation conference with the Conference Board of Canada for the health system senior teams.

While assessing the performance of various parts of the health care system, the NBHC has accumulated an important amount of resource-level information. This information is incorporated in various presentations and is hard to locate by those unfamiliar with our work. For example, the media will often call with a specific question regarding how New Brunswick compares to the rest of the country. This year, work has been undertaken to identify and organize sustainability-related indicators. The information will be made available on our web site in a user-friendly format early in the coming year.



## New Brunswick Health Council Mandate

*New Brunswickers have the right to be aware of the decisions being made, to be part of the decision-making process and to be aware of the outcomes delivered by the health system and its cost. The NBHC will foster this transparency, engagement and accountability by:*

**Engaging** citizens in a meaningful dialogue.

Measuring, monitoring and **evaluating** population health and health service quality.

**Informing** citizens on health system's performance.

**Recommending** improvements to health system partners.





## New Brunswick Health Council Members

*The New Brunswick Health Council is made up of 16 Members from all walks of life and all parts of the province. The citizens of New Brunswick are well-served by the varied representation and talent on the NBHC.*

The Council Members are listed below and **Appendix A** outlines their responsibilities on the Executive Committee and in the four Working Groups: Population Health, Sustainability, Care Experience and Engagement.

Mr. Jean-Claude **Pelletier** Saint Léonard  
Chair of the Council

Ms. Barbara **Losier** Landry Office  
Vice-Chair

Mr. Laurie **Boucher** Bouctouche  
Secretary / Treasurer

Mr. Jeffrey **Beairsto** Fredericton

Mr. Randy **Dickinson** Fredericton

Mr. Harry **Doyle** Lower Coverdale

Ms. Sharon E. **Eagan** Perth-Andover

Mr. Floyd R. **Haley** St. Stephen

Ms. Cindy **Howe** Burton

Mr. Shawn **Jennings** Rothesay

Mr. Georges R. **Savoie** Neguac

Ms. Julie **Robichaud** Dieppe

Mr. Wayne **Spires** Moores Mills

Mr. Roy **Therrien** Saint-Basile

Mr. Frank B. **Trevors** Miramichi

Mr. Christopher **Waldschutz** Saint John



## New Brunswick Health Council Staff

Mr. Stéphane **Robichaud**  
Chief Executive Officer

Mr. Benoit M. **Doucet**  
Executive Director, Planning & Operations

Ms. Michelina **Mancuso**  
Executive Director, Performance Management

Ms. Manon **Arsenault**  
Executive Director, Citizen Engagement

Ms. Christine **Paré**  
Director of Communications

Mr. Michel **Arsenault**  
Research Analyst, Performance Management

Ms. Rim **Fayad**  
Research and Information Analyst

Ms. Karine **LeBlanc Gagnon**  
Information Analyst, Health Status

Mr. Simon **Potvin**  
Research Communication Specialist

Ms. Mariane **Cullen**  
Executive Administrative Assistant

Ms. Monique **Landry Hadley**  
Administrative Assistant



## APPENDIX A: Executive Committee and Working Group Structure

### Executive Committee

**Mr. Jean-Claude Pelletier, Chair**  
**Ms. Barbara Losier, Vice-Chair**  
Mr. Laurie **Boucher, Secretary / Treasurer**  
Mr. Jeff **Beairsto**, member  
Mr. Randy **Dickinson**, member

### Engagement Working Group

**Ms. Barbara Losier, Chair**  
Mr. Georges **Savoie**, member  
Mr. Roy **Therrien**, member  
Mr. Jean-Claude **Pelletier**, member

### Sustainability Working Group

**Mr. Jeff Beairsto, Chair**  
Mr. Harry **Doyle**, member  
Mr. Laurie **Boucher**, member  
Mr. Christopher **Waldschutz**, member

### Care Experience Working Group

**Mr. Frank Trevors, Chair**  
Ms. Sharon **Eagan**, member  
Mr. Floyd **Haley**, member  
Ms. Julie **Robichaud**, member

### Population Health Working Group

**Mr. Randy Dickinson, Chair**  
Mr. Shawn **Jennings**, member  
Ms. Cindy **Howe**, member  
Mr. Wayne **Spires**, member



# APPENDIX B: NBHC 2013-2014 Business Plan







**New Brunswick Health Council** | **Conseil de la santé du Nouveau-Brunswick**

Engage. Evaluate. Inform. Recommend.  
Engager. Évaluer. Informer. Recommander.

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## **2013-2014 Business Plan**

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**March 21, 2013**

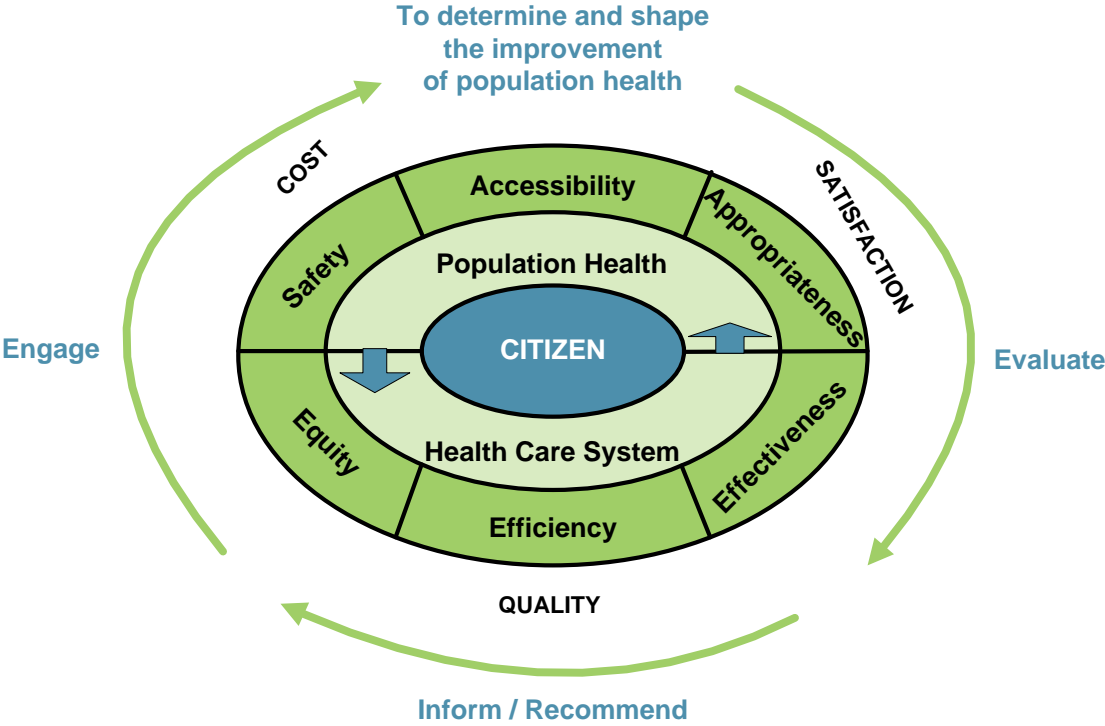
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**I. Mandate of the NBHC**

New Brunswickers have a right to be aware of the decisions being made, to be part of the decision-making process, and to be aware of the outcomes delivered by the health system and its cost. The New Brunswick Health Council will foster this transparency, engagement, and accountability by:

- Engaging citizens in a meaningful dialogue.
- Measuring, monitoring, and evaluating population health and health service quality.
- Informing citizens on health system’s performance.
- Recommending improvements to the Minister of Health.



## II. 2013-2014 Business Plan

The work of the New Brunswick Health Council continues to be guided by the five strategic axes listed below. Furthermore, our Council was structured in four working groups; Engagement, Population Health, Care Experience and Sustainability.

Following are our five strategic axes with the respective working group appearing in parenthesis:

1. Develop and implement mechanisms to engage the population as well as other interested parties (*Citizen Engagement*)
2. To measure, monitor and evaluate the level of population health (*Population Health*)
3. To measure, monitor and evaluate health service quality (*Care Experience*)
4. To measure, monitor and evaluate the level of population satisfaction with health services and health service quality (*Care Experience*)
5. To measure, monitor and evaluate the sustainability of health services in New Brunswick (*Sustainability*)

While respecting our mandate and role in the health system, the nature of our work continues to evolve. We have built a constructive network of collaborators to feed the evolution and updating of our reporting tools.

While sharing the information from our reports and surveys to all health system partners, the NBHC has gained an appreciation of the perceived value of what often amounts to be new information. For many managers, and those having influence on the evolution of health services, they have never had access to the type of information that is now being made available. This is leading to the identification of many new opportunities for improving the quality of health services. The information organized by the NBHC can be used by the population and communities to support their positions and nourish evidence based decisions.

If this type of information was not previously available for so many people, it is important to also recognize that the ability to translate this new information into improvement strategies does not come naturally. The current Government Renewal Initiative, particularly the activities of the Office of Health System Renewal, will provide opportunities for capacity building regarding the use of performance indicators.

### III. Objectives for 2013-2014

Here are observations and proposed key deliverables for each area of our work for 2013-2014:

#### ***Population Health***

The NBHC is mandated to measure, monitor and evaluate the level of population health and to report publicly regarding this work. Our first task was to design a framework to measure population health followed by achieving agreement among various stakeholders regarding the frame work and best available indicators.

Our first report brought attention to the provincial obesity challenge; the second report brought attention to the importance of addressing mental health issues. Recent additions to the population health snap shot helped establish links between health status, health determinants, the prevalence of chronic illnesses and the top hospital admissions.

Our work in 2012-2013 has contributed to enhancing our collective perspective regarding potential years of life lost due to premature mortality. New Brunswick is above the Canadian average in these premature deaths (before the age of 75). Also, 72 per cent of this premature mortality is considered avoidable. New Brunswick compares well with other provinces when considering treatable mortalities, but not as well when looking at preventable mortalities.

As our base tool continues to serve the purpose of monitoring the level of population health in order to inform citizens, other needs are being identified to help communities and related stakeholders understand where they can focus their efforts.

During the following year:

- We will be releasing our updated Population Health Snapshot in the winter of 2014;
- We will also have updated information regarding our Youth Population Health indicators in the fall of 2013.
- We will be leading the development of 34 community profiles, covering all of New Brunswick. These are expected to be completed by the fall of 2013.

#### ***Care Experience***

The NBHC is required to report on the quality of our health services and on population satisfaction with health services and health service quality. Our Health System Report Card has helped highlight the need to focus on primary care and has also served as a reference tool for identifying performance indicators regarding our health services. In fact, the perceived value of the tool within the system helped increase the number of commonly agreed upon indicators from 48 for the first report card to 111 for the second and now has 137 indicators.

In addition to the Health System Report Card, the NBHC is also developing annual care experience surveys in order to cover the full scope of services: Acute Care (2010), Primary Care (2011), Home Care (2012). Now that the cycle is completed, each survey will be repeated every three years.

In the coming year, we will be doing the following work:

- We will have a public release of our Acute Care Experience Survey results in the fall of 2013;
- We will publicly release an update to our Health System Report Card in the winter of 2013-2014;
- We will be working on the preparation for the second edition of our primary care experience survey starting in the fall of 2013;
- In the fall of 2013, we will have completed reports regarding the assessment of diabetes clinics in the province of New Brunswick.

### ***Sustainability***

As a province we compare favourably to the rest of the country when it comes to how much we spend on health care and the level of resources at our disposal. Meanwhile, we don't compare as well when it comes to the health of our population and on many quality standards regarding our health services.

The NBHC has contributed to raising awareness regarding our health system sustainability challenge, but much work is still needed by all stakeholders. There has been an increase of interest in the sustainability information prepared by the NBHC and our work continues in this area.

The work of the Office of Health System Renewal during the 2012-2013 fiscal year has helped to better define the sustainability challenge and is providing opportunities for a more focused effort. In addition, the Minister of Health has clearly stated that he expects full collaboration from all organizations.

The work of the Office of Health System Renewal will require the support of the NBHC in the coming year. There will be many opportunities to leverage the work that has already been done by the NBHC, in addition to providing support in the preparation of new information. Consequently, this work will improve the ability of the NBHC to inform citizens regarding the sustainability challenge and on the health system's performance in facing this challenge.

Therefore, here are the proposed deliverables for the coming year:

- We will be collaborating with all health system organizations and the Office of Health System Renewal during the coming year;

- We will have a specific focus on increasing the level of information that is available for the public in the “sustainability” section of our web site;
- We will provide a public status report regarding the response to our first recommendations to the Minister of Health, this should follow the release of the next Provincial Health Plan.

### ***Citizen Engagement***

The NBHC is mandated “to develop and implement mechanisms to engage the citizens of New Brunswick in meaningful dialogue for the purpose of improving health service quality in the province”.

In 2010, the NBHC held its first provincial engagement initiative that was composed of nine full day dialogue sessions and prepared a report capturing “what was said” by citizens. Following this initiative, dialogue sessions targeting youth (university and college campuses) and local government representatives from across the province were also undertaken. In addition, the NBHC was mandated by the Minister of Health to facilitate discussions, capture what was being said and prepare a report on this content for the Provincial Health Plan consultations that occurred in the summer of 2012.

Citizens are also called upon to respond to our surveys and the results are leveraged to improve health service quality. Engagement has become a guiding principle in how the NBHC performs its work, whether in how we involve stakeholders in the preparation of our surveys or in the development and evolution of our reporting tool. When we add up all the individuals who have been part of our various dialogue sessions, our surveys and development of our reporting tools, this represents approximately 25,000 New Brunswick citizens who have been engaged through our work.

Healthier and engaged citizens, improved health service quality and a sustainable health system are the key drivers of NBHC’s work. Based on the results of our tools, we now have a better appreciation of areas requiring attention regarding the health of our citizens, quality of our health services and we are also better informed pertaining to the available resources and their evolution. While recognizing the amount of work that has been achieved to date, Council members also acknowledge that much work remains in informing citizens on all we have learned through our work.

Keeping that in mind, we will:

- Hold dialogue sessions in all zones across the province, with the primary goal of informing citizens of what we have learned through our work, particularly as we assessed the progress that has been made in relations to our initial recommendations. The release of the next Provincial Health Plan will no doubt serve as a backdrop for these discussions.
- Strengthen our ability to inform stakeholders regarding the information stemming from our work. Our analysis will include a communications strategy, maximising the use of our web site and social media tools, web training, leveraging partnerships in circulating our information and how we make our various reports public.

- Plan our next steps pertaining to citizen engagement and dialogue sessions with related stakeholders.

In Conclusion, the members of the New Brunswick Health Council and its employees are proud of the work accomplished during the 2012-2013 fiscal year. We will continue our efforts to diversify, to analyse and to promote our information regarding the health of our citizens and the performance of the New Brunswick Health System. The work of the Office of Health System Renewal has generated several new opportunities and we expect that this will continue in the coming year. The work of the NBHC provides a privileged perspective pertaining to the state of our provincial health system and its evolution. Council members are committed to providing quality reports pertaining to the work areas of the NBHC and leveraging this information to inform and engage citizens and in any future recommendations that are made to the Minister of Health.



# APPENDIX C: 2013-2014 Annual Financial Report



NEW BRUNSWICK HEALTH COUNCIL  
ANNUAL FINANCIAL REPORT  
MARCH 31, 2014

ALLAIN & ASSOCIATES



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**ALLAIN & ASSOCIATES**





**CERTIFIED GENERAL ACCOUNTANTS /  
COMPTABLES GÉNÉRAUX ACCRÉDITÉS**

84 Brandon Street, Moncton, N.B. E1C 7E9 (506) 382-3795 Fax : (506) 382-1438

### INDEPENDENT AUDITORS' REPORT

To the Directors of the NEW BRUNSWICK HEALTH COUNCIL

We have audited the accompanying financial statements of NEW BRUNSWICK HEALTH COUNCIL, which comprise the balance sheet as at March 31, 2014 and the statement of operations for the year then ended, and a summary of significant accounting policies and other explanatory information.

#### **Management's responsibility for the financial statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian Public Sector Accounting Standards excluding the PS 4200 series, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### **Auditors' responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of NEW BRUNSWICK HEALTH COUNCIL as at March 31, 2014 and the results of its operations for the years then ended in accordance with Canadian Public Sector Accounting Standards excluding the PS 4200 series.

#### **Other matter**

Budget figures are provided for comparative purposes and have not been subject to audit or review procedures. Accordingly, we do not express any opinion regarding budget figures.

Moncton, NB

June 11, 2014

ALLAIN & ASSOCIATES  
CERTIFIED GENERAL ACCOUNTANTS

An Independent Member Firm of EPR Canada Group Inc. / Un cabinet indépendant membre du groupe EPR Canada Inc.

**ALLAIN & ASSOCIATES**



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NEW BRUNSWICK HEALTH COUNCIL

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2014

	<u>Budget</u> <u>2014</u> (Unaudited)	<u>Actual</u> <u>2014</u>	<u>Actual</u> <u>2013</u>
<b>REVENUES</b>			
Grant - New Brunswick Department of Health	\$ 1,775,570	\$ 1,379,110	\$ 1,231,255
Other revenues (Note 3)	90,000	282,081	278,762
	<u>1,865,570</u>	<u>1,661,191</u>	<u>1,510,017</u>
<b>EXPENSES</b>			
Salaries and fringe benefits	983,042	906,472	836,419
Board of directors expenses	152,000	173,501	127,864
Administrative expenses	41,500	29,829	32,662
Operating expenses	689,028	551,389	513,072
	<u>1,865,570</u>	<u>1,661,191</u>	<u>1,510,017</u>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

The accompanying notes are an integral part of these financial statements.

**ALLAIN & ASSOCIATES**



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NEW BRUNSWICK HEALTH COUNCIL

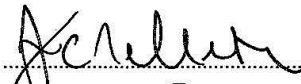
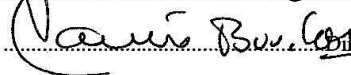
BALANCE SHEET

AS AT MARCH 31, 2014

	<u>2014</u>	<u>2013</u>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 400	\$ 400
Accounts receivable (Note 4)	395,658	180,581
Prepaid expenses	-	144
	<u>\$ 396,058</u>	<u>\$ 181,125</u>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable	\$ 316,207	\$ 153,956
Deferred revenue	79,851	27,169
	<u>\$ 396,058</u>	<u>\$ 181,125</u>

CONTINGENCY (Note 6)

APPROVED ON BEHALF OF THE BOARD

 Director  
 Director

The accompanying notes are an integral part of these financial statements.

**ALLAIN & ASSOCIATES**



NEW BRUNSWICK HEALTH COUNCIL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014

**1. STATUTES OF INCORPORATION AND NATURE OF ACTIVITIES**

The New Brunswick Health Council (the Council) was established September 1, 2008 under the New Brunswick Health Council Act and is considered a government organization. Its goals are to promote and improve the performance of the health system in New Brunswick.

**2. SIGNIFICANT ACCOUNTING POLICIES**

The financial statements are prepared by management in accordance with Canadian public sector accounting standards for government organizations, as recommended by the Public Sector Accounting Board (PSAB) of the Canadian Institute of Chartered Accountants (CICA).

**Use of estimates**

The presentation of financial statements requires management to make some estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Revenue recognition**

Revenue are recorded on the accrual basis of accounting as the funded expenditures are incurred. Any grant amount received in excess of recorded expenditures is accounted for as deferred revenue.

**Capital assets**

Capital asset purchased with government funding and under a \$100,000 threshold are fully amortized in the year of acquisition in accordance with government guidelines. Capital assets over the \$100,000 threshold are capitalized and amortized based on their estimated useful life.

**3. OTHER REVENUES**

	<u>2014</u>	<u>2013</u>
Canadian Cancer Society	\$ 3,424	\$ 30,820
Faculty of Education, University of New Brunswick	-	50,300
New Brunswick's Department of Health	79,451	76,255
Department of Healthy and Inclusive Communities	199,206	121,387
	<u>\$ 282,081</u>	<u>\$ 278,762</u>

ALLAIN & ASSOCIATES



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NEW BRUNSWICK HEALTH COUNCIL

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014

<b>4. ACCOUNTS RECEIVABLE</b>	<b><u>2014</u></b>	<b><u>2013</u></b>
Grant receivable - New Brunswick Department of Health	316,207	153,956
Other	<u>79,451</u>	<u>26,625</u>
	<b><u>\$ 395,658</u></b>	<b><u>\$ 180,581</u></b>

**5. DEFINED BENEFIT PENSION PLAN**

The Council, through a multi-employer plan sponsored by the Province of New Brunswick, offers a defined benefit pension plan to its employees. The pension expense for the year is \$72,357 (\$49,524 in 2013).

The New Brunswick Investment Management Corporation acts as trustee and investment manager for the pension assets of members of the Public Service.

**6. CONTINGENCY**

The Council does not have any insurance coverage. Her Majesty the Queen in right of the Province has assumed responsibility for interests and risks of the Council in lieu of such insurance as permitted in the New Brunswick Health Council Act.

**7. ECONOMIC DEPENDENCE**

The Council is financed almost solely by the New Brunswick Department of Health.

**8. CASH FLOWS**

No statement of cash flows was prepared since the information on cash flows is available from other financial statements and related notes.





## APPENDIX D: Annual Report Pursuant to the *Public Interest Disclosure Act*





New Brunswick Health Council | Conseil de la santé  
du Nouveau-Brunswick

Engage. Evaluate. Inform. Recommend.  
Engager. Évaluer. Informer. Recommander.

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## Annual Report Pursuant to the Public Interest Disclosure Act

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2013-2014

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## Annual Report Pursuant to the *Public Interest Disclosure Act*

It is my pleasure to present the Annual Report pursuant to the *Public Interest Disclosure Act* with regards to the activities of the New Brunswick Health Council during its sixth fiscal year, 2013-2014.

Section 3 of the *Act* applies to the following wrongdoings in or relating to the public service:

- (a) an act or omission constituting an offence under an Act of the Legislature or the Parliament of Canada, or a regulation made under an *Act*
- (b) an act or omission that creates a substantial and specific danger to the life, health or safety of persons, or to the environment, other than a danger that is inherent in the performance of the duties or functions of an employee
- (c) gross mismanagement, including of public funds or a public asset; and
- (d) knowingly directing or counselling a person to commit a wrongdoing described in paragraphs (a) to (c).

In accordance with Section 18, Report about Disclosures, *Public Interest Disclosure Act*, I confirm that the New Brunswick Health Council did not receive any disclosures regarding any wrongdoings. Hence no investigations were required.

Respectfully Submitted,



Stéphane Robichaud  
Chief Executive Officer